

GENERAL PHYSIOLOGY

(LECTURE 14)

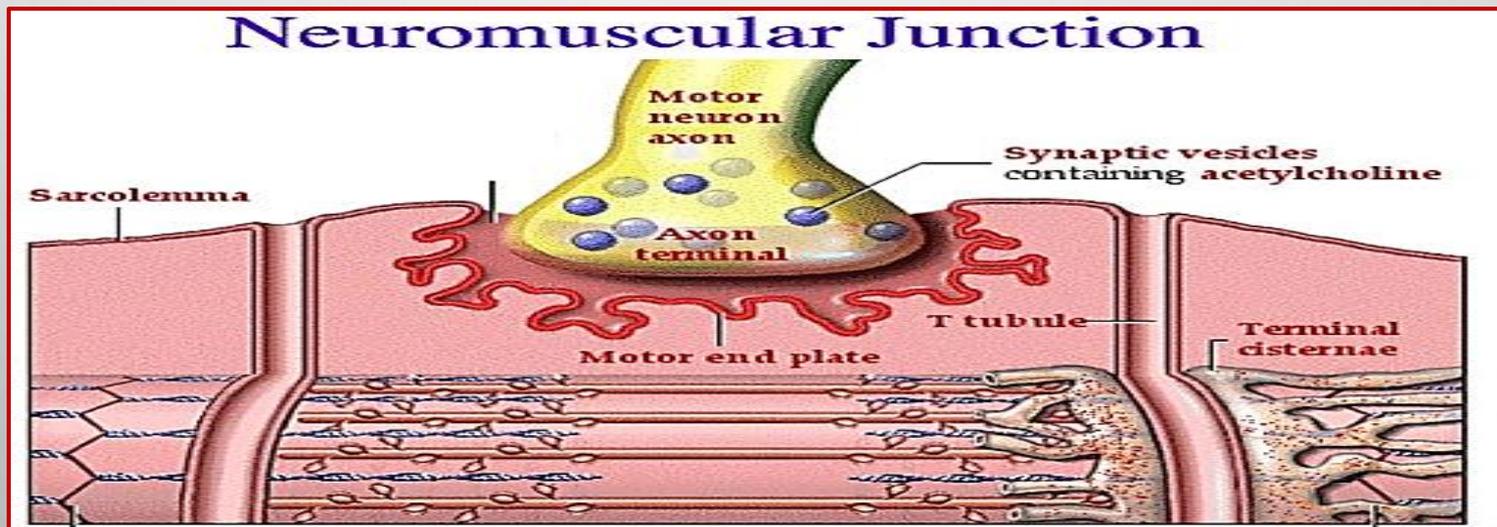
Neuromuscular Junction (NMJ)

By

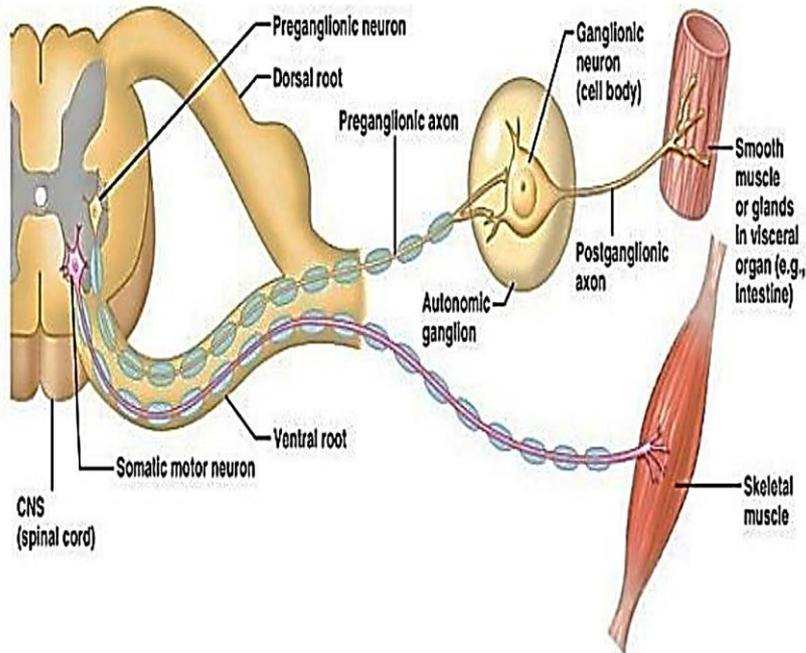
Dr. Fatma Farrag Ali

Associate Professor of Medical Physiology

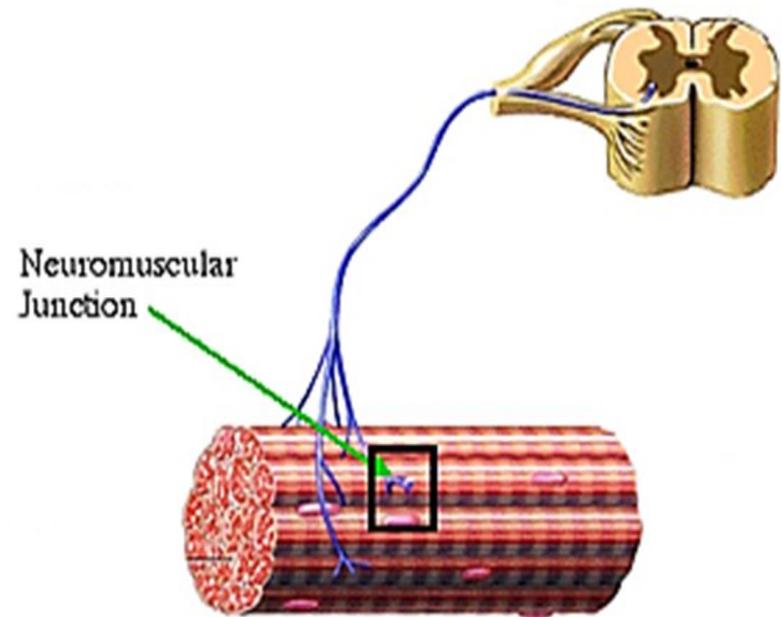
2023-2024



- The skeletal muscle fibers are innervated by large, myelinated nerve fibers (somatic nerves) that originate from large motor neurons in the anterior horns of the spinal cord.
- Each nerve fiber, after entering the muscle belly, normally branches and stimulates from three to several hundred skeletal muscle fibers. Each nerve ending makes a junction, called the **neuromuscular junction**, with the muscle fiber near its midpoint.



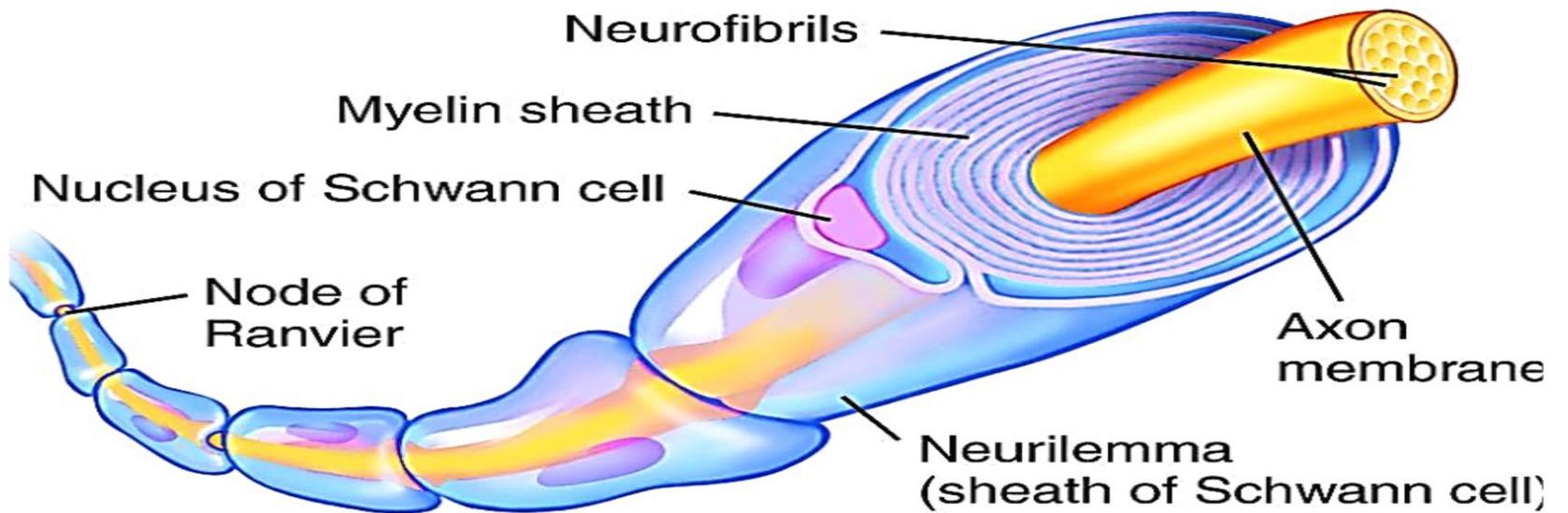
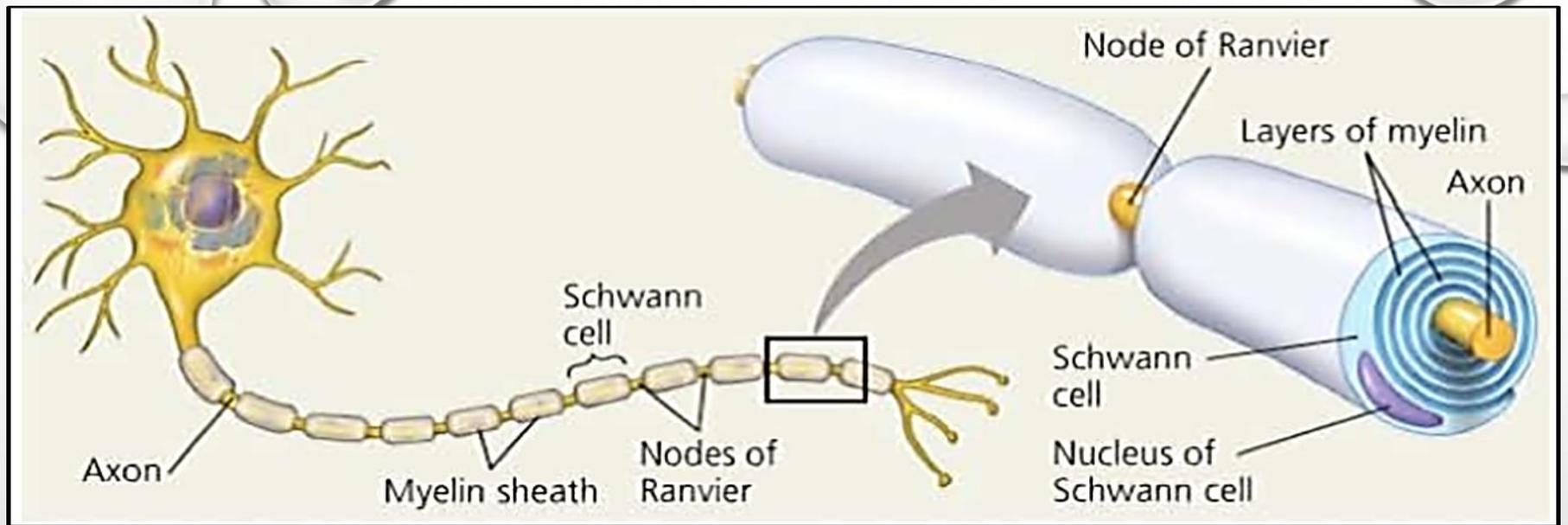
◆ One motor nerve innervates many muscle fibers

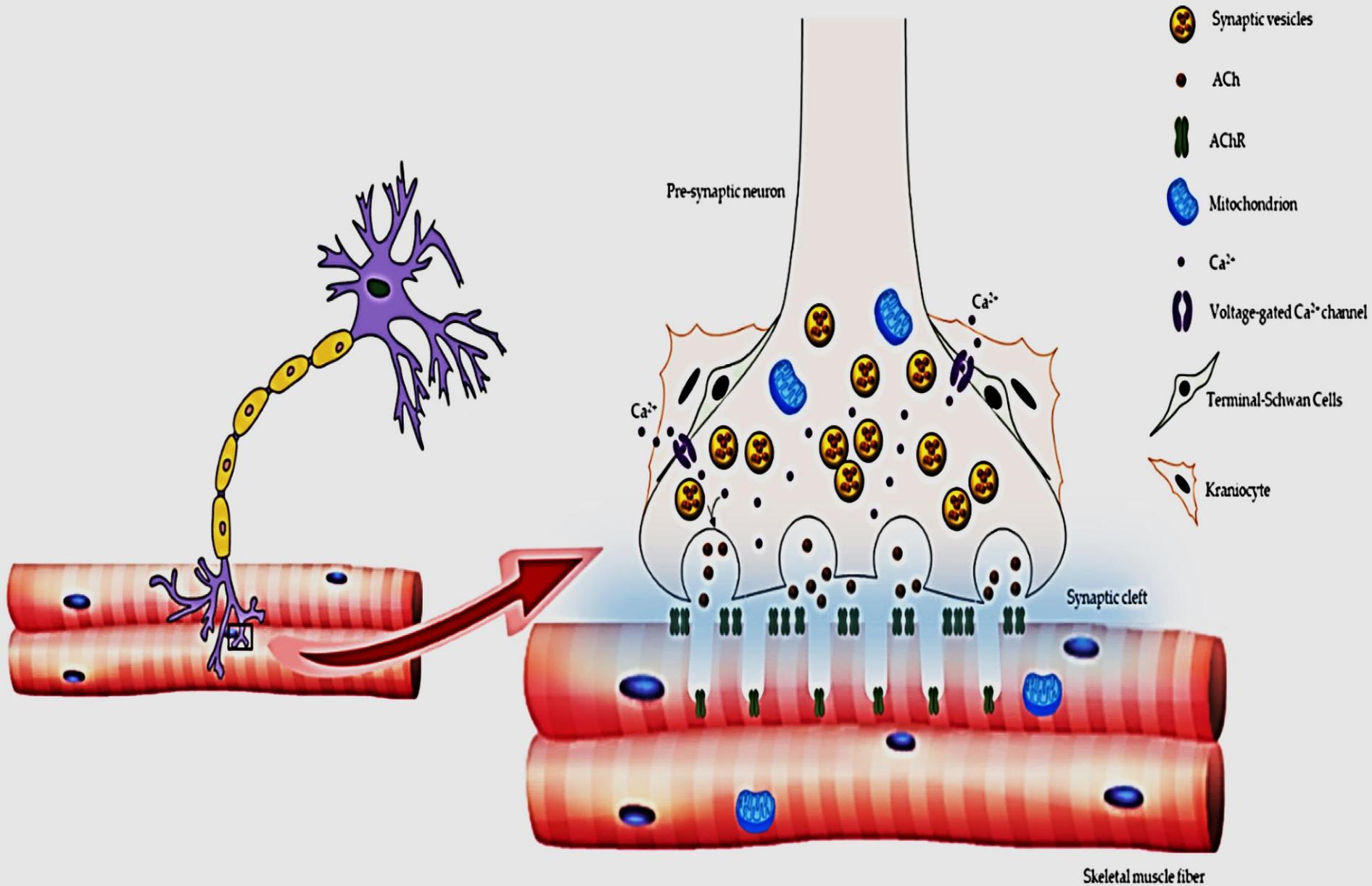


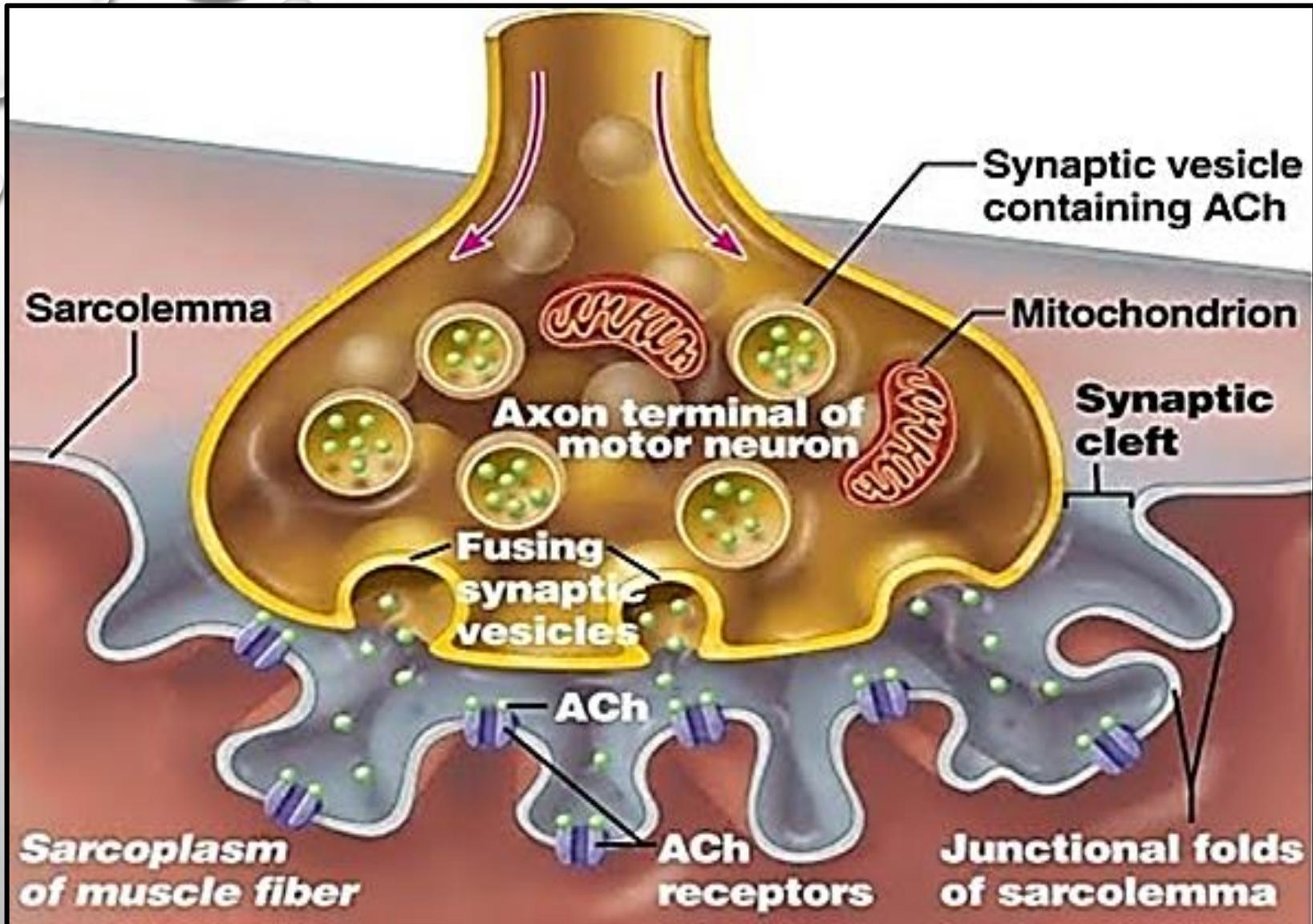
PHYSIOLOGICAL ANATOMY of NEUROMUSCULAR JUNCTION (NMJ) or MOTOR END PLATE (MEP)

- NMJ or MEP is the area of contact between the nerve fiber and the muscle fiber.
- At the MEP, the neurilemma becomes continuous with the sarcolemma and the nerve axon loses its myelin sheath and breaks into several terminal branches.
- The space between the sole feet and the sarcolemma is called the synaptic cleft.
- The neuron is considered to be the presynaptic cell and the muscle cell is the postsynaptic cell.

- The presynaptic nerve terminal contains vesicles that contain the neurotransmitter; acetylcholine (ACh) and mitochondria necessary for its synthesis.
- The sides of the presynaptic membrane contain voltage-gated Ca⁺⁺ channels.
- Acetylcholinesterase (true) which degrades ACh into acetate and choline is found in the synaptic cleft.
- The postsynaptic membrane of the muscle contains numerous ACh receptors (nicotinic receptors) (ACh ligand - gated ion channels).





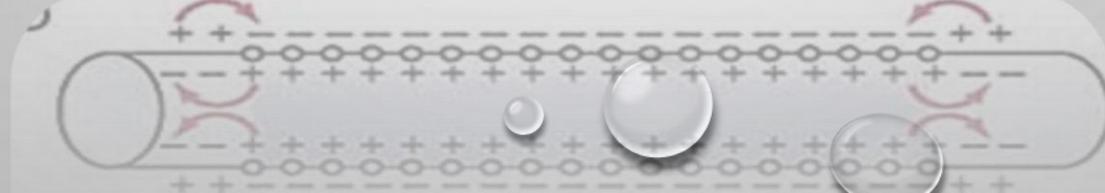
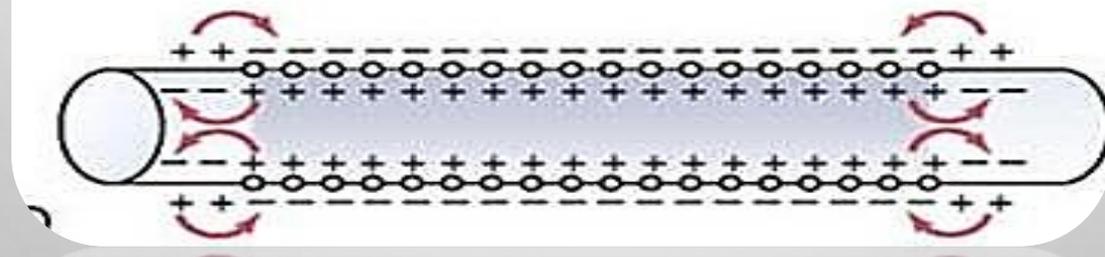
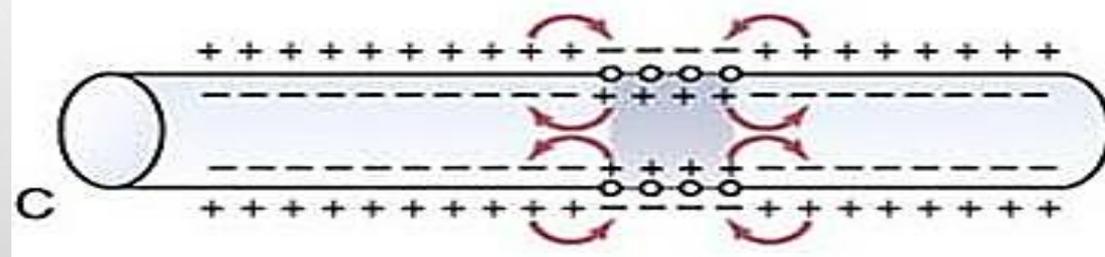
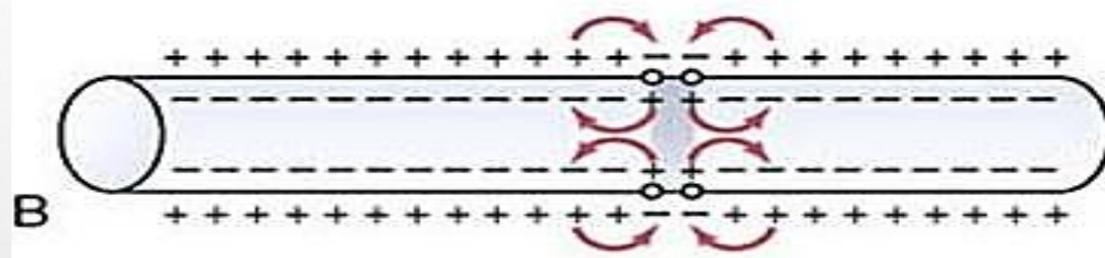
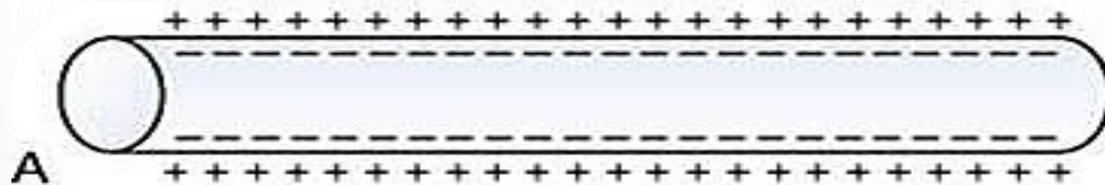


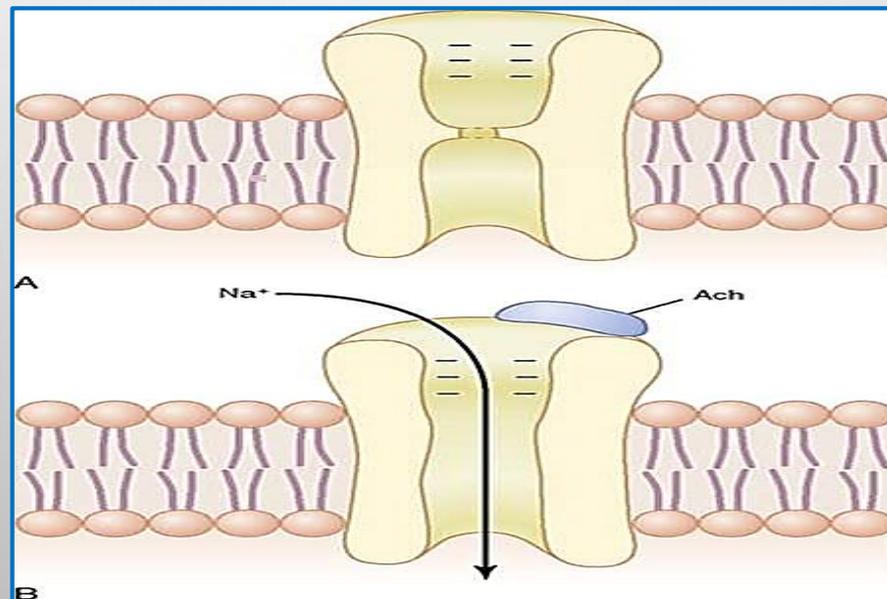
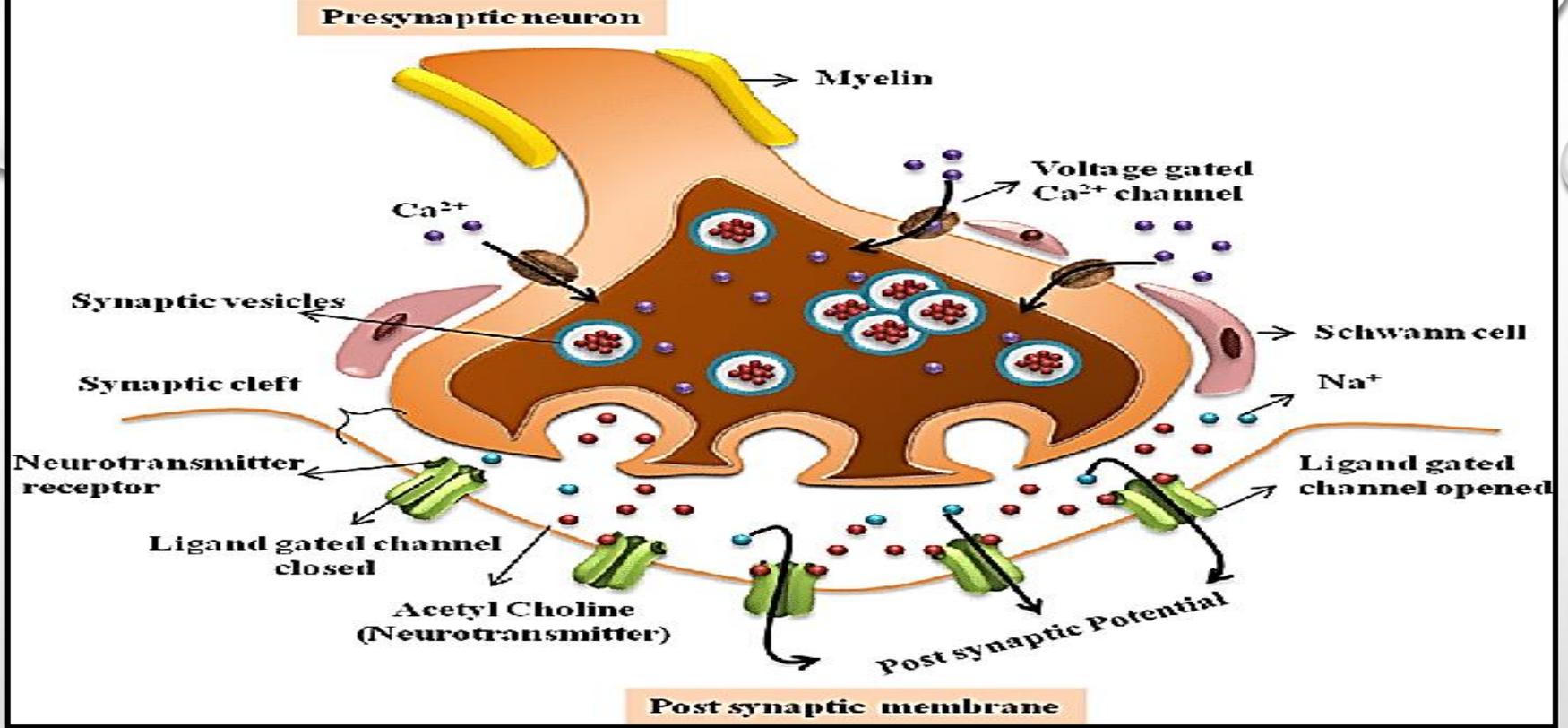
NEUROMUSCULAR TRANSMISSION (NMT)

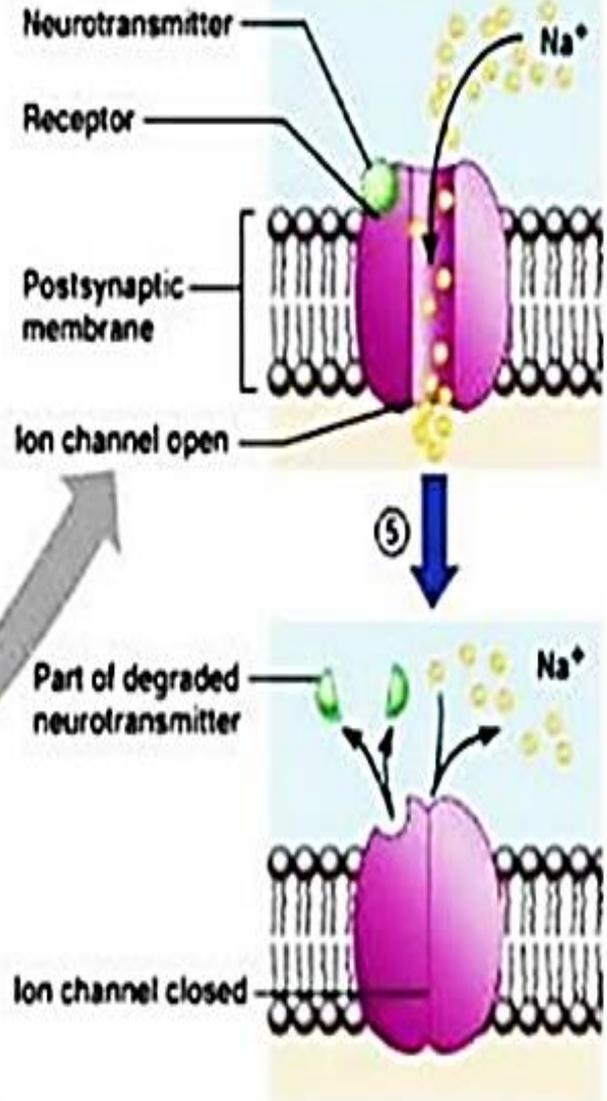
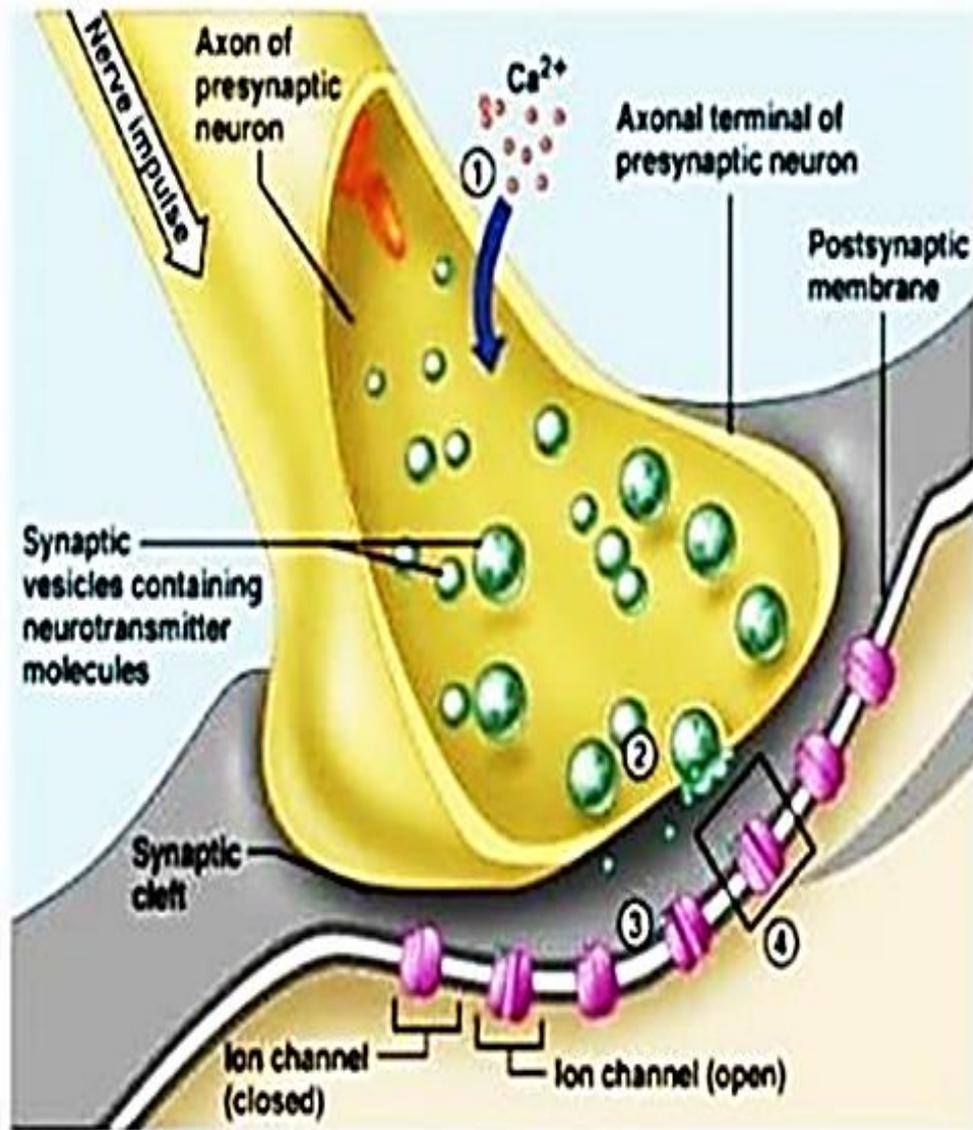
Definition: It means the transmission of the nerve impulse from the nerve to the muscle at the NMJ(MEP)

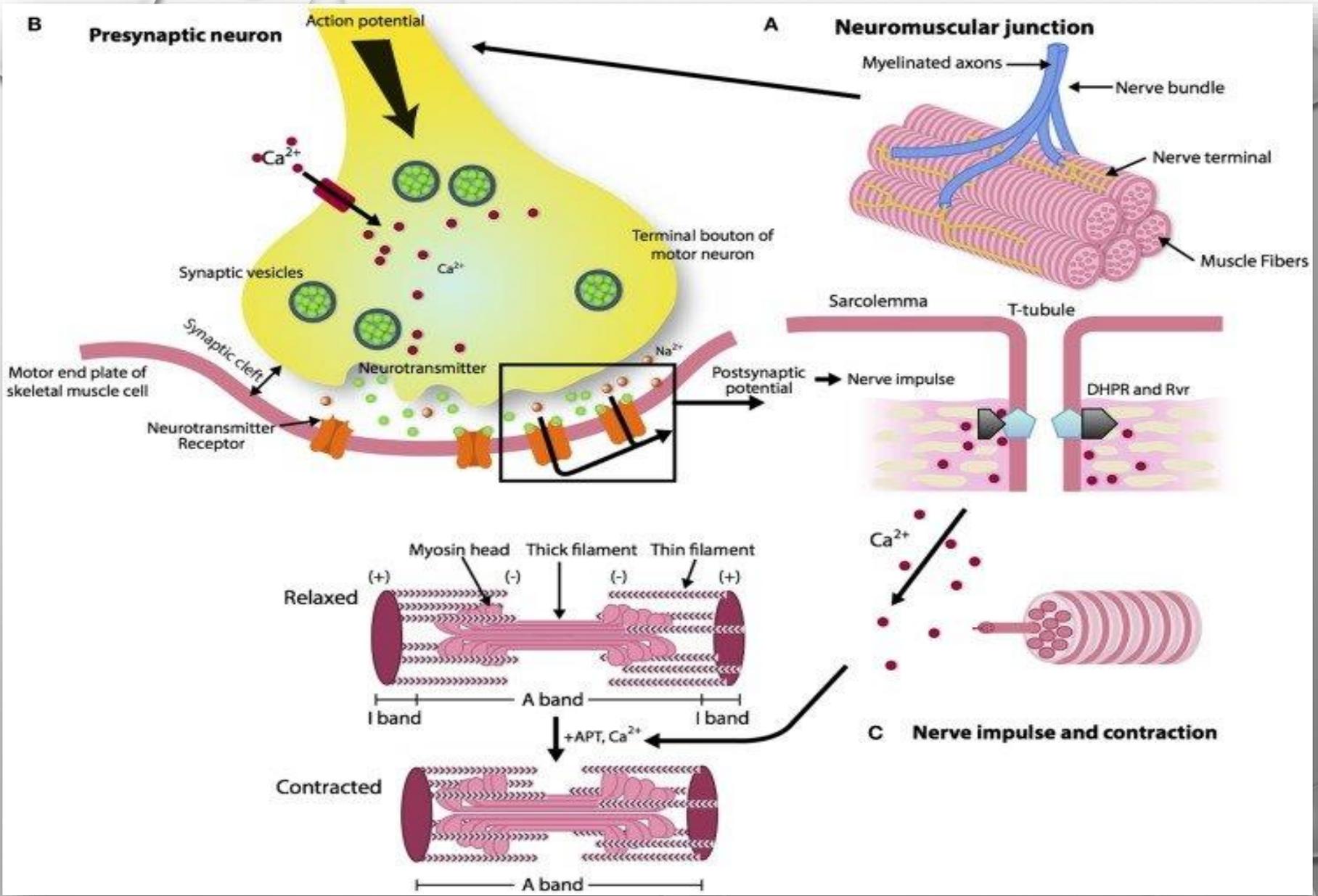
MECHANISM of NMT

1. The vesicles at the axon terminal are loaded with acetylcholine.
2. DEPOLARIZATION of the nerve terminal at MEP: allows the entry of Ca^{2+} from the extra cellular fluid; ECF (through **voltage gated Ca^{2+} channels**).
3. The influx of Ca^{2+} → translocation of the vesicles to the presynaptic membrane → the vesicles contents (ACh) are released by exocytosis at the MEP.
4. ACh crosses the gap between the nerve terminal and the surface of the muscle (synaptic cleft) and binds with its receptors on the surface of the muscle.
5. This binding increases the sarcolemmal permeability to Na^+ → Na^+ **influx** through ligand-gated channels → rapid depolarization called End-Plate Potential (i.e. EPP).
6. When the **EPP reaches the firing level**, an action potential; AP is generated at the MEP and propagates on either sides of the sarcolemma, as well as to the interior of the muscle fiber along the **T-tubules**.
7. The released ACh is rapidly hydrolyzed by cholinesterase enzyme so that re-excitation of the muscle wouldn't occur. The choline is reabsorbed actively in the nerve terminal to be reused to form new ACh.









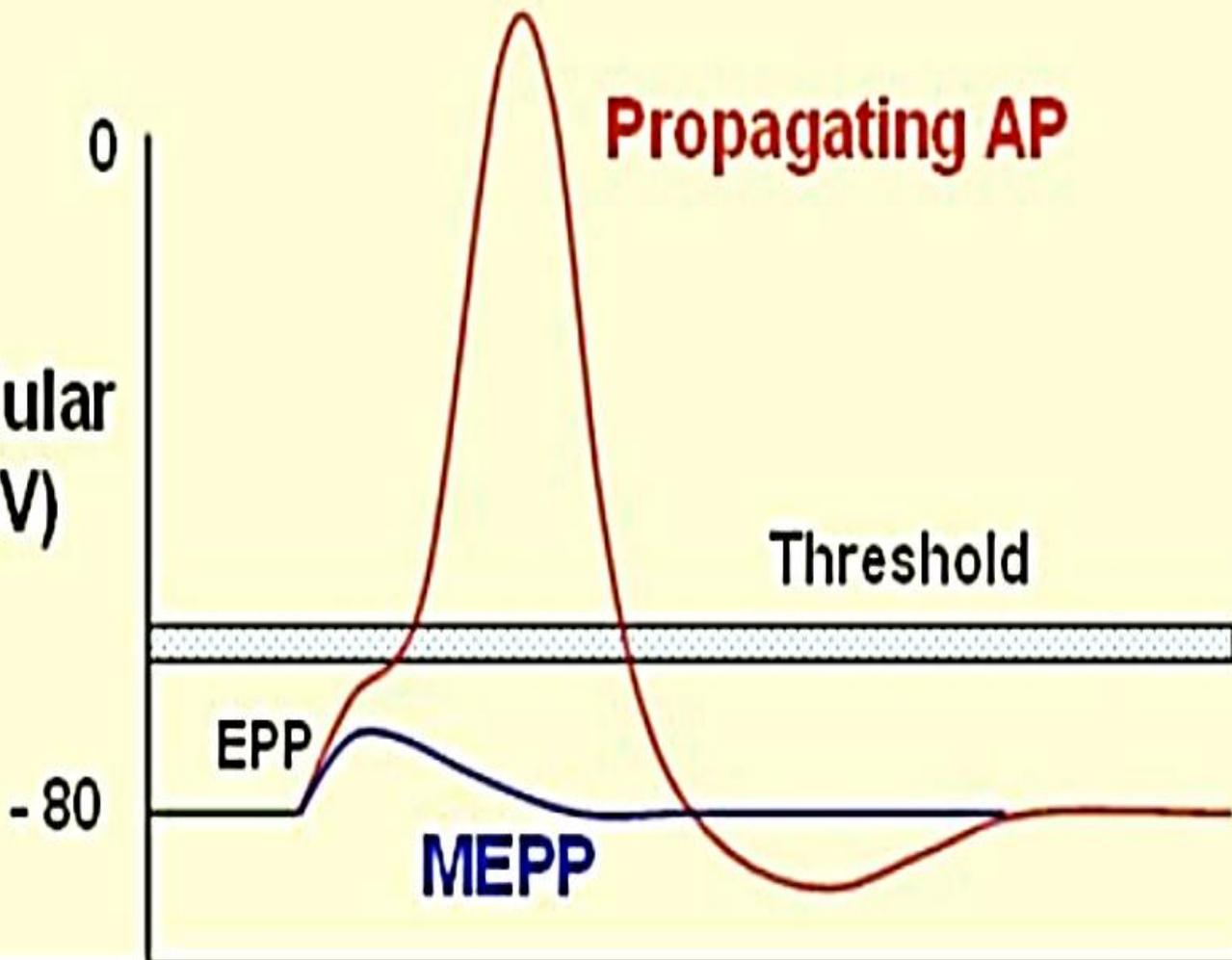
END PLATE POTENTIAL (EPP)

- **Definition:** It is a process of Partial Depolarization at the MEP caused by ACh release due to a **nerve impulse** in the motor nerve.
- Its amplitude is Directly proportional to the amount of ACh released.

MINIATURE END PLATE POTENTIAL (MEPP)

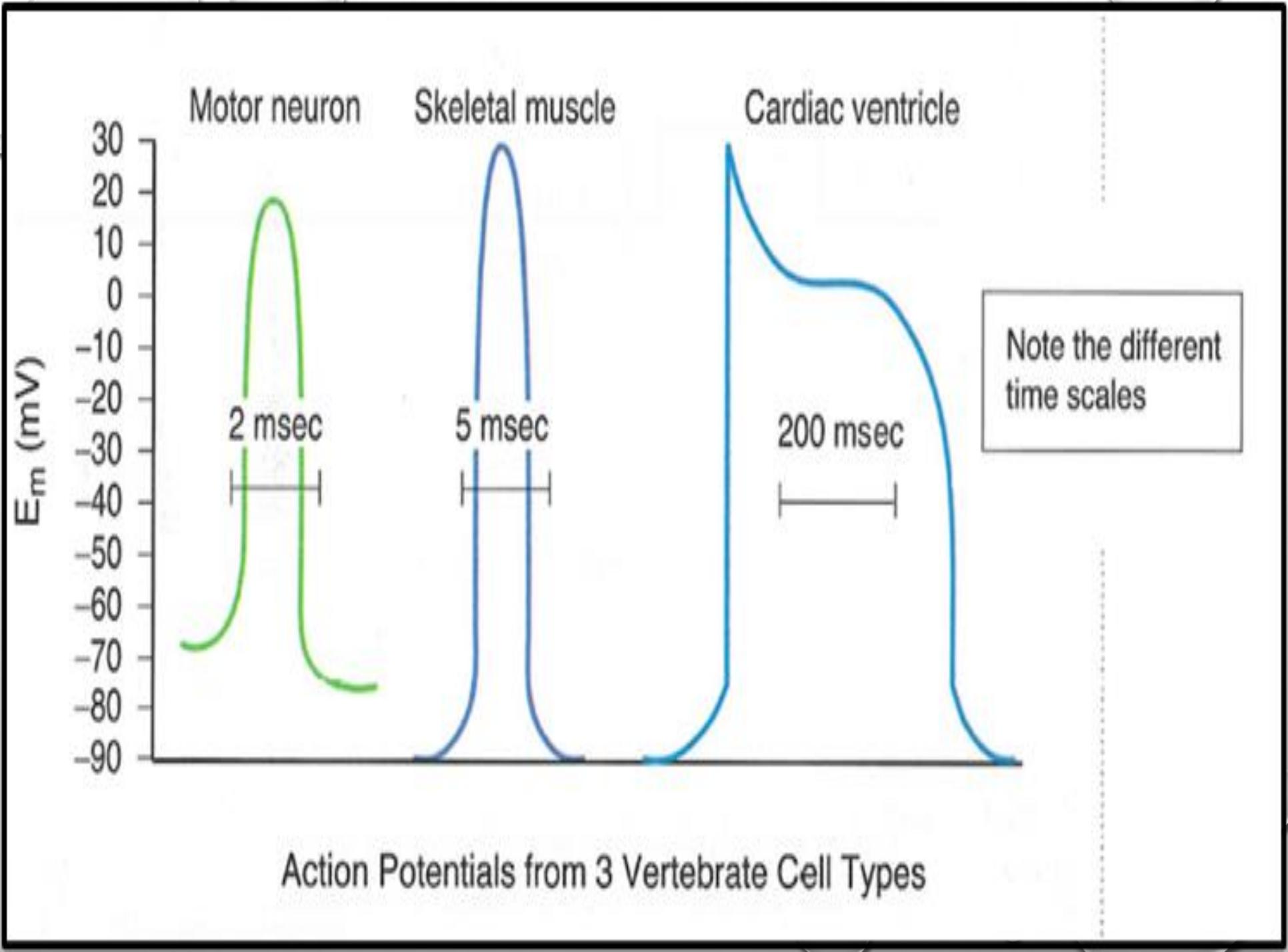
- It is a process of Partial Depolarization at the MEP Due to:
- Release of ONE or Single Ach vesicle → producing **0.4 mV** depolarization of skeletal muscle end plate region called MEPP.
- MEPPs occur spontaneously at NMJ and are thought to be **due to** unstimulated exocytosis of single ACh vesicle.

Intracellular
AP (mV)



SKELETAL MUSCLE AP

The skeletal muscle action potential is similar to the motor neuron action potential except that it is longer in duration; about 5 ms and velocity of conduction is slower; 3-5 m/second).



Motor neuron

Skeletal muscle

Cardiac ventricle

E_m (mV)

2 msec

5 msec

200 msec

Note the different time scales

Action Potentials from 3 Vertebrate Cell Types

PROPERTIES OF NEUROMUSCULAR TRANSMISSION

1. **UNIDIRECTIONAL**: from the nerve to the muscle and never the reverse (not in opposite direction).
2. **IT HAS A DELAY OF 0.5 ms (millisecond)**: It represents the time needed for the release of ACh, passage of ACh across synaptic cleft and its combination with nicotinic receptors in muscle until the buildup of the EPP.
3. **EASILY FATIGUED**: by repeated stimulation due to the depletion of ACh.

4. Drugs affecting NMT

Drugs that stimulate NMT: e.g.

- **Neostigmine** and physostigmine (serine) → reversible anti-acetylcholinesterase.
- "Nerve" gas poison → irreversible anti-acetylcholinesterase.

Drugs that block NMT: e.g.

Curare → block nicotinic channels from opening → flaccid paralysis.

These agents are used for relaxing skeletal muscle during surgical procedures (**Skeletal muscle relaxants**).

MYASTHENIA GRAVIS

- It is a disease characterized by marked progressive weakness and easy fatigability of muscles.
- It is an autoimmune disease that affects females more than males.
- It is due to the formation of autoantibodies that lead to:
 - Destruction of ACh receptors at MEP → decreased the response to ACh.
 - If the disease is intense enough, the patient dies of paralysis. In particular, paralysis of respiratory muscles.

Treatment:

By Reversible choline esterase inhibitors or anticholine esterase,

e.g. Prostigmine or neostigmine → preserve ACh → better NMT thus helps initiation of muscle contraction.

SARCOTUBULAR SYSTEM

It is a system of tubules located in sarcoplasm of muscle fibers.

It is formed of a T-tubular system and the sarcoplasmic reticulum (SR).

(1) THE T-TUBULAR (transverse tubules) SYSTEM:

- It is an internal invagination of the cell membrane.
- It is present at the junction of the dark (A) and light (I) bands in the skeletal muscles.
- The space between the two layers of the membrane is an extension of the extracellular space.

Function:

Rapid conduction of the action potential from the surface of the muscle to all muscle fibrils (myofibrils) inside.

(2) THE SACROPLASMIC RETICULUM (SR):

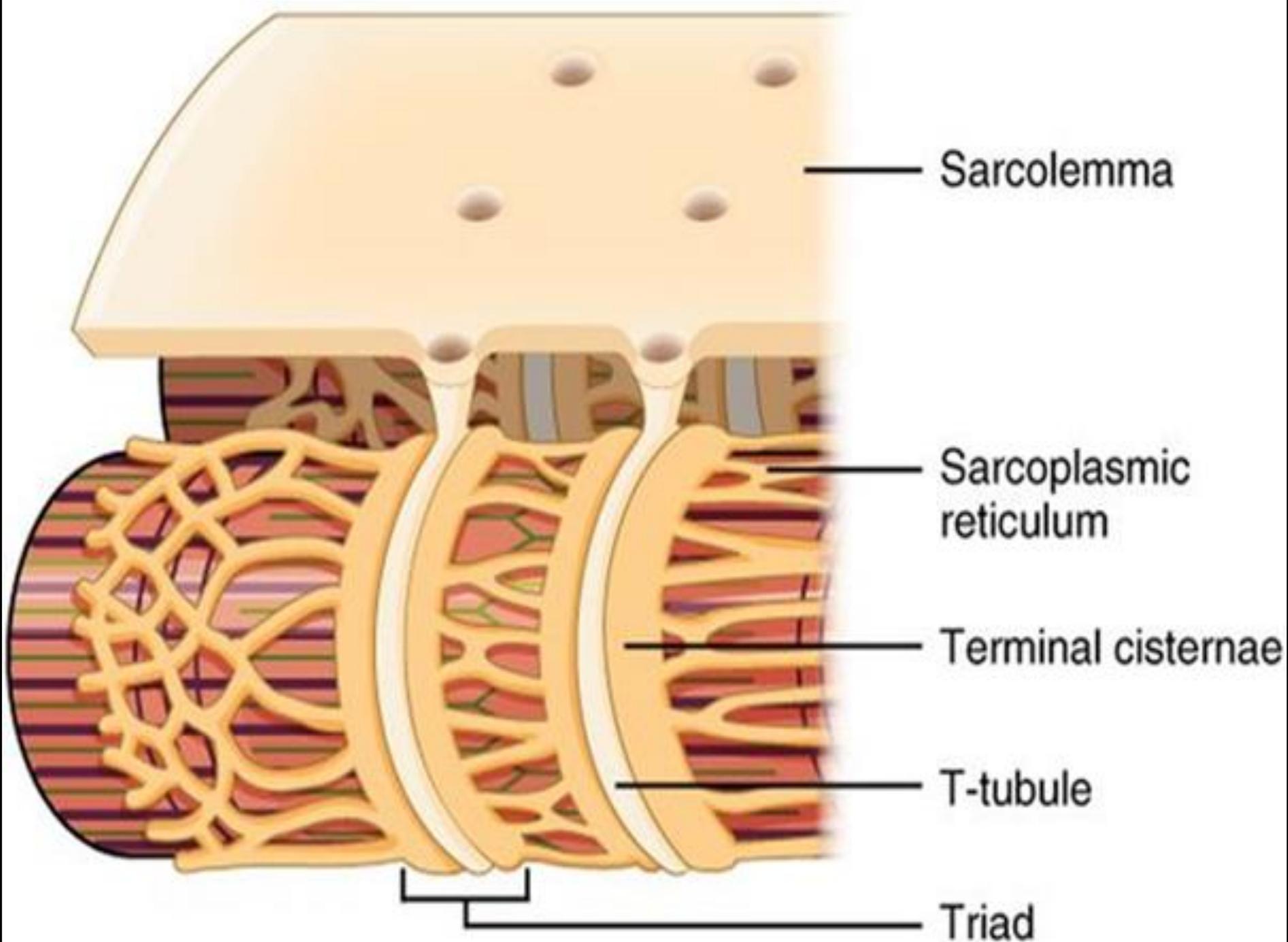
It forms:

- Long **longitudinal tubules** that run parallel to and **surround** the myofibrils.
- It ends in **Large chambers (dilatations)** called **terminal cisterns**.

Function:

The sarcoplasmic reticulum (particularly terminal cisterns) is concerned with **Ca⁺ storage and release** which play an essential role in **muscle contraction**.

The arrangement of the **T-tubules with the terminal cisterns** one on either sides is called **Triad**.



Sarcolemma

Sarcoplasmic reticulum

Terminal cisternae

T-tubule

Triad



THANK YOU