

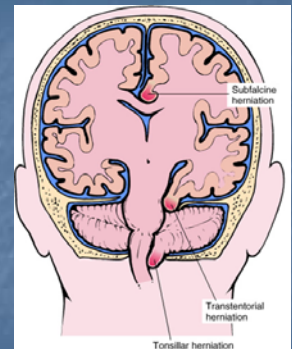
Diseases of the Nervous System

■ Central nervous system

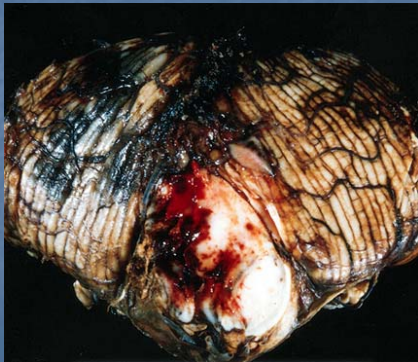
- Brain is a prisoner
- Basic cellular elements
 - Neurons, location means everything
 - Neuronal reaction to injury, very limited
 - Axonal growth
 - No regeneration of lost cells
 - Accumulation of junk within the cells can be harmful.
 - Glial component, supportive
 - Microglia, the police force of the CNS
 - Astrocytes, structural like fibroblasts elsewhere
 - Gemistocytes are reactive astrocytes
 - Oligodendrocytes, make myelin (the insulation)
 - Meninges

Cerebral Edema

- Injury to brain
 - Tumor
 - Rubor.....
- Swelling can't go anywhere
- Compression of vital structures
- Herniation
 - Sublax
 - Transtentorial
 - Cerebellar tonsils

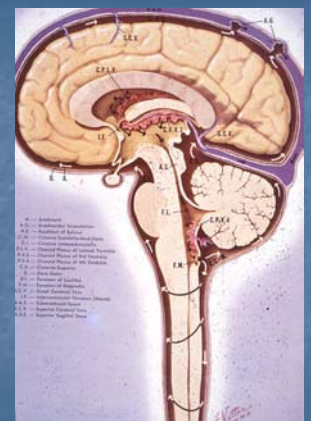


Brainstem Hemorrhages



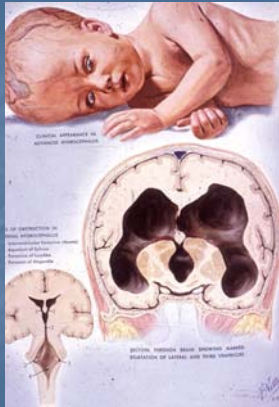
CSF Flow

- Made in the ventricles
- Flows down aqueduct
- Into 4th ventricle
- Out into the subarachnoid space
- Up to the arachnoid granulations
- Back into the blood
- Obstructions in movement will lead to hydrocephalus



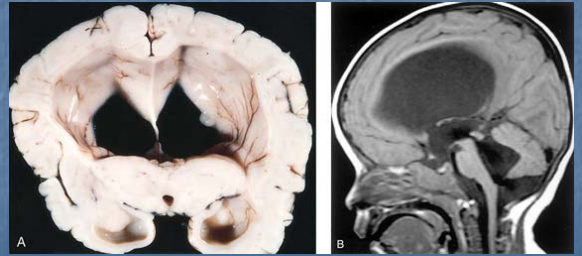
Hydrocephalus

- Obstruction to flow of CSF
- Over production of CSF
- Inability of arachnoid granulations to restore water of CSF back into circulation



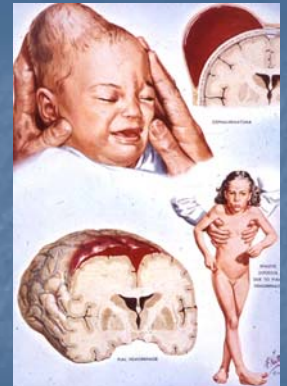
Hydrocephalus

- Noncommunicating: Can't get out of ventricles
- Communicating: CSF can't get to arachnoid granulations



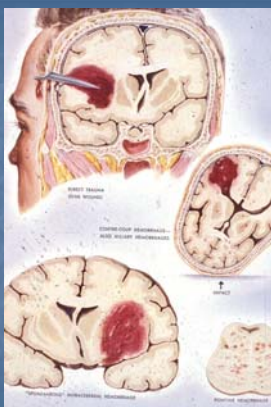
Trauma

- Birth trauma
- Hemorrhage
- Permanent loss



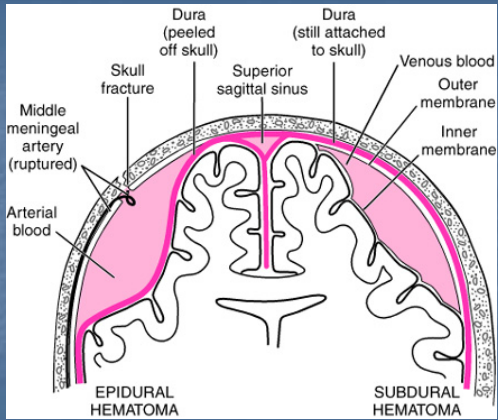
Trauma

- Closed head
 - Coup
 - Contra-coup
- Penetrating
- Hemorrhage
- Contusion
- Laceration



Contusions





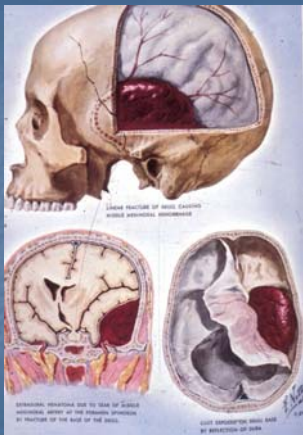
Subdural Hemorrhage

- Rotational injury tears little veins
- Slow venous bleeding



Epidural Hemorrhage

- Trauma with skull fx
- Middle meningeal a.
- Hemorrhage compresses brain



Subarachnoid Hemorrhage

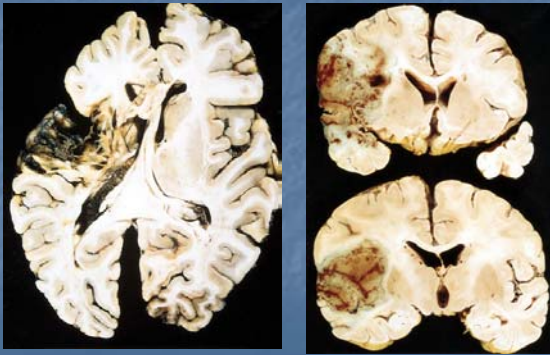
- Not as commonly due to trauma, but maybe.
- Arterial bleeding
- Typically from Circle of Willis
- Blood in subarachnoid space



Vascular Disease

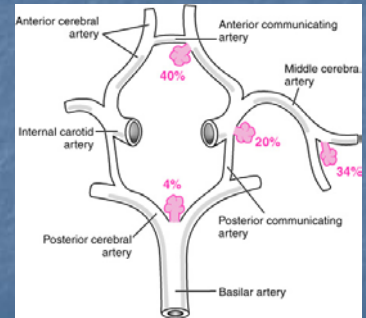
- Hypoxic
 - TIA
 - Stroke
 - Infarction
- Hemorrhagic
 - Vascular blowout
 - Trauma

Ischemic Infarcts



Hypertensive Hemorrhages

- Berry aneurysm
 - Subarachnoid
 - Parenchymal



Berry Aneurysm



Subarachnoid Hemorrhage



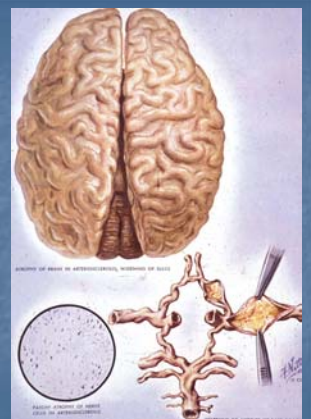
Lacunar Infarcts

- Hypertensive vascular disease
- 'Watershed' infarcts



Chronic Ischemia

- Chronic vascular insufficiency
- Atherosclerosis
- Marked cerebral atrophy



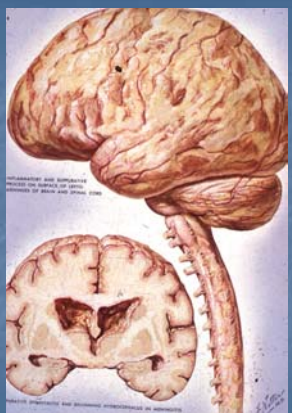


Infections

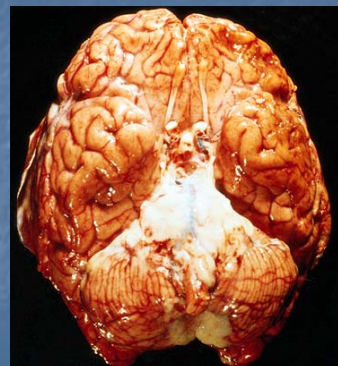
- Brain proper
- Meninges
- Bug
 - Bacteria
 - Virus
 - Spirochetes
 - Parasites
 - Prions

Bacterial Meningitis

- Exudate over cerebral hemispheres
- Bacteria grow in CSF
- CSF
 - Cell count
 - Glucose
 - Protein
- Age of patient
- Complications
 - Scarring
 - Epilepsy
 - Abscess

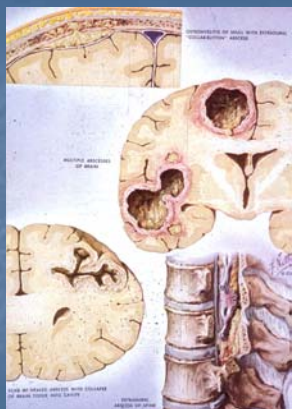


Bacterial Meningitis



Cerebral Abscess

- Septic endocarditis
- Blood borne pathogens
- Must surgically drain



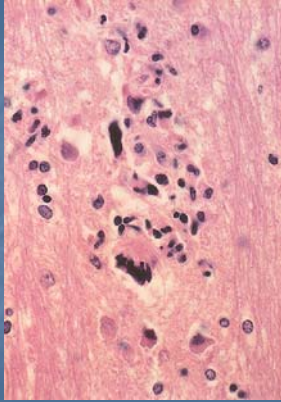
Viral Encephalitis

- Infection of brain substance
- Herpes ->
- Absent temporal lobes
- Sporadic
- Immunosuppressed
- HIV



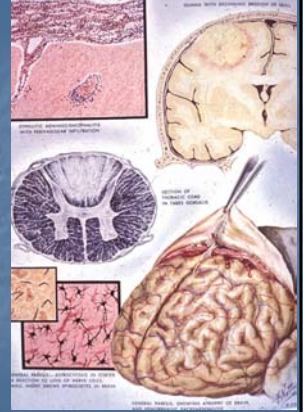
HIV Encephalopathy

- Meningitis
- Neuronal
- Both cognitive motor
- Diffuse cortical atrophy
- Microglia at site of dead neurons
- GP120 protein is directly toxic



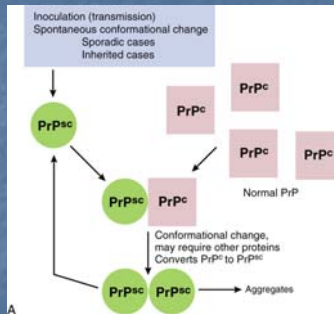
Tertiary Syphilis

- Years after initial infection
- Obliterative end arteritis
- Meningitis
- Brain proper
- Tabes dorsalis

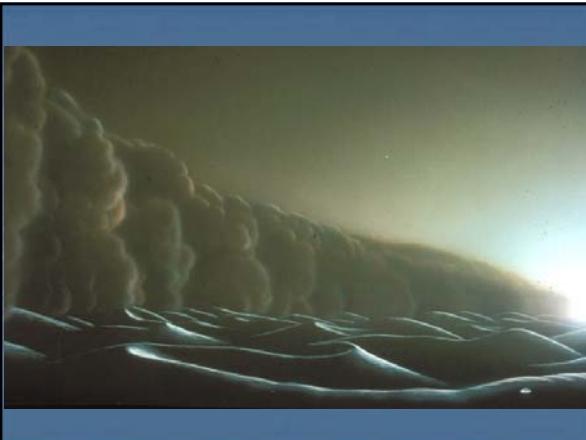
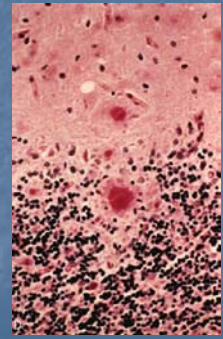
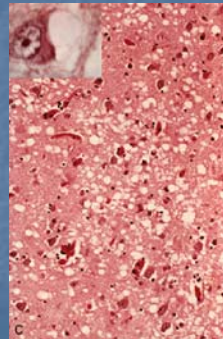


Prion Disease

- No nucleic acid
- Sporadic or genetic
- Accumulation of abnormally folded protein
- Variety of conformations of the diseased protein
- Spongiform encephalopathy
- Kuru



Prion Disease

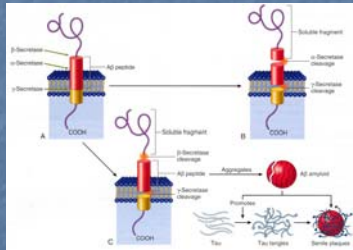


Degenerative Diseases

- Not just aging changes
- Neuronal Death
- Gray matter
 - White matter changes are secondary
- Selective or generalized loss
- Atrophy (local or global)
- Histological features
 - Neurofibrillary tangles
 - Intracellular or intranuclear inclusions

Alzheimer's Disease

- True dementia
- Marked atrophy
- Protein alterations
 - Tau protein
 - Amyloid related protein
 - Senile plaques
 - Amyloid angiopathy

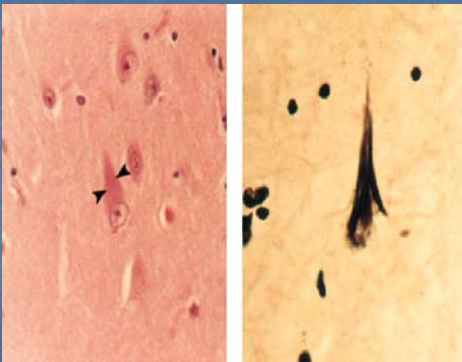


Alzheimer's Disease

- Progressive loss
 - Memory
 - Cognitive
- 5-15 years
- Eventually loss of language
- Higher functions
- Parkinson's in a few
- Pneumonia is often cause of death

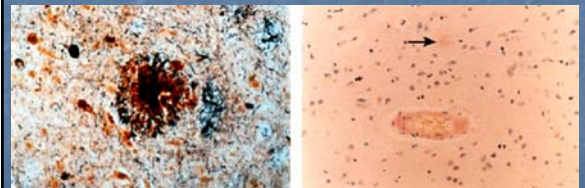


Alzheimer's Disease



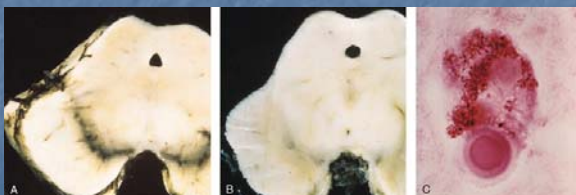
Alzheimer's Disease

- Senile plaques
- Vascular amyloid changes



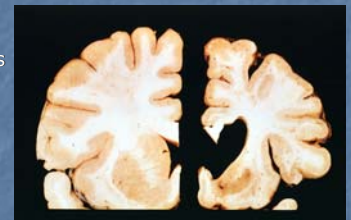
Parkinson's Disease

- Parkinsonism, collection of symptoms
 - Rigidity, stooped posture, gait disturbances, pill rolling, face
 - Drug induced
- Parkinson's Disease



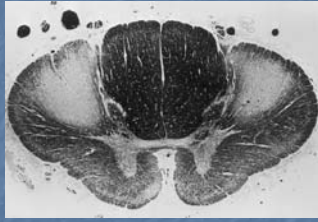
Huntington Disease

- Hereditary
- Progressive
- Extrapyramidal motor
- Choreaform movements
- Huntington gene
 - Trinucleotide repeats
 - CAG
 - Normal 6-34 copies
 - HD has 50-70 repeats
- Caudate nucleus atrophy
- Suicide and infections



Amyotrophic Lateral Sclerosis (ALS)

- Sporadic loss of motor neurons
- Spinal
- Bulbar
- Poor swallowing
- Pneumonia



Demyelinating Disorders

- White matter
- Disease of oligodendrocytes
- Autoimmune most times

Multiple Sclerosis

- Lesions dispersed in space and time
- Come and goes
- Symptoms
 - Optic nerve
 - Urination
 - Heat makes worse
 - Weakness
- Degeneration of white matter
- Plaques

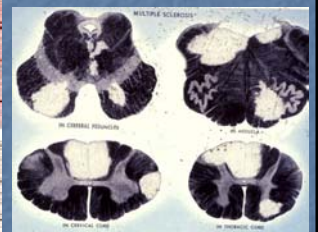
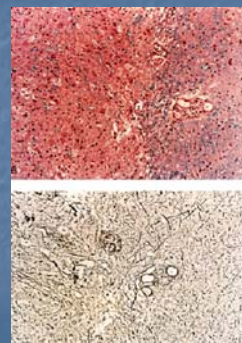


Multiple Sclerosis

- Areas of demyelination
 - Plaques
- Active repair
- Quiescent



Multiple Sclerosis





Toxic and Vitamin Deficiencies

Thiamine Deficiency

- Beriberi
- Alcohol abuse
- Abrupt psychotic changes
- Wernicke's encephalopathy
 - Hemorrhages in mamillary bodies
 - Confusion
 - Paralysis of extraocular muscles
 - Ataxia
- Korsakoff's
 - Inability to form new memories
 - Confabulation

B12 Deficiency

- Inability to maintain myelin
- Posterior column degeneration

Ethanol

- Acutely, neural depressant
 - Inhibitions go first
 - Loss of depth perception
- Chronic
 - Degeneration of granular cell layer of cerebellum
 - Loss of Purkinje cells
 - Bergman's gliosis
- Fetal alcohol syndrom
 - Microcephaly
 - Growth retardation
 - Facial abnormalities
 - Mental retardation
 - Abnormal migration of neurons during development

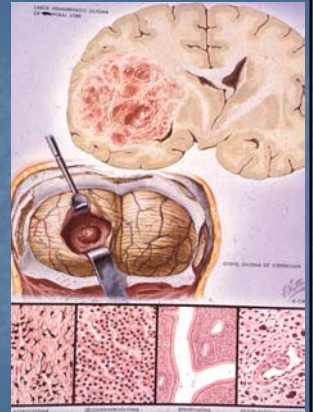


CNS Tumors

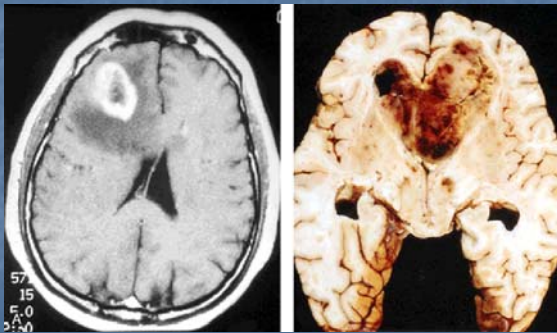
- Primary vs. metastatic
- Benign vs. malignant
- Focal vs. diffuse
- Above or below tentorium
- Not too common in adults
- About 20% of childhood malignancies
- Location is critical
- Cell type
 - None are of neuronal origin
 - Astrocytoma, most
 - Oligodendrocytoma
 - Microgliomatosis
 - Ependymoma

Astrocytoma

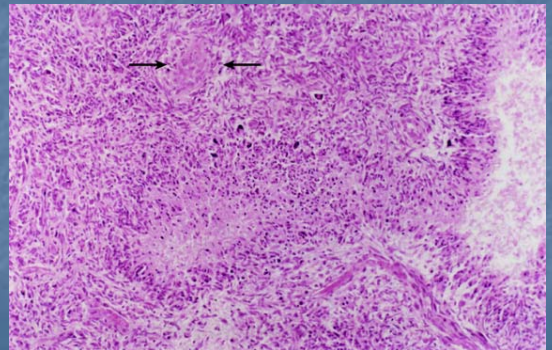
- Astrocytic origin
 - Above tentorium most times in adults
- Multiple grades
- Compresses surrounding tissue
- Hemorrhage and necrosis
- With higher grade malignant tumors,
 - Look for vascular growth



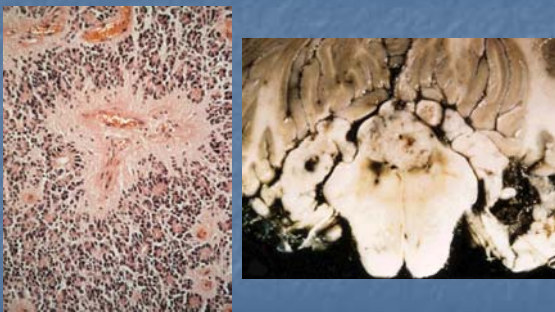
Astrocytoma



Astrocytoma

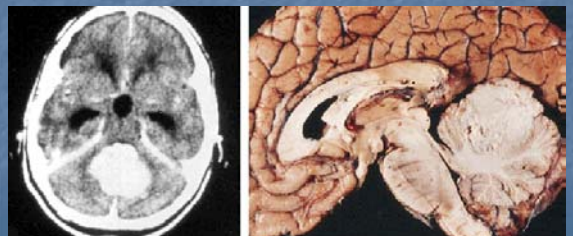


Ependymoma

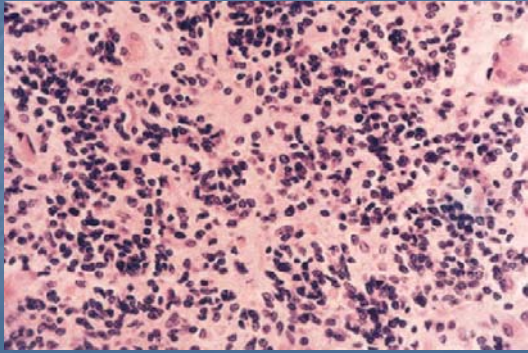


Medulloblastoma

- Children
- Midline cerebellum
- Subarachnoid spread

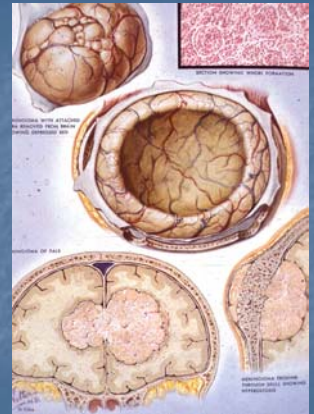


Medulloblastoma



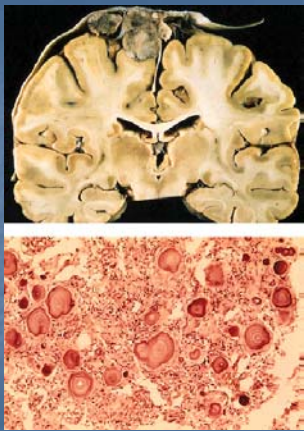
Meningioma

- Arise from meninges
- Benign in a biological sense
- Consider where it is
- Fibroblast looking
- Cells in whirls and clusters
- Psammoma bodies



Meningioma

- Psammoma bodies
 - Little calcifications
 - Microscopic
 - Within the tumor
 - Can spot on X-ray
 - Concentric layers ->



Peripheral Nerves

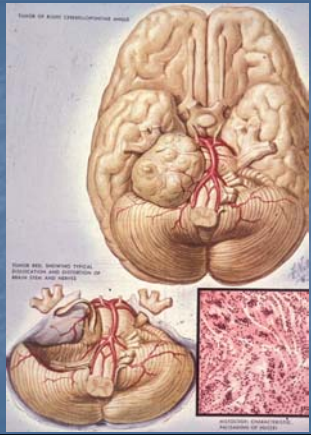
- Axon vs. Schwann cells
 - Motor
 - Sensory
- Inflammatory, autoimmune
- Toxic
- Trauma
- Vascular, especially diabetes
- Tumors

Guillain-Barré Syndrome

- Autoimmune?
- Follows
 - Infection
 - viral
 - Mycoplasma
 - Allergic reaction
- Demyelination
- Ascending paralysis
- Phrenic nerve involvement is life threatening

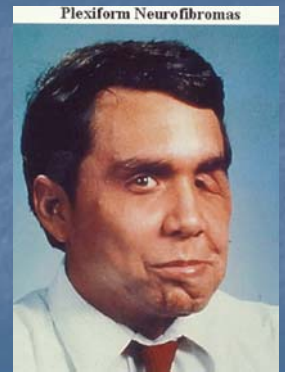
Peripheral Nerve Tumors

- Actually nerve sheath tumors
 - Schwann cells
- Cranial nerves too
 - V & VIII



Neurofibromatosis

- Two types
- No capsule
- Type 1
 - Genetic
 - All over the body
 - Glioma of optic n. (rare)
 - Meningioma
 - Café-au-lait spots
 - Pigmented nodules of iris



Neurofibromatosis

Lisch Nodules



Café Au Lait Spots

