Neuroanatomy Dr. Maha ELBeltagy

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1. cerebrospinal fluid communicates with the subarachnoid space via the.....

- a. 4th ventricle
- b. 3rd ventricle
- c. subarachnoid granulations
- d. choroids plexus
- e, tela choroidia

2. Regarding the speech centers, chose the correct answer

- a. It is supplied by Anterior cerebral artery
- b. Broca's area is posterior
- c. Wernicke's area controls motor response
- d. Damage to Broca's area produces motor aphasia
- e. Damage to Wernicke's area produces expressive aphasia

3- One of the following is not sharing in the anterior wall of the third ventricle:

- A- anterior commissure
- B- optic chiasma
- C- lamina terminalis
- D- Anterior column of the fornix
- E- None of the above

The Cerebellum

It is formed of median vermis & 2 cerebellar hemispheres.

It has 2 surfaces:

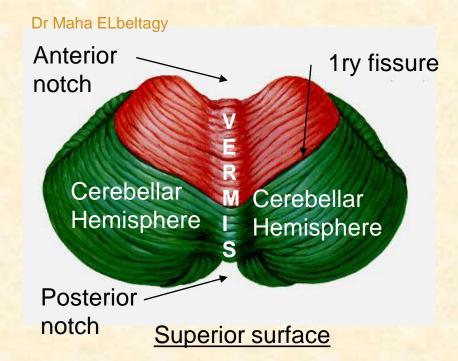
- **Superior surface**: facing the midbrain & tentorium cerebelli .
- Inferior surface: divided into anterior & posterior parts.
- The surfaces have many parallel folds called folia

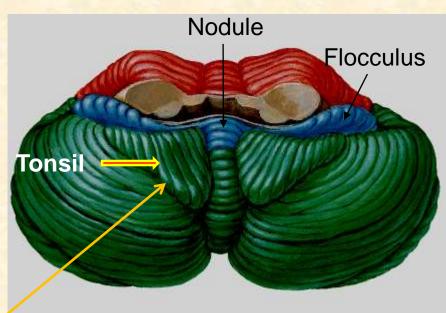
It has 2 notches:

- Anterior notch occupied by the brain stem.
- Posterior notch (vellecula) occupied by falx cerebelli.

The main fissures of the cerebellum:

- Primary fissure: separates the anterior & posterior lobes.
- Horizontal fissure: Extends between the middle cerebellar peduncles.
- Posterolateral fissure: Separates the flocculus & nodule from the rest of the cerebellum.
- Cerebellar tonsil: on either sides of uvula of inferior vermis
- **Retrotonsillar fissure**: separates tonsil from the rest of cerebellum

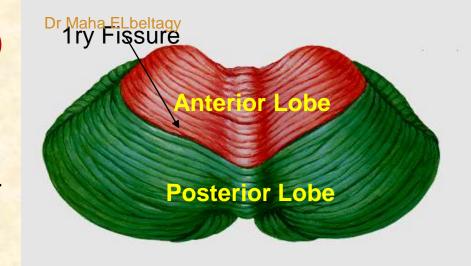


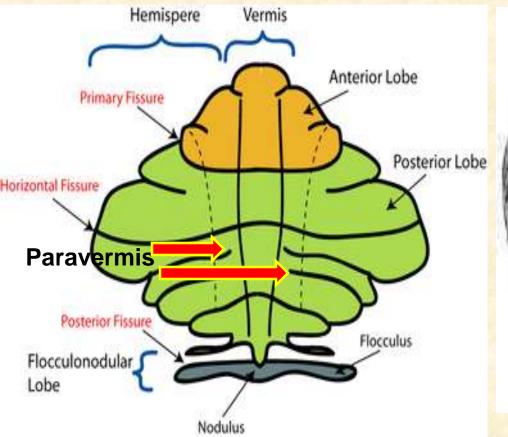


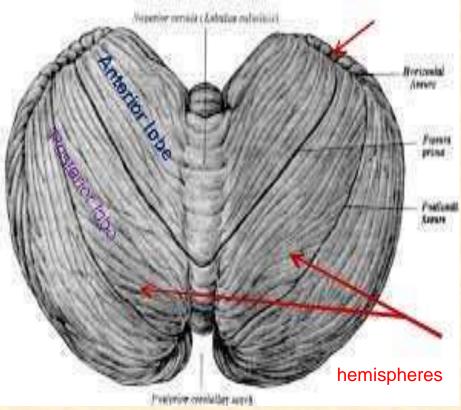
Inferior surface

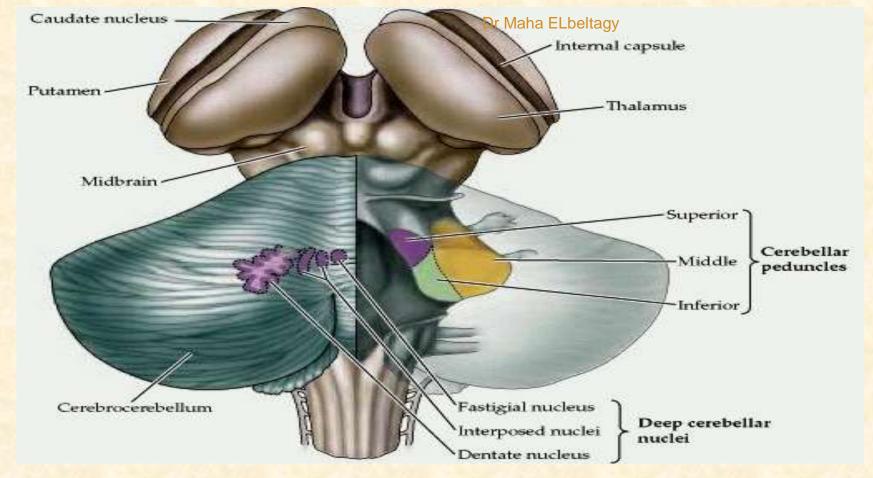
Lobes of the cerebellum: (Horizontal division)

- Anterior lobe: in front of the primary fissure.
- Posterior lobe: behind the primary fissure.
- Flocculo-nodular lobe: Consists of the flocculus & nodule.









Cerebellar nuclei:

- Dentate nucleus
- Interposed nuclei: Emboliform Globose
- Fastigial

"Don't Eat Greasy Food"

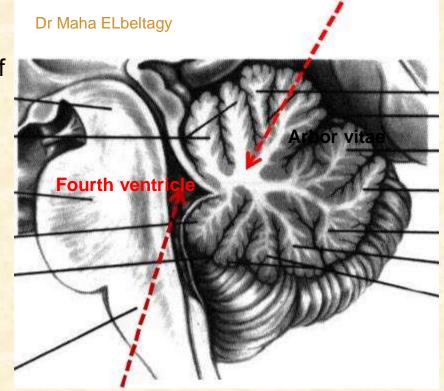
Arbor vitae

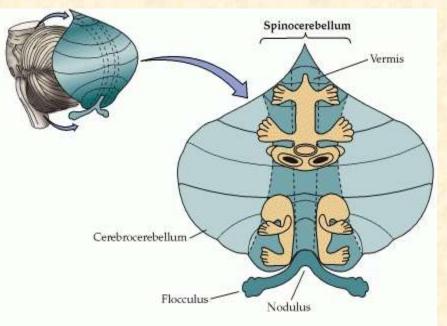
In latin " *tree of life*" it is the white matter of cerebellum.

- •It is so called because of the tree like appearance.
- It brings sensory and motor sensation to and from cerebellum

Vertical subdivisions of the cerebellum

- 1- vermis (central part on superior and inferior surfaces) represents head, neck, trunk, shoulders and hips). Projects to Fastigeal N
- 2- Paravemis (lateral to vermis) represents muscles of upper and lower limbs
 Projects to Globose and Emboliform N
- **3- Rest of cerebellar hemispheres**Project to **Dentate N**





Cerebellar peduncles:

Superior cerebellar peduncle (SCP):

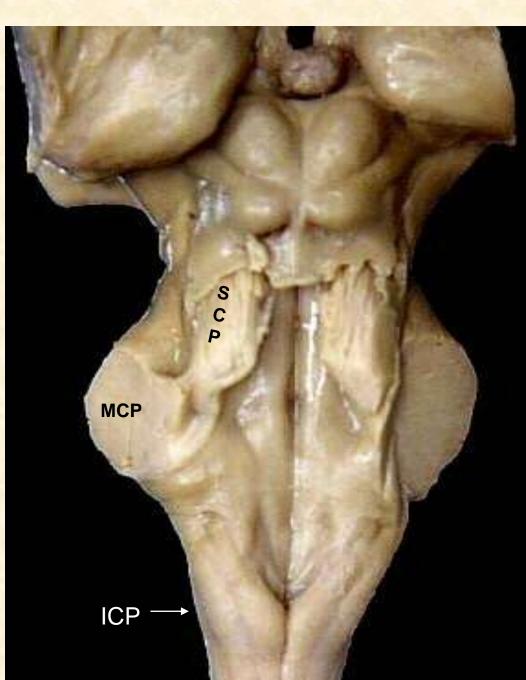
Connects the cerebellum with the midbrain.

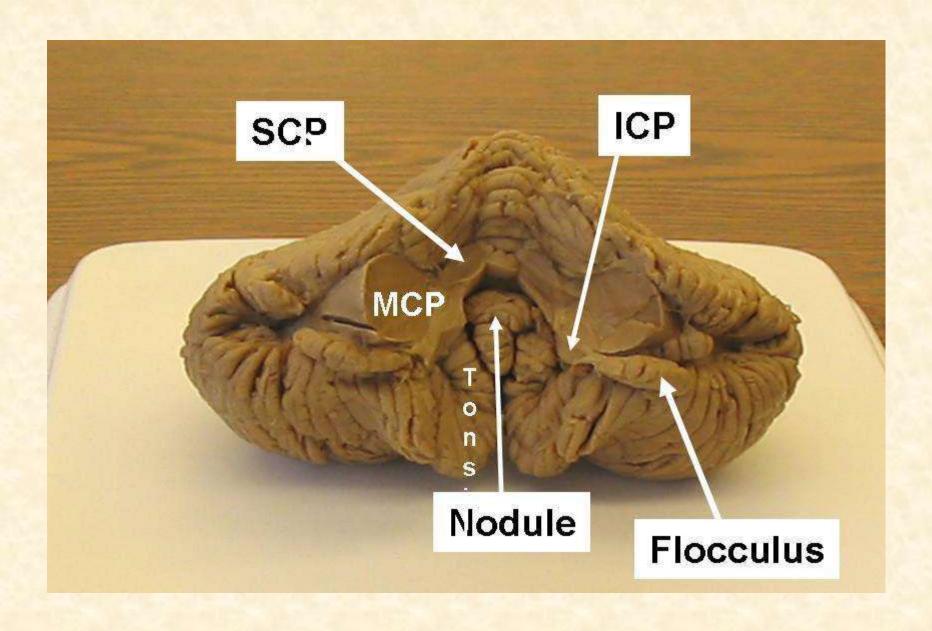
Middle cerebellar peduncle (MCP):

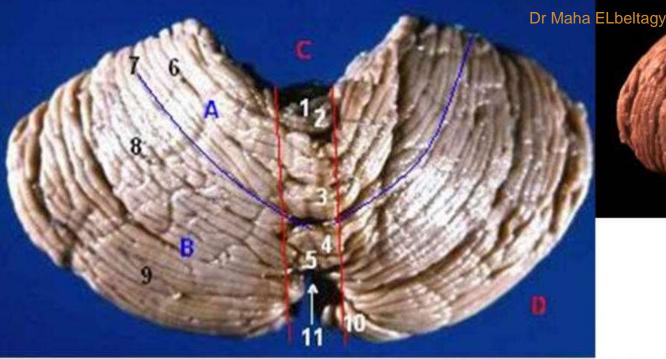
Connects the cerebellum with the pons.

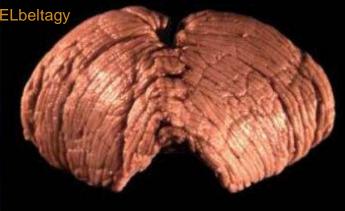
Inferior cerebellar peduncle (ICP):

Connects the cerebellum with the medulla oblongata.









an cerebellum - posterior view 1-Lingula cerebelli

2-Lobulus centralis

3-Culmen

4-Declive

5-Folium vermis

6-Lobulus quadrangularis anterior, Pars anterior

7-Fissura prima

8-Lobulus simplex, Lobulus quadrangularis posterior

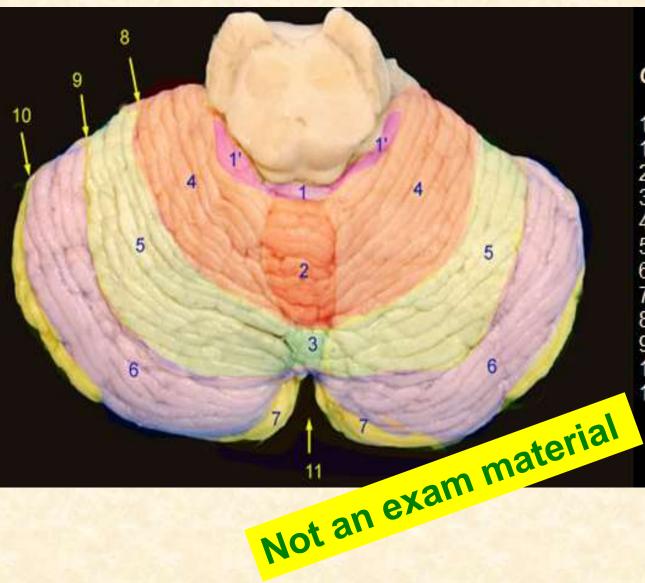
9-Lobulus semilunaris superior

10-Lobulus semilunaris inferior

11-Tuber vermis

Not an exam material

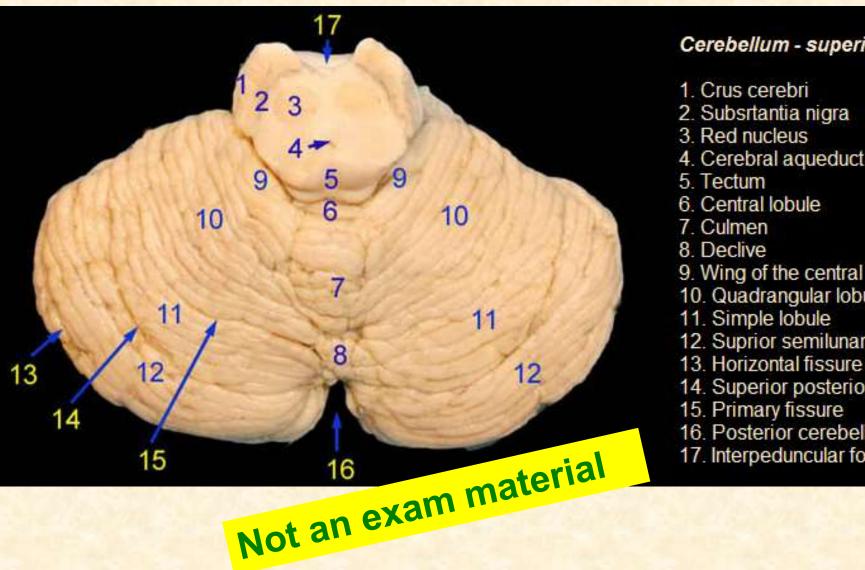
Cerebellar lobules - Superior view



Cerebellar lobules - superior view

- Central Lobule
- 1' Wing of the central lobule
- 2. Culmen
- 3. Declive
- 4. Quadriangular lobule
- 5. Simple lobule
- 6. Superior semilunar lobule
- 7. Inferiorsemilunar lobule
- 8. Primary fissure
- 9. Superior posterior fissure
- 10. Horizontal fissure
- 11. Posterior cerebellar incisure

Cerebellar lobules - Superior view

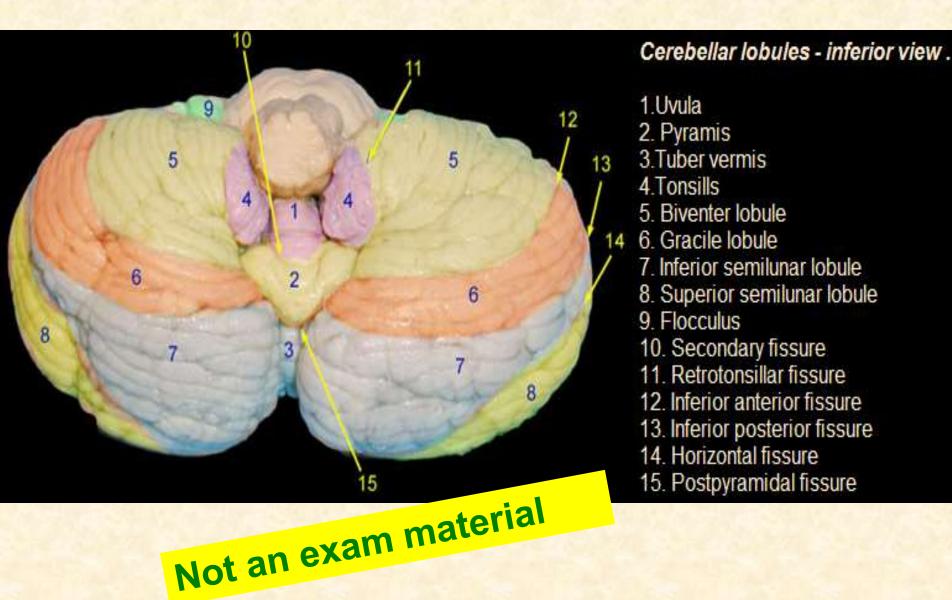


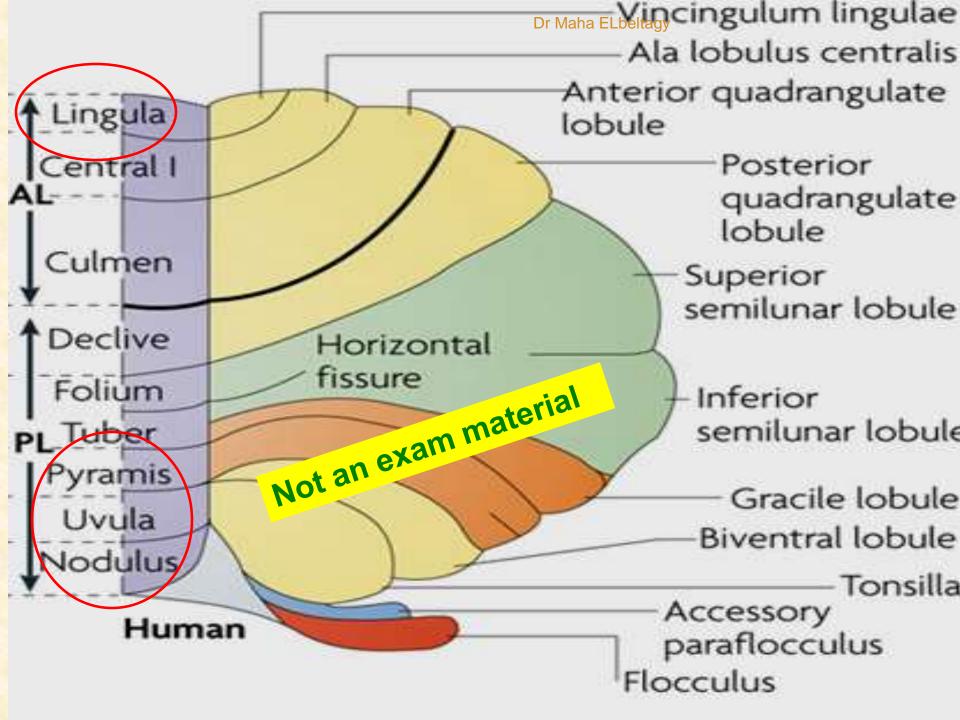
Cerebellum - superior view

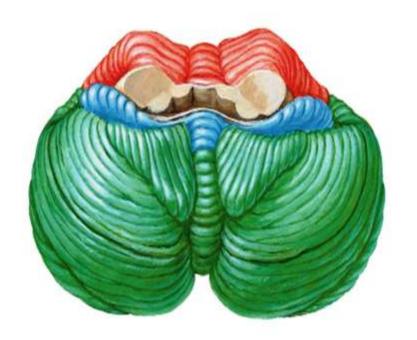
- Subsrtantia nigra
- Cerebral aqueduct

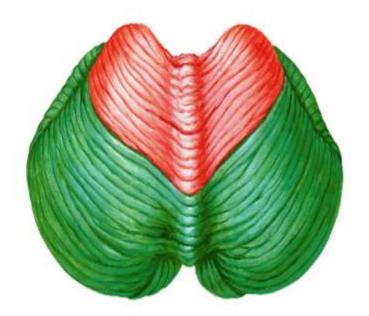
- 9. Wing of the central lobule
- 10. Quadrangular lobule
- 12. Suprior semilunar lobule
- Superior posterior fissure
- Posterior cerebellar incisure
- 17. Interpeduncular fossa

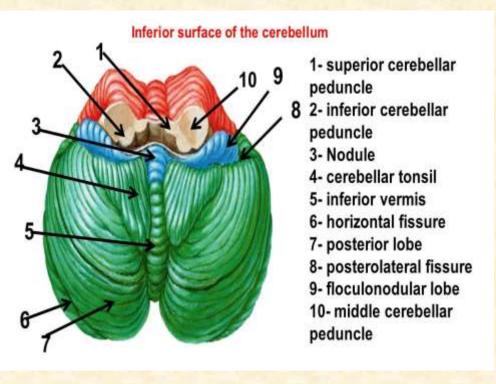
Cerebellar Lobules (inferior view)

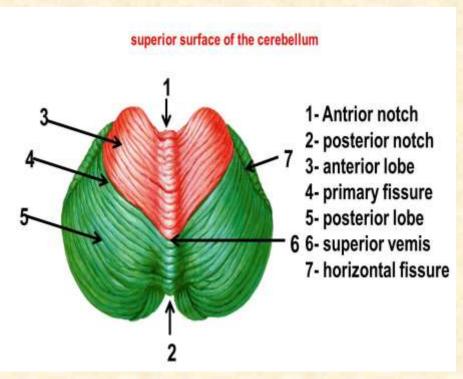












Structure of the cerebellum

1- Cerebellar Cortex

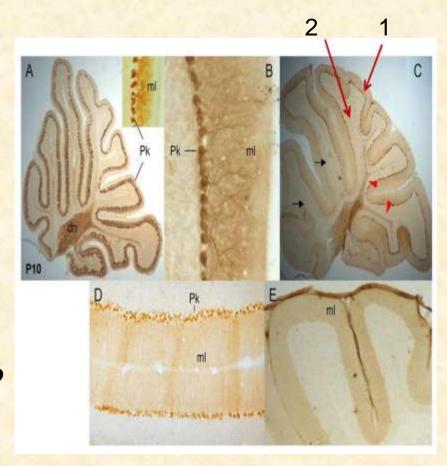
Outer Molecular Layer (stellate and basket cells)

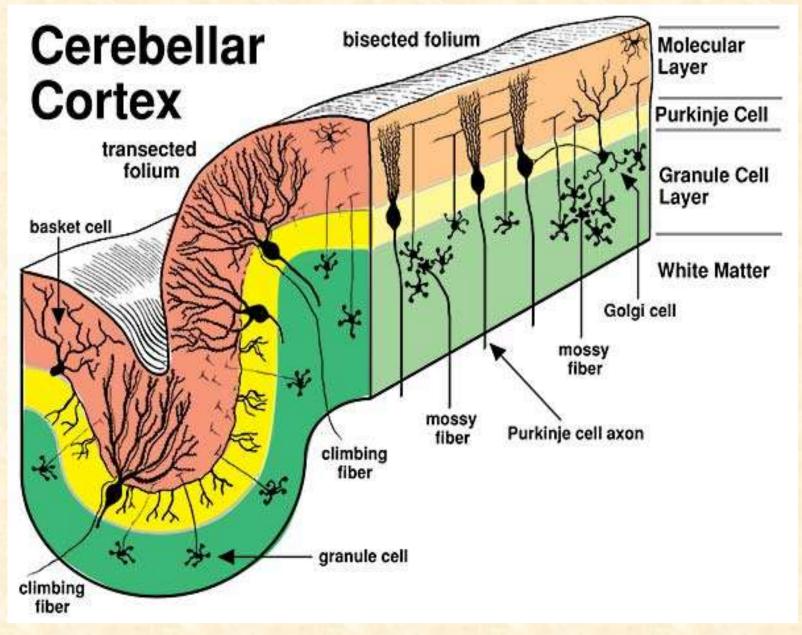
Middle Purkinje Cell Layer (inhibitory to all other cells)

Inner Granular Layer

Include 2G cells (granule and golgi)
Granule cells are the only (excitatory to all other cells).

- 2- Corpus Medullare (Medullary Center)
- 3- Deep Cerebellar Nuclei





White matter of the cerebellum

 Consists of three types of nerve fibres in the white matter

A. Mossy fibres (afferent)

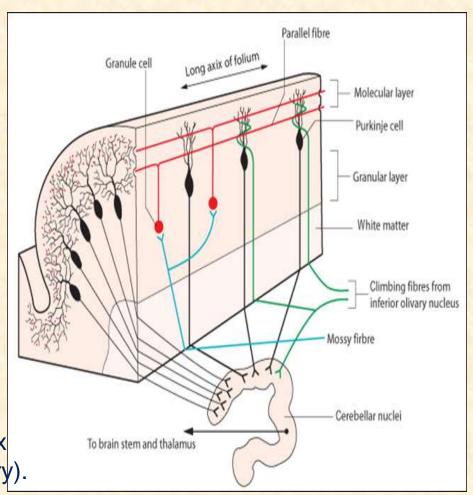
They end in the granular layer first then purkinje layer (indirect activation of purkinje).

B. Climbing fibres (afferent)

They end directly in purkinje (direct activation) or molecular layer (olivocerebellar tracts mainly)

C- Axons of purkinje cells (efferent)

The only axons to leave cerebellar cortex to end in deep cerebellar nuclei (inhibitory). These fibers then projects to brain stem nuclei, thalamus and cerebral cortex.



Functional Subdivisions of The Human Cerebellum

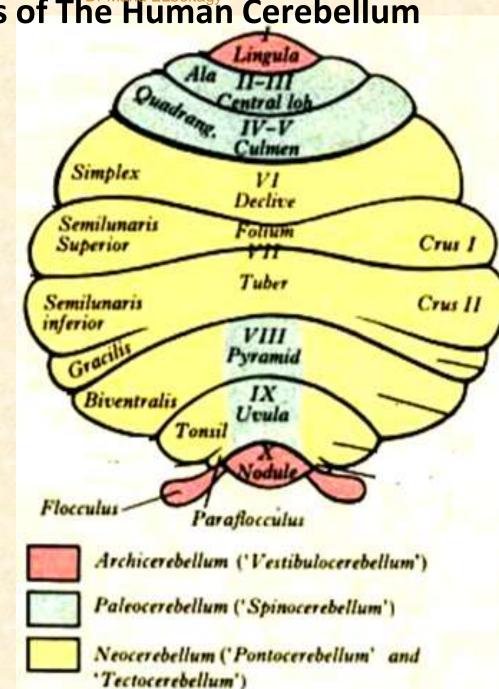
Archicerebellum (Vestibulo-cerebellum):

- Flocculo-Nodular Lobe, Lingual Lobule
- It receives afferent Fibres From vestibular apparatus of internal ear
 Via vestibulo-cerebellar tracts either directly from vestibular ganglia or from vestibular nuclei.
- Pyrkinje neurons of each lobe project its inhibitory axons directly to ipsilateral vestibular nuclei

Efferent: vestibular nuclei give rise to:

- Vestibulospinal tracts to antigravity extensor muscles.
- Vestibulo-ocular fibers
- Vestibulo-cerebellar
- Vestivulo-cortical

Function: Equilibrium, Vestibulo-Ocular Reflex (VOR).



Paleocerebellum (Spino-cerebelllum):

- 1- Anterior lobe+ midline vermis (fastigeal N)
- 2- surrounding paravermis + globose & emboliform nuclei.

1- Vermal zone of the spinocerebellum

Purkinje neurons of each hemivermis projects inhibitory axons to ipsilateral fastigeal nuclei.

Afferent: venteral and dorsal spinocerebellar, olivo-cerebellar and cuneocerellar tracts.

Projects to fastigeal N

Fastigeal N gives **bilateral** excitatory fibers to the **medial mtotor system** that controls axial and porximal limb muscles through:

Efferent:

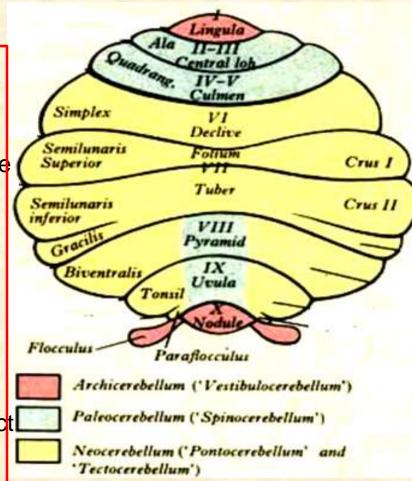
Fasigeo-Vestibulo-spinal (ipsilateral and contralateral vestibular nuclei)

Fastigeo- Reticulo-spinal (Ipsilateral and contralateral RF)

Anterior cortico-spinal (ipsilateral and contralateral VL nucleus of thalamus which project to trunk part of area 4.

(cerebello-fastigeo-thalamo-cortico-spinal)

Function: Regulate muscle tone of axial and proximal limb muscles



2- para-vermal zone of spinocerebellum

Function: it is concerned with muscle tone (mainly flexors) and regulation of voluntary movements of the distal muscles.

It receives **afferent** proprio-ceptive impulses from Ms.& tendons **Via spino-cerebellar tracts** (dorsal & ventral), olivo-cerebellar and cuneorebellar

Project to Globose-Emboliform N

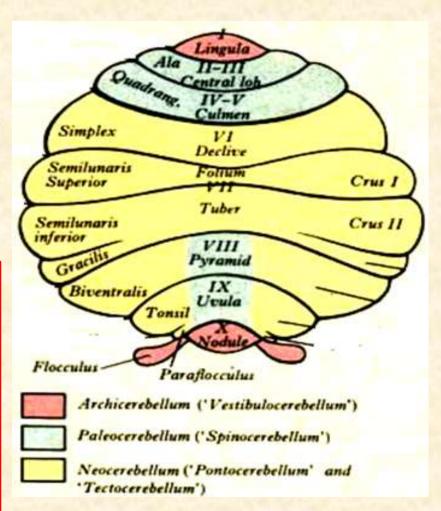
•it sends efferent to lateral motor pathway:

Contralateral VL nuclei of thalamus which
project to precenteral gyrus (distal limbs area)
from which lateral corticospinal fibers arise
(control distal limb muscles)
Cerebello-Globose- Embliform- thalamo-

Cerebello-Globose- Embliform- thalamocortical-spinal pathway

Contralateral red nucleus of midbrain (controlling distal limb muscles)

Cerebello-Globose-Emboliform-Rubral-spinal pathway



Neocerebellum (cerebro cerebellum)

It includes the most 2-cerebellar hemispheres + dendate nuclei.

It receives **afferent** impulses from the **cerebral cortex+pons** Via **cerebro-ponto- cerebellar** pathway which project to dentate N. it sends **efferents** to contralateral red nucleus that projects to Ventro lateral nucleus of thalamus (VL).

Function: 1- controls voluntary

movements, planning of sequence of

intended movements

(even before execution of motor

activity) i.e anticipation

2- Regulation of force and timing

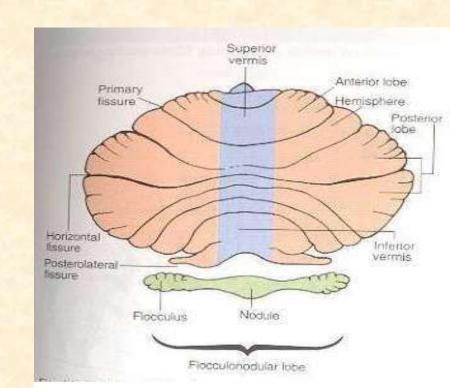
Of Movement.

3- Learning new complex movements

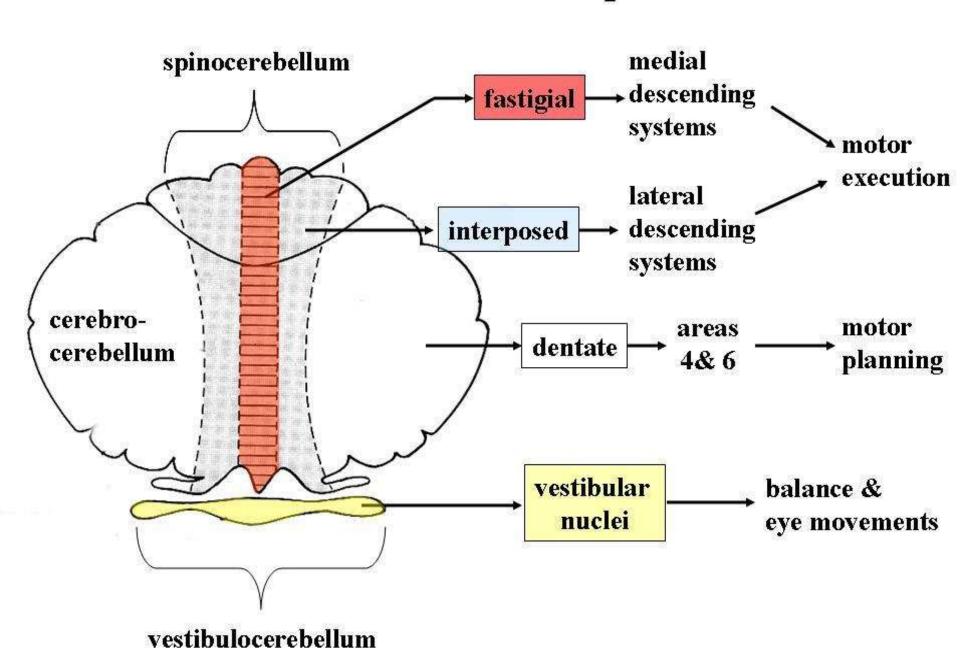
The whole pathway

Cortico-ponto-cerebellar-

Dentato-rubro-thalamo-cortical



Cerebellar Output



Fibres entering and leaving through cerebellar peduncles

Superior cerebellar peduncle (major efferent)

Fibres entering the cerebellum

Ventral spino-cerebellar tract
Trigimino-cerebellar from Mesencephalic nucleus

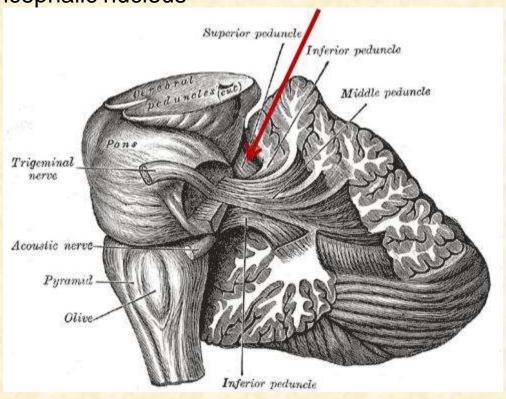
Tecto-cerebellar fibres

Fibres leaving the cerebellum

Cerebello-rubral fibres
(Globose-Emboliform-rubral)

Cerebello-thalamic fibres (Dentato-thalamo-cortical)

Cerebello-reticular fibres (Fastigeal nucleus)



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Middle cerebellar peduncle (afferent

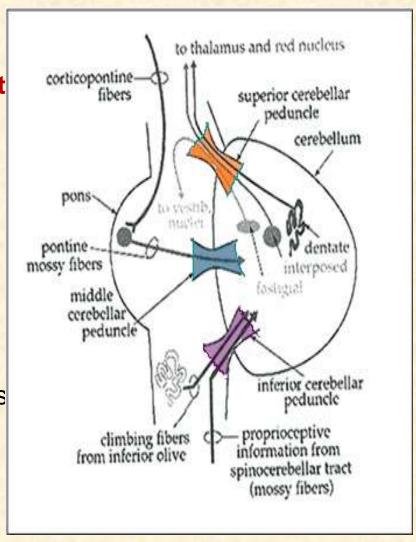
Pontocerebellar fibres (cortico-ponto-cerebellum) to dentate nucleus)

Inferior cerebellar peduncle (afferent Fibres entering cerebellum (restiform body)

Posterior spino cerebellar tract
Cuneo-cerebellar tract
Olivo-cerebellar fibres
Reticulo-cerebellar
Vestibulo-cerebellar fibres
Trigemino-cerebellar fibres
Anterior external arcuate fibers

Fibres Leaving the cerebellum (juxta-restiform body)

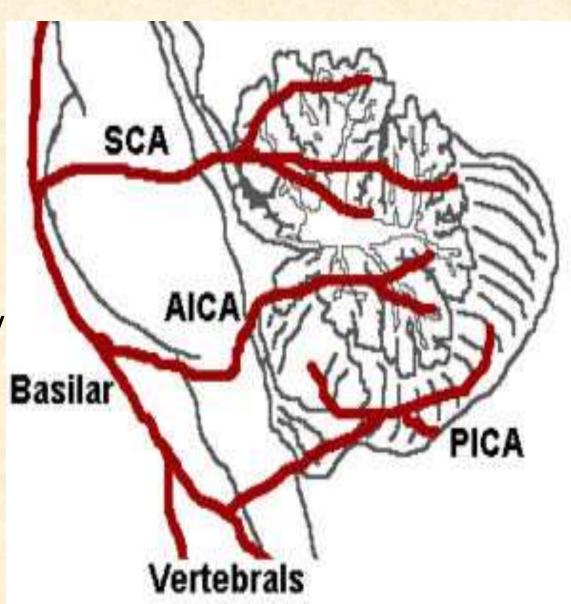
Cerebello-olivary fibres
Cerebello (Fastigio)-vestibular fibres
Cerebello (Fastigio)- reticular fibres



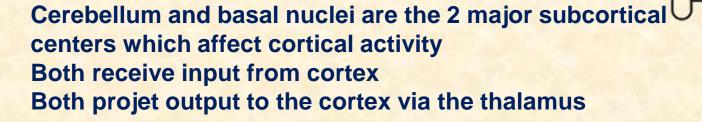
Blood Supply of the Cerebellum

It is supplied by 3 cerebellar arteries

- Superior cerebellar artery: from the basilar artery
- Anterior inferior
 cerebellar artery:
 from the basilar artery
- Posterior inferior cerebellar artery: from the vertebral artery



Basal ganglia and cerebellum



Cerebellm	Basal ganglia
Receive cortico-ponto-cerebellar from contralateral cerebral cortex	Receives cortico-striate fibres from ipsilateral cerebral cortex
Projects to VL nucleus of the contralateral thalamus projects directly to areas 4,6	Projects to VA nucleus of the ipsilateral thalamus which projects first to SMA then to areas 4,6
Controls movement of the ipsilateral half of the body	Controls movement of the contralateral half of the body

Cerebellar lesion Syndromes

Ataxia: incoordination of movement

- decomposition of movement
- dysmetria, past-pointing
- dysartheria
- dysdiadochokinesia
- rebound phenomenon of Holmes
- gait ataxia, truncal ataxia
- Intention Tremor Hypotonia, Nystagmus

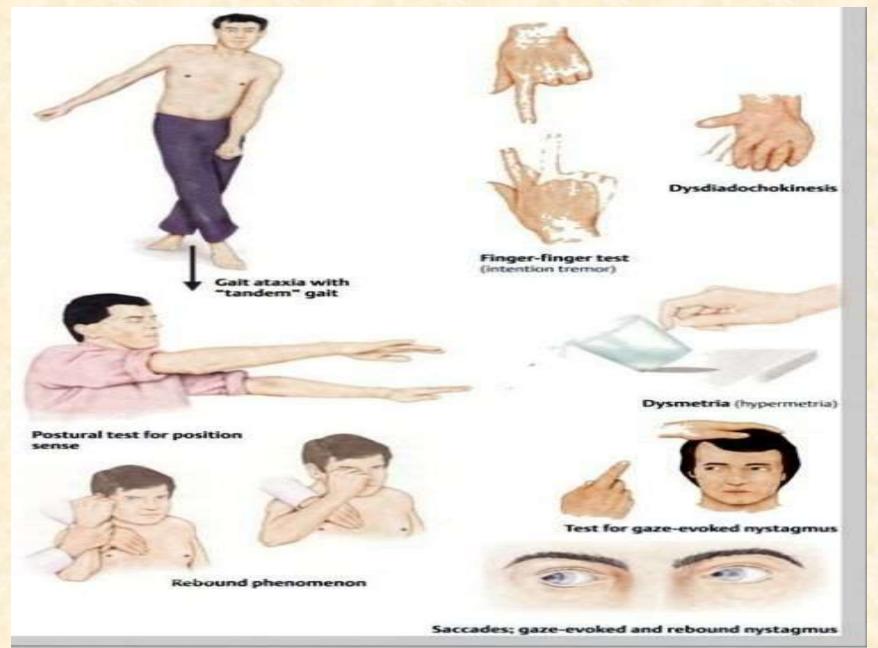
Archicerebellar Lesion: Medulloblastoma (see later)

Paleocerebellar Lesion: gait Disturbance, tested by heel shin test

Neocerebellar Lesion: hypotonia, upper Limb ataxia, tremor, dysmetria. Tested by finger to nose test.



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Cerebellar Medulloblastoma

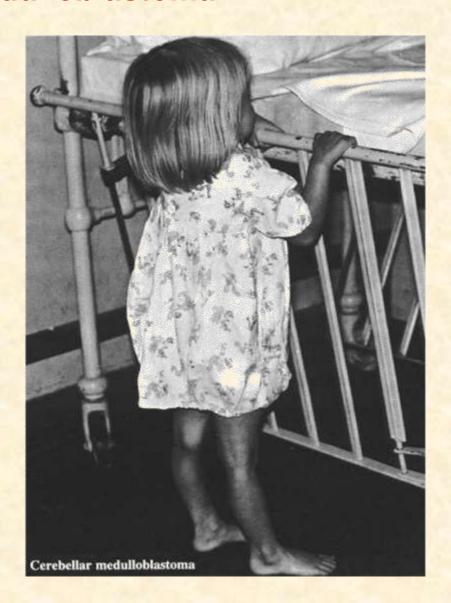
Cerebellar Medulloblastoma

Cerebellar tumors on vermis

- Truncal Ataxia
- Frequent Falling

The child in this picture:

- would not try to stand unsupported
- would not let go of the bed rail if she was stood on the floor.



THANK YOU