

وَسُورَةُ الْاٰلِ الْاٰفَاقِ



Presentation by:

**Abbas Aliaghaei, Ph.D. in Neuroscience, Anatomy and Cell Biology Department,
School of Medicine, Shahid Beheshti University Of Medical Sciences**

Spinal cord segments, nerves and vertebrae

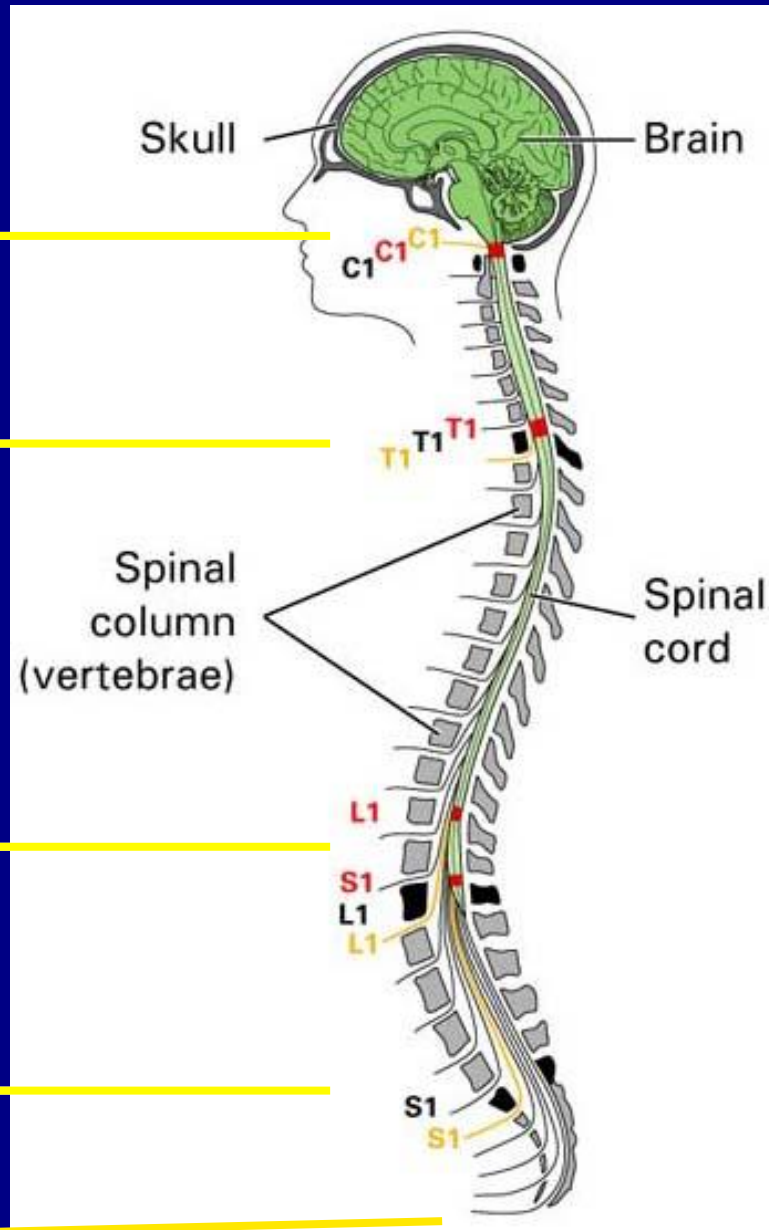
Cervical (C) - Neck
(C1-8)

Thoracic (T) - Chest
(T1-12)

Lumbar (L) - Back
(L1-5)

Sacral (S) - Pelvis
(S1-5)

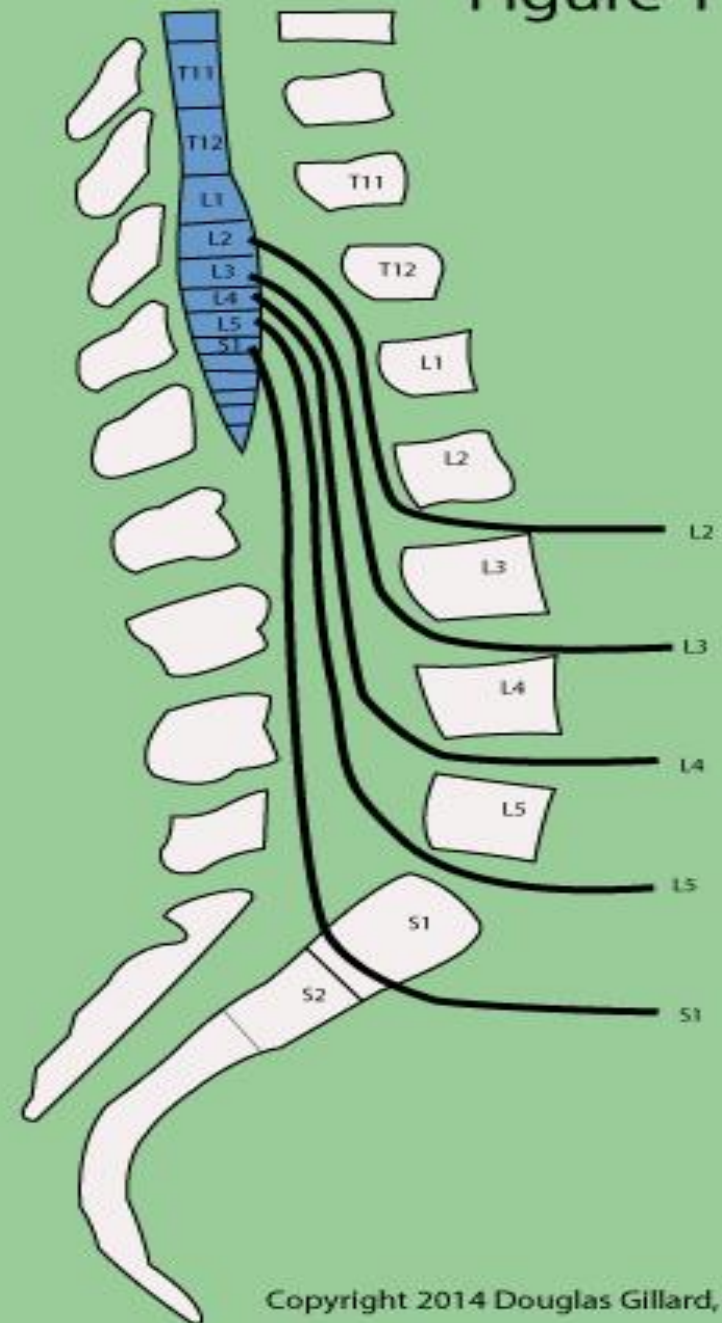
Coxygeal

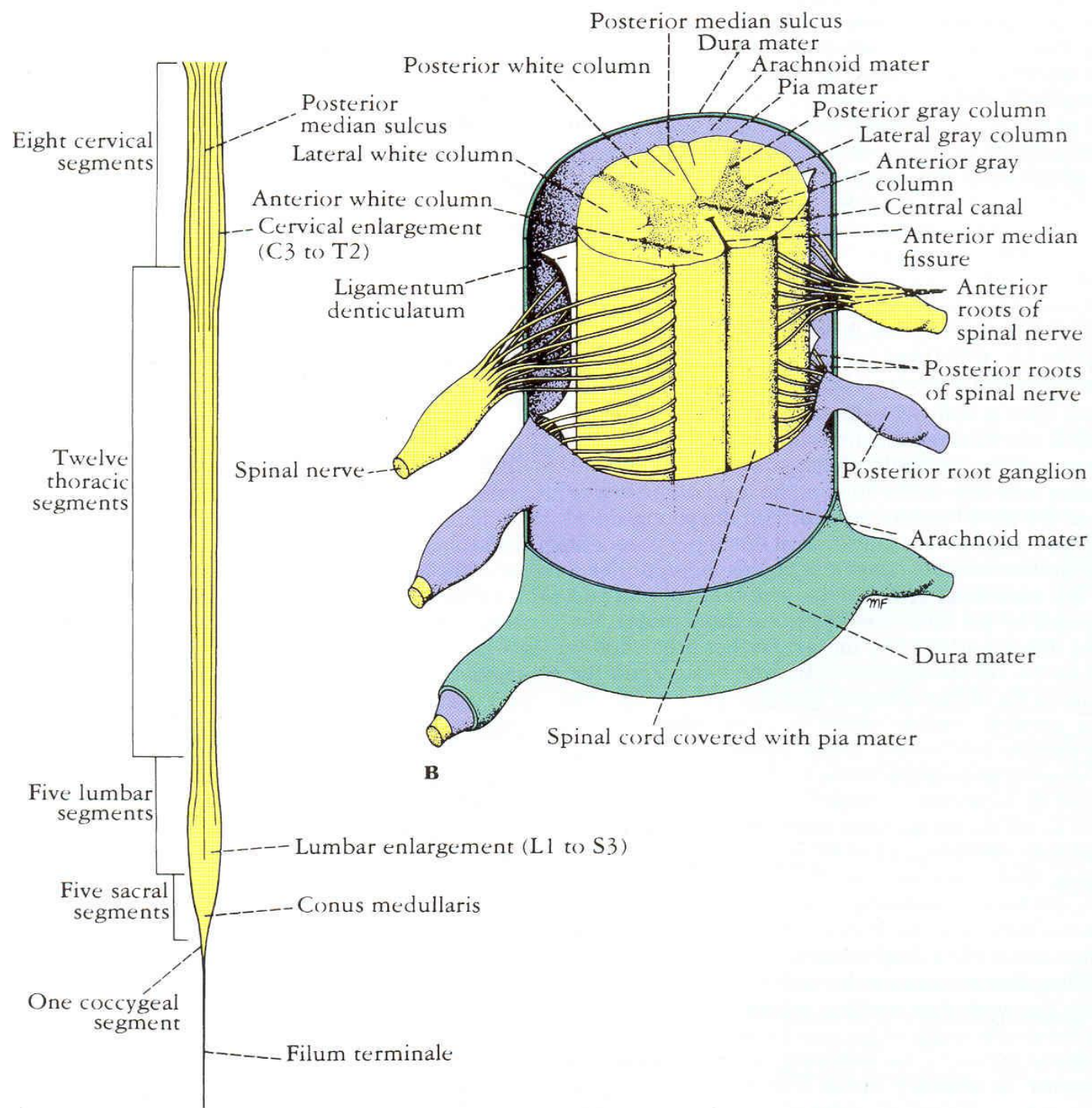


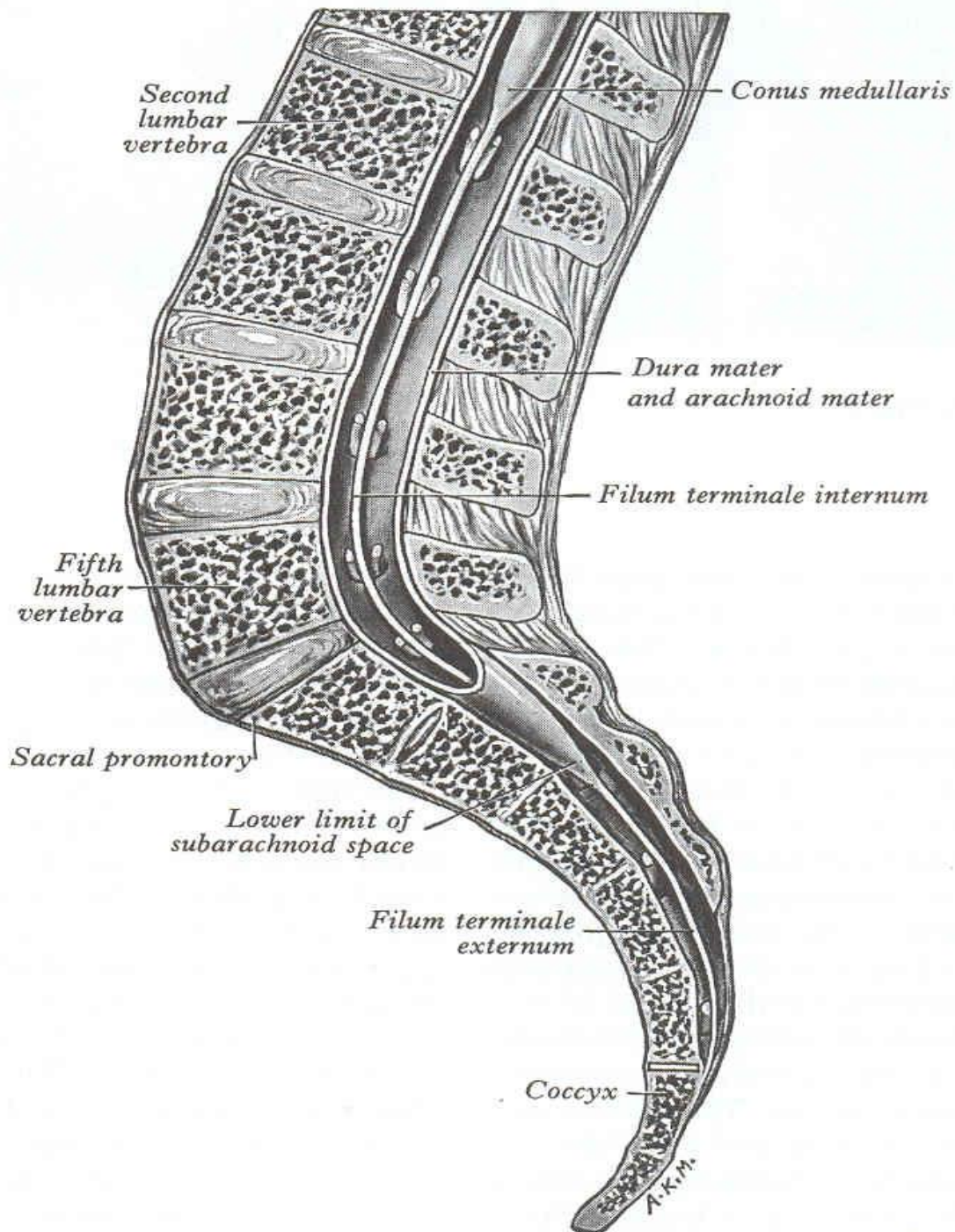
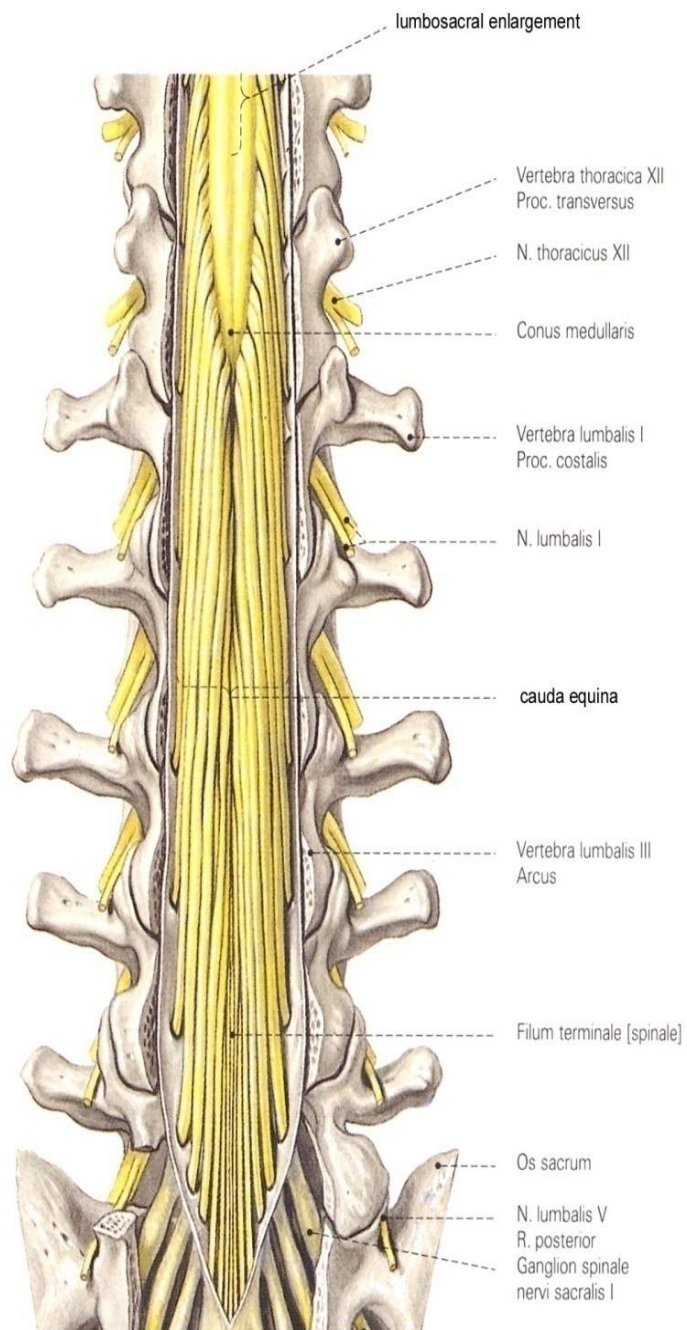
Vertebra
Spinal segment
Spinal root

REGIONS	SPINAL SEGMENTS	VERTEBRAL LEVEL	GENERAL RULE
Upper cervical	C2	C2	Same level
Lower cervical	C6	C5	One vertebra above
Upper thoracic	T5	T3	Two above
Lower thoracic	T10	T7	Three above
lumbar	L1 TO L5	T10 TO T11	Three to five above
Sacral and coccygeal	S1 TO S5 C X 1	T12 TO L1	Six to ten above

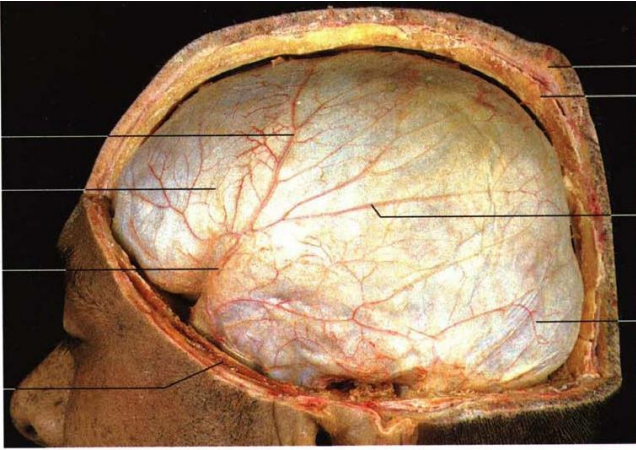
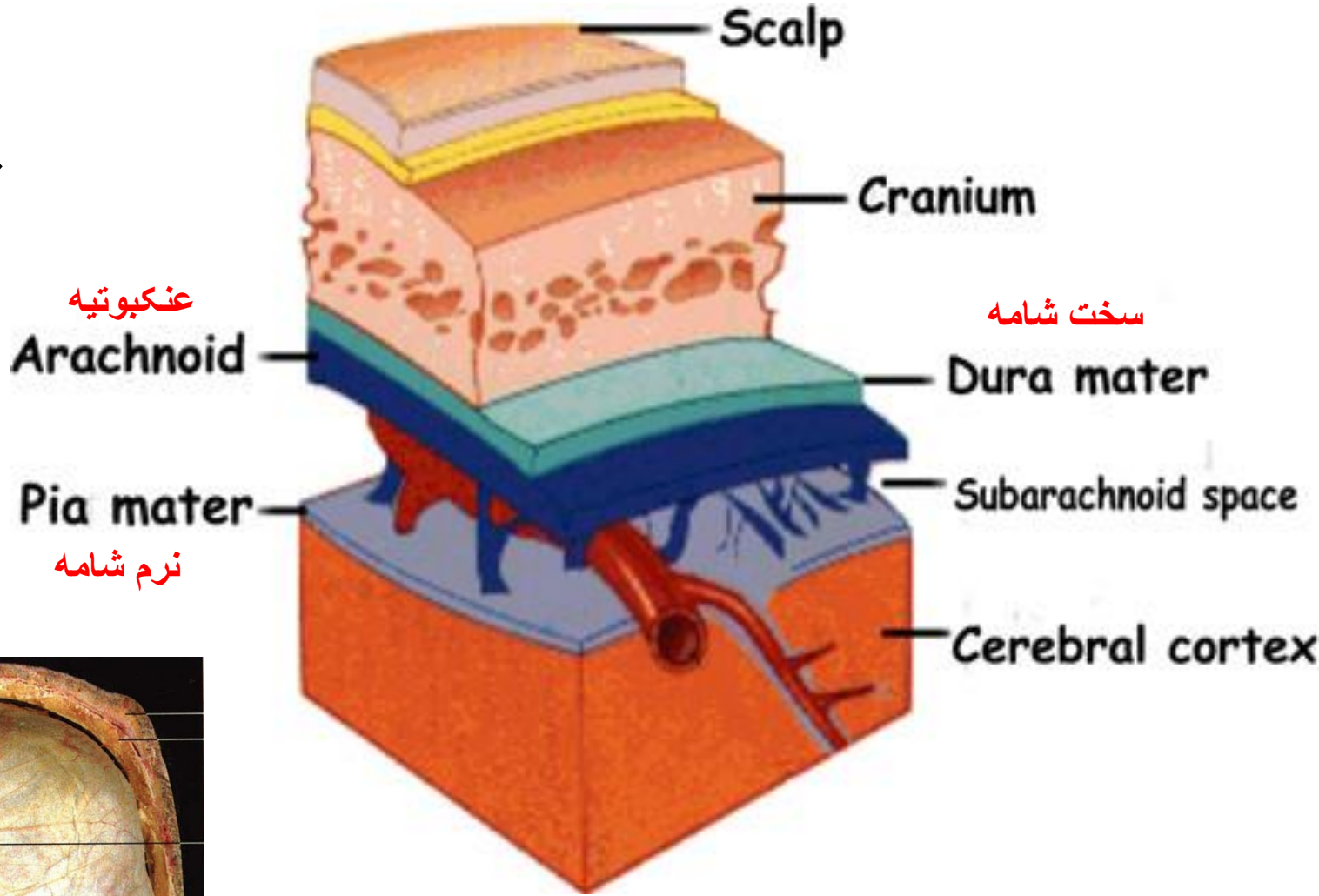
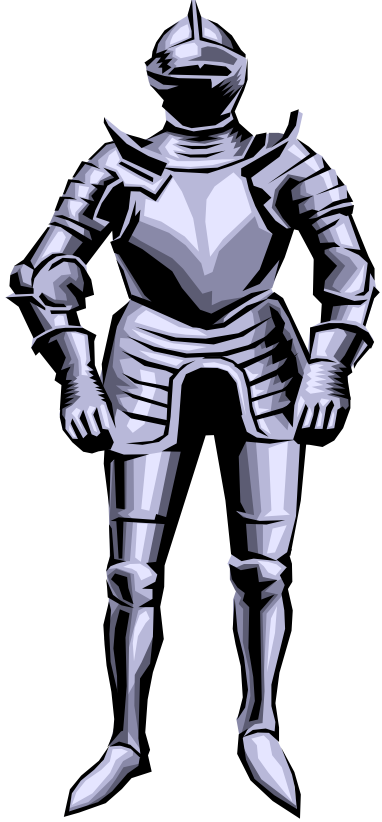
Figure 11

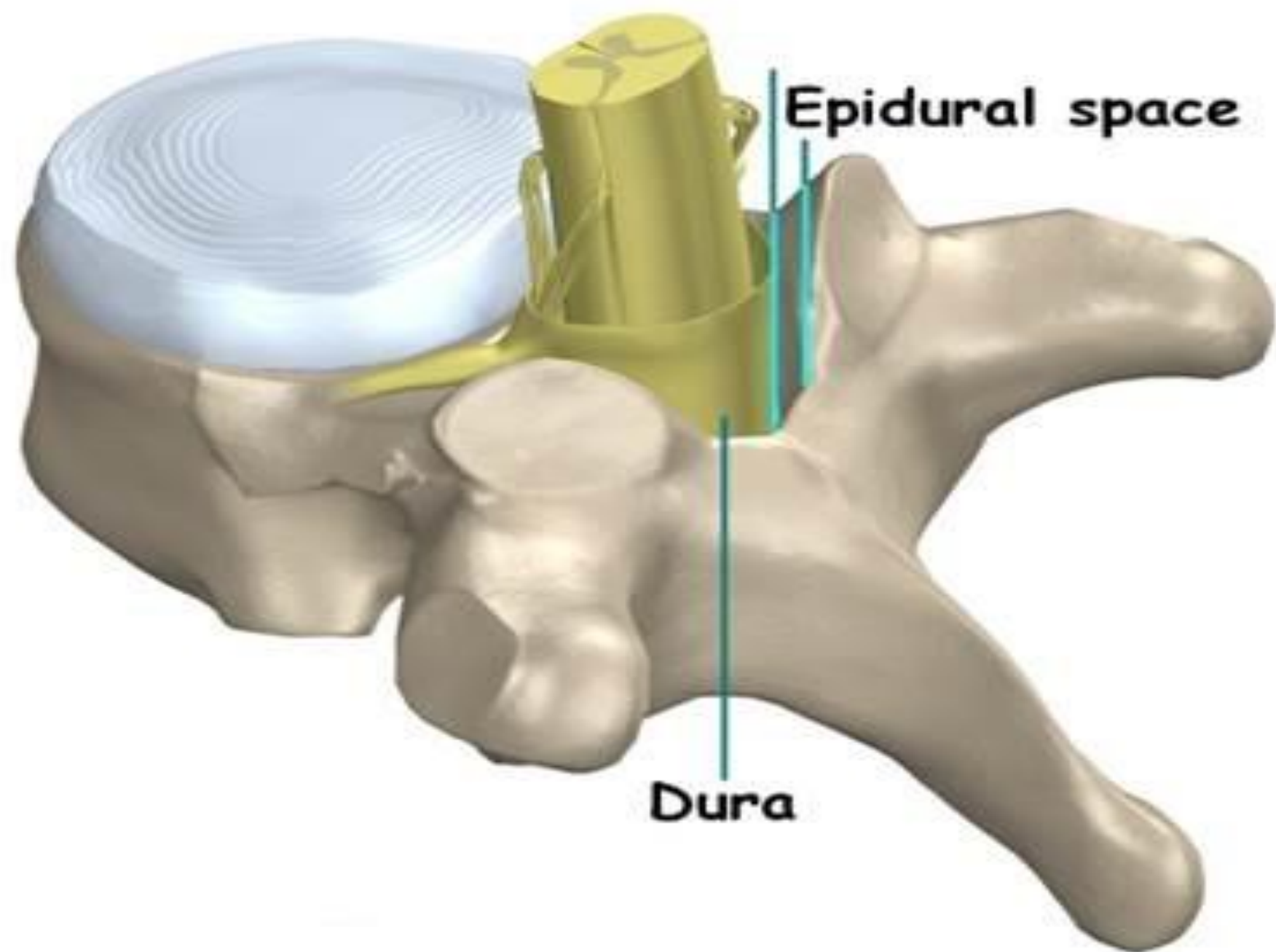




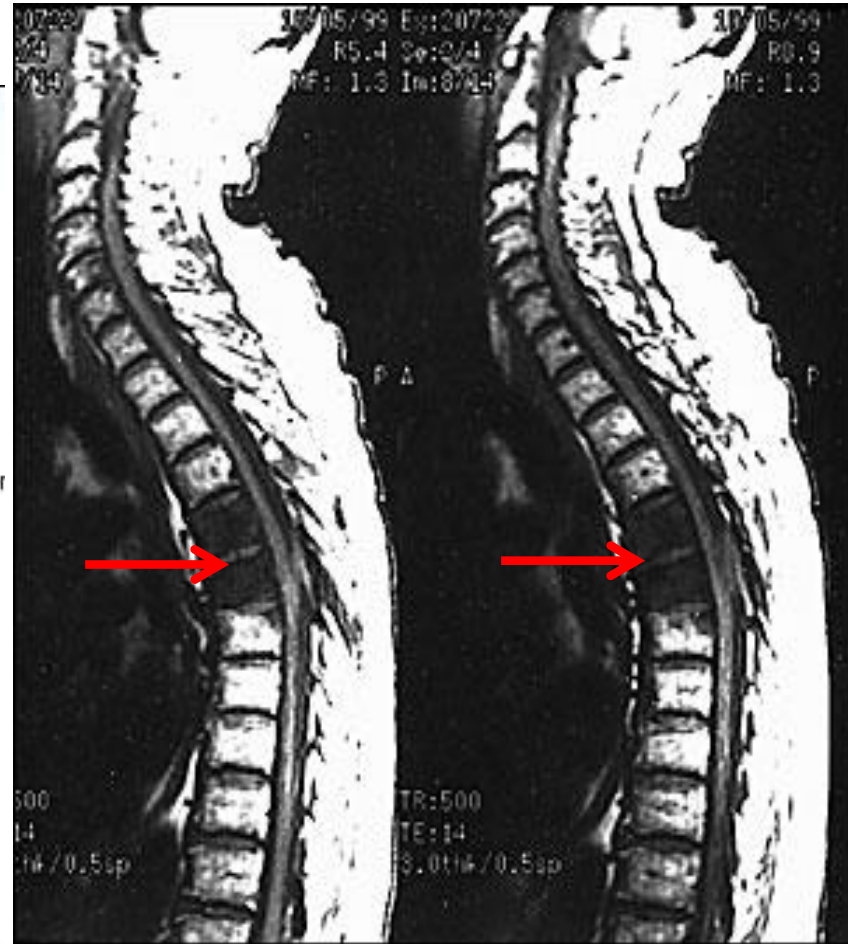
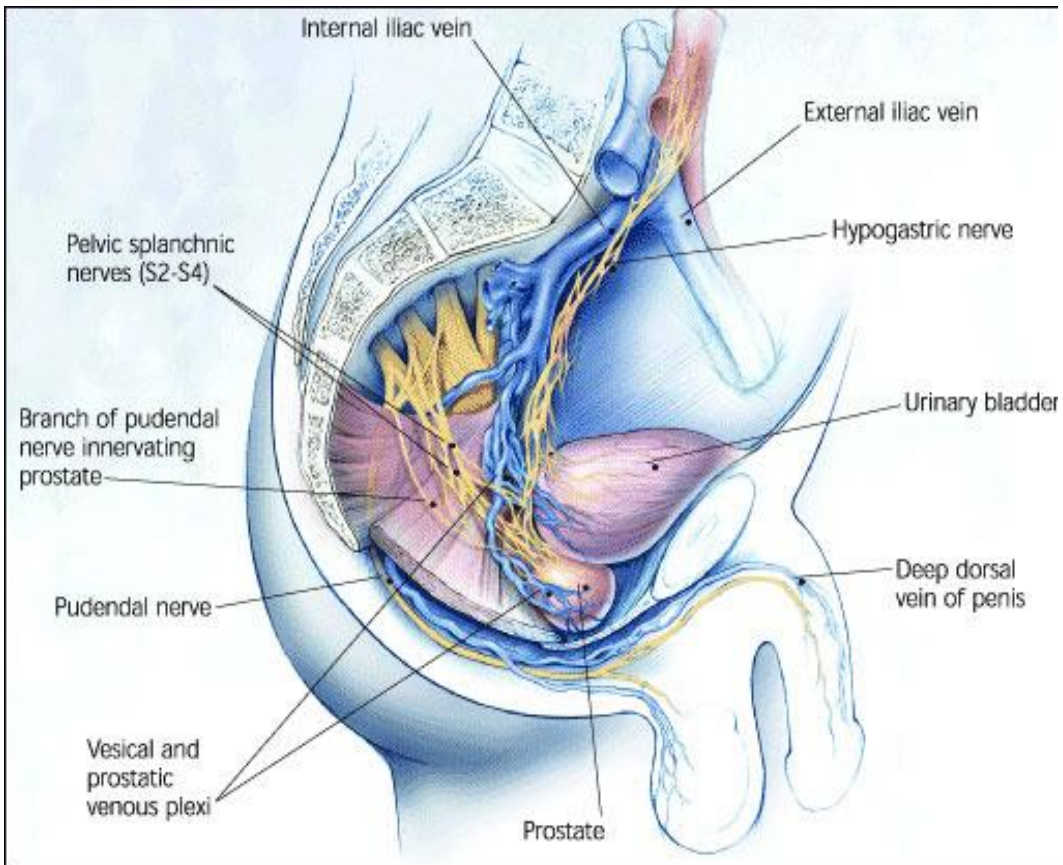


منتر

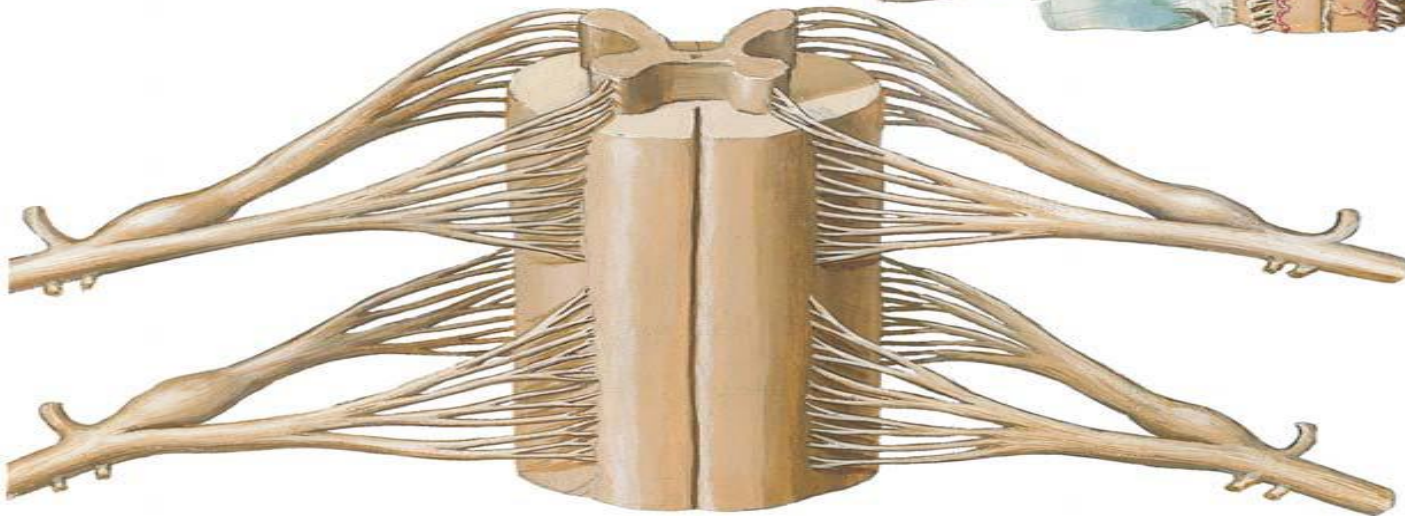
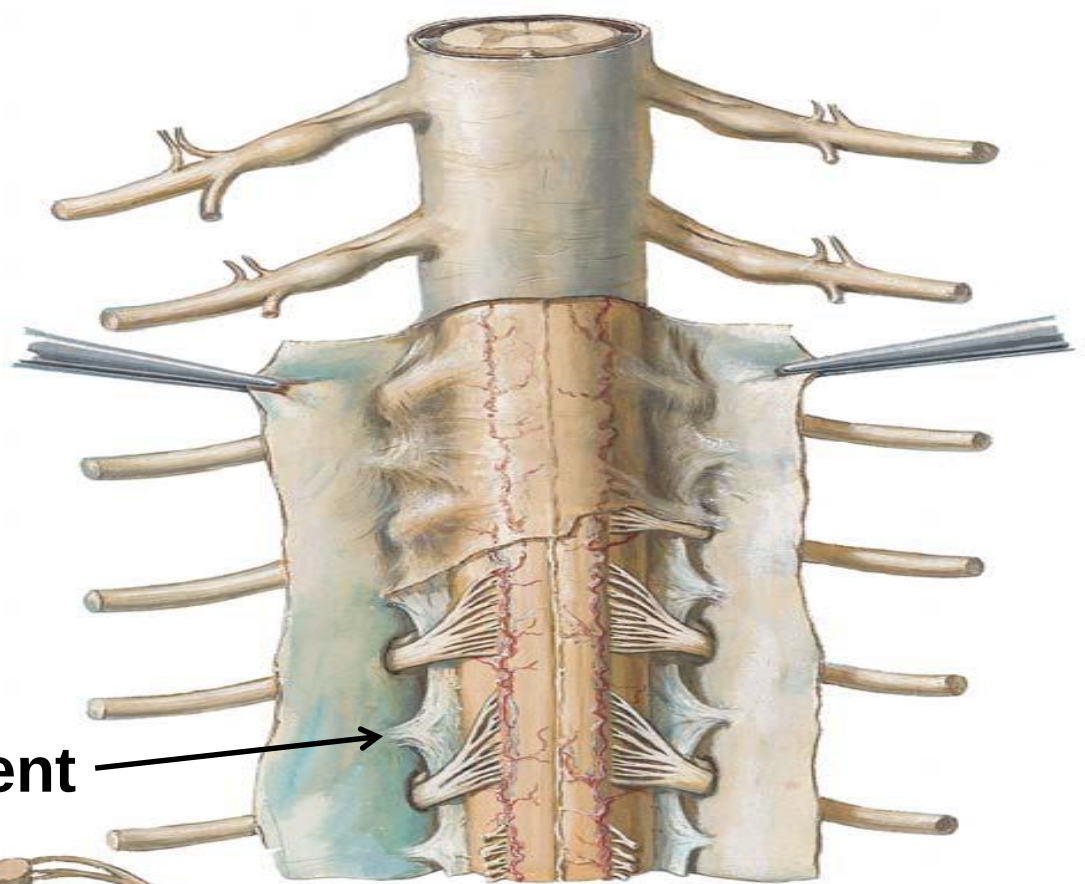


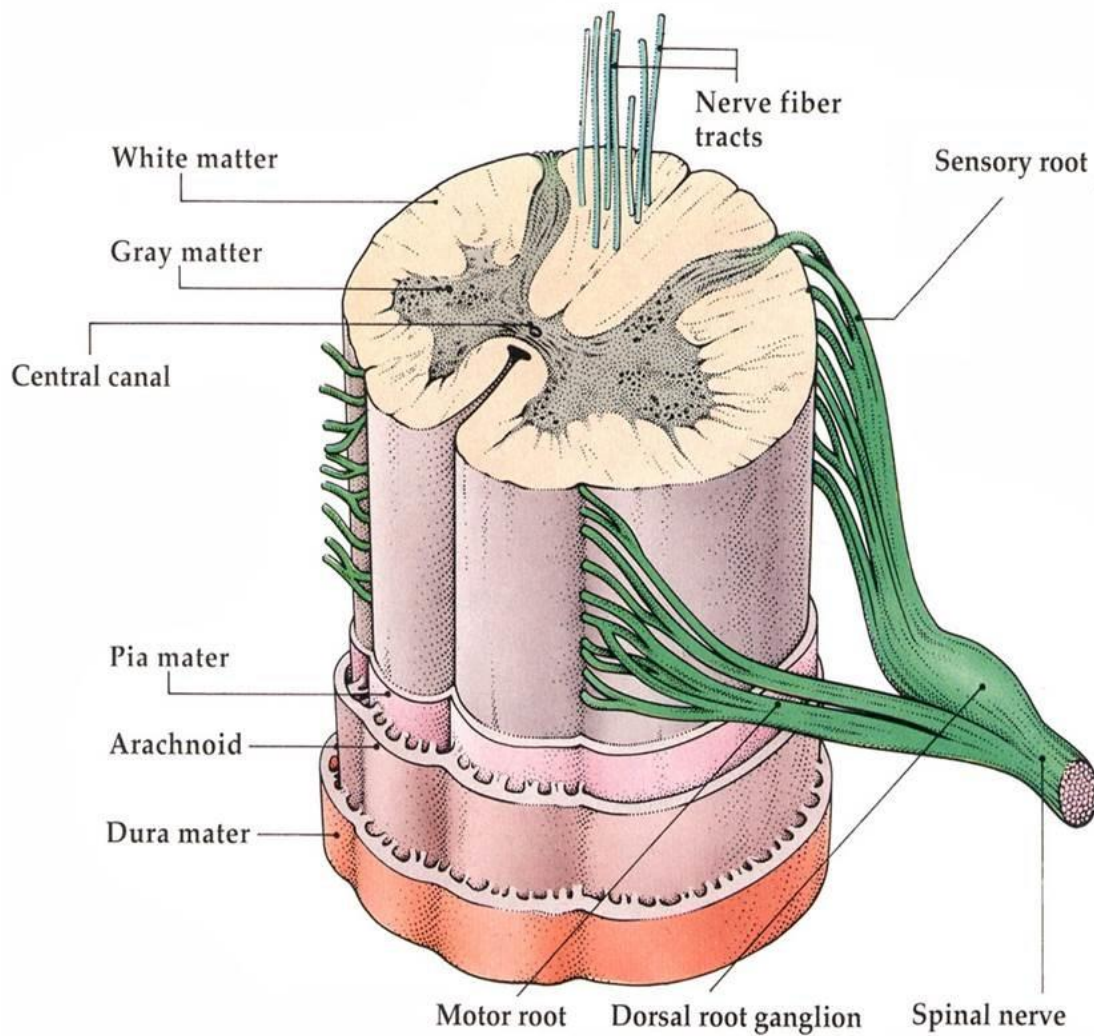


Batson venous plexus



Denticulate ligament

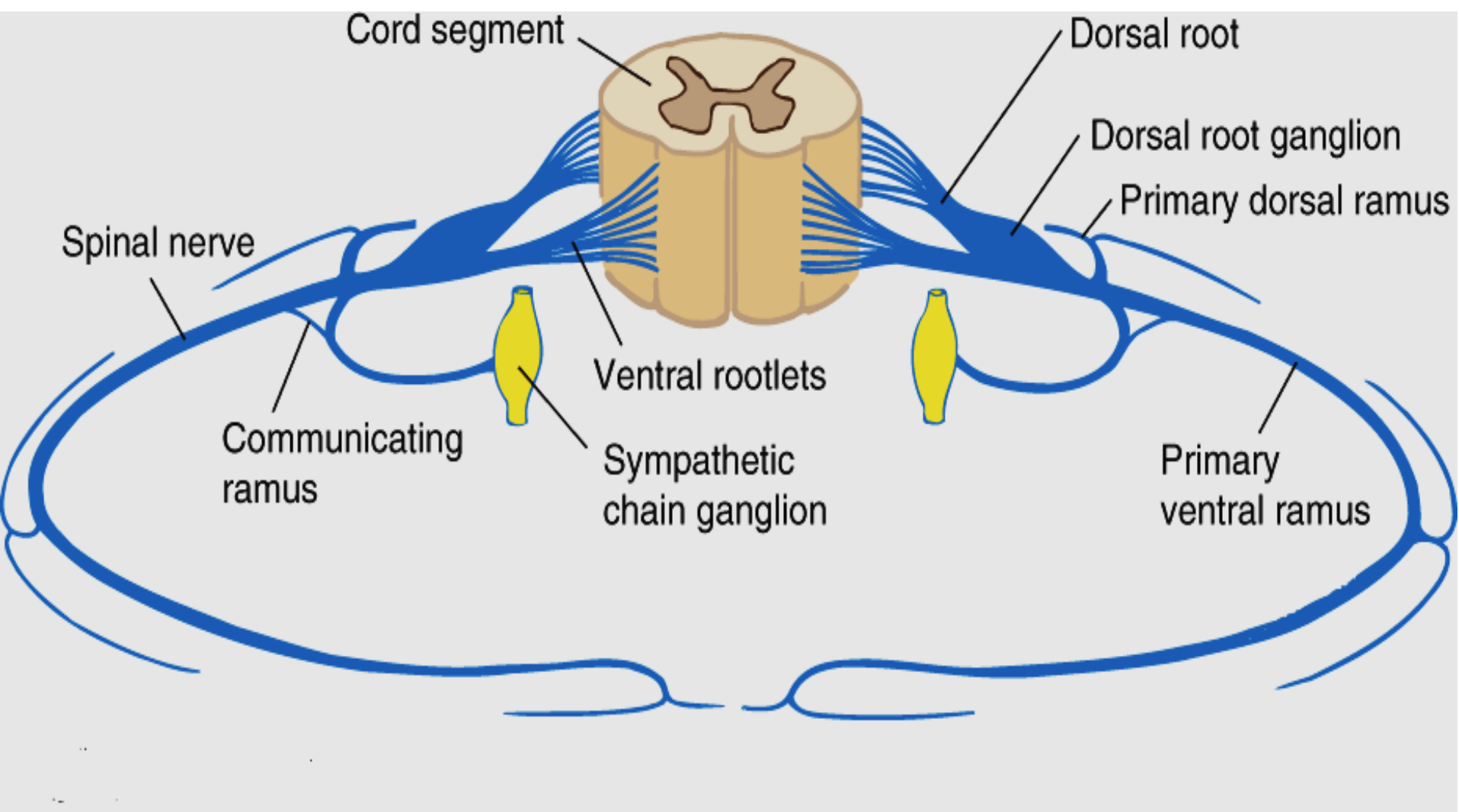


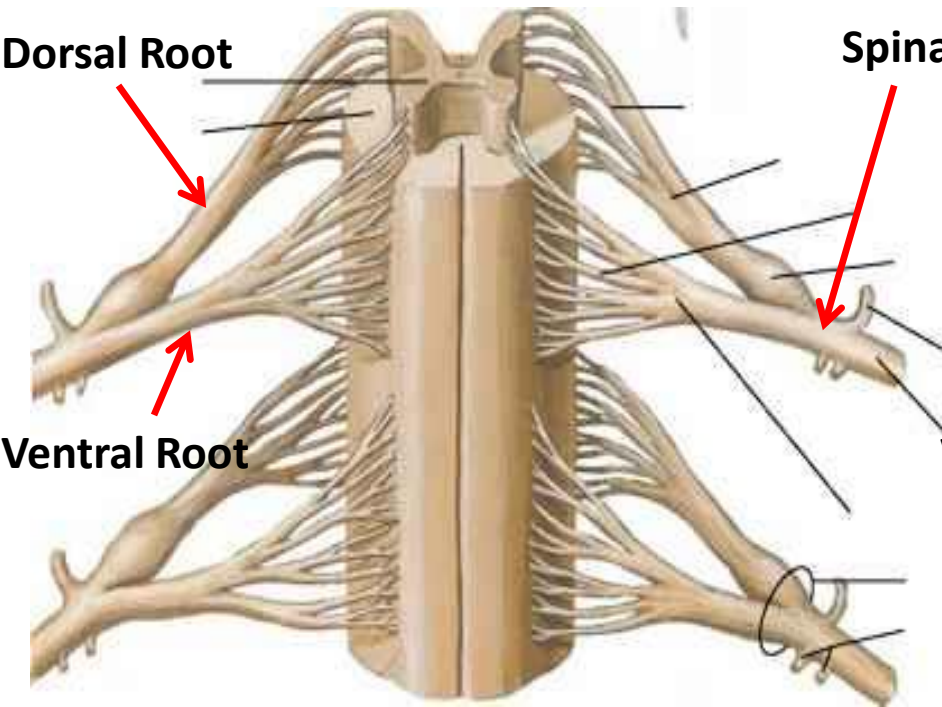


Spinal Cord

- *anterior root:*
- *motor*
- *posterior root:*
- *sensory*

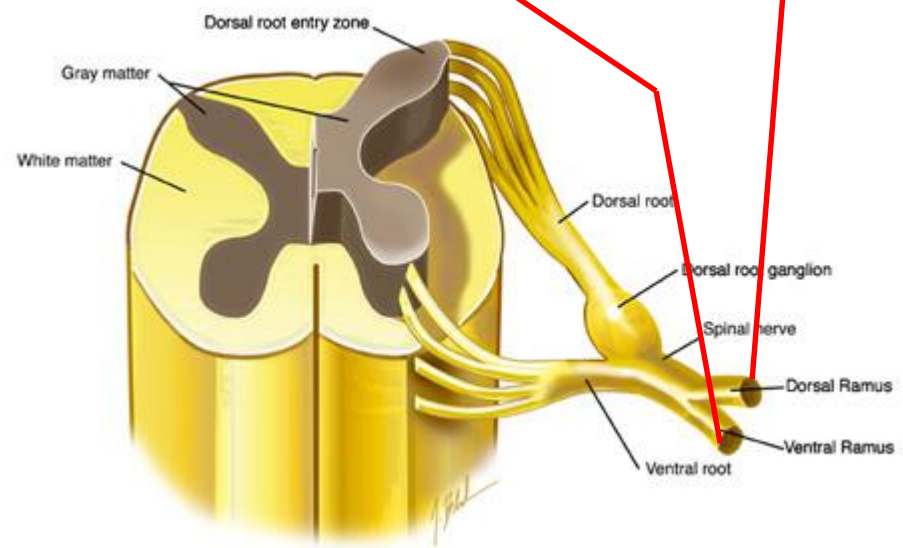
**Law of
Bell-Magendie**

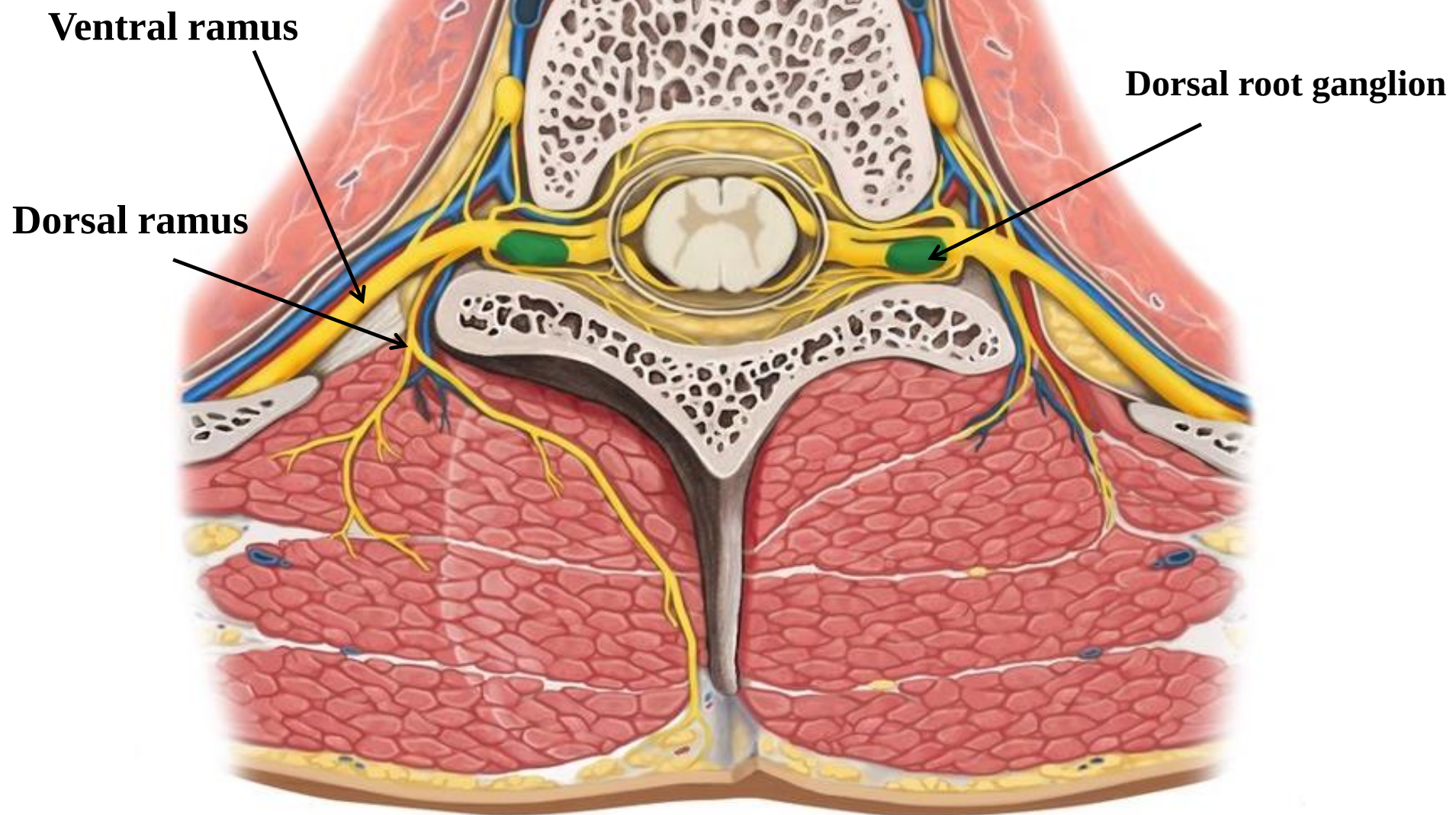




Dorsal ramus

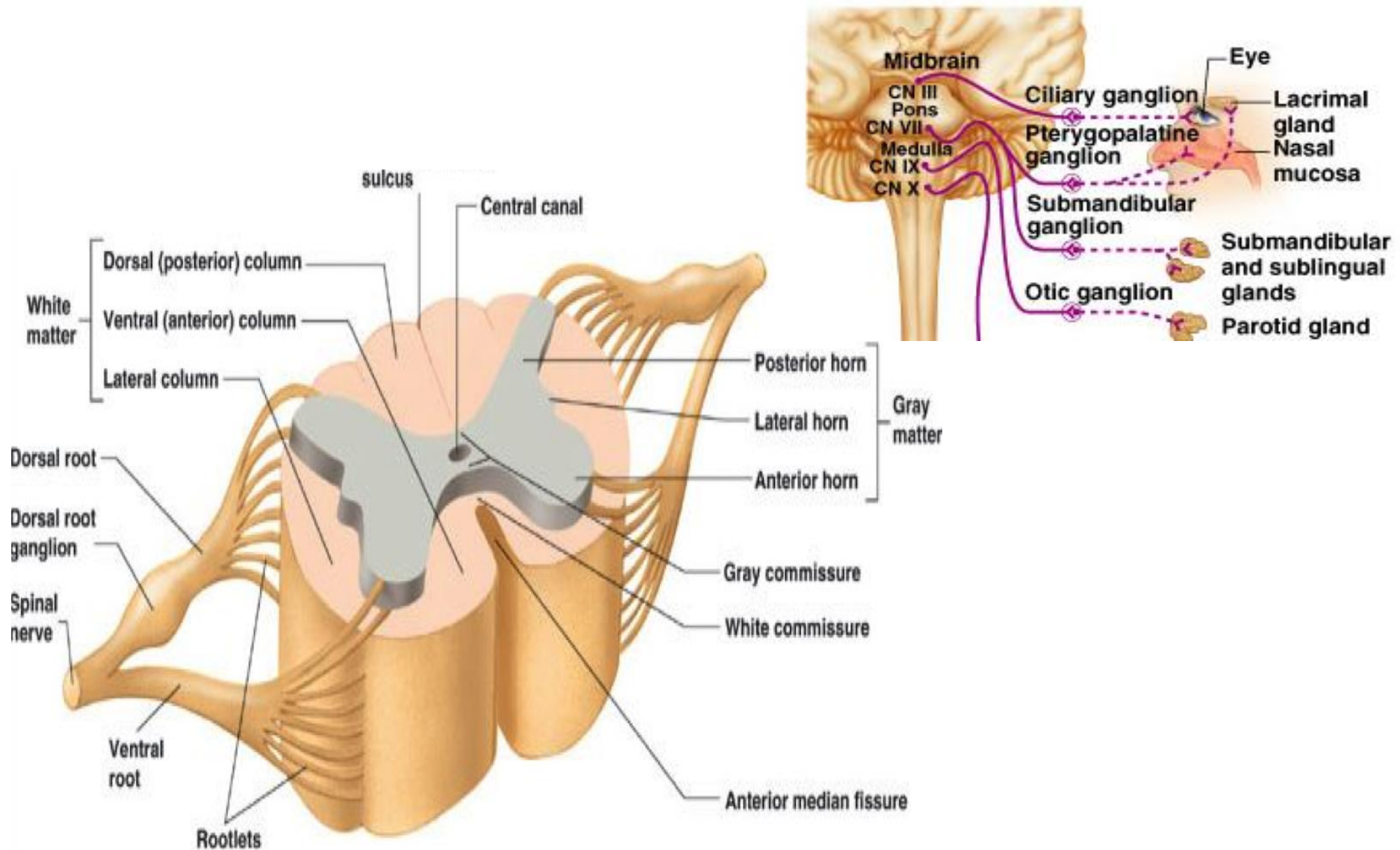
Ventral ramus





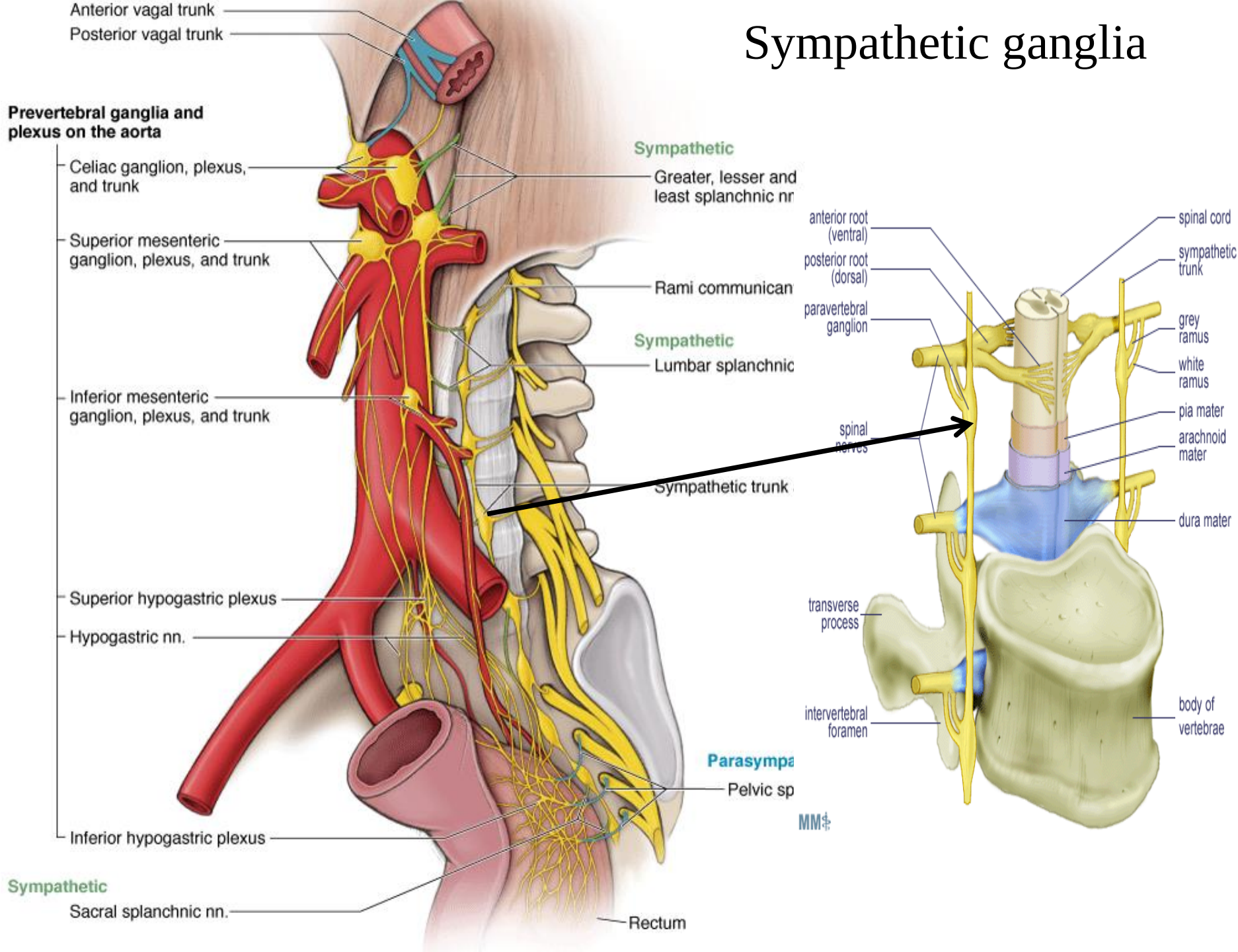
Autonomic Nervous System

Sympathetic & Parasympathetic

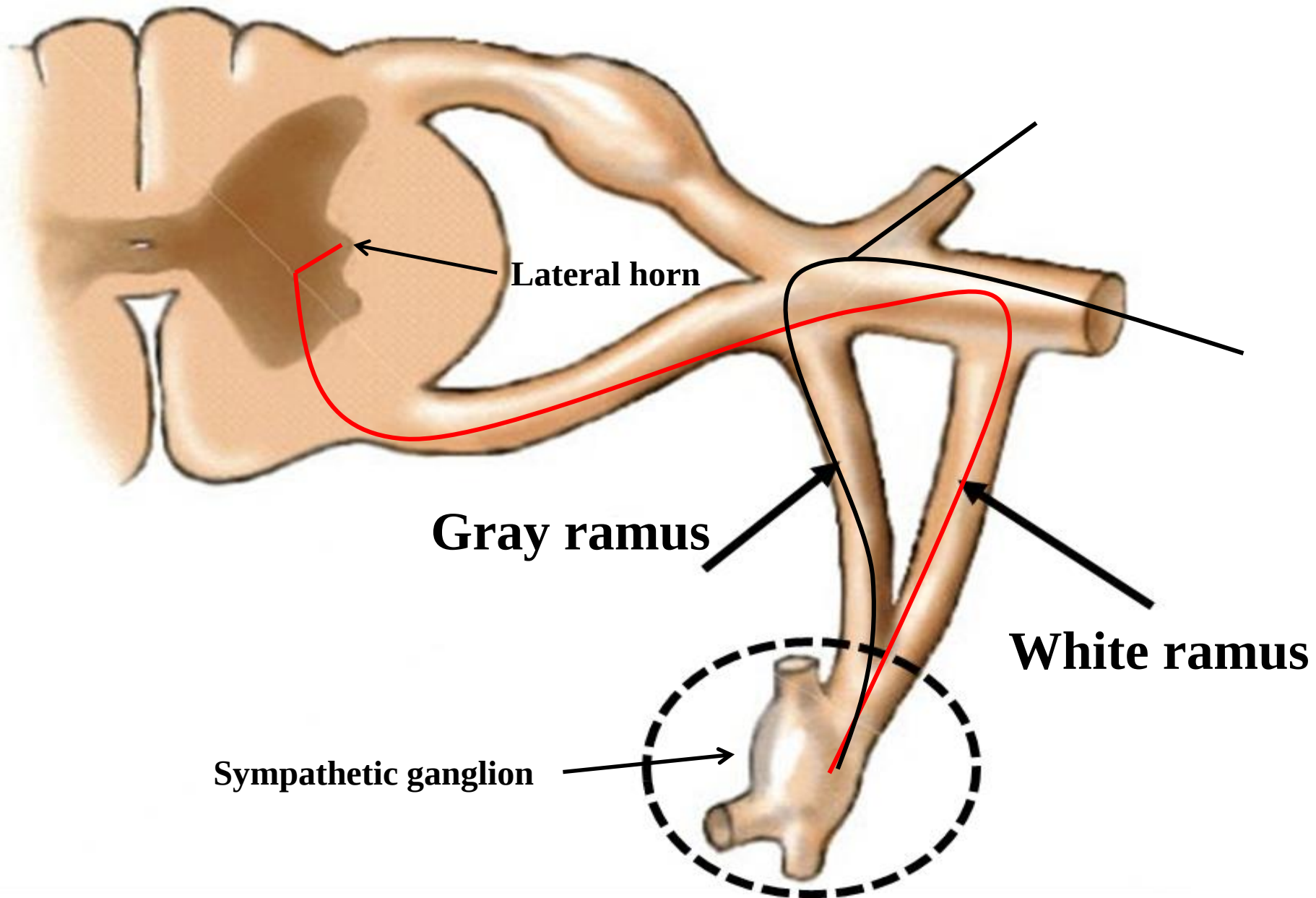


(a) Anterolateral view

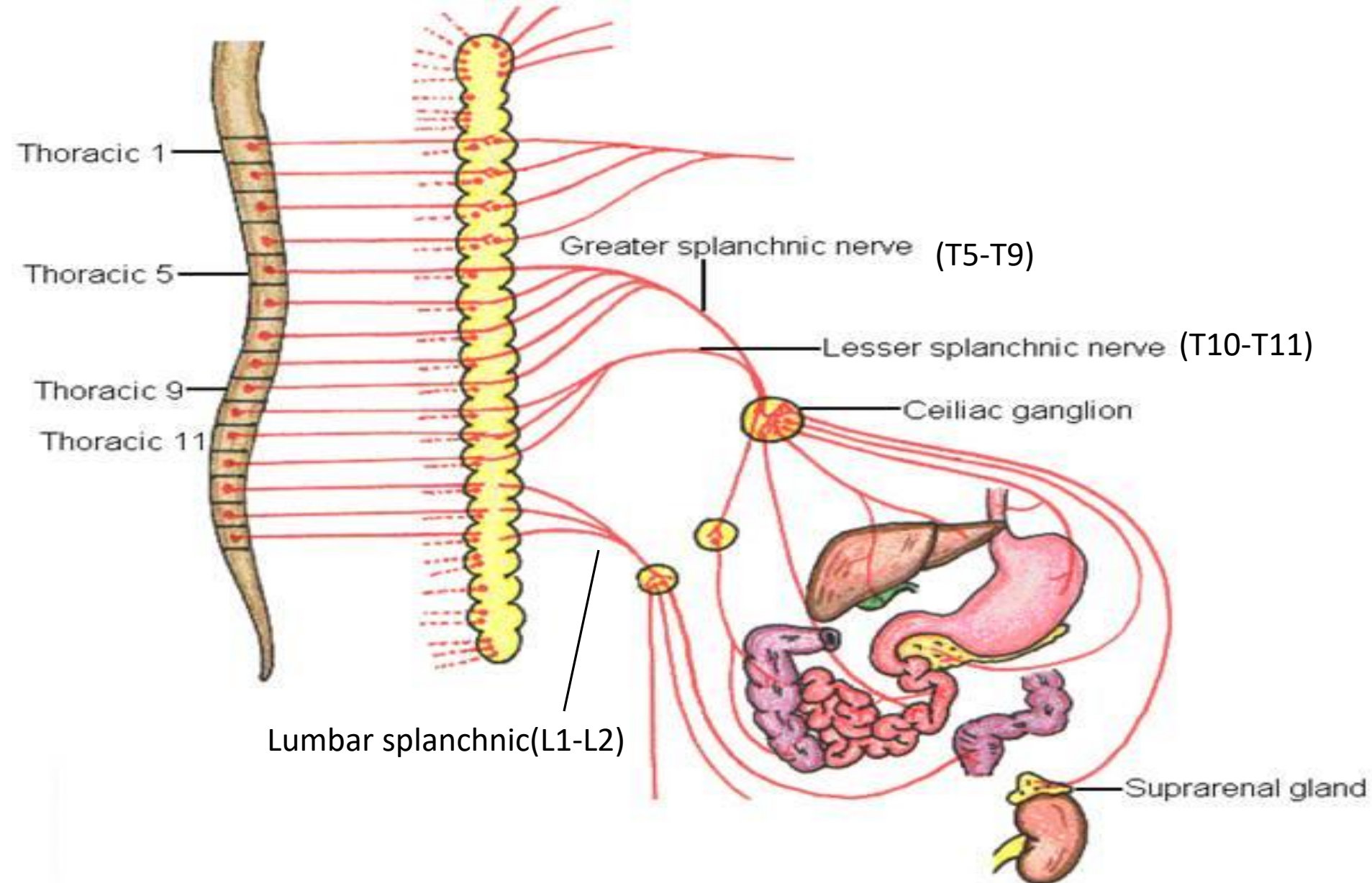
Sympathetic ganglia



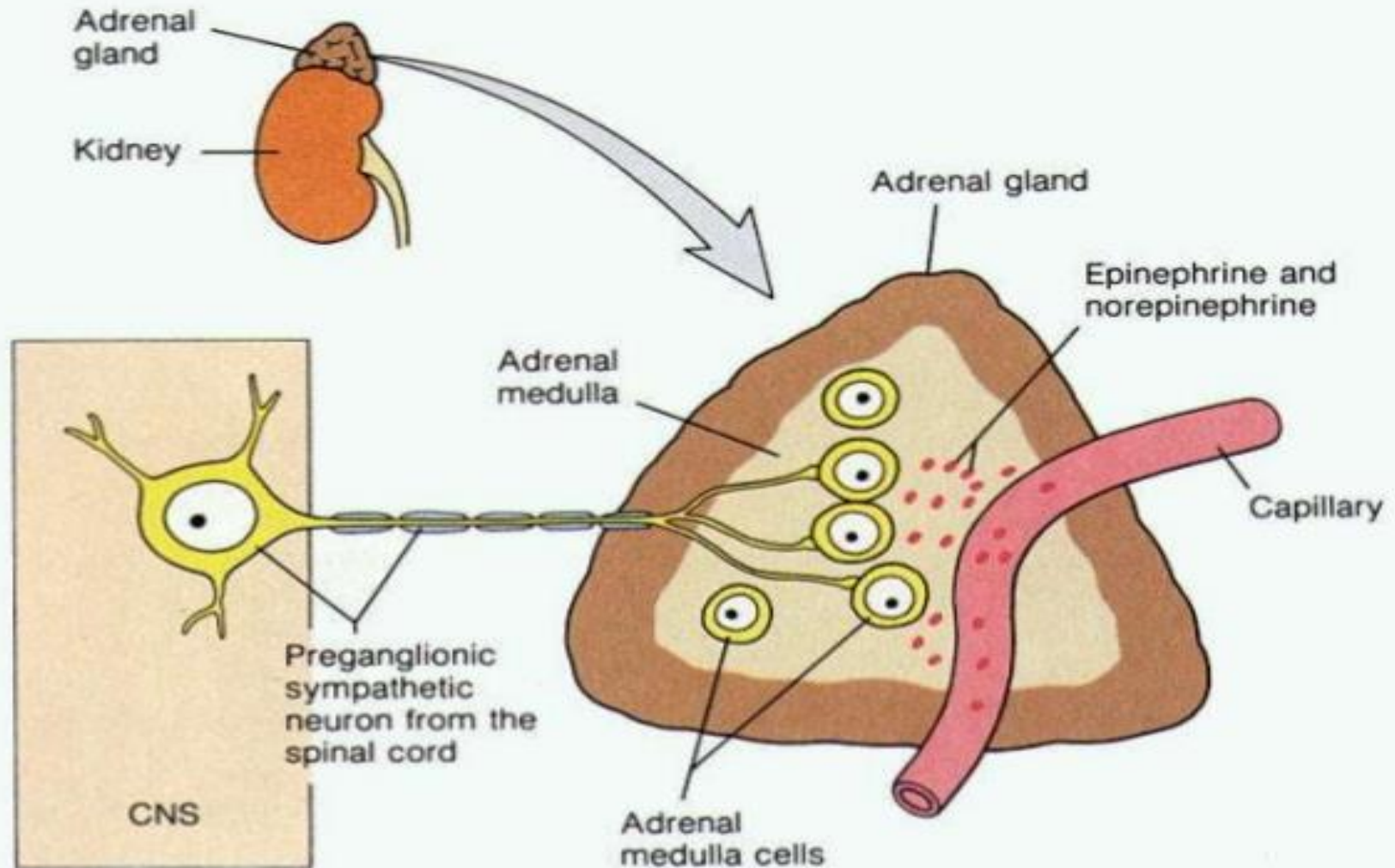
Sympathetic system



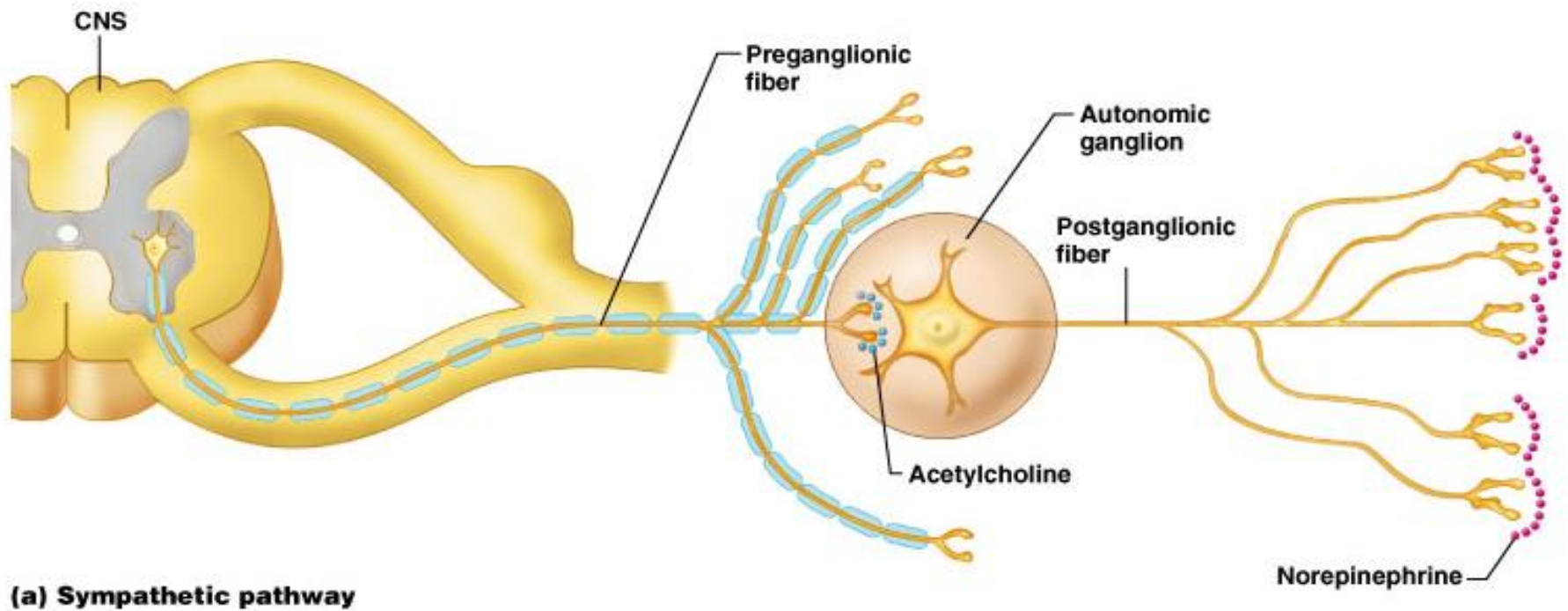
Splanchnic nerves



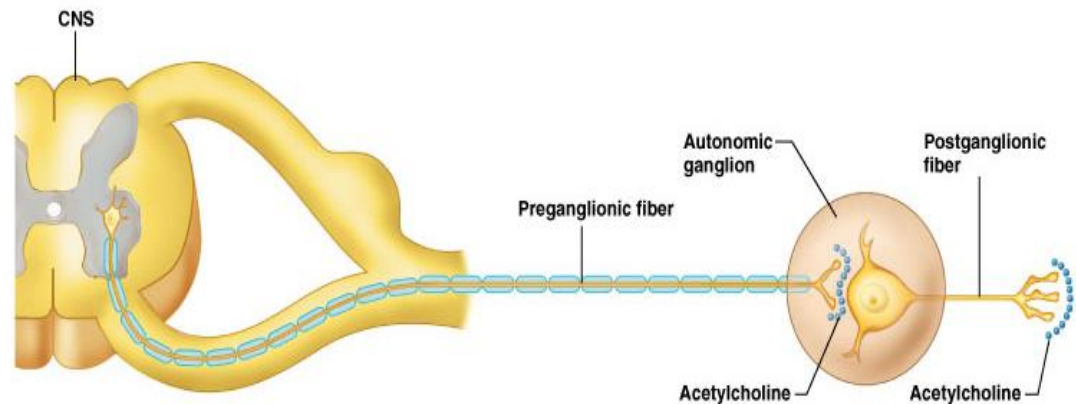
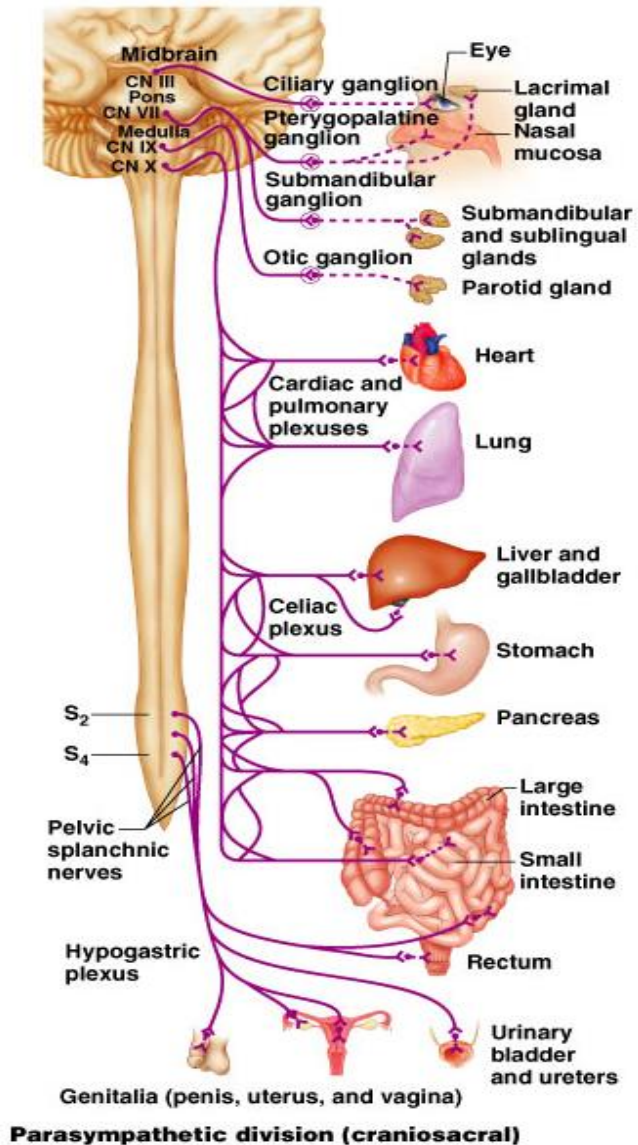
Adrenal medulla



Sympathetic system

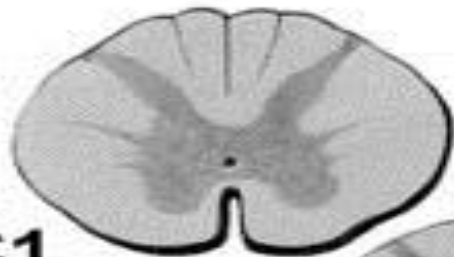


Parasympathetic system

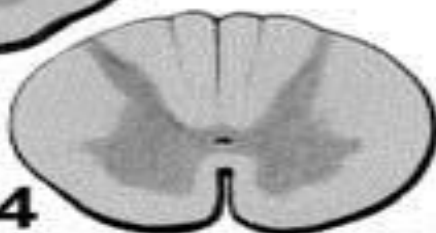


(b) Parasympathetic pathway

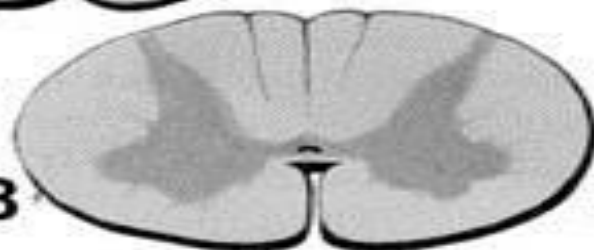
C1



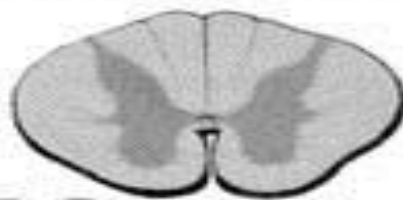
C4



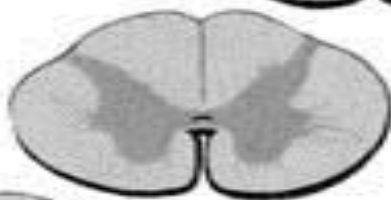
C8



T2



T12



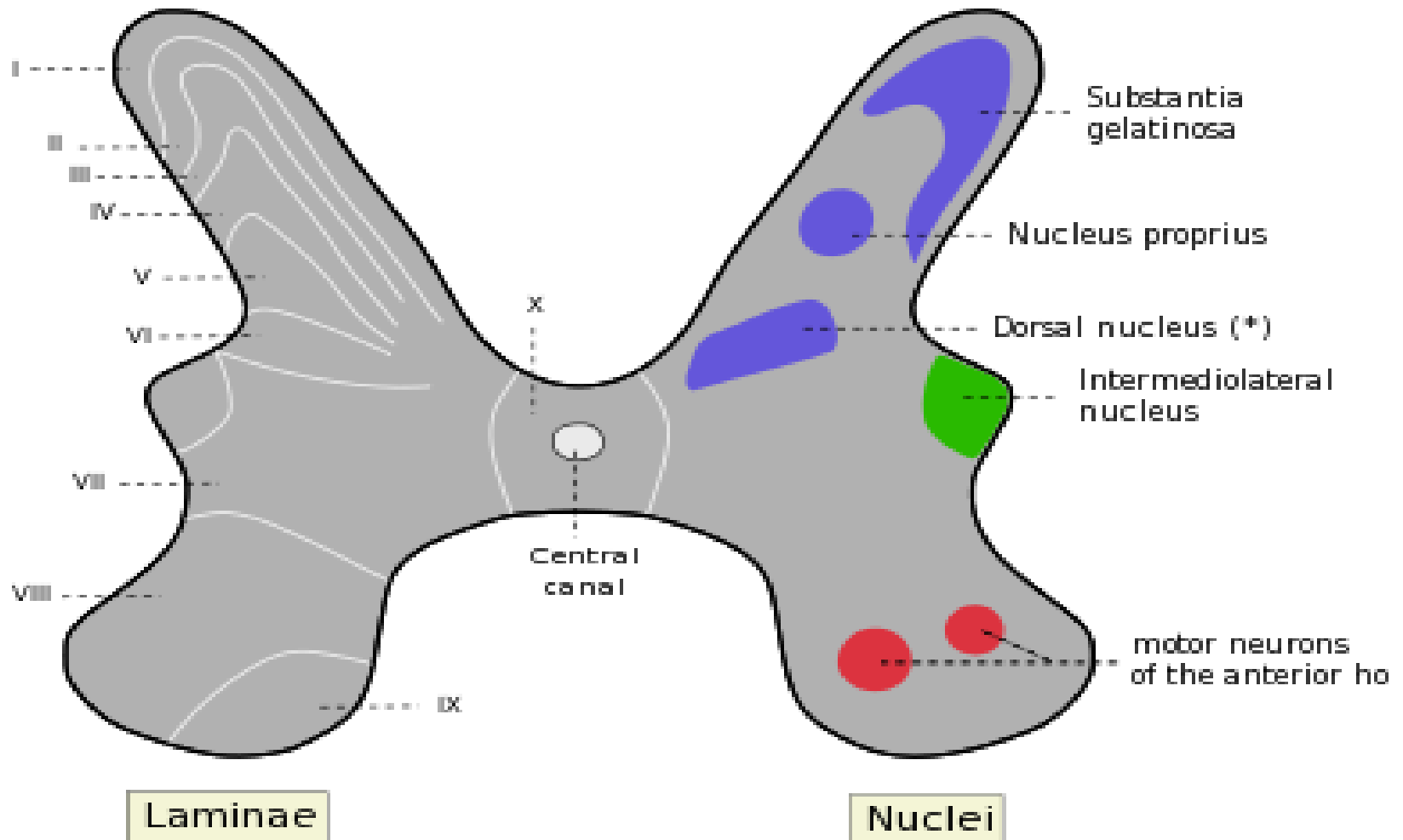
L4



S3

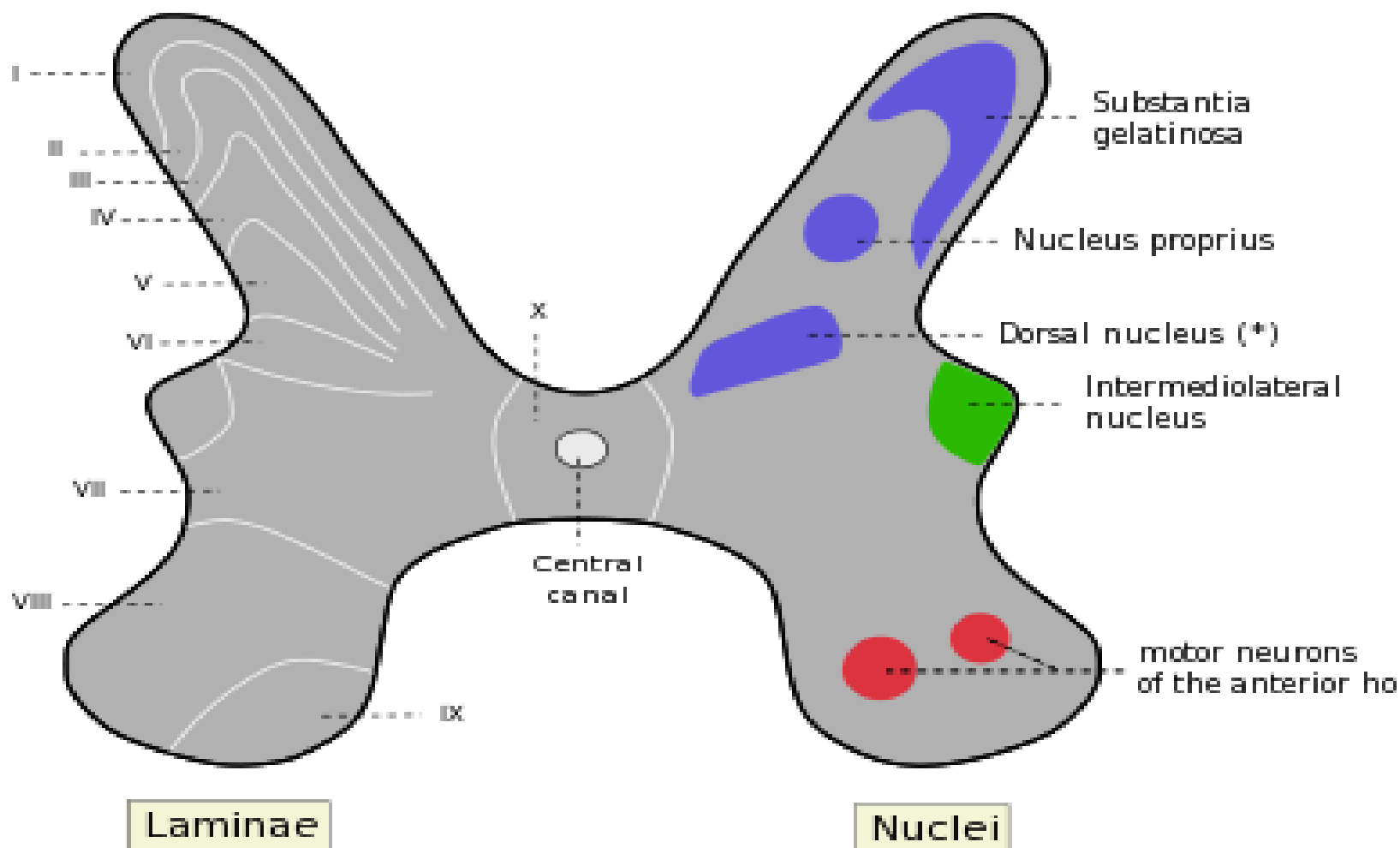


هسته های ماده خاکستری نخاع، شاخ خلفی



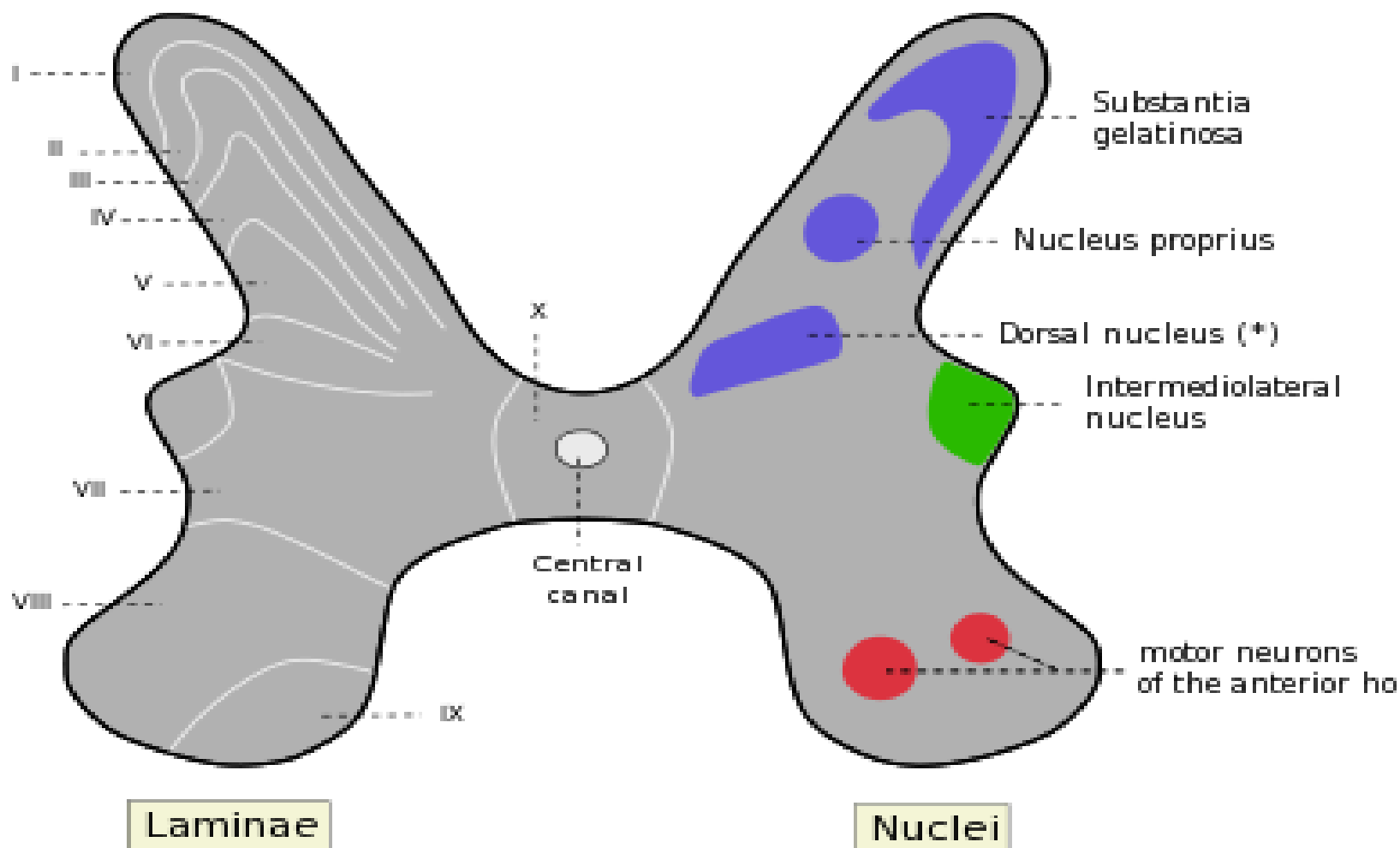
* Posterior thoracic nucleus or Column of Clarke

هسته های ماده خاکستری نخاع، شاخ قدامی



* Posterior thoracic nucleus or Column of Clarke

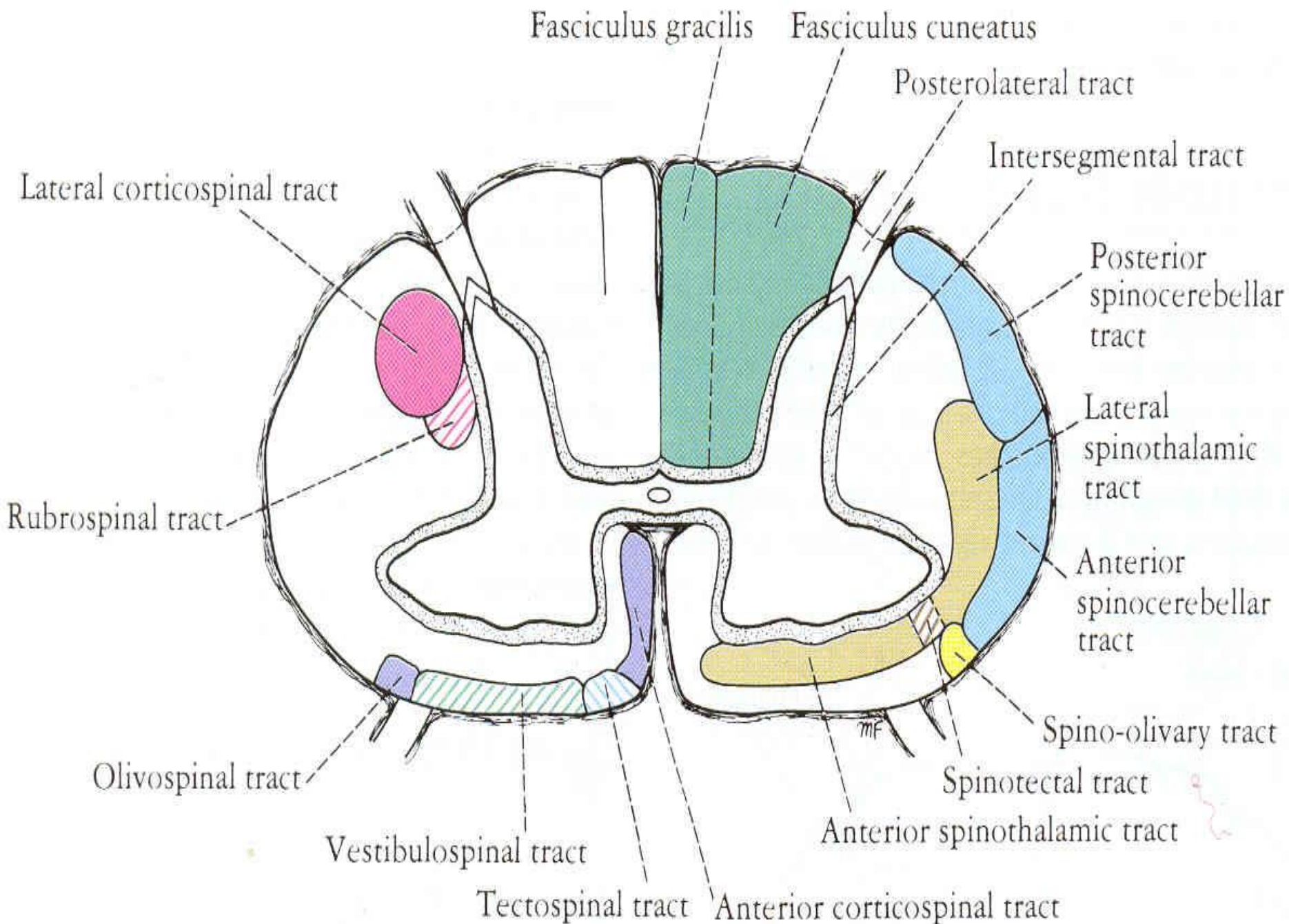
هسته های ماده خاکستری نخاع، شاخ جانبی

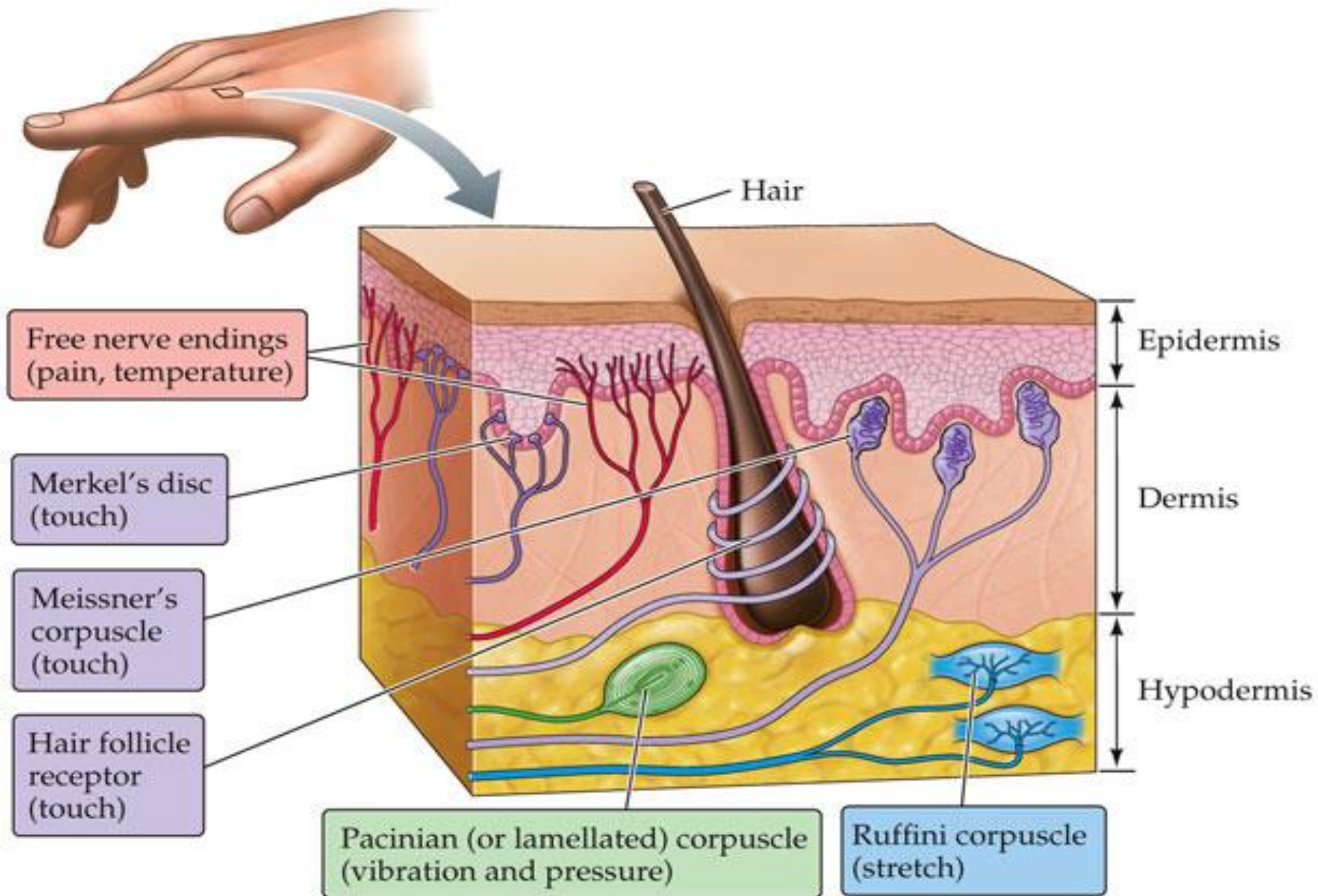


* Posterior thoracic nucleus or Column of Clarke

راههای نخاعی

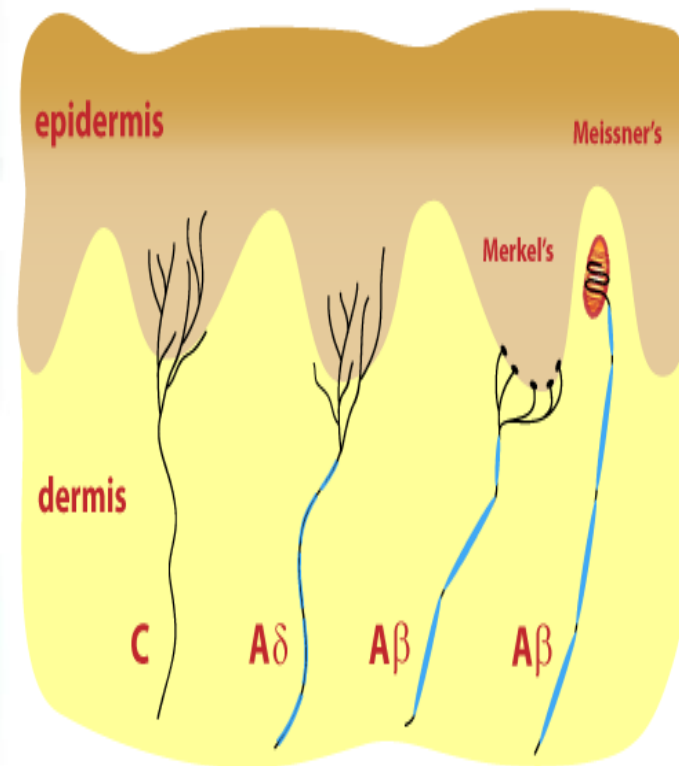
- راههای نخاعی: راههای صعودی ، راههای نزولی و راههای بین سگمانی
- راههای صعودی: انتریور اسپینوتالامیک، لترال اسپینوتالامیک، پوسترئور فانیکولوس، انتریور اسپینوسربلار، پوسترئور اسپینوسربلار، اسپینورتیکولار، اسپینو تکتال، اسپینو اولیواری
- راههای نزولی: کورتیکواسپینال لترال ، کورتیکو اسپینال انتریور، روبرواسپینال، وستیبولواسپینال، اولیوواسپینال، رتیکولواسپینال





Type of sensory fibers

Number	Origin	Fiber Type
Ia	Muscle spindle, annulo-spiral ending	A α
Ib	Golgi tendon organ	A α
II	Muscle spindle, flower-spray ending; touch, pressure	A β
III	Pain and cold receptors; some touch receptors	A δ
IV	Pain, temperature, and other receptors	Dorsal root C



Unipolar

Soma

Axon

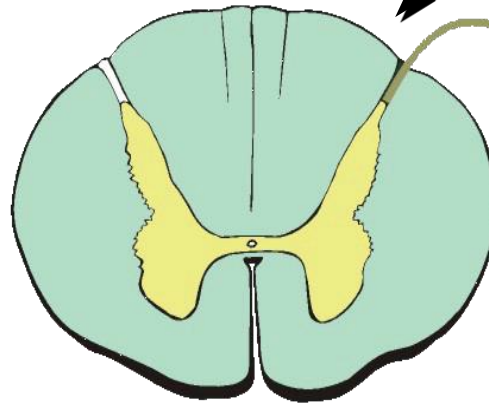
Terminal
Buttons

*central
process*

*cell body
in DRG*

*peripheral
process*

***DRG (dorsal root ganglion) neuron
pseudounipolar cell***



انٹریور اسپینو تالامیک (حس لمس خفیف)

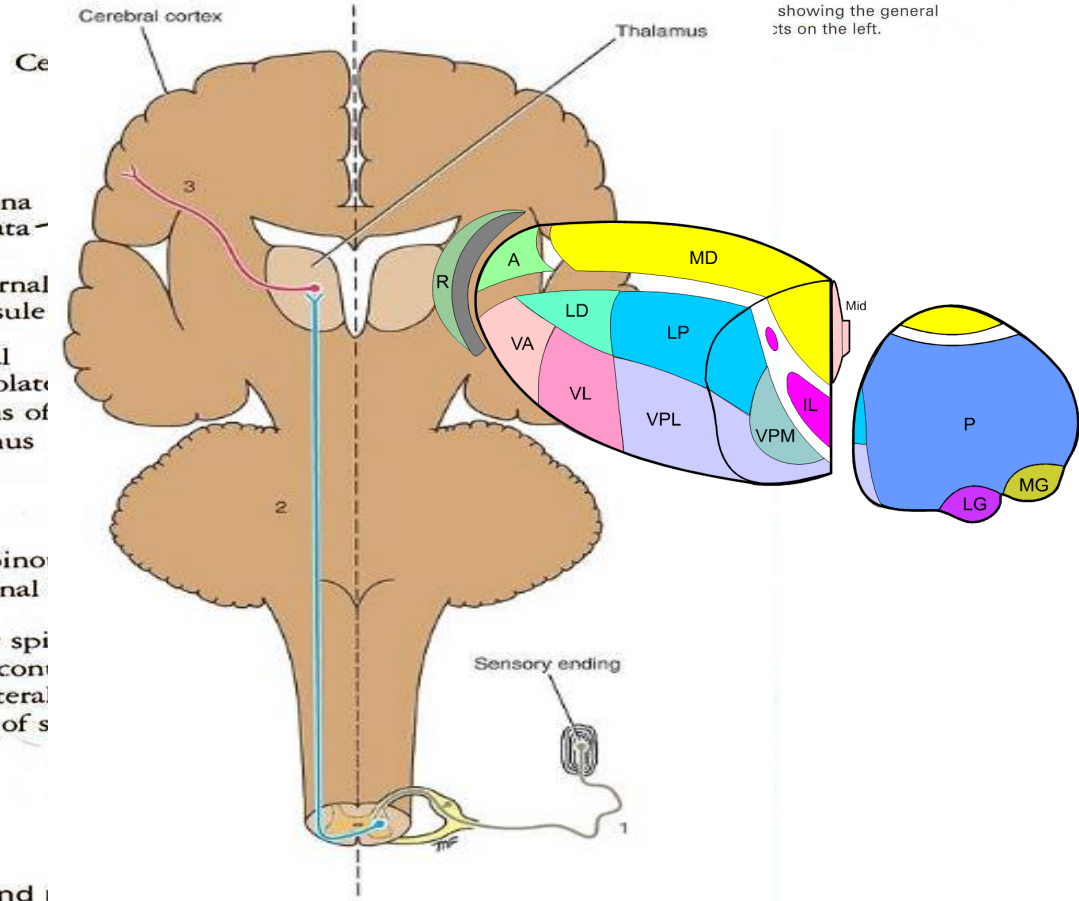
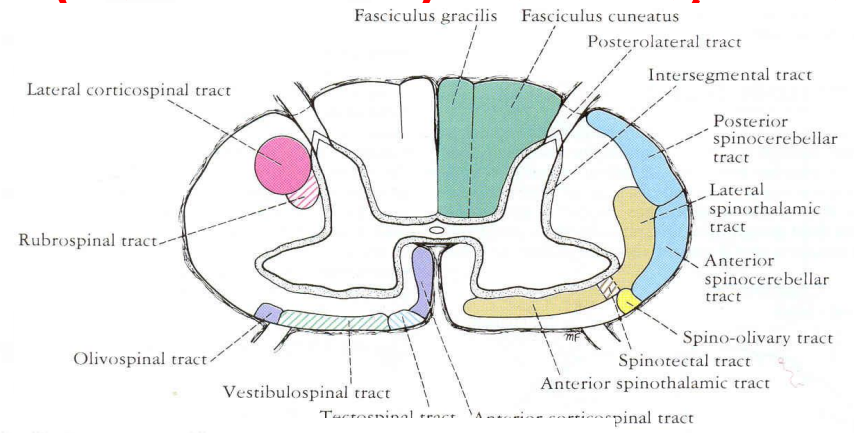
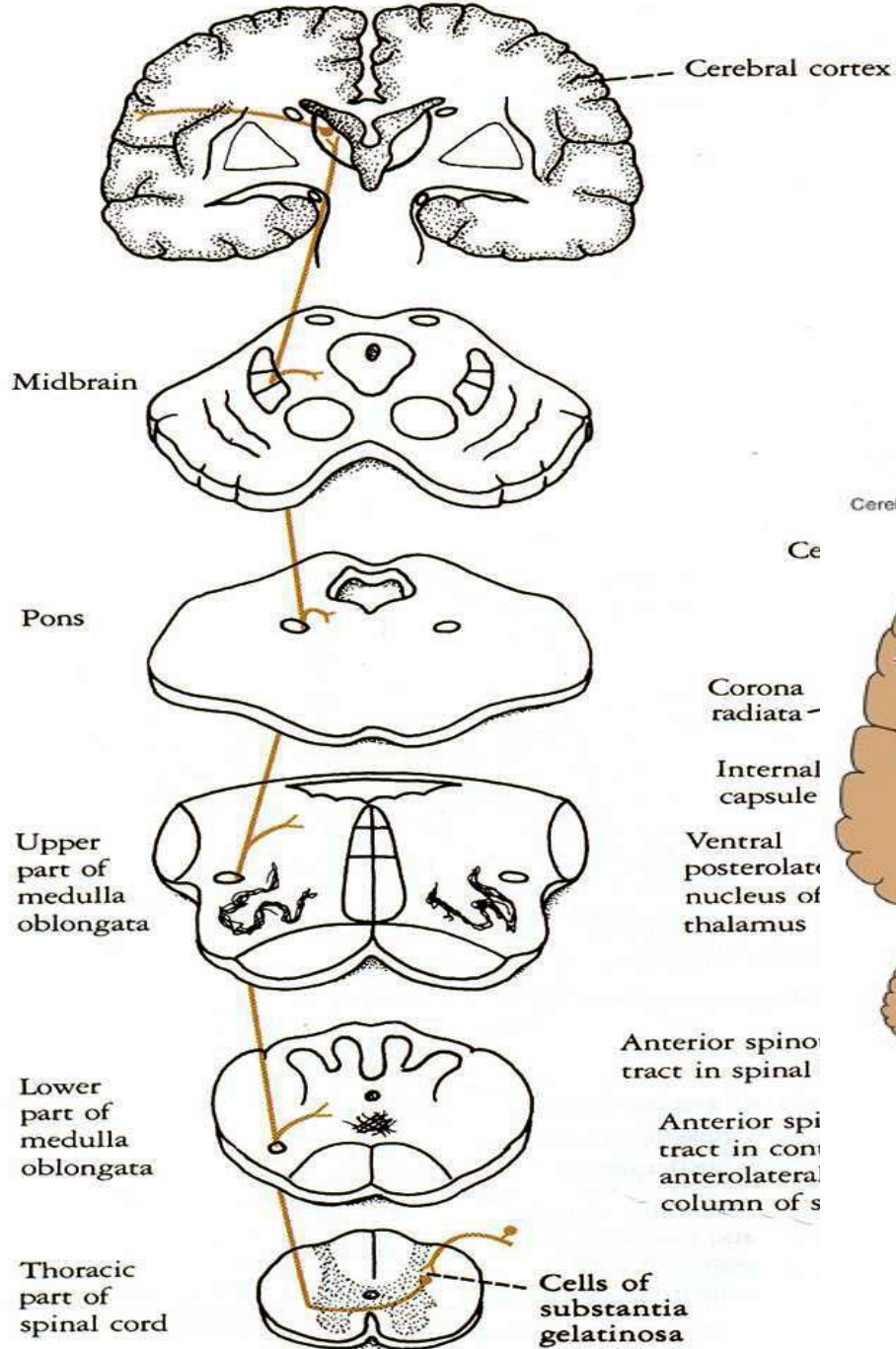
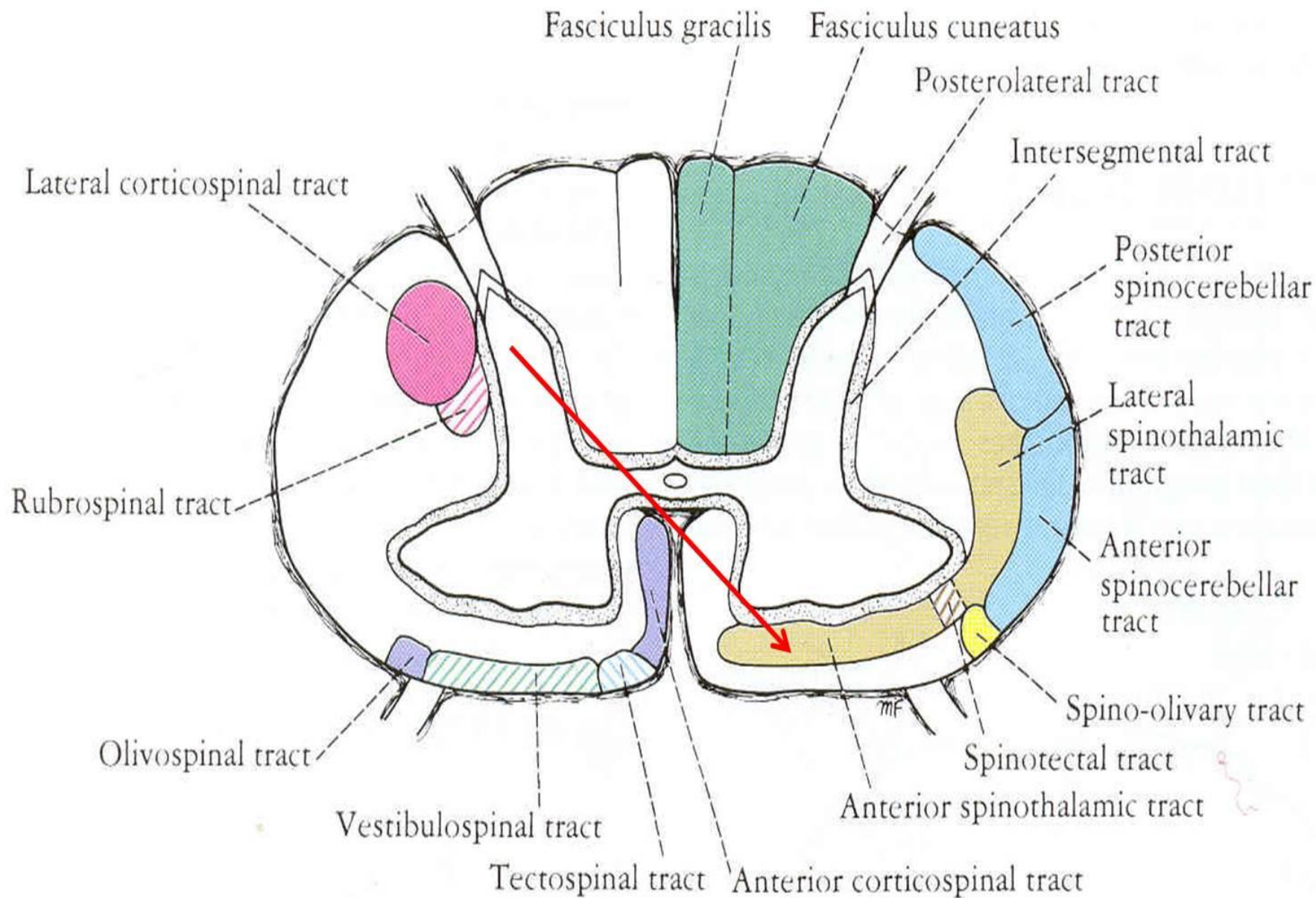


Figure 4-11 Light touch and



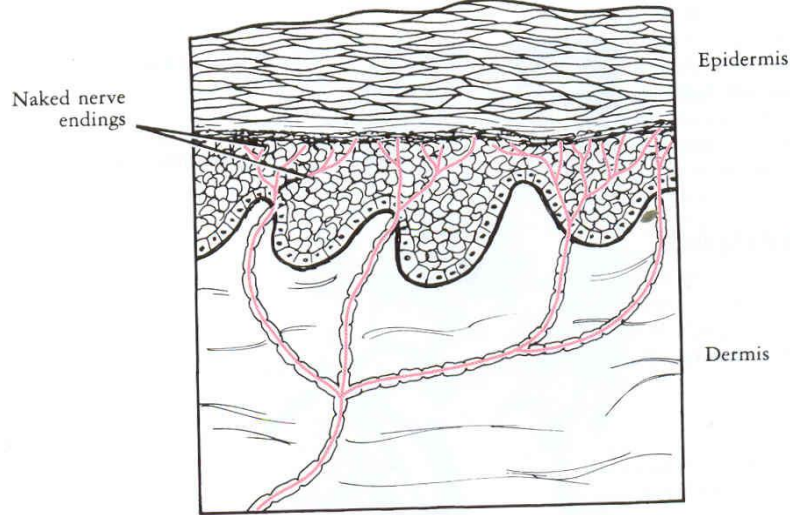


Figure 3-19 Free nerve endings in the skin. The nerve fibers in the epidermis are naked.

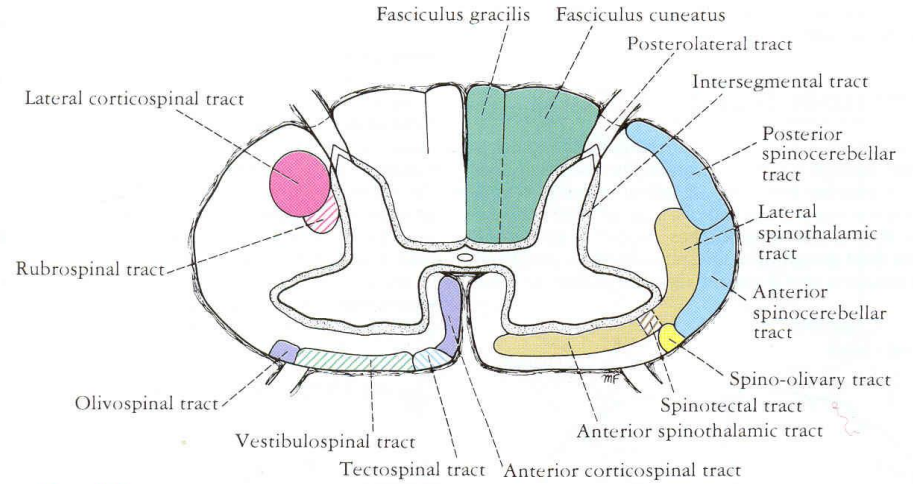
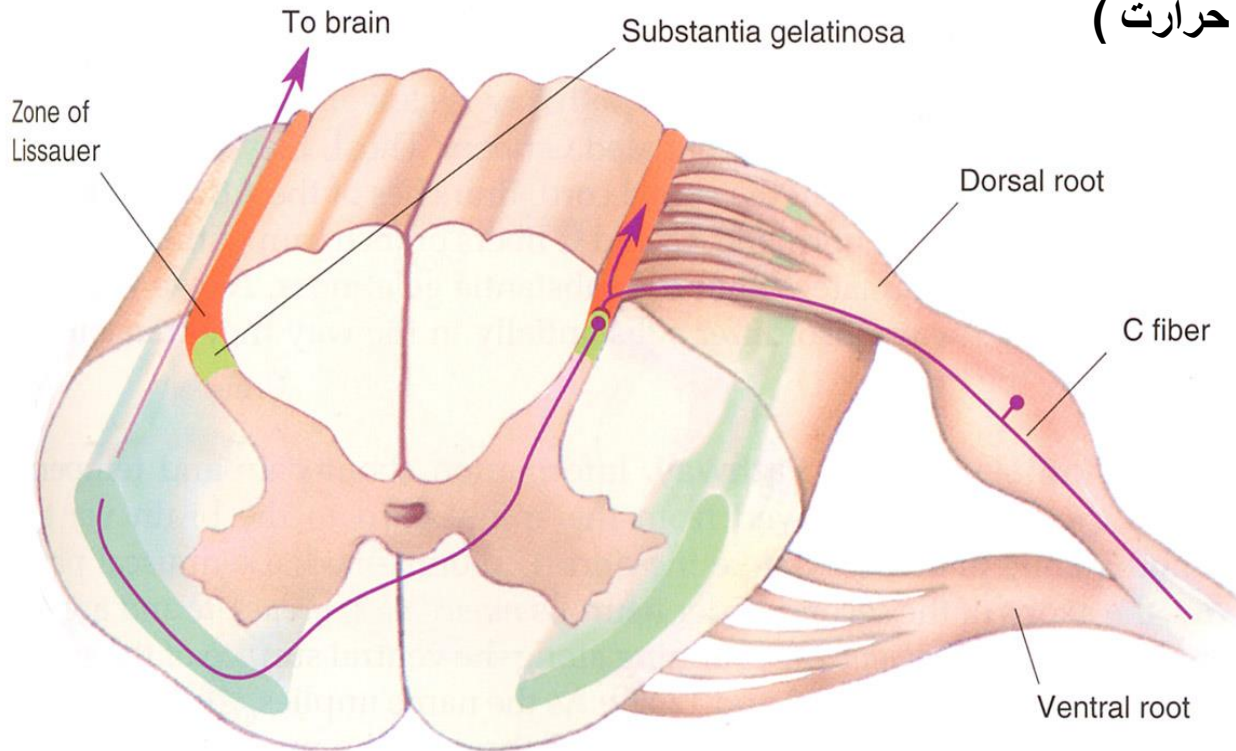


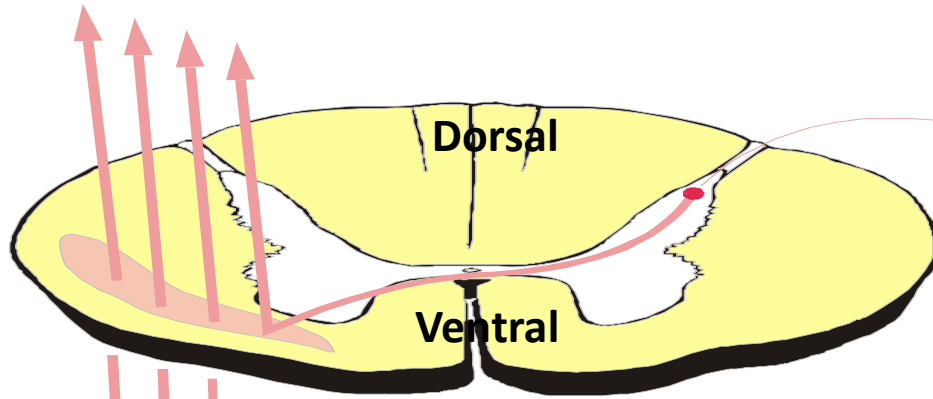
Figure 4-7 Transverse section of the spinal cord at the midcervical level, showing the general arrangement of the ascending tracts on the right and the descending tracts on the left.

اسپینوتالامیک لترال
(حس درد و حرارت)

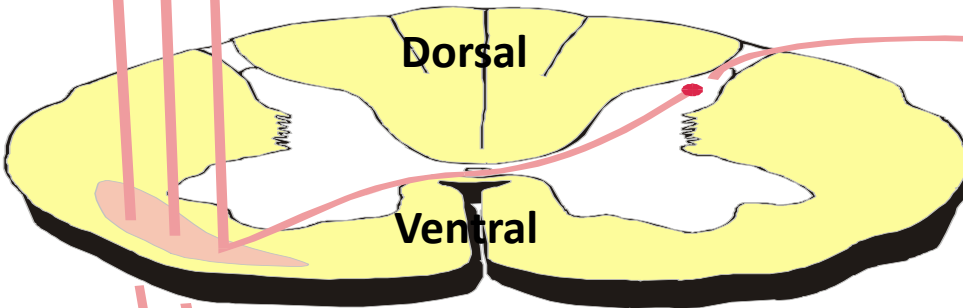


لترال اسپینو تالامیک

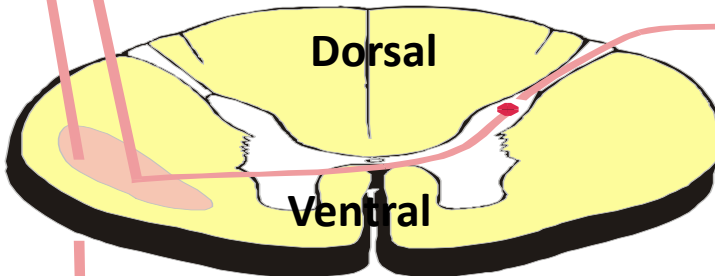
Cervical



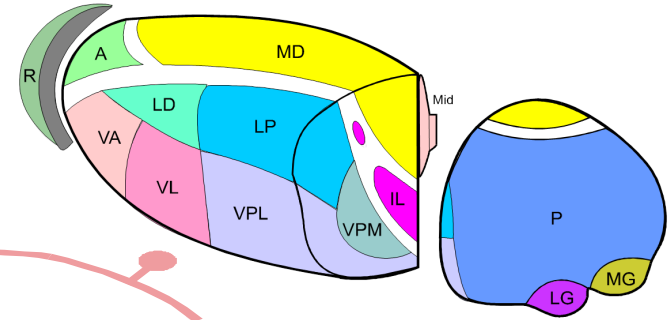
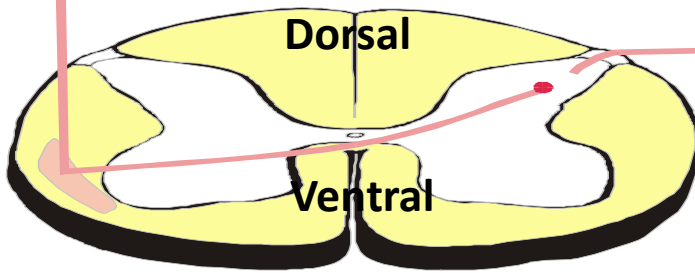
Thoracic



Lumbar



Sacral



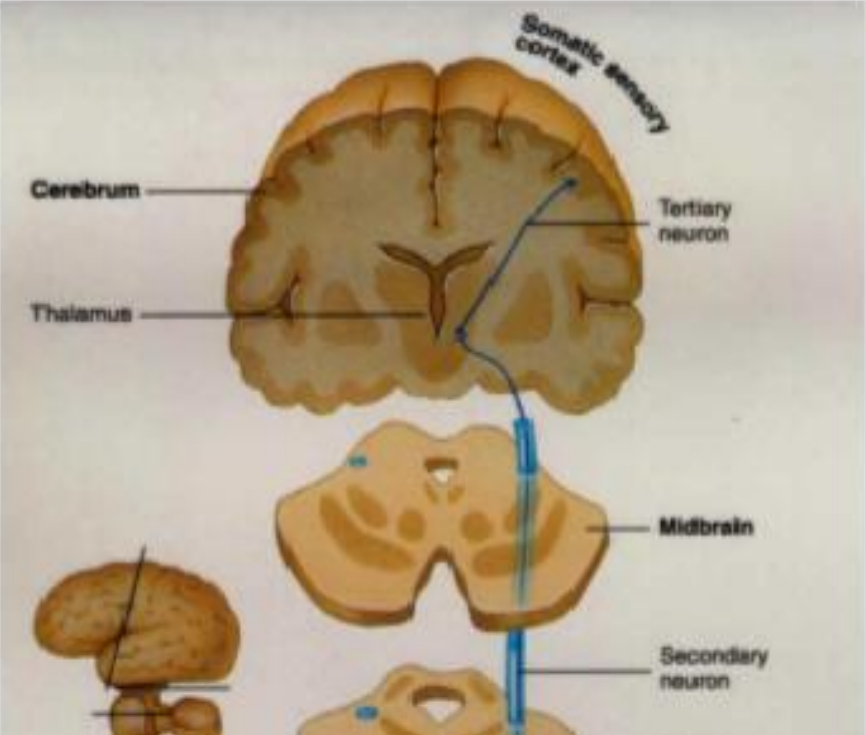
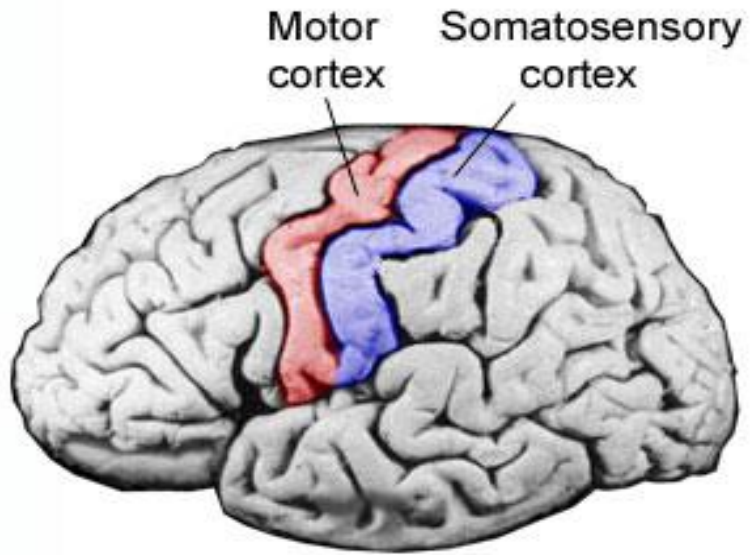
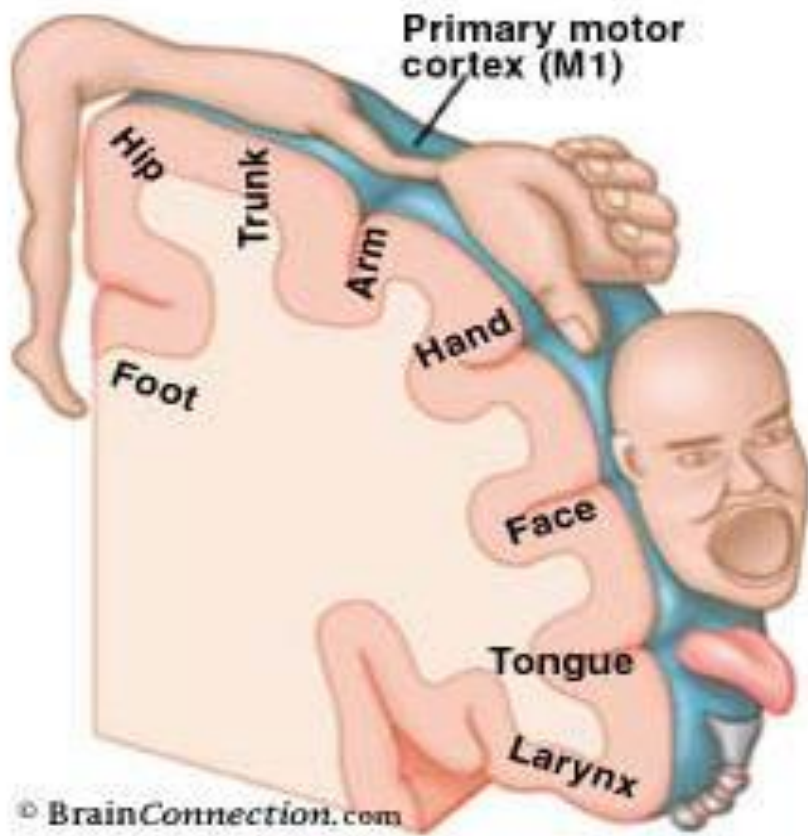
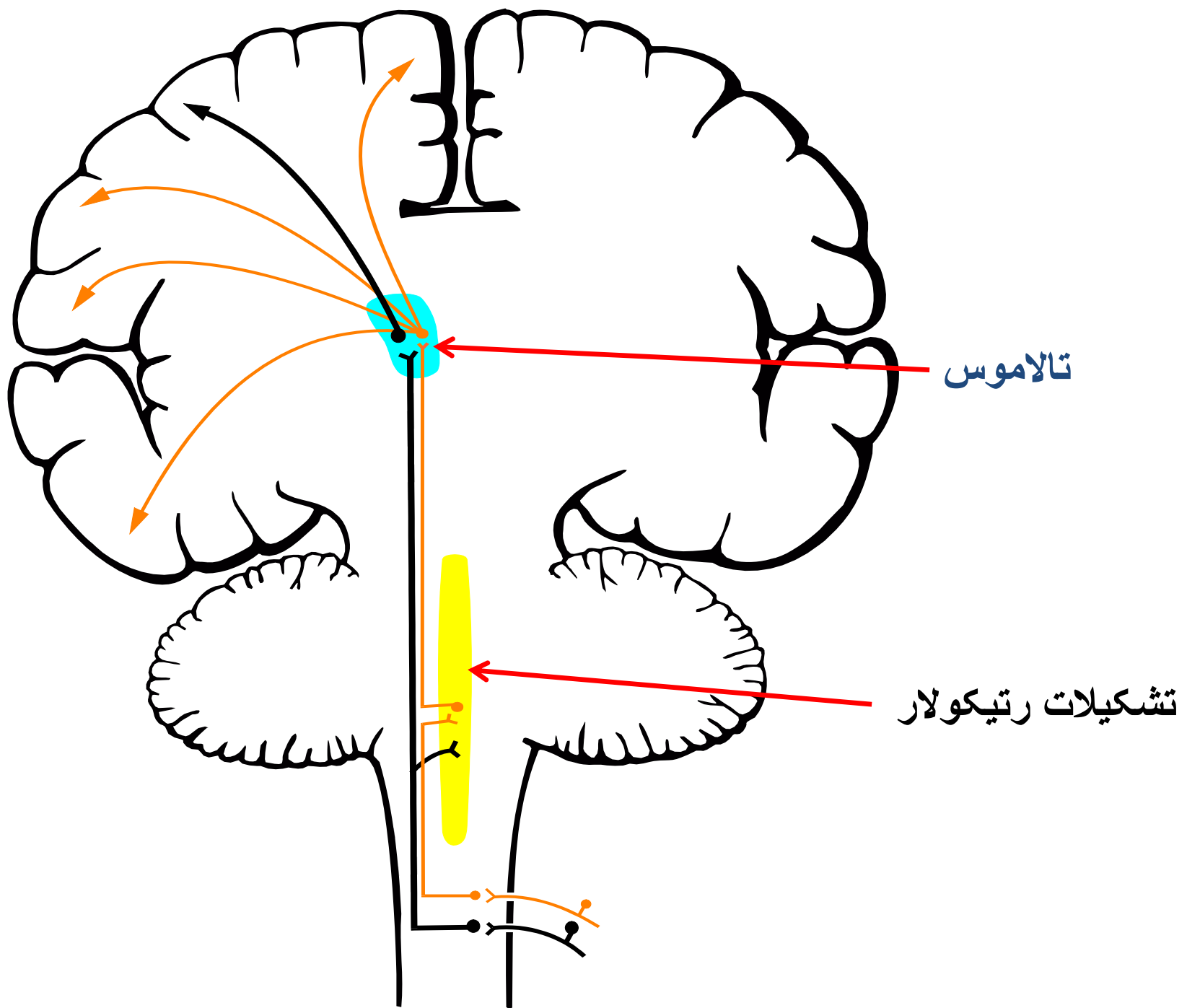


Figure F-3: Motor and Somatosensory Cortex





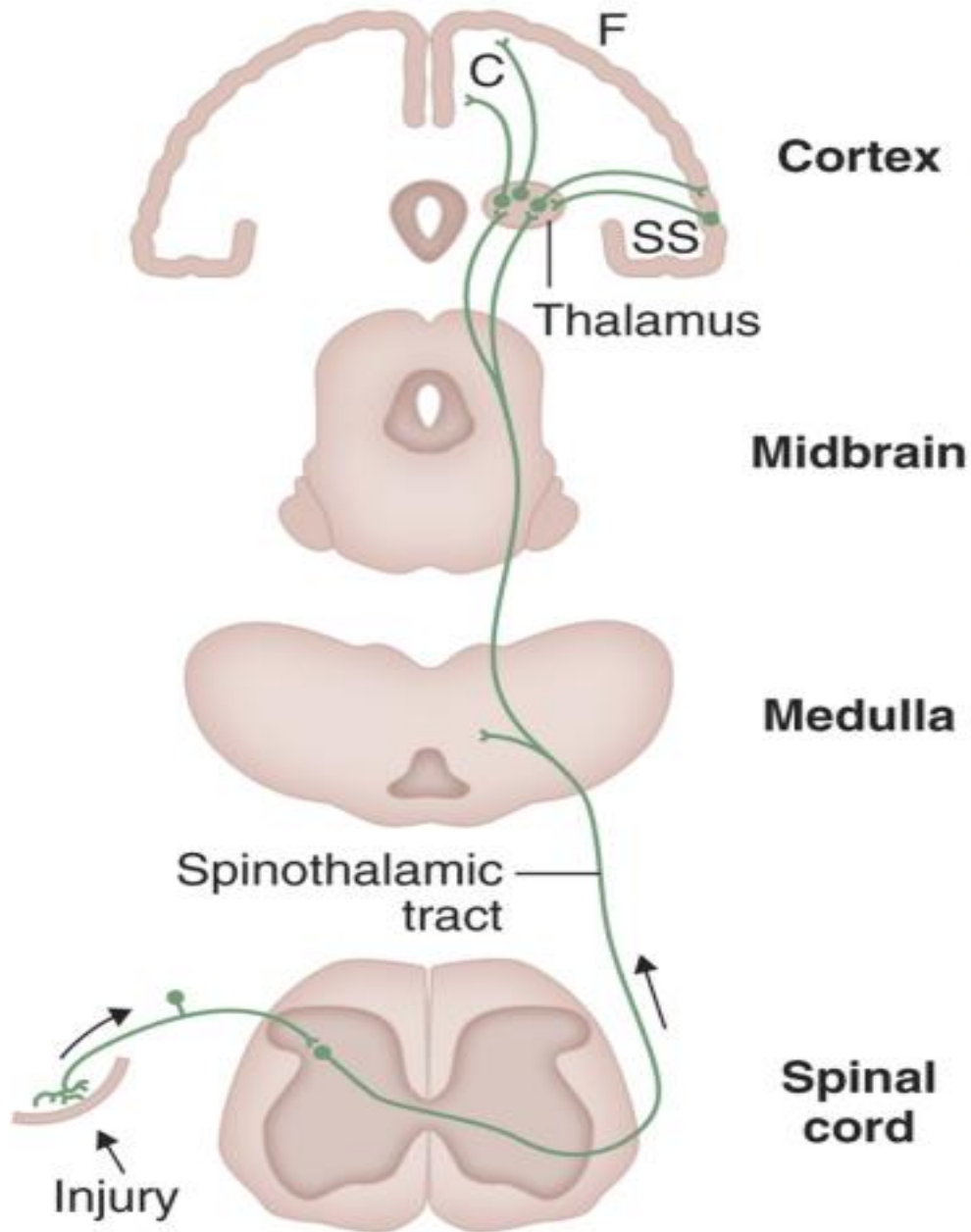
Glasgow Coma Scale(GCS)

Glasgow Coma Scale		
Response	Scale	Score
Eye Opening Response	Eyes open spontaneously	4 Points
	Eyes open to verbal command, speech, or shout	3 Points
	Eyes open to pain (not applied to face)	2 Points
	No eye opening	1 Point
Verbal Response	Oriented	5 Points
	Confused conversation, but able to answer questions	4 Points
	Inappropriate responses, words discernible	3 Points
	Incomprehensible sounds or speech	2 Points
	No verbal response	1 Point
Motor Response	Obeys commands for movement	6 Points
	Purposeful movement to painful stimulus	5 Points
	Withdraws from pain	4 Points
	Abnormal (spastic) flexion, decorticate posture	3 Points
	Extensor (rigid) response, decerebrate posture	2 Points
	No motor response	1 Point

Minor Brain Injury = 13-15 points; **Moderate Brain Injury** = 9-12 points; **Severe Brain Injury** = 3-8 points

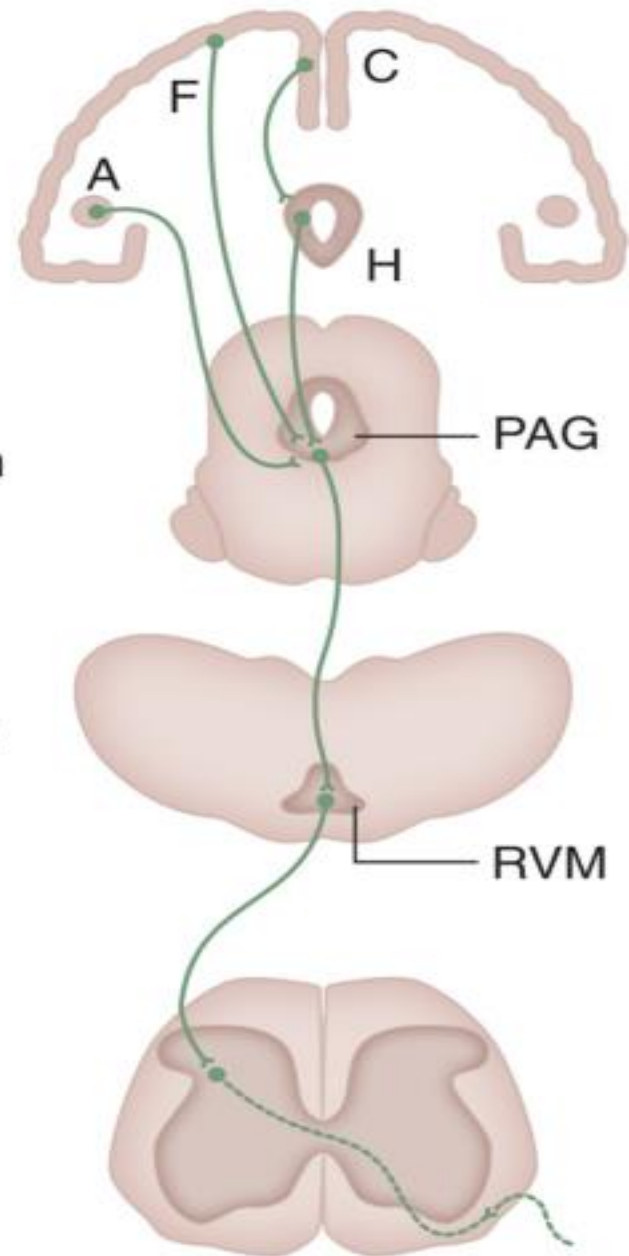
درد سریع

Transmission

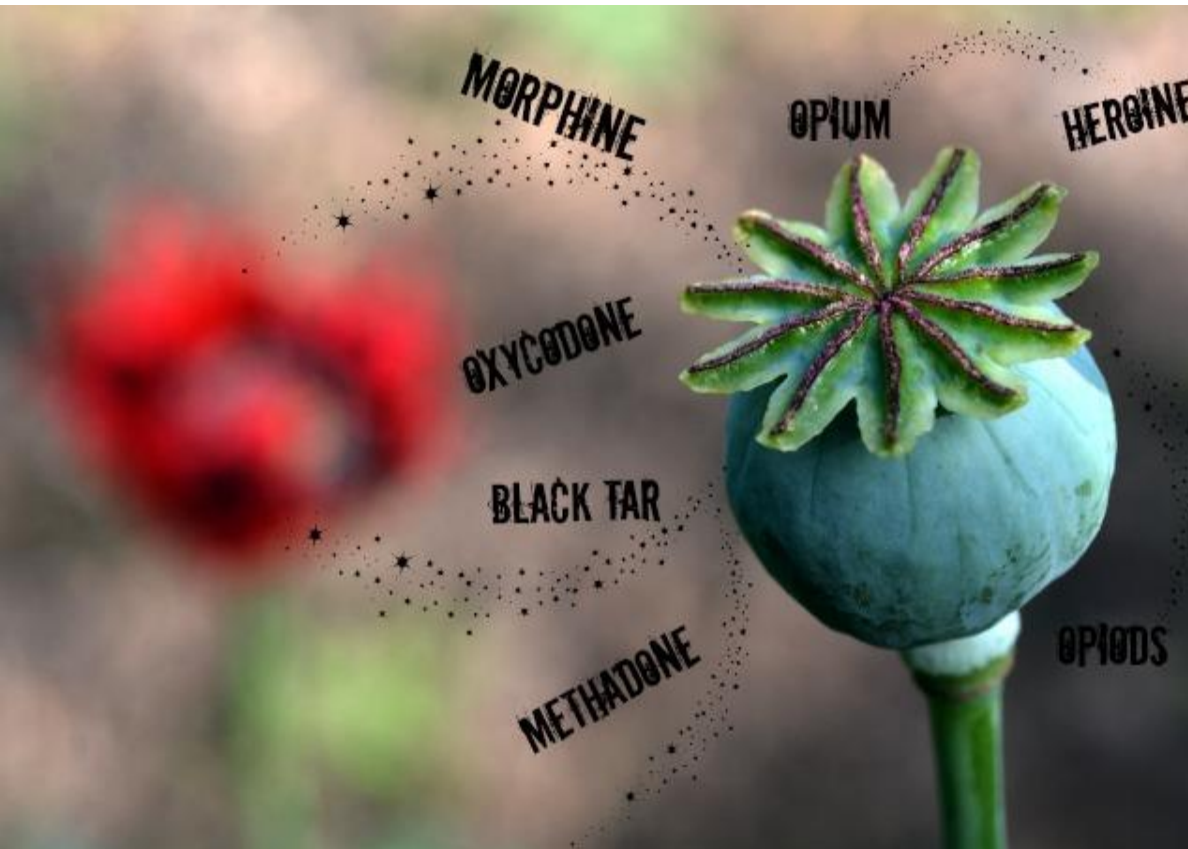


درد آهسته

Modulation



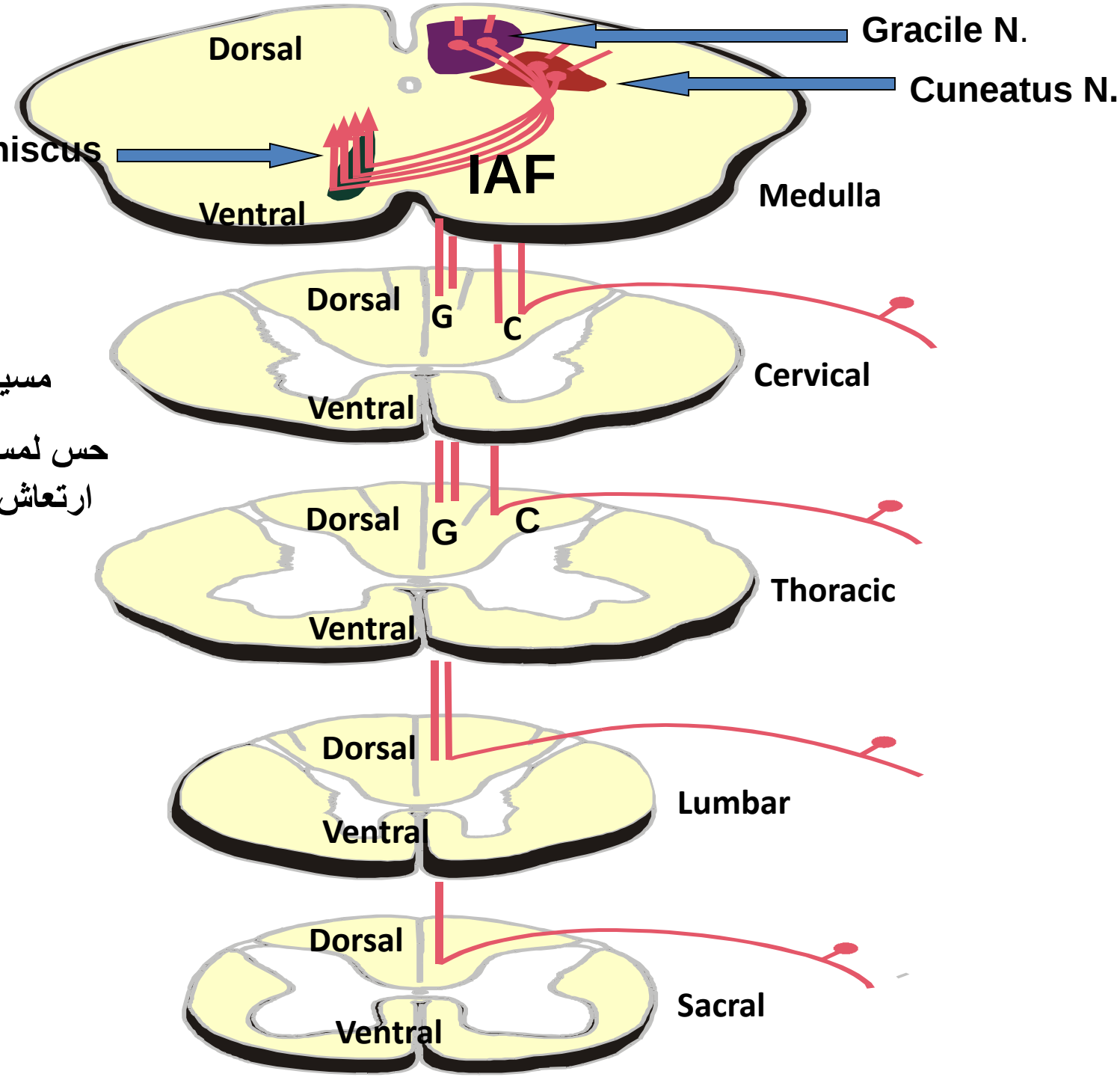
Analgesic drugs (Opium)

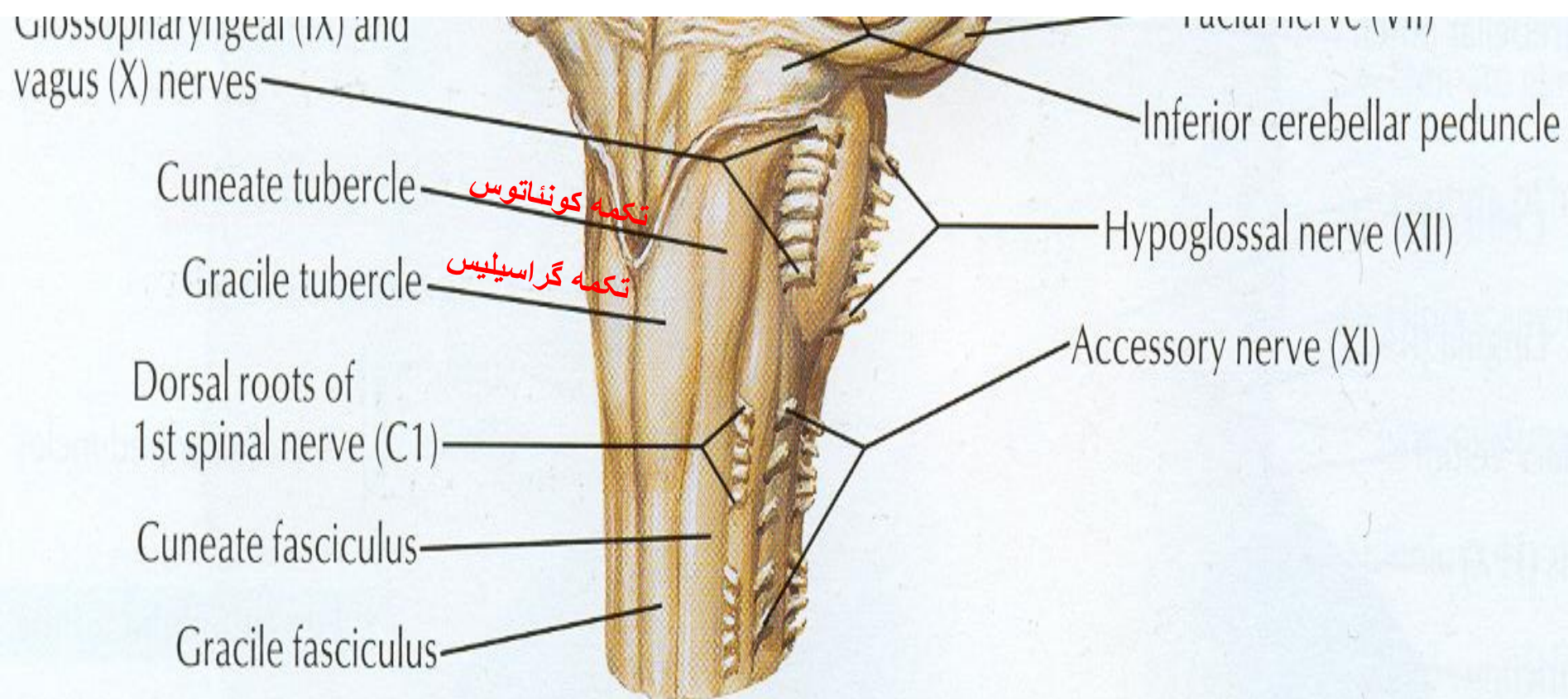


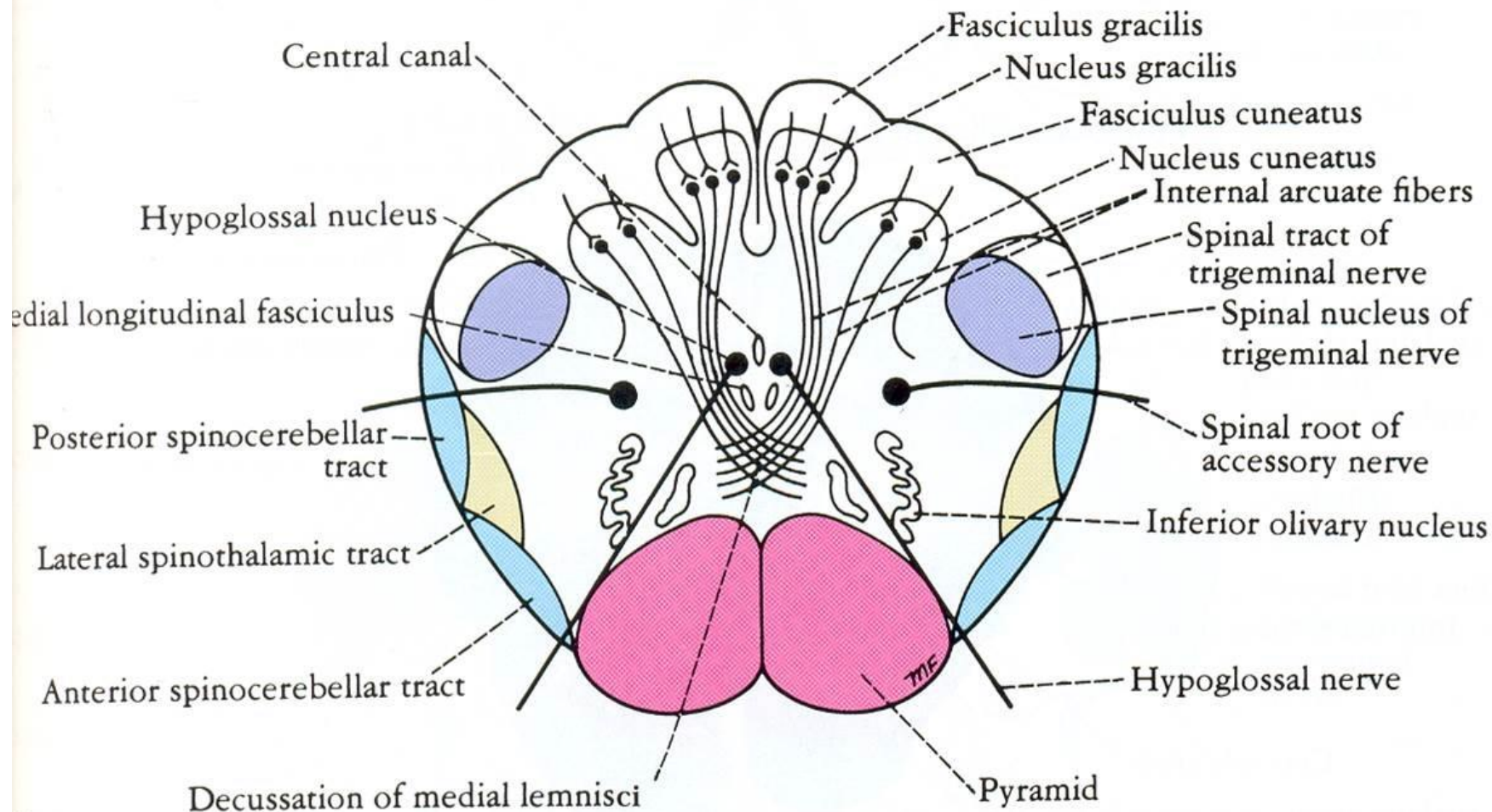
Medial lemniscus

Gracile N.
Cuneatus N.

مسیر ستون خلفی
حس لمس دقیق ، فشار ،
ارتعاش و لوکالیزاسیون





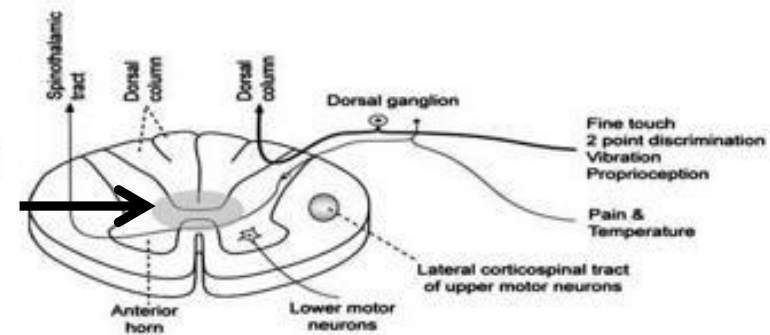
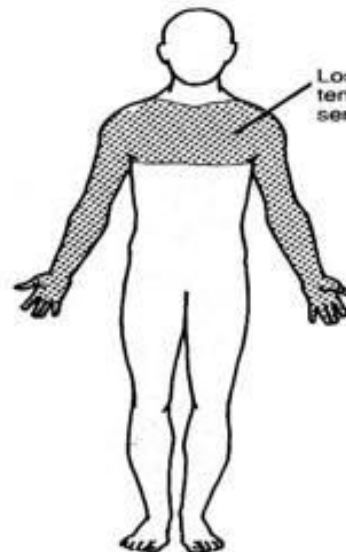
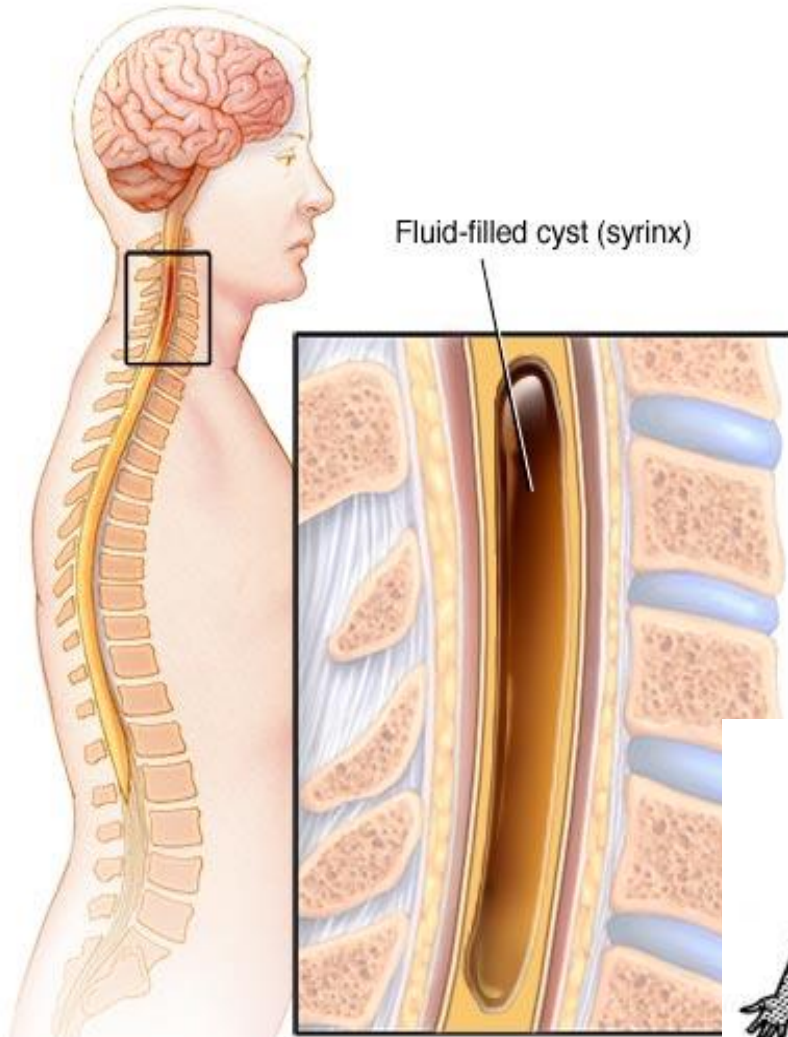


B

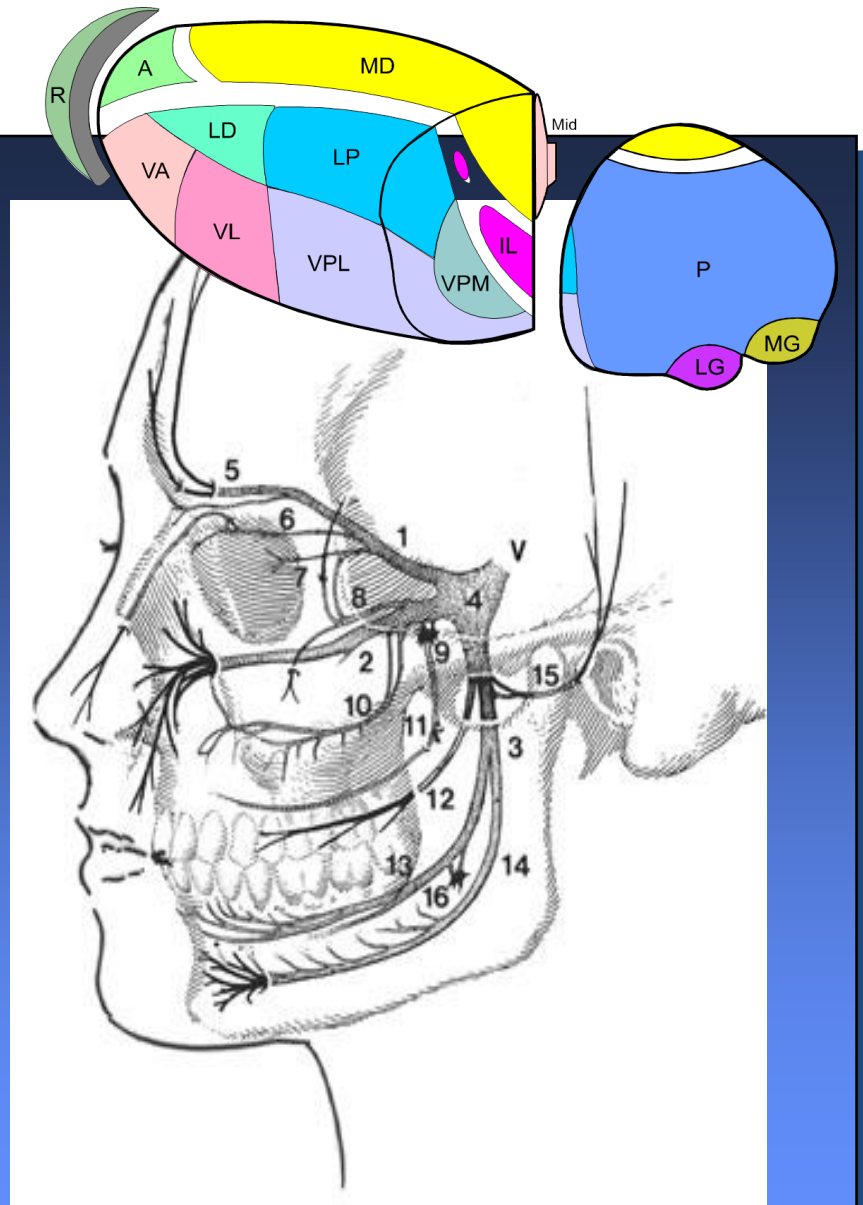
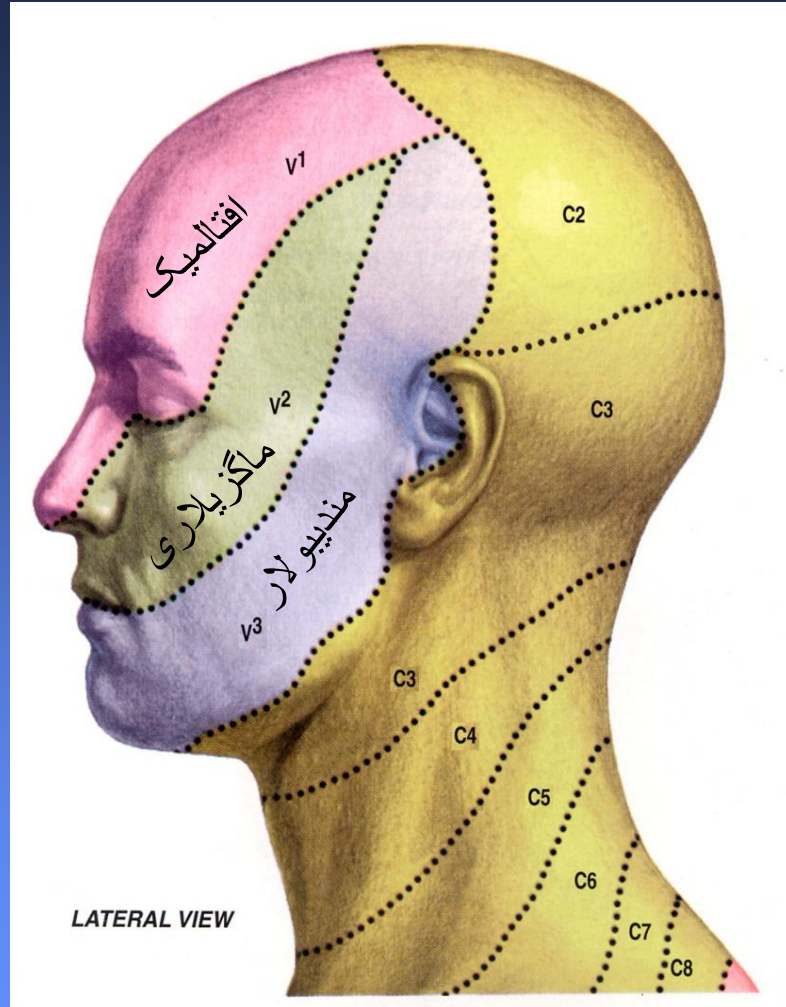
Sensory Ataxia



Syringomyelia



مسیر تریجمینو تالامیک



هسته کونئاتوس فرعی

انتریور اسپینوسربلار

انتریور اسپینوسربلار،
پوستریور اسپینوسربلار،
کونئوسربلار

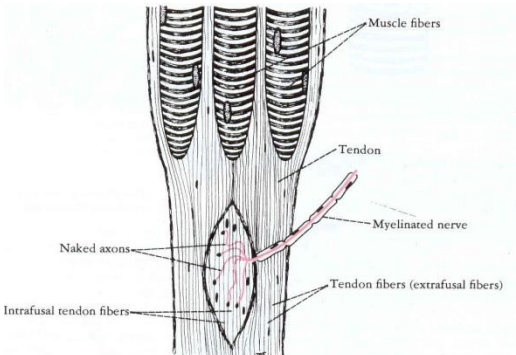
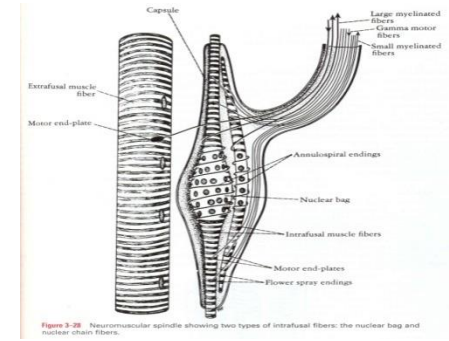
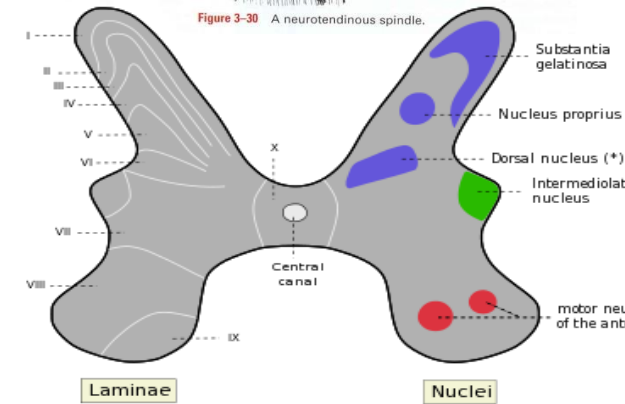


Figure 3-30 A neurotendinous spindle.



* Posterior thoracic nucleus or Column of Clarke

Medulla

Cervical

Thoracic

Lumbar

Sacral

Dorsal

Ventral

Dorsal

Ventral

Dorsal

Ventral

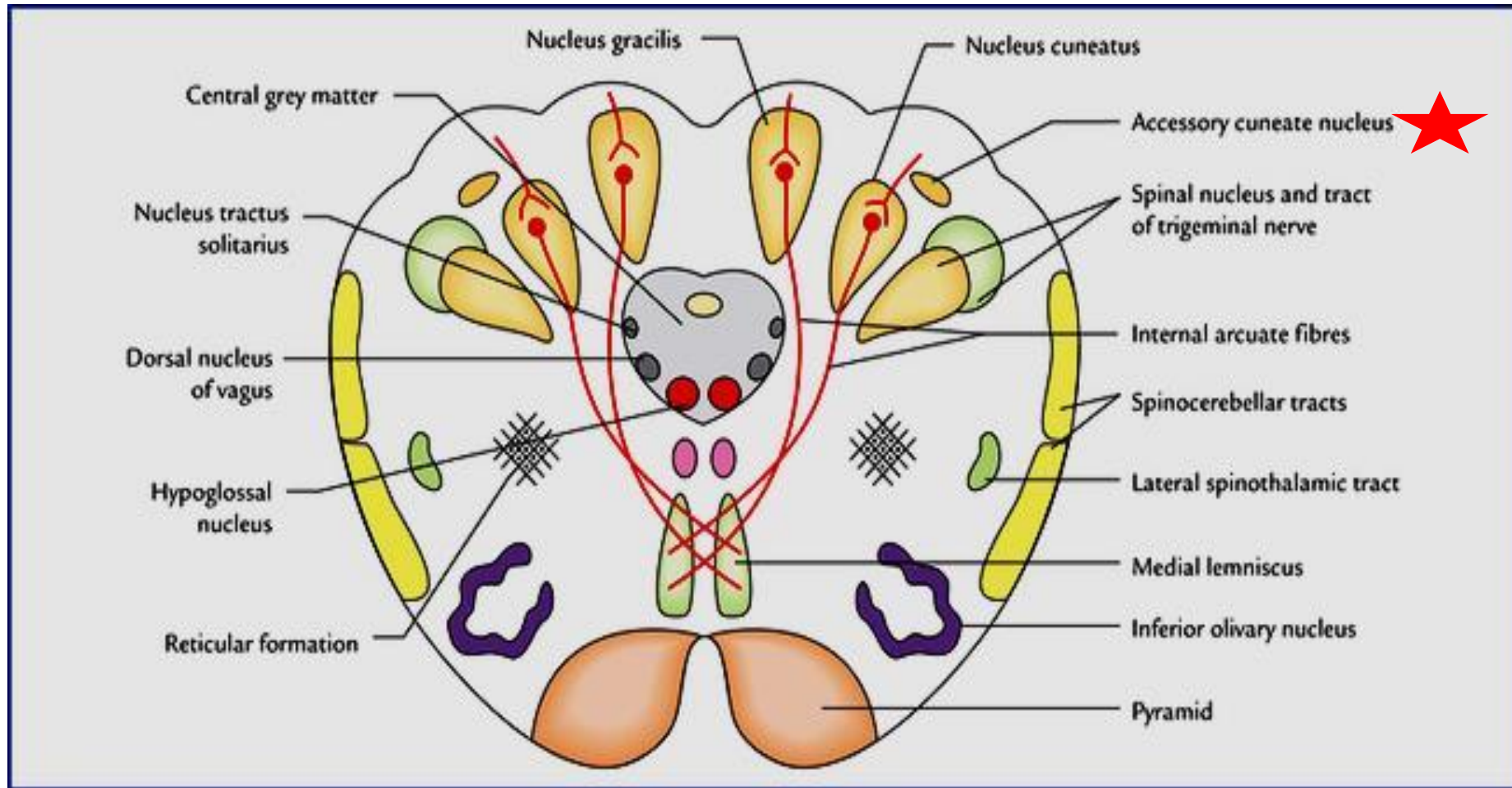
Dorsal

Ventral

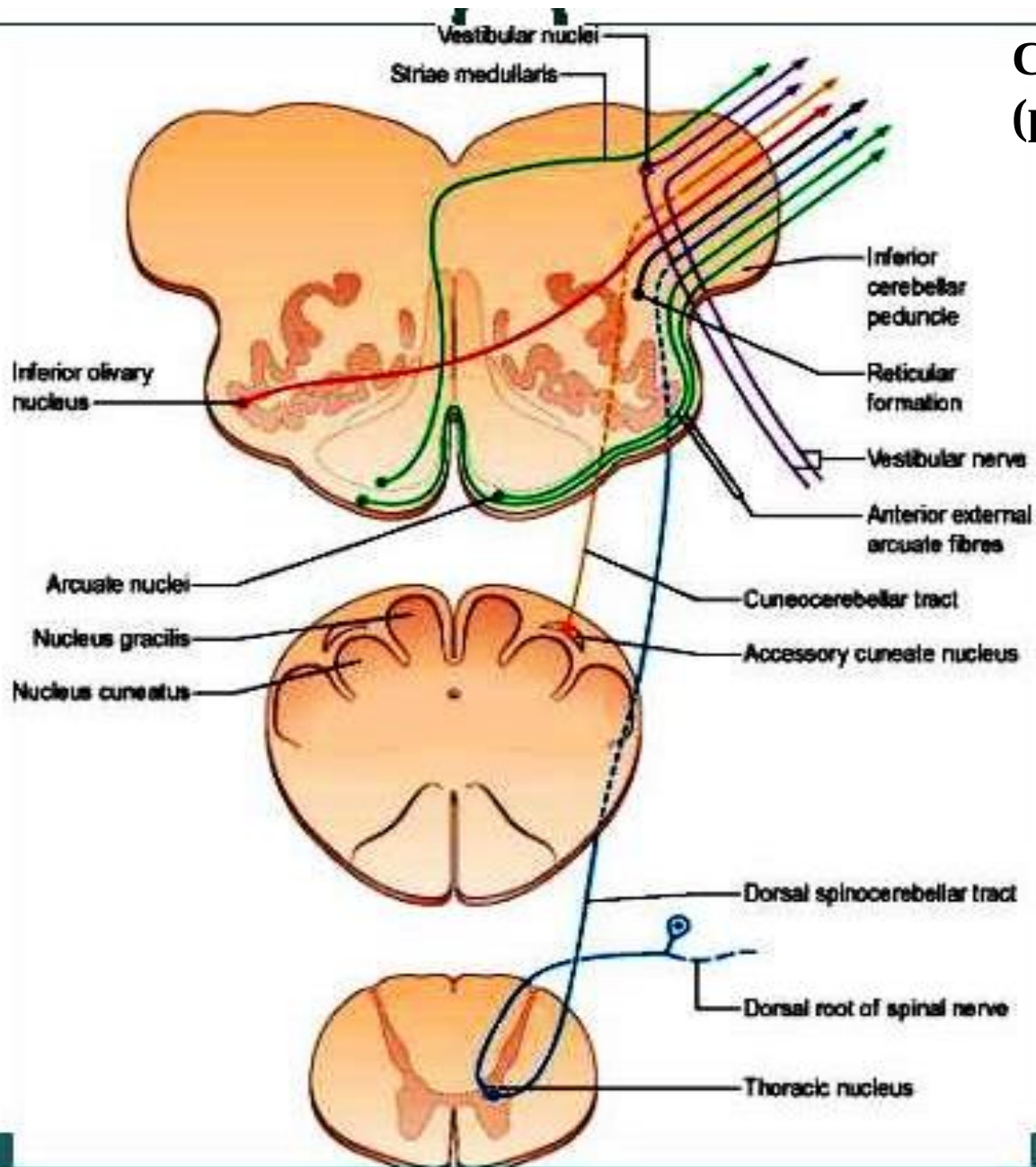
Dorsal

Ventral

Accessory cuneate nucleus

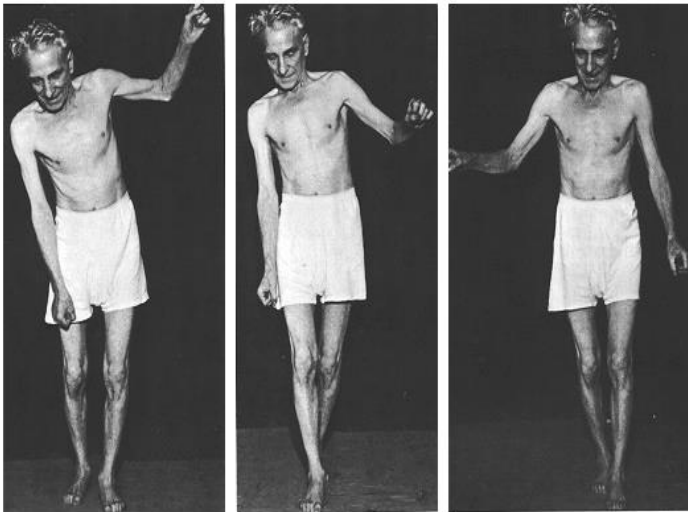


Cuneocerebellar (posterior external arcuate fiber)

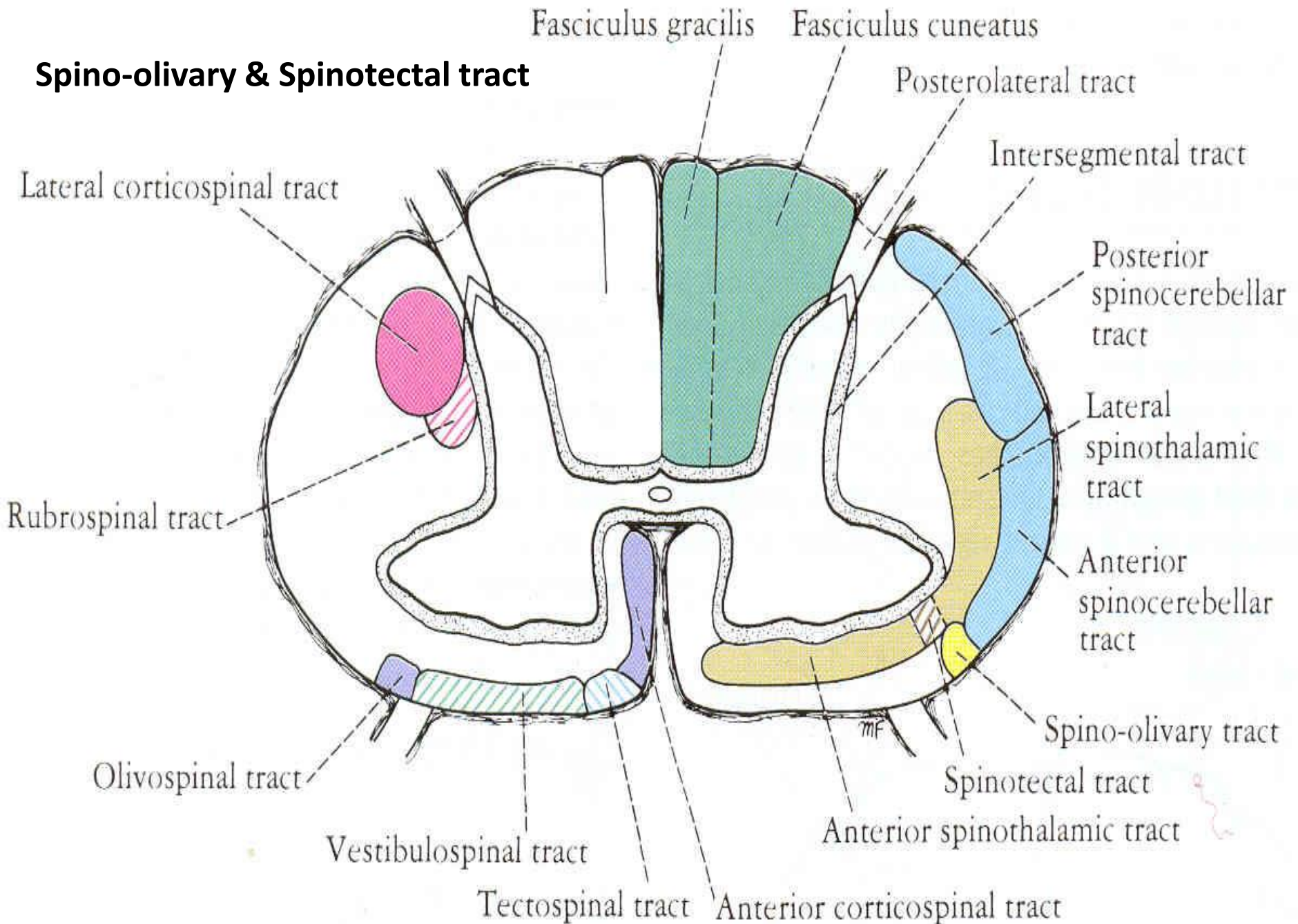


Posterior Column Ataxia

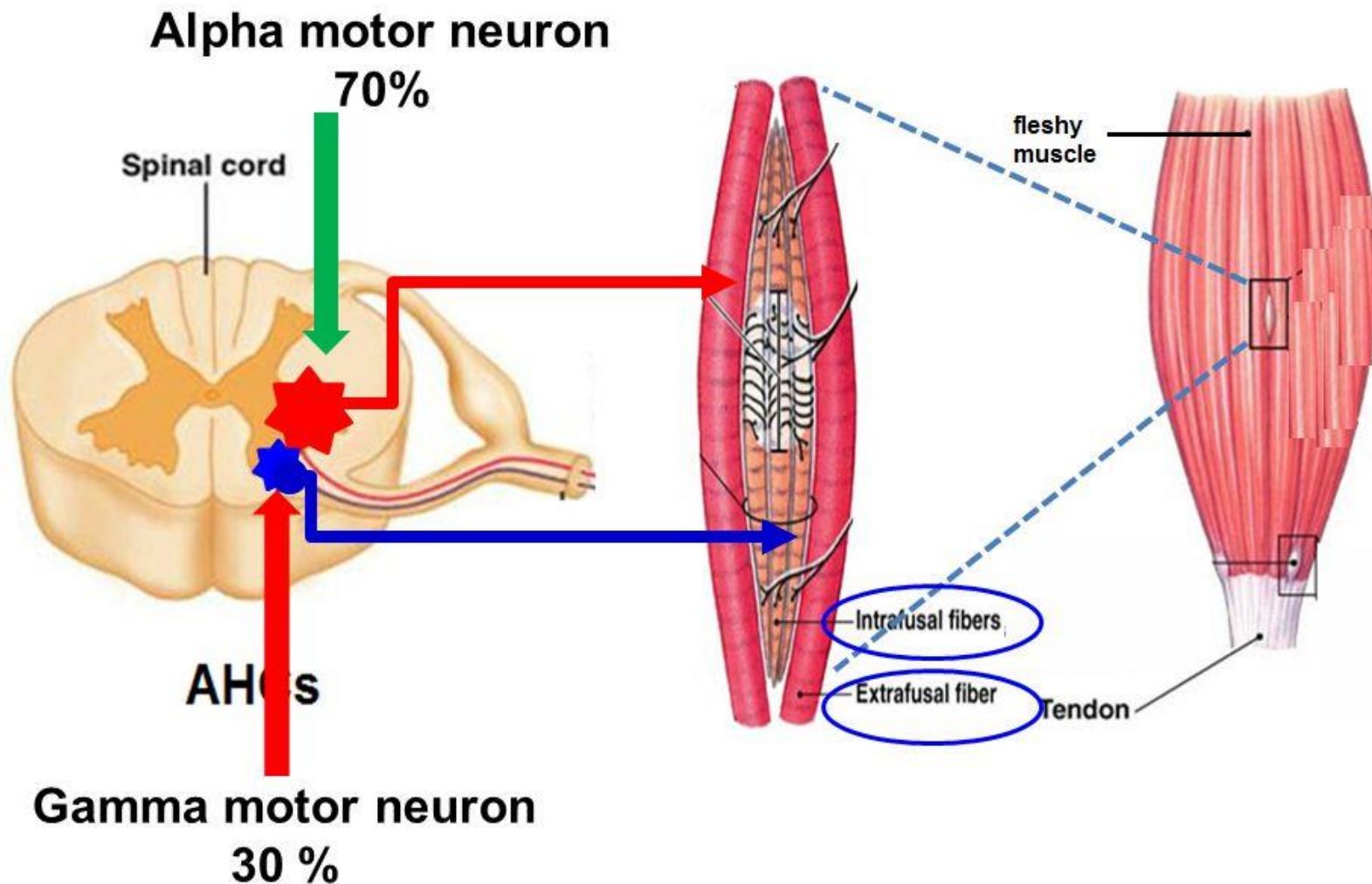
Friedreich's ataxia



Spino-olivary & Spinotectal tract



Type of neuron in anterior horn of spinal cord



SOMATIC MOTOR SYSTEM

**upper motor neuron
UMN**

***Brain Stem
Descending
Pathway***

**VOLUNTARY
CONTROL**

Pyramidal Tract

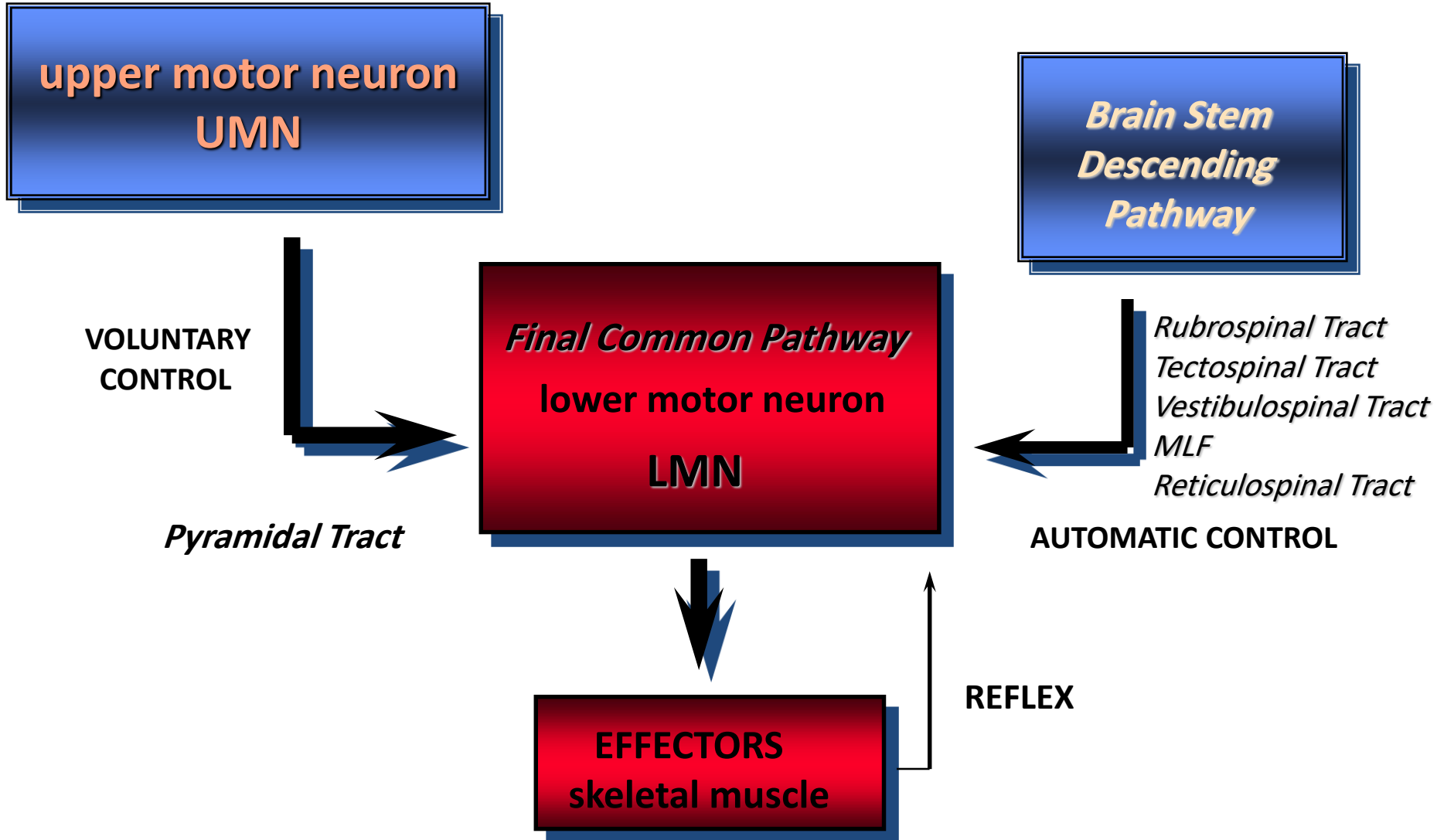
Final Common Pathway
**lower motor neuron
LMN**

*Rubrospinal Tract
Tectospinal Tract
Vestibulospinal Tract
MLF
Reticulospinal Tract*

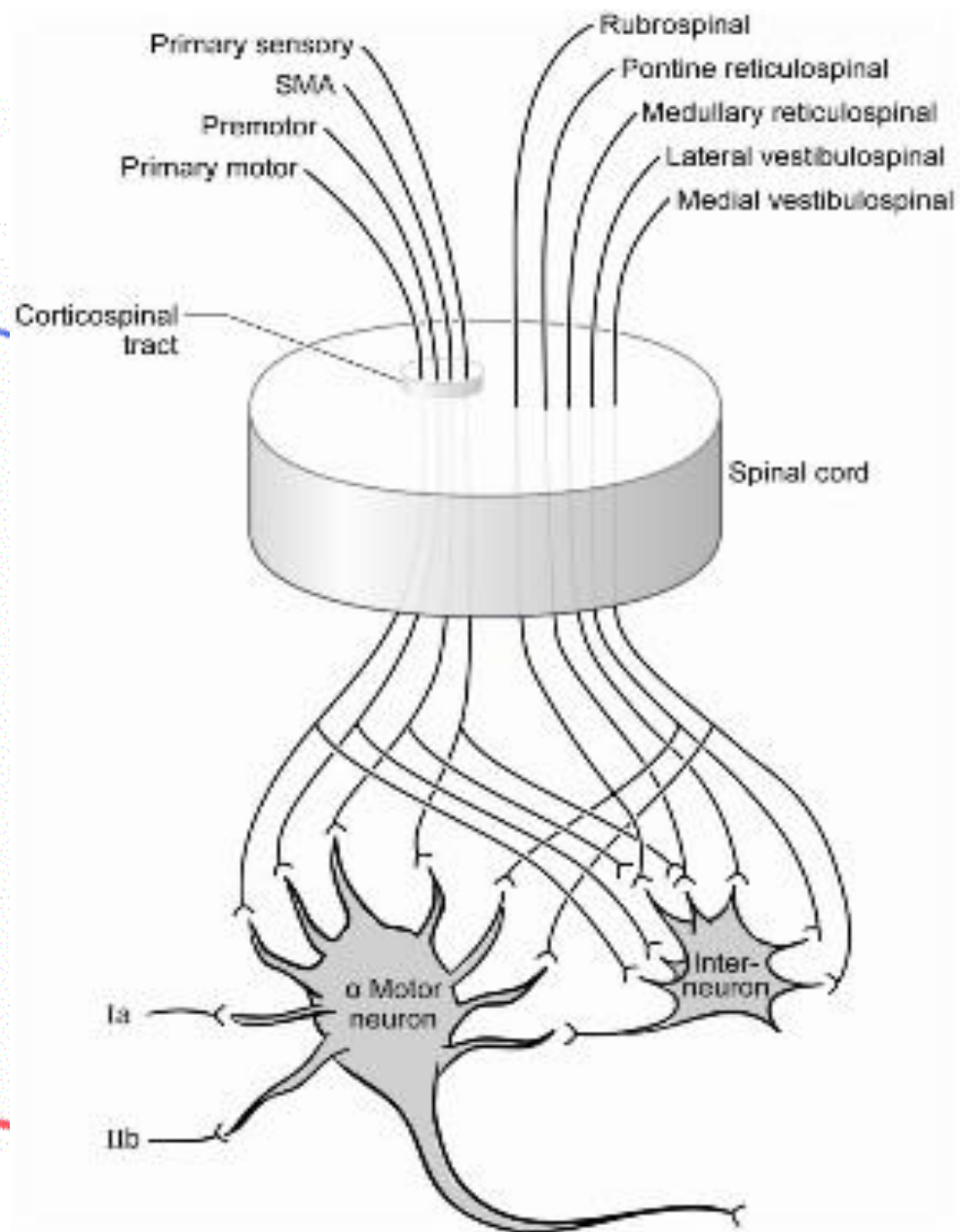
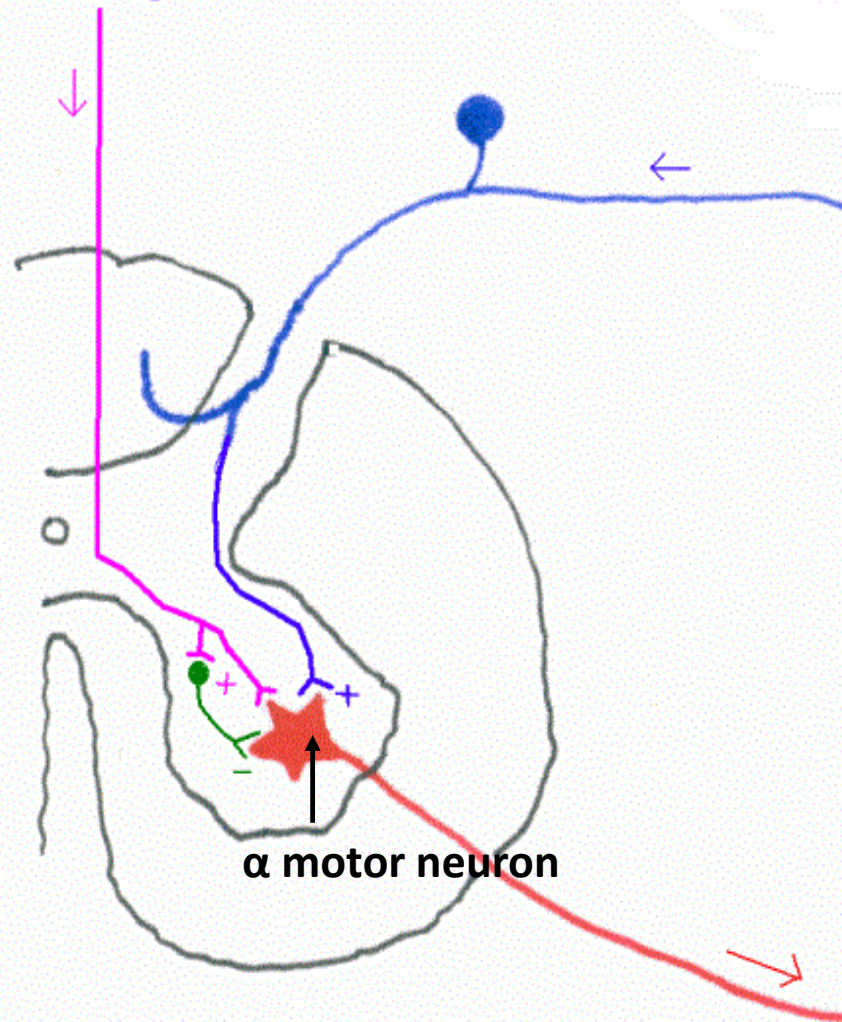
AUTOMATIC CONTROL

REFLEX

**EFFECTORS
skeletal muscle**

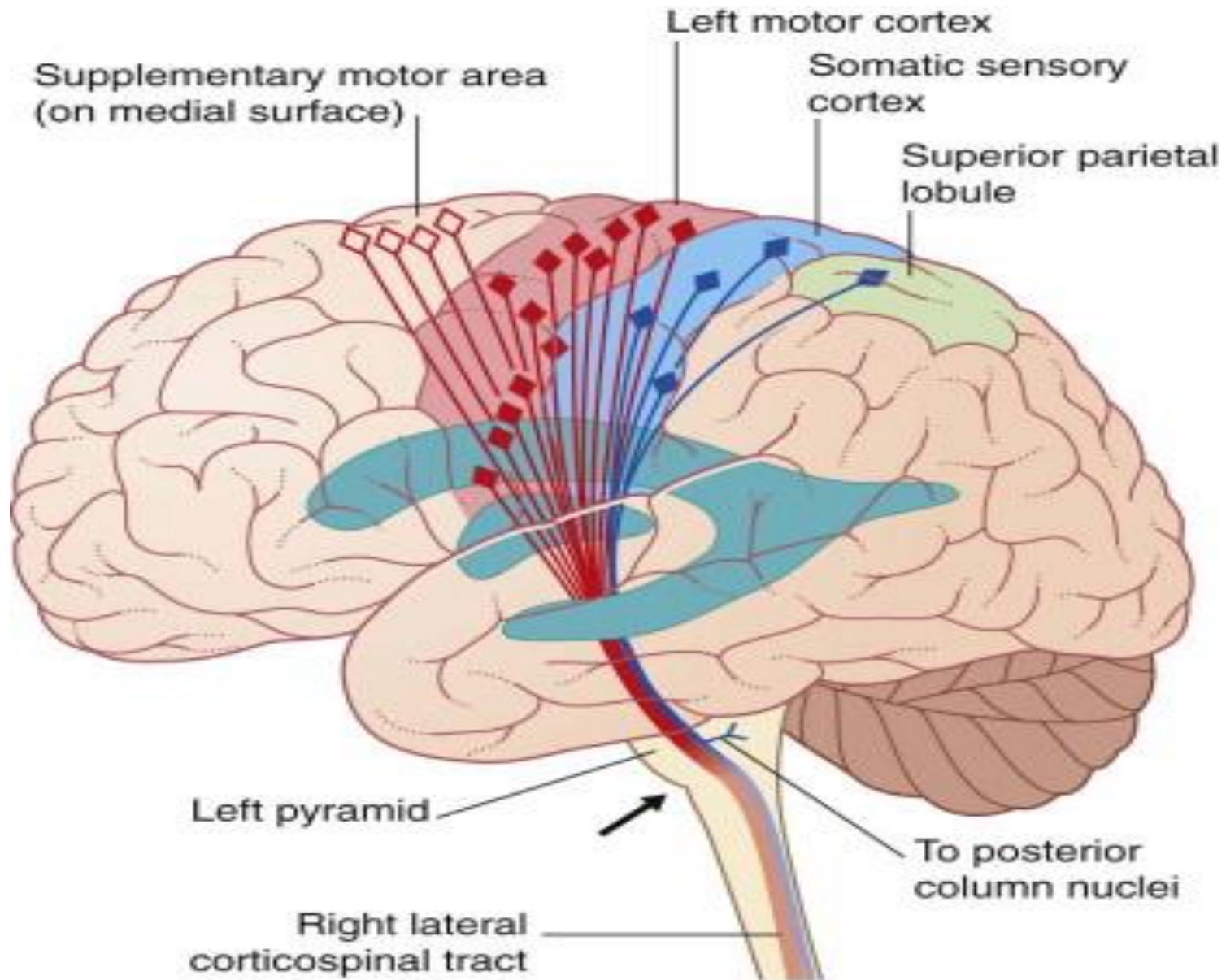


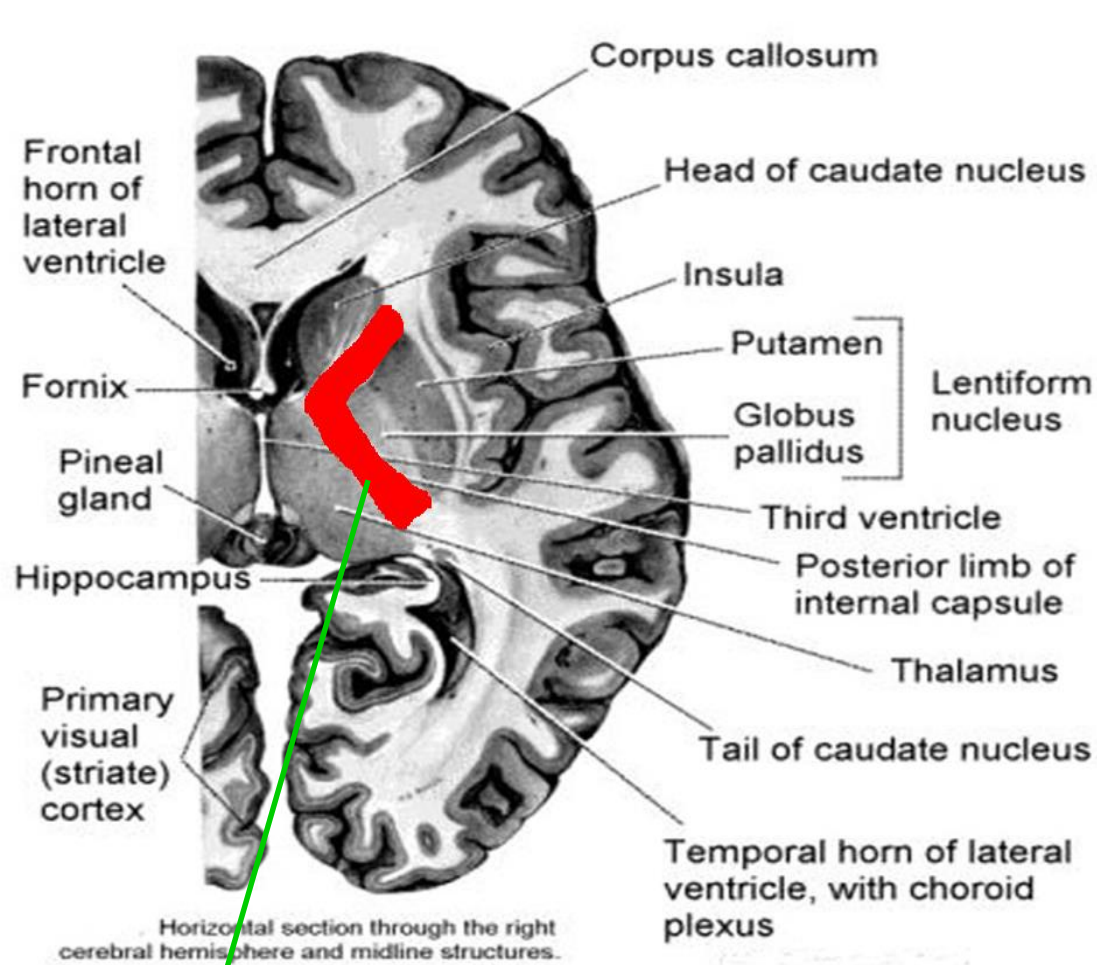
Descending tracts



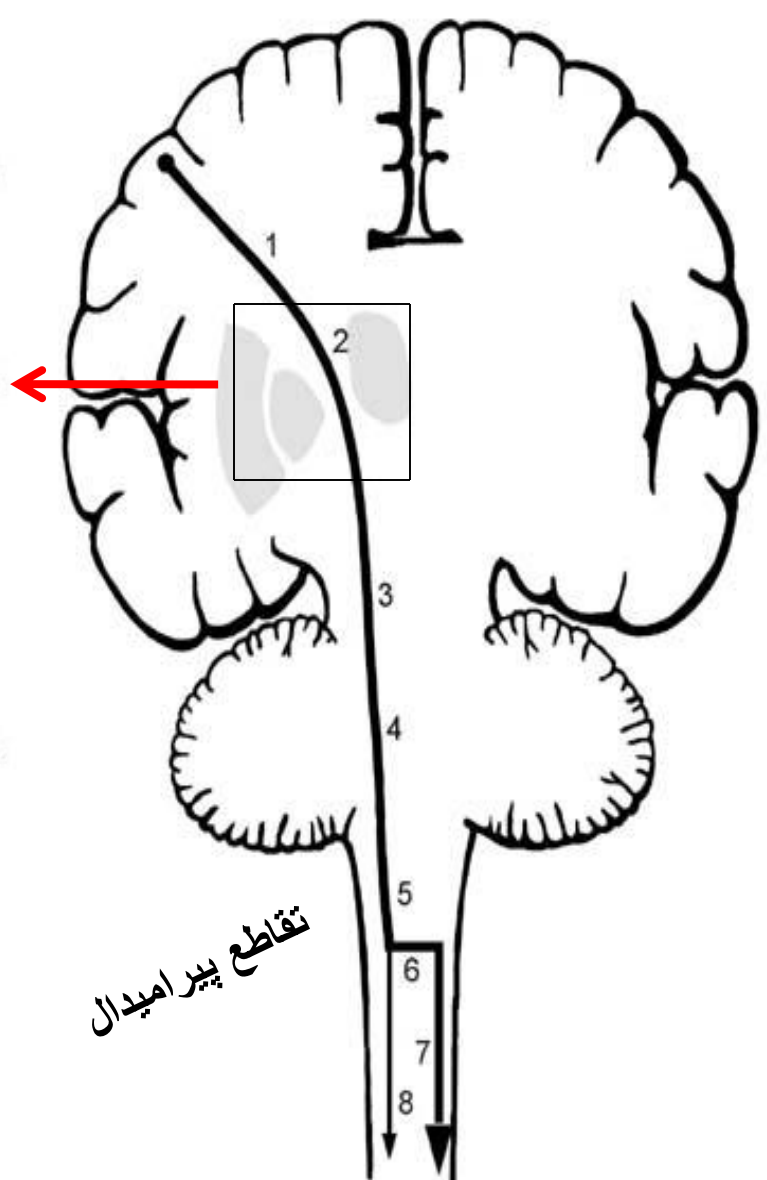
مسیر کورتیکو اسپینال

Corticospinal tract





Internal Capsule

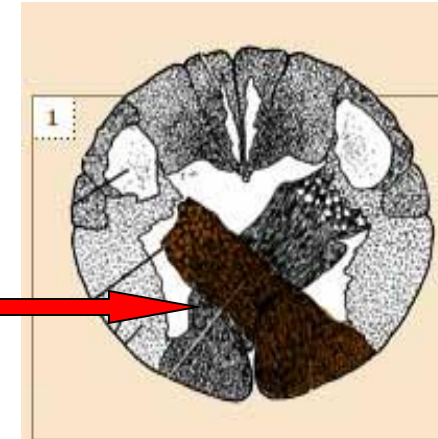
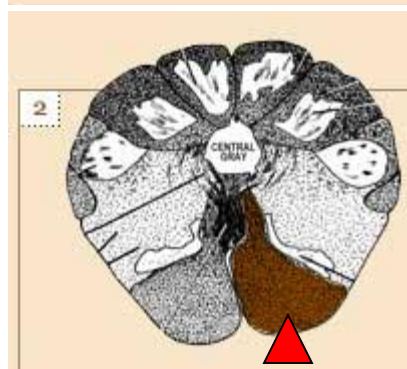
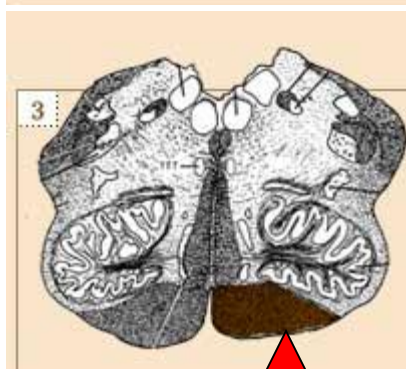
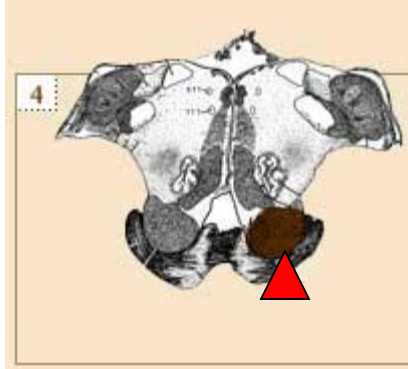
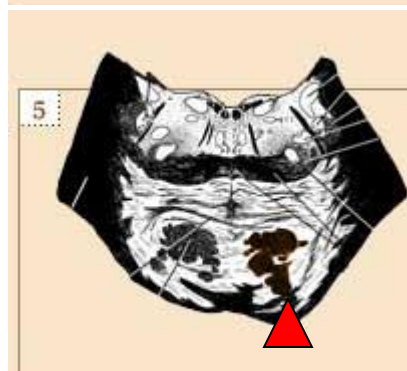
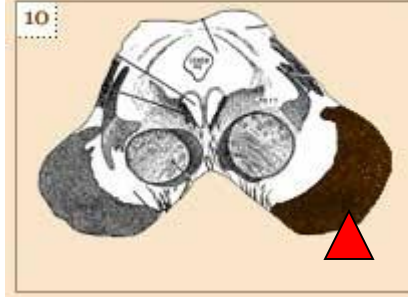


مسیر کورتیکو اسپاینال

مغز میانی

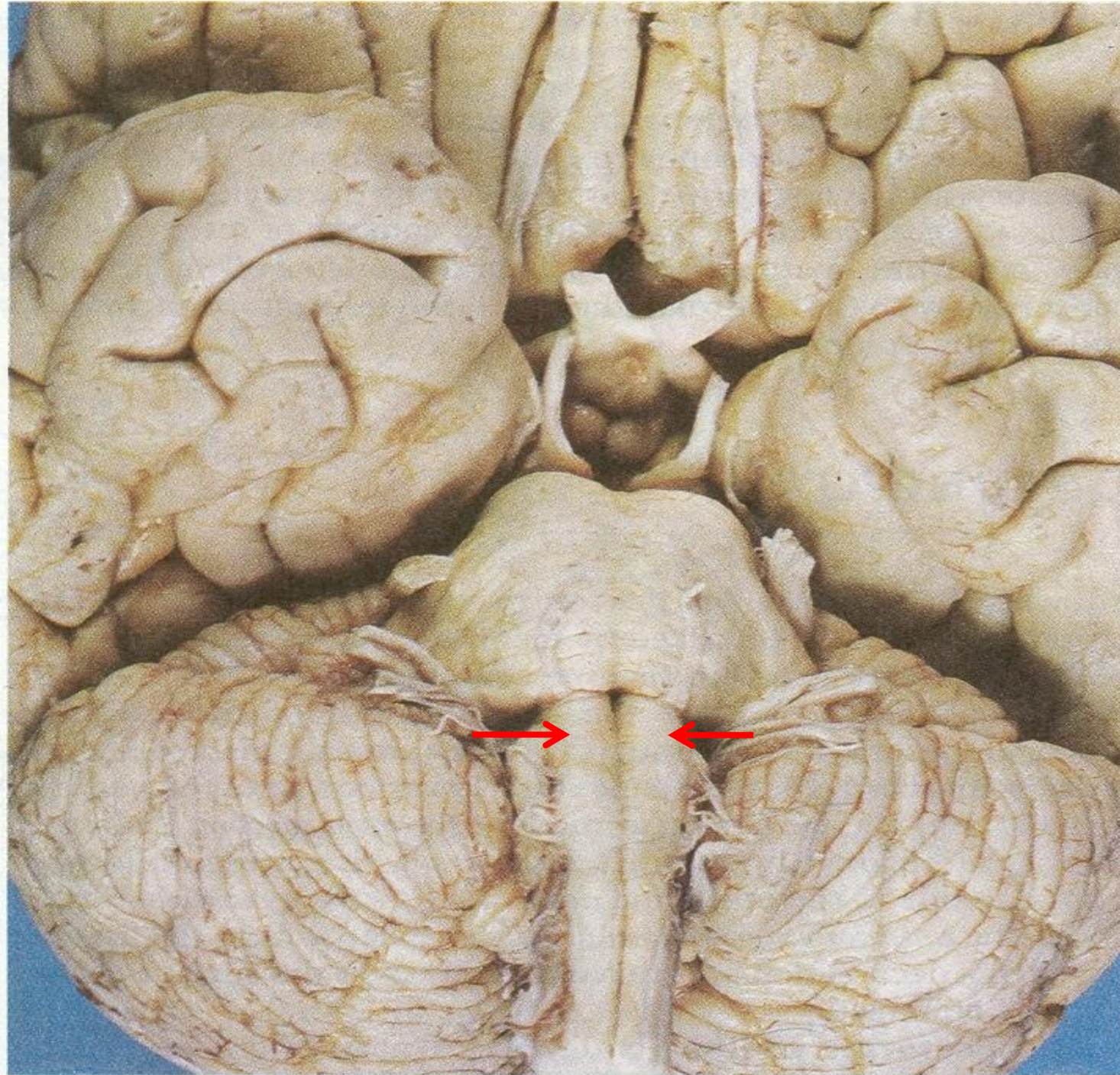
پل مغزی

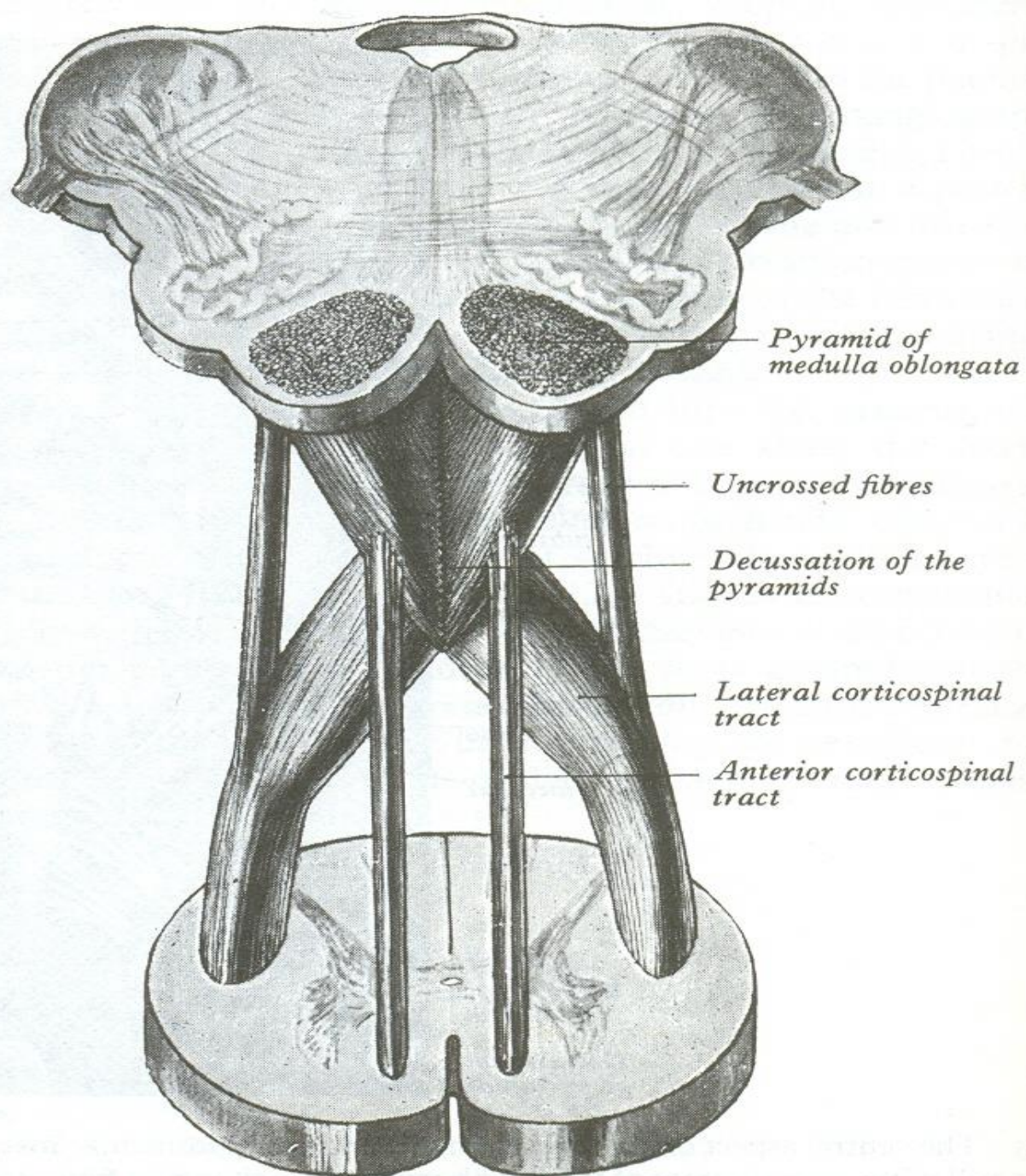
بصل النخاع



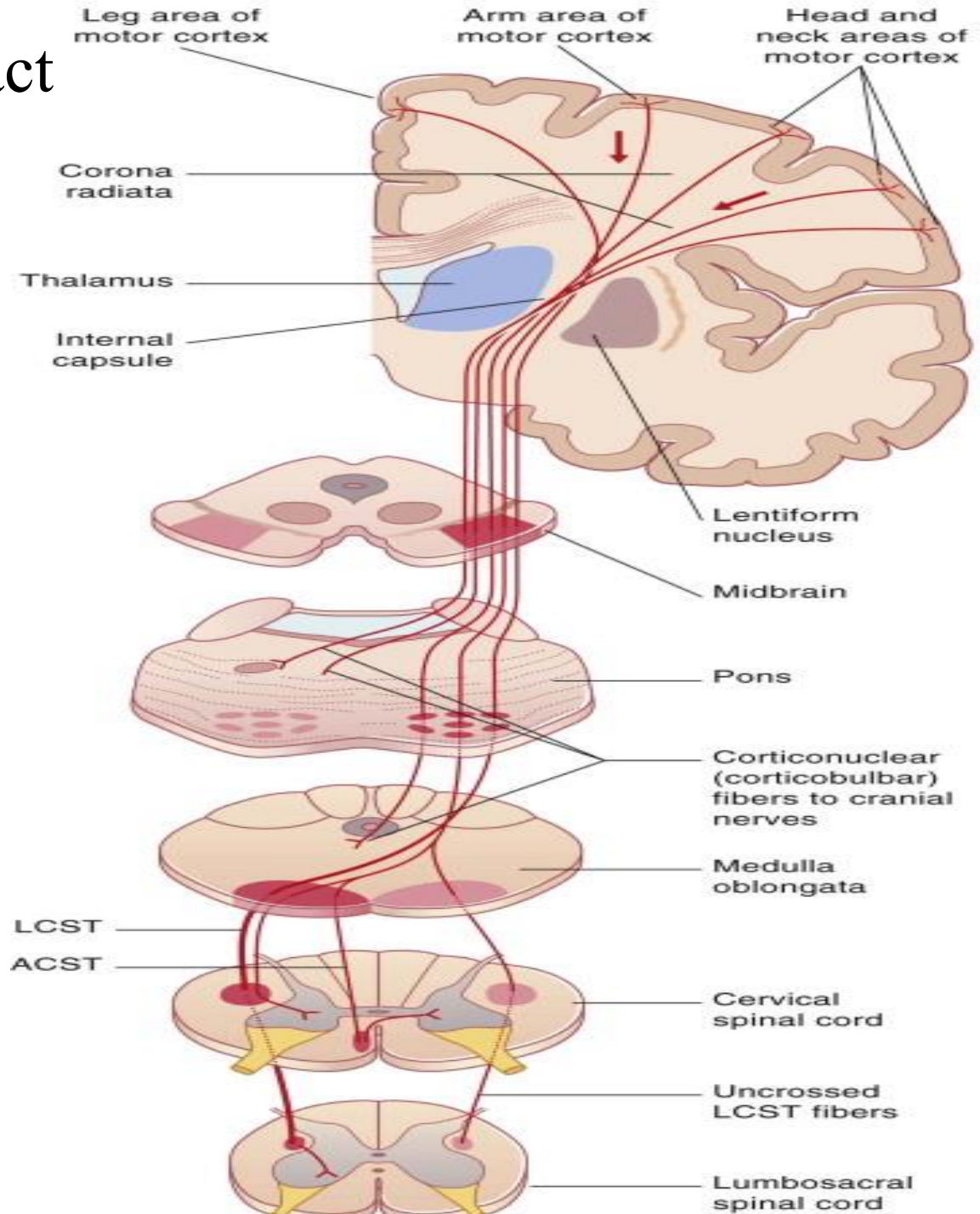
تقاطع پیرامیدال







Corticobulbar tract



آسیب به مسیر کورتیکو اسپاینال – علامت بابینسکی

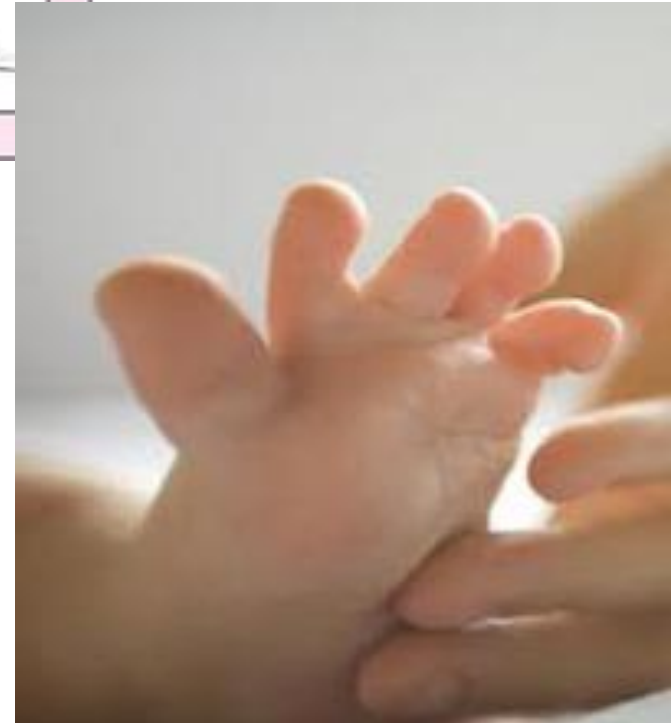
NORMAL TOE FLEXION



POSITIVE BABINSKI'S REFLEX



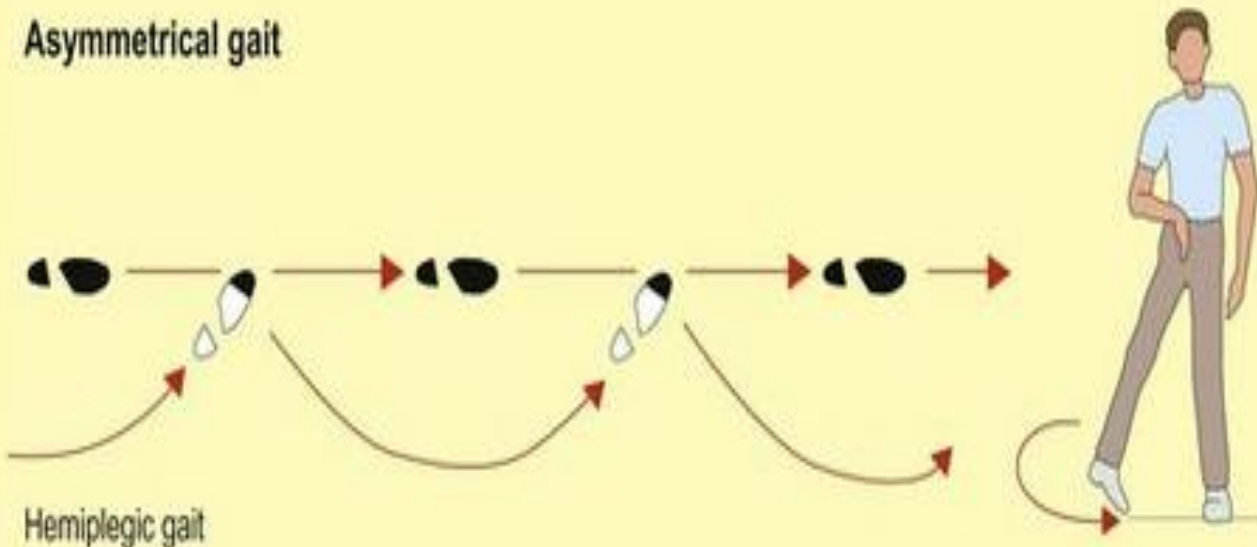
Babinski reflex in infants



- Gait
- **Corticospinal lesions**
- **Circumduction gait**
- **scissors-like gait**



Asymmetrical gait



Vestibulospinal Tract

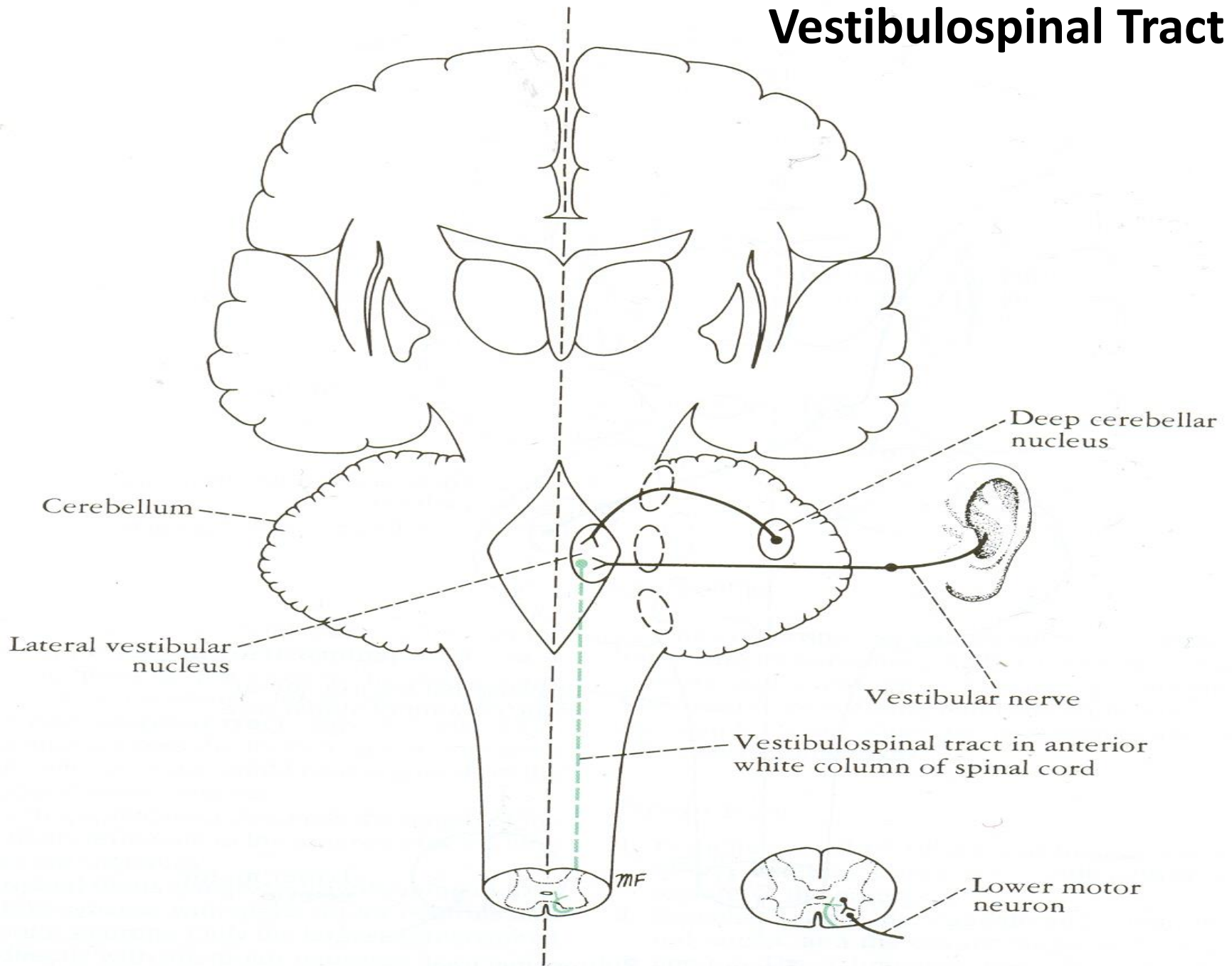
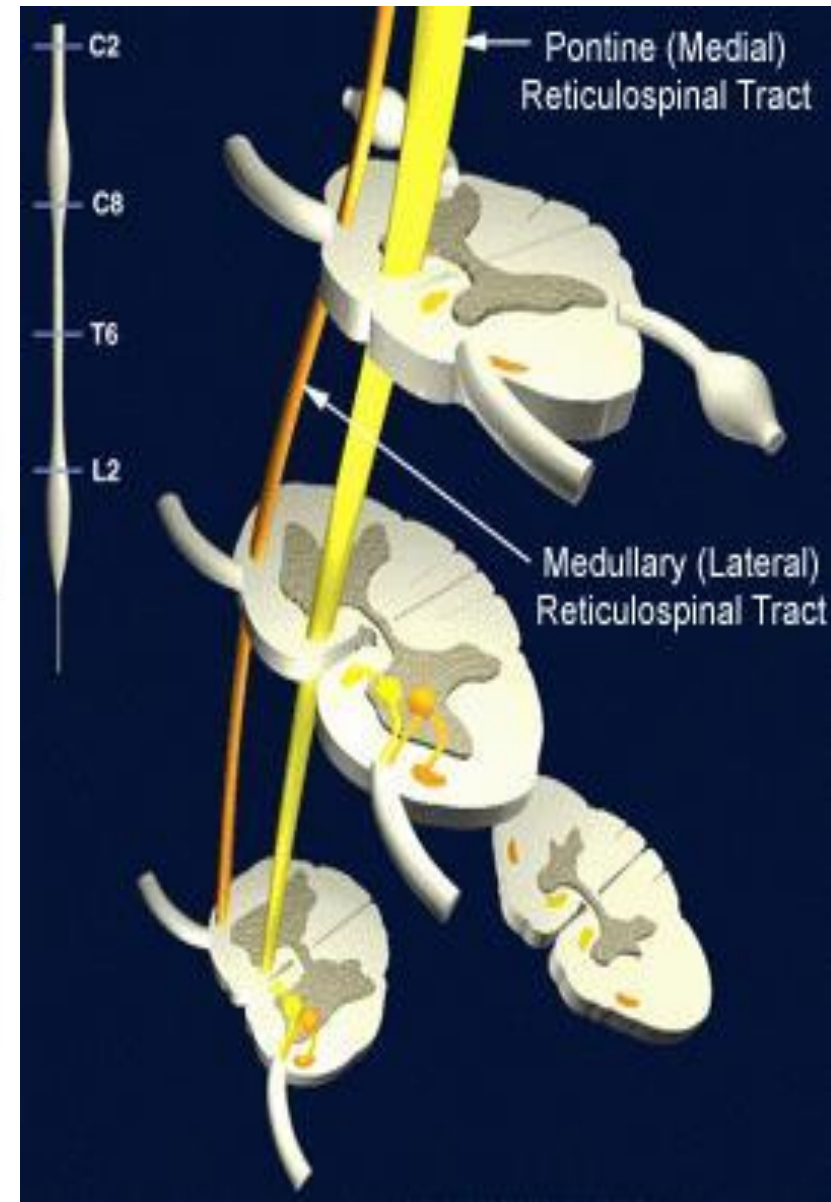
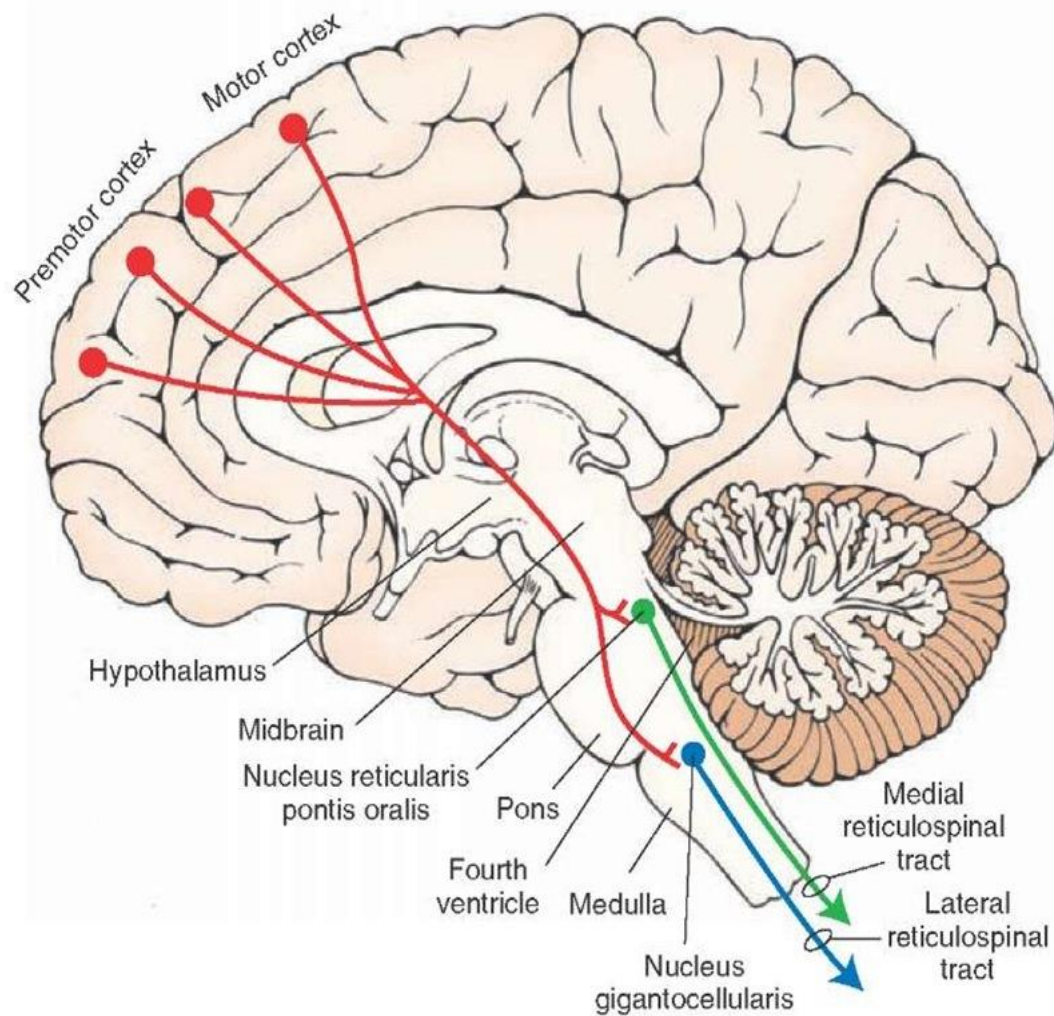


Figure 4-21 Vestibulospinal tract.

Reticulospinal Tract



مسیر تکتواسپاینال

مسیر روبرواسپاینال

هسته های تکتال

هسته قرمز

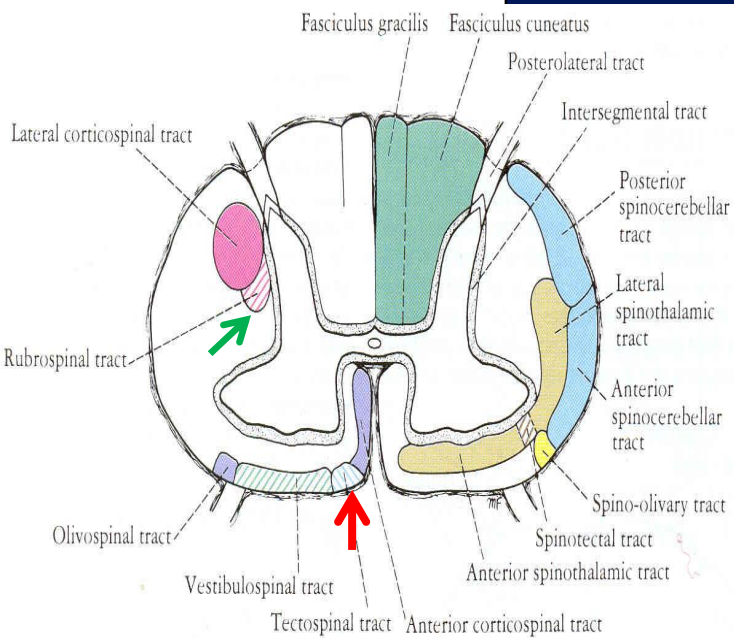
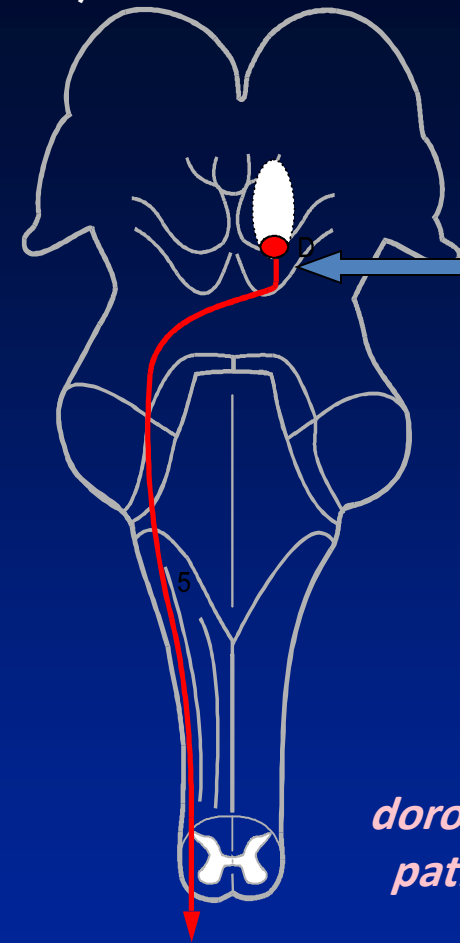
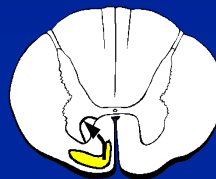
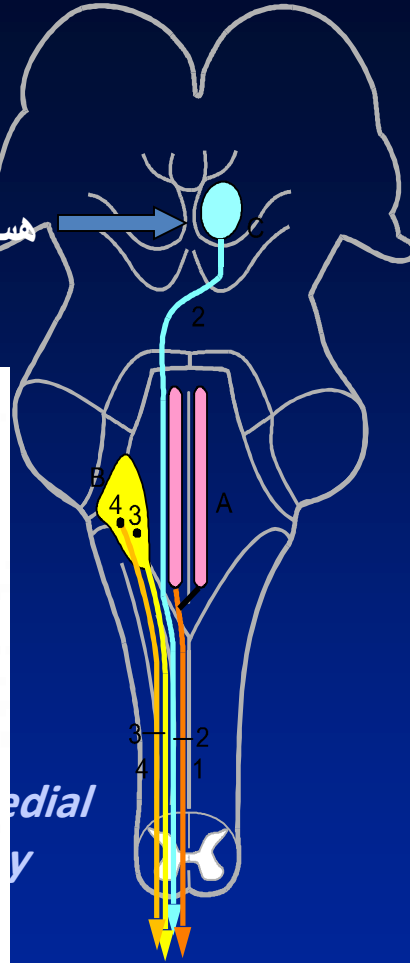
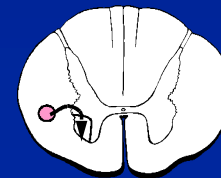


Figure 4-7 Transverse section of the spinal cord at the midcervical level, showing the general arrangement of the ascending tracts on the right and the descending tracts on the left.

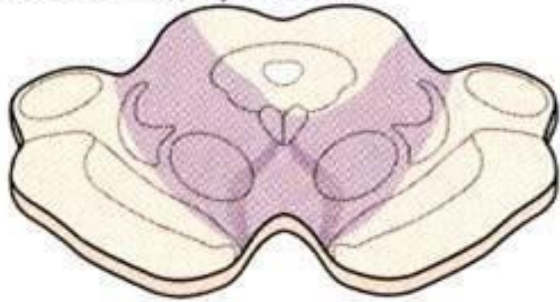


dorolateral pathway

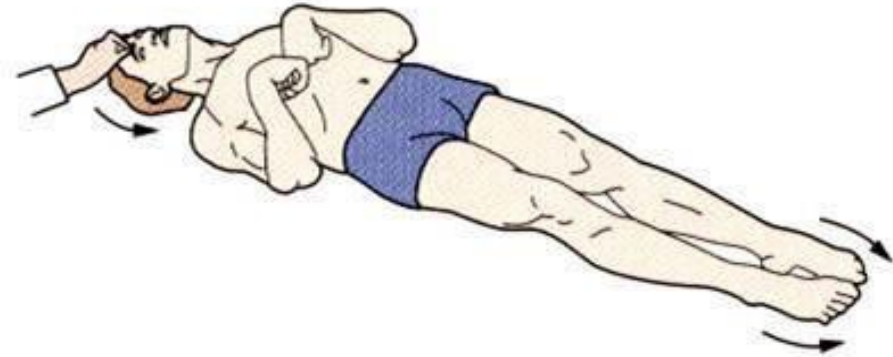


Decorticate and decerebrate posture

Upper midbrain damage
Decorticate posture



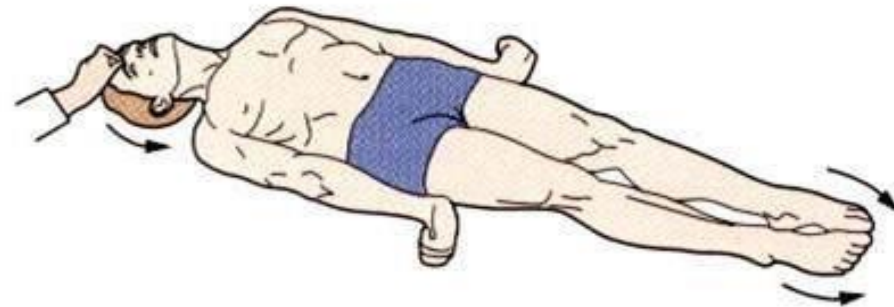
Rubrospinal tract



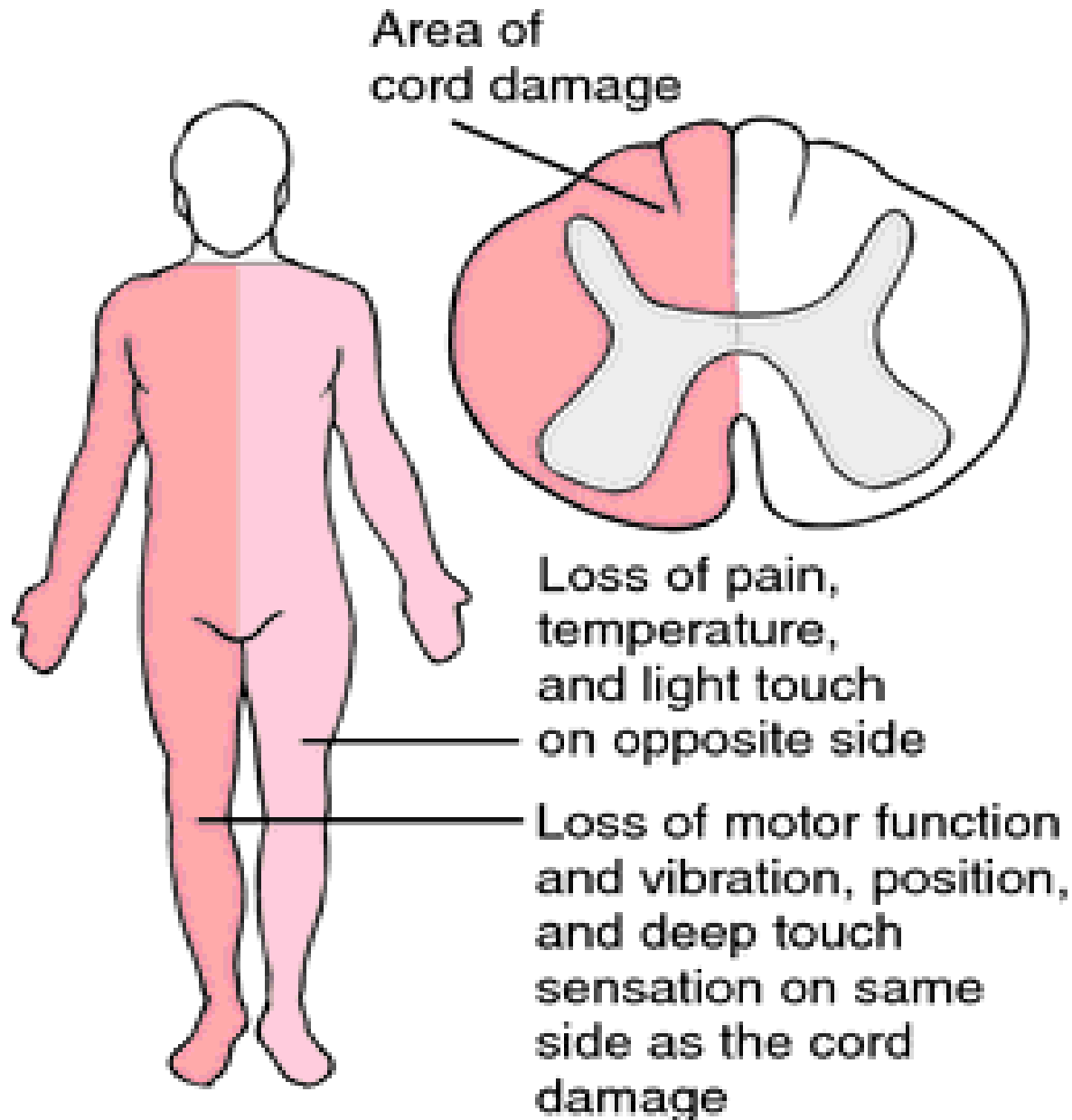
Upper pontine damage
Decerebrate posture



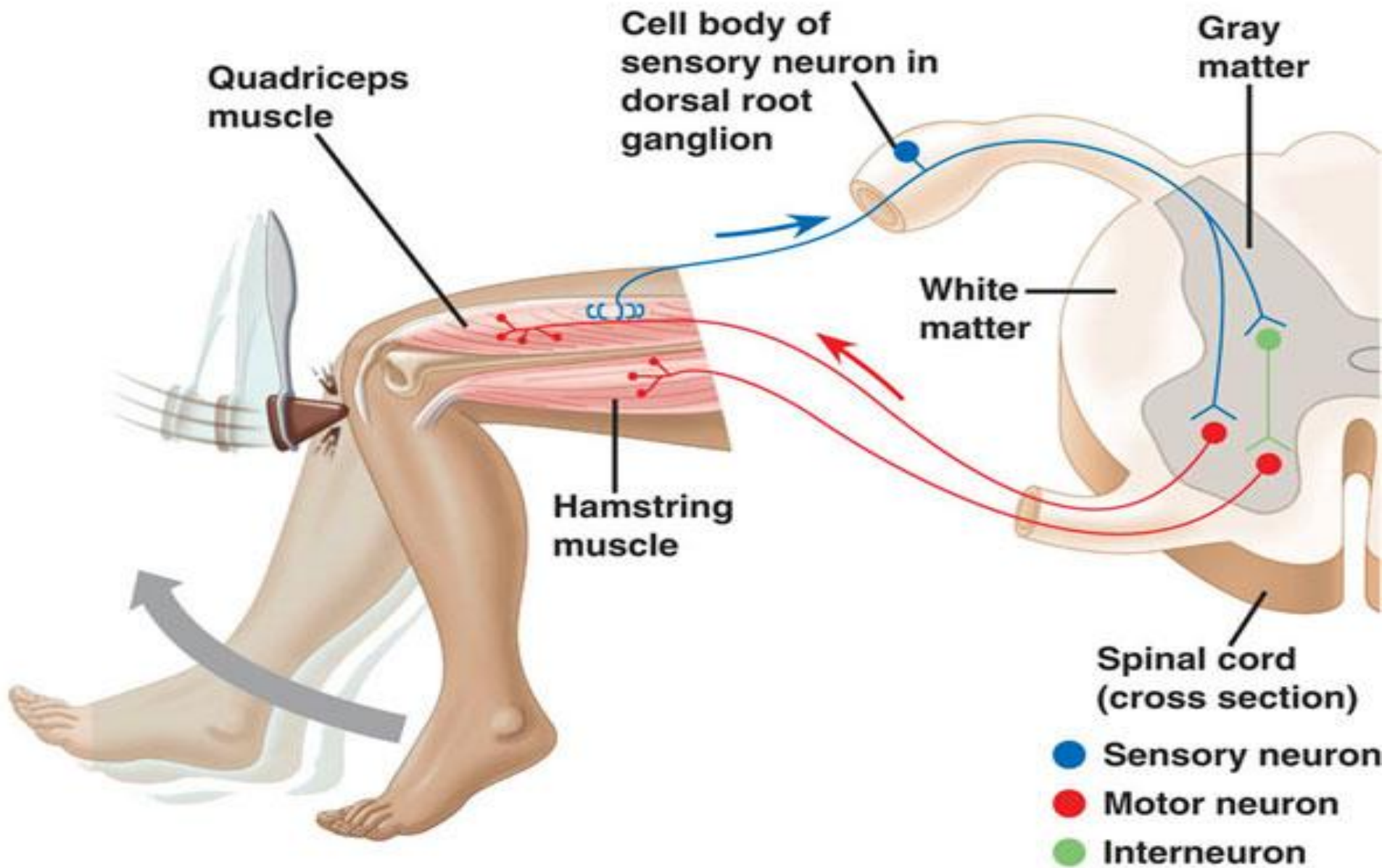
Vestibulospinal tract



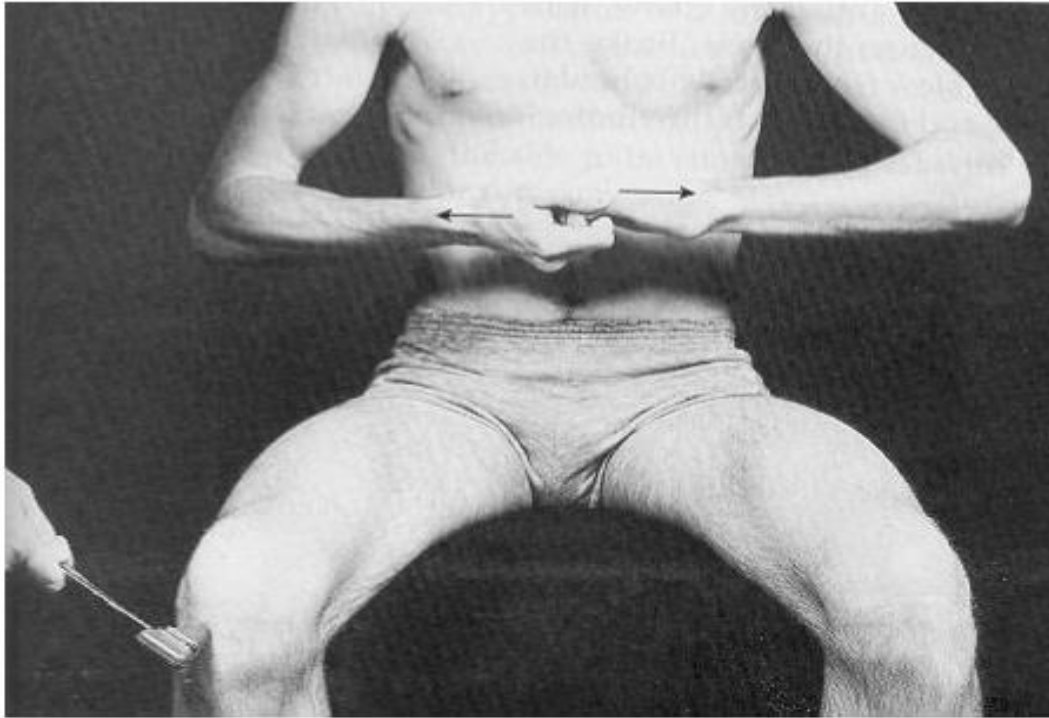
Brown-Séquard syndrome



Deep Tendon Reflex (DTR)

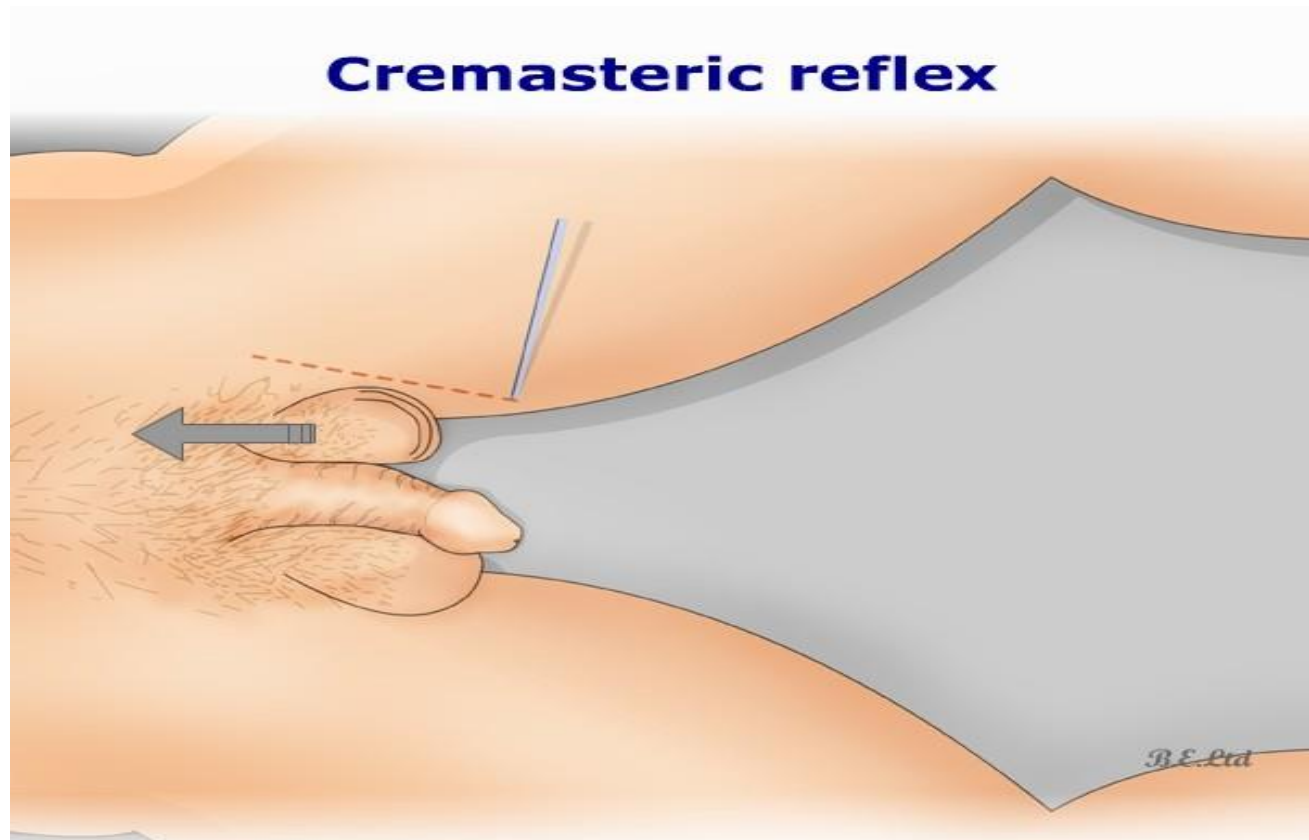


- **Areflexia**
- **Jendrassik maneuver**



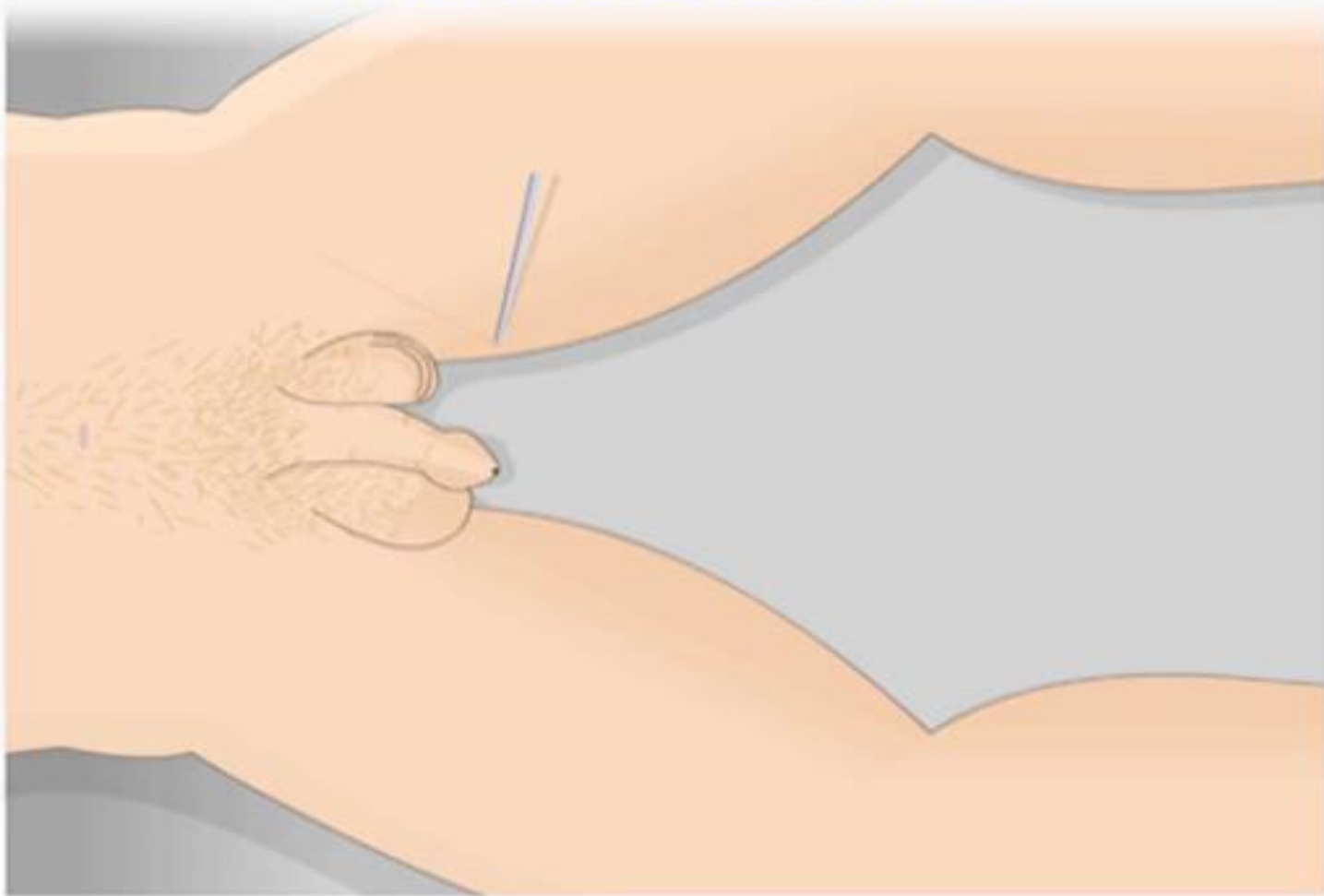
Superficial Reflexes

Cremasteric reflex



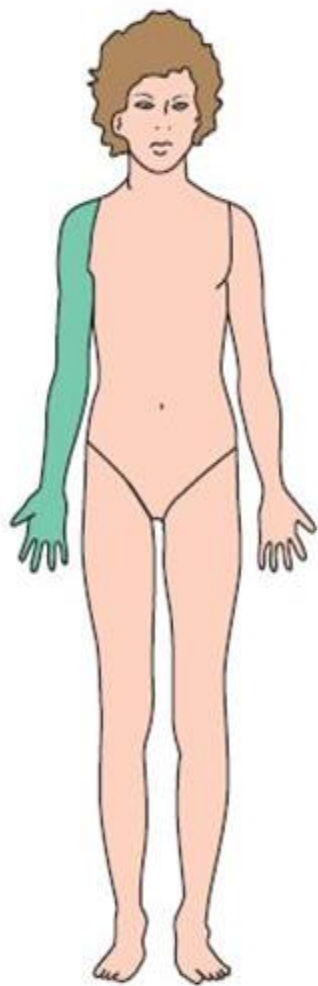
Cremasteric reflex

Cremasteric reflex

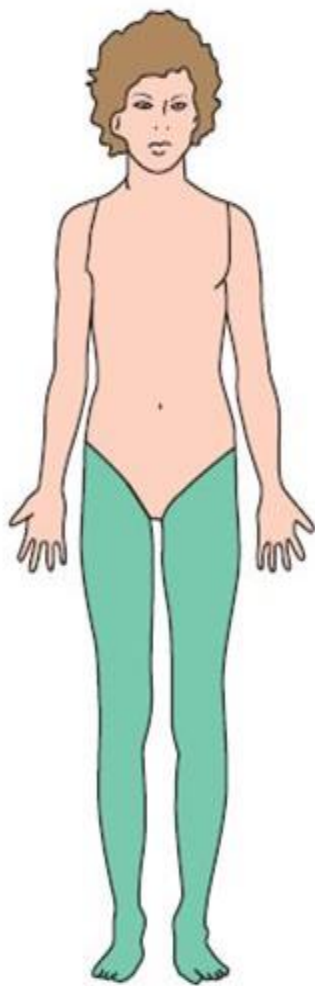


Upper Motor Neuron (UMN) vs Lower Motor Neuron (LMN) Syndrome

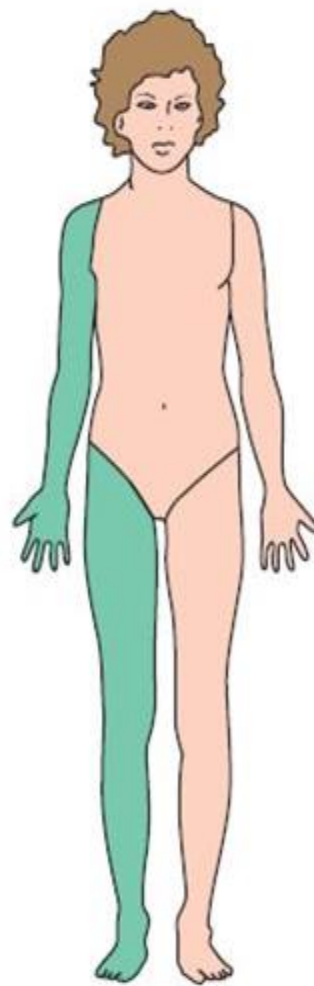
	<i>UMN syndrome</i>	<i>LMN Syndrome</i>
Type of Paralysis	<i>Spastic Paresis</i>	<i>Flaccid Paralysis</i>
Atrophy	No (Disuse) Atrophy	Severe <i>Atrophy</i>
Deep Tendon Reflex	<i>Increase</i>	Absent DTR
Pathological Reflex	Positive <i>Babinski</i> Sign	Absent
Superficial Reflex	Absent	Present



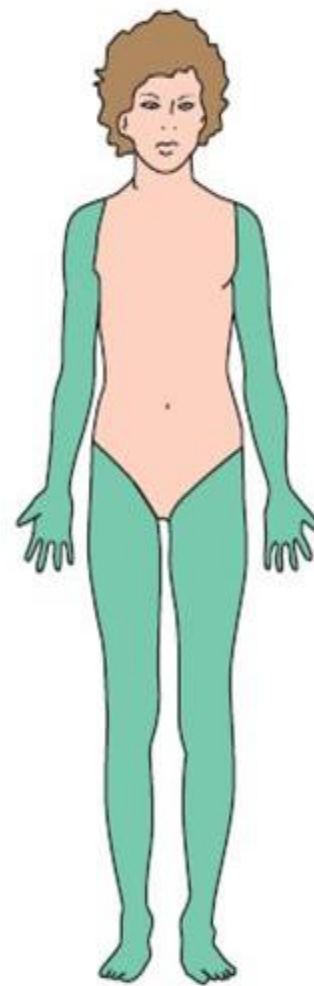
Monoplegia



Paraplegia



Hemiplegia



Quadriplegia

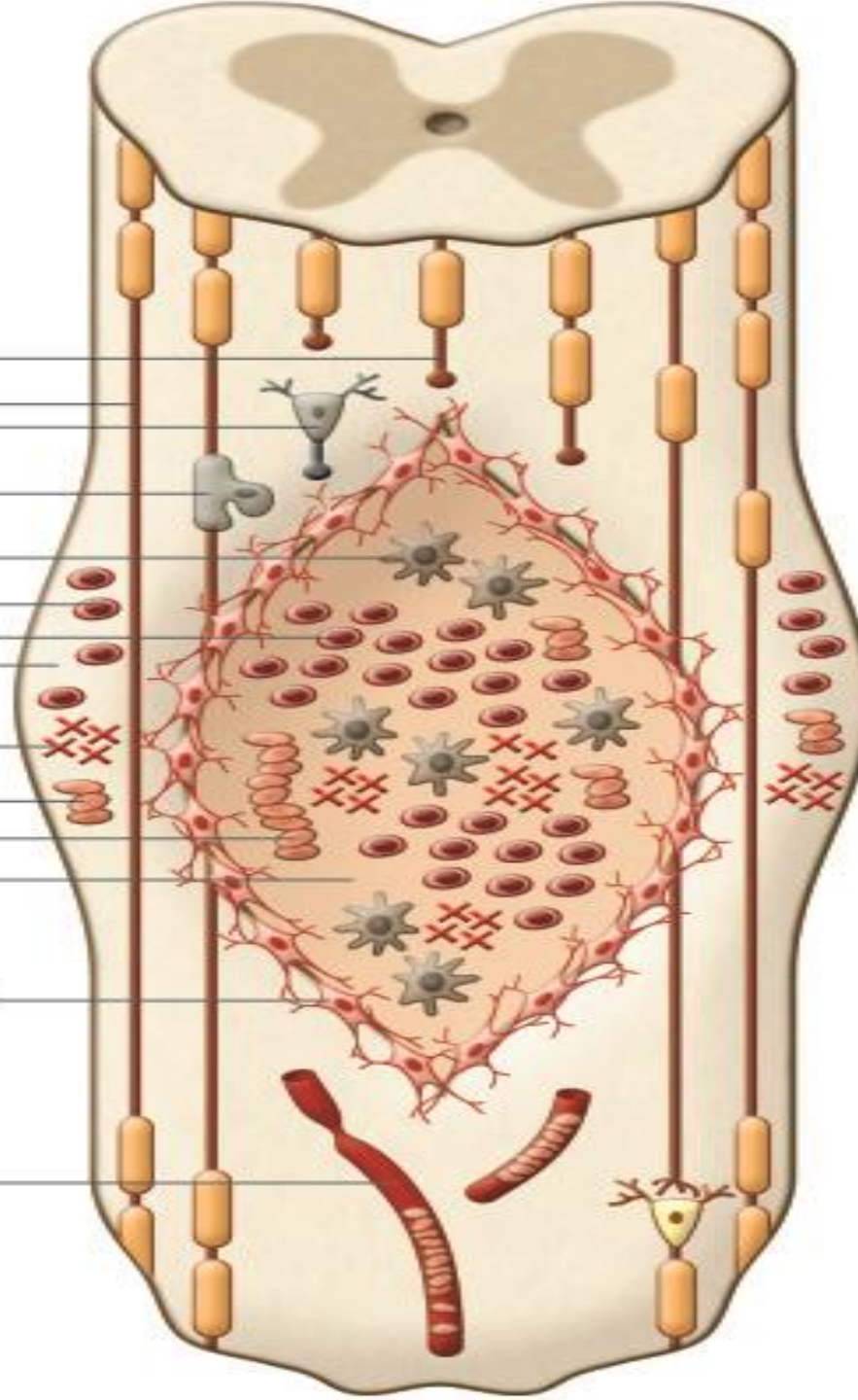
Spinal Cord Disorders (Myelopathy)

- Spinal cord disorders can lead to motor, sensory, or sphincter disturbances
- Lesion above C5 may cause an ipsilateral hemiparesis or quadriparesis
- Lesion below T1 affects only the lower limbs on one or both sides
- **Spasticity**

Total Cord Transection

- **spinal shock**
- **spastic paraplegia or quadriplegia**
- **Flexor or extensor spasms of the legs**

- Severed axons
- Demyelination
- Apoptosis and necrosis
- Inflammation
- Edema
- Excitotoxicity and oxidative damage, etc.
- Hemorrhage
- Cavitation
- Glial reactivity and inhibitory scar formation
- Ischemia/vasospasm and occlusion

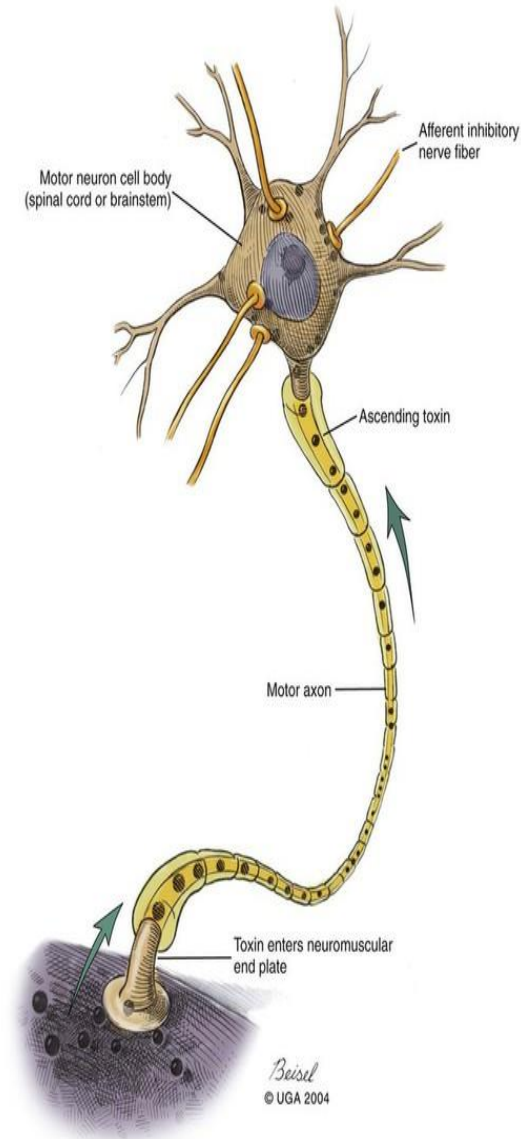
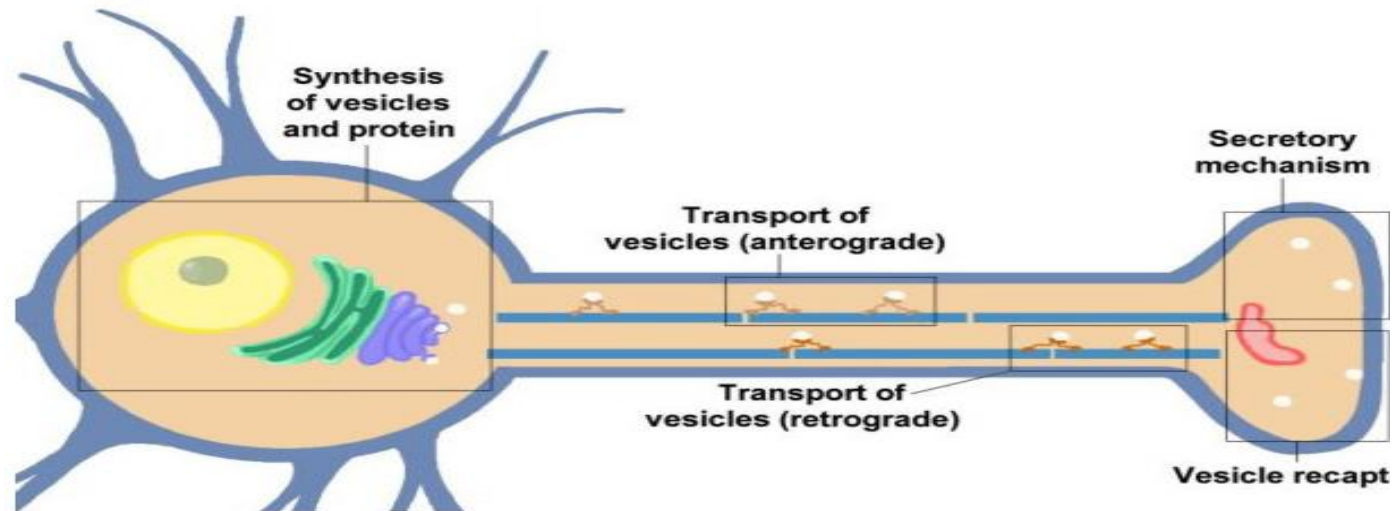


Tetanus

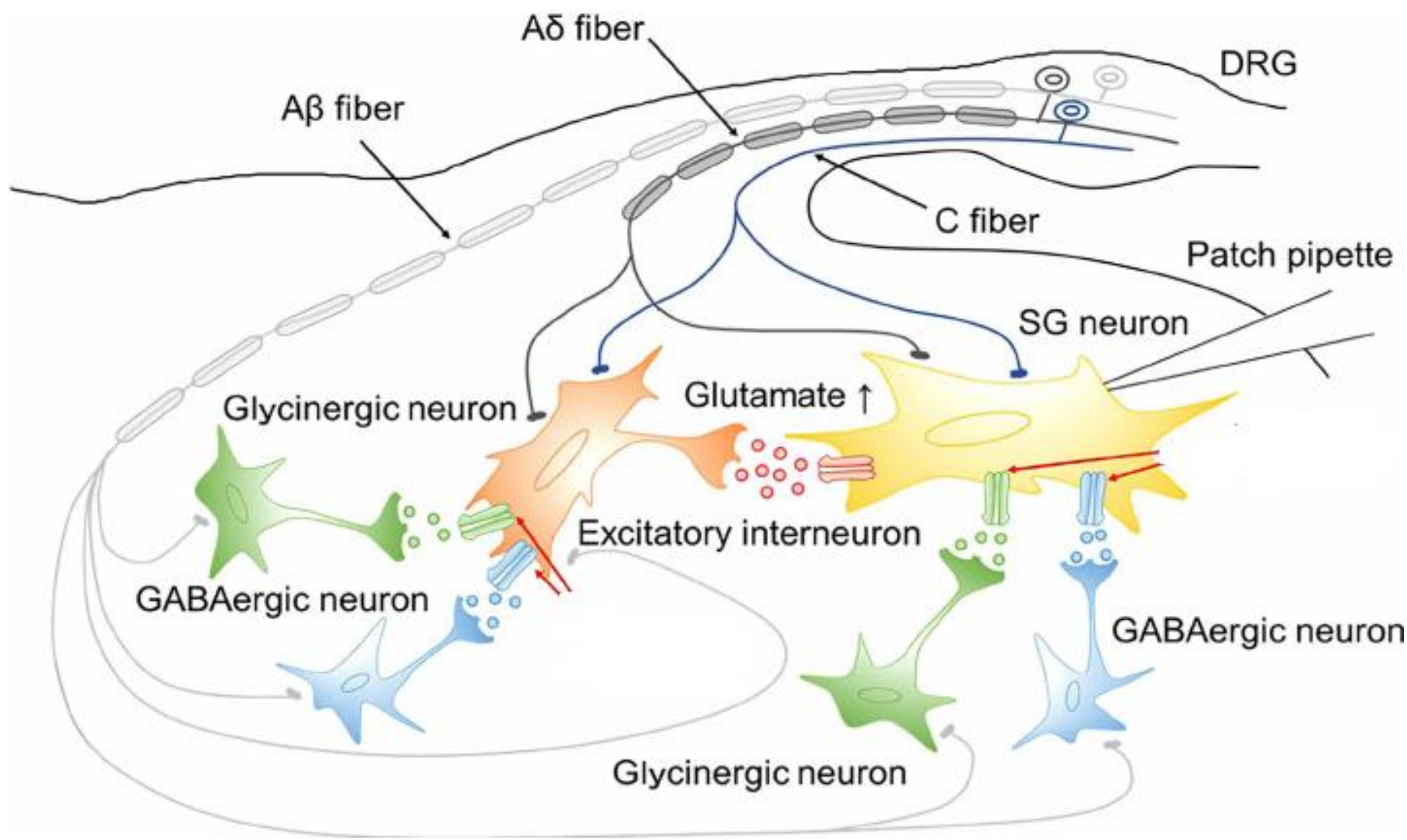
Infective or Inflammatory Myelopathies

Clostridium tetani

Retrograde transport



Mechanism of alpha motor neurons activity (Glycinergic and GABAergic neurons)



Risus sardonicus



Amyotrophic lateral sclerosis(ALS)

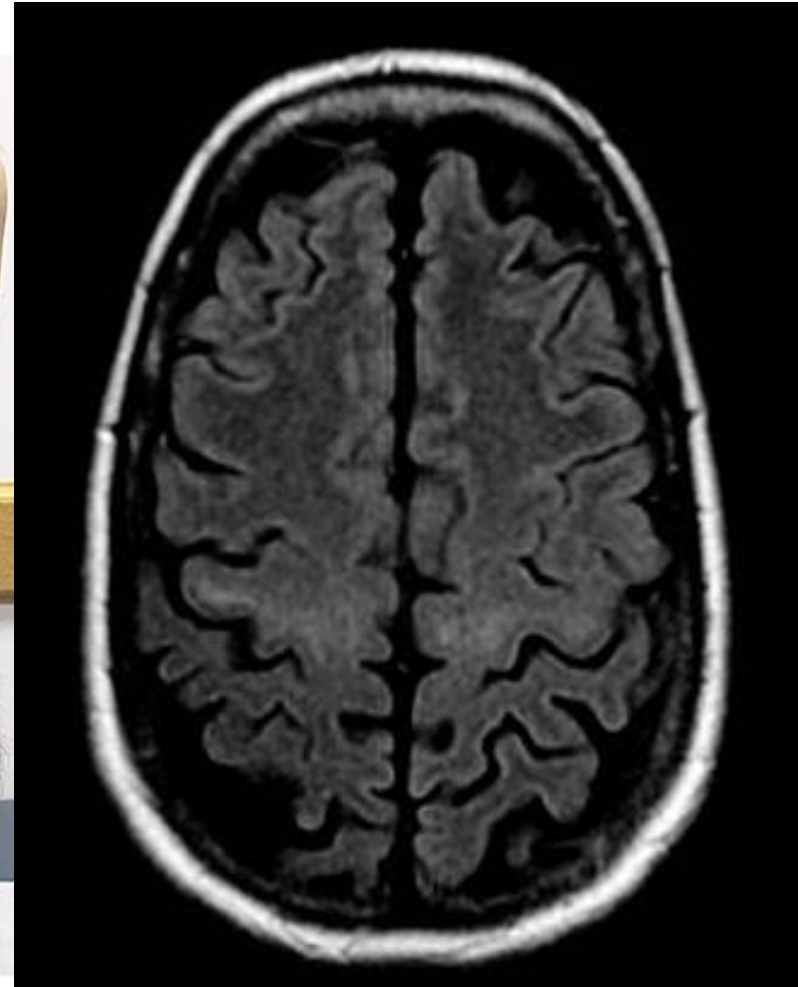
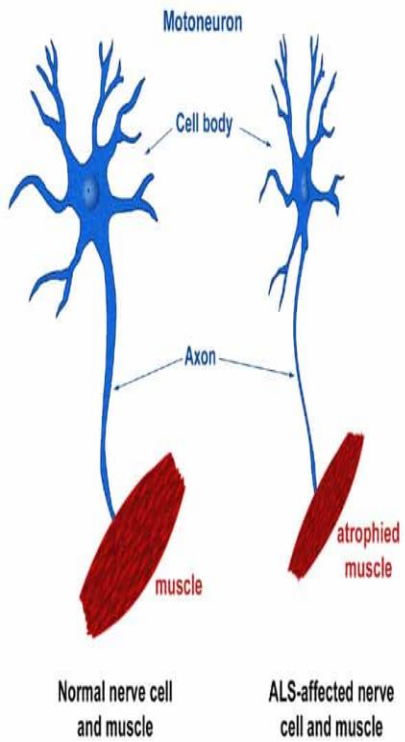


lou gehrig



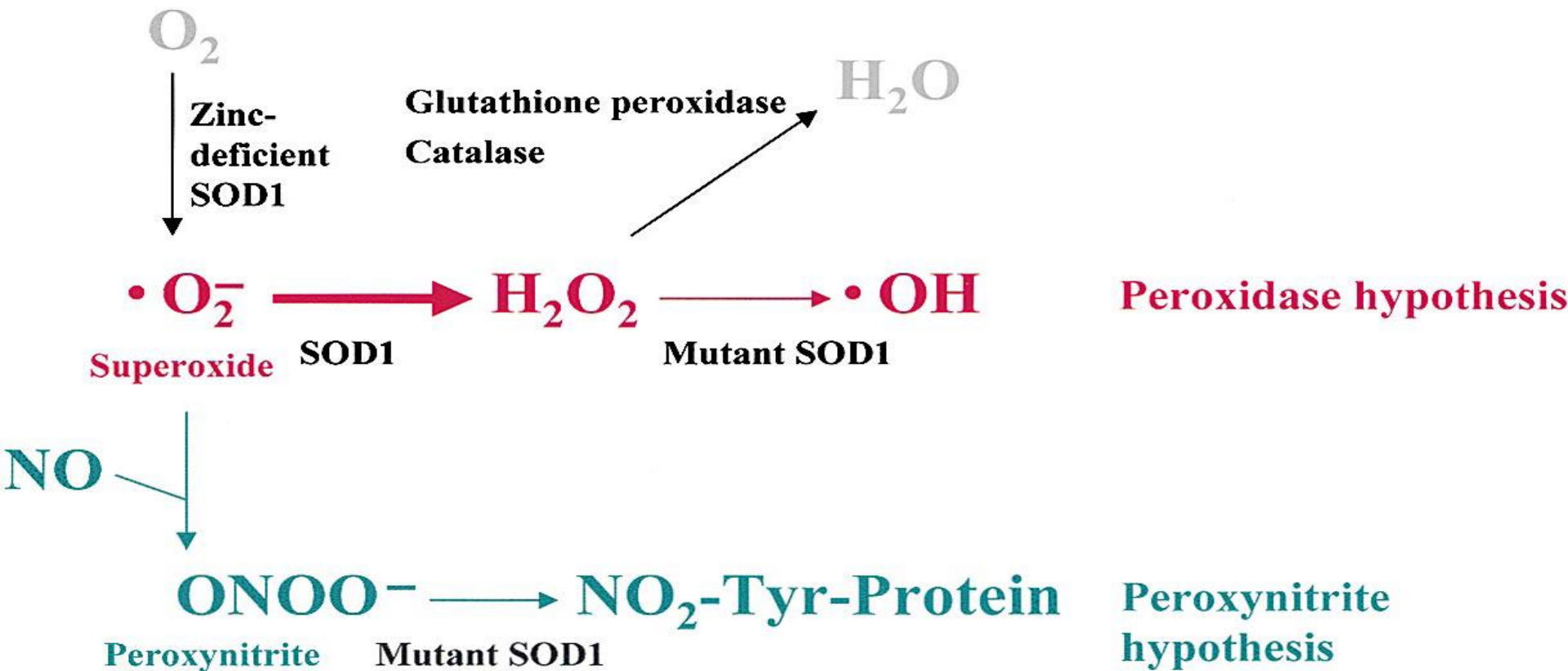
stephen hawking

Amyotrophic lateral sclerosis(ALS)

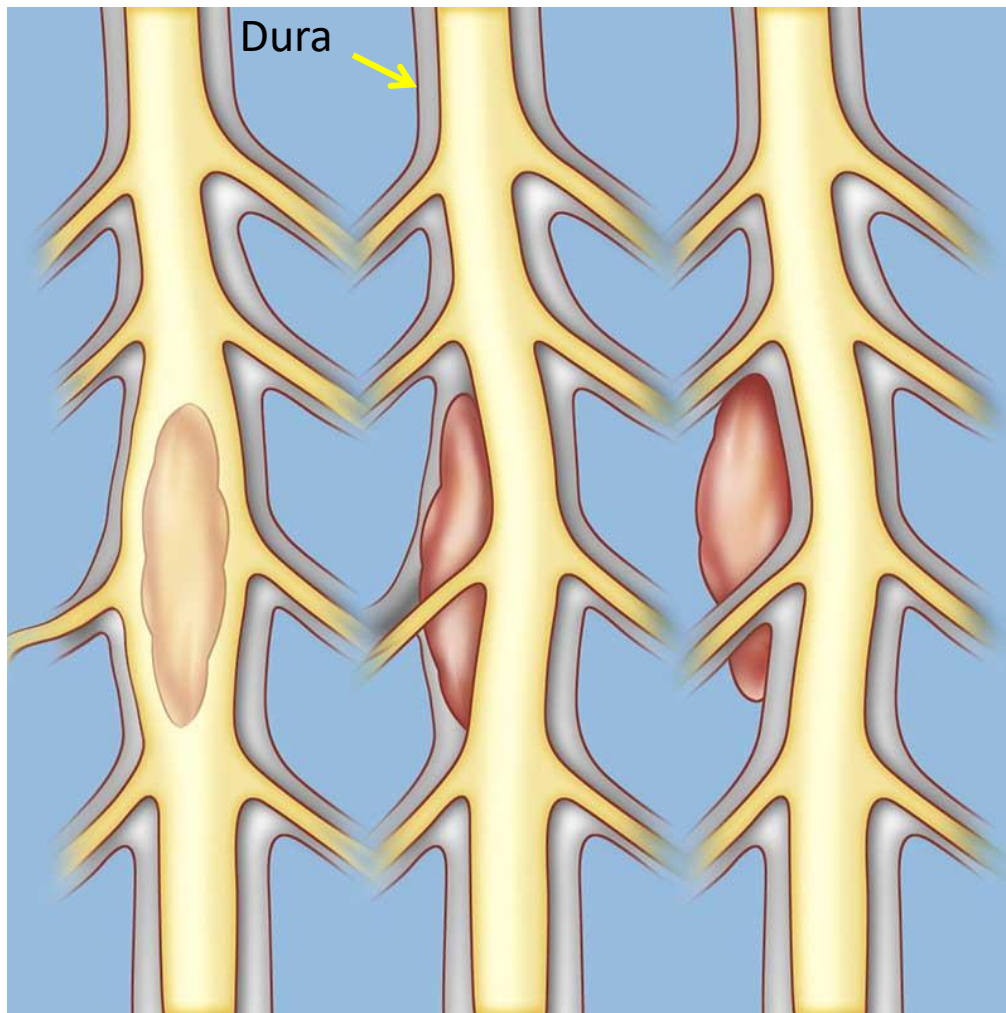


Amyotrophic lateral sclerosis

- The discovery of missense mutations in the gene coding for the Cu/Zn superoxide dismutase 1 (SOD1)



Spinal cord tumor

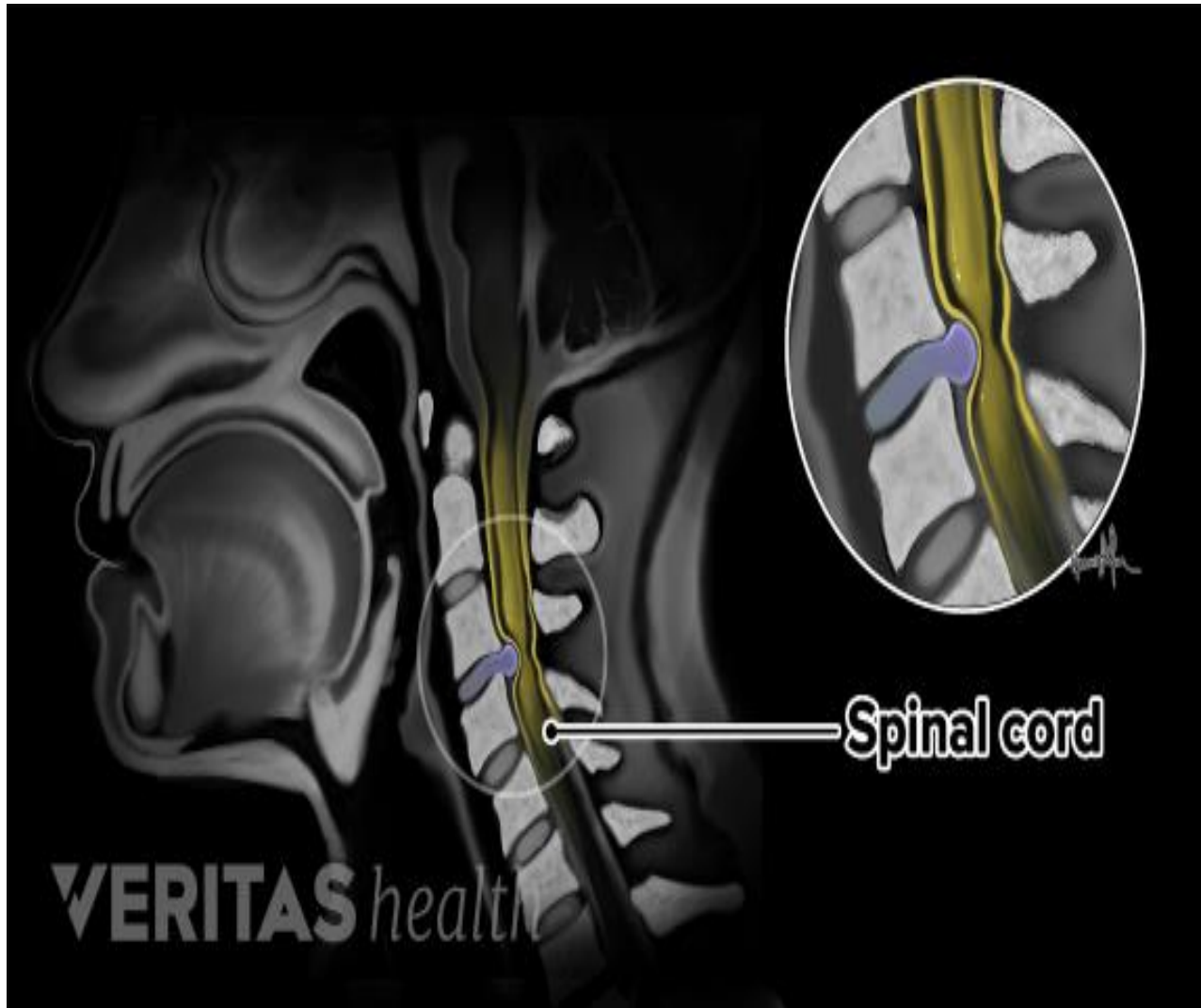


Intramedullary Intradural Extradural



(a)

Cervical spondylosis



Infective Anterior Horn Cell Disorders

- **Polio Virus Infection**



الهی

ای که انوار قدسی اش برای دیدگان دوستانش در
کمال درخشندگی است و پرتوافکنیهای جمالش
برای قلوب عارفان، زداینده ناپاکیها است. ای آرمان
دل مشتاقان و ای منتهای آرزوی دوستان، از تو
خواهم دوستی خودت و دوستی دوستدارانت و
دوستی هر عملی که مرا به قرب تو واصل گرداند و
تو را در پیش من محبوبتر از دیگران قرار دهد و از
تو خواهم که اشتیاقم را به سویت چنان کنی که
بازدارنده از نافرمانیت باشد و بر من منت گذار به
اینکه بر من توجهی فرمایی و با دیده دوستی و
عطوفت بر من بنگری و روی از من مگردانی و مرا از
جمله سعادت‌مندان و بهره‌مندان نزد خود قرار دهی

ای مهربانترین مهربانان

مناجات‌المحبین