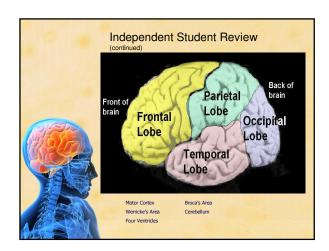
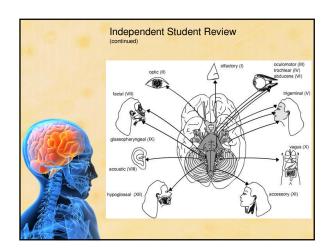


Independent Student Review • Brain Anatomy and physiology of cerebral hemispheres, diencephalon, brain stem, and cerebellum • Meninges, ventricles, flow of CSF • Blood Brain barrier • Auto-regulatory mechanism (effects of CO₂ and pH or H+ ions) • Circle of Willis • Cranial Nerves





Neurological Disorders

- Multiple Sclerosis
- Amyotrophic Lateral Sclerosis ALS
- Myasthenia Gravis
- Inflammatory Brain Conditions
- Neoplasms

Multiple Sclerosis • What is it? • Demyelization disorder of white matter of brain, Spinal Cord, and optic nerve Node of Flanvier

Multiple Sclerosis

- Stages
 - Relapsing remitting
 - Primary progressive
 - Secondary progressive
 - Progressive relapsing
 - http://www.youtube.com/results?s earch_query=Multiple+sclerosis&a q=f

Multiple Sclerosis Signs and Symptoms

- Initial Symptoms
 - Vision problems-blurred vision
 - Sensory impairment-paresthesia
 - fatigue
- Hot baths worsens symptoms
- Muscle dysfunction
 - Weakness, paralysis
- Urinary disturbances
 - Incontinence, infections
- Speech problems- dysphagia

Signs and symptoms cont.

- Double Vision
- Electric shock sensations
- Slurred speech
- Lack of coordination
- Unsteady gait
- Stiffness or spasticity
- Forgetfulness
- Difficulty concentrating



-		



Multiple Sclerosis

- Diagnosis
 - Stage 1 MRI shows inflammation and lesions
 - Stage 2 MRI shows demyelination
 - Sometimes CSF examined
 - Lumbar puncture

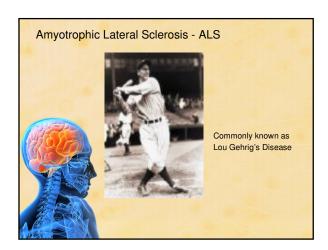
Multiple Sclerosis

- Treatment
 - Muscle spasticity drugs
 - Steroids
 - Fiber
 - Antidepressants
 - Immunosuppressive drugs
 - Interferon beta 1a

MS treatment other than medication

- Physical Therapy
- Occupational Therapy
- Counseling
- Plasma exchange

Lifestyle and Home Remedies Rest Exercise Avoid heat Cool down Well balanced diet



Amyotrophic Lateral Sclerosis ALS - Chronic progressive debilitating disease - Most common form of motor neuron disease causing muscle atrophy - Degeneration occurs in the spinal cord - Onset most common between ages 40-60 - Twice as common in men than women - No specific tests - Death usually occurs 2-5 yrs from diagnosis - http://www.youtube.com/results?search_q uery=Multiple+sclerosis&aq=f

Amyotrophic Lateral Sclerosis ALS · What is not effected? Entire sensory system



- - Regulatory mechanism of control
 - Coordination of movement
 - Intellect remains intact

Amyotrophic Lateral Sclerosis ALŚ

- Signs and Symptoms
 - Generalized muscle weakness
 - Spasticity and hyperreflexia
 - Impaired speech
 - · Difficulty chewing and swallowing
 - · Difficulty breathing
 - Emotional lability

Amyotrophic Lateral Sclerosis ALŚ

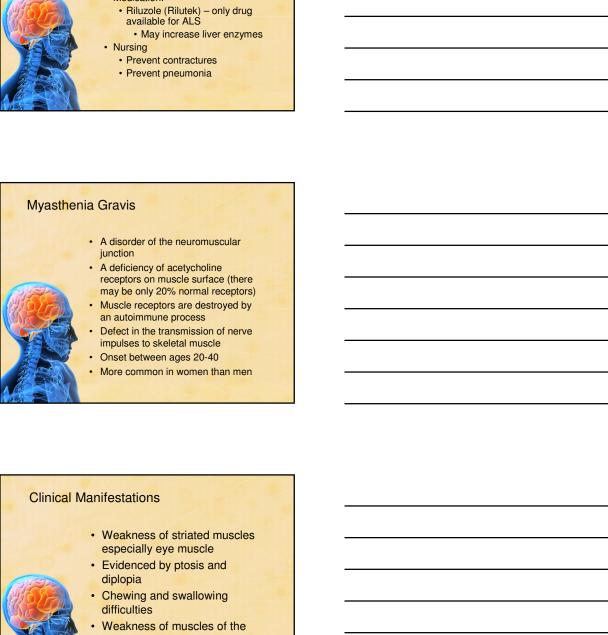
- Diagnosis
 - UMN involvement Dysphagia, dysarthria, dysphonia, spasm and rigidity, impaired fine motor control
 - LMN involvement: weakness, muscle atrophy, hyporeflexia, fasciculation
 - In some ways ALS sounds a little like MS
 - ALS is distinguished by impairment of respiratory muscle

Amyotrophic Lateral Sclerosis ALS

- Treatment
 - No cure
 - Antispasmodic drugs and respiratory support
 - · Medication:

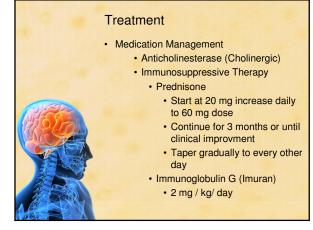
- lower face
- Needs to support chin when talking







Diagnosis History and Physical examination Thyroid study Testing immune disorders Acetacholine receptor antibody testing CT scan The Tensilon Test





Crisis

Myasthenic Crisis

- Result of severe disease or too little cholinesterase inhibition
- The patient is unable to maintain an airway or make sufficient respiratory movement and requires ventilation
- Increased BP and Pulse
- Increased secretions leading to Ineffective airway clearance

Cholinergic crisis

- Nausea
- Vomiting
- Diarrhea
- Abdominal cramps
- Blurred vision
- Pallor
- Facial muscle twitching
- Hypotension

Crisis (cont)

- Myasthenic Crisis my be precipitated by a number of factors:
 - Non-compliance with medications
 - Excessive activities
 - Infection

Inflammatory Brain Conditions (Pg 1564-68)

- Abscess
- Meningitis
 - Viral
 - Fungal
 - Bacterial
- Encephalitis
- Arboviruses
- Enteroviruses
- Herpes Simplex Virus Type I
- Amebae

ABSCESS • Bacterial • Streptococci and Staphylococci • Secondary to Paranasal sinuses • Mastoids • Middle ears • Fungal • Parasitic

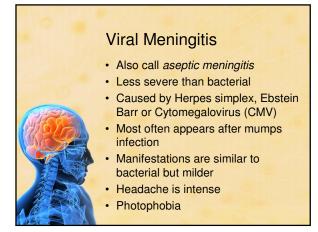


- Fungal
 - Coccidiodomycosis
 - Mucormycosis
 - Aspergillosis
- Parasitic
 - Neurocysticerosis

Symptoms • Early Symptoms • General Malaise • Fever • Chills • Anorexia • Late Symptoms • Seizures • Decreased LOC • Hemi paresis • Expressive aphasia • Frontal headache

Meningitis • Bacterial • Viral Complications of Meningitis • Communicating hydrocephalus • Loculated CSF collections • Subdural effusion / empyema • Cerebral infarction • Cerebral abscess • Dural sinus thrombophlebitis

Bacterial Meningitis Causes may include Strep, H flu and E-coli Risk factors include head trauma, otitis media, sinusitis or immunosuppression Mortality rate is 25% Manifestations: Fever Chills Headache Nausea and vomiting Stiff neck





Encephalitis

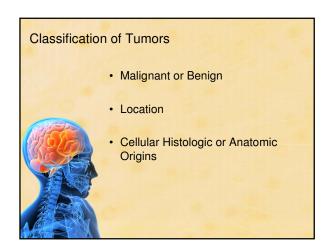
- Acute inflammation of the parenchyma of the brain or spinal cord
- Almost always caused by a virus
- Causes local necrotizing hemorrhage with prominent edema without exudate
- Manifestations:
 - Fever
 - Headache
 - Seizures
 - Stiff neck
 - Altered LOC

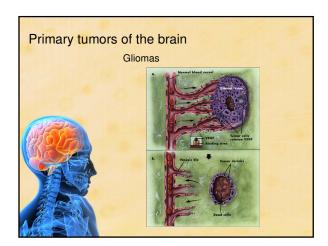
Treatment

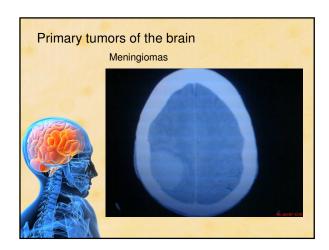
- · Brain Abscesses:
 - Broad-spectrum antibiotics
 - Antifungal agents (Diflucan)
- Meningitis/Encephalitis
 - Immediate Broad-spectrum antibiotics
 - Cephalosporins (Vancomycin)
 - Steroids to reduce edema (Decadron)
 - Antipyretics (Tylenol)
 - Analgesics (Opiates)
 - Anticonvulsants (Dilantin)

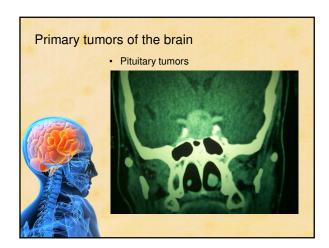
Neoplasms

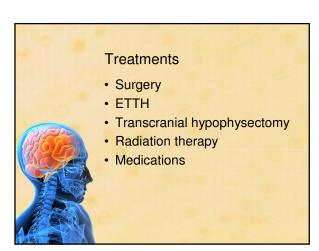
- Primary Tumors
- Secondary Tumors
- PATHOPHYSIOLOGY
 - Cerebral Edema / brain tissue inflammation
 - Increased ICP
 - Focal neurologic deficits
 - Obstruction of the flow of CSF
 - Pituitary dysfunction

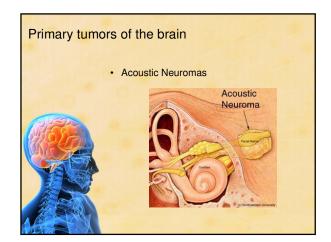












Secondary tumors of the brain

- Most common origins
 - Lungs
 - Breast
 - Colon
 - Pancreas
 - Kidney
- General symptoms
 - Headaches
 - · Nausea and vomiting
 - Visual symptoms
 - · Seizures
 - changes in mentation or personality
 - Papilledema swelling of the optic disc

Secondary tumors of the brain

- Diagnosis
 - · Physical Exam
 - Neurologic Exam
 - CT scan
 - MRI
 - Angiogram
 - Spinal tap
 - Myelogram

 - Biopsy Needle
 - Stereotactic



Secondary tumors of the brain

- Interventions
 - Nonsurgical Management
 - Radiation
 - Drug Therapy
 - Chemotherapy
 - Radiosurgery
 - Gamma Knife
 - Surgical Management

