

# Introduction and Overview of Neuroanatomy

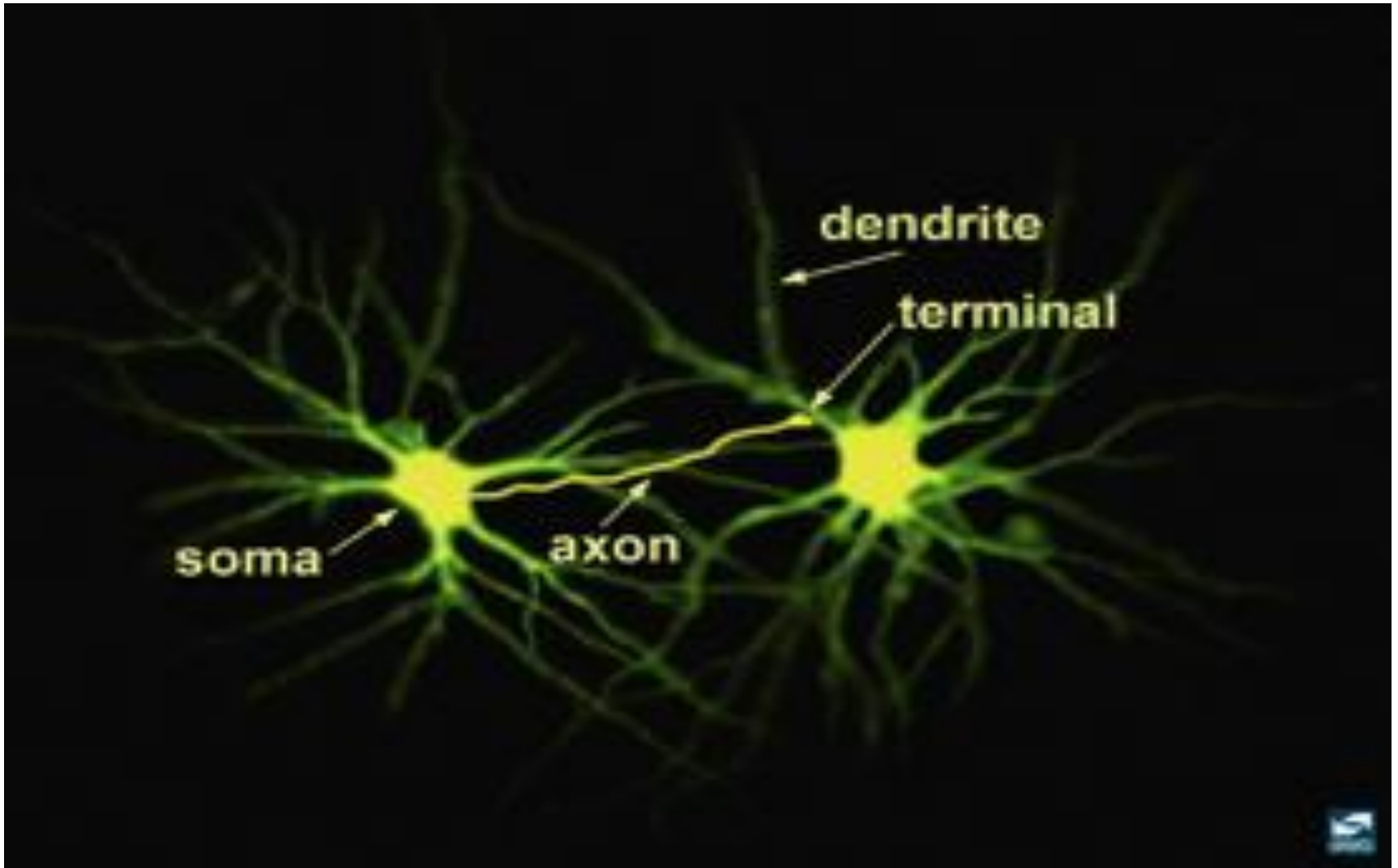
*Al-Mugsith, MD*  
*Erwi Suminar, Ns*

# Neurone

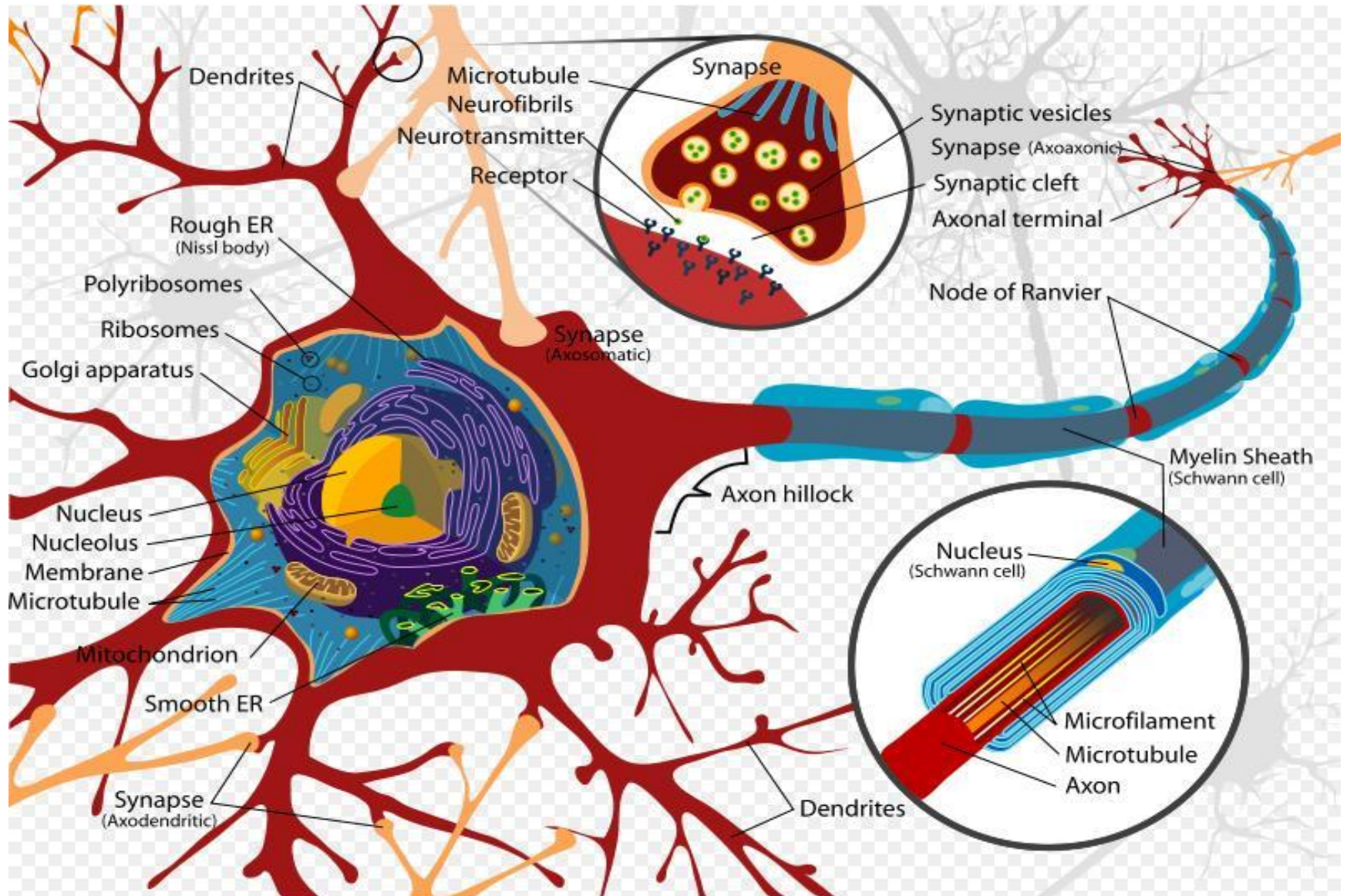


- The basic structural and functional unit of the nervous system
- The functions :  
to receive and integrate incoming information from sensory receptors or other neurones and to transmit information to other neurones or **effector organs**
- Information is passed between neurones at specialised regions called **synapses** where the membranes of adjacent cells are in close apposition

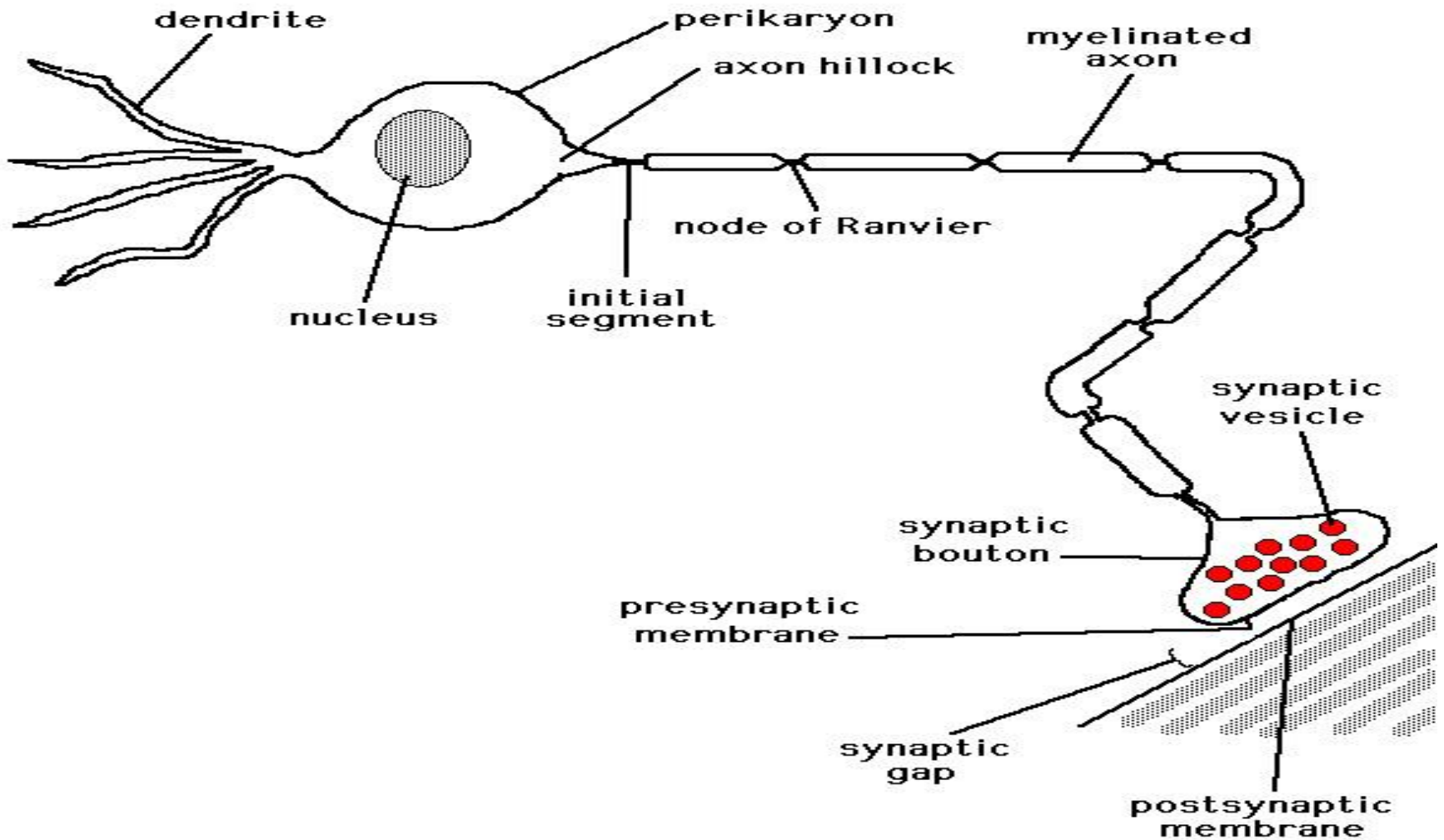
# Neuron



# Neuron



# Neuron



# Neuroglial cells



- More numerous than nerve cells but have ancillary roles and are not directly involved in information processing.
- There are three main types of neuroglial cell

# Type of Neuroglia



- Oligodendroglia (oligodendrocytes)  
which form the myelin sheath that many neuronal axons
- Astroglia (astrocyte)  
May form the blood brain barrier
- Microglia  
have phagocytic function when the nervous system is damaged



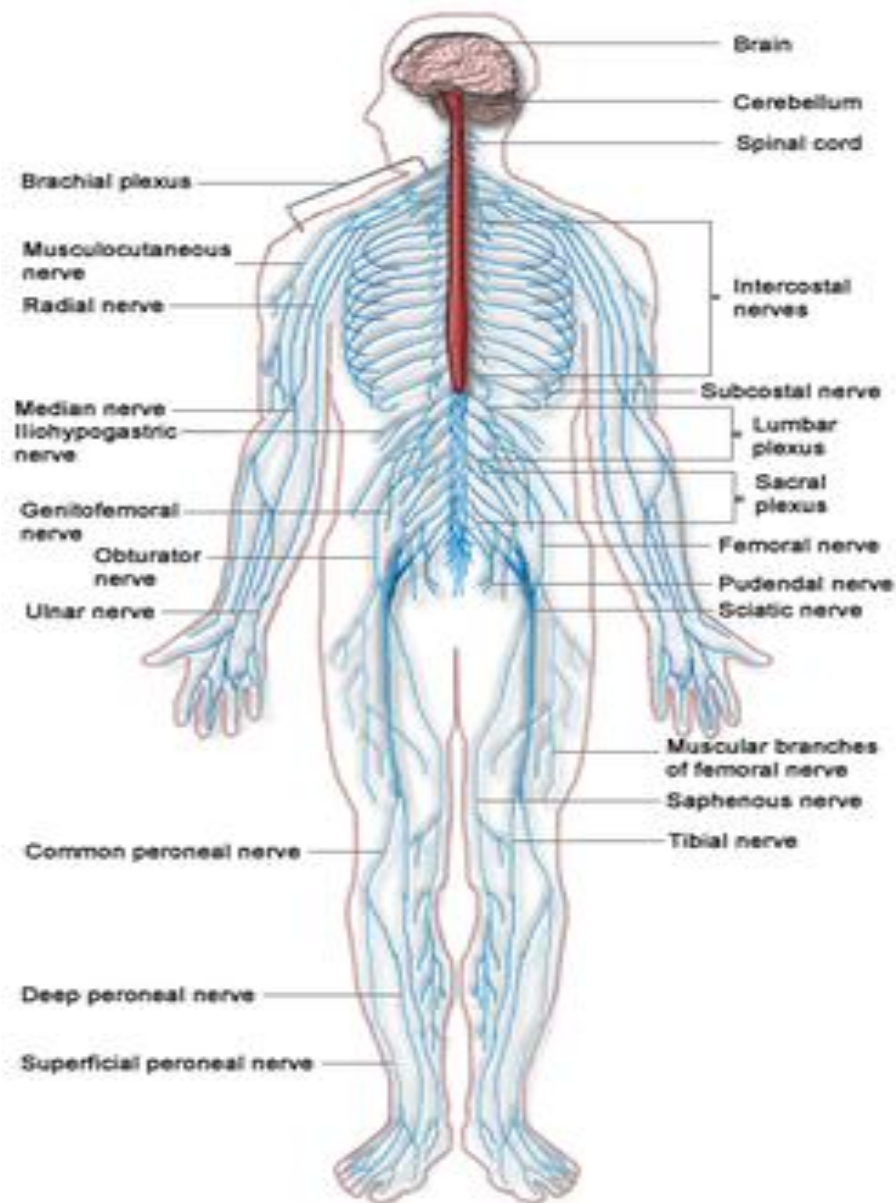
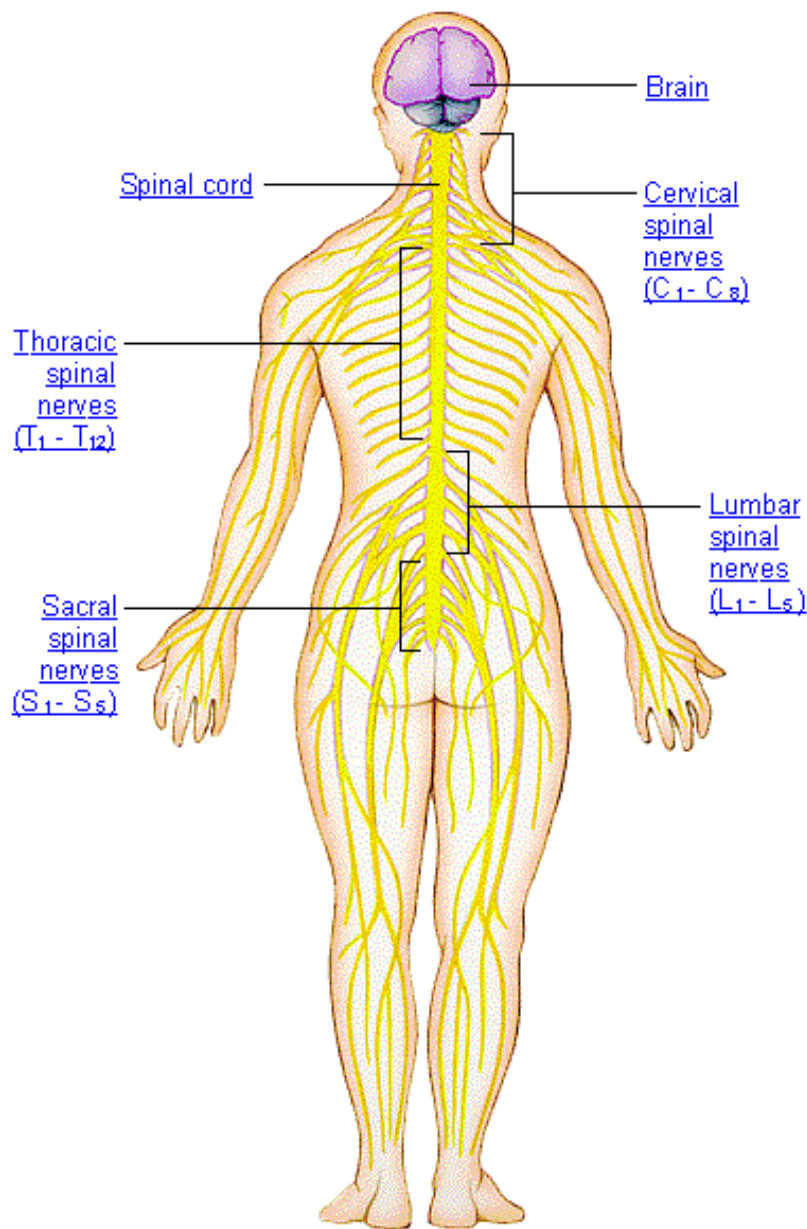
# Nervous system



- Central nervous system
  1. Brain
  2. Spinal cord
- Peripheral nervous system
  1. cranial nerves
  2. spinal nerves



# CNS and PNS

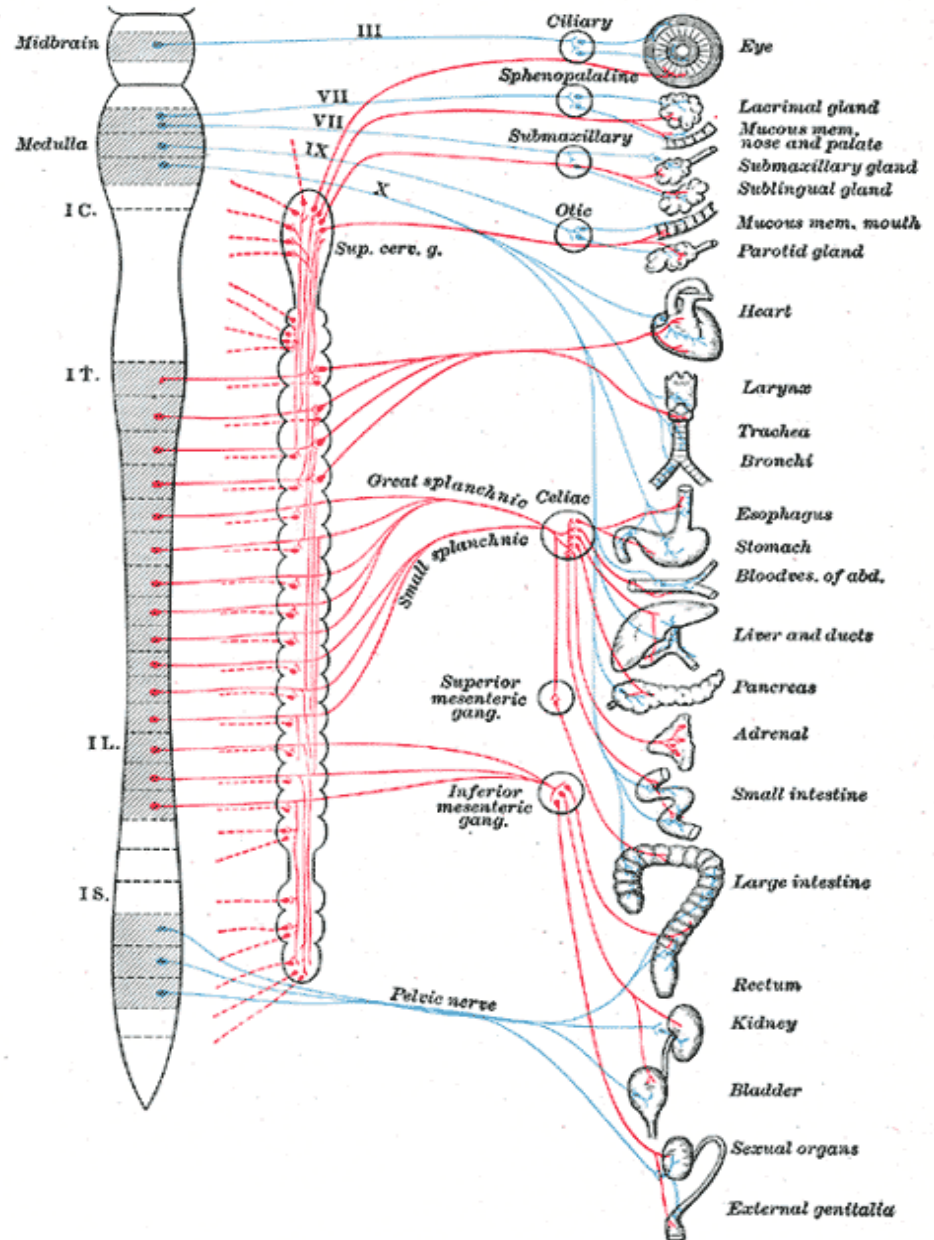
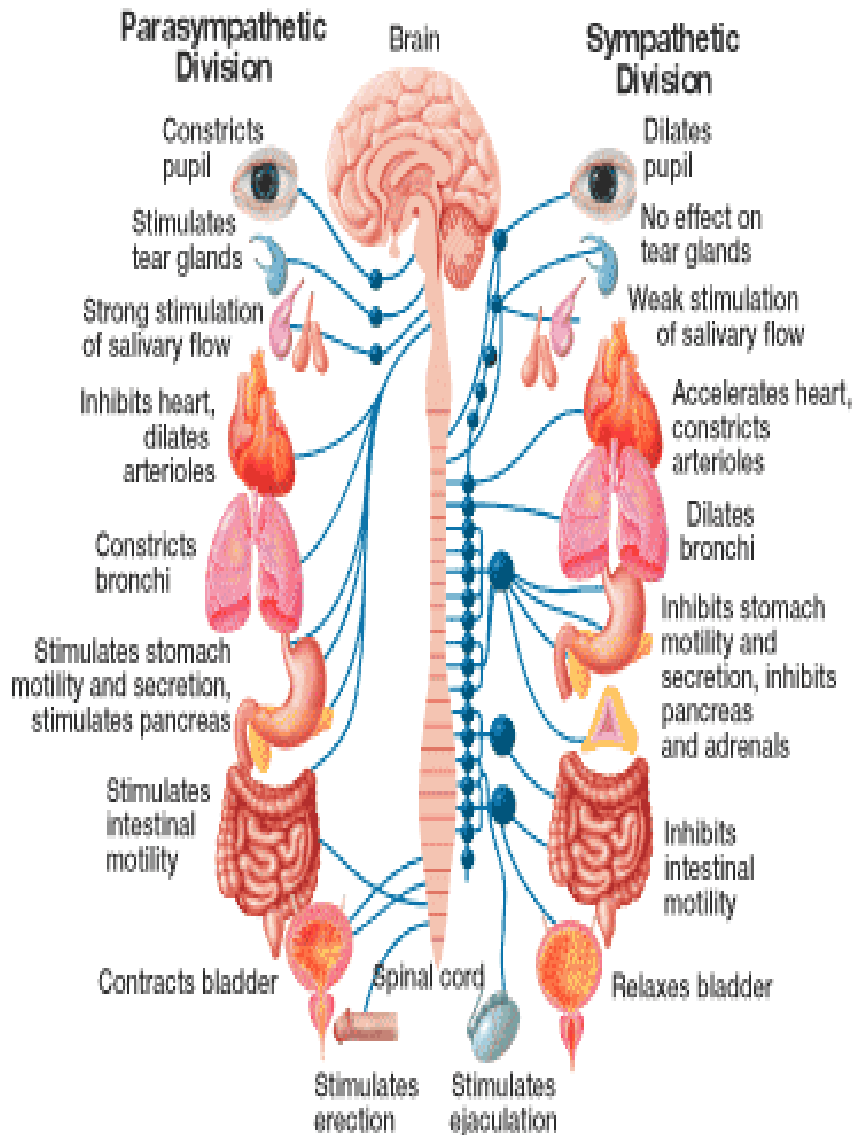


# Autonomic Nervous System (ANS)



- Innervates visceral structure and is important in homeostasis of the internal environment.
- divided into two anatomically and functionally distinct parts, namely the **sympathetic** and **parasympathetic** divisions.
- ANS generally have opposing (antagonistic) effects on the structures that they innervate

# Autonomic Nervous System

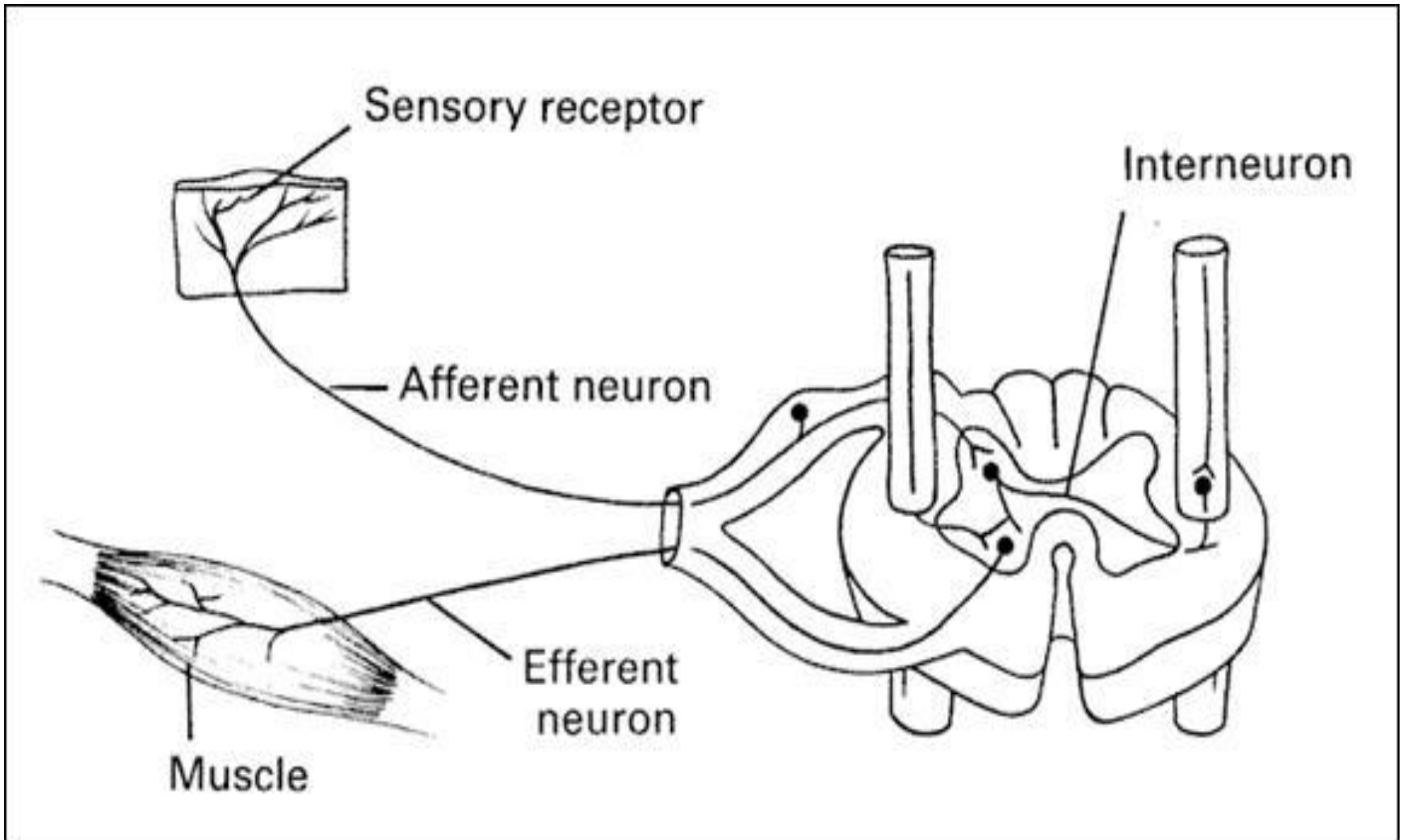


# Afferent Neurone, Efferent Neurone and Interneurone



- Nerve cells that carry information from peripheral receptors to the CNS → **afferent neurones**
- the information that they carry ultimately reaches a conscious level → **sensory neurones**
- Efferent neurones carry impulses away from the CNS and if they innervate skeletal muscle to cause movement → **motor neurones**
- The vast majority of neurones, however, are located entirely within the CNS → **interneurones**

# Afferent neurone, efferent neurone and interneurone



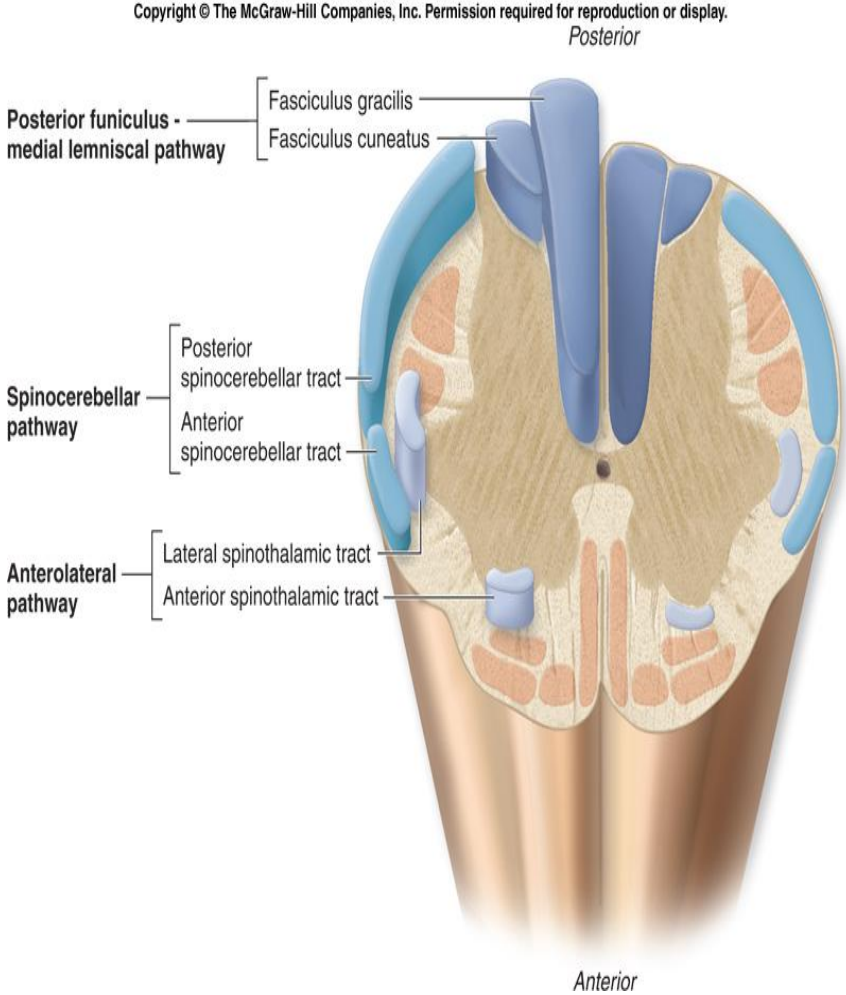
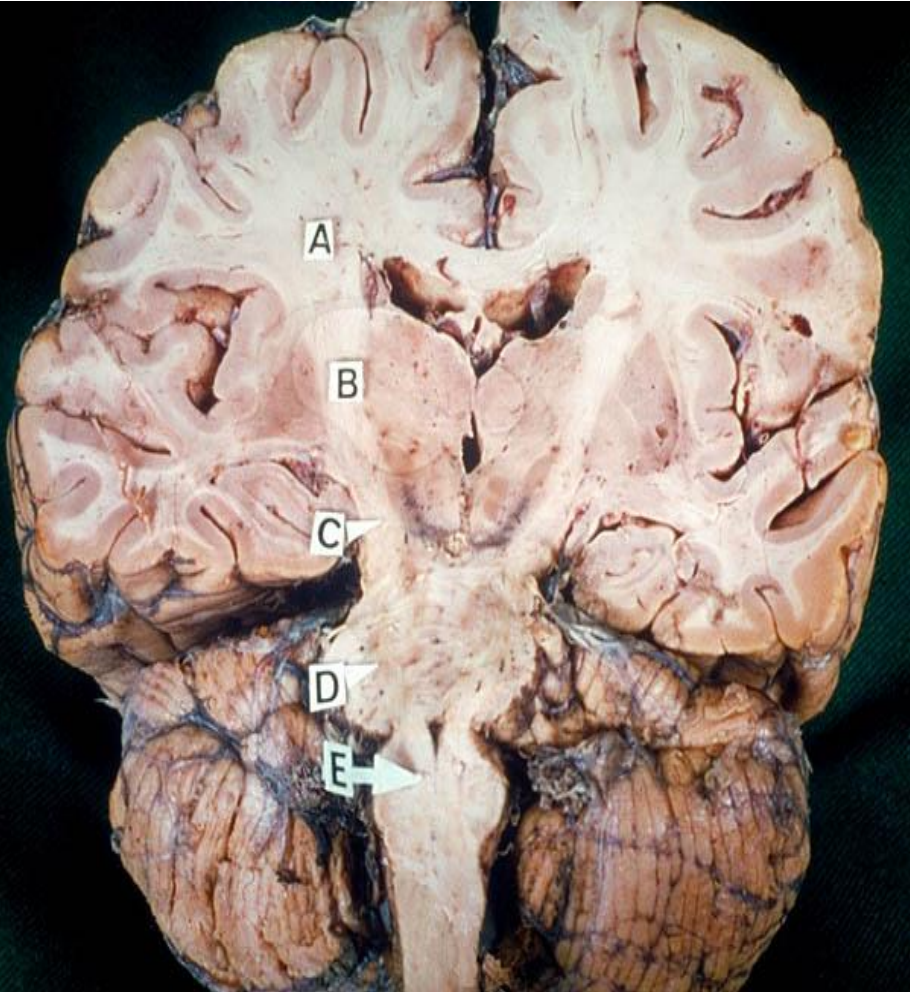
# Grey and White Matter of CNS



- Some regions are relatively enriched in nerve cell bodies (e.g. the central portion of the spinal cord and the surface of the cerebral hemisphere) and are referred to as **grey matter**
- Other regions contain mostly nerve processes (usually axons). These are often myelinated (ensheathed in myelin), which confers a paler coloration - hence the term **white matter**.



# Grey and White matter of CNS



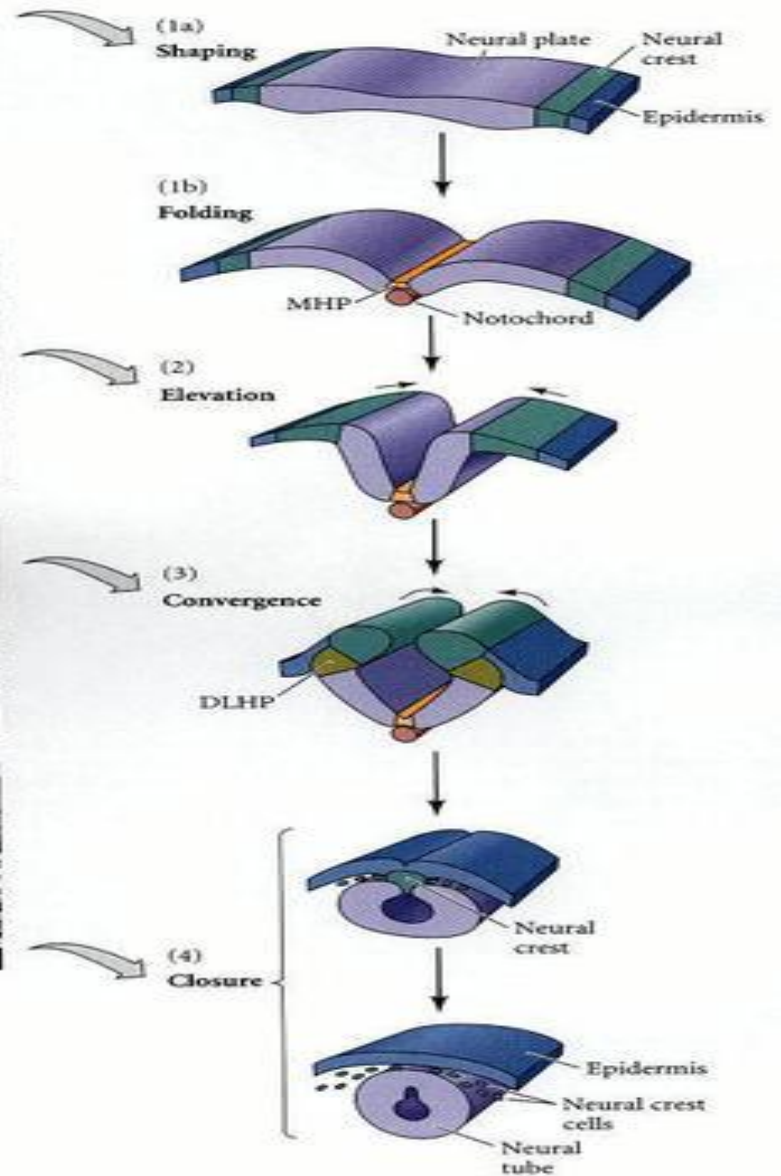
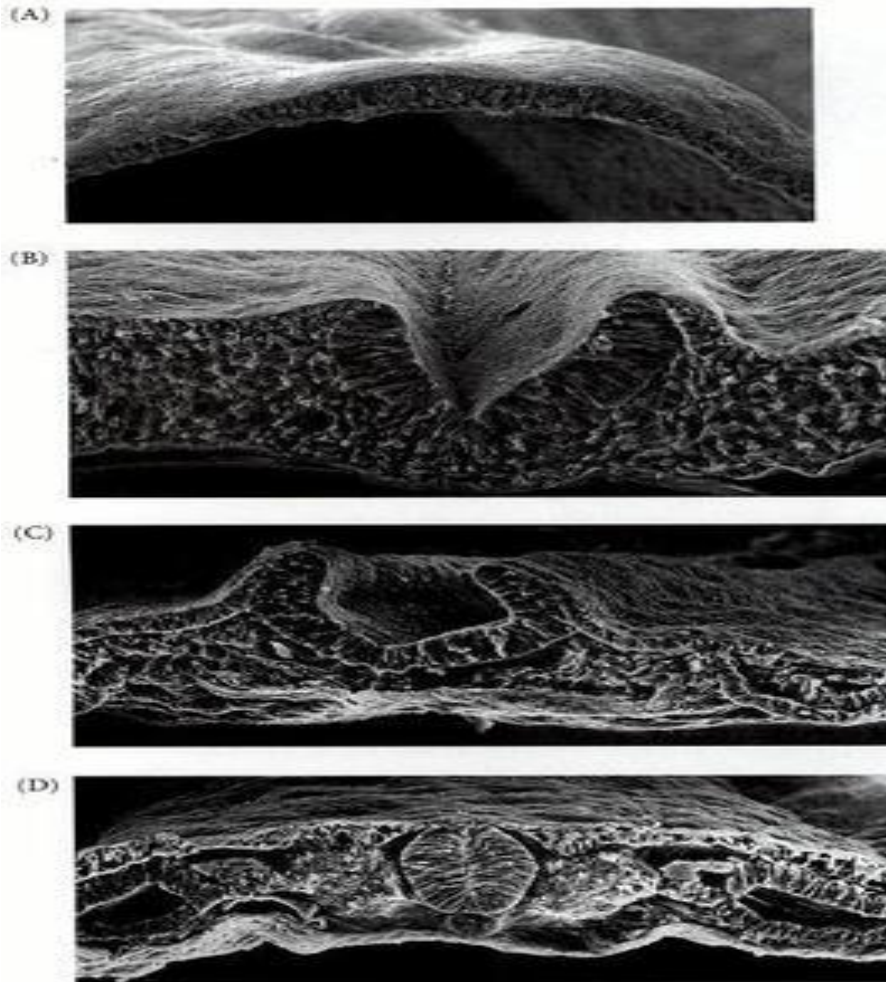


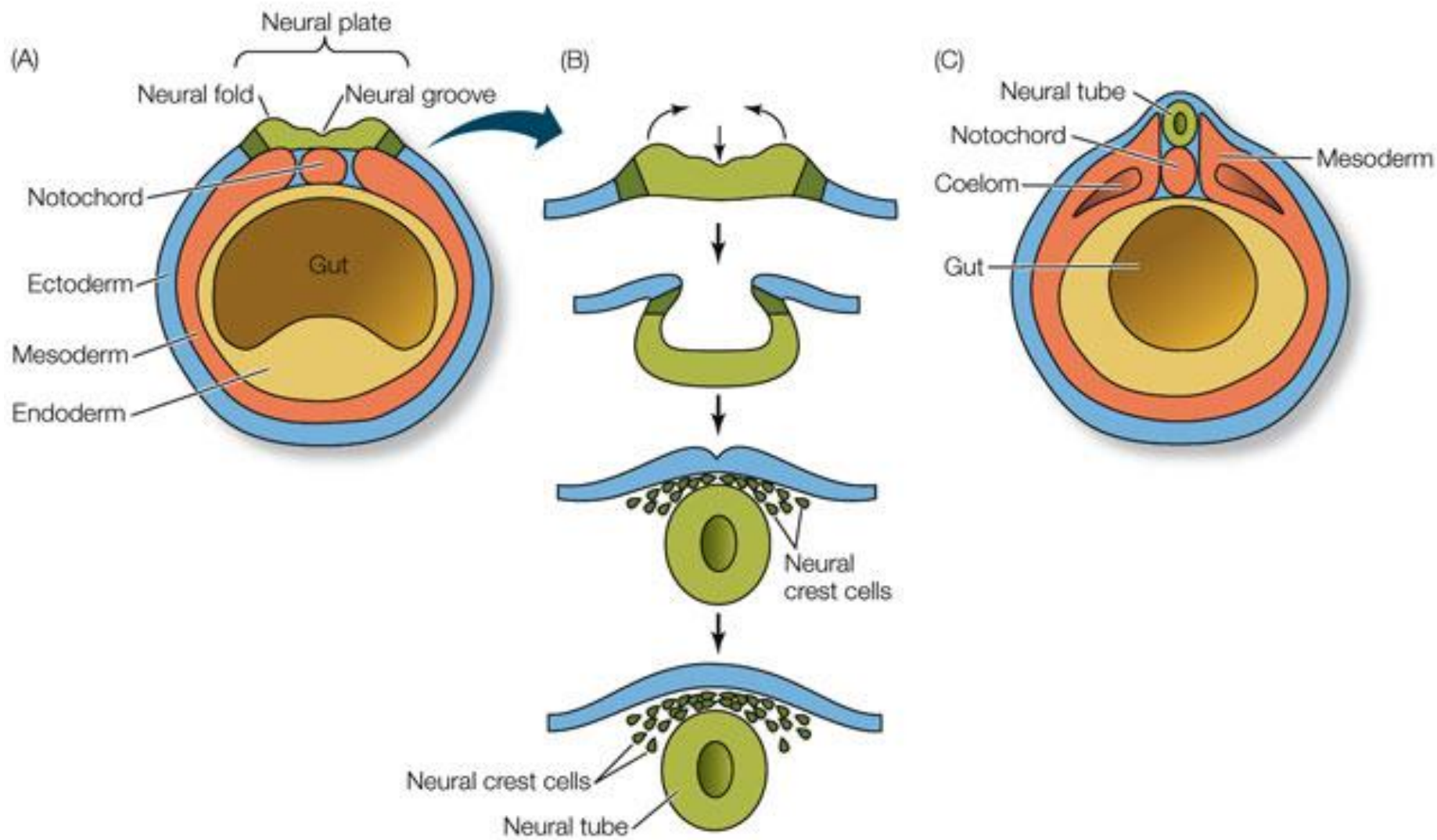
# Development of the CNS



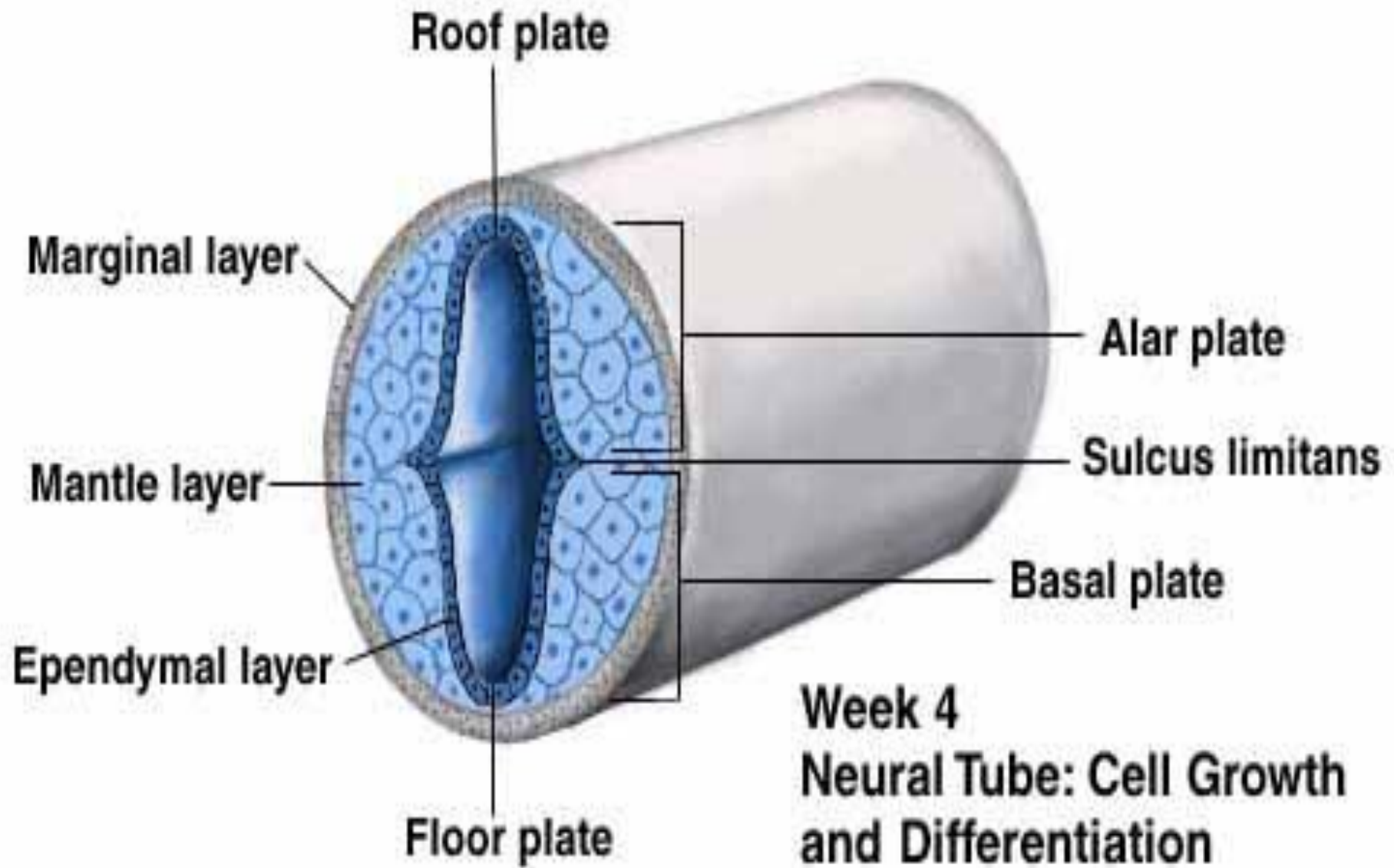
- The process of formation of the embryonic nervous system is referred to as **neurulation**
- During the third week of embryonic development, the dorsal midline ectoderm undergoes thickening to form the **neural plate**
- The lateral margins of the neural plate become elevated, forming **neural folds** on either side of a longitudinal, midline depression, **the neural groove**
- The neural folds then become apposed and fuse together, thus sealing the neural groove and creating **the neural tube**

# Development of the CNS





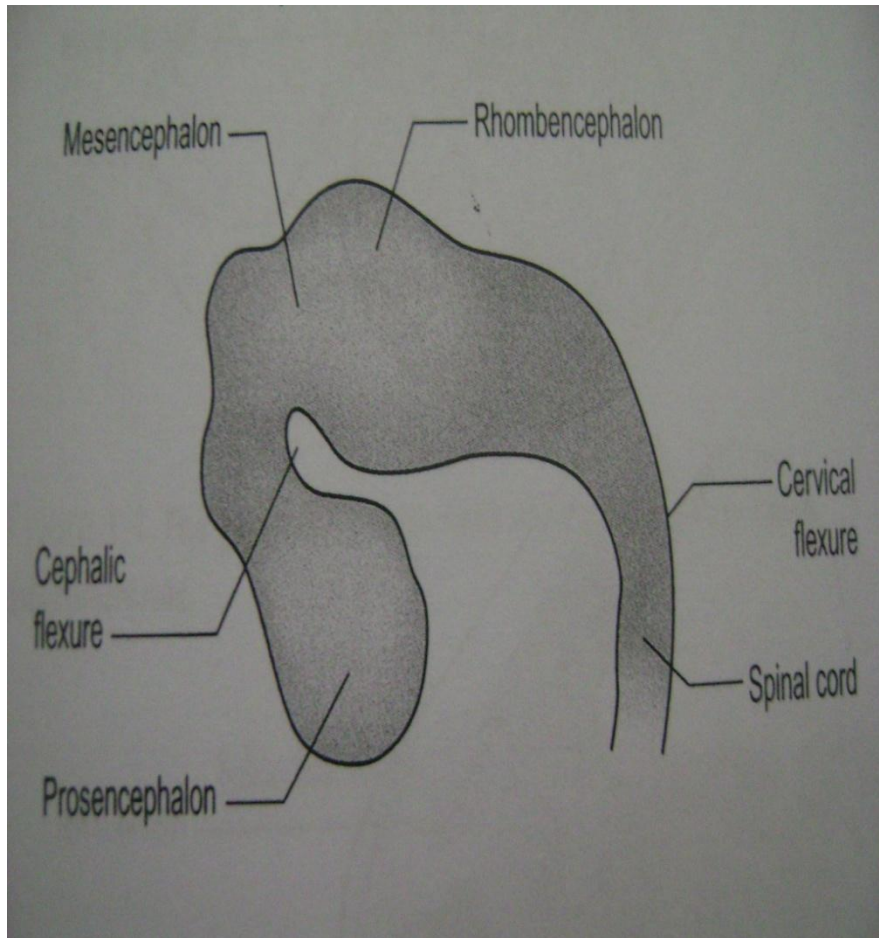
**LIFE 8e, Figure 43.14**



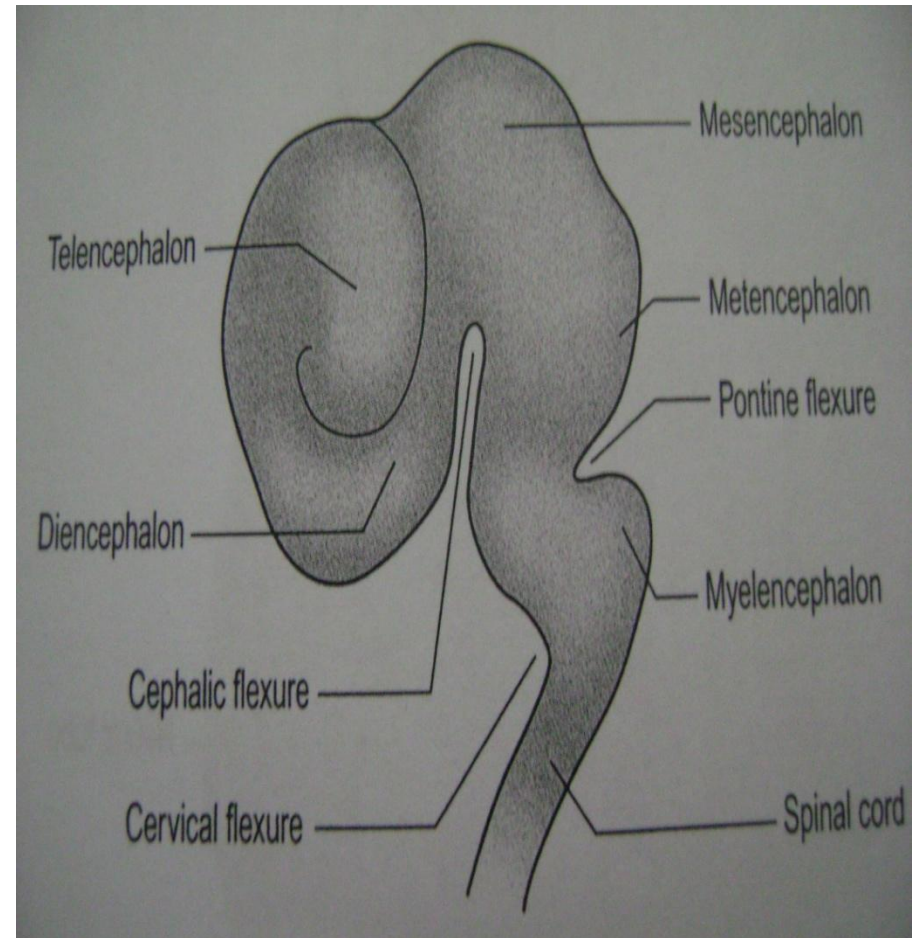


# Development of the brain

**Primary brain vesicle (4-5 weeks)**



**Secondary brain vesicle (7-8 weeks)**



# Forebrain

Diencephalon

Telencephalon  
(cerebral vesicles)

Optic stalk

# Midbrain

Mesencephalon

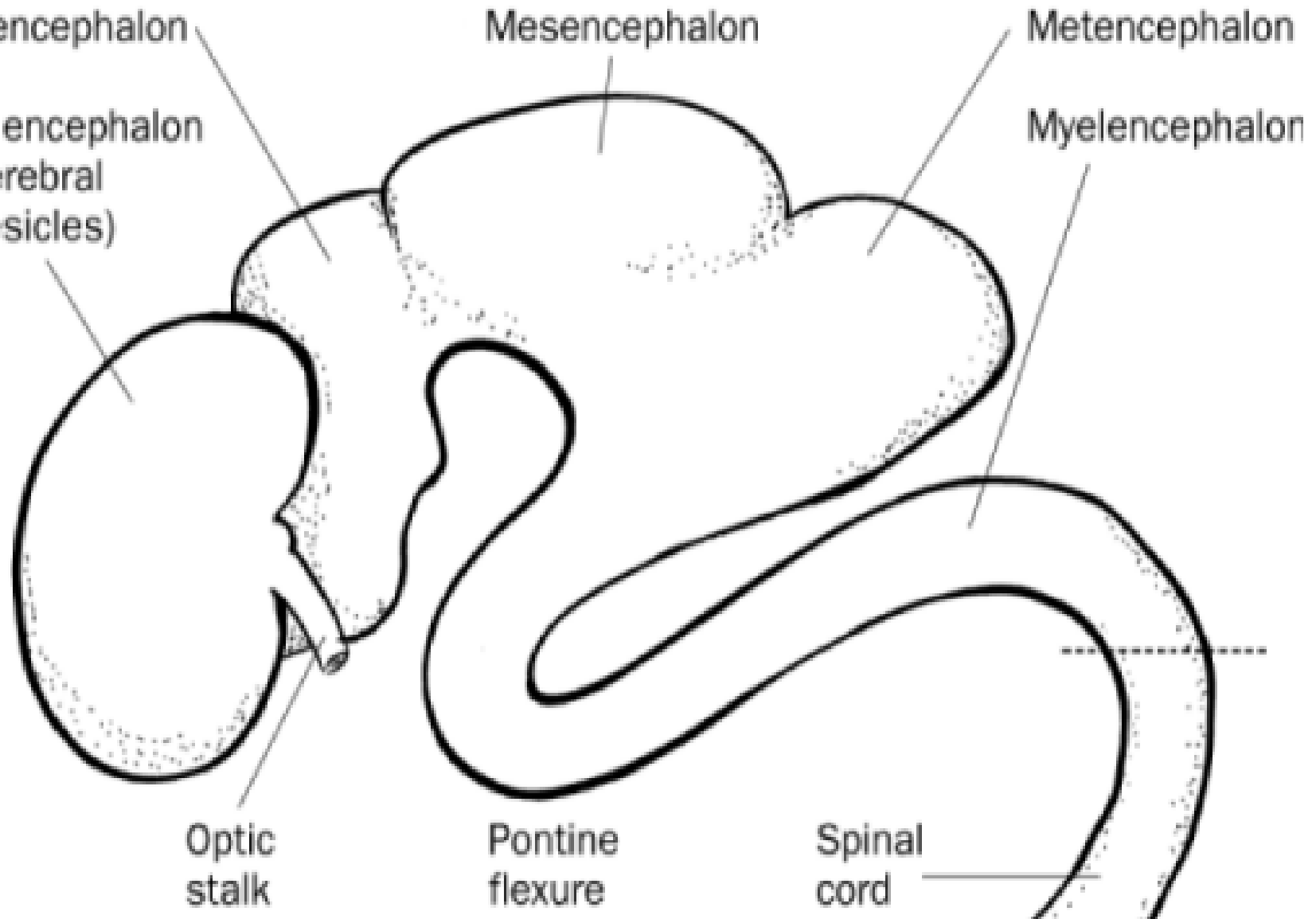
Pontine flexure

# Hindbrain

Metencephalon

Myelencephalon

Spinal cord



# Central Nervous system (brain)



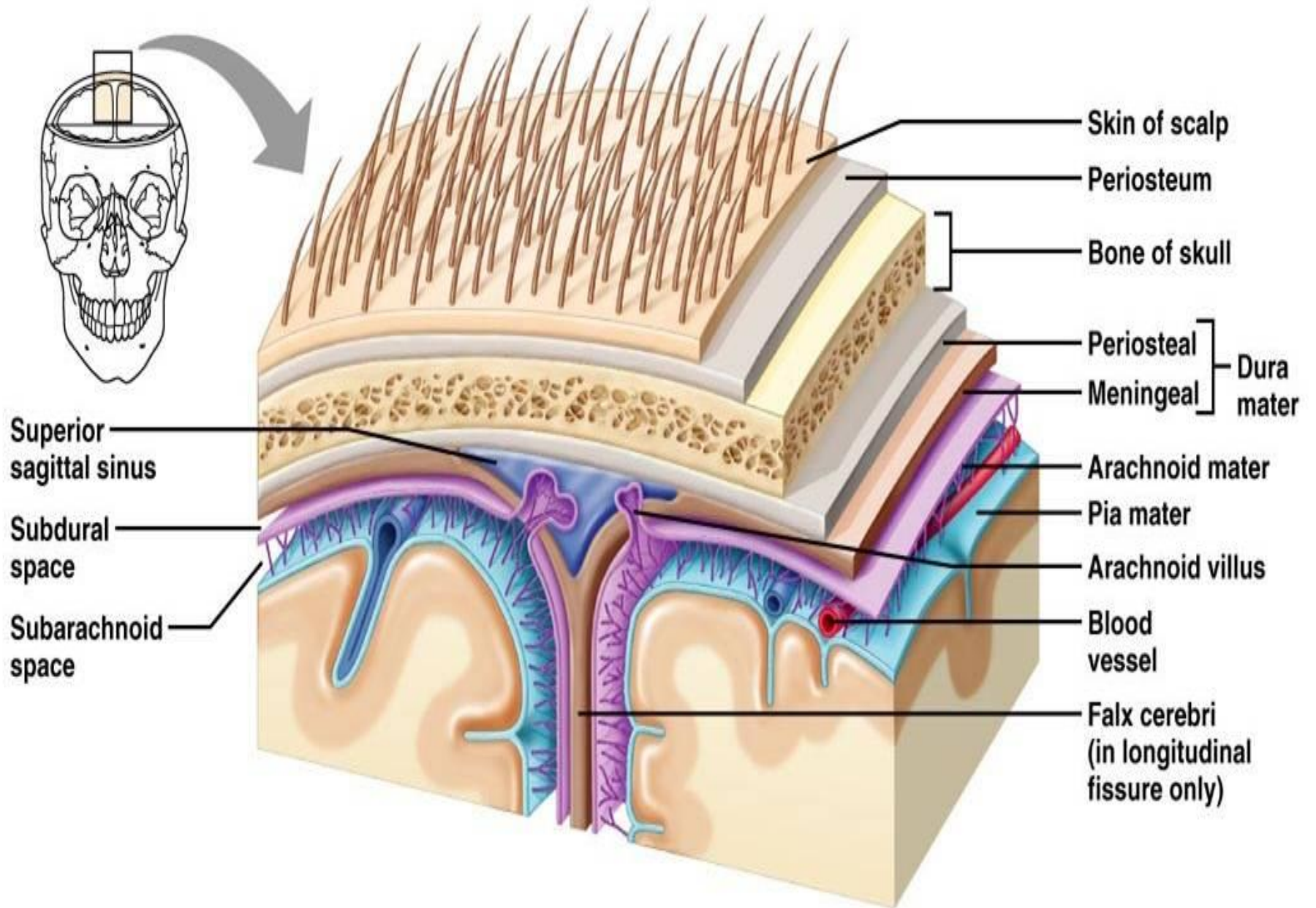
- Procencephalon (forebrain) :
  - Telencephalon → hemisphere
  - Diencephalon → thalamus, hypothalamus, metathalamus, subthalamus, hypothalamus.
- Mesencephalon (midbrain)
- Rhombencephalon (hindbrain)
  - Metencephalon → pons, cerebellum
  - Myelencephalon → Medulla oblongata

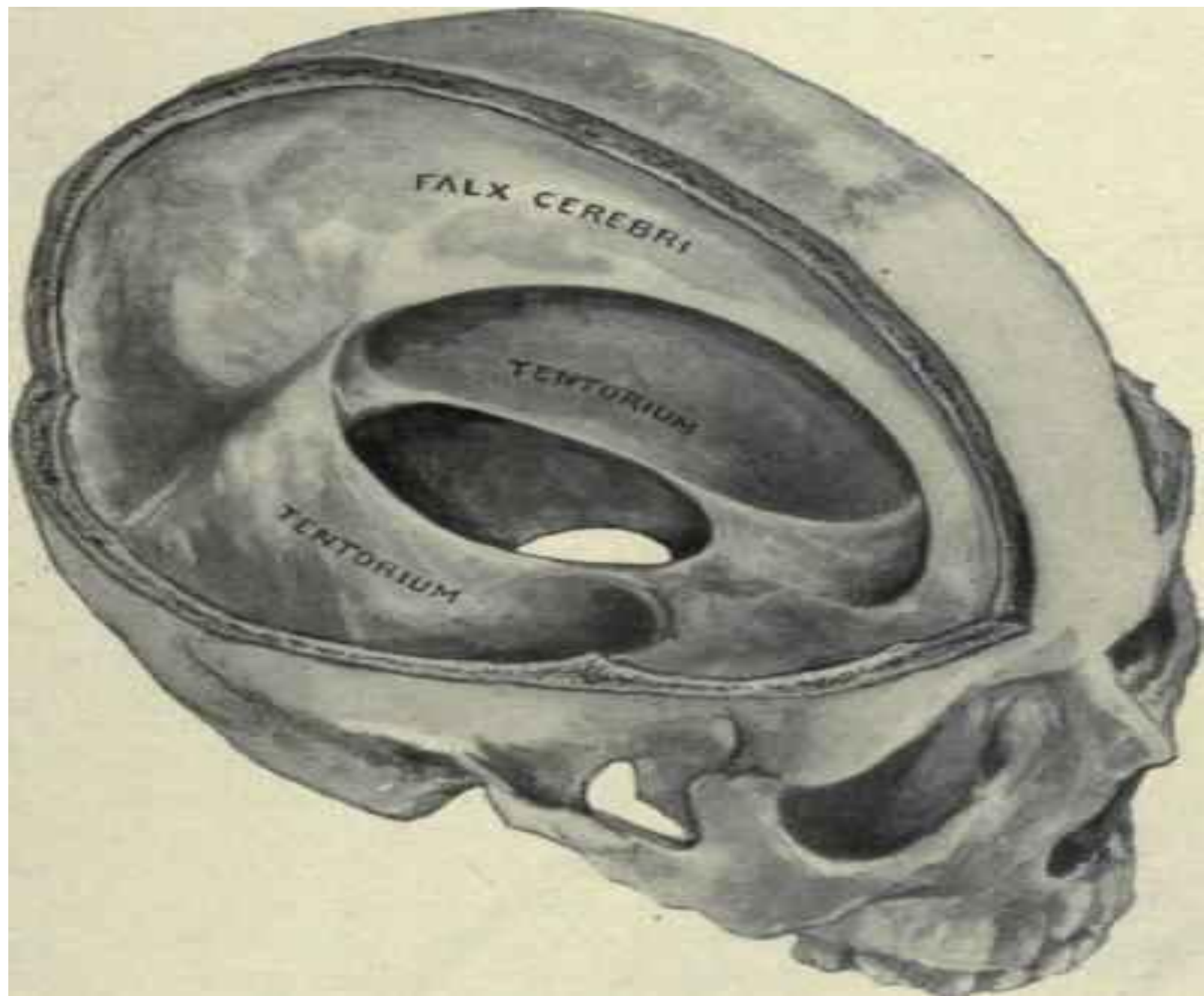


# Coverings and blood supply of the CNS

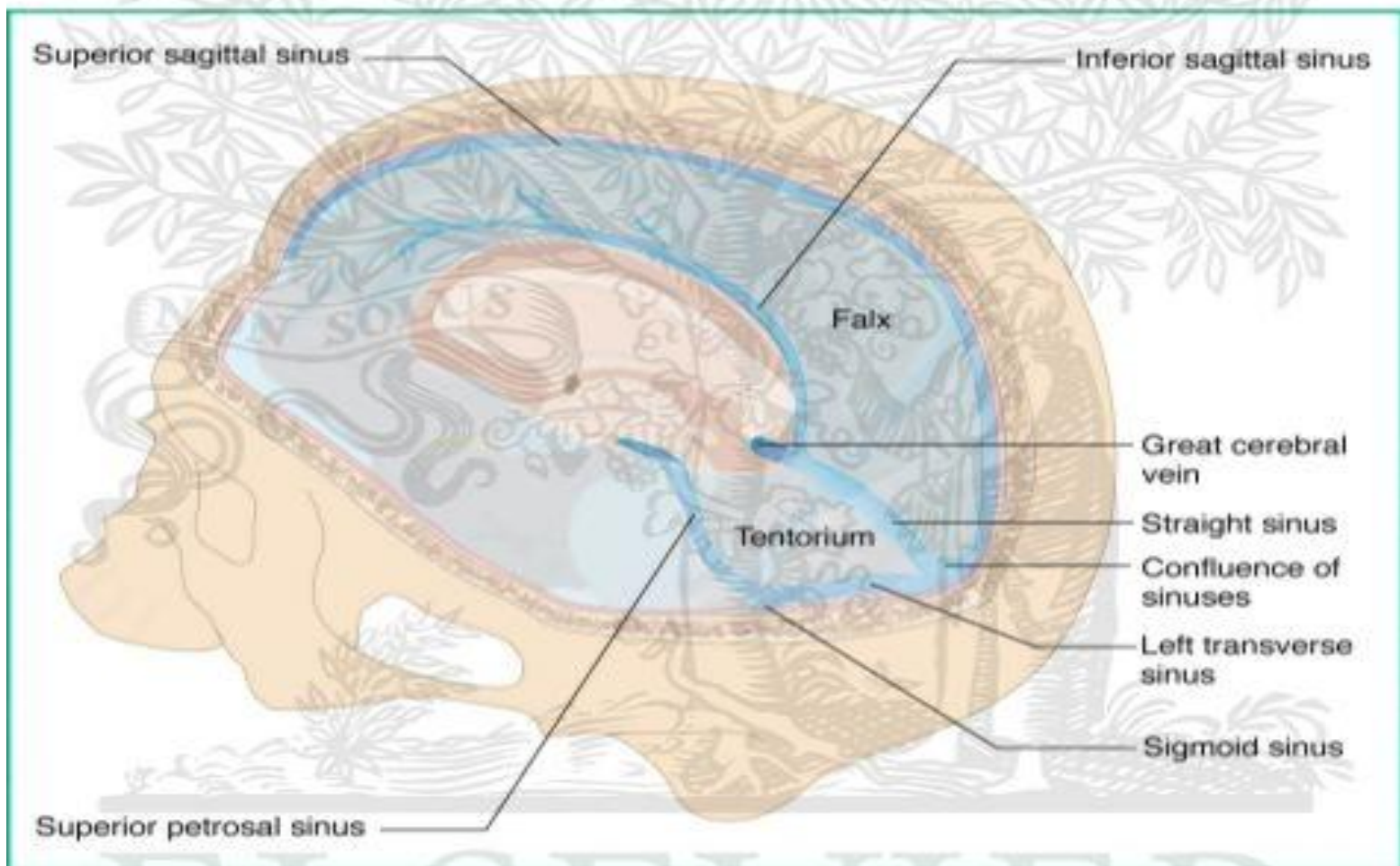


- The brain and spinal cord are invested by three meningeal layers: the **dura mater**, **arachnoid mater** and **pia mater**
- Two sheets of cranial dura mater, the falx cerebri and tentorium cerebelli, incompletely divide the cranial cavity into compartments
- The cranial dura mater contains dural venous sinuses, which act as channels for the venous drainage of the brain
- Beneath the arachnoid mater lies the subarachnoid space in which cerebrospinal fluid (CSF) circulates
- The spinal cord is supplied by vessels arising from the vertebral arteries, reinforced by radicular arteries derived from segmental vessels









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# Anatomy of the spinal cord



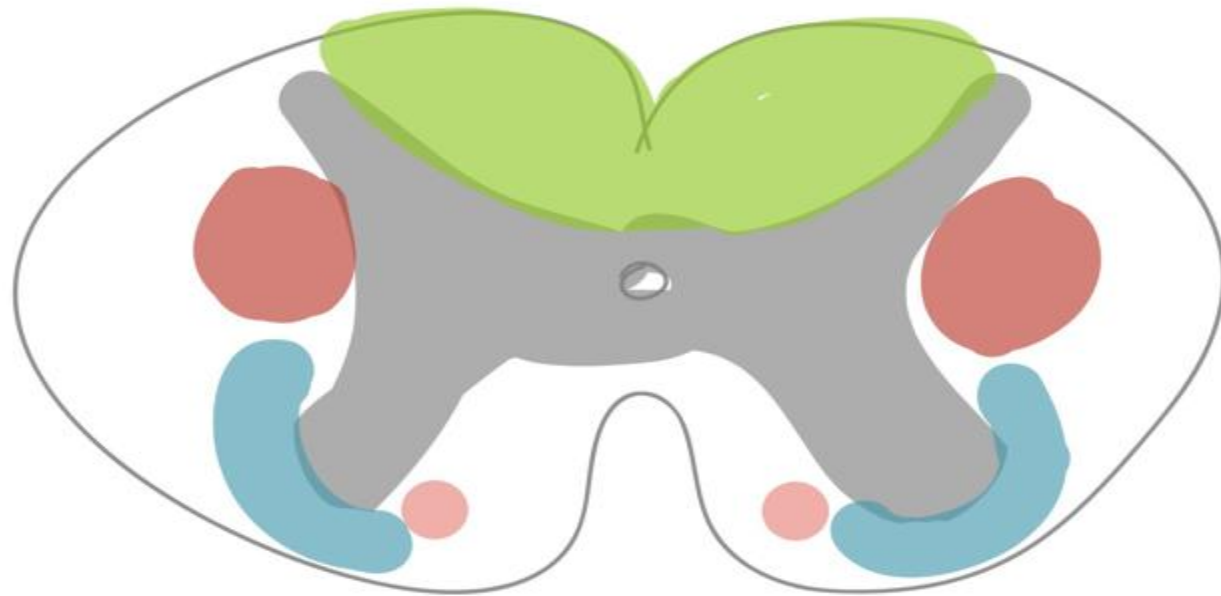
- The spinal cord lies within the vertebral canal. It bears 31 pairs of spinal nerves through which it receives fibres from, and sends fibres to, the periphery
- Near the cord, spinal nerves divide to form dorsal and ventral roots
  - dorsal roots, carry afferent fibres with cell bodies in dorsal root ganglia
  - ventral roots, carry efferent fibres
- The spinal cord consists :
  - central core of grey matter, containing nerve cell bodies
  - outer layer of white matter or nerve fibres.

# Anatomy of the spinal cord (cont...)



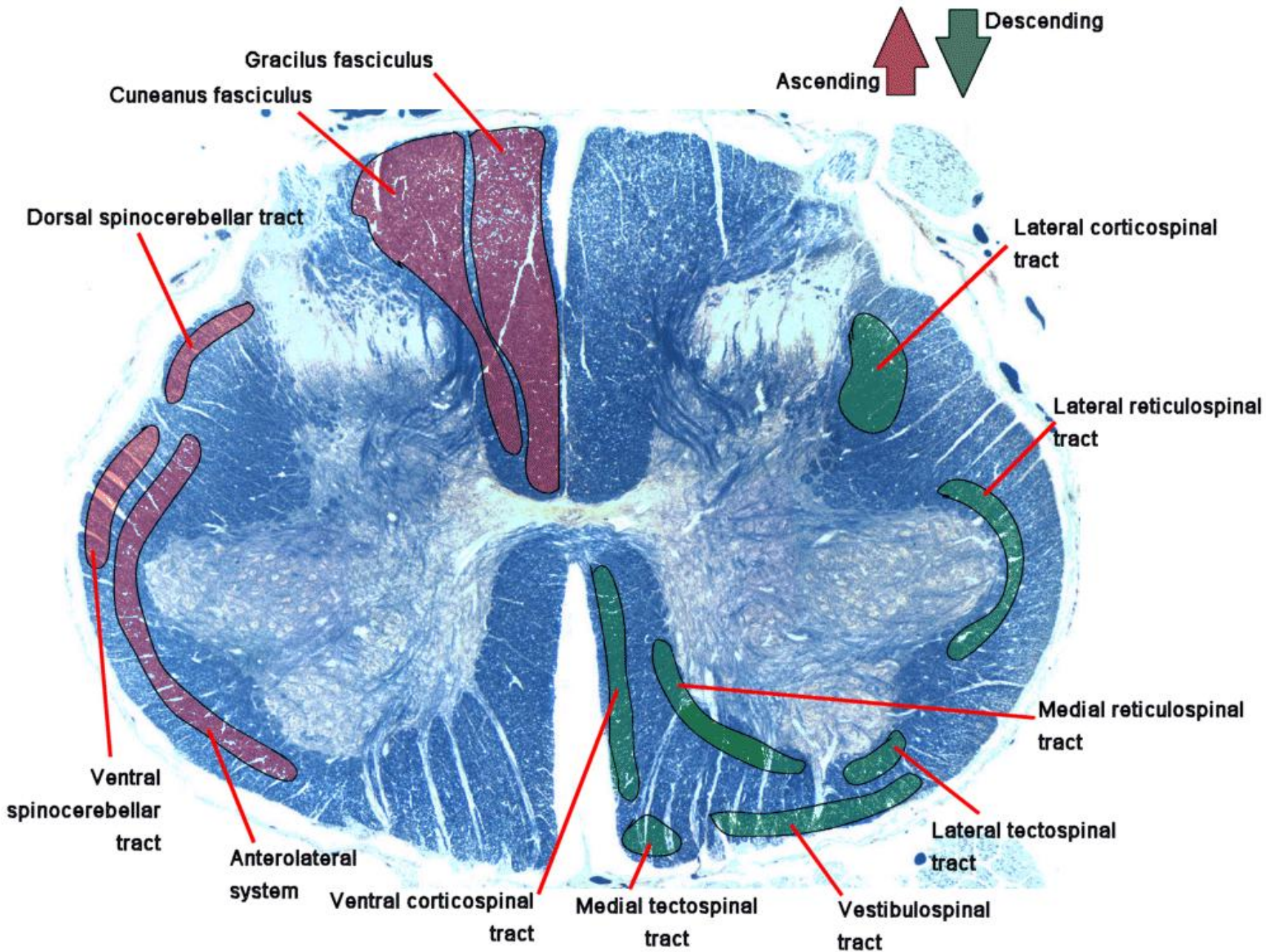
- Grey matter :
    - dorsal horn → sensory neurones
    - ventral horn → motor neurones
    - lateral horn → preganglionic sympathetic neurones
  - The principal ascending tracts :
    - dorsal columns
    - spinothalamic tracts
    - spinocerebellar tract
- The important descending tract :
- corticospinal tract

# Medulla spinalis



-  Lateral corticospinal tract
-  Anterior corticospinal tract
-  Dorsal columns
-  Spinothalamic tract

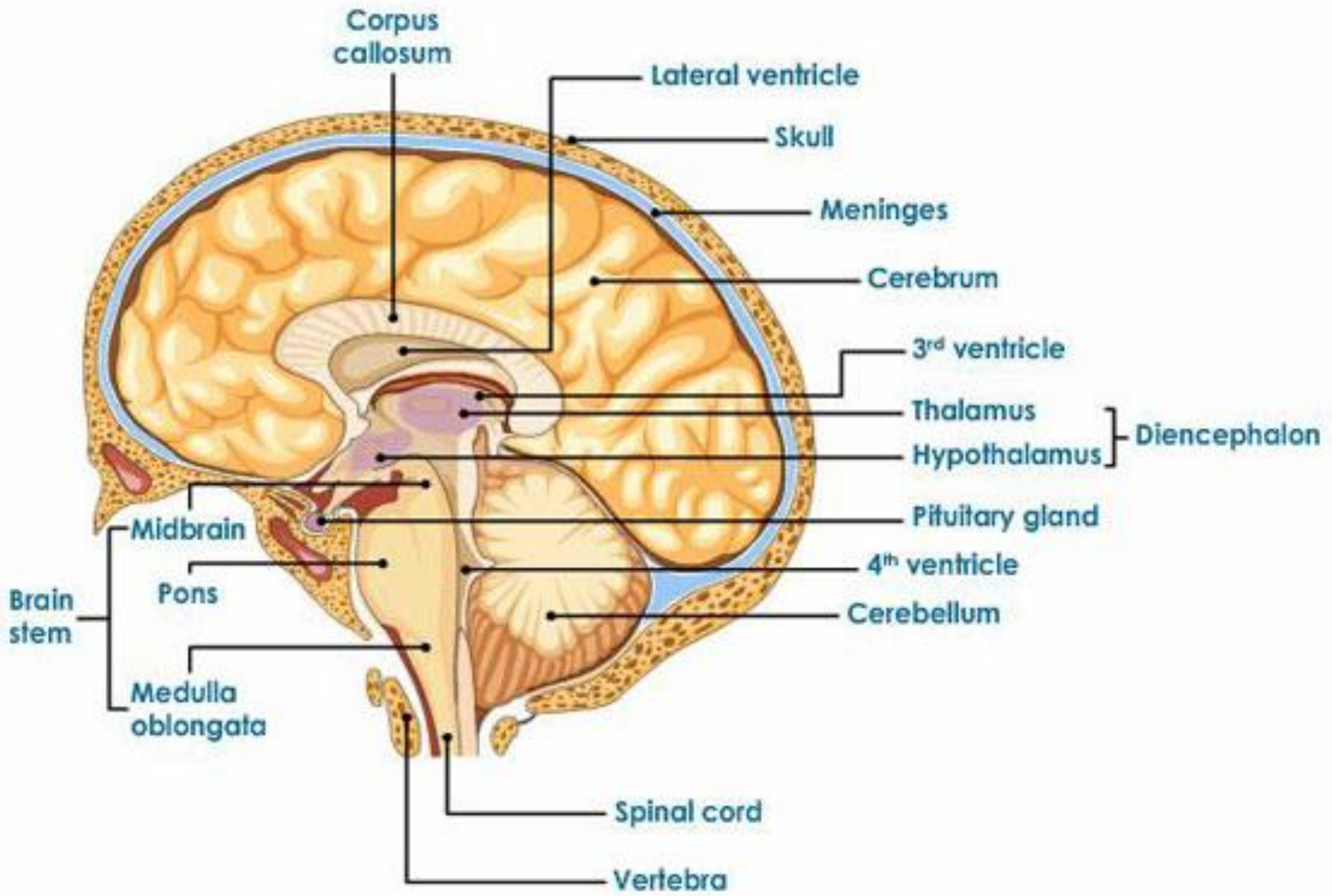




# Anatomy of the brain

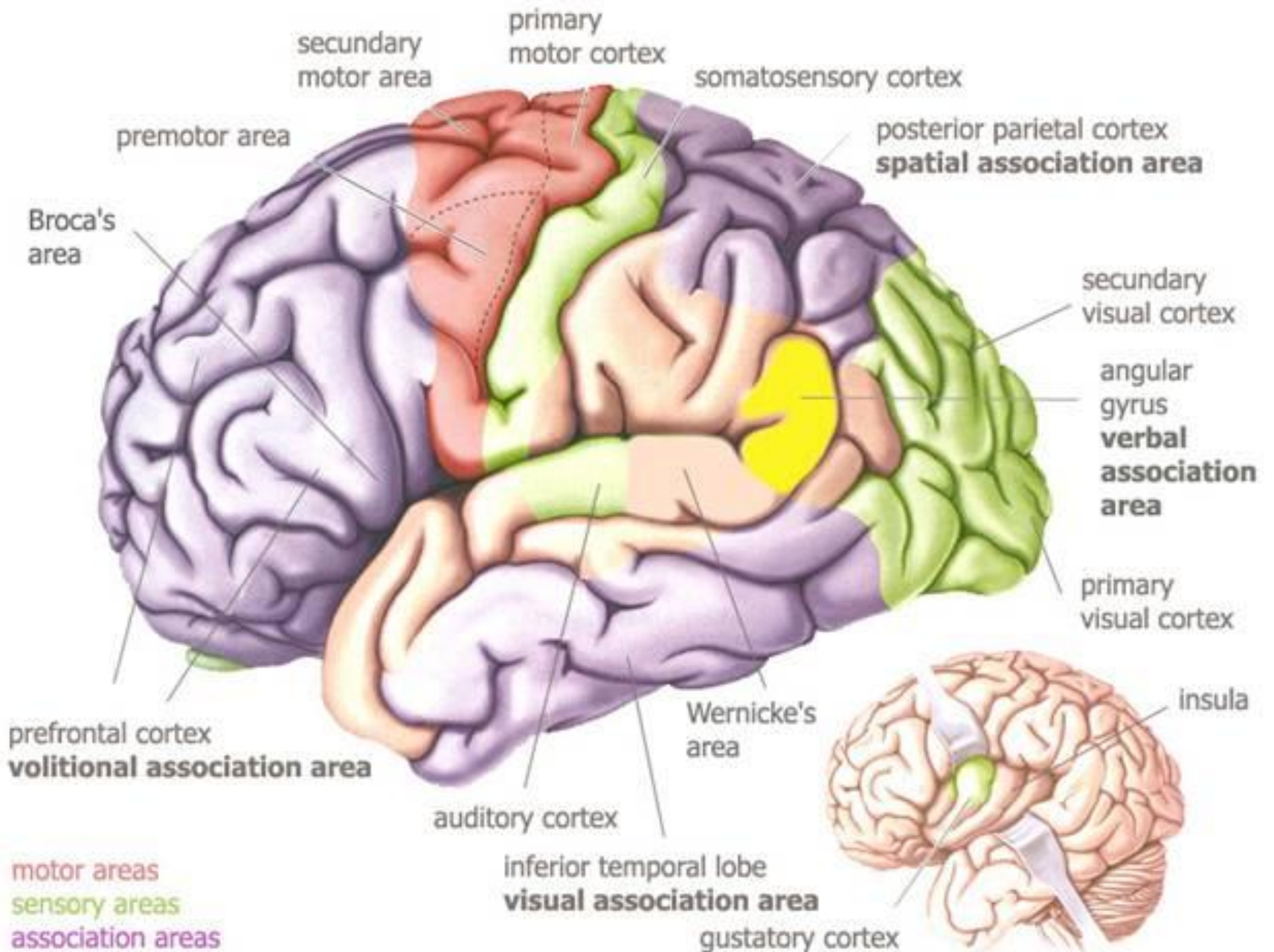


- The brain :
  1. forebrain
    - cerebral hemisphere
    - diencephalon (thalamus and hypothalamus)
  2. midbrain
    - mesencephalon
  3. hindbrain
    - cerebellum
    - pons
    - medulla oblongata
- The medulla, pons and mesencephalon → brain stem

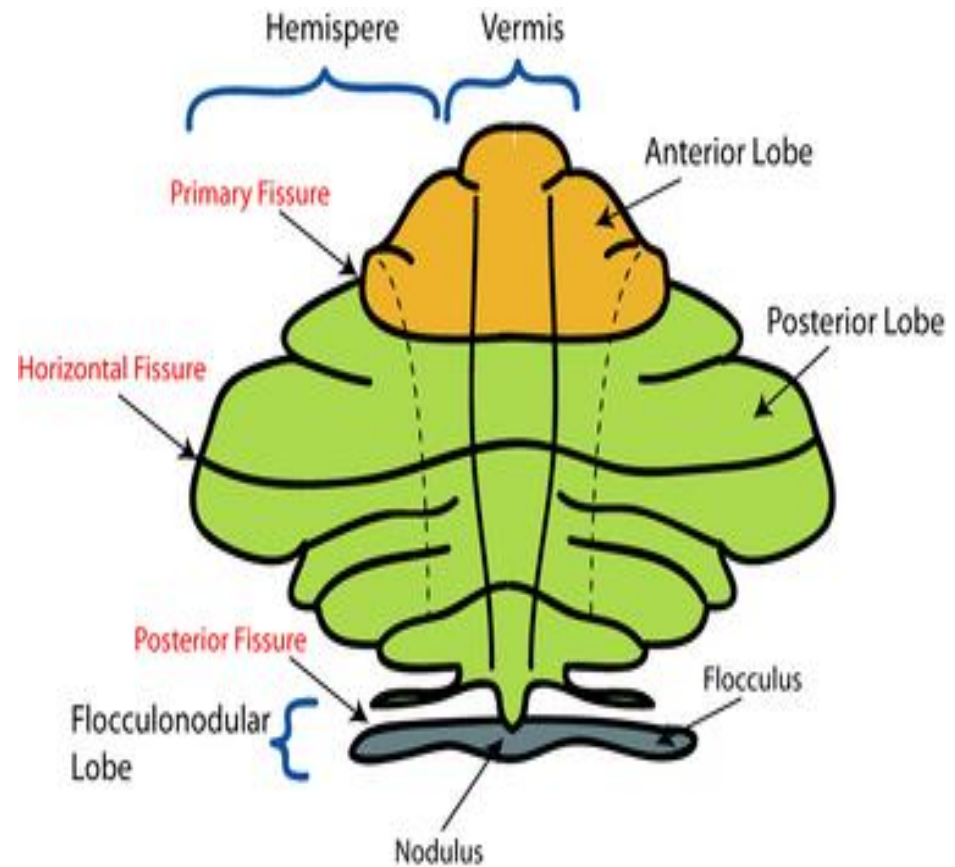
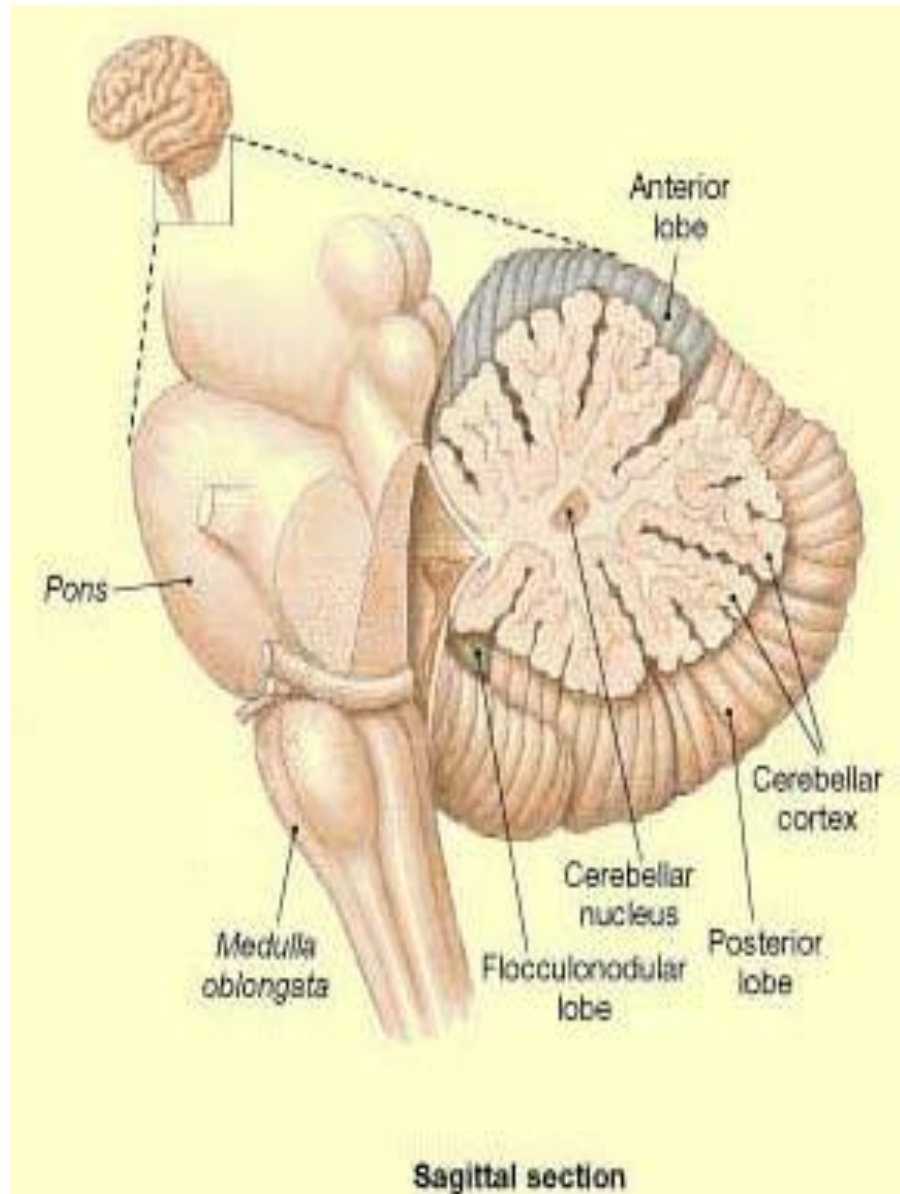


The Human Brain





# Cerebellum



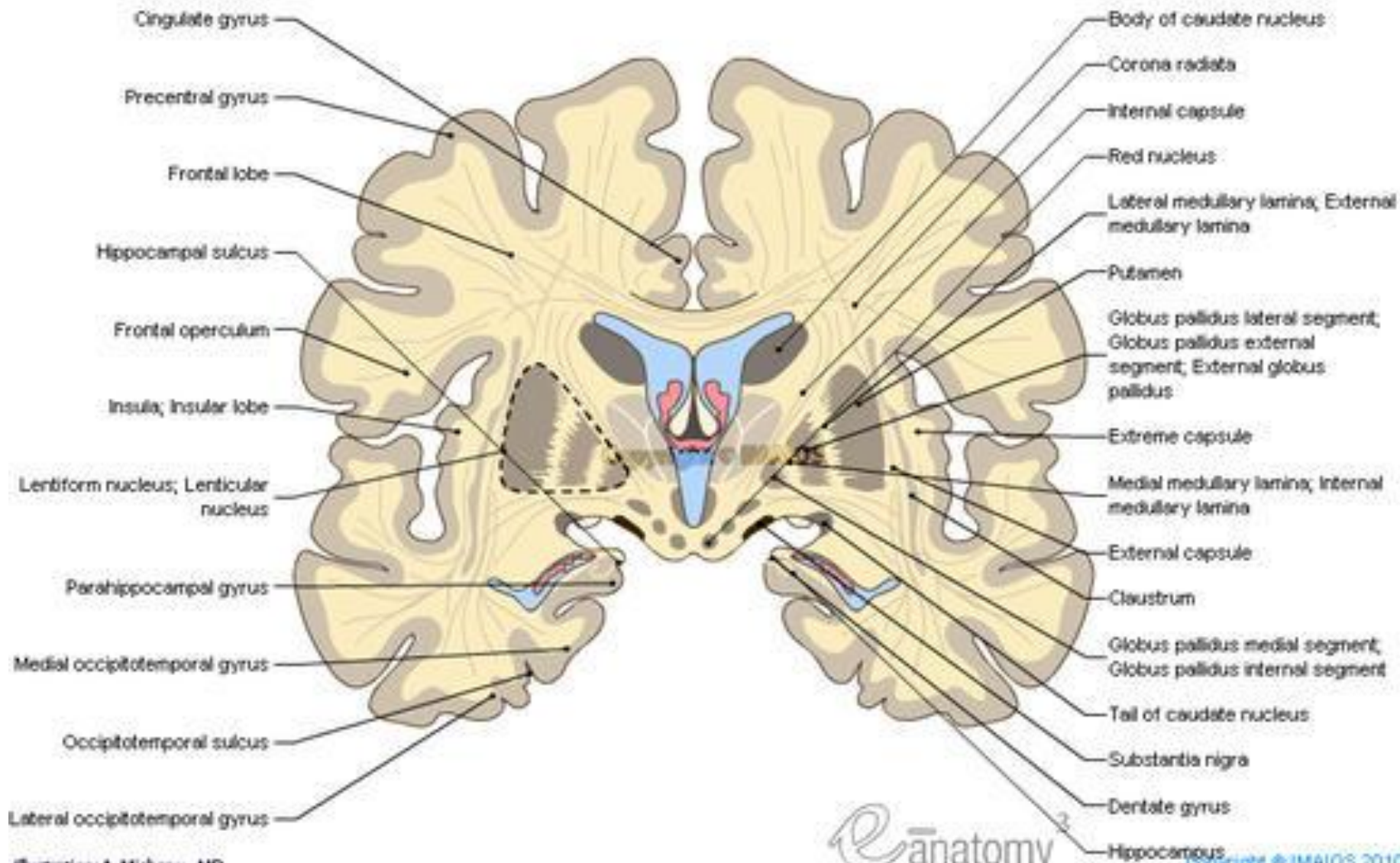
# Anatomy of the brain



- Within the cerebral hemisphere lie several large nuclei  
→ basal ganglia or corpus striatum
- The brain contains a system of cavities or ventricles containing CSF, which is produced by the choroid plexus
- The brain possesses 12 pairs of cranial nerves, which carry afferent and efferent fibres
- The two cerebral hemispheres are linked by the fibres of the corpus callosum



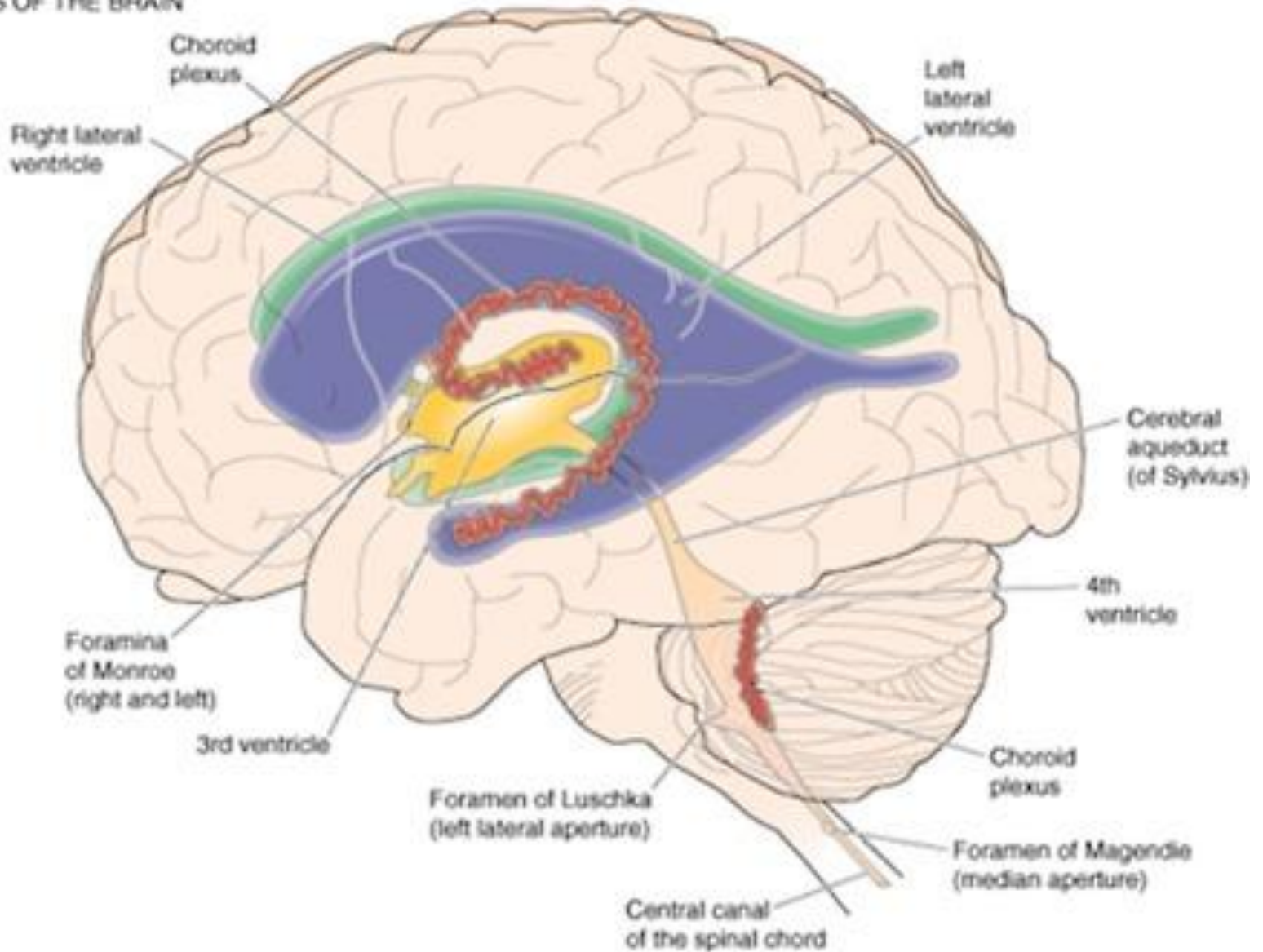
# Ganglia basalis





# Ventricular system

## A VENTRICLES OF THE BRAIN



# Cranial nerves

— sensory fibres  
— motor fibres

**Optic (II)**  
**sensory:** eye



**Trochlear (IV)**  
**motor:** superior oblique muscle

**Abducent (VI)**  
**motor:** external rectus muscle



**Trigeminal (V)**  
**sensory:** face, sinuses, teeth, etc.  
**motor:** muscles of mastication

**Oculomotor (III)**  
**motor:** all eye muscles except those supplied by IV and VI



**Olfactory (I)**  
**sensory:** nose



**Intermediate motor:** submaxillary and sublingual gland  
**sensory:** anterior part of tongue and soft palate



**Vestibulocochlear (VIII)**  
**sensory:** inner ear



**Glossopharyngeal (IX)**  
**motor:** pharyngeal musculature  
**sensory:** posterior part of tongue, tonsil, pharynx



**Vagus (X)**  
**motor:** heart, lungs, bronchi, gastrointestinal tract  
**sensory:** heart, lungs, bronchi, trachea, larynx, pharynx, gastrointestinal tract, external ear



**Facial (VII)**  
**motor:** muscles of the face



**Hypoglossal (XII)**  
**motor:** muscles of the tongue

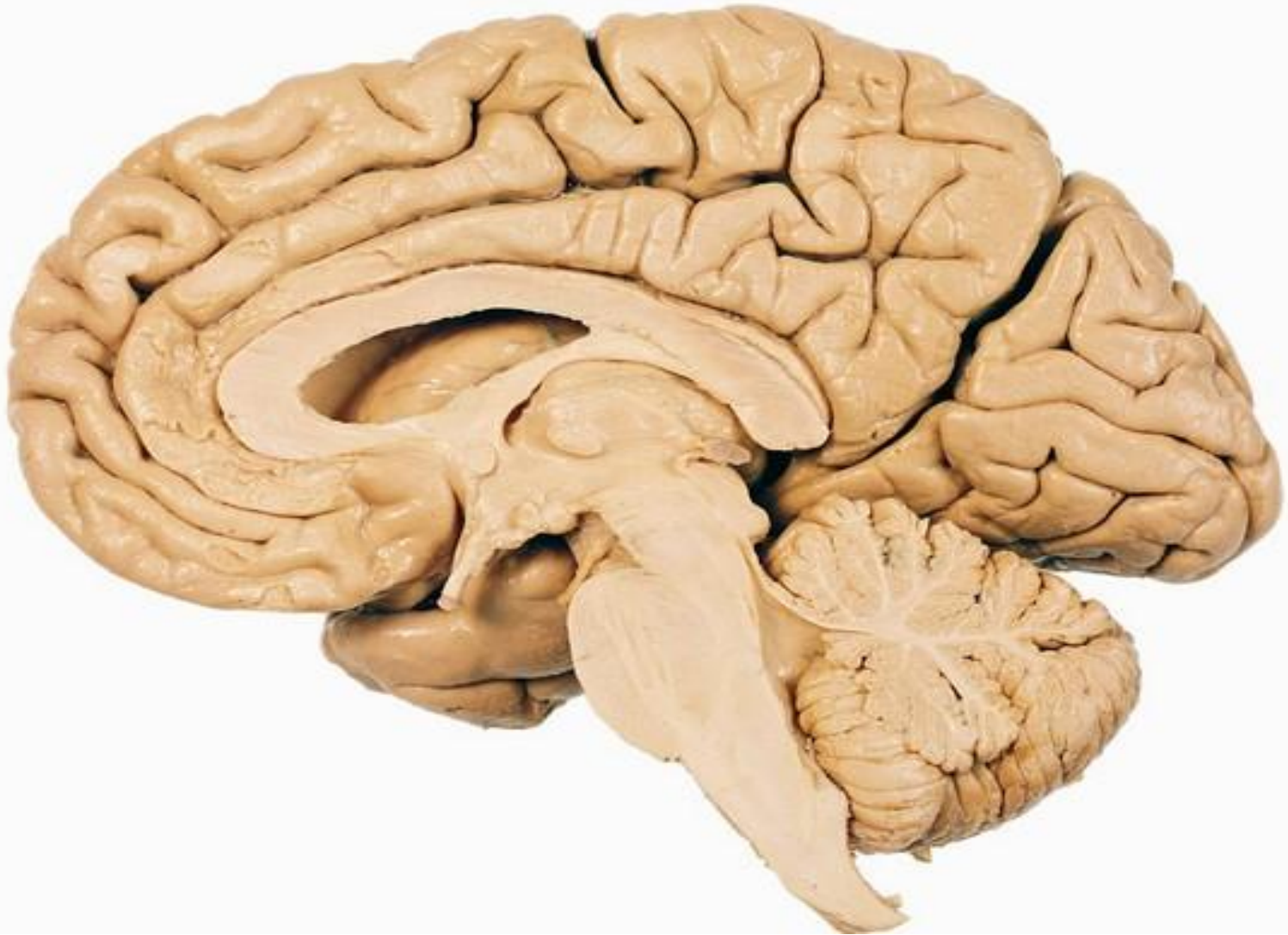


**Accessory (XI)**  
**motor:** sternocleidomastoid and trapezius muscles





# Corpus callosum



# Basic clinical diagnostic principles



- History-taking, clinical examination and investigations lead to the diagnosis of the cause (aetiology) of disease
- The site of the lesion(s) determines the clinical syndrome revealed by the neurological examination
- Disorders of the nervous system can be classified as intrinsic, extrinsic, systemic, or vascular

# Intrinsic disorders



- primary disorders of the nervous system itself
- Intrinsic disorders consist of system degenerations (atrophy), inborn errors of metabolism, paroxysmal disorders, neoplasms, infections and immune disorders
- Examples :
  1. consciousness (epilepsy),
  2. excessive sleep (narcolepsy)
  3. headache (migraine)
  4. Muscular dystrophies
  5. Hereditary sensorimotor neuropathies
  6. Hereditary spastic paraparesis
  7. Cerebellar ataxias and Huntington's disease.



# Extrinsic disorders



- Extrinsic disorders lead to compression of the brain, spinal cord, nerve roots and peripheral nerves
- The brain may be compressed on its outer surface by blood clots (haematomas), abscesses and tumours
- fluid-filled ventricles may compress the brain (hydrocephalus)
- The spinal cord may be compressed by disease of the spine, such as arthritis (spondylosis), meningiomas

# Systemic disorders



- primarily disorders of organs other than the nervous system that disrupt neuromuscular function by abnormal metabolism
- Examples :  
failure of the cardiorespiratory system, liver or kidneys, or hormonal (endocrine) disorders such as thyroid disease, diabetes mellitus and abnormalities in calcium and potassium balance

# Vascular disorders



- Occlusion of the vessels (thrombosis)
- Restriction of the blood and oxygen supply (infarction)
- Bleeding into the nervous tissues (haemorrhage)

# Lower motor neuron (LMN) syndrome



- Weakness (paresis) or paralysis (plegia) of individual muscles
- Wasting of muscles
- Visible spontaneous contractions of motor units (fasciculation)
- Reduced resistance to passive stretching (hypotonia)
- Diminution or loss of deep tendon reflexes (hyporeflexia or areflexia).

# Upper motor neurone (UMN) syndrome



- Weakness or paralysis of specific movements (extension of the upper limbs and flexion of the lower limbs, termed 'pyramidal weakness')
- No wasting of muscles
- Increased resistance to passive stretching of muscles (spasticity); initial resistance to muscular stretching followed by relaxation (clasp-knife response)
- Hyperactivity of deep tendon reflexes (hyperreflexia)
- Emergence of the extensor plantar response (positif Babinski reflex) leading to dorsiflexion of the great toe on stimulation of the sole of the foot
- Loss of abdominal reflexes.



# Disorders of the cerebellum



Cerebellum is concerned with the coordination of movement

Cerebellar lesions cause:

- Nystagmus
- Dysarthria (scanning speech)
- Intention tremor
- Ataxia

The signs and symptoms occur **ipsilateral** to the lesion

# Disorder of the Basal Ganglia

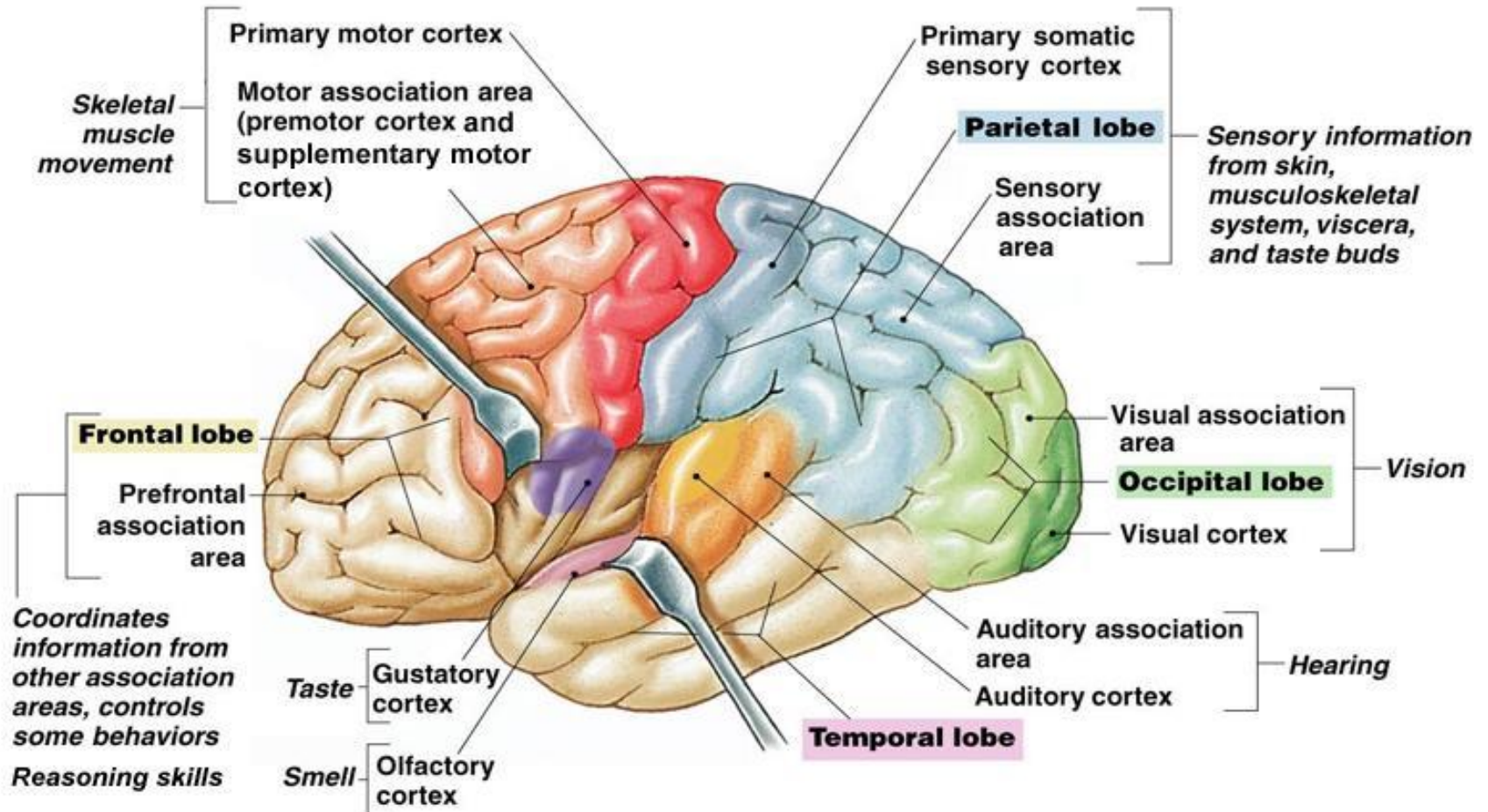


Basal ganglia lesion cause:

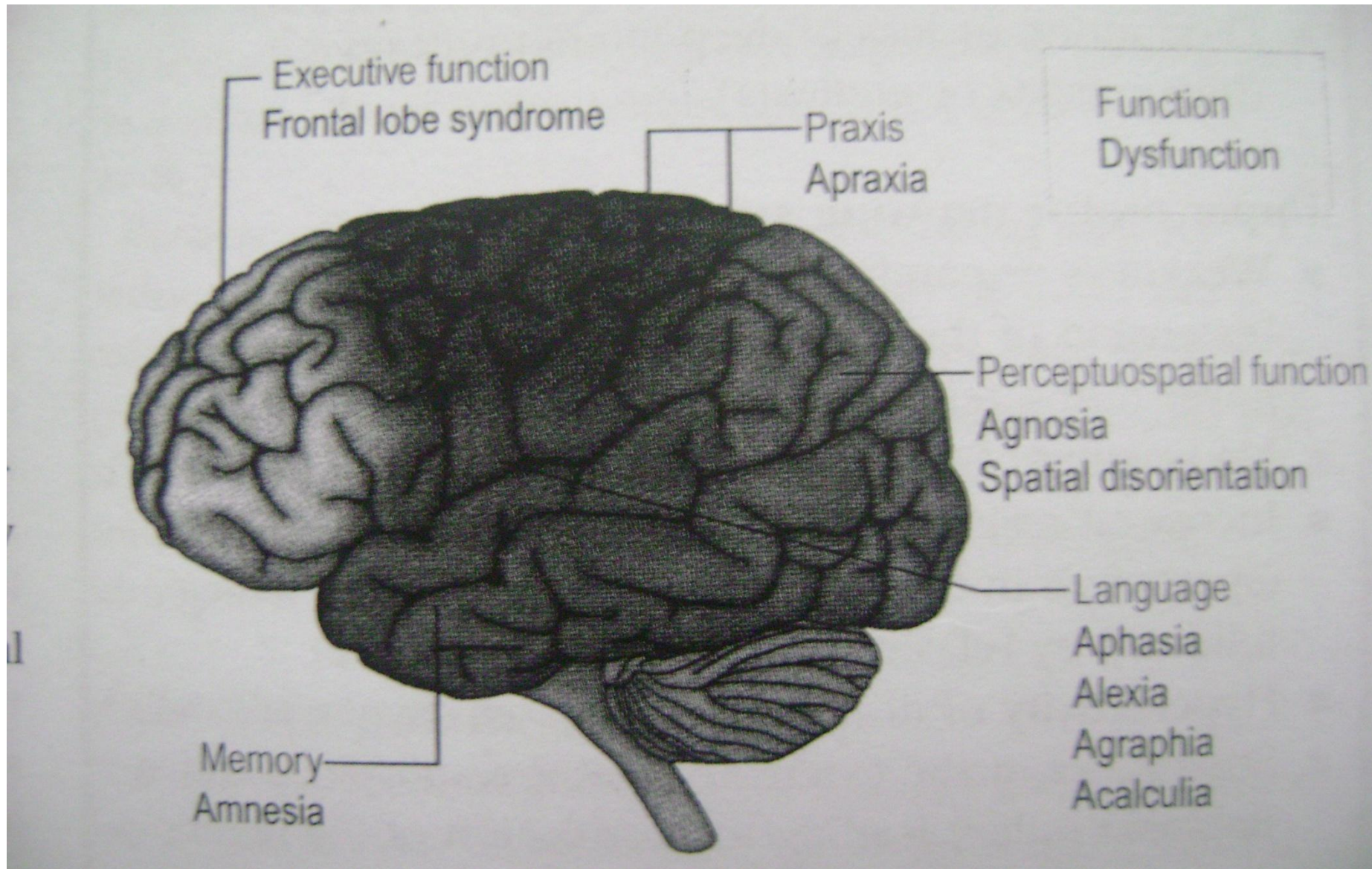
- Slow initiation and execution of movement (akinesia)
- Increased muscular tone (rigidity)
- Abnormal involuntary movements (dyskinesias)

The sign and symptoms occur **contralateral** to the lesion.

# Neuropsychological Functions



# Neuropsychological Functions





# Investigations of Neuromuscular Disease

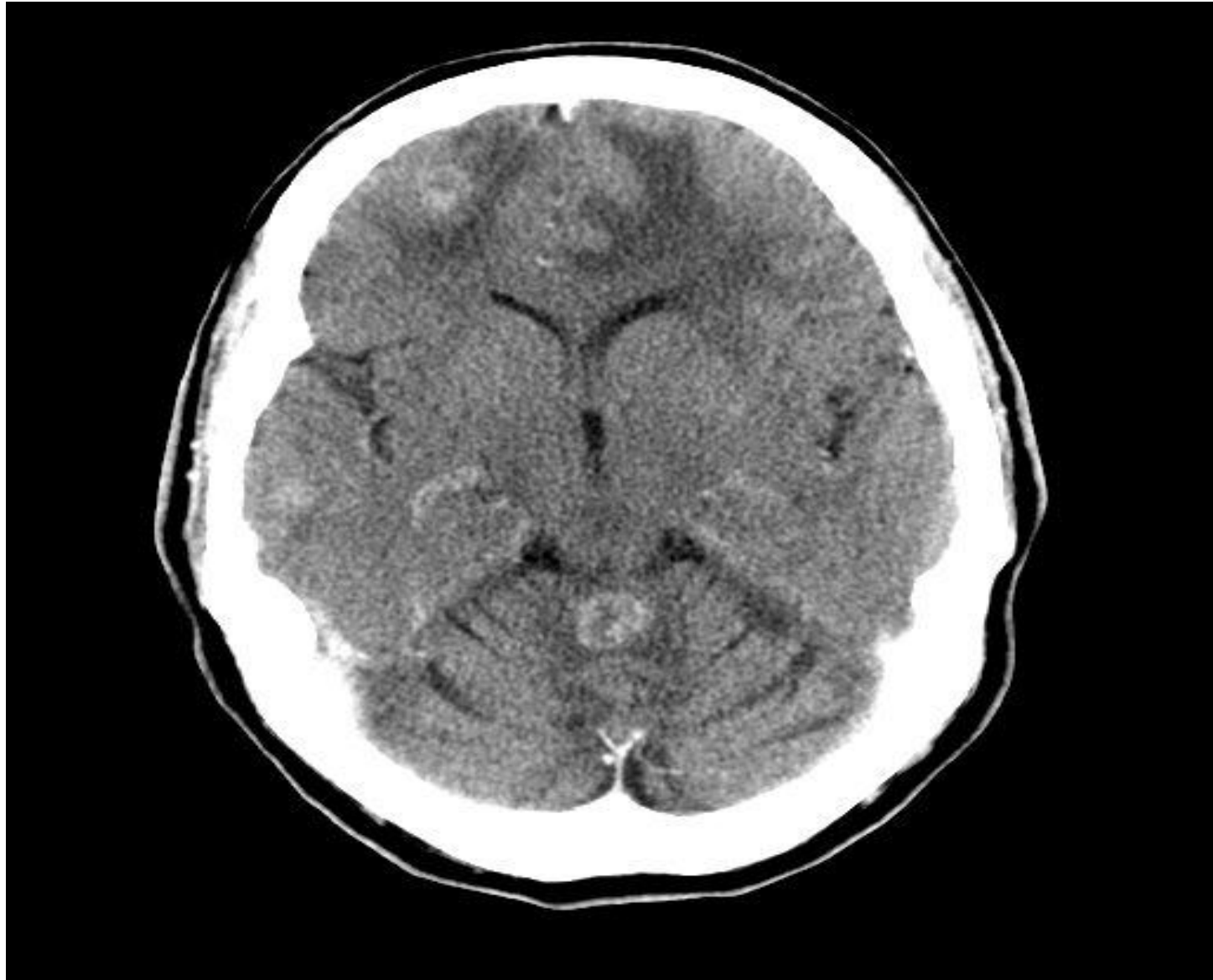


The major focus of investigations involves:

- CSF analysis
- Neuroradiology
- Neurophysiology
- Neuropathology (biopsy)



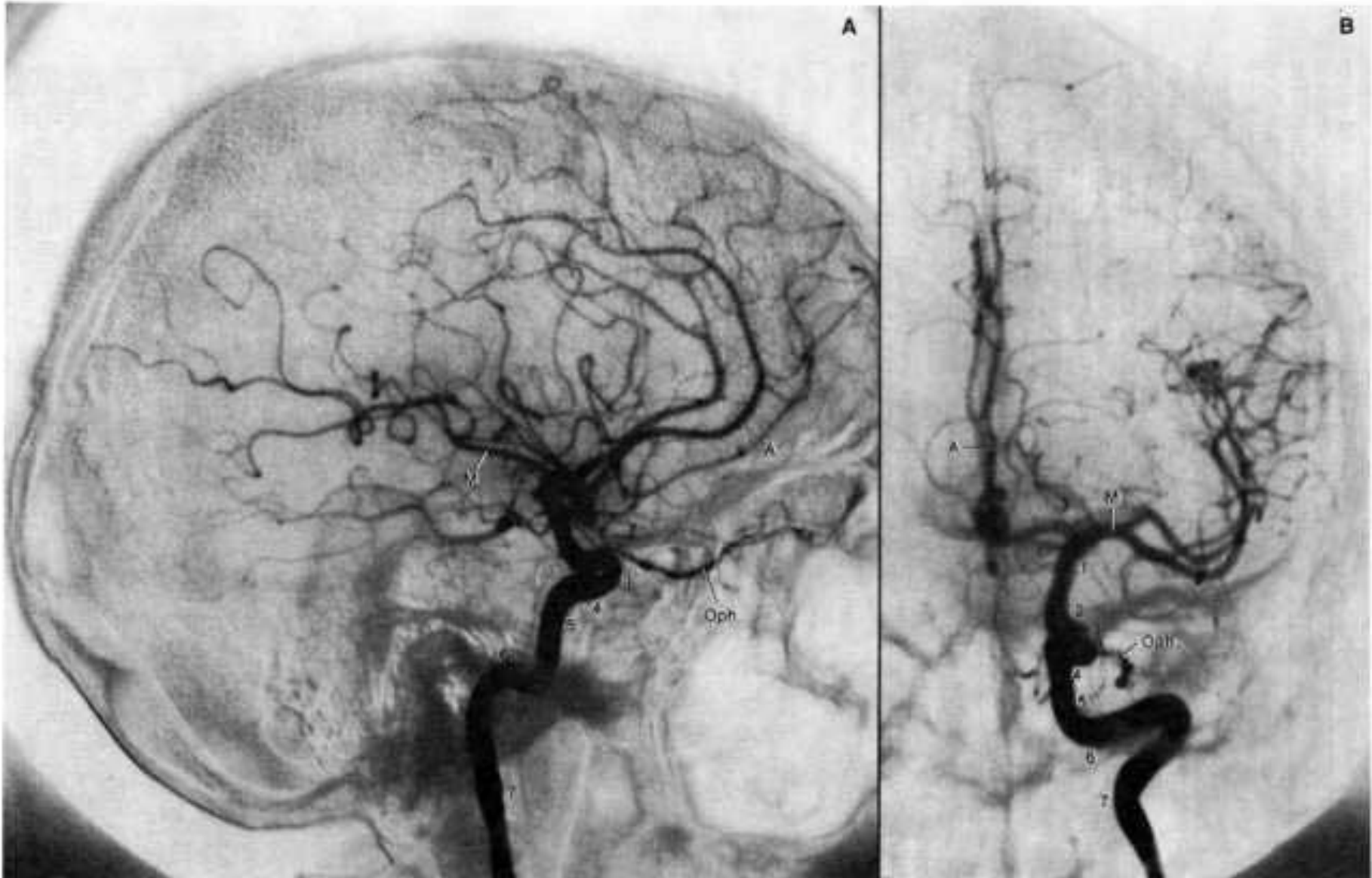
# Computed Tomography (CT)



# Magnetic Resonance Imaging (MRI)



# Carotid angiogram





Thank You