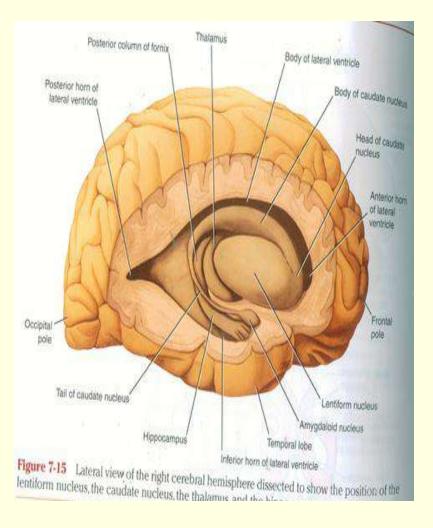
Internal structure of cerebral hemisphere

Dr Nawal .M. Abdullah

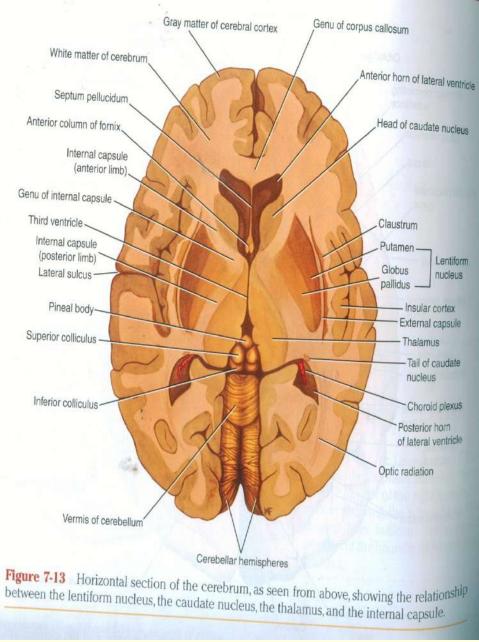
Lateral ventricle

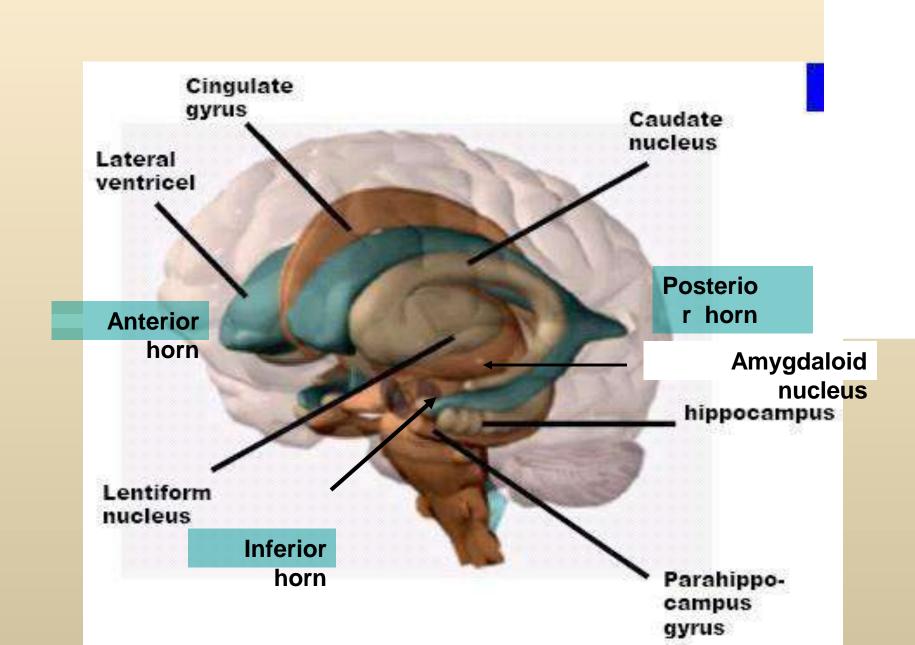
Def:

- 2 one in each hemisphere
- Seperated by a thin vertical portion called septum pellucidum.
- C-shaped structure lined with ependymal cells and filled with CSF.
- each ventricle is divided into:
 - body= central partanterior horn= frontal lobeposterior horn= occipital horninferior horn= temporal horn



It consist of: 1. Cerebral cortex 2. Lateral ventricles 3. Basal ganglia 4. White matter.





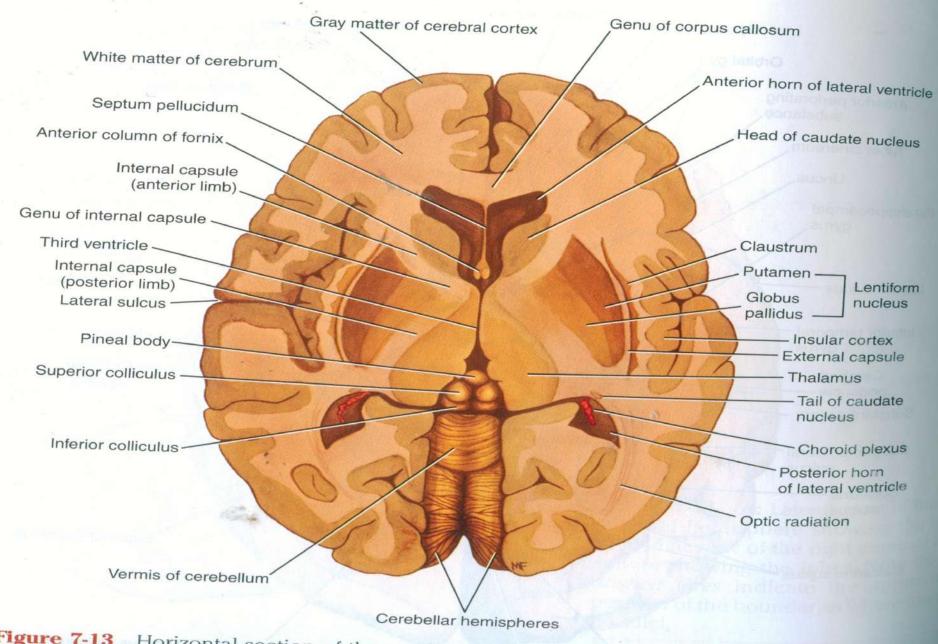


Figure 7-13 Horizontal section of the cerebrum, as seen from above, showing the relationship between the lentiform nucleus, the caudate nucleus, the thalamus, and the internal capsule.

Basal ganglia

Objectives:

To identify anatomy of basal ganglia

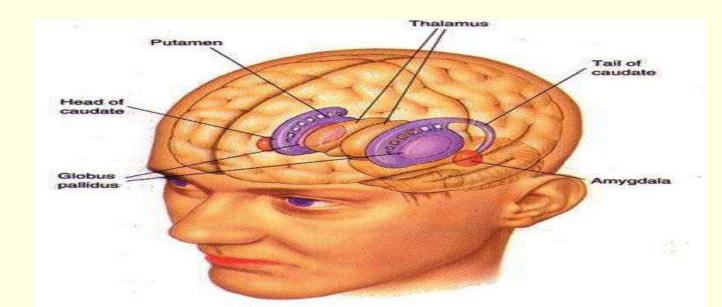
To recognize their connections

To relate their defects to known clinical problems and diseases

Basal ganglia

- Collection of grey matter masses comprising multiple subcortical nuclei within each cerebral hemisphere

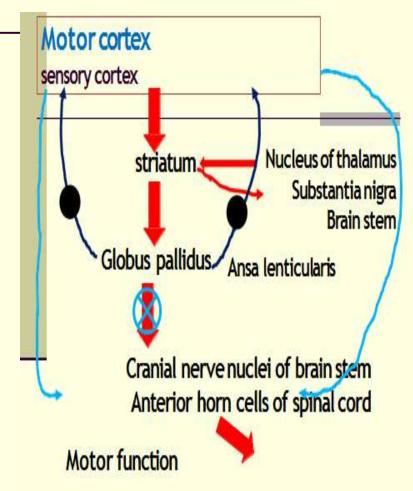
Includes: caudate nucleus, lentiform nucleus -Amygdeloid nucleus ,claustrum ?? has important connection with other regions of the brain sop subthalamic nuclei , and substantia nigra



What basal ganglia do?

primary function is likely to control and regulate activities of the <u>motor</u> and pre-motor cortical areas so that voluntary movements can be performed smoothly = part of extrapyramidal system 1.Modulate the intiation ... termination, amplitude, selection of movement

***Initiation and selection



٦	rad	itio	nal	cla	ssif	ica	tion	

- Caudate nucleus •
- Lentiform nucleus
- Amygdaloid body •
 - Claustrum

- **Clinical classification**
 - **Caudate nucleus**

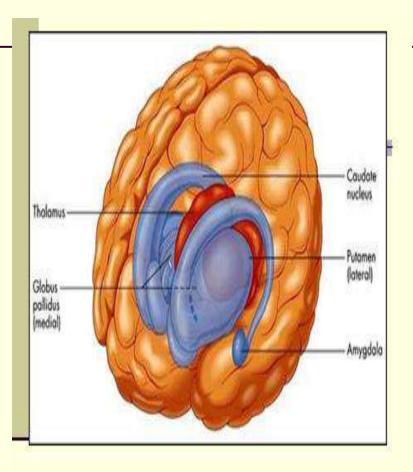


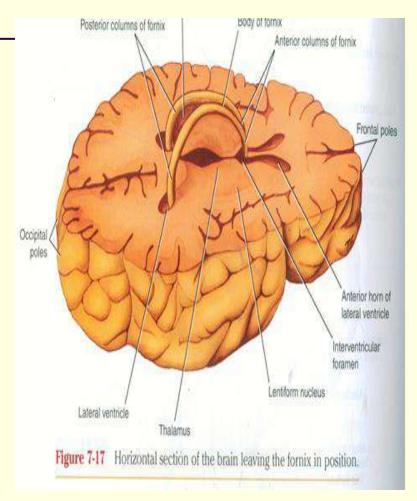
- Lentiform nucleus
 - Subthalamus •
 - Substantia nigra •

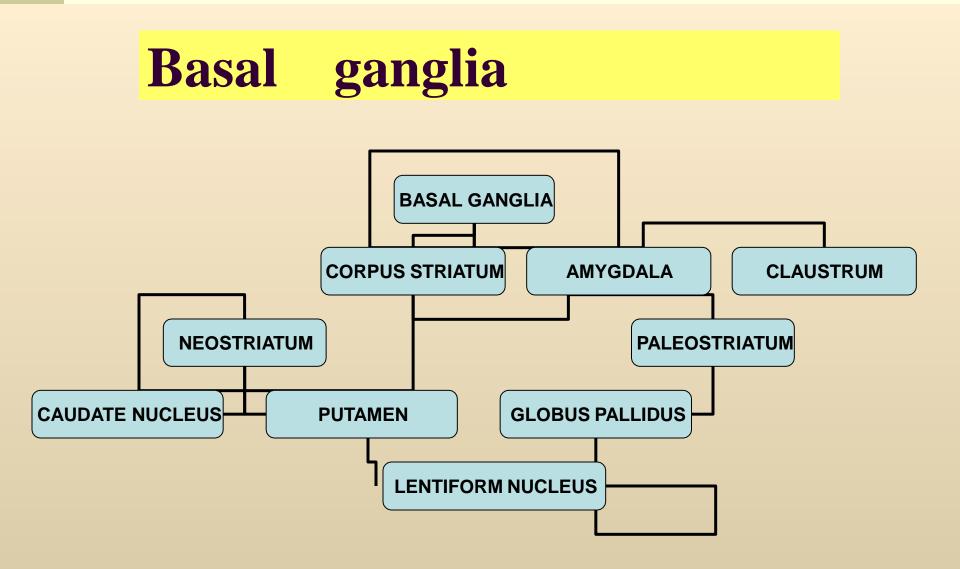
TERMINOLOGIES

Neurological structure	Basal nuclei
Corpus striatum	Caudate nucleus + lentiform nucleus
Amygdala	Amygdaloid nucleus
Claustrum	Claustrum
Neostriatum	Caudate nucleus + putamen
Paleostriatum	Globus pallidus
Caudate nucleus	Caudate nucleus
Lentiform nucleus	Globus pallidus + putamen

Basal ganglia



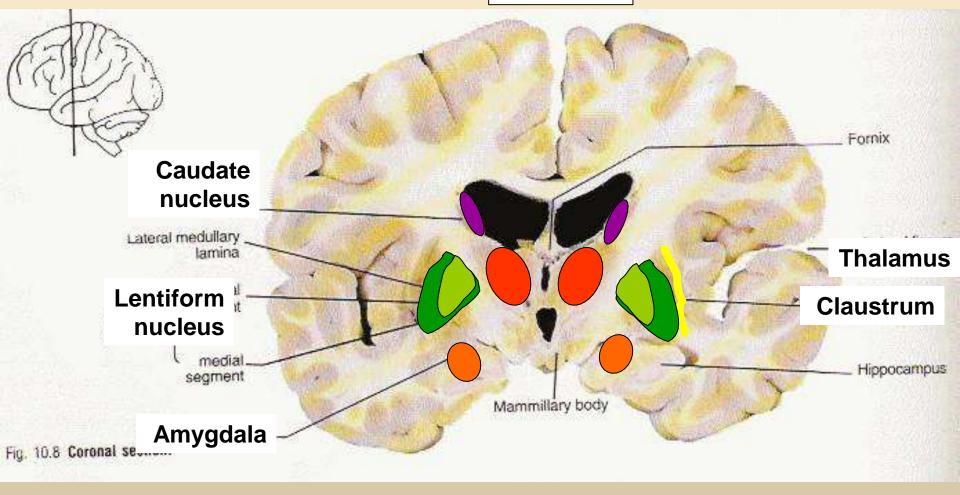




Basal ganglia

CORONAL SECTION

SUPERIOR





Corpus striatum

Subdivided by anterior limb of internal capsule into:

Medial part= caudate n.

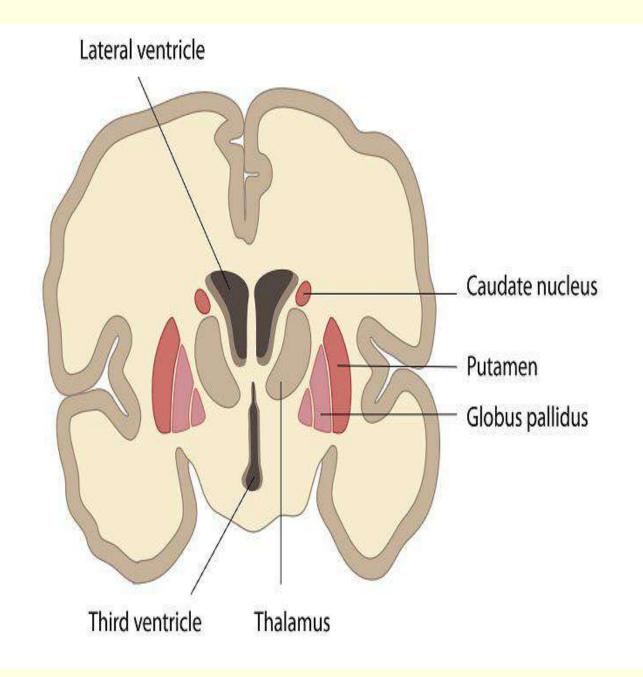
Lateral part = lentiform n.

Lies lateral to thalamus

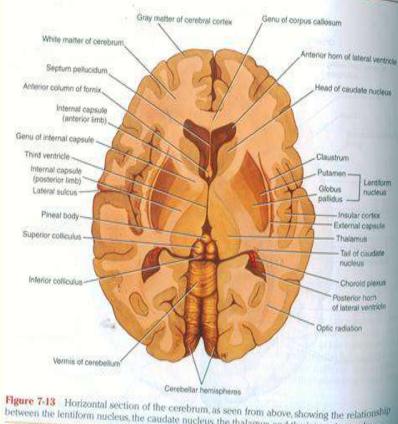
Caudate N + lentiform N + internal capsule = Corpus striatum.

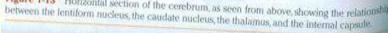
Caudate nucleus;

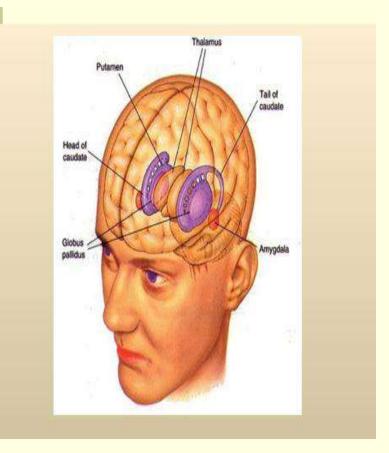
- C = comma shaped
- have head ,body and tail
- head is situated at the floor of anterior horn of lateral ventricle.
- body at floor of central part of lateral ventricle
- tail at roof of inferior horn of lateral ventricle

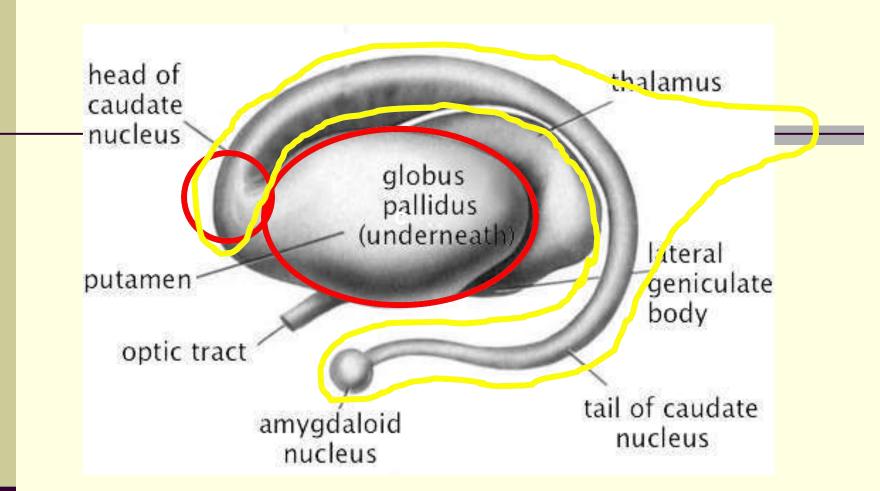


Caudate nucleus









Caudate nucleus Head – attached with putamen of lentiform nucleus Body Tail- attached with amvodaloid nucleus

Lentiform nucleus:

- Biconvex lens = thumb-size
- subdivided into2 parts
 - 1. putamen = largest = lateral part = dark
- 2. globas pallidus = smaller = medial = pale
- has 2 capsule of white matter external and internal capsule
- Lies beneath insula and claustrum

Connections



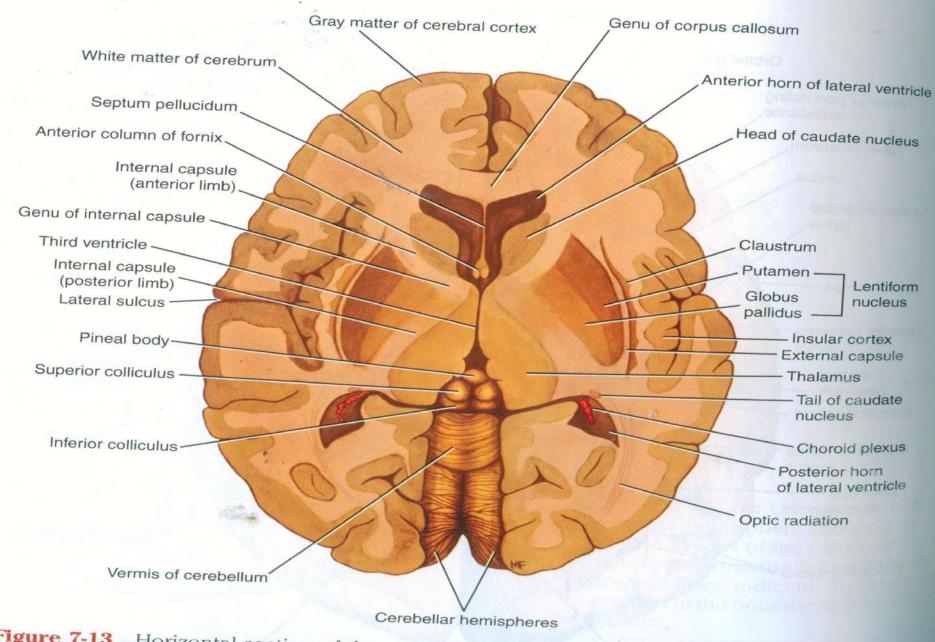
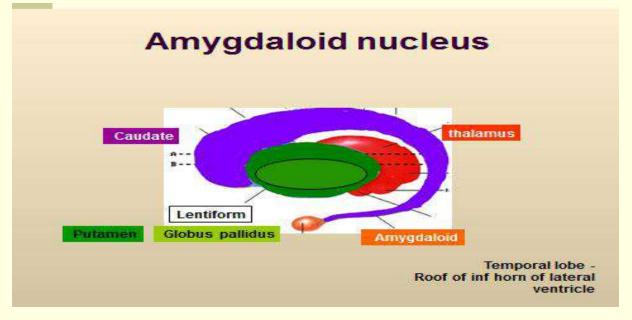


Figure 7-13 Horizontal section of the cerebrum, as seen from above, showing the relationship between the lentiform nucleus, the caudate nucleus, the thalamus, and the internal capsule.

Amygdaloid nucleus:

- at temporal lobe close to uncus
- roof of inferior horn of lateral ventricle
- extend to tail of caudate n.
- considered as part of limbic system.
- Smell ? -



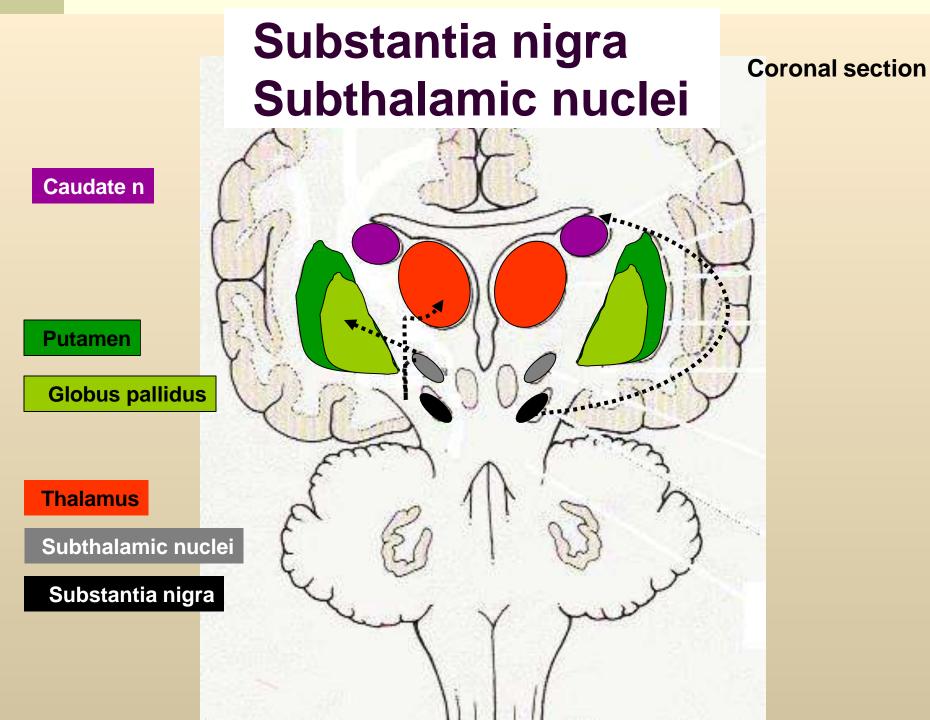
Claustrum:

Thin sheet of grey matter have external capsule medially and insula laterally function; ?.

Substantia nigra / Pars compacta (SNc)

Midbrain Pars reticulata (SNr)

Subthalamic nuclei (STN)



Functions of basal ganglia

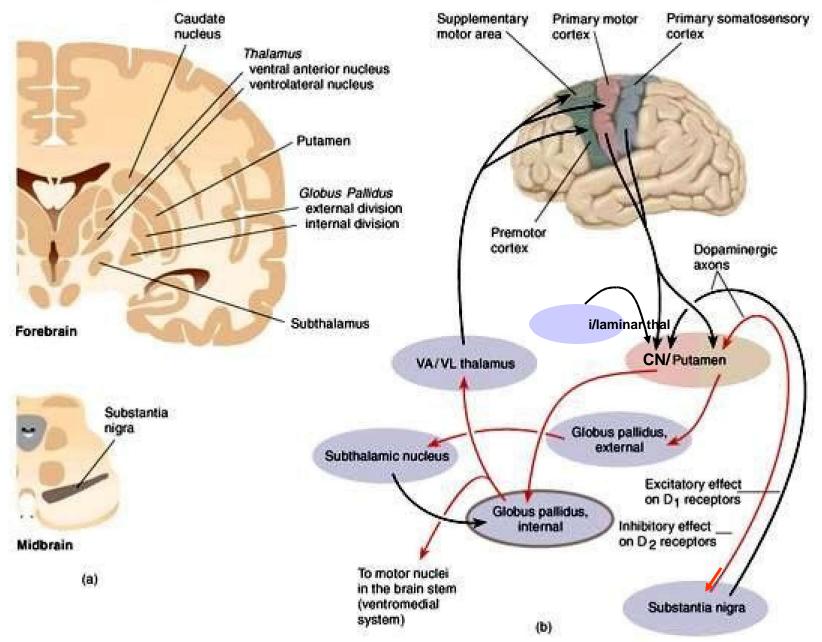
The balance between the cerebellum and the basal ganglia allows smooth, coordinated movement, and a disturbance in either system will show up as movement

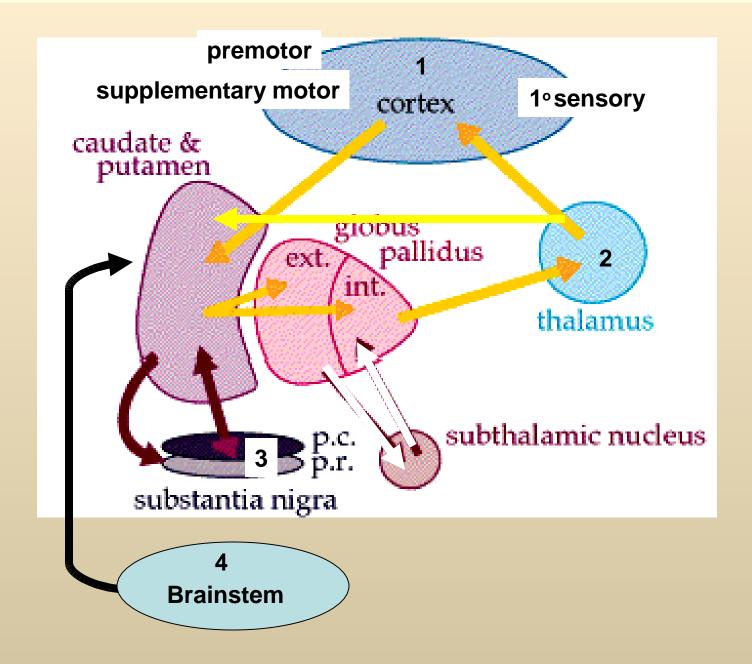
disorders.

- 1-Control reflex and voluntary muscular movement
- 2. Control skilled and manipulatd activof the body e;g Thread and needle
- 3. Control abnormal involuntary movement
- 4. Control emmotional expression
- 5. Control automatic associated movement
 - e.g; swinging of arms during walking

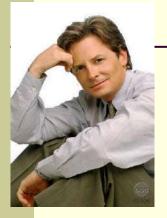
► The Basal Ganglia

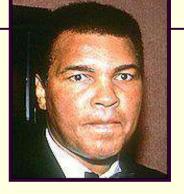
Connections





Diseases of basal ganglia Parkinson's disease





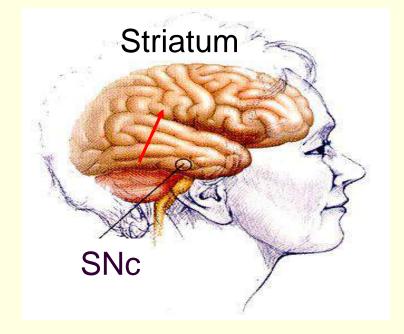




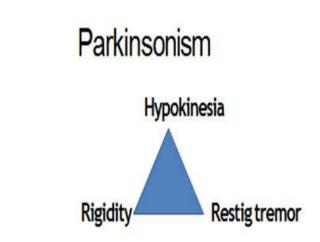


Michael J. Fox Muhammad Ali Pope John Paul II Janet Reno Katherine Hepburn

Pathophysiology Primary: loss of nigrostriatal DA projection



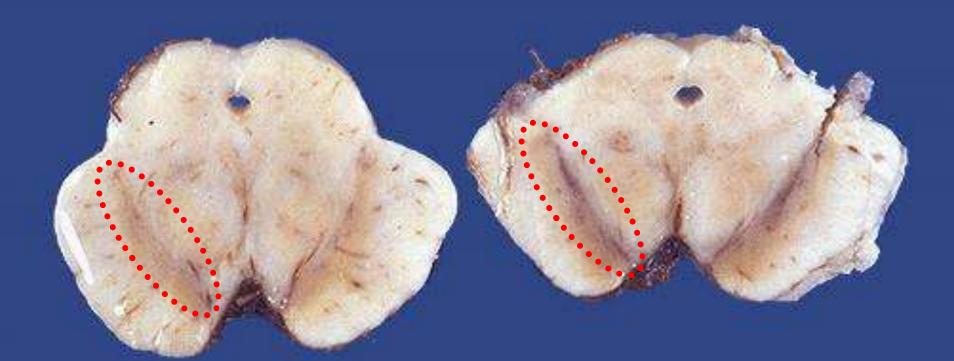
Parkinson disease



Release of dopamine from Substantia nigra is less.
Less activation of direct pathway and less inhibition of indirect pathway

 May be associated with heroine addiction and antipsychotic drugs Change in muscle tone Abnormal involuntary movement **Parkinsonism** Effect on the opposite side **Degeneration of dopamine**producing cells in substantia nigra-depletion of dopamine in striatum **Resting tremor Rigidity – simultaneous** contraction of flexors and extensors Bradykinesia = Slowness of movement - brake cannot be .released **Depression**, dementia No paralysis, sensory loss, ataxia

Human midbrain



Parkinson's disease



Choreatic syndrome Huntington's disease

- hereditary disease of unwanted movements.
- It results from degeneration of the caudate and putamen, and produces continuous dancelike movements of the face and limbs – choreoathetosis

<u>Hemiballism</u>

flailing movements of one arm and leg (one-sided), which is caused by damage (i.e., stroke) of the subthalamic nucleus



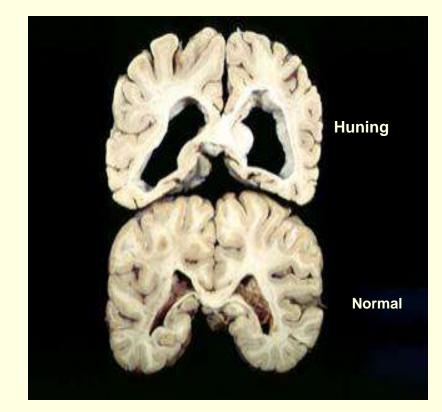
Huntington's disease

Hyperkinetic disorders:

Pathophysiology

*Atrophy of striatum •
*Loss of striatal GAB Aergic neurons
*Neuropathological •
sequence
1st: loss of striatal GABA/enkephalin/D2-R neurons (*indirect* pathway)

- 2nd: loss of striatal GABA/ dynorphin/D1-R neurons
 - (direct pathway) & cortical atrophy



Lower Motor Neuron	Upper Motor Neuron	Basal Ganglia	
Paralysis	Paresis (weakness)	No paralysis	
Muscle atrophy	No atrophy	No atrophy	
Areflexia & atonia	Hyperreflexia, hypertonia, spasticity	Parkinson's: rigidity, resting tremor, bradykinesia Huntington's: chorea, hyperkinesia	
lpsi deficit in spinal cord	Contra deficit above decussation Ipsi deficit below decussation	Contra	