



Neuroanatomy

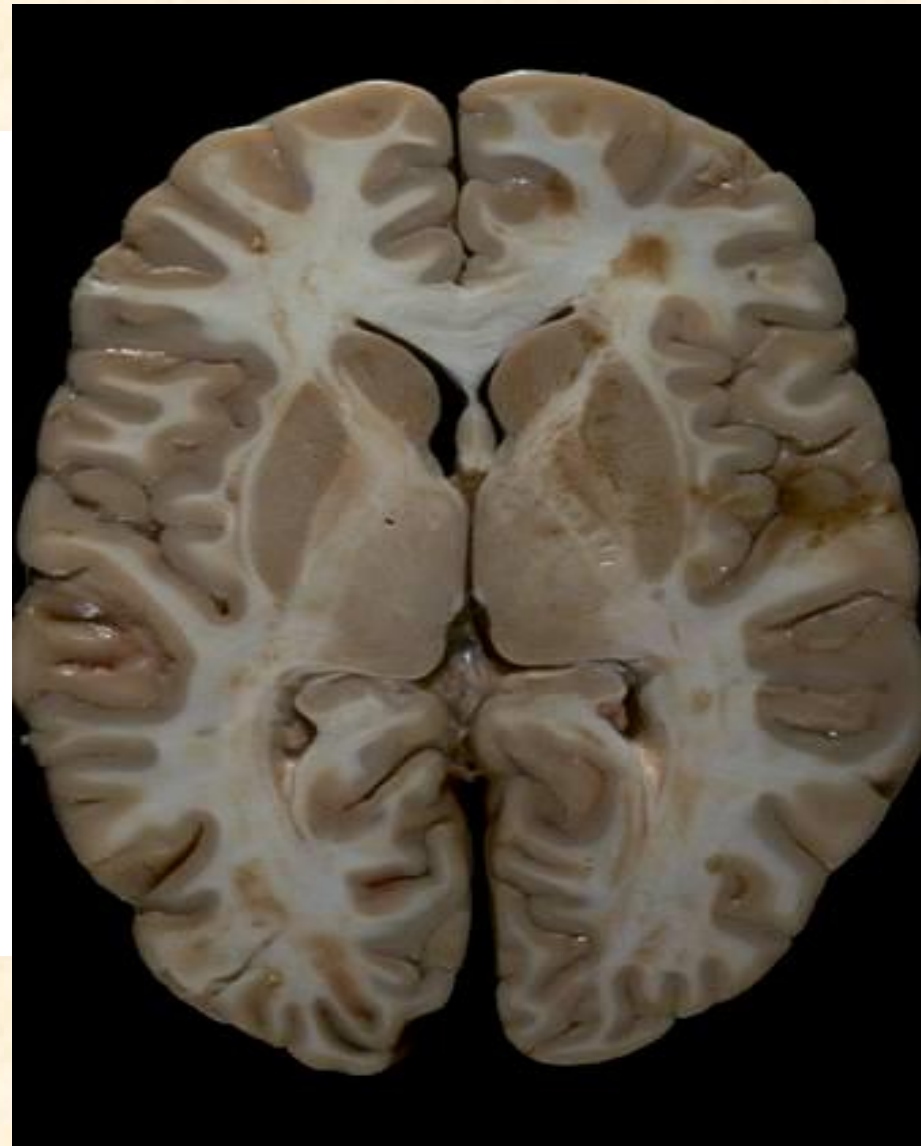
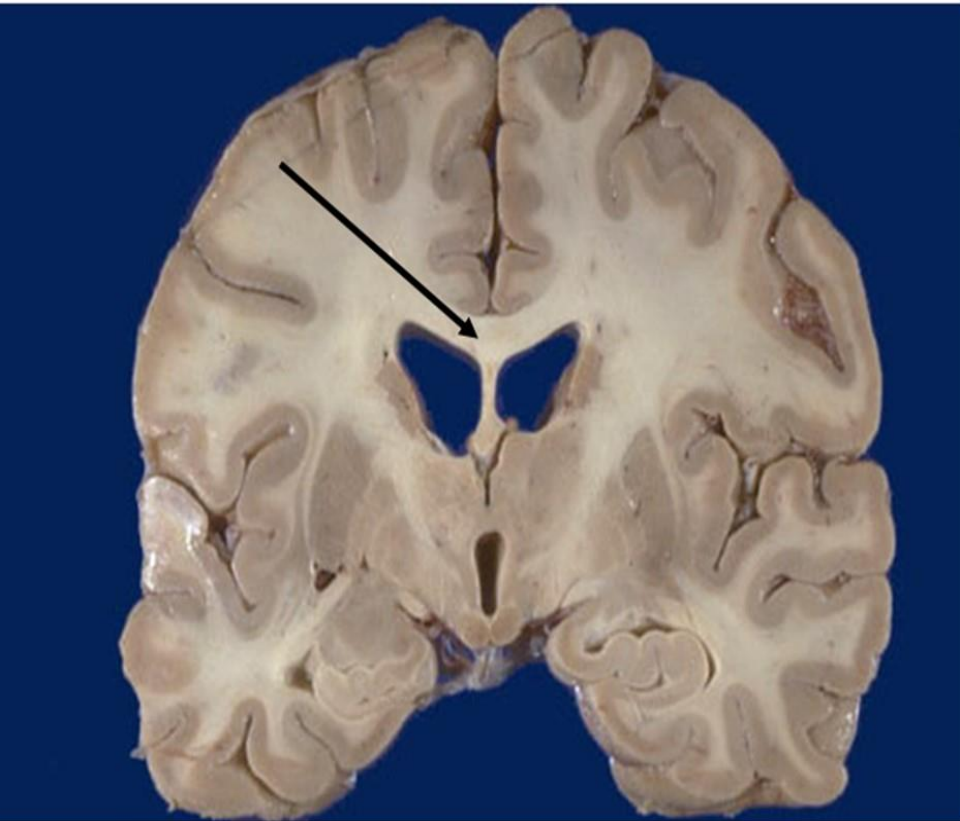
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2022



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

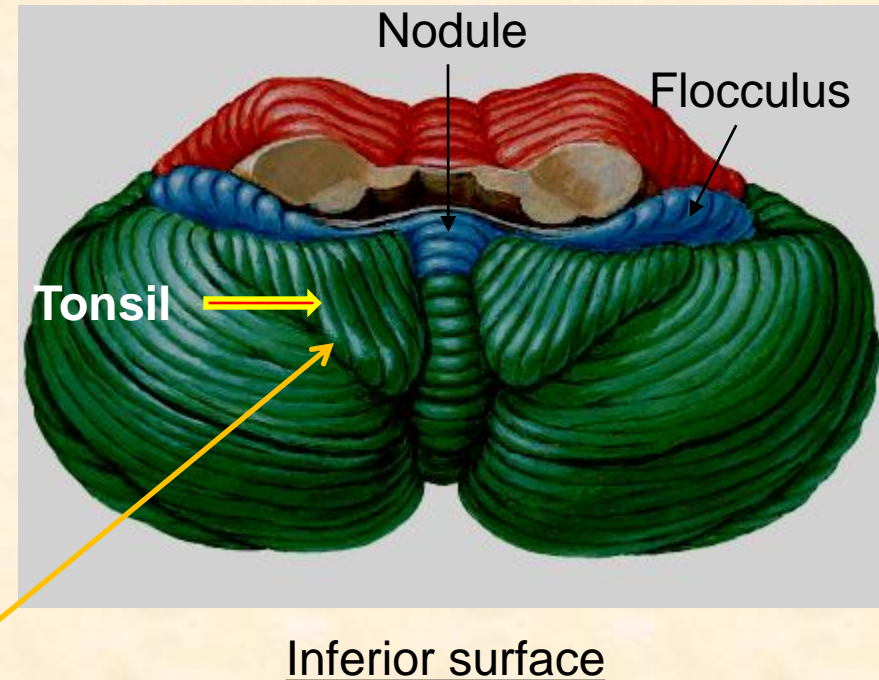
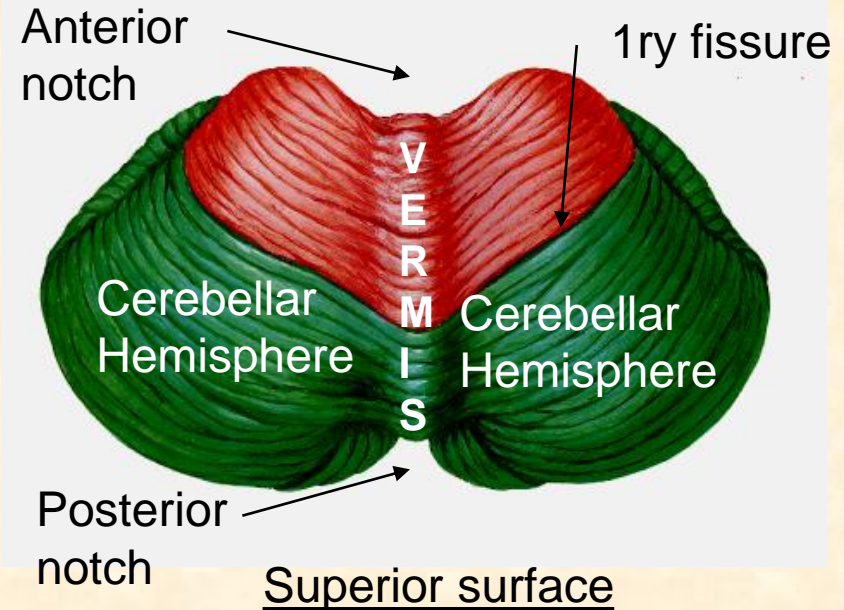
It has 2 notches:

- **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.

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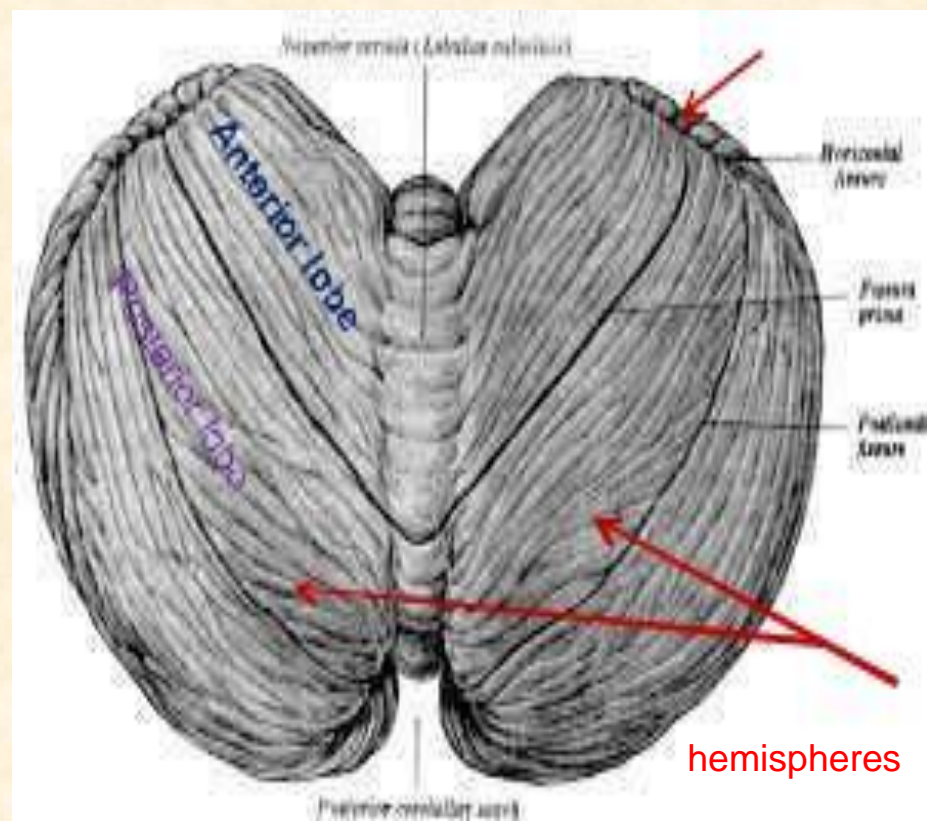
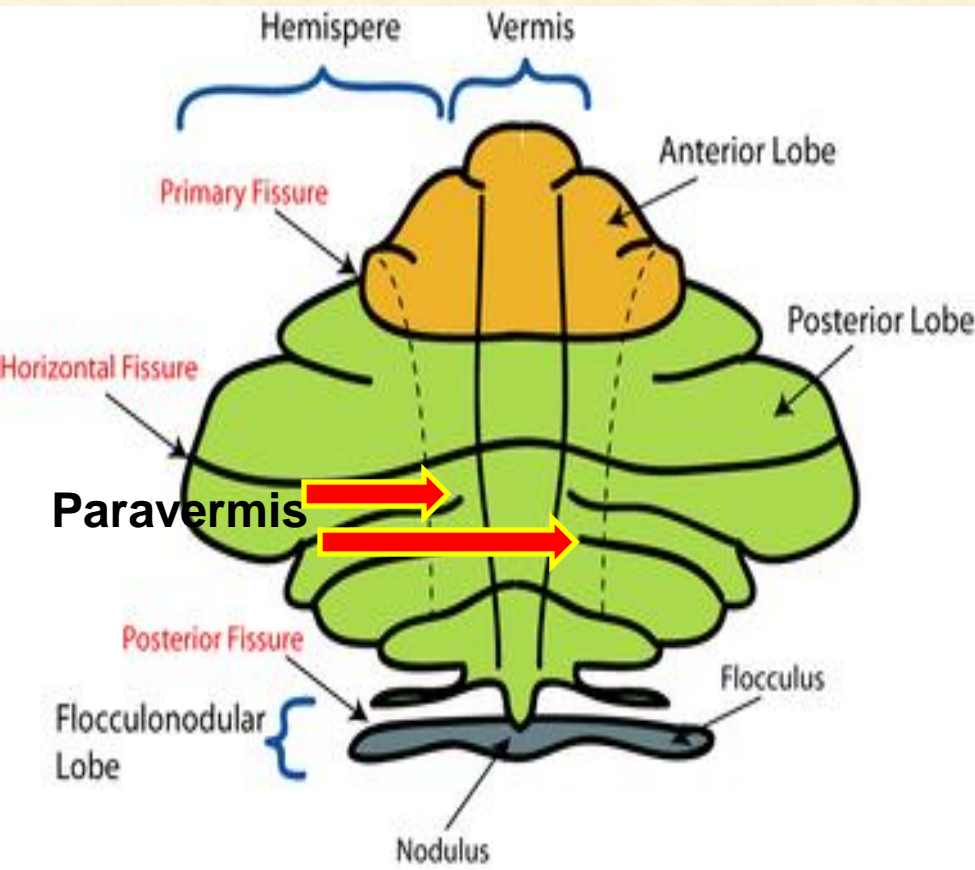
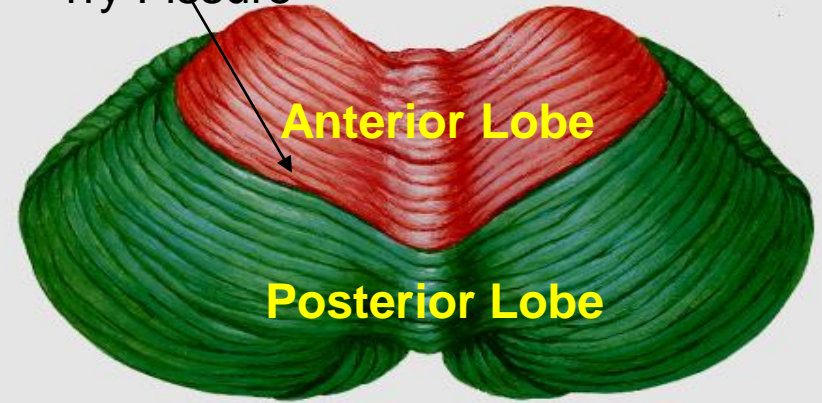


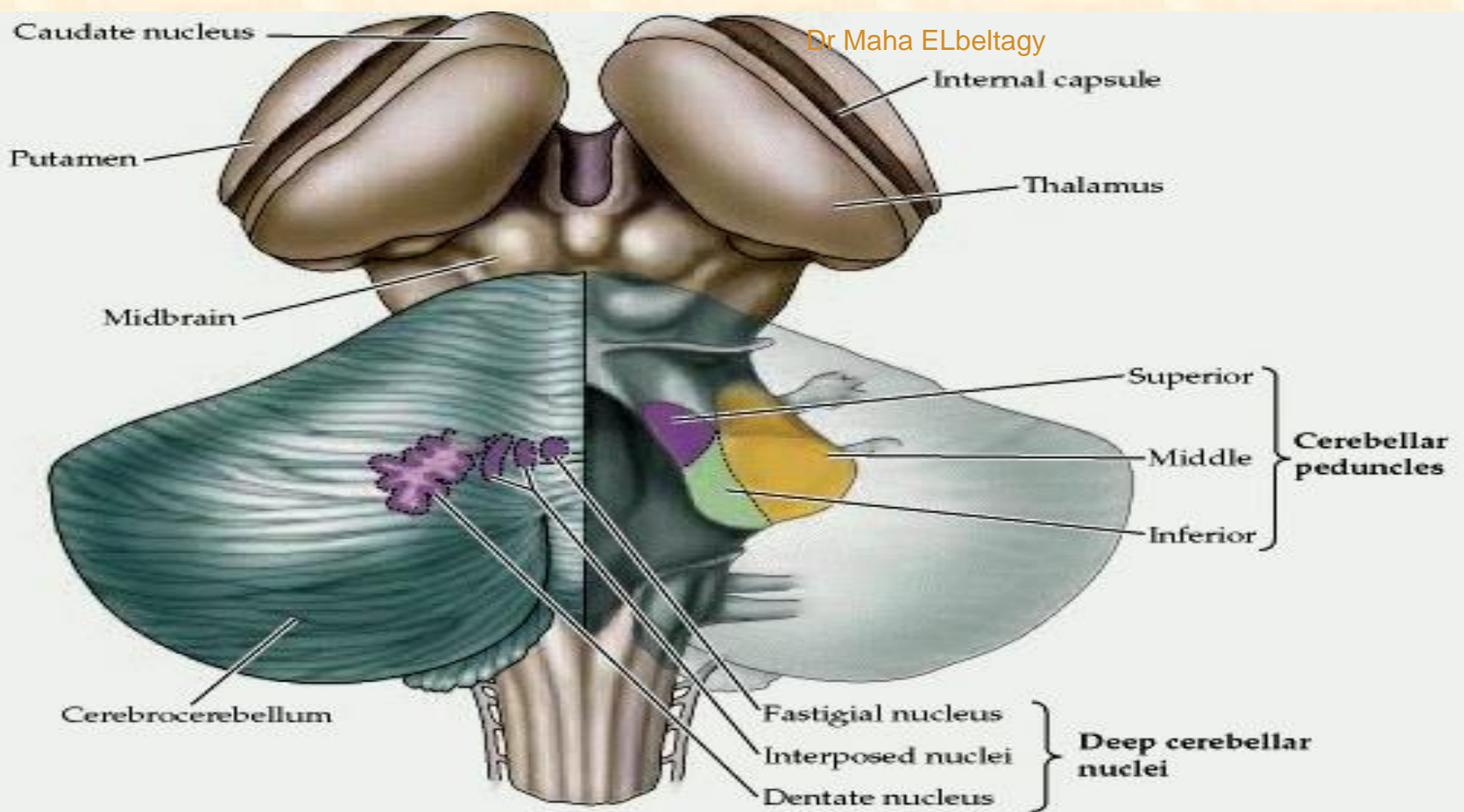
Lobes of the cerebellum: (Horizontal division)

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

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Primary Fissure





Cerebellar nuclei:

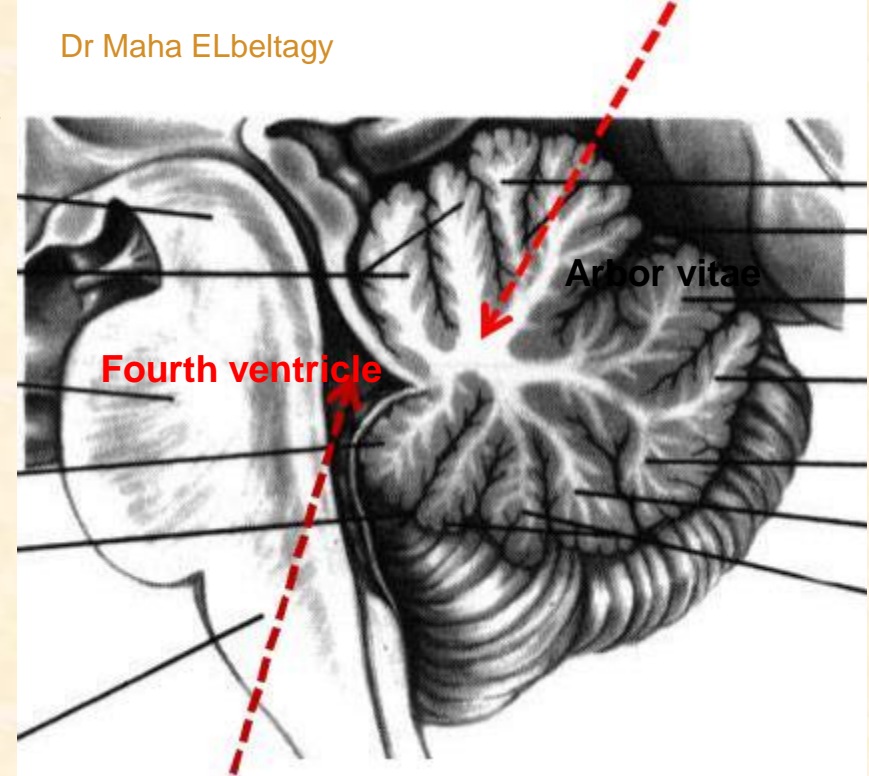
- Dentate nucleus
- Interposed nuclei: Emboliform - Globose
- Fastigial

"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

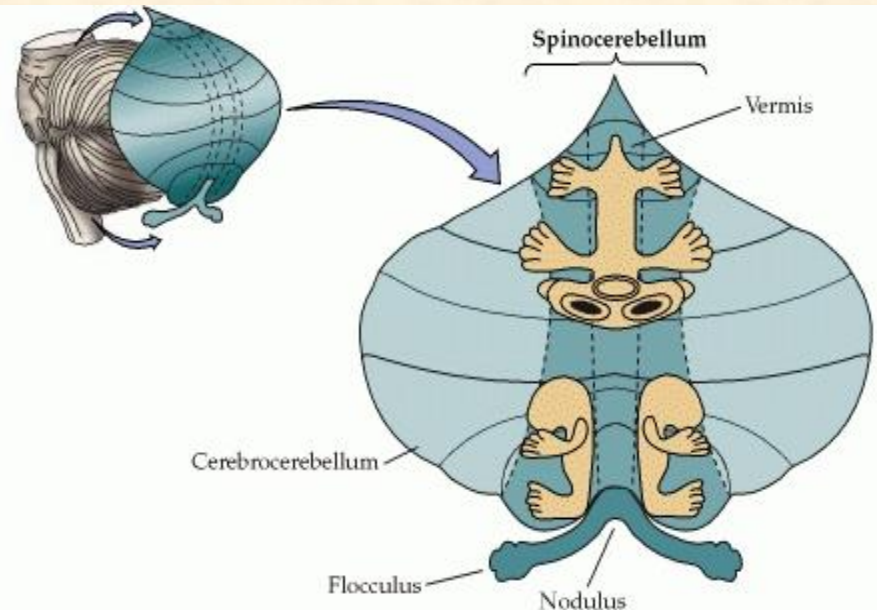


Vertical subdivisions of the cerebellum

1- vermis (central part on superior and inferior surfaces) represents head, neck, trunk, shoulders and hips). Projects to **Fastigial N**

2- Paravermis (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):

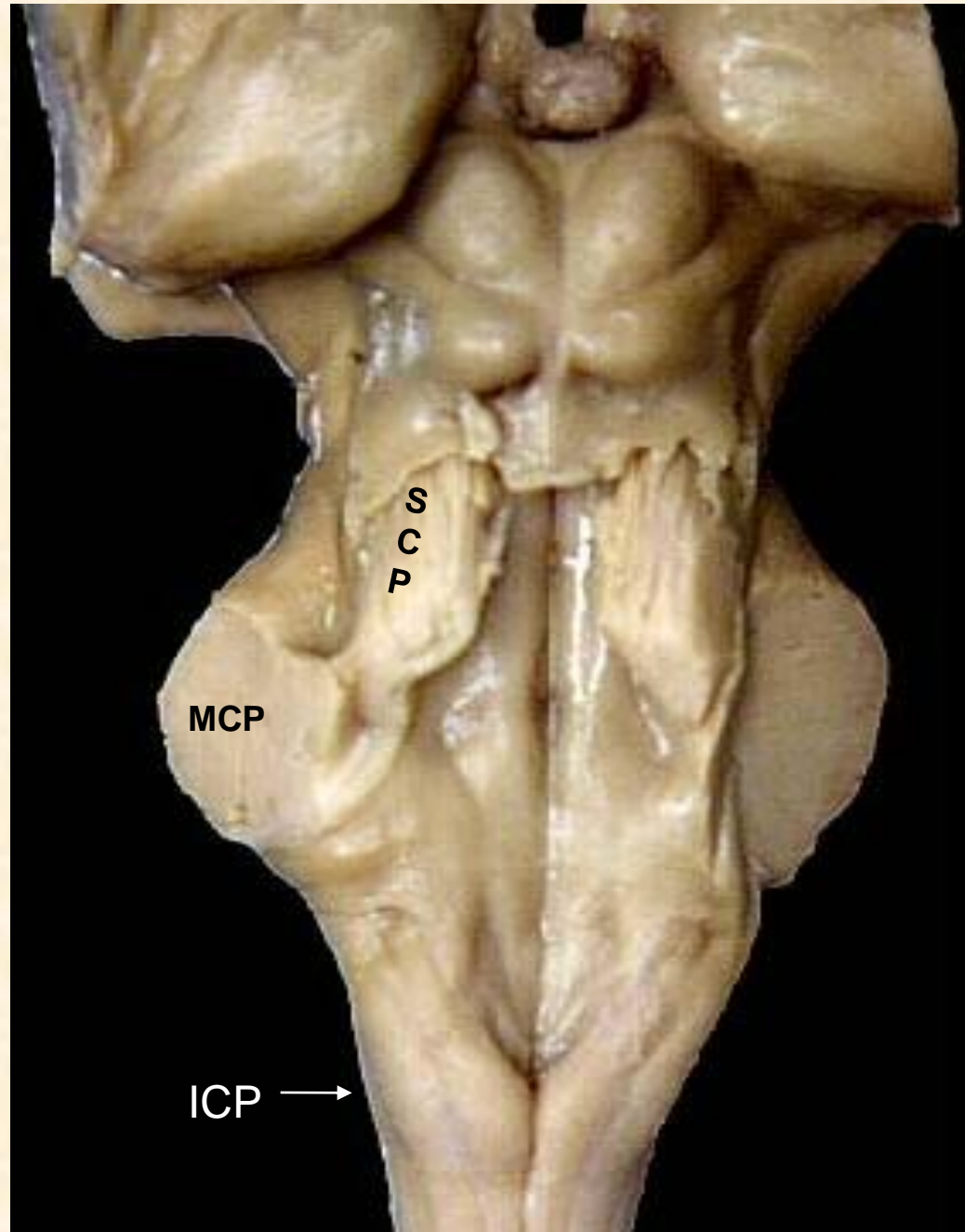
Connects the cerebellum with the midbrain.

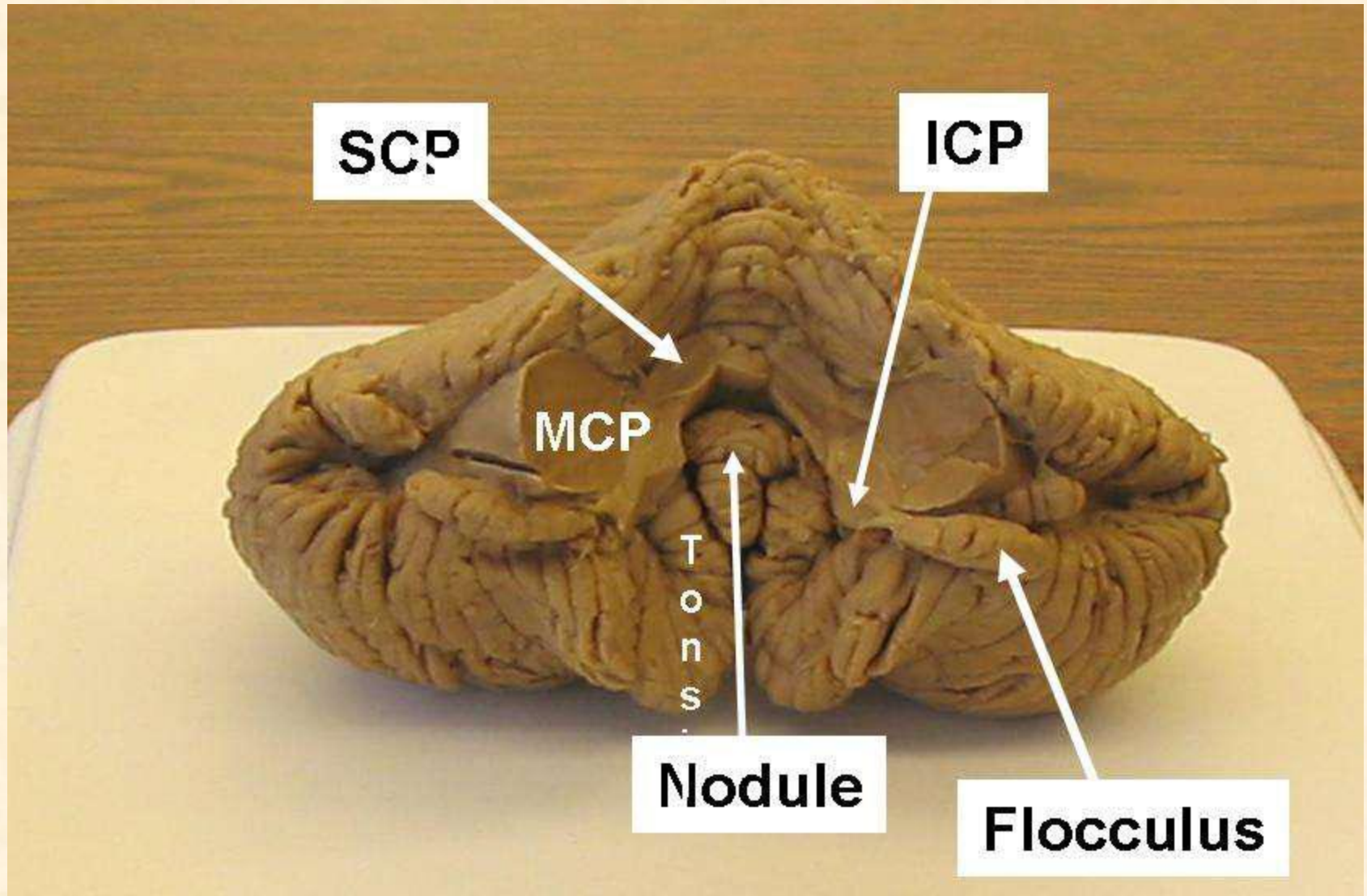
Middle cerebellar peduncle (MCP):

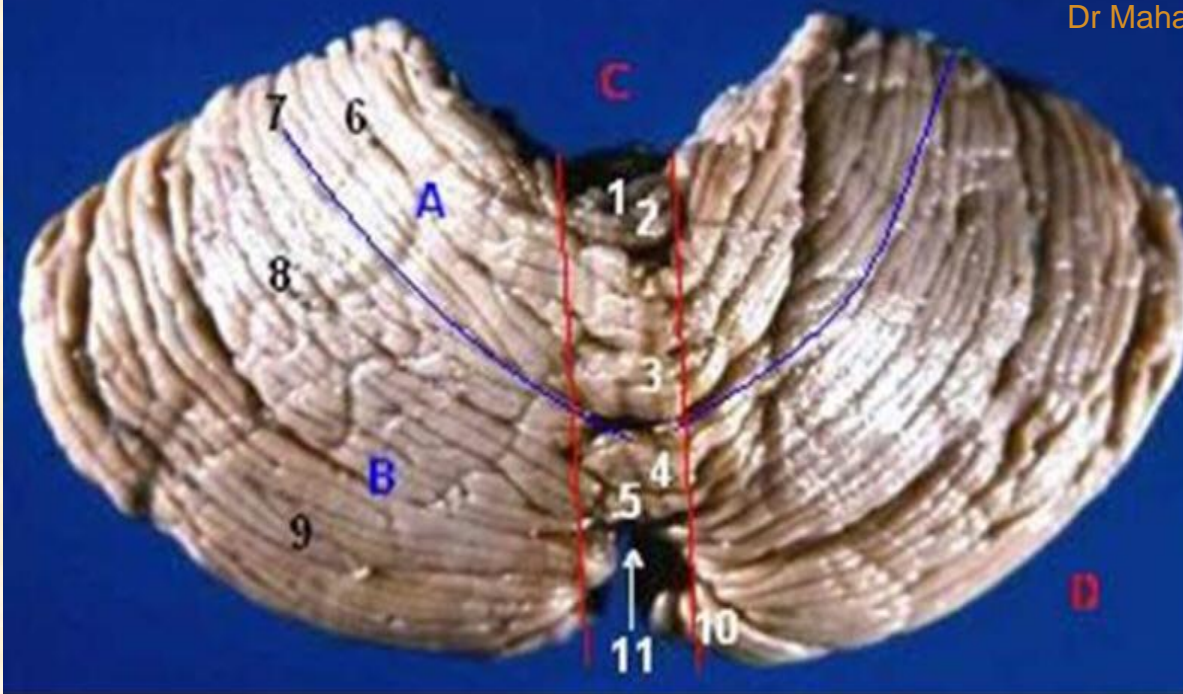
Connects the cerebellum with the pons.

Inferior cerebellar peduncle (ICP):

Connects the cerebellum with the medulla oblongata.





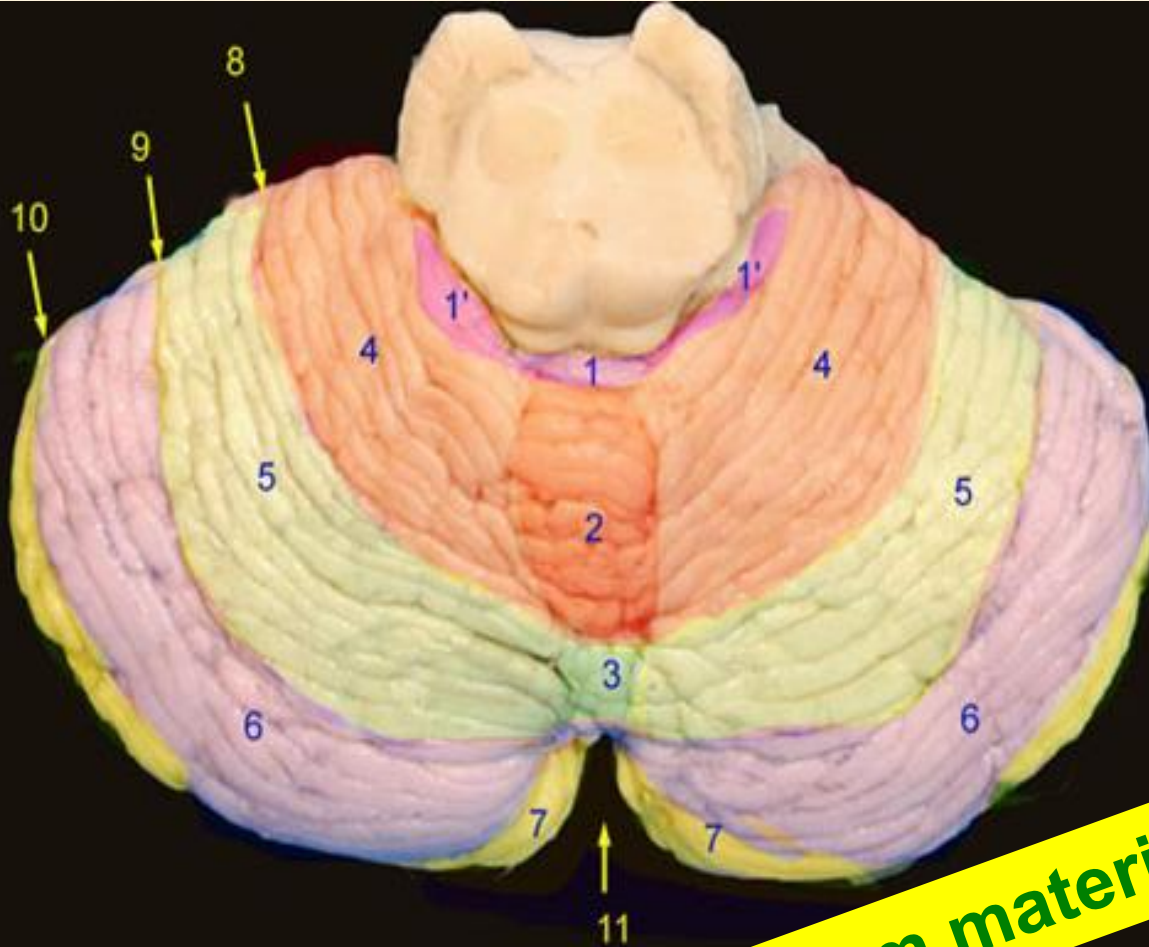


an cerebellum - posterior view

- 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

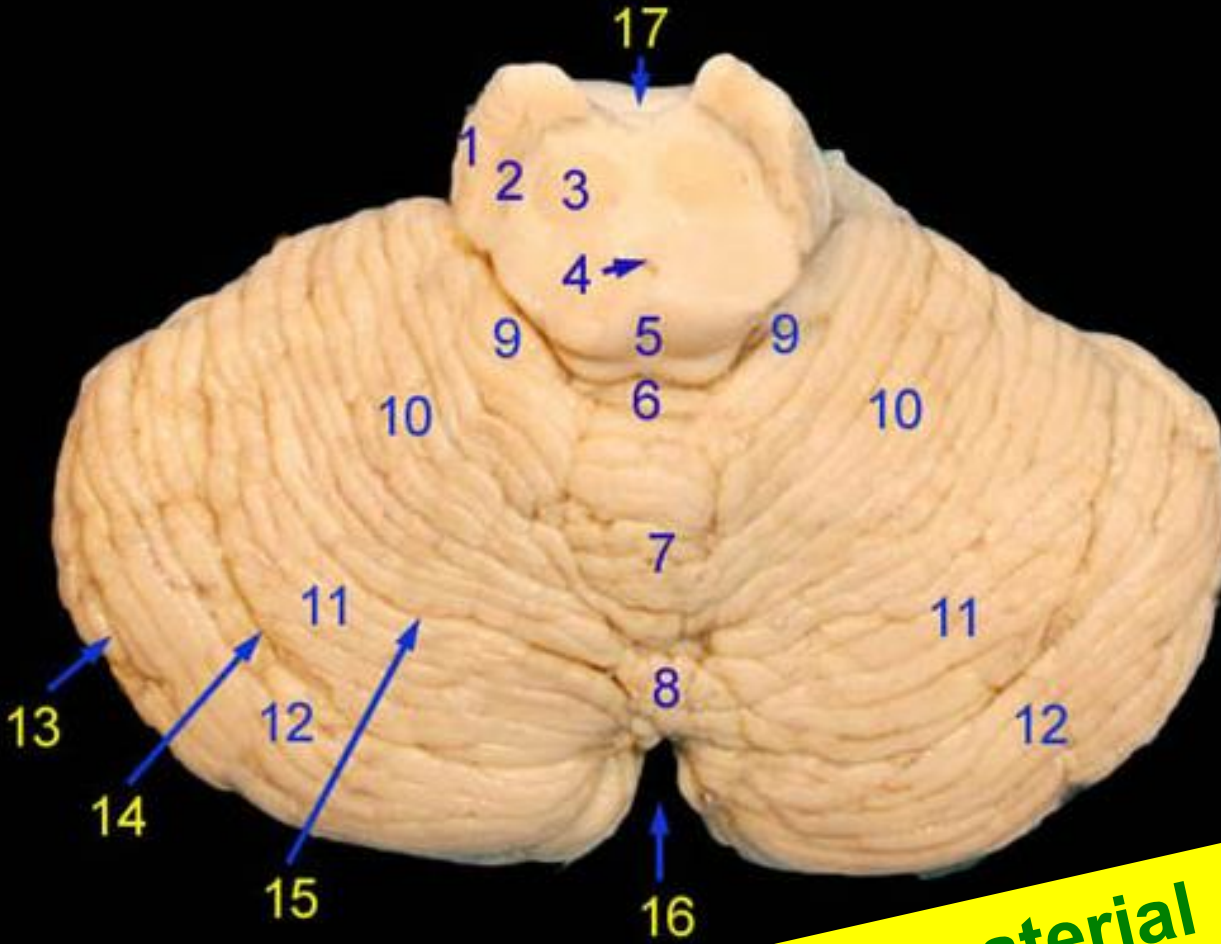


Cerebellar lobules - superior view

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

Not an exam material

Cerebellar lobules - Superior view

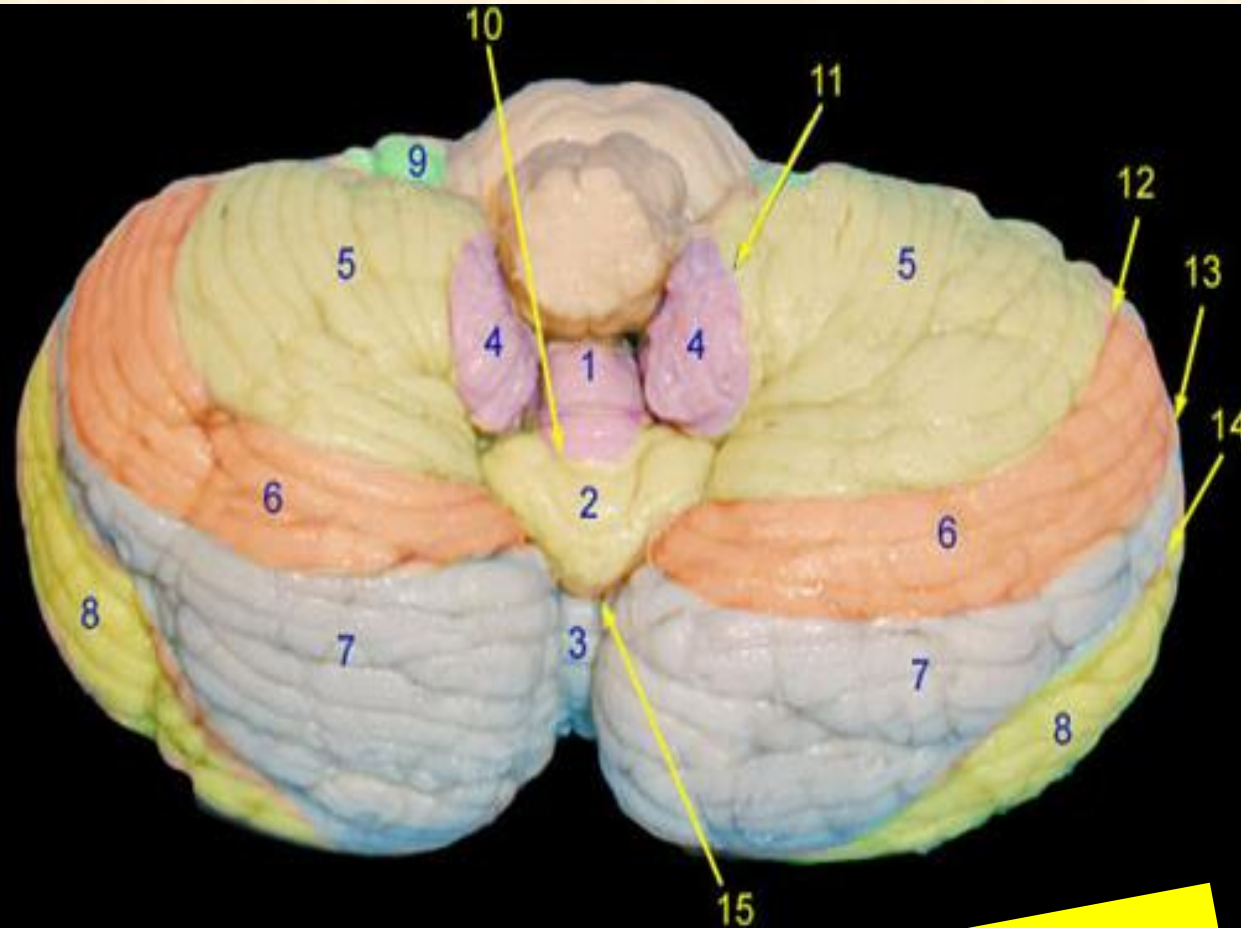


Cerebellum - superior view

1. Crus cerebri
2. Substantia nigra
3. Red nucleus
4. Cerebral aqueduct
5. Tectum
6. Central lobule
7. Culmen
8. Declive
9. Wing of the central lobule
10. Quadrangular lobule
11. Simple lobule
12. Superior semilunar lobule
13. Horizontal fissure
14. Superior posterior fissure
15. Primary fissure
16. Posterior cerebellar incisure
17. Interpeduncular fossa

Not an exam material

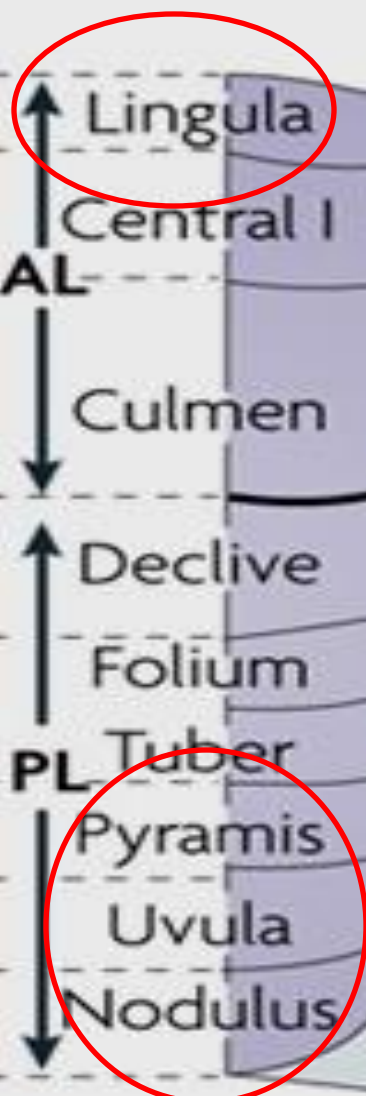
Cerebellar Lobules (inferior view)



Cerebellar lobules - inferior view .

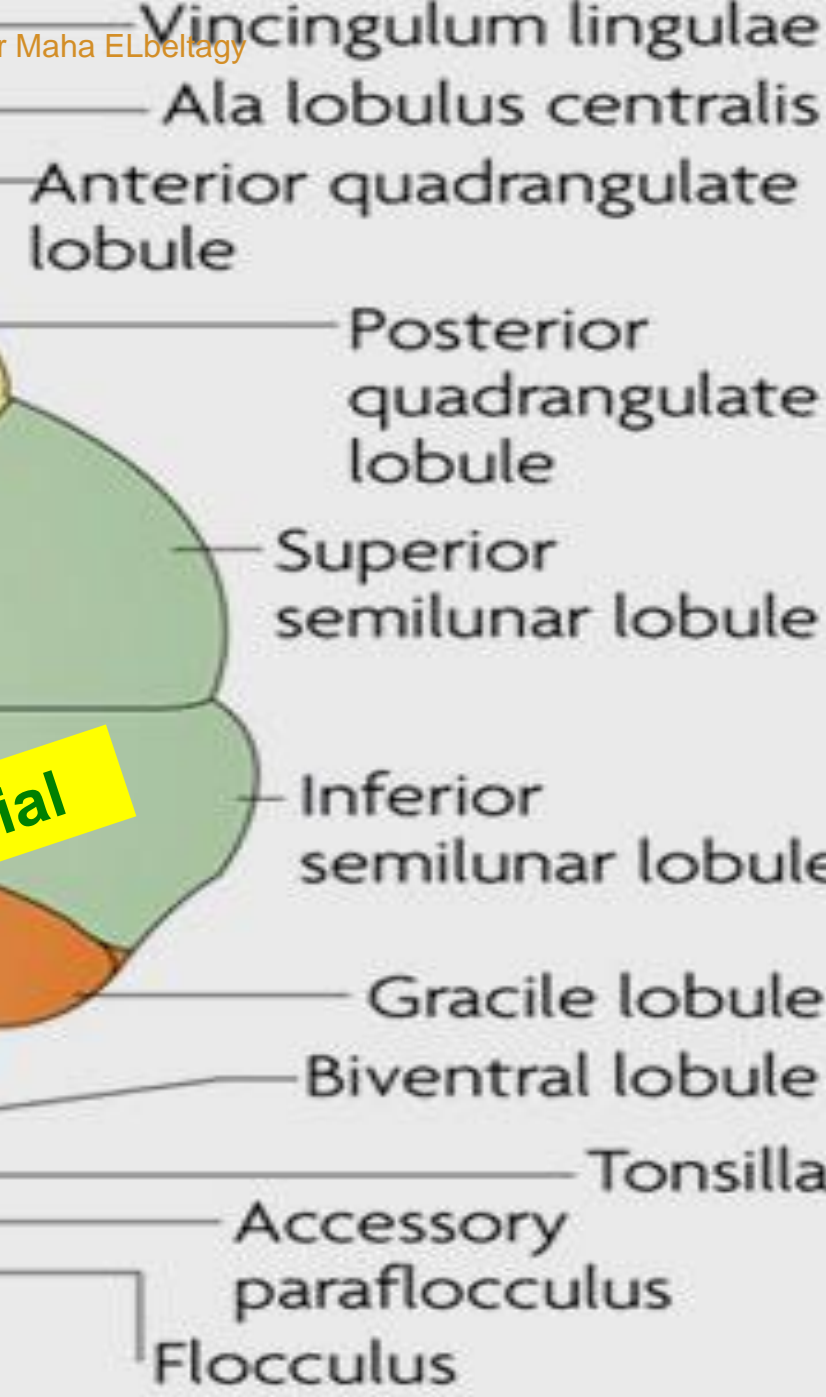
1. Uvula
2. Pyramis
3. Tuber vermis
4. Tonsils
5. Biventer lobule
6. Gracile lobule
7. Inferior semilunar lobule
8. Superior semilunar lobule
9. Flocculus
10. Secondary fissure
11. Retrotonsillar fissure
12. Inferior anterior fissure
13. Inferior posterior fissure
14. Horizontal fissure
15. Postpyramidal fissure

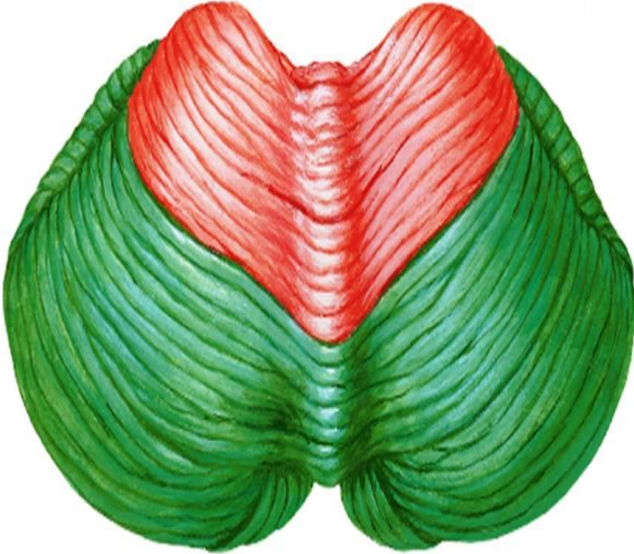
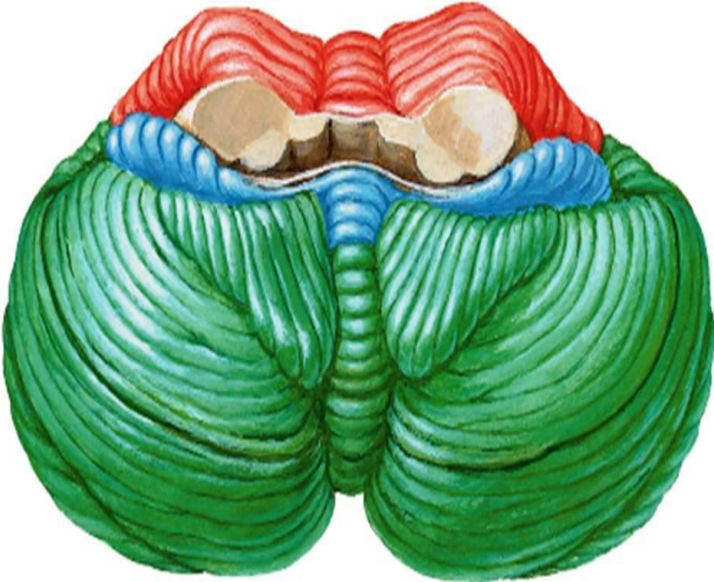
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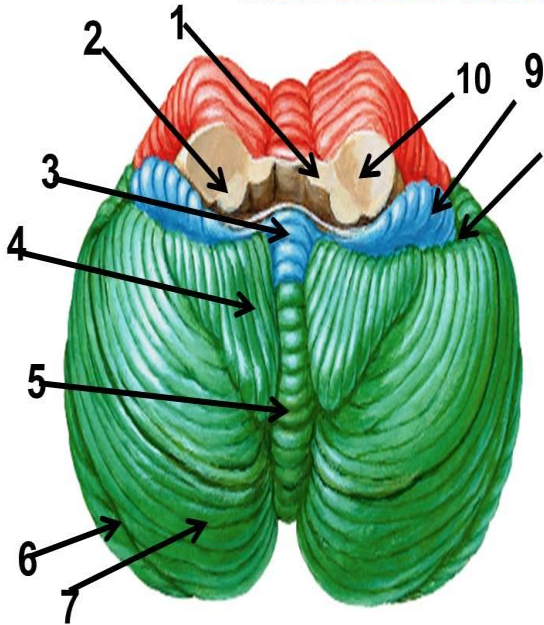
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Human



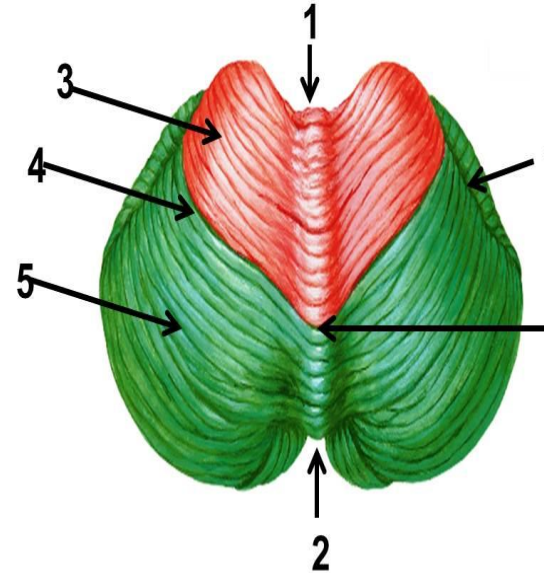


Inferior surface of the cerebellum



- 1- superior cerebellar peduncle
- 2- inferior cerebellar peduncle
- 3- Nodule
- 4- cerebellar tonsil
- 5- inferior vermis
- 6- horizontal fissure
- 7- posterior lobe
- 8- posterolateral fissure
- 9- flocculonodular lobe
- 10- middle cerebellar peduncle

superior surface of the cerebellum



- 1- Anterior notch
- 2- posterior notch
- 3- anterior lobe
- 4- primary fissure
- 5- posterior lobe
- 6- superior vermis
- 7- horizontal fissure

Structure of the cerebellum

1- Cerebellar Cortex

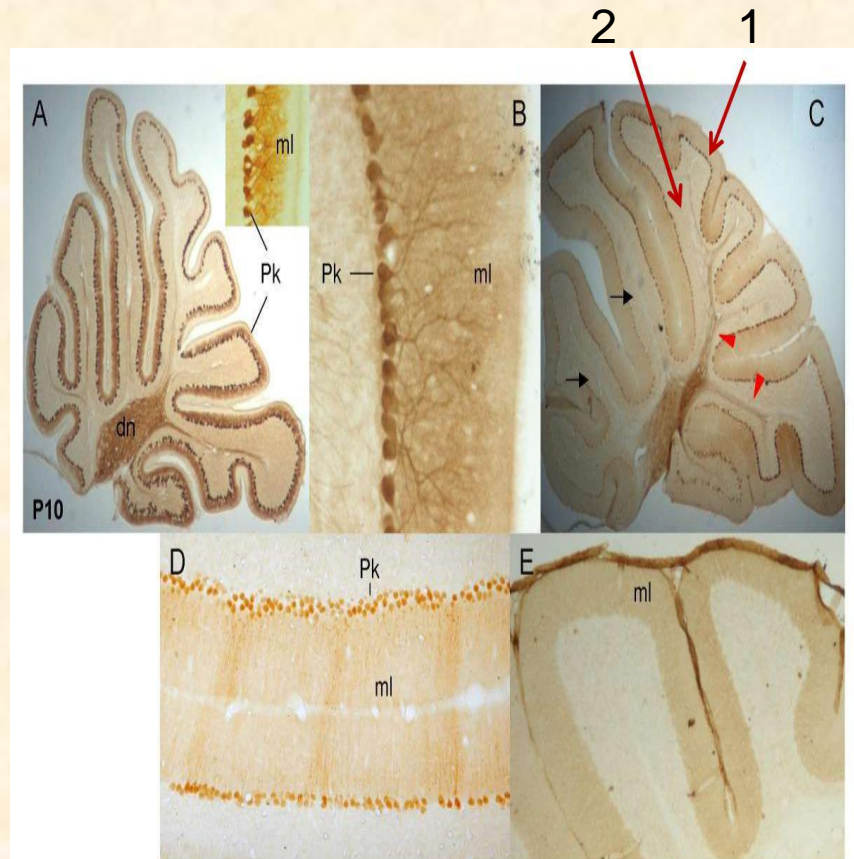
Outer Molecular Layer (stellate and basket cells)

Middle Purkinje Cell Layer (inhibitory to all other cells)

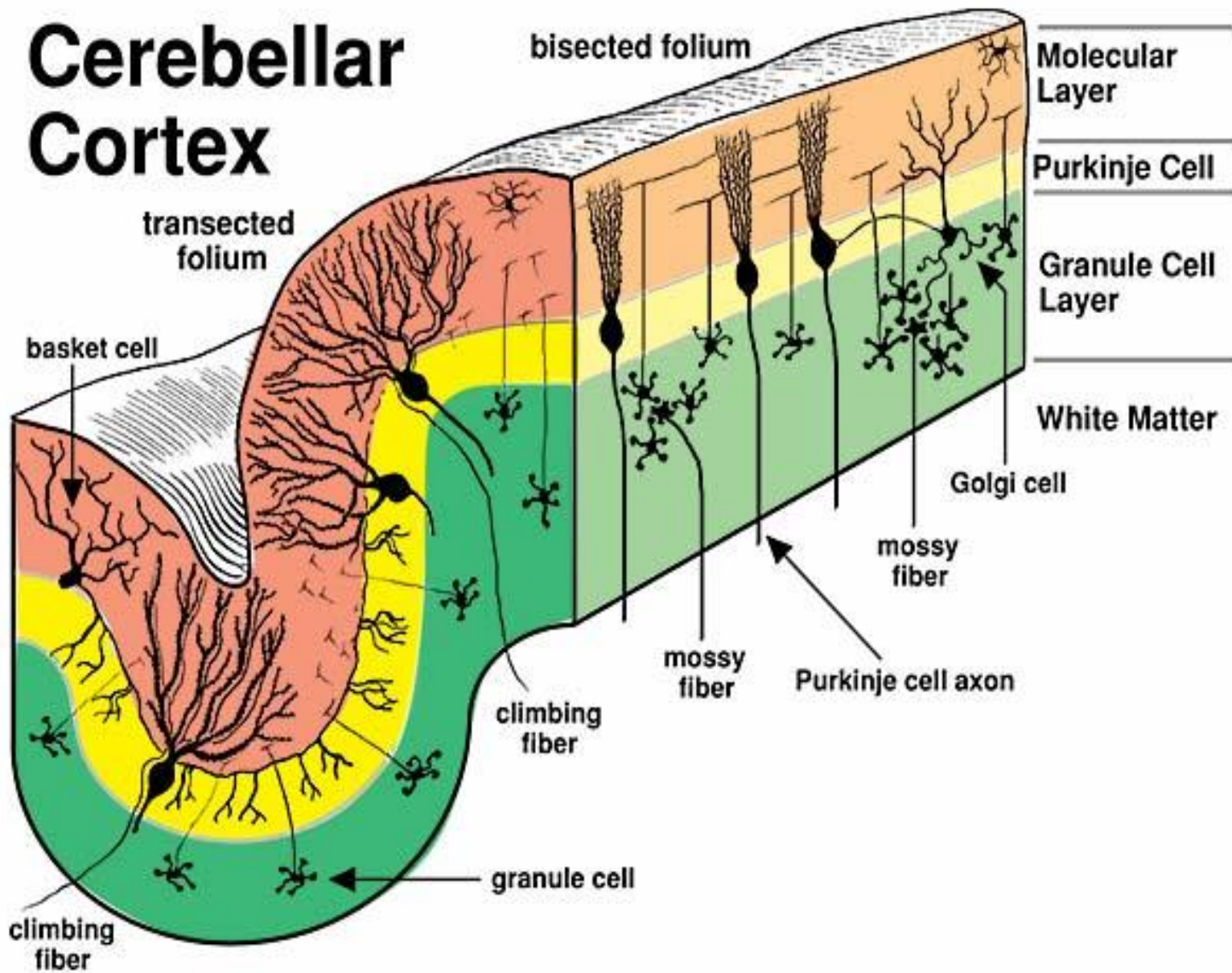
Inner Granular Layer
Include 2G cells (granule and golgi)
Granule cells are the only (excitatory to all other cells).

2- Corpus Medullare (Medullary Center)

3- Deep Cerebellar Nuclei



Cerebellar Cortex



White matter of the cerebellum

• **Consists of three types of nerve fibres in the white matter**

A. Mossy fibres (afferent)

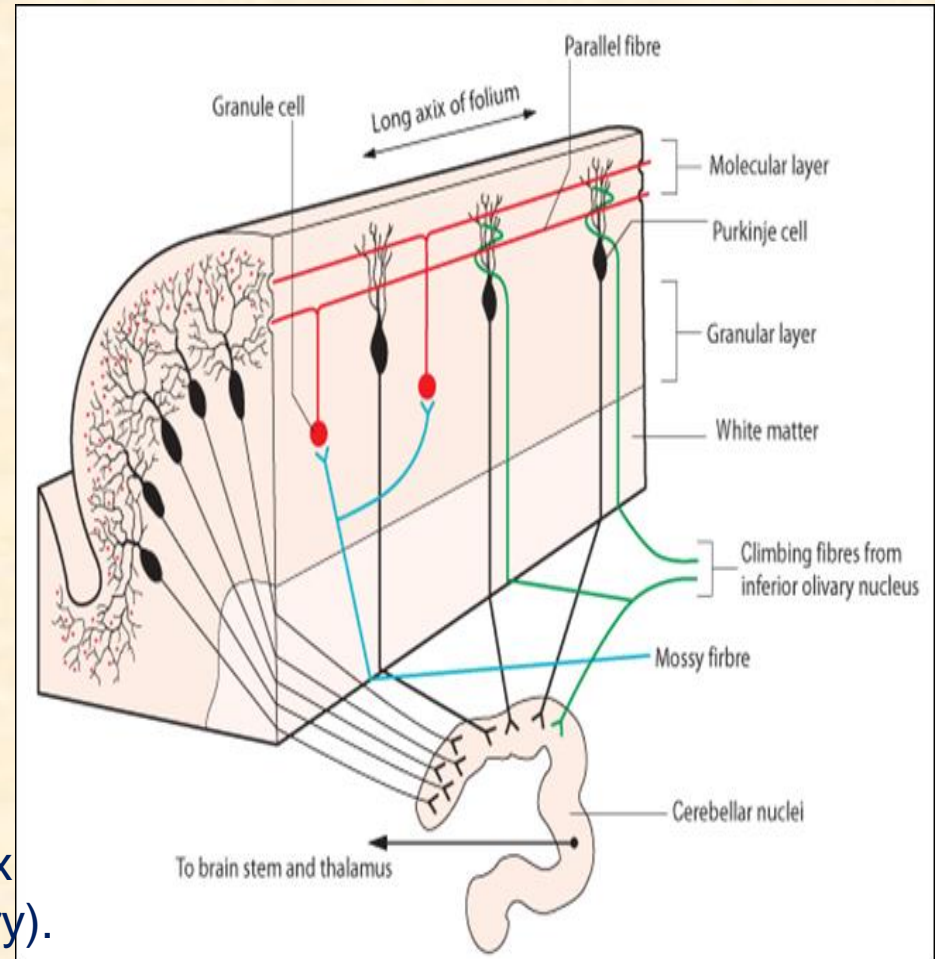
They end in the granular layer first then purkinje layer (indirect activation of purkinje).

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

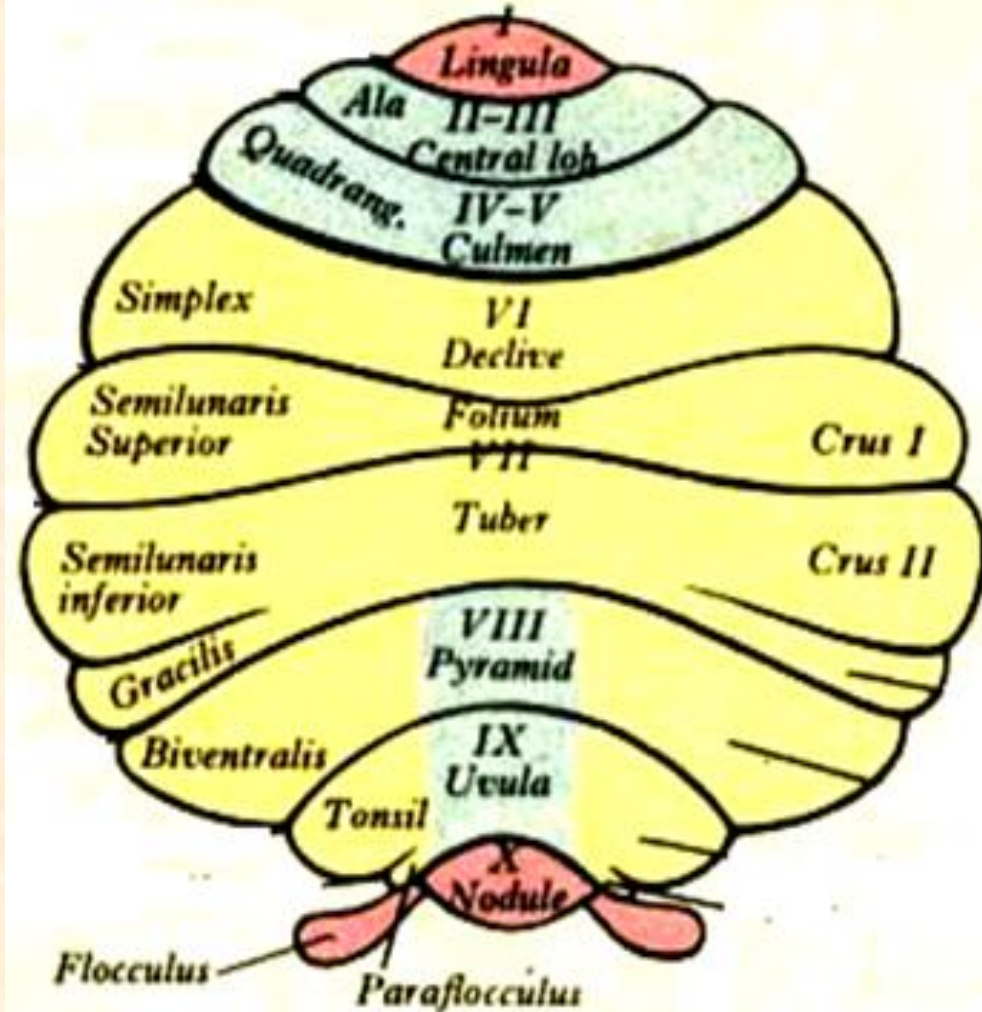
Archicerebellum (Vestibulo-cerebellum):

- **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.**
- Purkinje 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).



- **Archicerebellum ('Vestibulocerebellum')**
- **Paleocerebellum ('Spinocerebellum')**
- **Neocerebellum ('Pontocerebellum' and 'Tectocerebellum')**

Paleocerebellum (Spino-cerebellum):

1- Anterior lobe+ midline vermis (fastigial N)

2- surrounding paravermis + globose & emboliform nuclei.

1- Vermal zone of the spino-cerebellum

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

Afferent : ventral and dorsal spinocerebellar, olivo-cerebellar and cuneocerebellar tracts.

Projects to fastigial N

Fastigial N gives **bilateral** excitatory fibers to the **medial motor system** that controls axial and proximal limb muscles through:

Efferent:

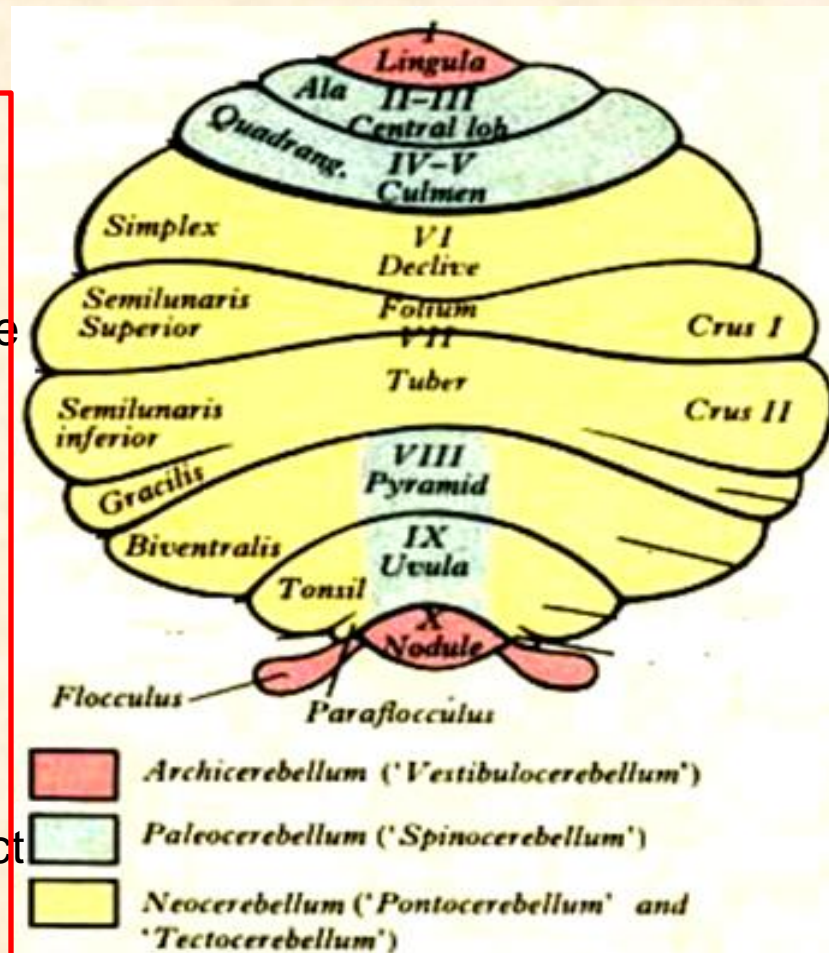
Fastigio-Vestibulo-spinal (ipsilateral and contralateral vestibular nuclei)

Fastigio- 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-fastigio-thalamo-cortico-spinal)

Function: Regulate muscle tone of axial and proximal limb muscles



2- para-vermal zone of spino-cerebellum

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 cuneocerebellar

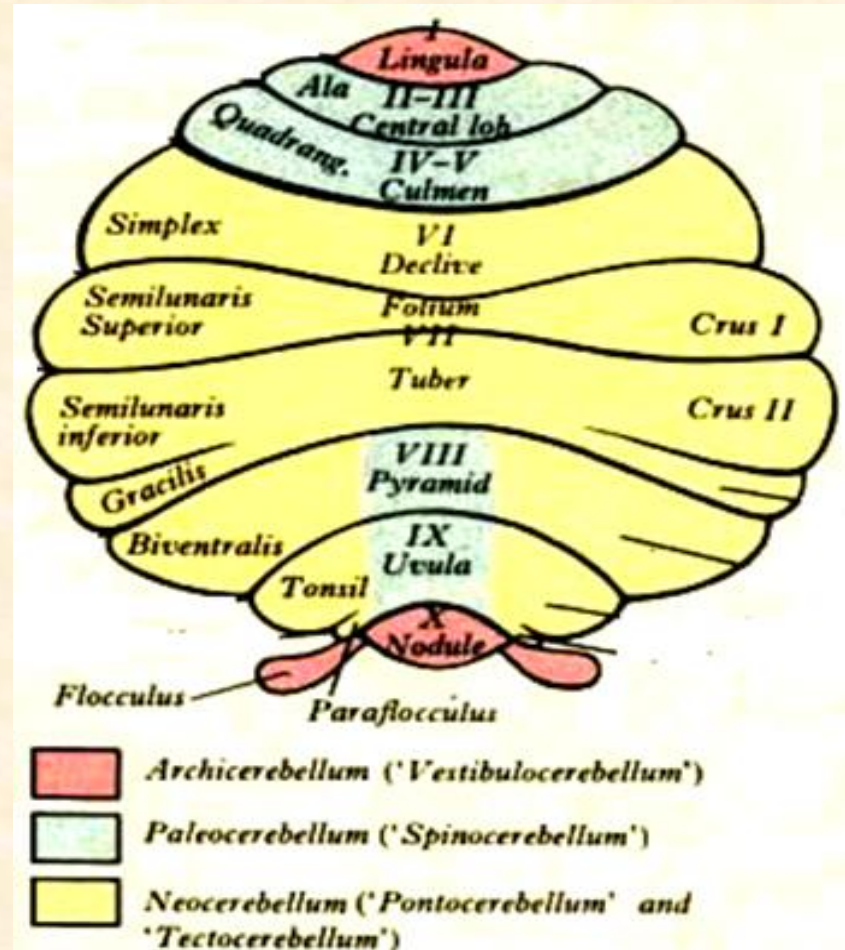
Project to Globose-Emboliform N

- it sends **efferent** to lateral motor pathway : **Contralateral VL nuclei of thalamus** which project to precentral gyrus (distal limbs area) from which **lateral corticospinal fibers** arise (control distal limb muscles)

Cerebello-Globose-Emboliform- thalamo-cortical-spinal pathway

Contralateral red nucleus of midbrain (controlling distal limb muscles)

Cerebello-Globose-Emboliform-Rubral-spinal pathway



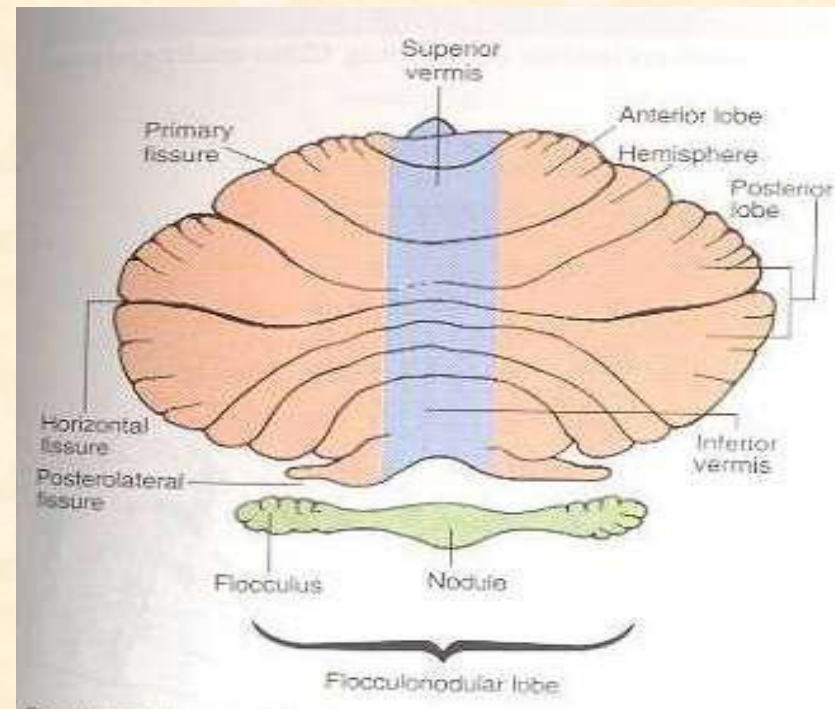
Neocerebellum (cerebro cerebellum)

It includes the most 2-cerebellar hemispheres + dentate 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 Ventr lateral nucleus of thalamus (VL).

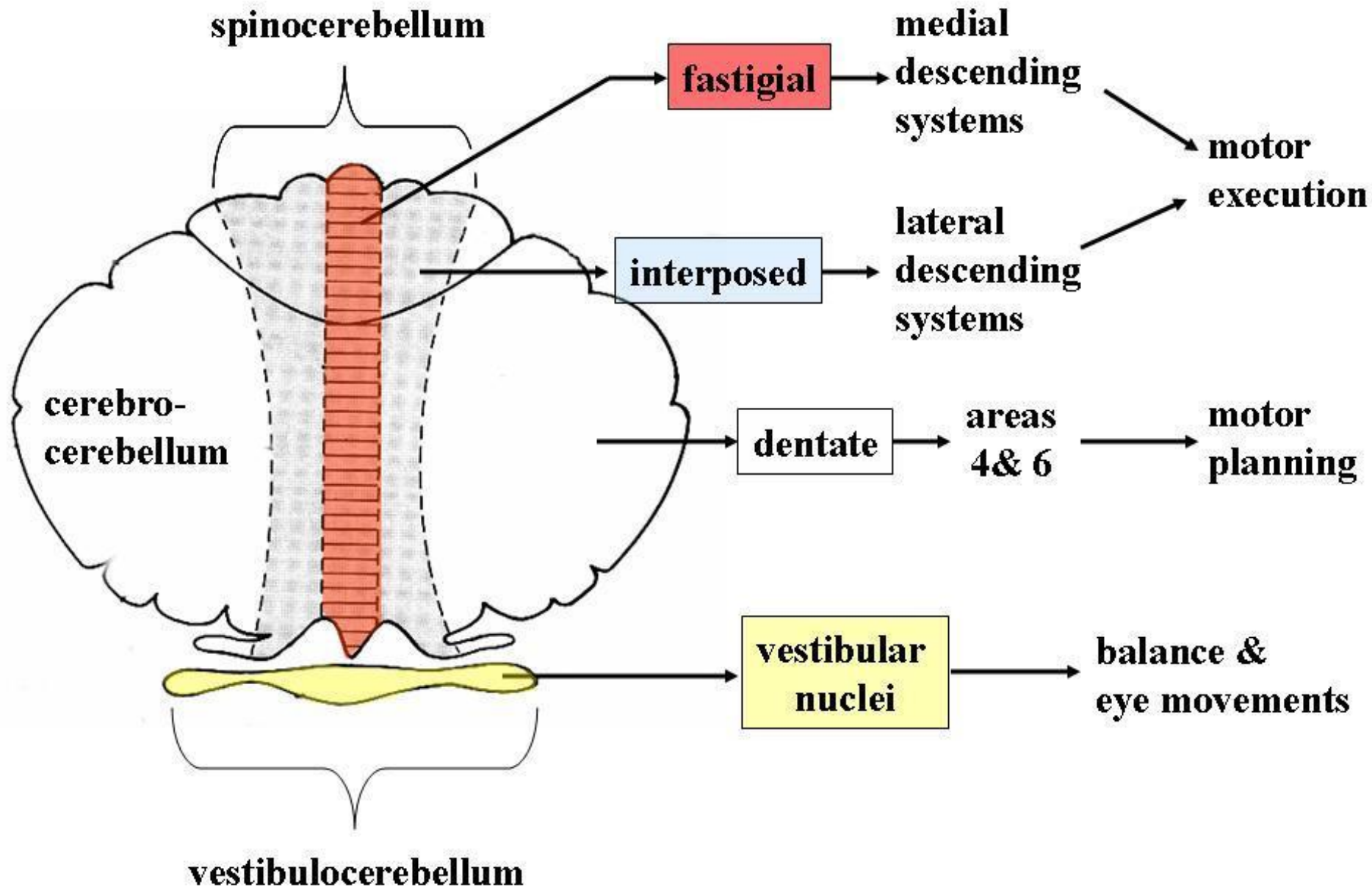
- Function:**
- 1- controls voluntary movements, planning of sequence of intended movements (even before execution of motor activity) i.e anticipation
 - 2- Regulation of force and timing Of Movement.
 - 3- Learning new complex movements

The whole pathway
Cortico-ponto-cerebellar-
Dentato-rubro-thalamo-cortical



Cerebellar Output

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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

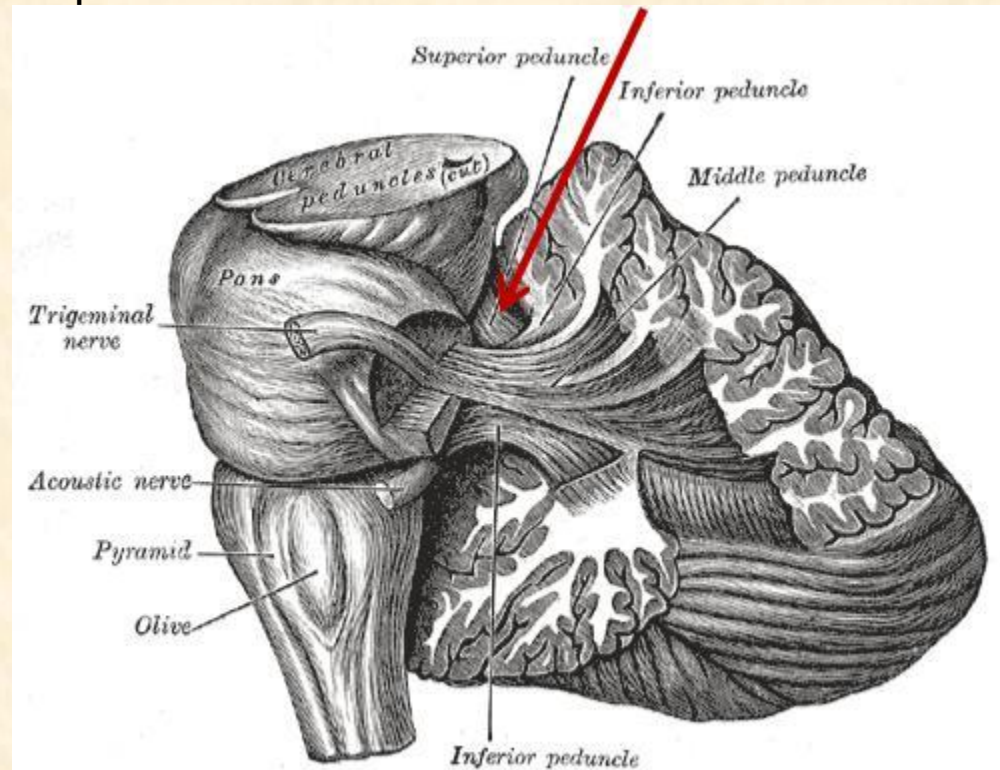
Tecto-cerebellar fibres

Fibres leaving the cerebellum

Cerebello-rubral fibres
(Globose-Emboliform-rubral)

Cerebello-thalamic fibres
(Dentato-thalamo-cortical)

Cerebello-reticular fibres
(Fastigeal nucleus)



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

Oливо-cerebellar fibres

Reticulo-cerebellar

Vestibulo-cerebellar fibres

Trigemino-cerebellar fibres

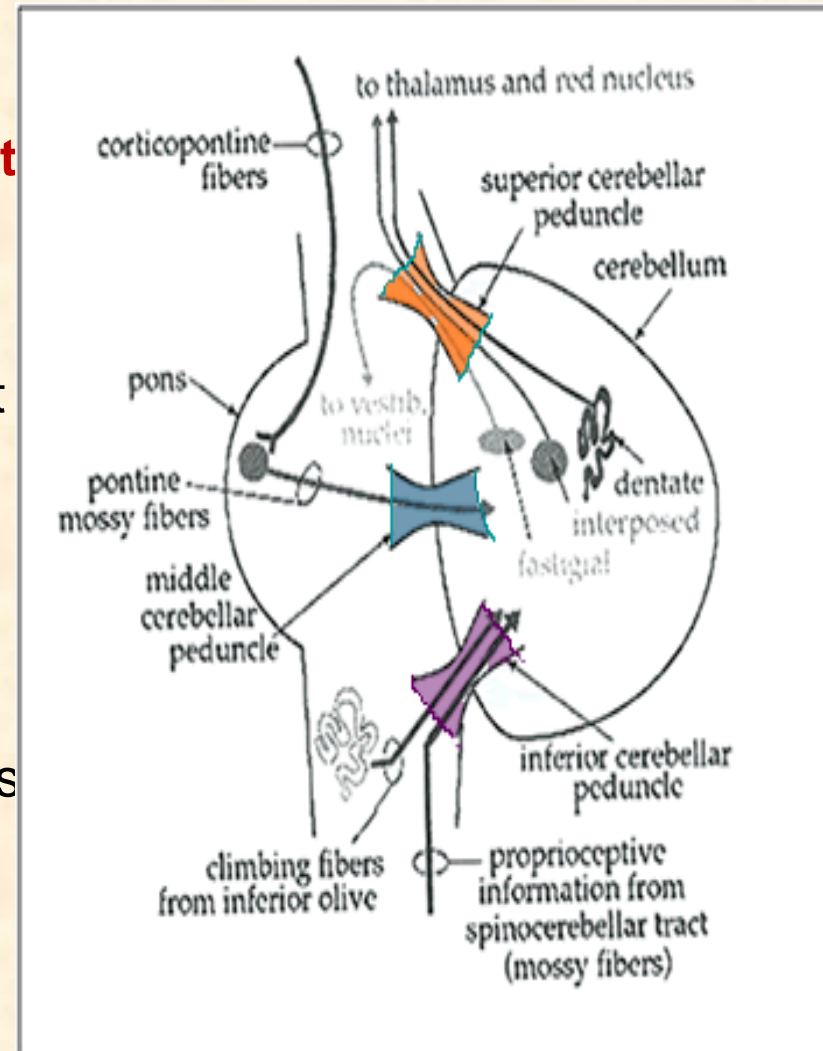
Anterior external arcuate fibers

Fibres Leaving the cerebellum (juxta-restiform body)

Cerebello-olivary fibres

Cerebello (Fastigio)-vestibular fibres

Cerebello (Fastigio)- reticular fibres

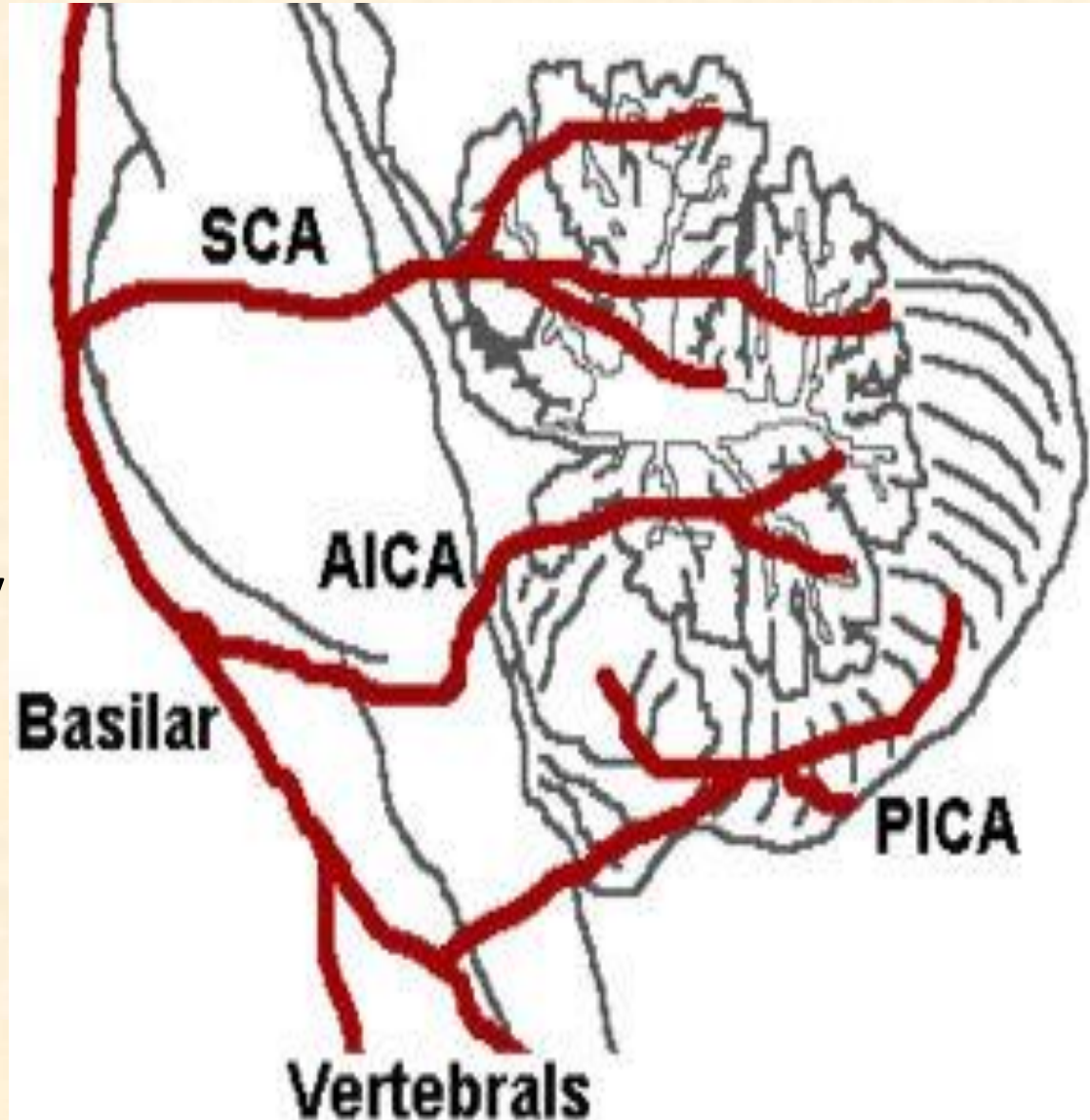


Blood Supply of the Cerebellum

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

Cerebellum and basal nuclei are the 2 major subcortical centers which affect cortical activity

Both receive input from cortex

Both project output to the cortex via the thalamus

Cerebellum	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*
- *dysarthria*
- *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.





Gait ataxia with "tandem" gait



Finger-finger test (intention tremor)



Dysdiadochokinesis



Dysmetria (hypermetria)



Postural test for position sense



Rebound phenomenon



Test for gaze-evoked nystagmus



Saccades; gaze-evoked and rebound nystagmus

Cerebellar Medulloblastoma

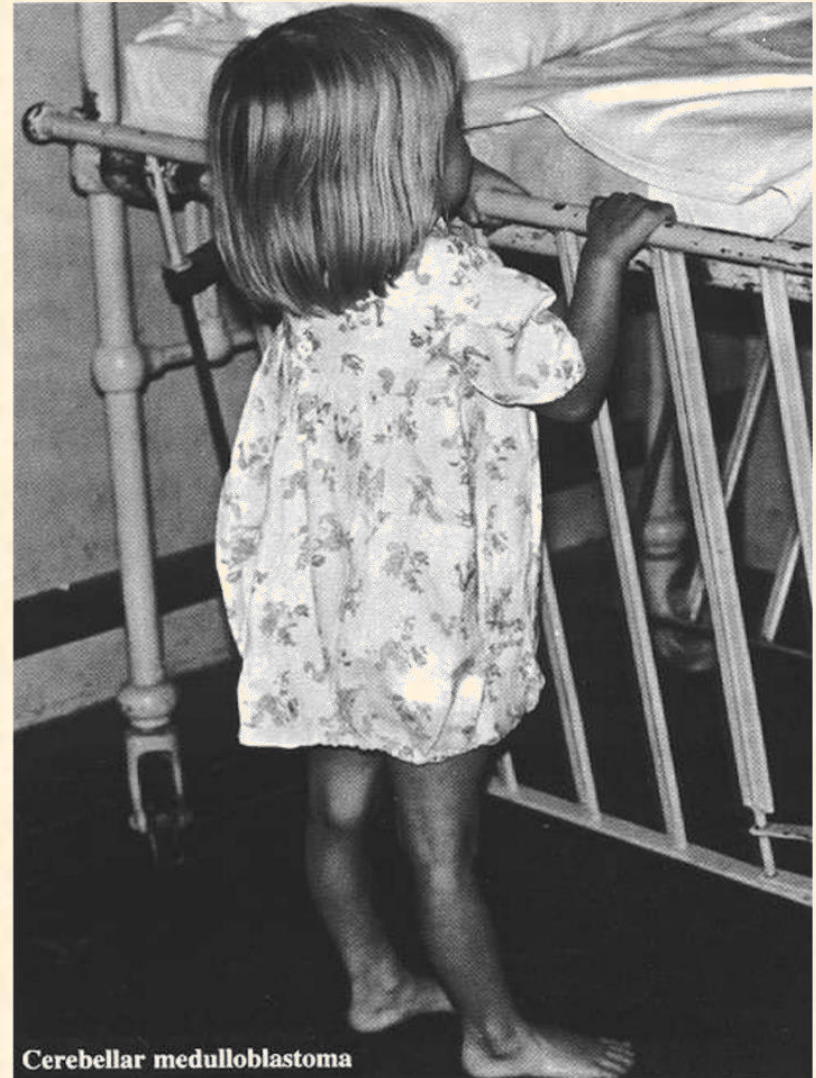
Cerebellar Medulloblastoma

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.



Cerebellar medulloblastoma

THANK YOU