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 part
anterior horn = frontal lobe
posterior horn = occipital horn
inferior horn = temporal horn

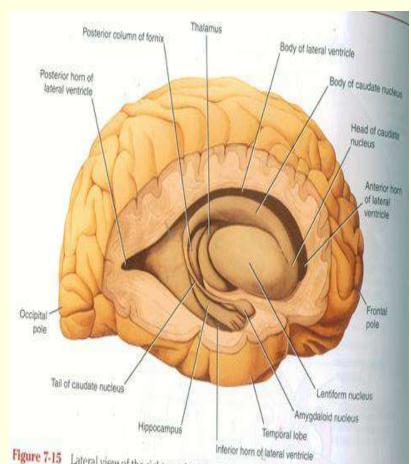


Figure 7-15 Lateral view of the right cerebral hemisphere dissected to show the position of the lentiform nucleus, the caudate nucleus, the thalamus and the bin-

It consist of:

- 1. Cerebral cortex
- 2. Lateral ventricles
- 3. Basal ganglia
- 4. White matter.

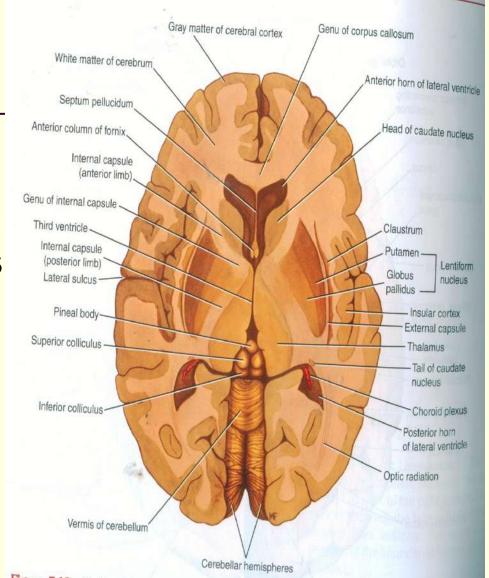
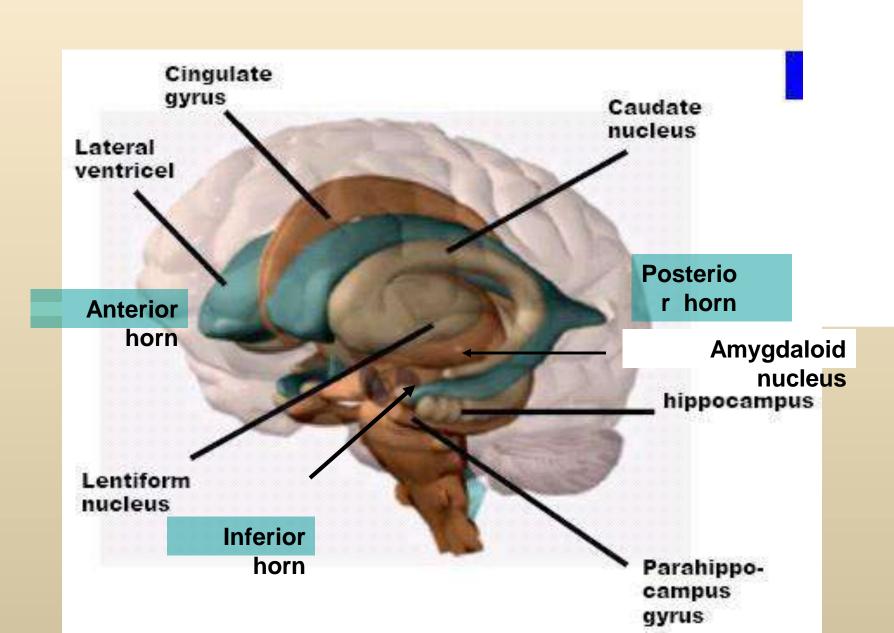


Figure 7-13 Horizontal section of the cerebrum, as seen from above, showing the relationship between the lentiform nucleus, the caudate nucleus, the thalamus, and the internal capsule.



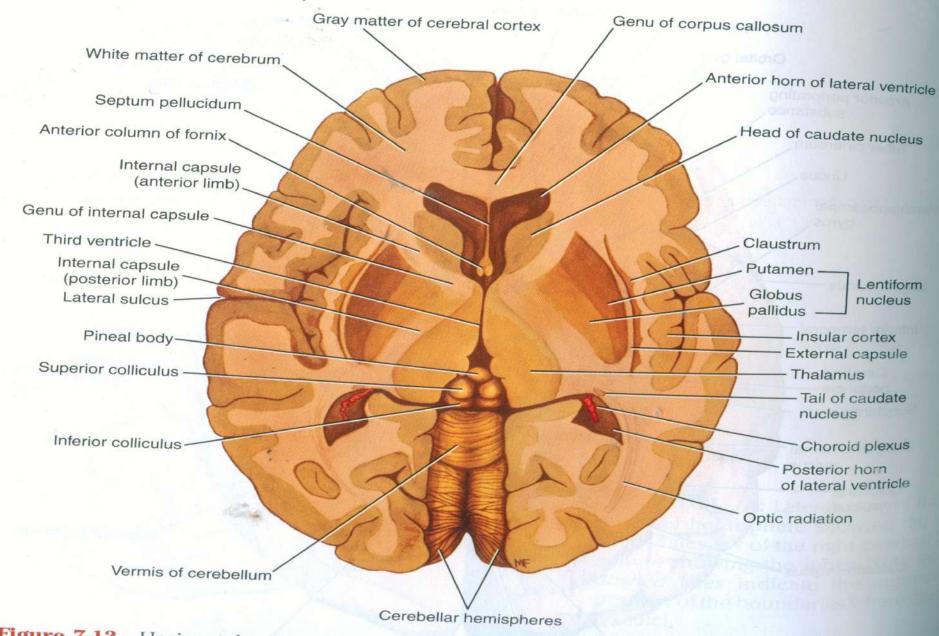


Figure 7-13 Horizontal section of the cerebrum, as seen from above, showing the relationship between the lentiform nucleus, the caudate nucleus, the thalamus, and the internal capsule.

Objectives:

To identify anatomy of basal ganglia

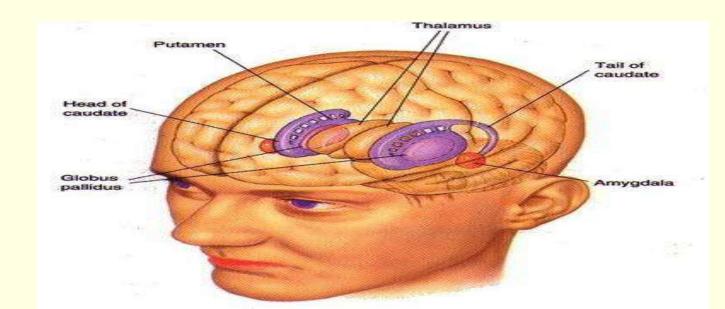
To recognize their connections

To relate their defects to known clinical problems and diseases

- 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 esp subthalamic nuclei, and substantia nigra



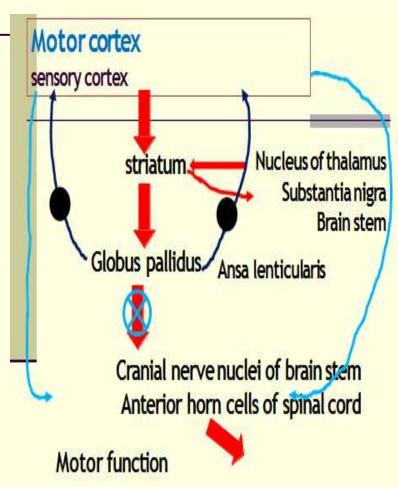
What basal ganglia do?

primary function is likely to control and regulate activities of the motor 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



Traditional classification

Clinical classification

Caudate nucleus •

Caudate nucleus

Lentiform nucleus

Lentiform nucleus •

Amygdaloid body

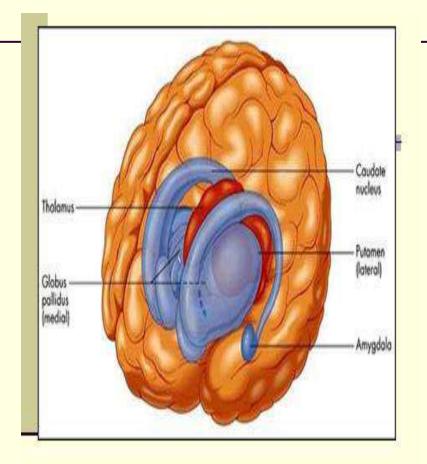
Subthalamus

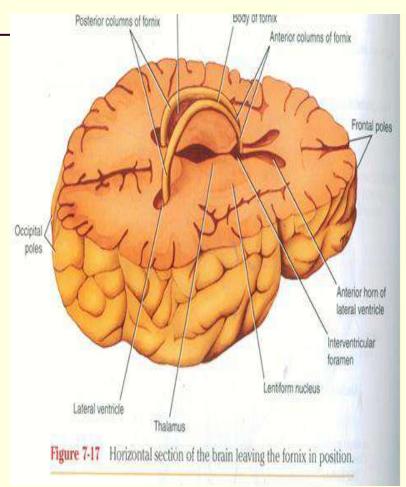
Claustrum

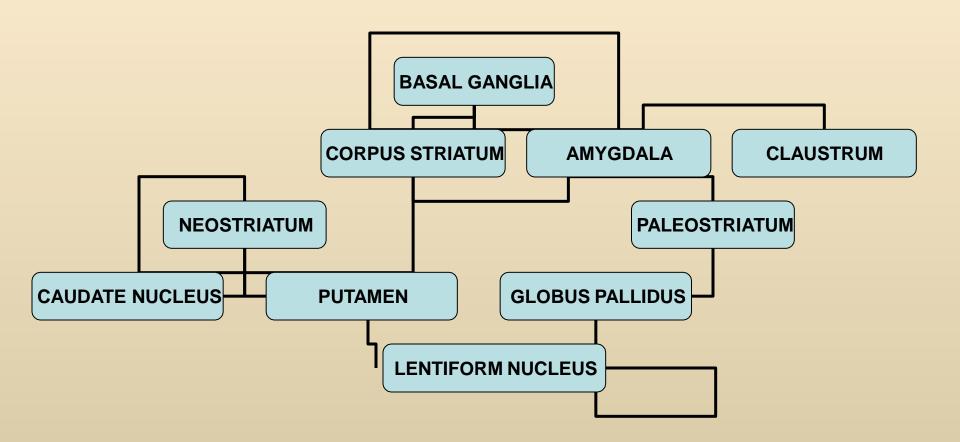
Substantia nigra •

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

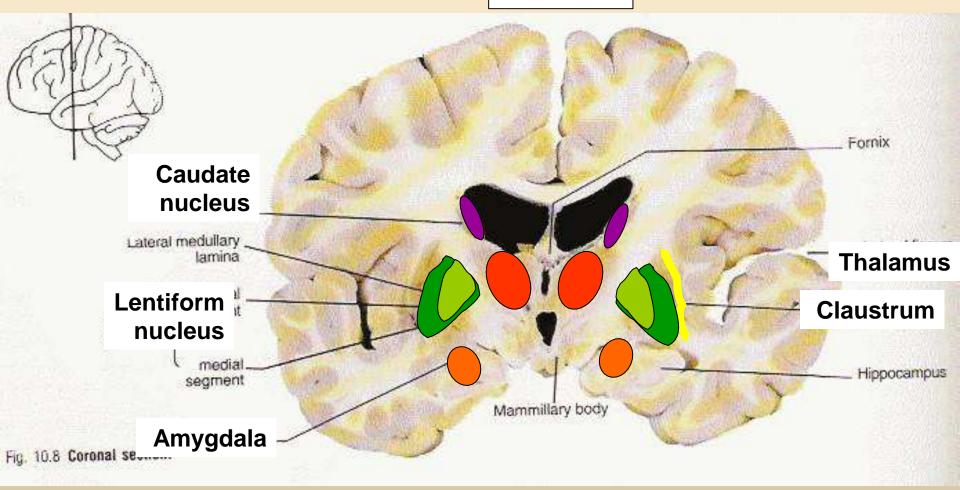






CORONAL SECTION

SUPERIOR



INFERIOR

Corpus striatum

Subdivided by anterior limb of internal capsule into:

Medial part= caudate n.

Lateral part = lentiform n.

Lies lateral to thalamus

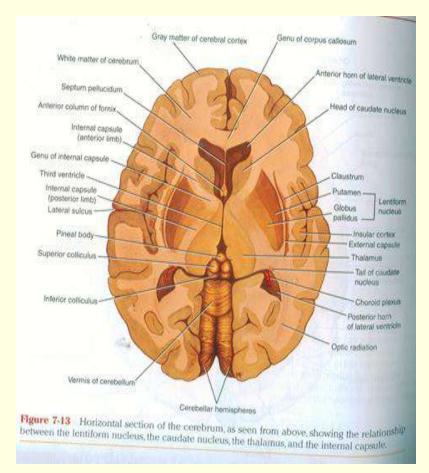
Caudate N + Ientiform N + internal capsule = Corpus striatum.

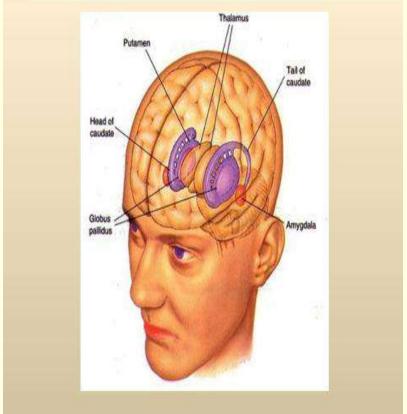
Caudate nucleus;

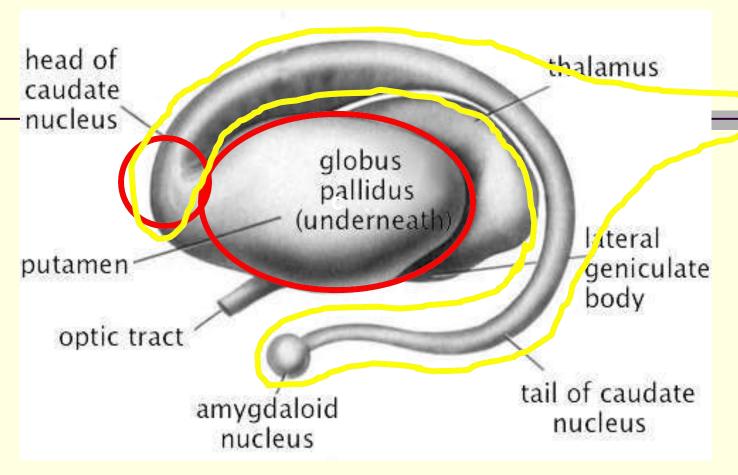
- C = comma shaped
- have head ,body and tail
- head is situated at the floor of anterior horn of lateral ventricle.
- body at floor of central part of lateral ventricle
- tail at roof of inferior horn of lateral ventricle

Lateral ventricle Caudate nucleus Putamen Globus pallidus Third ventricle **Thalamus**

Caudate nucleus







Caudate nucleus

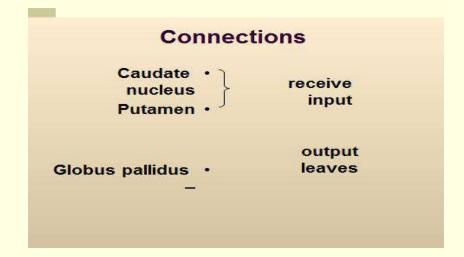
Head – attached with putamen of lentiform nucleus

Body

Tail- attached with amvadaloid 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



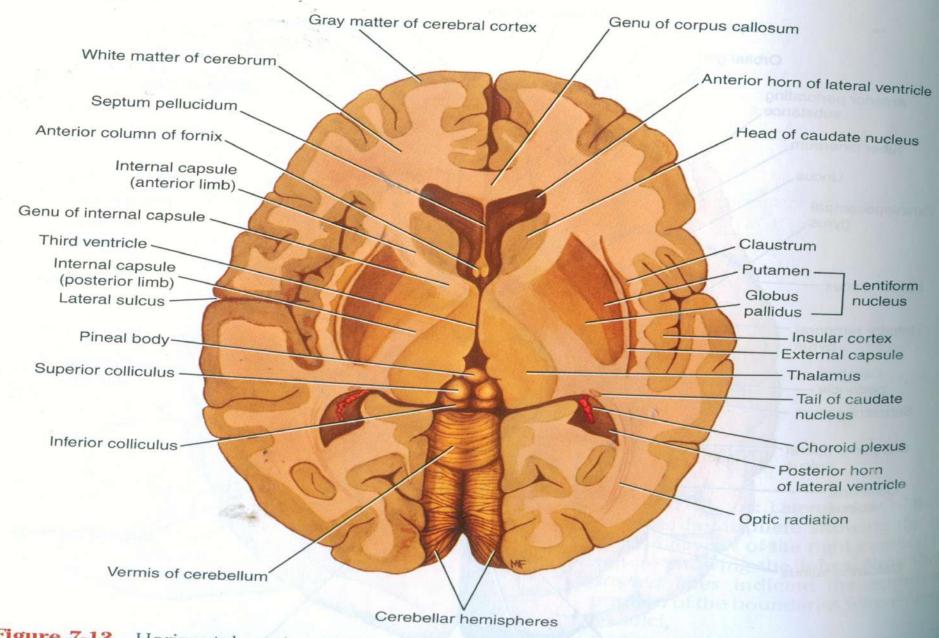
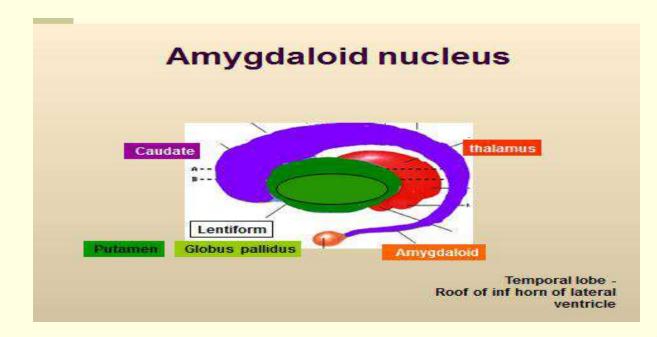


Figure 7-13 Horizontal section of the cerebrum, as seen from above, showing the relationship between the lentiform nucleus, the caudate nucleus, the thalamus, and the internal capsule.

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)

Substantia nigra Subthalamic nuclei

Coronal section

Caudate n

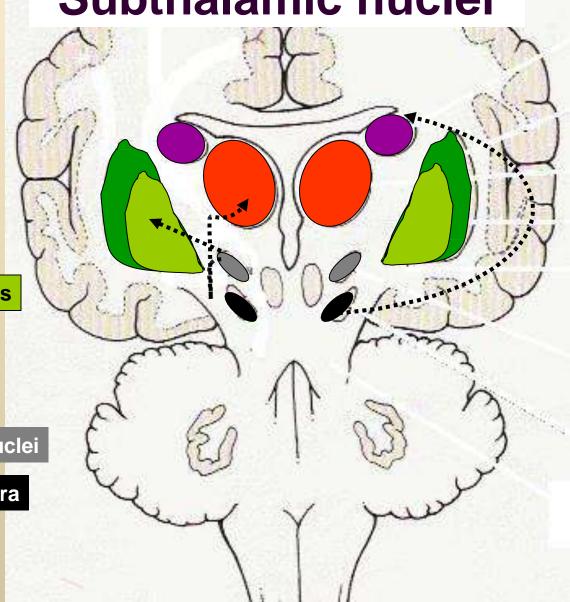
Putamen

Globus pallidus

Thalamus

Subthalamic nuclei

Substantia nigra



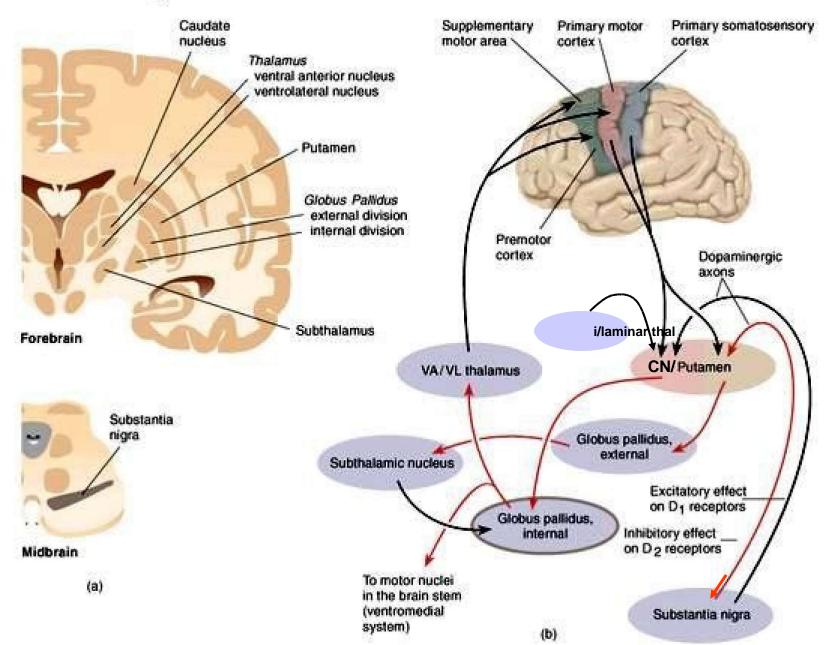
Functions of basal ganglia

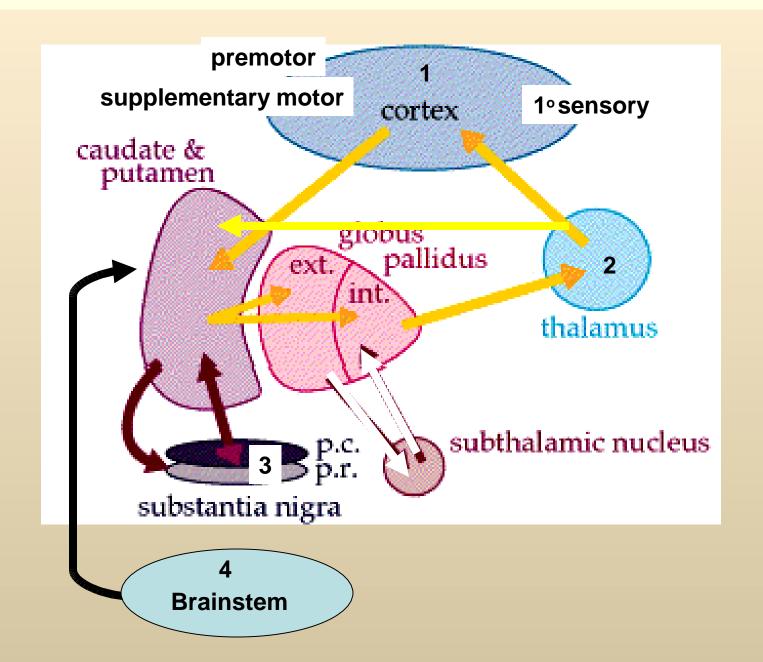
The balance between the cerebellum and the basal ganglia allows smooth, coordinated movement, and a disturbance in either system will show up as movement disorders.

- 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

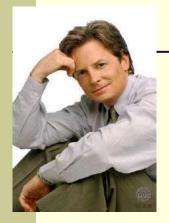
► The Basal Ganglia

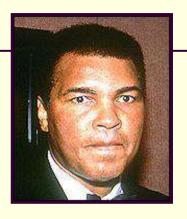
Connections





Diseases of basal ganglia Parkinson's disease











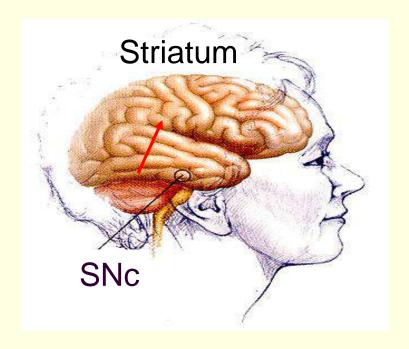
Michael J. Fox

Muhammad Ali Pope John Paul II

Janet Reno

Katherine Hepburn

Pathophysiology Primary: loss of nigrostriatal DA projection



Parkinson disease

Parkinsonism

Hypokinesia
Rigidity Restig tremor

- 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 dopamineproducing cells in substantia nigra-depletion of dopamine in striatum

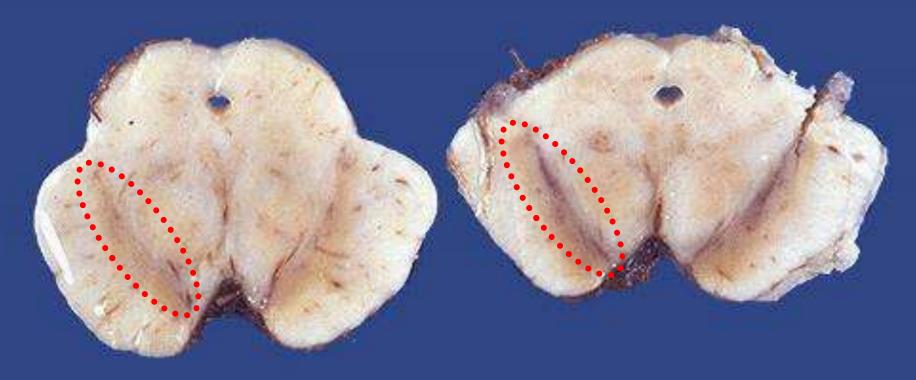
Resting tremor
Rigidity – simultaneous
contraction of flexors and
extensors

Bradykinesia = Slowness of movement – brake cannot be ,released

Depression, dementia

No paralysis, sensory loss, ataxia

Human midbrain



Parkinson's disease

Normal

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

Hemiballism

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



Huntington's disease

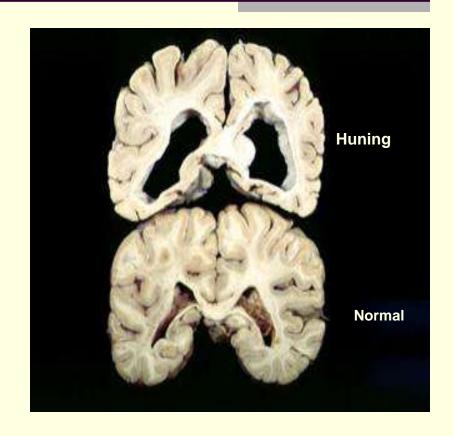
Hyperkinetic disorders:

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/D1R 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 lpsi deficit below decussation	Contra