

<<医学教育改革系列教材>>

图书基本信息

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## 内容概要

This Neurology textbook is intended for international medical students and bilingual education in Chinese medical students. We hope it will also be useful for neurologists , non-neurologist clinicians , nurses , and other healthcare workers. As a textbook mainly for medical students , we tried to keep the content direct and clear. Only widely accepted notions and facts are included , rather than unsupported opinions or recent progress in research. Compared with other Neurology textbooks in English language , this textbook puts more emphasis on anatomy of nervous system , principles of topical diagnosis and neurological examination.

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## 章节摘录

版权页：插图：2.5.3 Basal Ganglia 2.5.3.1 Anatomy and physiology The basal ganglia lie in the deep white matter of the cerebral cortex and are composed of the caudate, lentiform nucleus, claustrum and amygdaloid nucleus. The basal ganglia system is made up of the basal ganglia, red nucleus, subthalamic nucleus and substantia nigra. The corpus striatum (striated body) is a compound structure consisting of the caudate nucleus and the lentiform nucleus. The neostriatum includes the caudate and putamen; the paleostriatum includes two parts of the globus pallidus, the internal portion and external portion. The basal ganglia are subcortical structures that mediate involuntary and voluntary muscular movements. The basal ganglia belong to the extrapyramidal system of the brain. The basal ganglia have broad interconnection in different nuclei. The striatum serves as the input center for the basal ganglia. The primary input comes from the cerebral cortex; there is a secondary input from the thalamus. Output signals from basal ganglia descend to spinal lower motor neuron through red nucleus, substantia nigra and reticular formation. The basal ganglia, together with cerebral cortex and cerebellum, modulate the voluntary movements, muscle tone and postural reflex.

2.5.3.2 Symptoms and diagnosis of lesions Lesions of basal ganglia can lead to abnormal movements and changed muscle tone.

2.5.3.2.1 Lesions of neostriatum This pattern usually leads to hyperkinesia-hypotonia syndrome, including chorea, athetosis and hemiballismus. Chorea can occur in lesions of putamen, athetosis may occur in lesions of caudate, while hemiballismus is caused by lesions of the subthalamic nucleus. This hyperkinesia-hypotonia syndrome may result from genetic Huntington's chorea, rheumatic chorea, Wilson's disease or side effects of phenothiazine drugs.

2.5.3.2.2 Lesions of paleostriatum and substantia nigra This pattern usually leads to hypokinesia-hypertonia syndrome, presenting with rigidity, slowness of movement and static tremor. This usually occurs in Parkinson's disease and Parkinsonism.

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