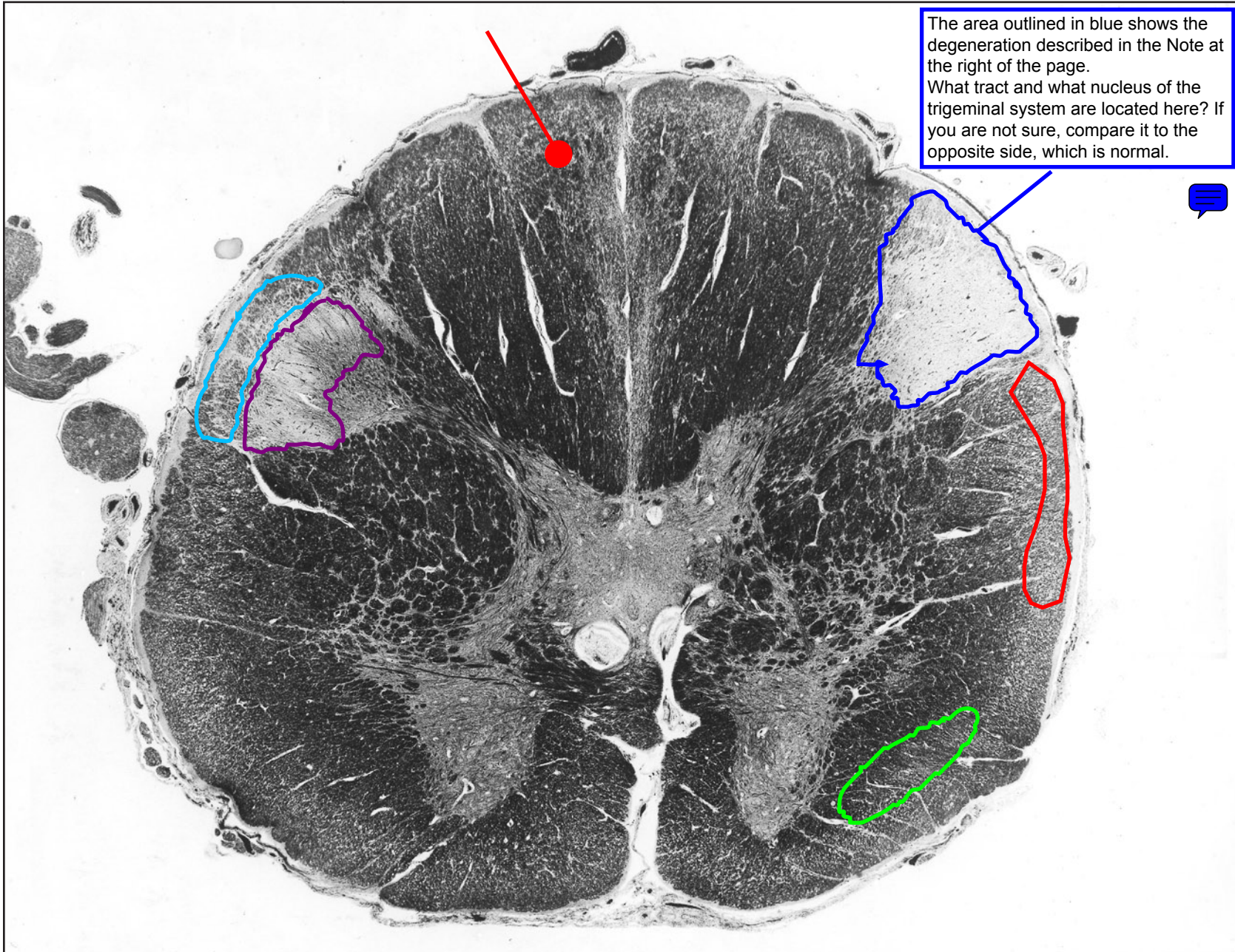




Brainstem B-1



The area outlined in blue shows the degeneration described in the Note at the right of the page. What tract and what nucleus of the trigeminal system are located here? If you are not sure, compare it to the opposite side, which is normal.

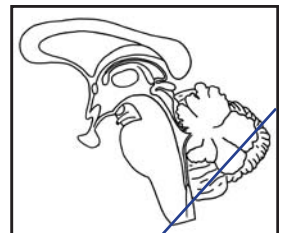
Note: Brainstem B shows marked degeneration of the trigeminal nerve and of trigeminal sensory (and motor) nuclei on one side. In this atlas the degenerated, and therefore unstained, regions “highlight” the location of important but difficult to identify trigeminal structures.

You can use the degenerated side to identify these structures, and then look at the normal side to see their usual appearance in myelin-stained sections.

MORE INFORMATION

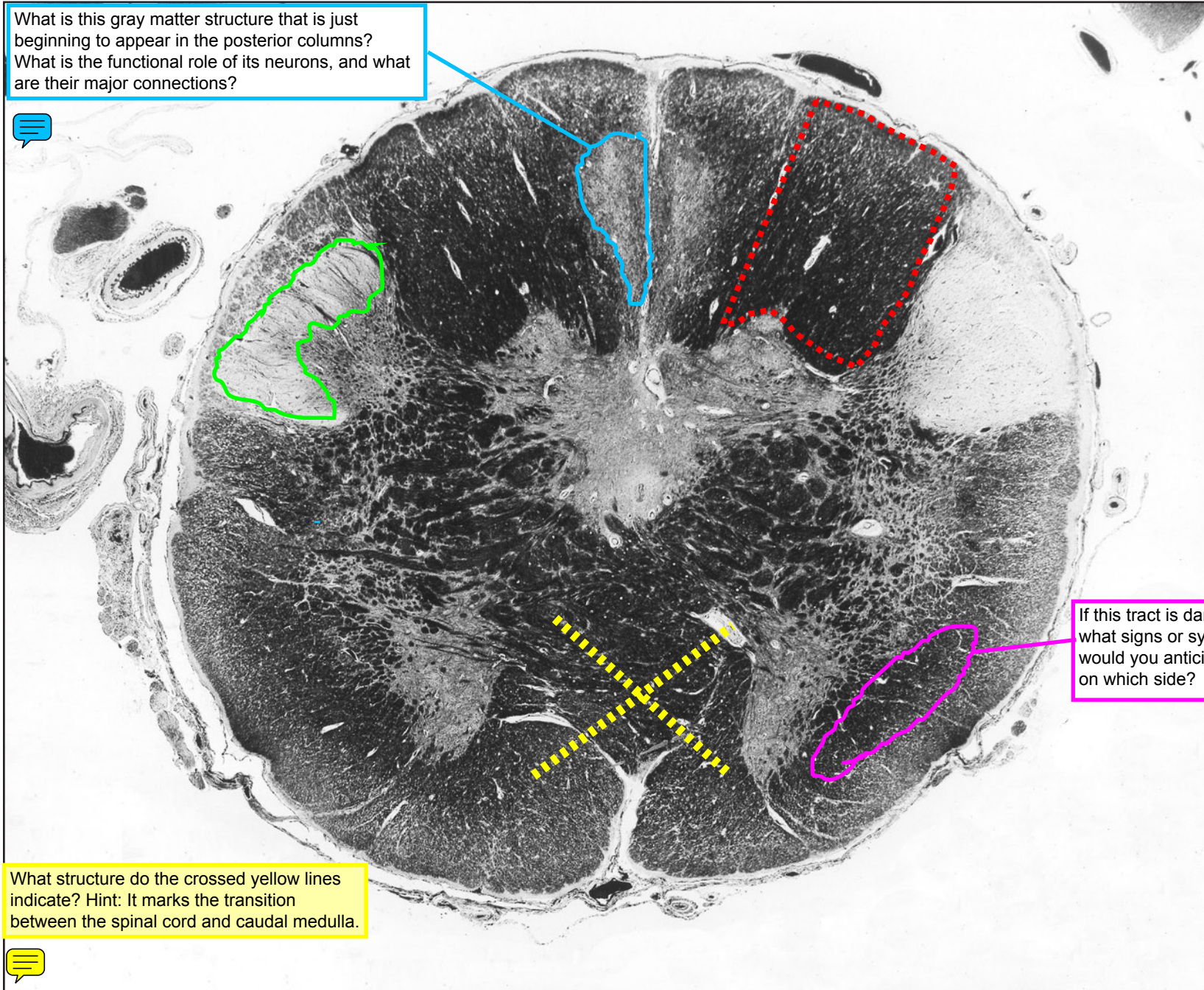


Mid Sagittal





What is this gray matter structure that is just beginning to appear in the posterior columns?
What is the functional role of its neurons, and what are their major connections?



What structure do the crossed yellow lines indicate? Hint: It marks the transition between the spinal cord and caudal medulla.



Brainstem Blood Supply:
The Vertebral-Basilar System
OVERVIEW



MEDIAL-LATERAL PATTERN



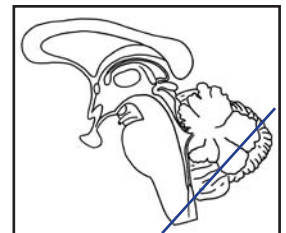
What arteries provide the major blood supply to this region of the brainstem?

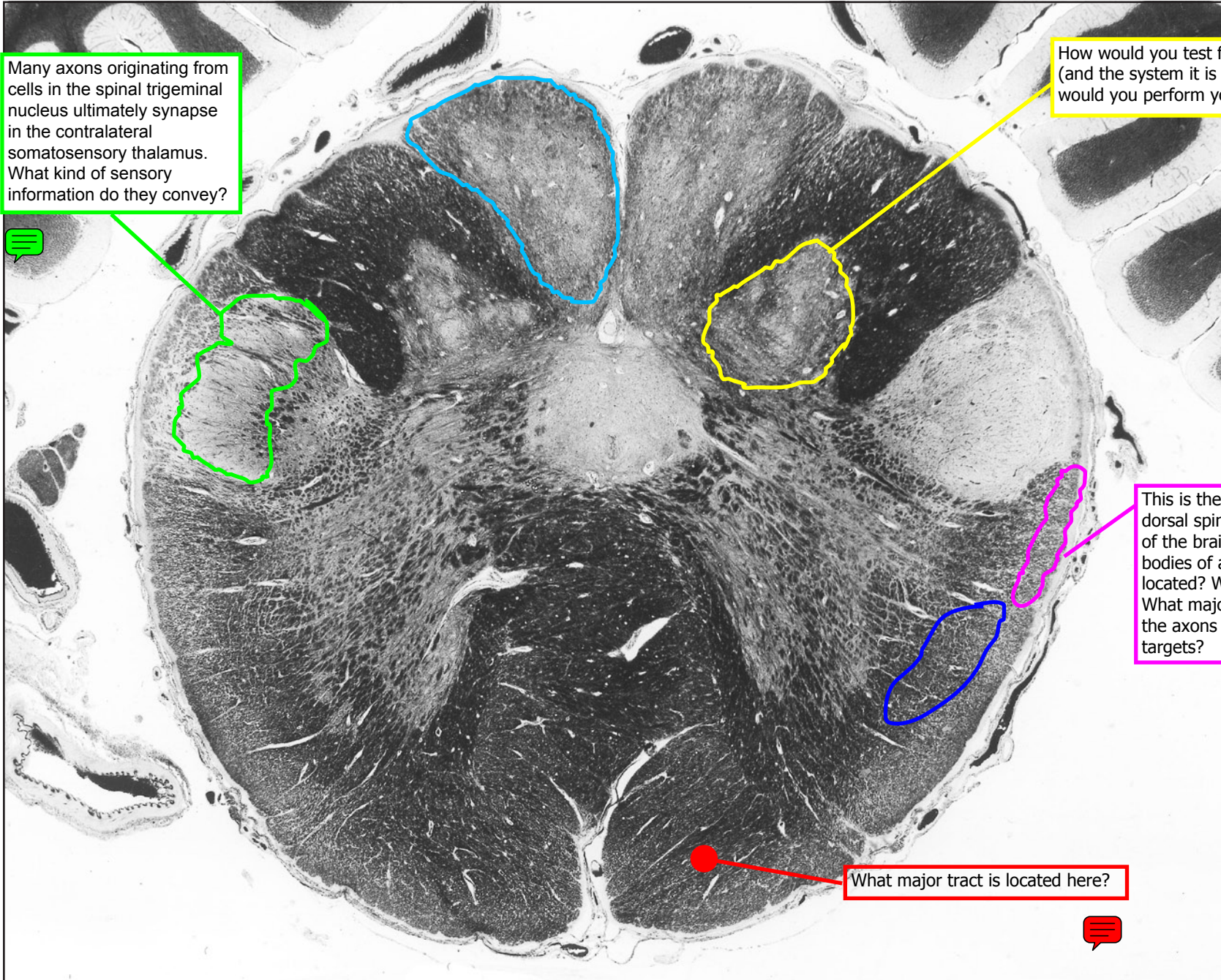


If this tract is damaged, what signs or symptoms would you anticipate and on which side?



Mid Sagittal



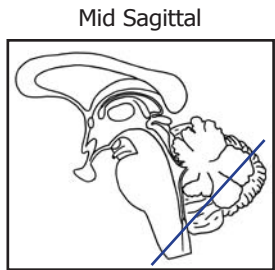


Many axons originating from cells in the spinal trigeminal nucleus ultimately synapse in the contralateral somatosensory thalamus. What kind of sensory information do they convey?

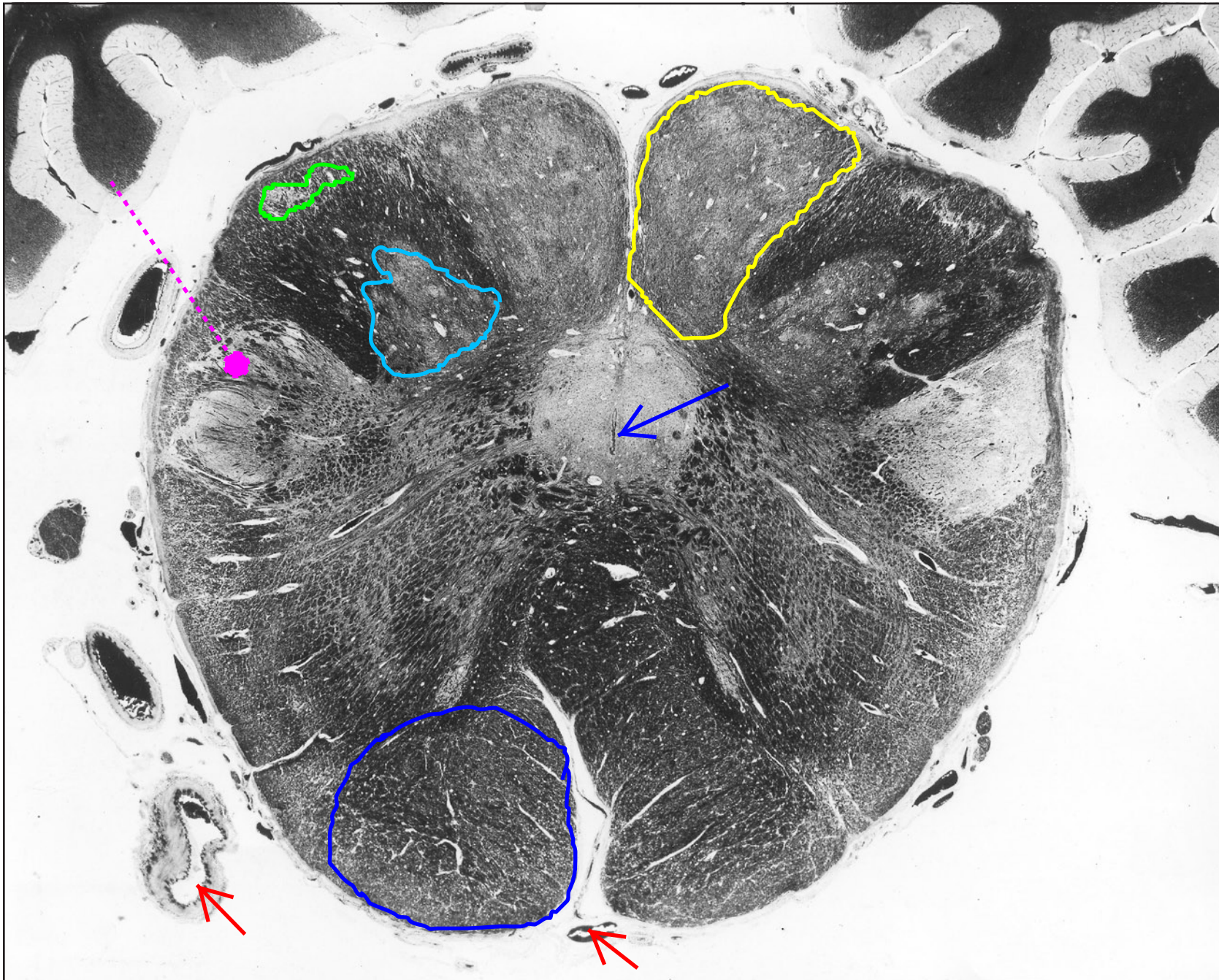
How would you test for the integrity of this nucleus (and the system it is part of)? Where on the patient would you perform your tests?

This is the approximate location of the dorsal spinocerebellar tract at this level of the brainstem. Where are the cell bodies of axons forming this tract located? Where will the axons synapse? What major white matter structure will the axons travel in to reach their targets?

What major tract is located here?



Mid Sagittal



List several features by which you can distinguish the Caudal Medulla (shown here) from the Rostral Medulla (shown in B-6 to B-10).



FOLLOW-UP QUESTION

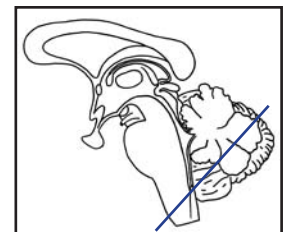
At this level of the Caudal Medulla be sure you can identify:

- Nucleus gracilis
- Nucleus cuneatus
- Lateral cuneate nucleus
- Spinal trigeminal nucleus

Describe a major OUTPUT of each of these nuclei. Do those axons cross the midline on the way to their synaptic targets?

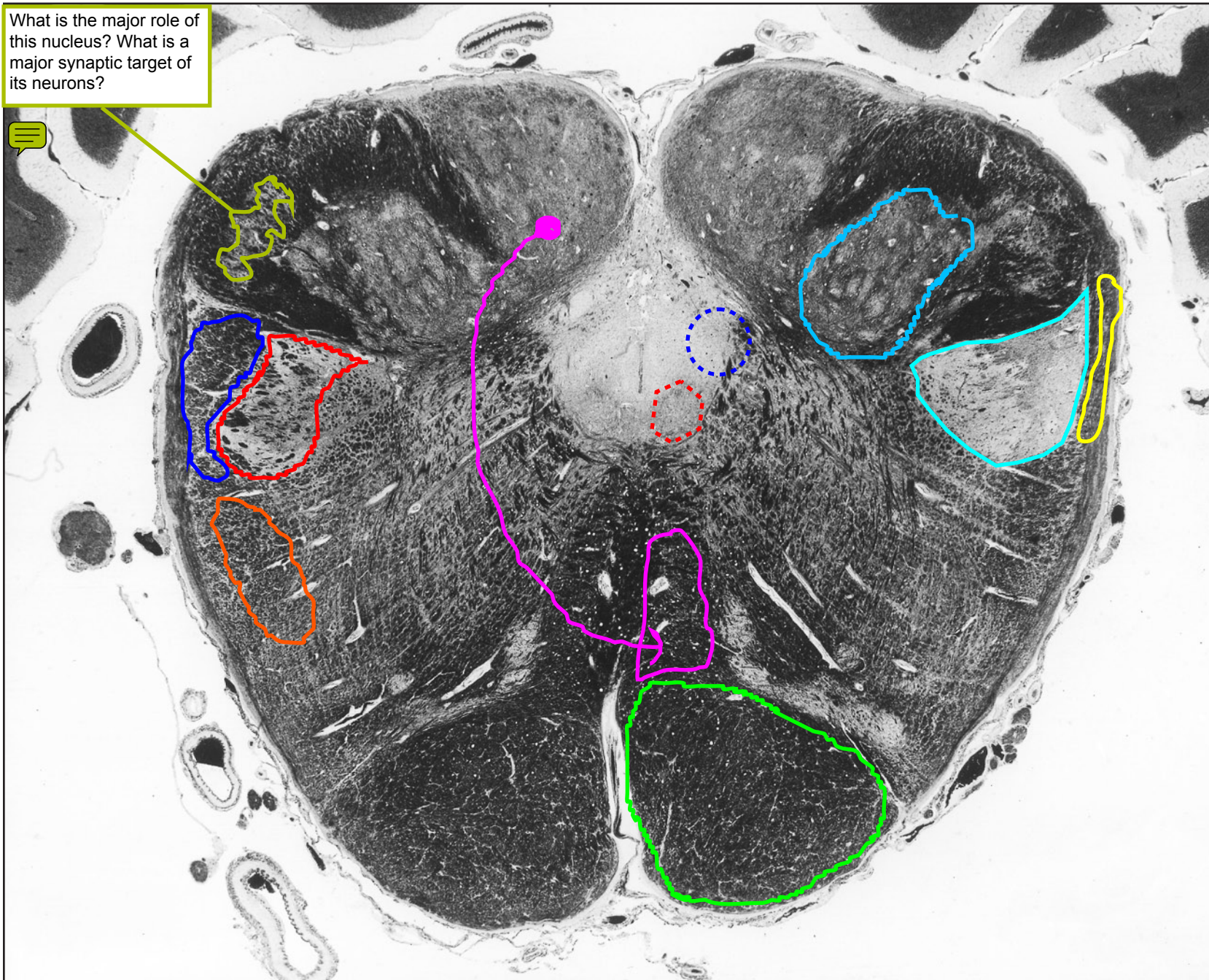


Mid Sagittal

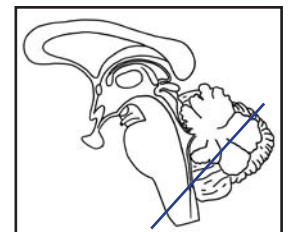




What is the major role of this nucleus? What is a major synaptic target of its neurons?

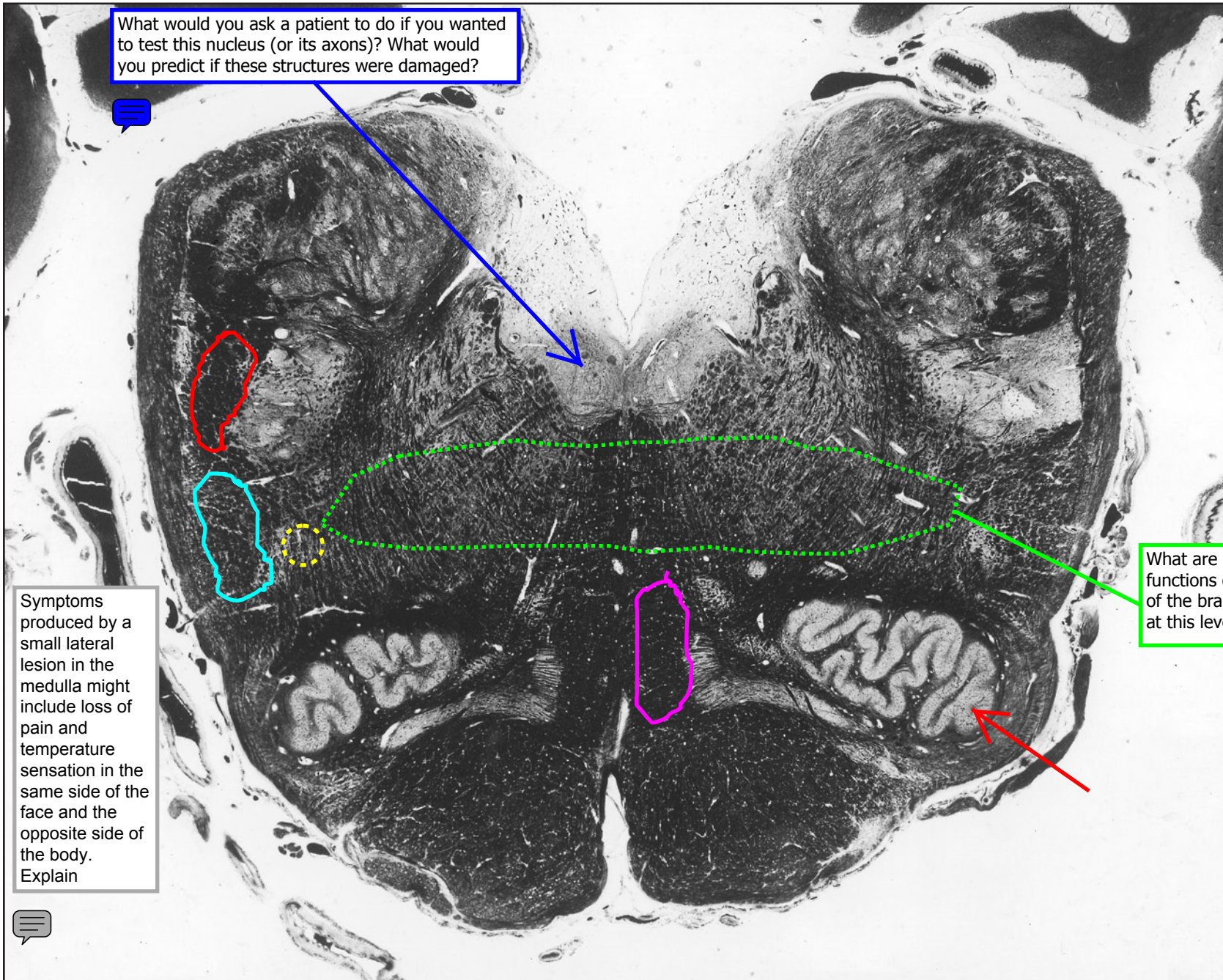


Mid Sagittal





Brainstem B-6



What would you ask a patient to do if you wanted to test this nucleus (or its axons)? What would you predict if these structures were damaged?



Symptoms produced by a small lateral lesion in the medulla might include loss of pain and temperature sensation in the same side of the face and the opposite side of the body. Explain



FIRST QUESTION

What level of the brainstem is this? Explain your answer.



Which cranial nerve MOTOR nuclei are present here (visible or not so visible)? What about SENSORY nuclei?



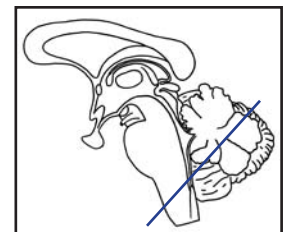
What arteries provide the major blood supply to this region of the brainstem?

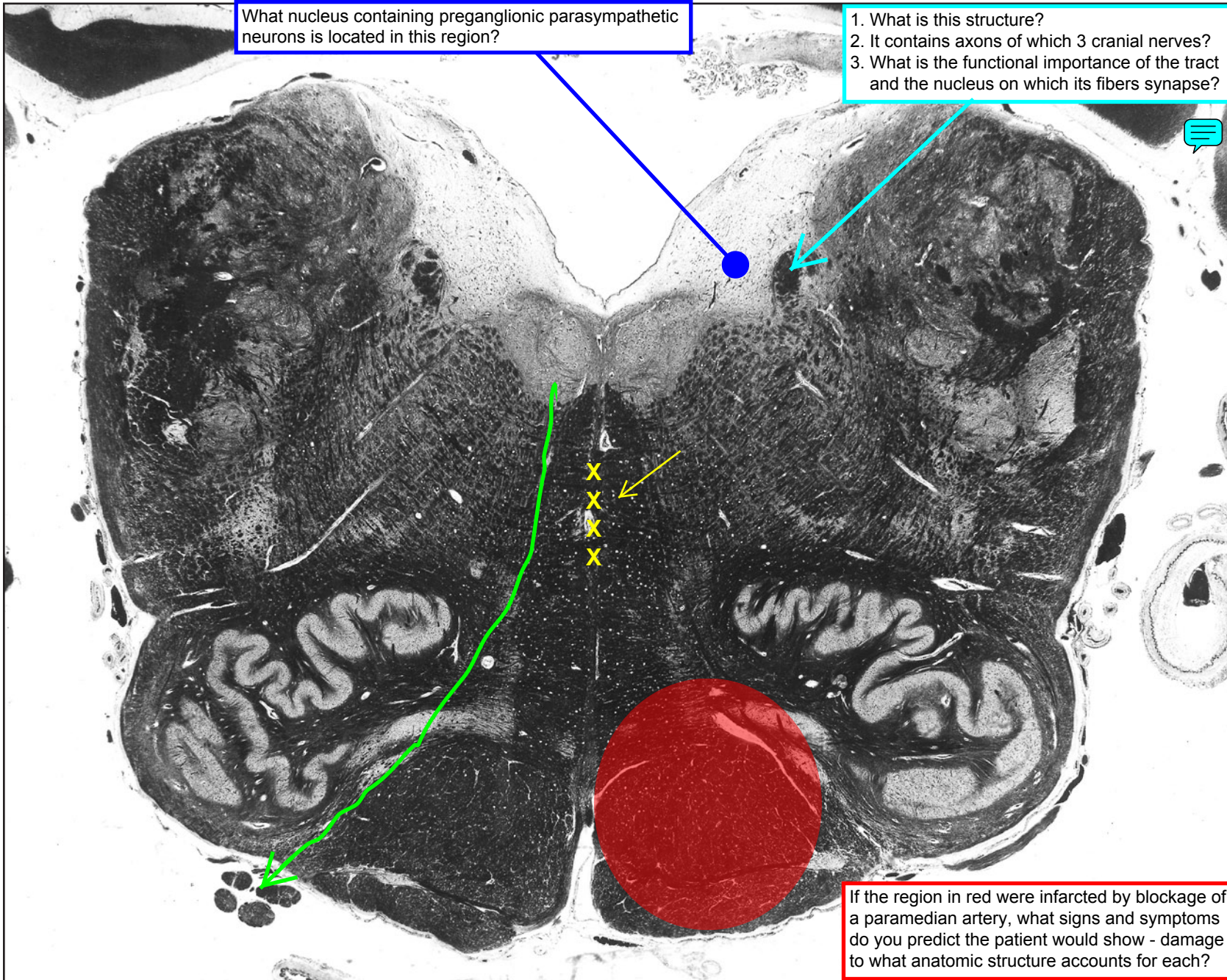


What are some of the functions of this central region of the brainstem, particularly at this level?



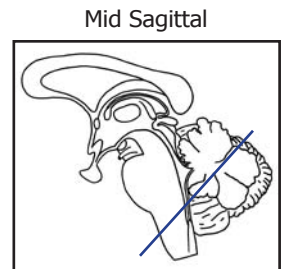
Mid Sagittal





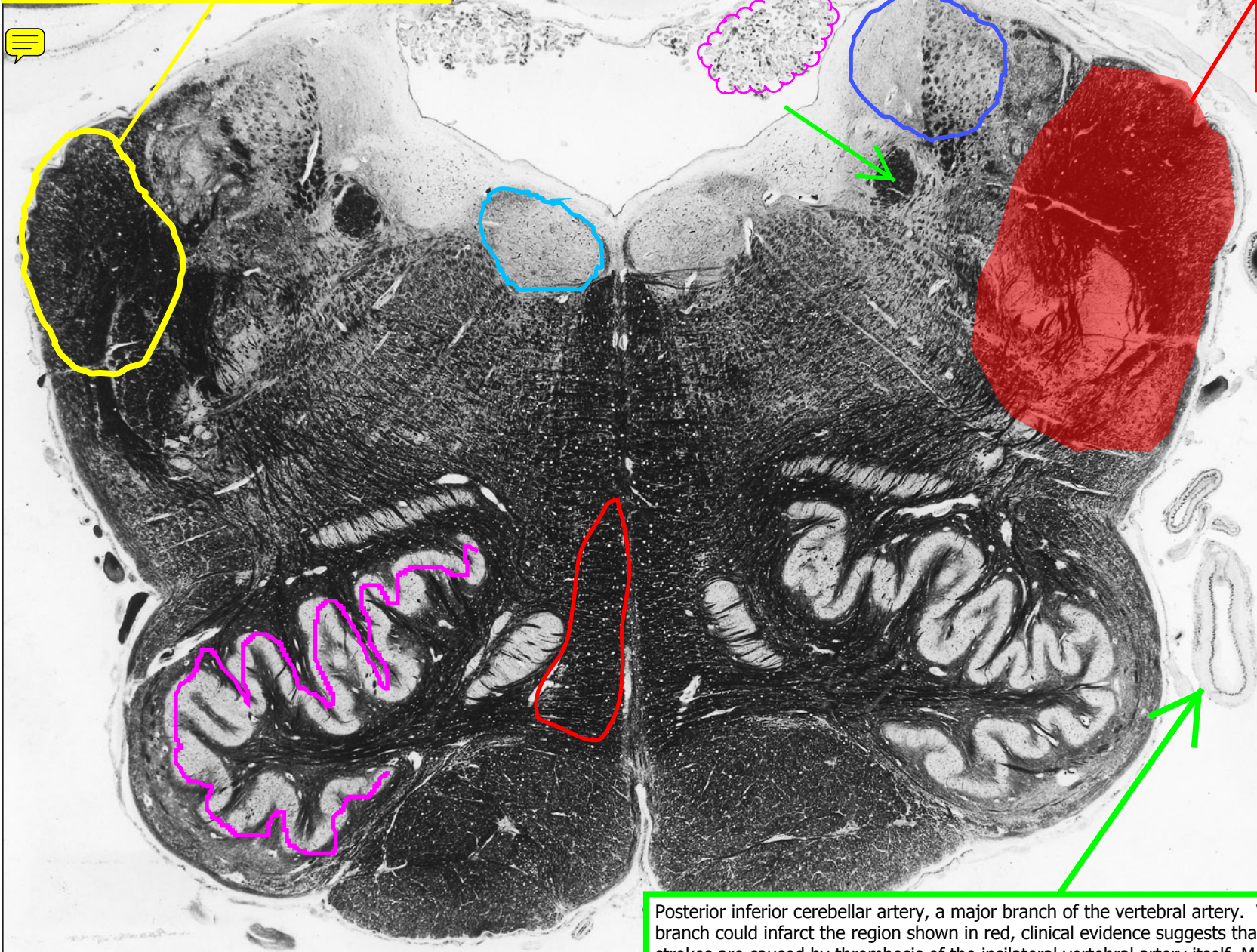
Anatomic Note:
Trigeminothalamic axons originating from cell bodies in the caudal part of the spinal trigeminal nucleus (concerned with pain and temperature in the face) cross the midline before they synapse in the contralateral somatosensory thalamus. However where these ascending axons travel in the medulla, and where they cross the midline, is not known for certain.

MORE INFORMATION





Can you name some of the individual tracts or fibers that together make up the circled structure?

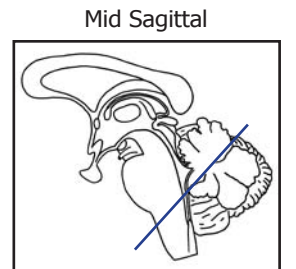


A lesion here produces problems with pain and temperature sensation. What parts of the patient would be affected, and what tracts have been damaged to account for those problems.

The same lesion would likely produce a hoarse voice, difficulty swallowing, and perhaps paralysis of one vocal cord. Why?

The same lesion also produces uncoordinated movements of the arm and leg on one side, and an unsteady gait. Why is this? Do you predict that the ATAXIA on movement of the extremities would occur on the same side as the lesion or on the opposite side?

Posterior inferior cerebellar artery, a major branch of the vertebral artery. While blockage of this branch could infarct the region shown in red, clinical evidence suggests that most lateral medullary strokes are caused by thrombosis of the ipsilateral vertebral artery itself. More info: **StrokeSTOP**



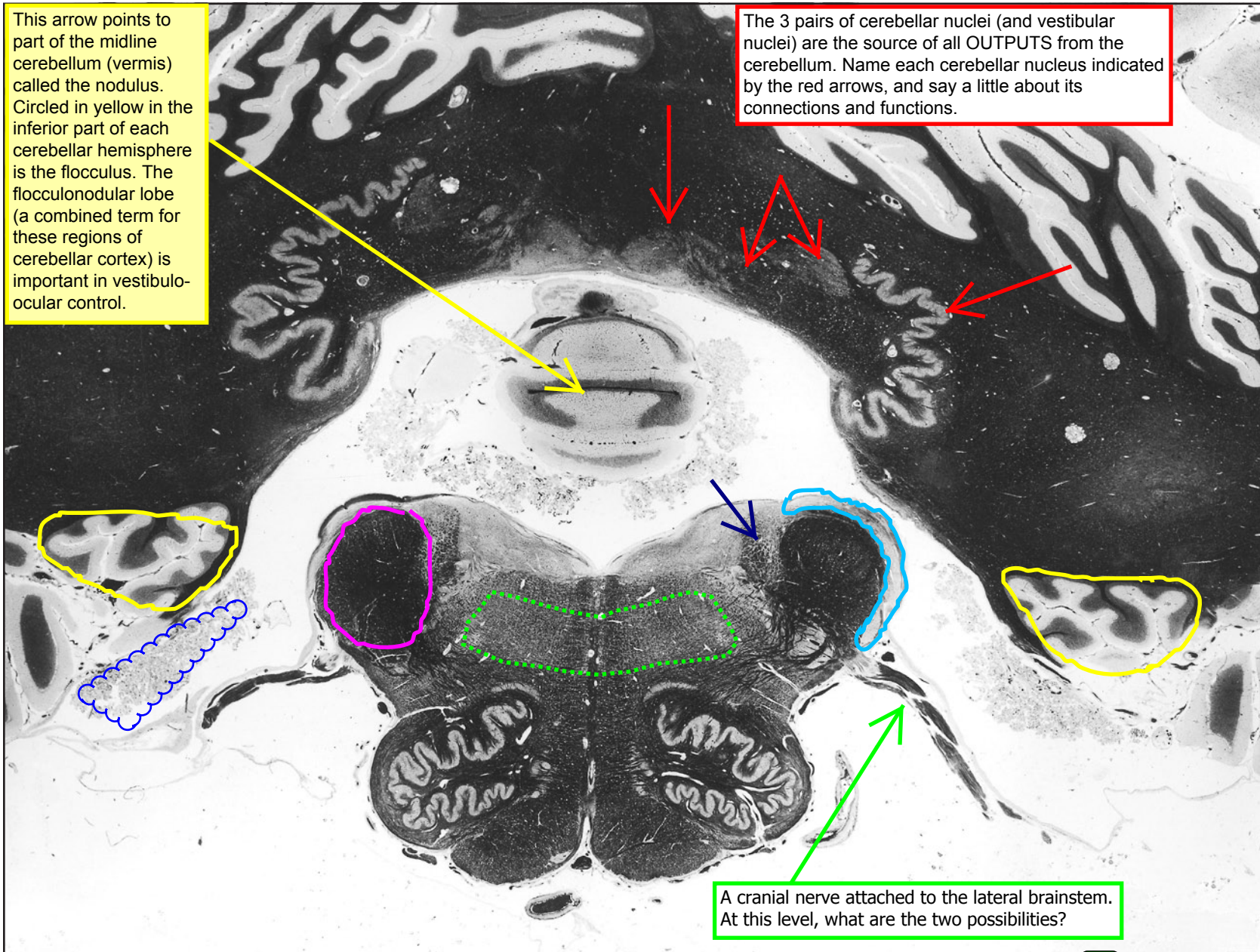


Brainstem B-9

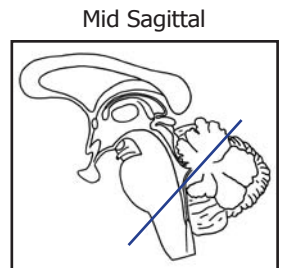
This arrow points to part of the midline cerebellum (vermis) called the nodulus. Circled in yellow in the inferior part of each cerebellar hemisphere is the flocculus. The flocculonodular lobe (a combined term for these regions of cerebellar cortex) is important in vestibulo-ocular control.

The 3 pairs of cerebellar nuclei (and vestibular nuclei) are the source of all OUTPUTS from the cerebellum. Name each cerebellar nucleus indicated by the red arrows, and say a little about its connections and functions.

No, the brainstem doesn't suddenly shrink in the Rostral Medulla. The image magnification has been reduced so the field can include the cerebellum.

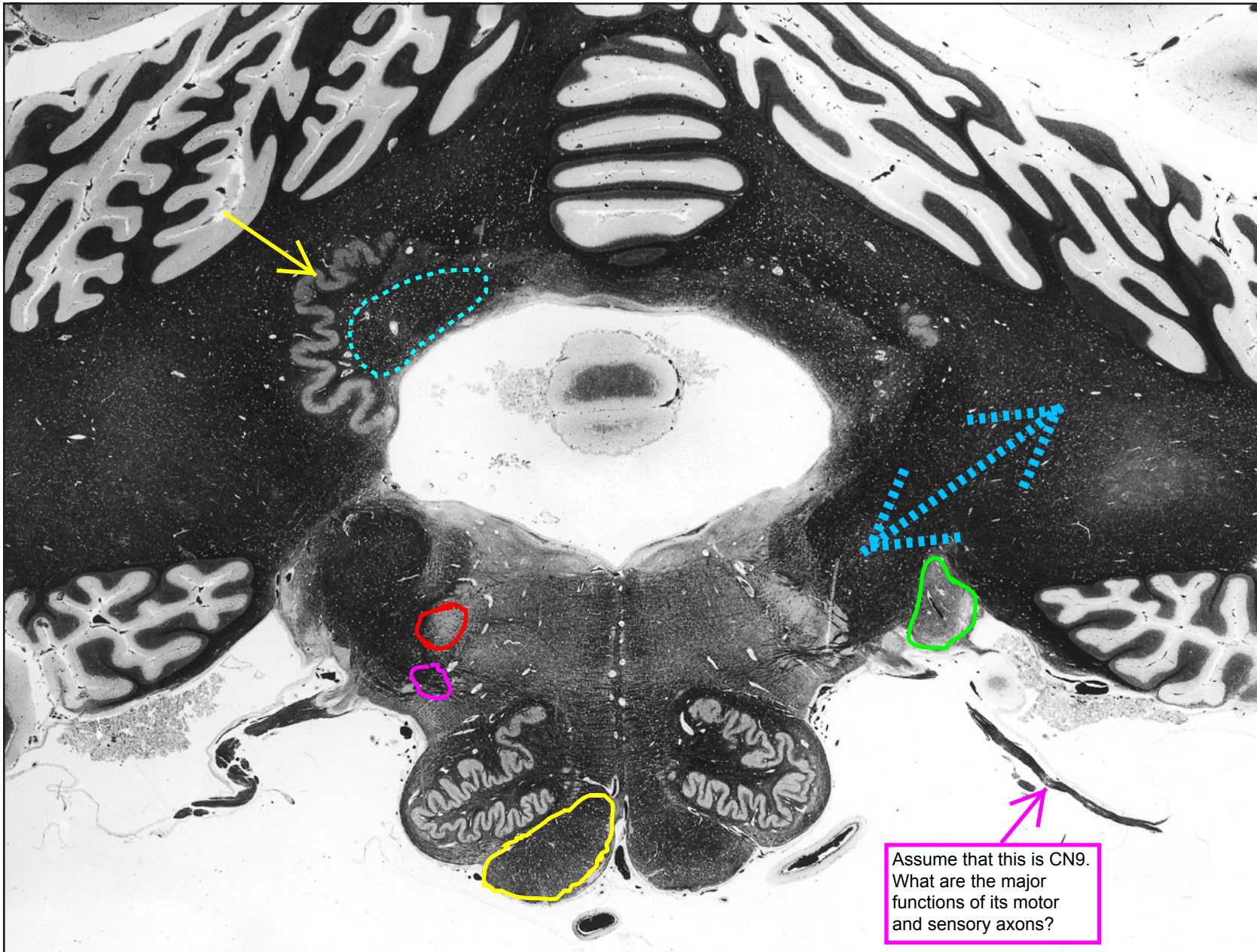


A cranial nerve attached to the lateral brainstem. At this level, what are the two possibilities?





Brainstem B-10



Damage to the cerebellum, or one of its peduncles, or to cerebellar circuitry in the brainstem can all produce **ataxia**. What does this clinical term mean?



The blue double-headed arrow indicates one of the cerebellar peduncles. Which one?
In general, what structures does it interconnect?



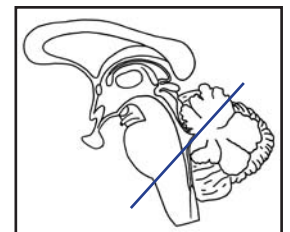
A lesion involving one inferior cerebellar peduncle is likely to produce both truncal (proximal) and appendicular (distal) ataxia. Explain why. Will the appendicular ataxia be ipsilateral or contralateral to the lesion? Explain this as well



Assume that this is CN9. What are the major functions of its motor and sensory axons?

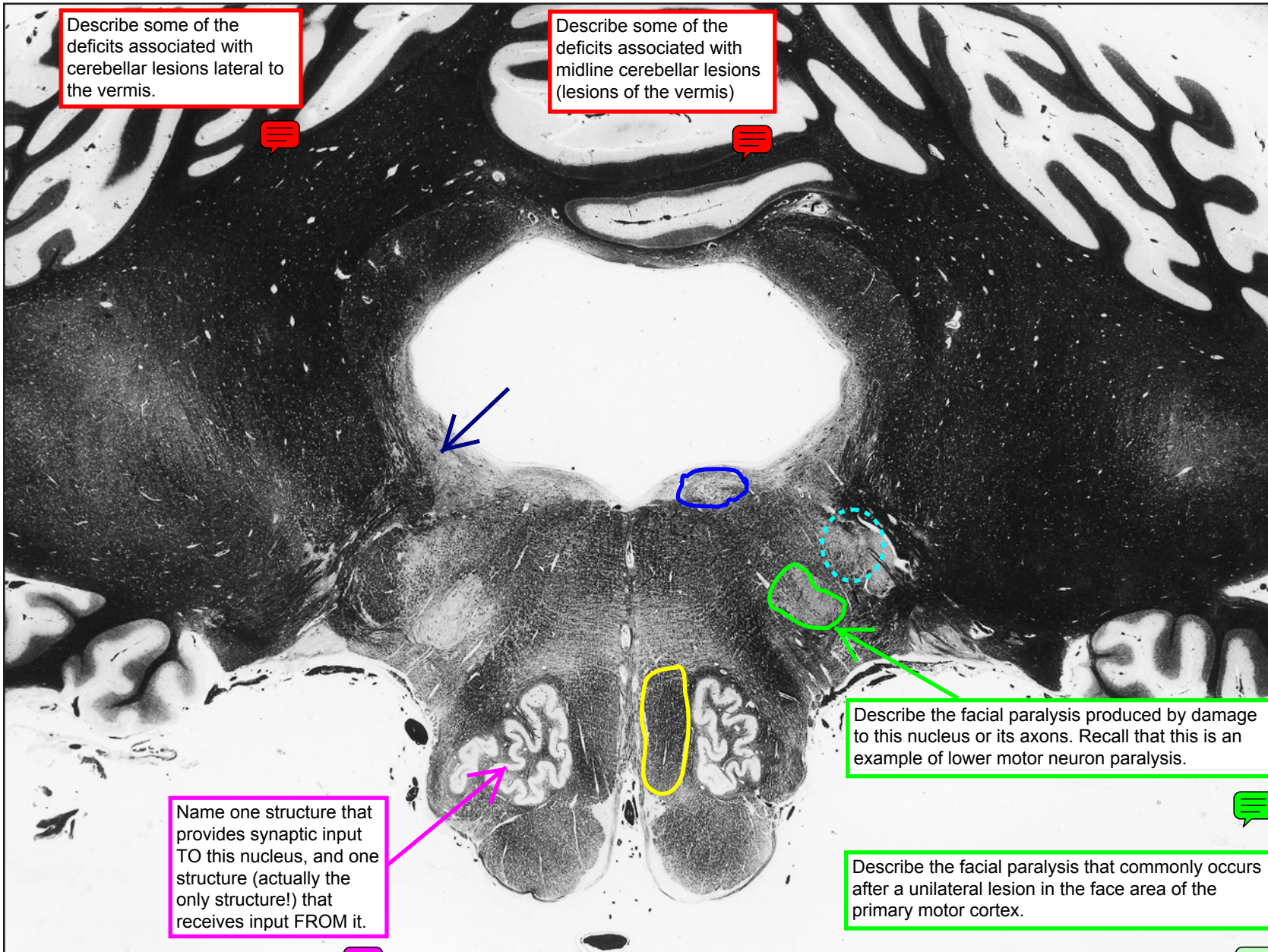


Mid Sagittal





Brainstem B-11



Describe some of the deficits associated with cerebellar lesions lateral to the vermis.



Describe some of the deficits associated with midline cerebellar lesions (lesions of the vermis)



Name one structure that provides synaptic input TO this nucleus, and one structure (actually the only structure!) that receives input FROM it.



Describe the facial paralysis produced by damage to this nucleus or its axons. Recall that this is an example of lower motor neuron paralysis.

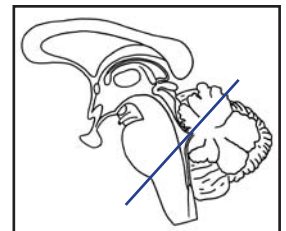


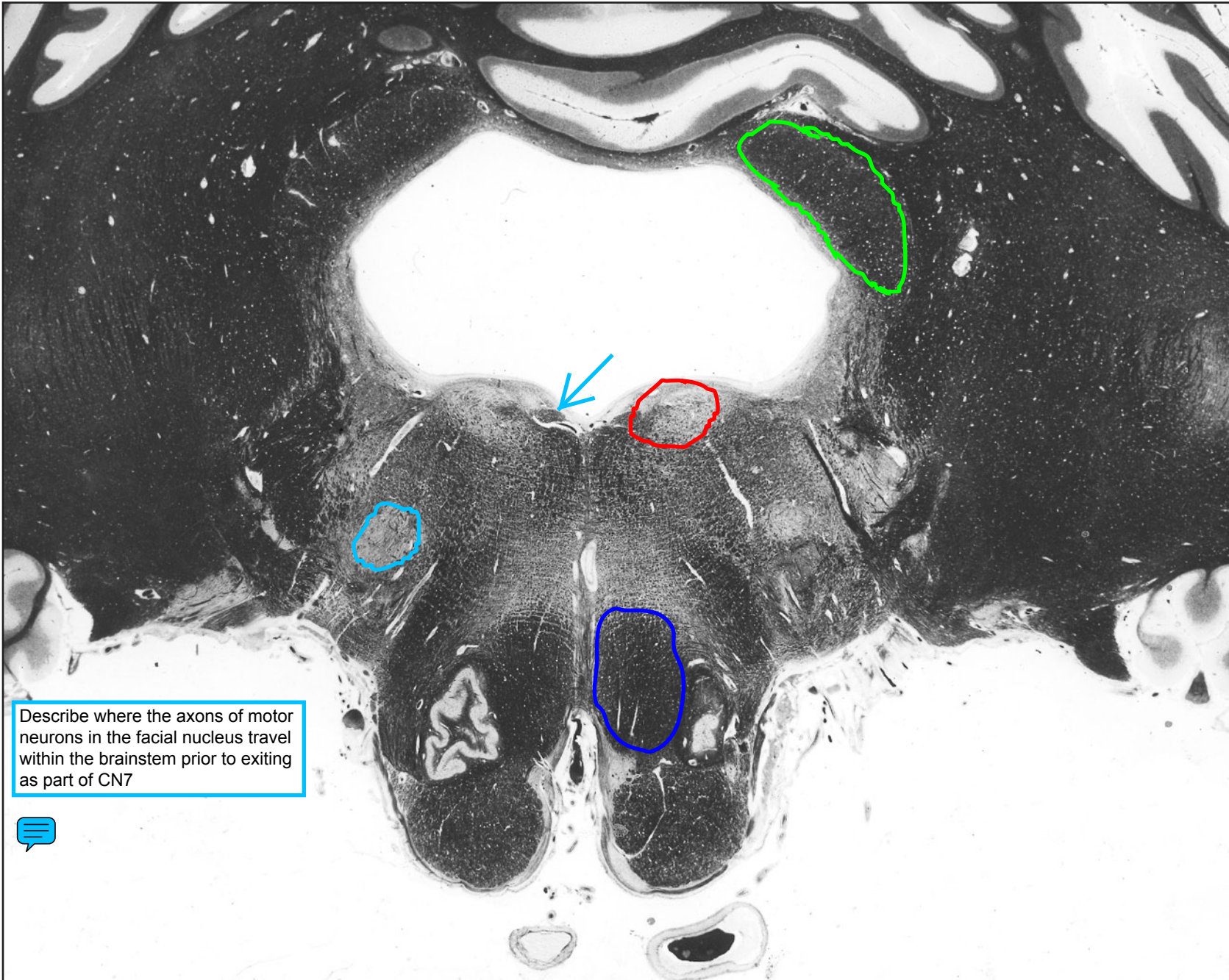
Describe the facial paralysis that commonly occurs after a unilateral lesion in the face area of the primary motor cortex.



This section is at the transition between the medulla and pons. Because of the plane of section (see diagram below), it includes structures associated with the pons (like the abducens nucleus) caudally, and structures characteristic of the medulla (like the inferior olives) more ventrally.

Mid Sagittal



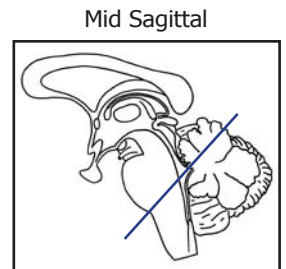


Symptoms produced by a lateral lesion in the medulla or in the other regions of the brainstem may include an *ipsilateral* slightly droopy upper eyelid (ptosis), small pupil (miosis), and impaired sweating on the side of the face and neck (anhidrosis).

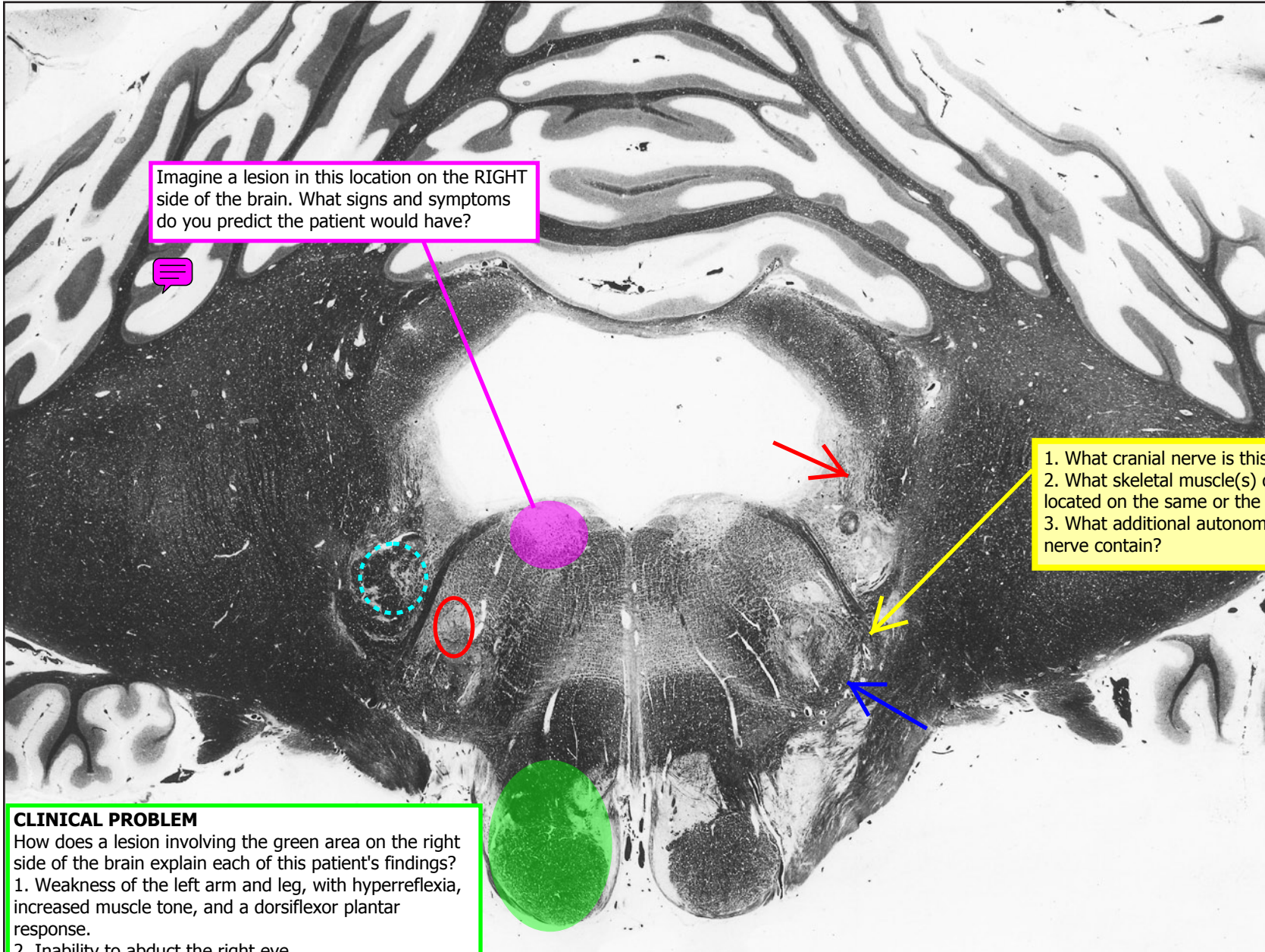
What is the name of this clinical syndrome, and how could a lateral brainstem lesion produce it? Remember that there aren't any preganglionic sympathetic neurons in the brainstem. They're all located in the intermediolateral cell column of the T1 to L2,3 spinal cord.



Describe where the axons of motor neurons in the facial nucleus travel within the brainstem prior to exiting as part of CN7



Mid Sagittal



Imagine a lesion in this location on the RIGHT side of the brain. What signs and symptoms do you predict the patient would have?



What arteries provide the major blood supply to this region of the brainstem?



1. What cranial nerve is this?
2. What skeletal muscle(s) do its axons innervate? Are they located on the same or the opposite side of the patient?
3. What additional autonomic and sensory fibers does the nerve contain?



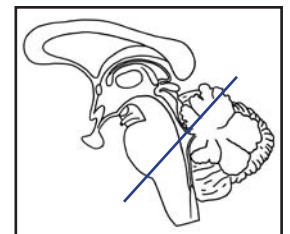
CLINICAL PROBLEM

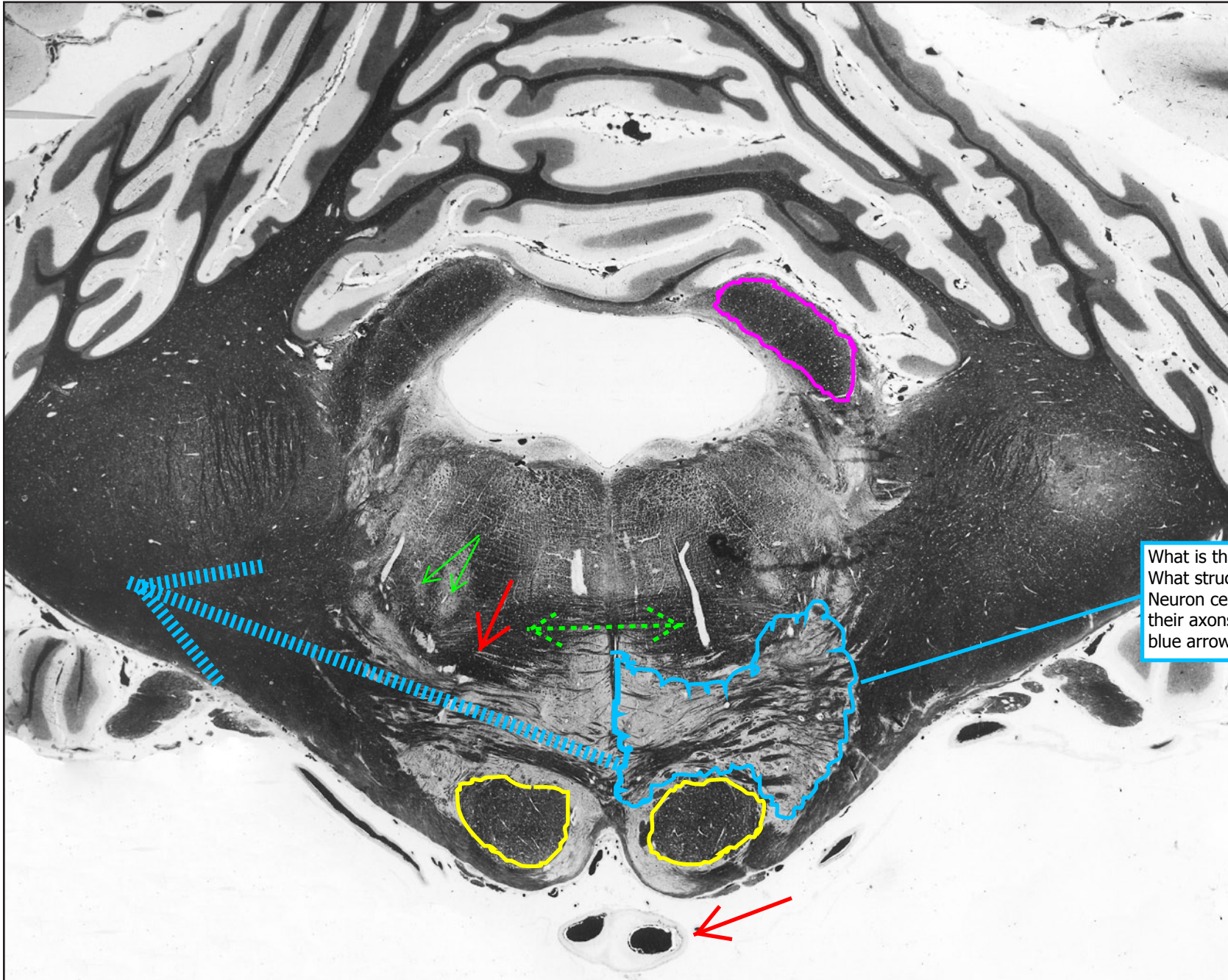
How does a lesion involving the green area on the right side of the brain explain each of this patient's findings?

1. Weakness of the left arm and leg, with hyperreflexia, increased muscle tone, and a dorsiflexor plantar response.
2. Inability to abduct the right eye



Mid Sagittal

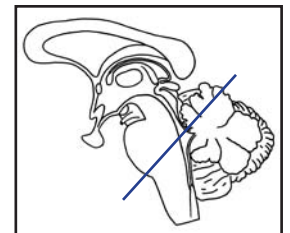




What is this enormous mass of gray matter?
What structure provides its major input?
Neuron cell bodies in the gray matter send their axons in a trajectory outlined by the blue arrow. What is their synaptic target?



Mid Sagittal





Main Sensory Nucleus of 5

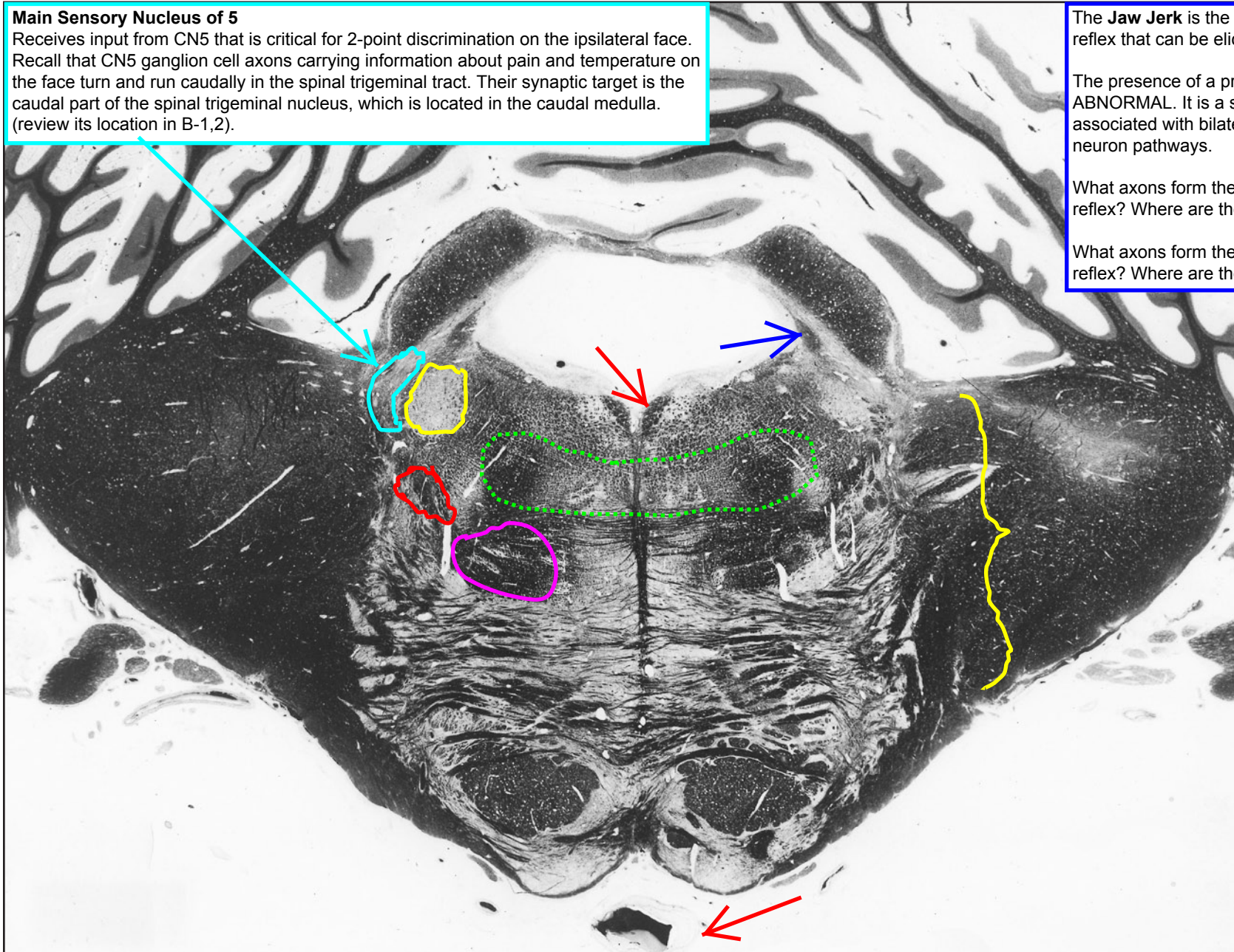
Receives input from CN5 that is critical for 2-point discrimination on the ipsilateral face. Recall that CN5 ganglion cell axons carrying information about pain and temperature on the face turn and run caudally in the spinal trigeminal tract. Their synaptic target is the caudal part of the spinal trigeminal nucleus, which is located in the caudal medulla. (review its location in B-1,2).

The **Jaw Jerk** is the only monosynaptic "stretch" reflex that can be elicited in the head.

The presence of a prominent jaw jerk reflex is **ABNORMAL**. It is a sign of hyperreflexia usually associated with bilateral lesions in upper motor neuron pathways.

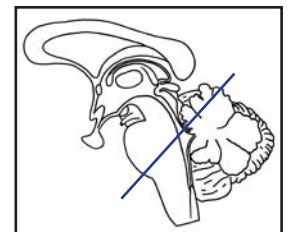
What axons form the afferent (sensory) limb of the reflex? Where are their cell bodies of origin?

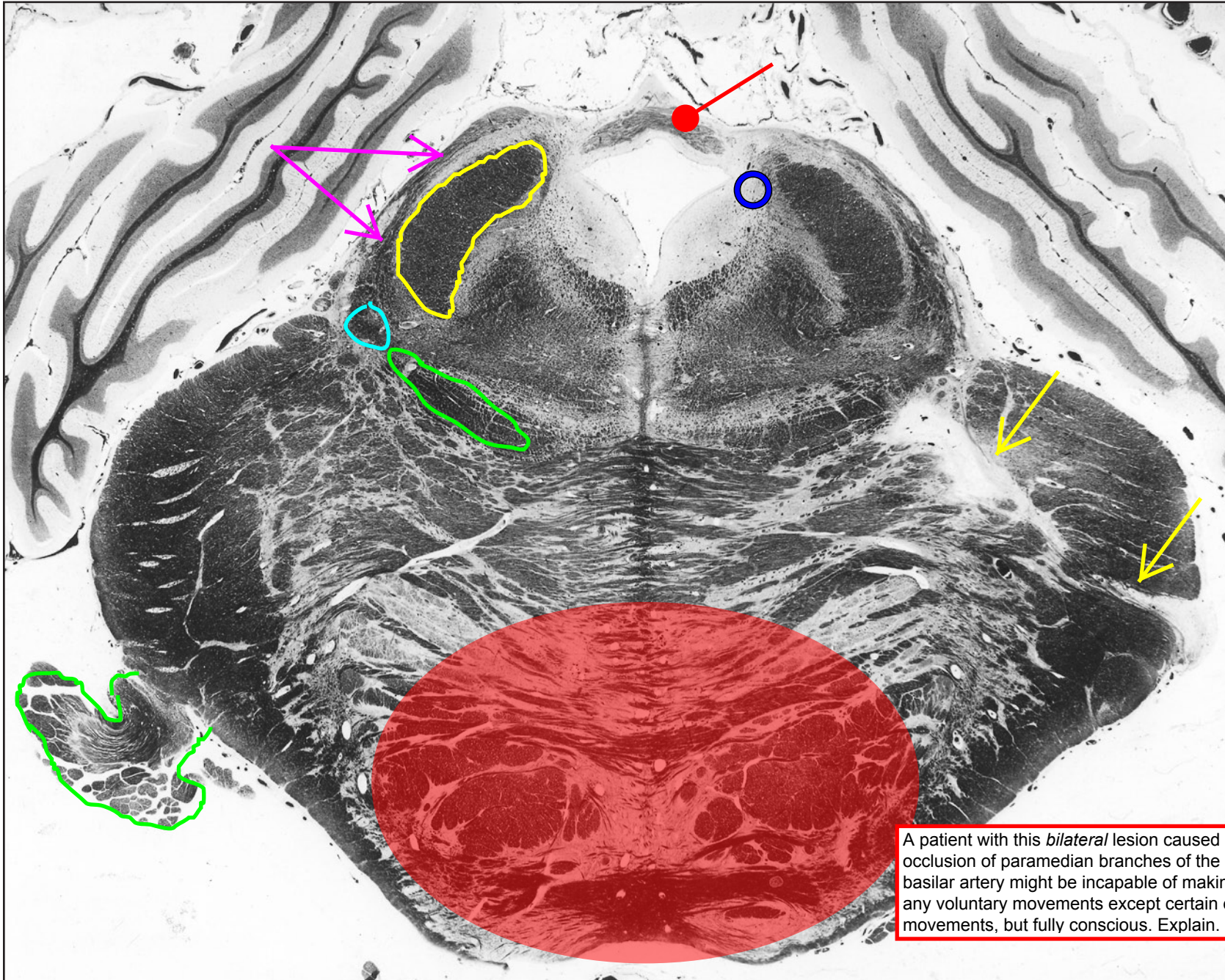
What axons form the efferent (motor) limb of the reflex? Where are their cell bodies of origin?



What arteries provide the major blood supply to this region of the brainstem?

Mid Sagittal

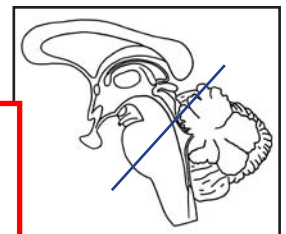




The individual whose brainstem we are studying suffered from trigeminal neuralgia that began after a head injury. In an attempt to relieve her pain after all other measures had failed, a neurosurgeon planned to cut one of the divisions of the trigeminal nerve. Unfortunately a blood vessel was accidentally damaged, producing ischemic injury that caused degeneration of virtually the entire nerve on that side.

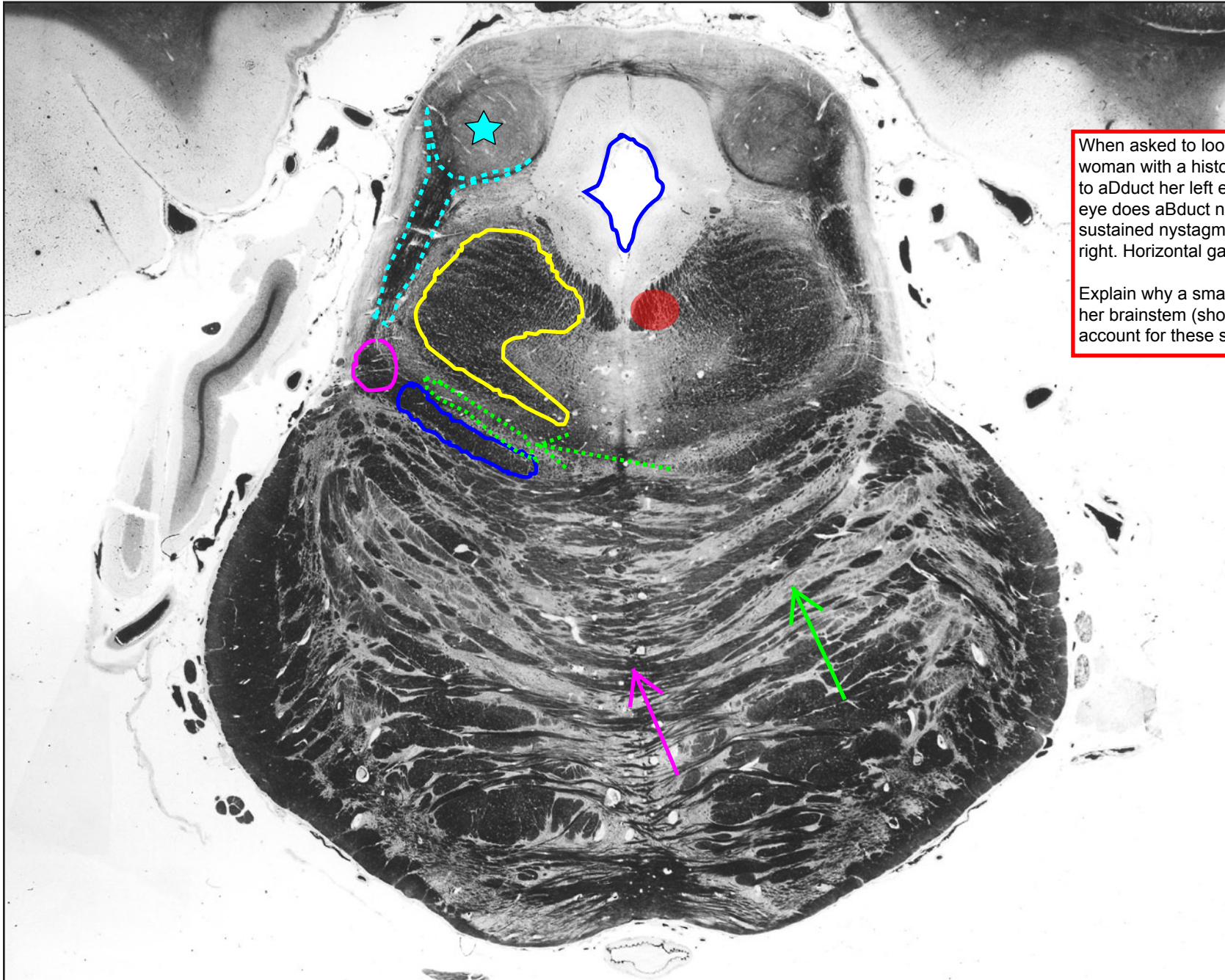
On the affected side, the region where the trigeminal nerve normally crosses the middle cerebellar peduncle (yellow arrows) looks like a "white" streak because there are few surviving axons and therefore equally few myelin sheaths present to take up the black myelin stain.

Mid Sagittal



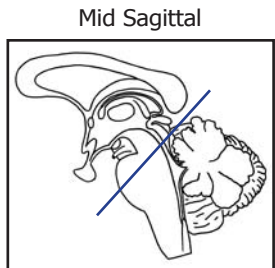
A patient with this *bilateral* lesion caused by occlusion of paramedian branches of the basilar artery might be incapable of making any voluntary movements except certain eye movements, but fully conscious. Explain.

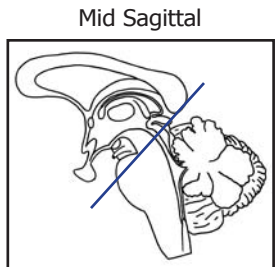
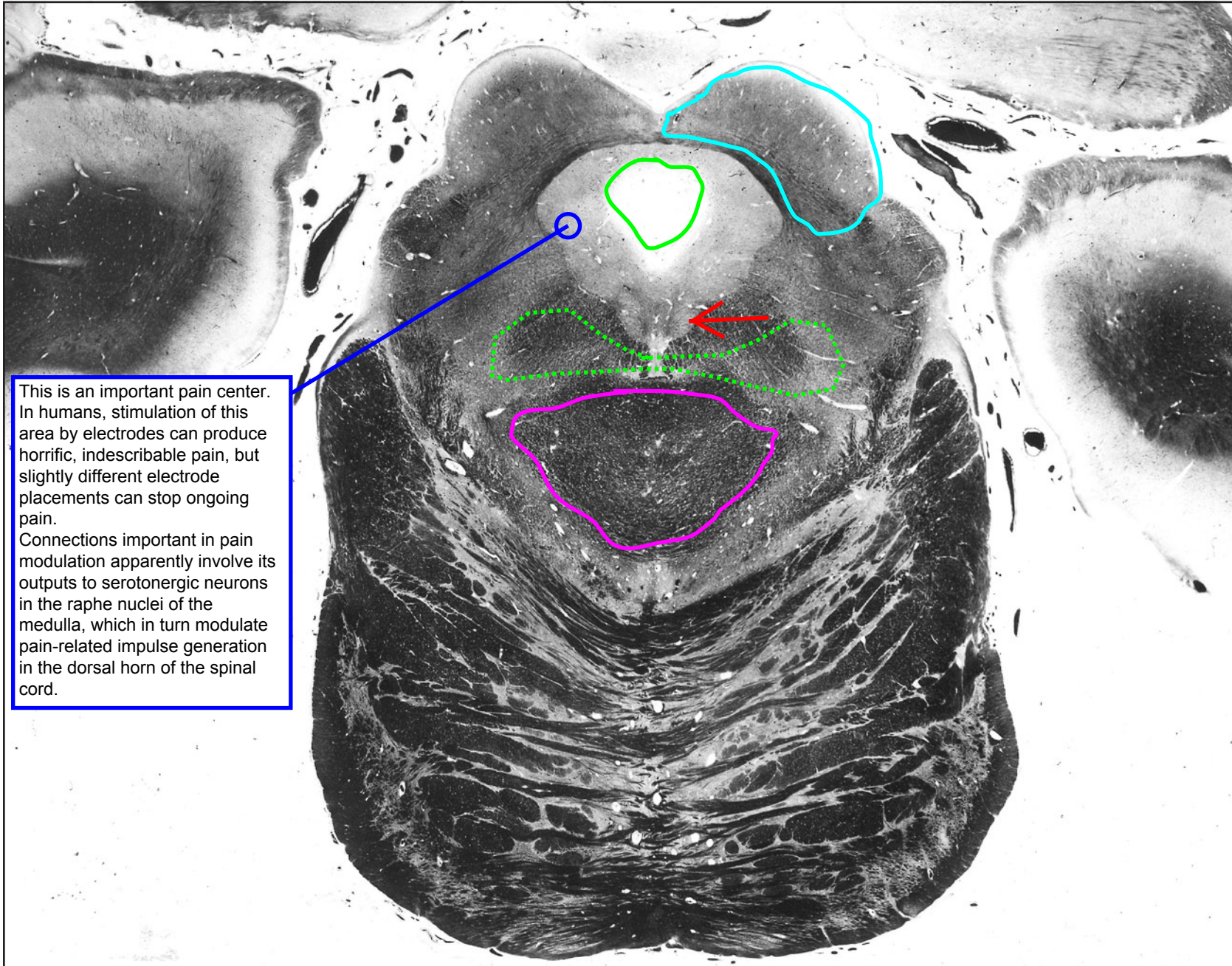


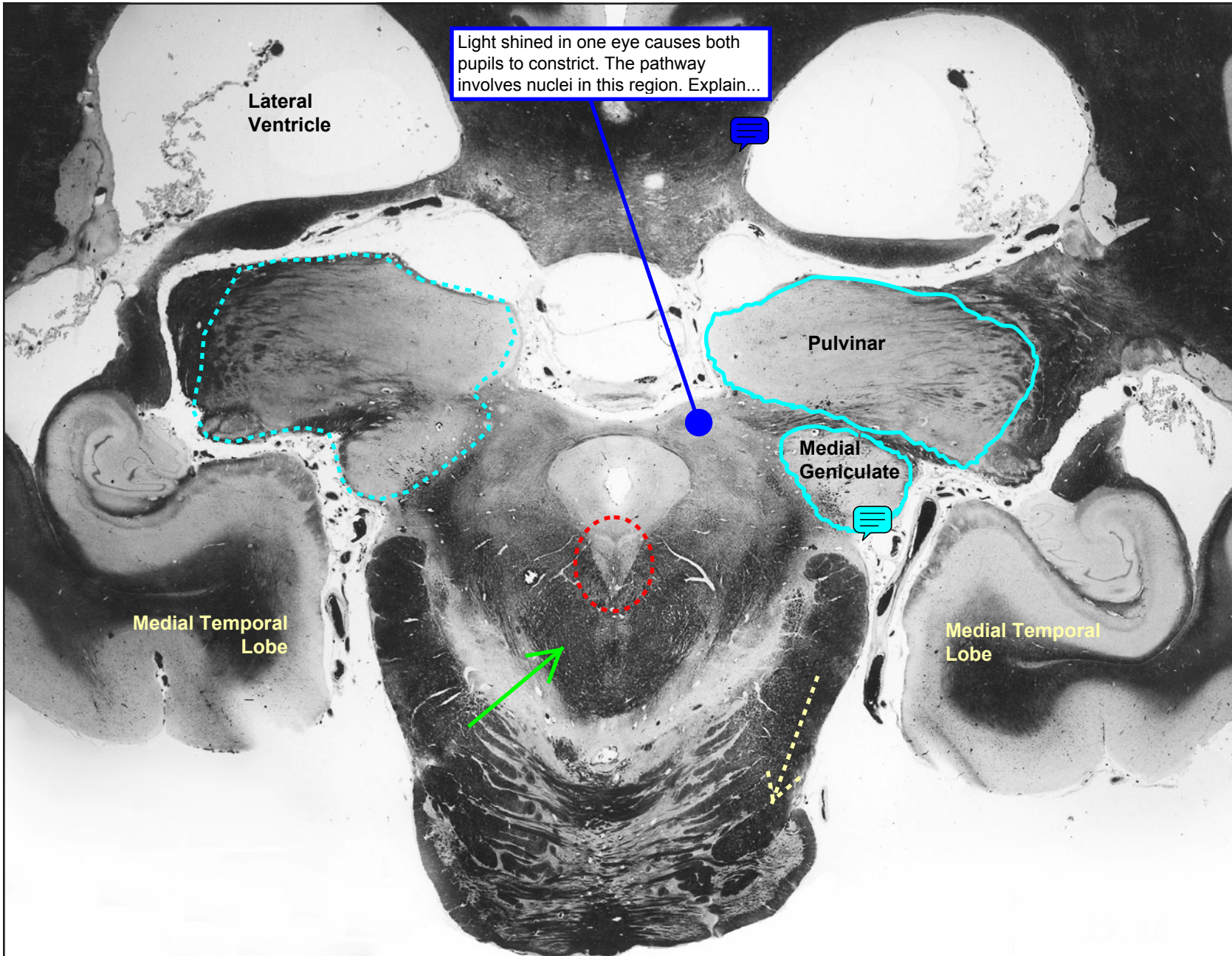


When asked to look to the right, a 35-year-old woman with a history of multiple sclerosis is unable to adduct her left eye past the midpoint. The right eye does abduct normally, although there is sustained nystagmus when she looks far to the right. Horizontal gaze to the left is normal.

Explain why a small MS plaque on the LEFT side of her brainstem (shown in red on the image) could account for these symptoms.







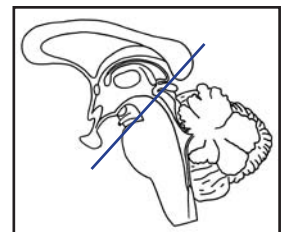
This section includes the medial temporal lobe and two major nuclei of the **thalamus** (the pulvinar and medial geniculate) as well as parts of the midbrain and pons.

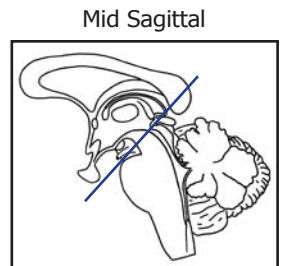
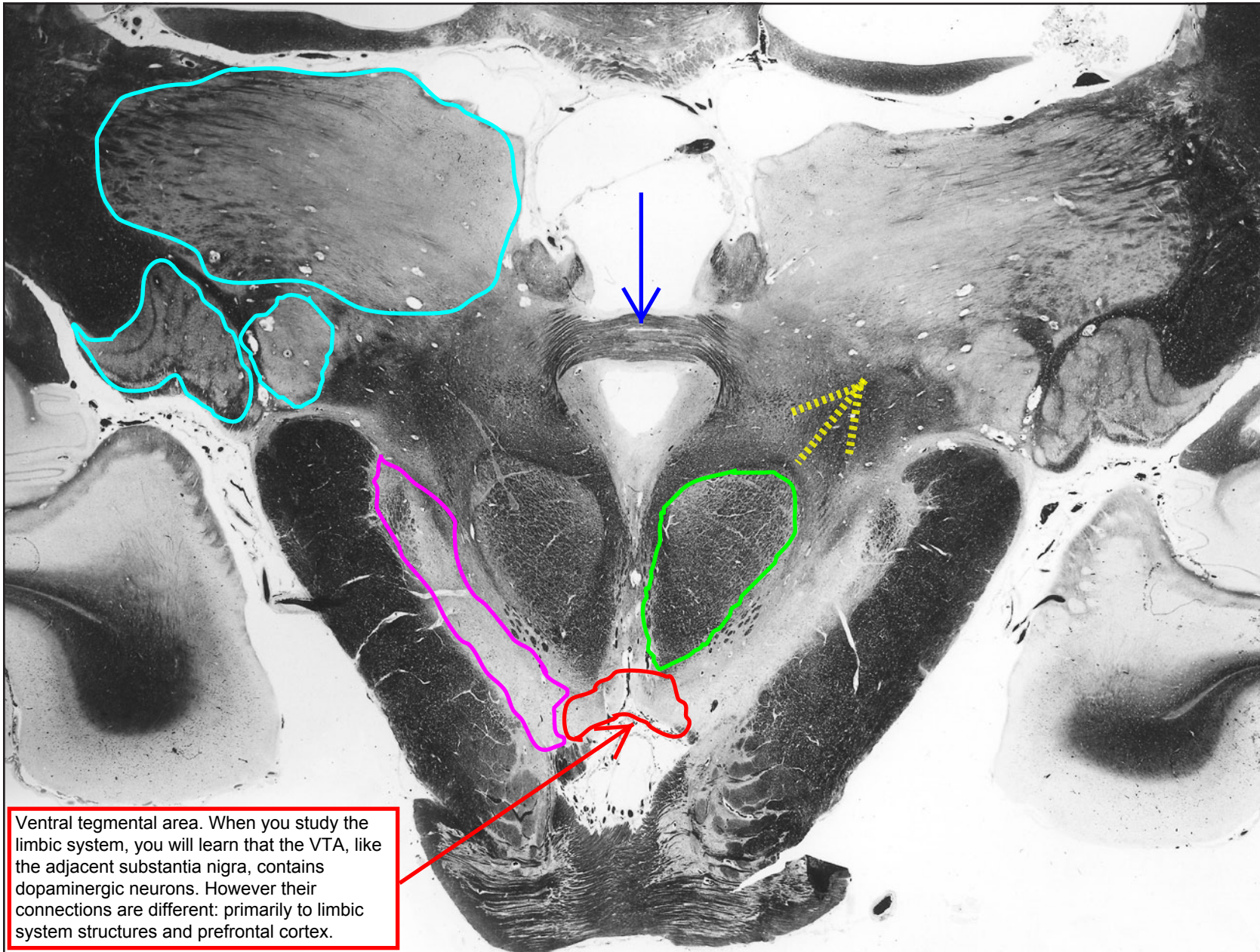
Almost all of the subcortical structures that send information to the cerebral cortex do so via pathways that first synapse in the **thalamus**. Much of the thalamus is made up of nuclei that receive and process these different inputs, and have two-way connections with relevant regions of the cerebral cortex.

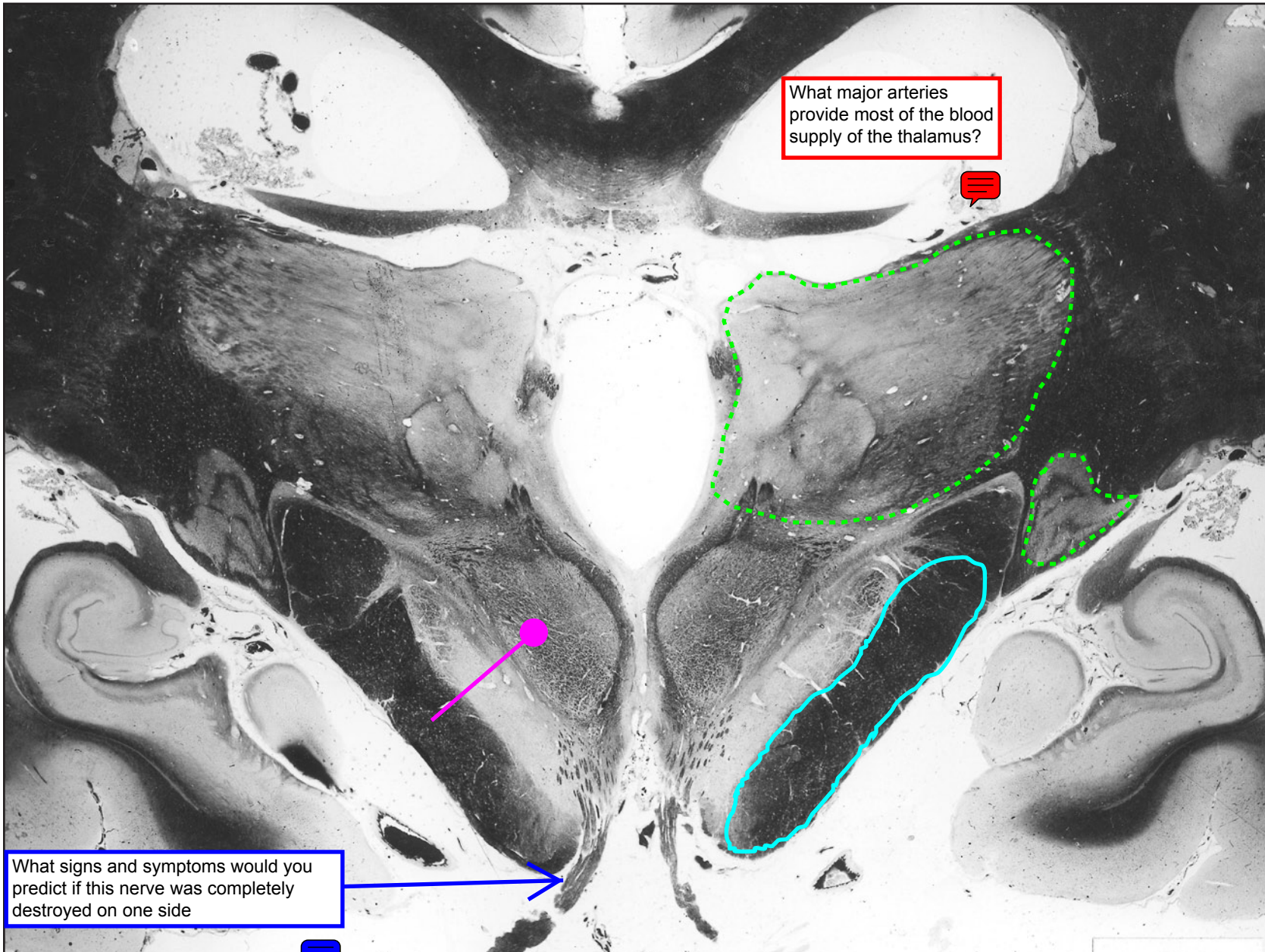
MORE INFORMATION about the connections of specific thalamic nuclei discussed in this Atlas



Mid Sagittal







CLINICAL CASE

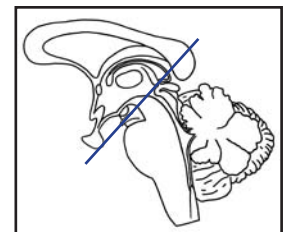
A patient was brought to the ER several hours following a head injury. She was evaluated and immediately sent for an urgent CT scan, which revealed an epidural bleed. She is currently in the operating room where a neurosurgeon has stopped the bleeding and evacuated the clot. The team predicts a full recovery.

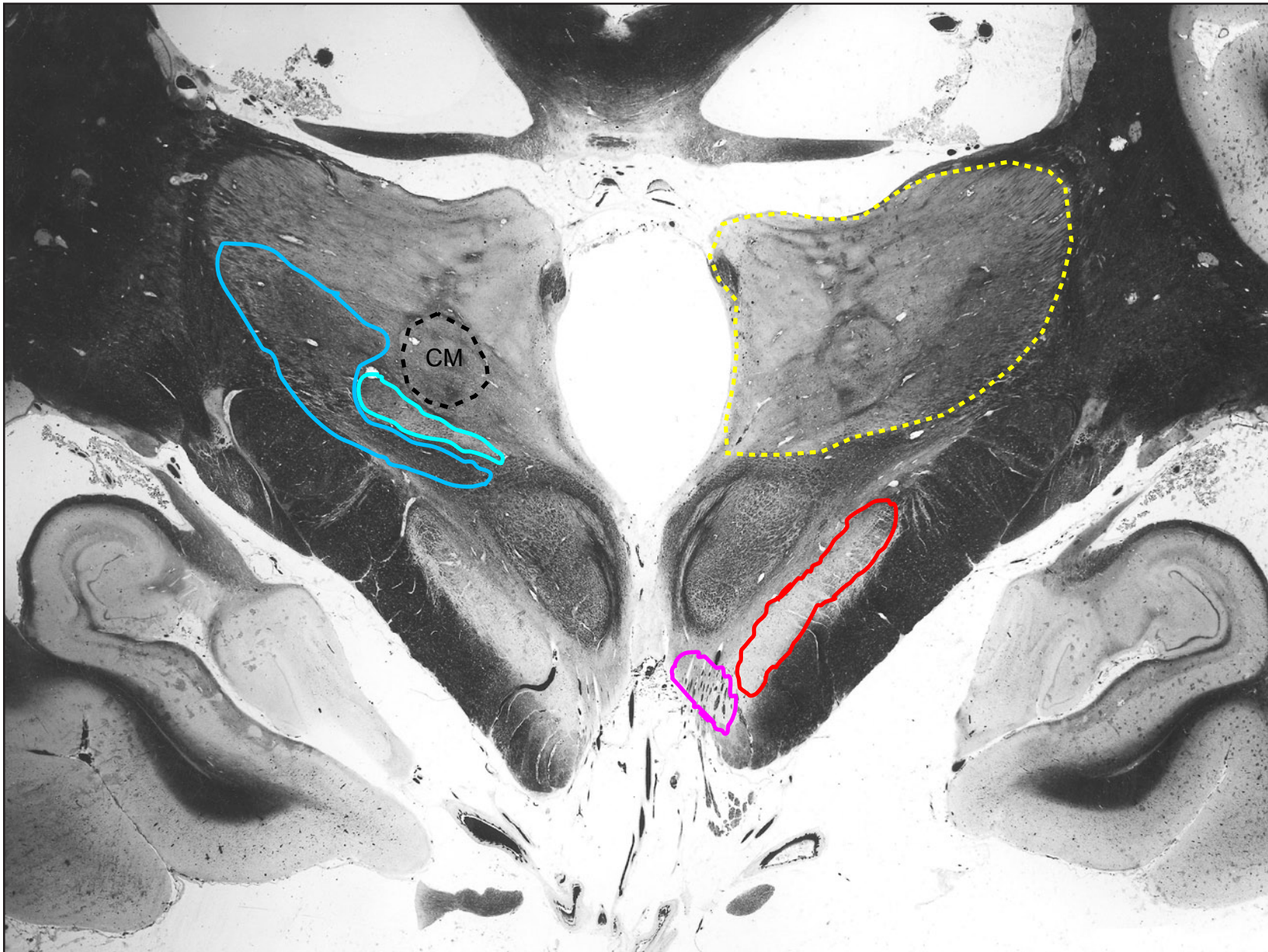
Neurological exam in the ER showed a dilated right pupil that was not responsive to light, and a paralyzed left arm and leg with a dorsiflexor left plantar response. She responded to commands occasionally, but not reliably, and was described as "sleepy but arousable."

These symptoms were produced when the accumulating blood within the skull pushed part of the medial temporal lobe downward through the tentorial notch where it compressed the midbrain. What midbrain structure do you predict is malfunctioning to account for each of this patient's symptoms?



Mid Sagittal





Collectively the two thalamic nuclei circled in blue comprise the SOMATOSENSORY thalamus.

The nucleus for the face (which also relays information about taste) is medial and is named ventral posteromedial (VPM). The nucleus for the body is located more lateral, and is named ventral posterolateral (VPL).

Can you name major spinal cord and brainstem tracts that synapse in each nucleus?



Additional nuclei of the thalamus are identified in the Coronal, Horizontal, and Sagittal Atlases.

What arteries supply most of the midbrain?



Mid Sagittal

