

# Pathology 2

## Parkinson

is associated with motor function

-hypokinetic --- slow

- nigra - thalamus - acceleration of cortex function ( direct pathway, dopamine pathway)/ in

Parkinson's disease ↓↓

Indirect pathway -- slowing in the movement - inhibition/ in Parkinson's disease ↑↑↑

- cause or a symptom of Parkinson

-pill- rolling > زي المسبحة " resting tremor"

-no causative agent yet

- no sudden onest " gradual"

- more in male

- diagnosis is CLINICALLY

- if there is a causitive agent with the clinical manifestations it is Parkinsonism

-A >> normal

-B>>> abnormal

## Hungtington disease

- oncest

Due to accumulation of Hungtington protein

CAG

Normal 16-35

If the repetition more than 36 its the Hungtington disease

- genetic analysis of chromosome 4

- autosomal dominant means that his kiddos have 50% chance to have it

-Exclusively genetic tumor >>> Hungtington disease

- more common in male

- loss of brain parenchyma>>> increase in ventricular

## ALS

- upper arms , weak hands , paralyzed hands then legs then completely paralyzed

- loss of mylenatid fiber in pic

Upper > anterior very atrophic and decreased in number

Lower > posterior

- asymmetric

- prolonged hypoglycemia>> defect in brain

- acute phase >> reversible>> psychiatric defect

- korsakoff >> loss of recent memory then the old ones >> cronic phase >> irreversible

- B12 is related to mylenation

\*\*Bilaterally symmetrical

Risk factor >> autoimmune anaemia

\*\*\* We should know the location, the protein, clinical manifestations of every disease