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Neuropathologie WiSe 24/25

Neurodegenerative Erkrankungen

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Lernziele

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- Überblick zu neurodegenerativen Erkrankungen
- Typische histomorphologische Merkmale des M. Alzheimer
- Typische histomorphologische Merkmale des M. Parkinson

Lernziele

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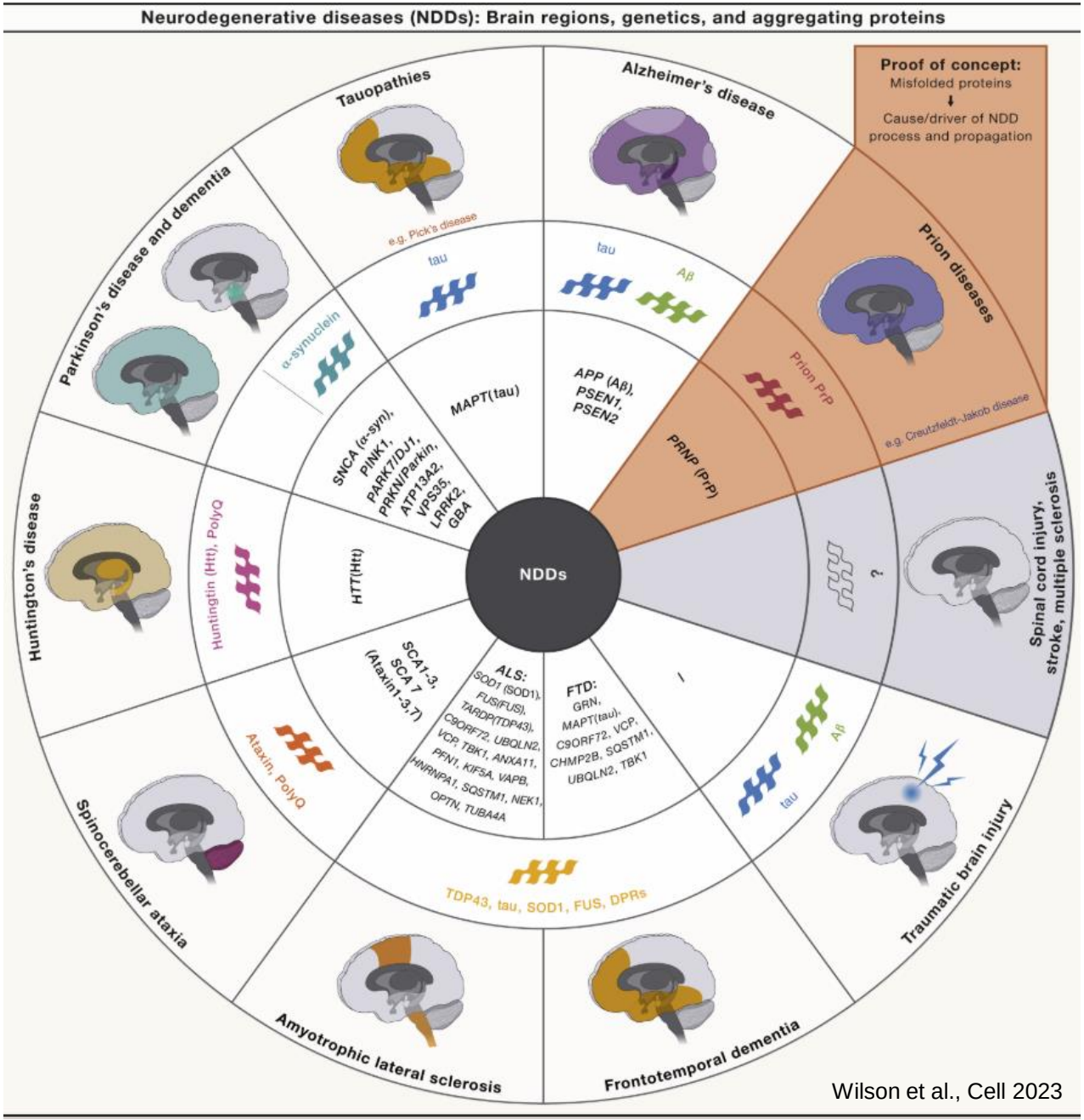
- Überblick zu neurodegenerativen Erkrankungen
- Typische histomorphologische Merkmale des M. Alzheimer
- Typische histomorphologische Merkmale des M. Parkinson

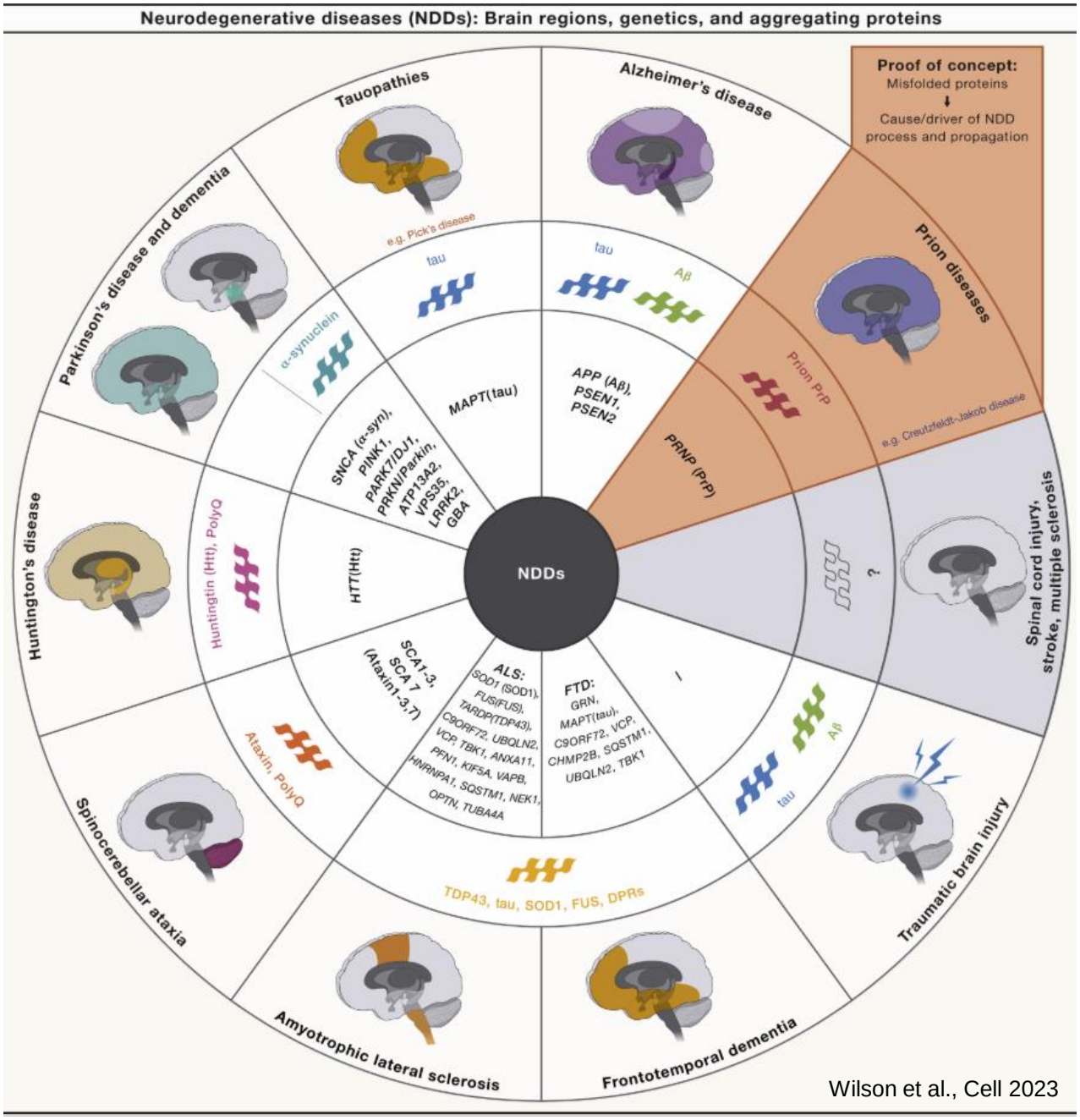
Was sind neurodegenerative Erkrankungen?

Was sind neurodegenerative Erkrankungen?

- Progrediente neuronale Dysfunktion und neuronaler Verlust
- Sehr unterschiedliche Definitionen und Klassifikationen

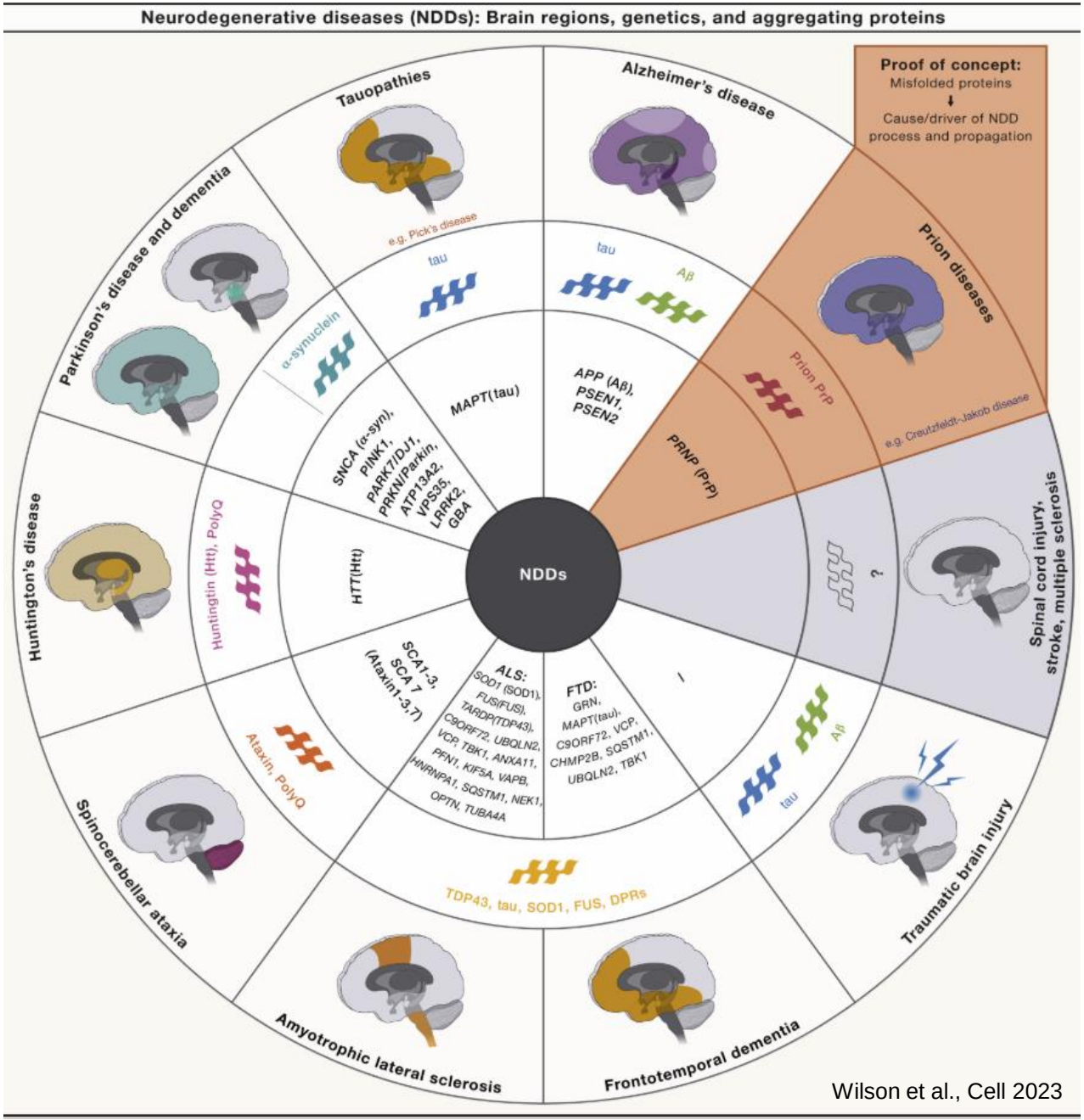


Wilson et al., Cell 2023



Wilson et al., Cell 2023

Klinisch:
Demenz *vs*
Motorische Störung



Wilson et al., Cell 2023

Klinisch:
Demenz *vs*
Motorische Störung

Movement disorders
Akinetic and rigid
Hyperkinetic
Ataxic
Motor neuron disorders
Cognitive disturbance (dementia)
Temporal and parietal degenerations
Frontotemporal degenerations
Multifocal degenerations

Selektiver Nervenzellverlust in Neurodegeneration

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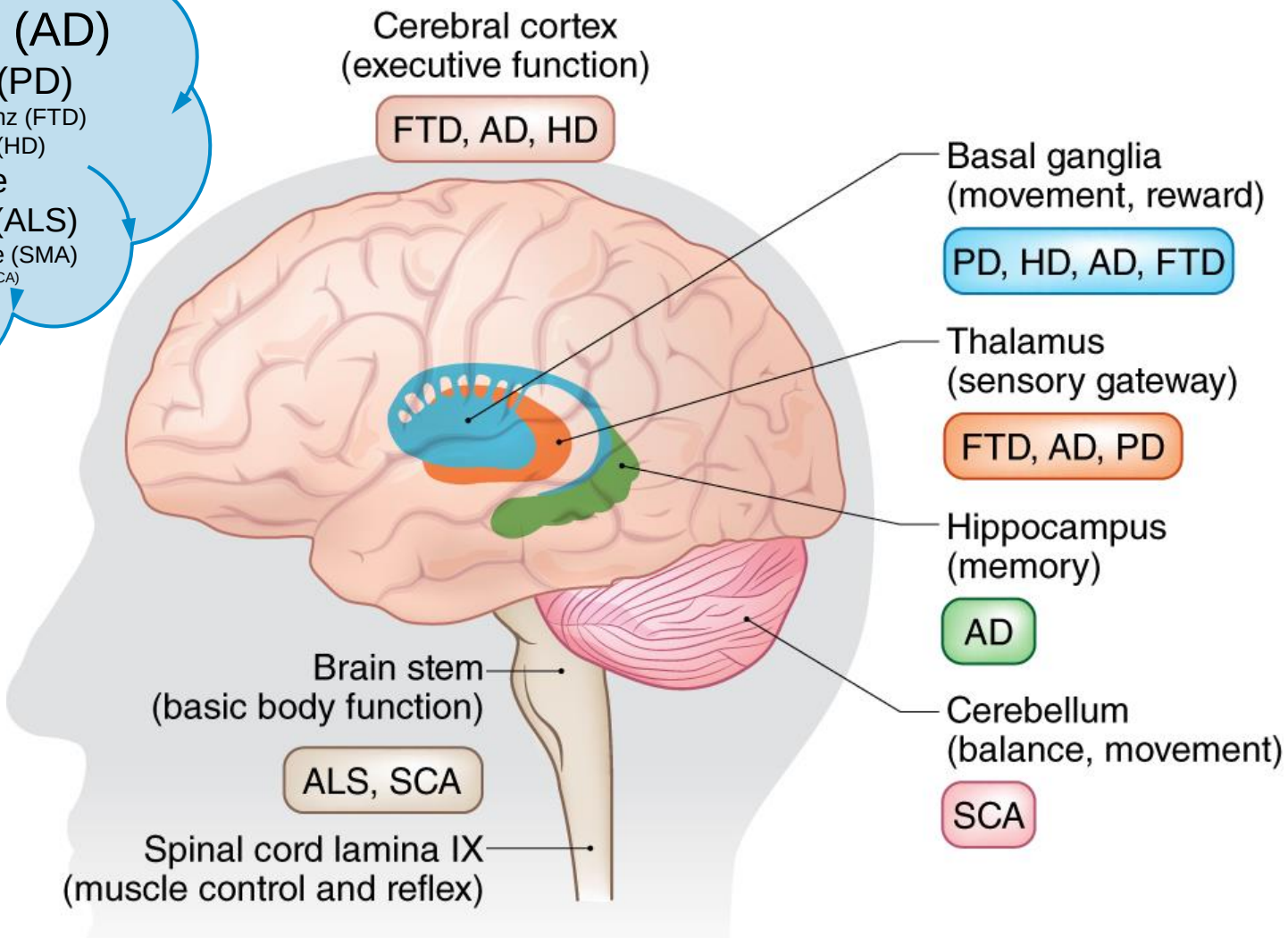
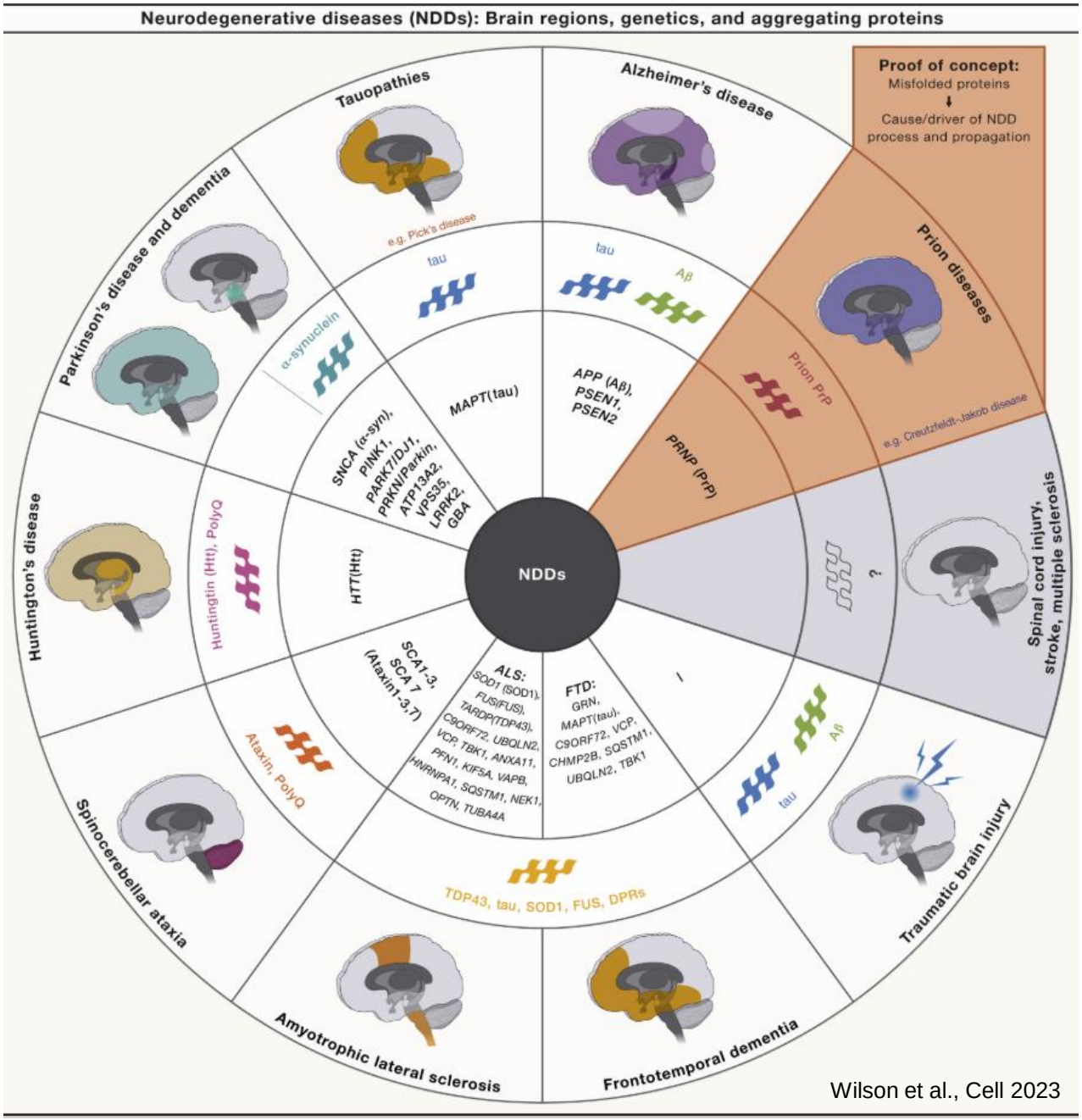
M. Alzheimer (AD)
M. Parkinson (PD)
Frontotemporale Demenz (FTD)
Chorea Huntington (HD)
Amyotrophe Lateralsklerose (ALS)
Spinale Muskelatrophie (SMA)
Spinocerebelläre Ataxien (SCA)
und andere



Gan, L., Cookson, M.R., Petrucelli, L. et al. (2018) Nat Neurosci 21, 1300–1309

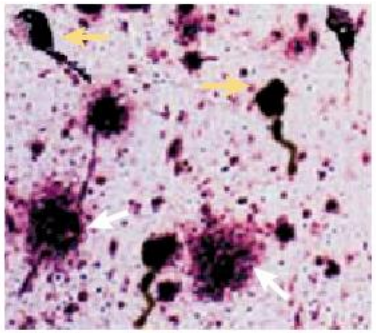


Wilson et al., Cell 2023

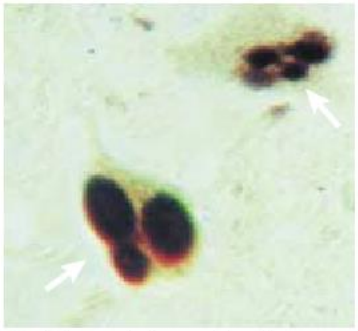
Klinisch:
Demenz *vs*
Motorische Störung

Pathophysiologisch:
Trauma
Entzündung
Demyelinisierung
Proteinaggregate
Genetisch
Betroffene Neurone und Hirnregionen

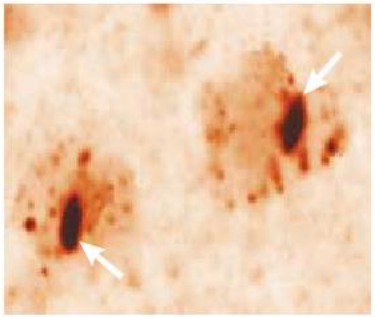
Neurodegenerative Erkrankungen: Aggregopathien



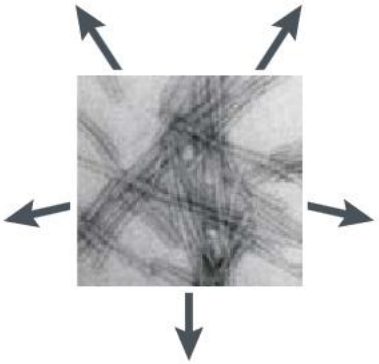
Alzheimer's plaques and tangles

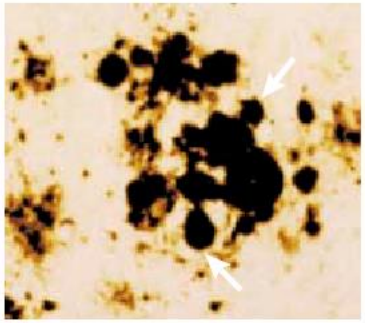


Parkinson's Lewy bodies

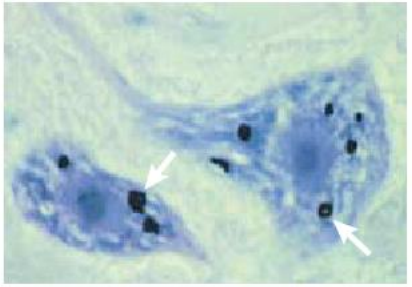


Huntington's intranuclear inclusions





Prion amyloid plaques



Amyotrophic lateral sclerosis aggregates

Soto C (2003) Nat Rev Neurosci 4: 49-60.

Proteinfehlfaltung in neurodegenerativen Erkrankungen

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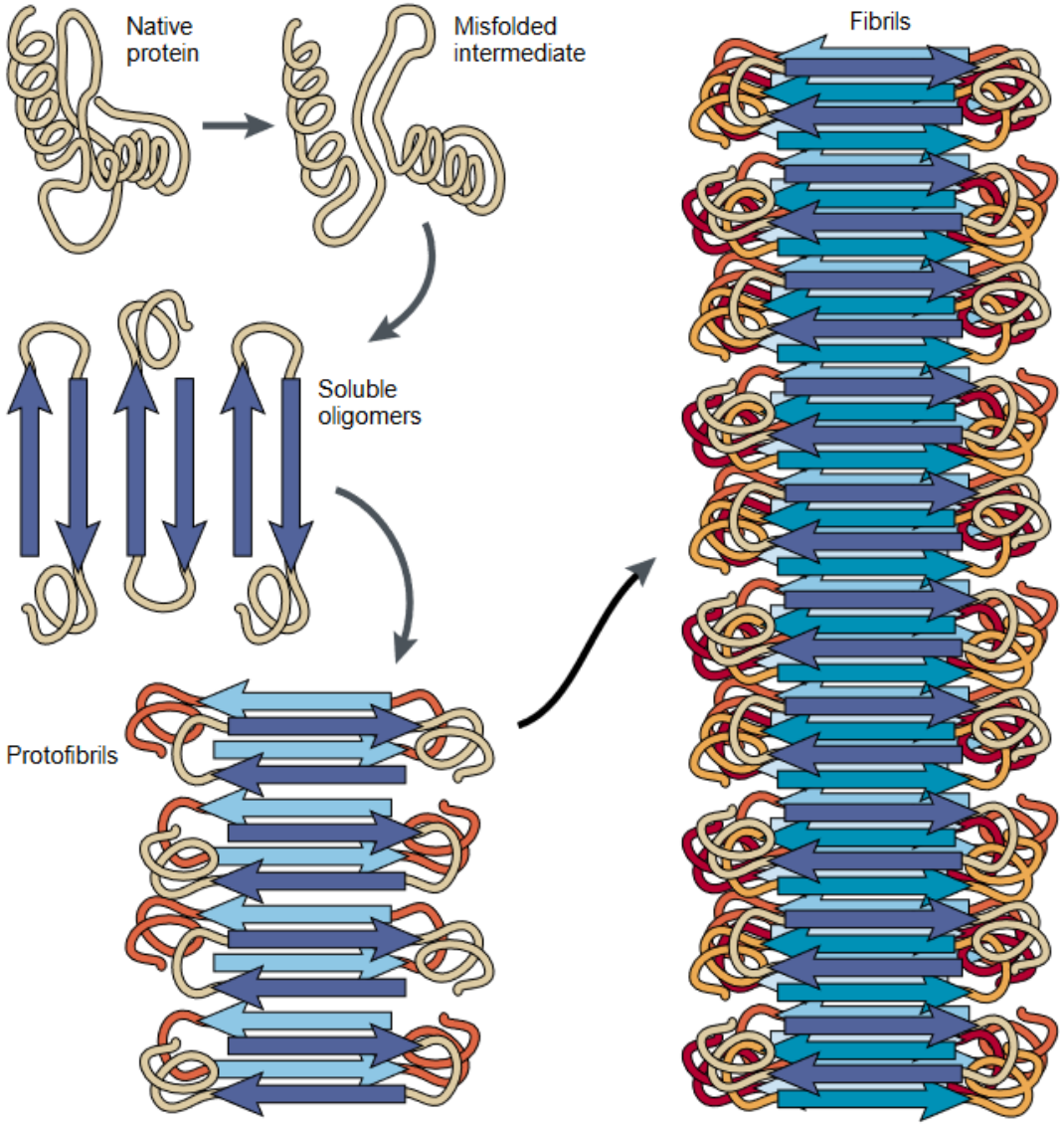
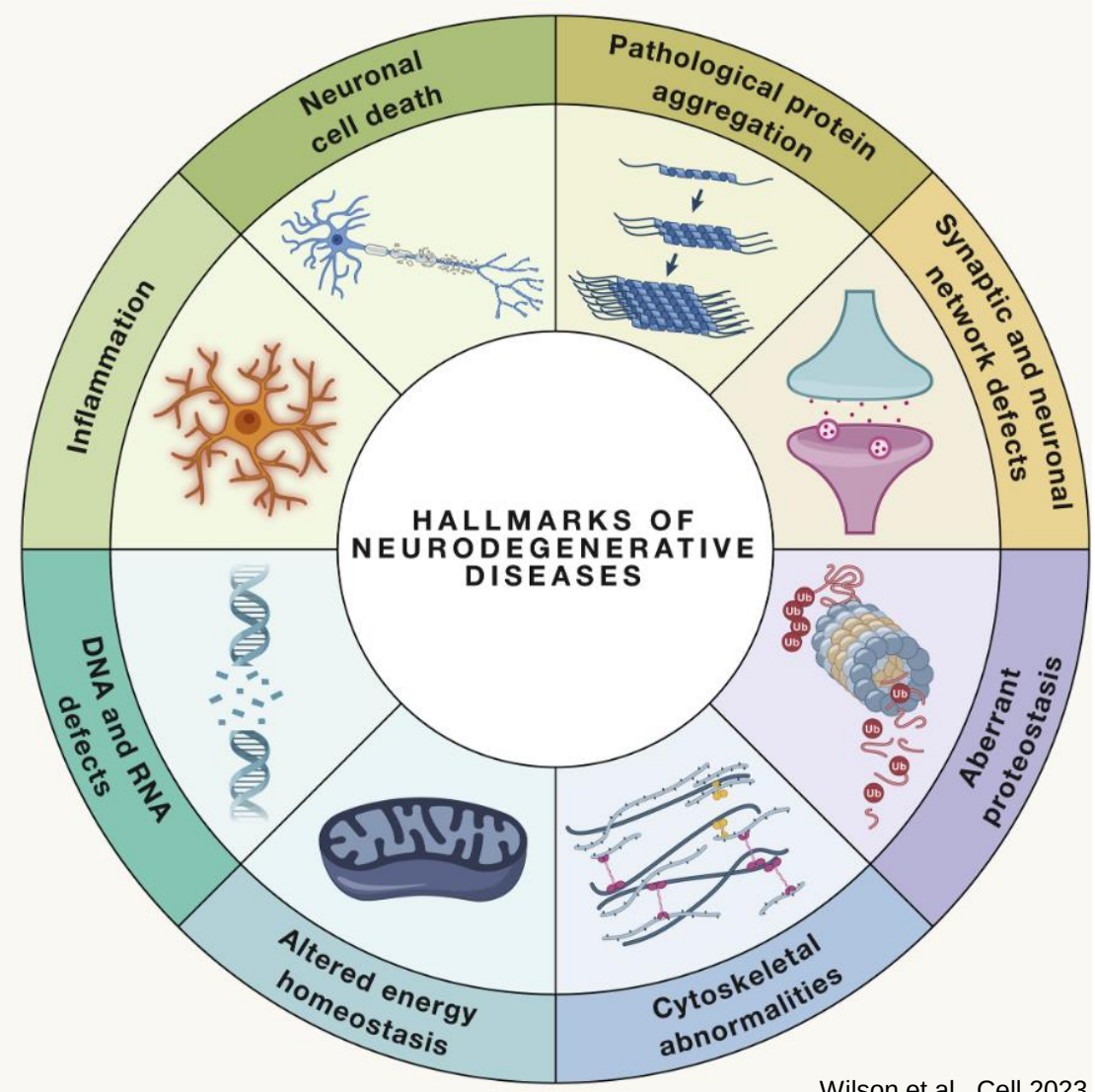


Soto C (2003) Nat Rev Neurosci 4: 49-60.

Was sind neurodegenerative Erkrankungen?



Wilson et al., Cell 2023

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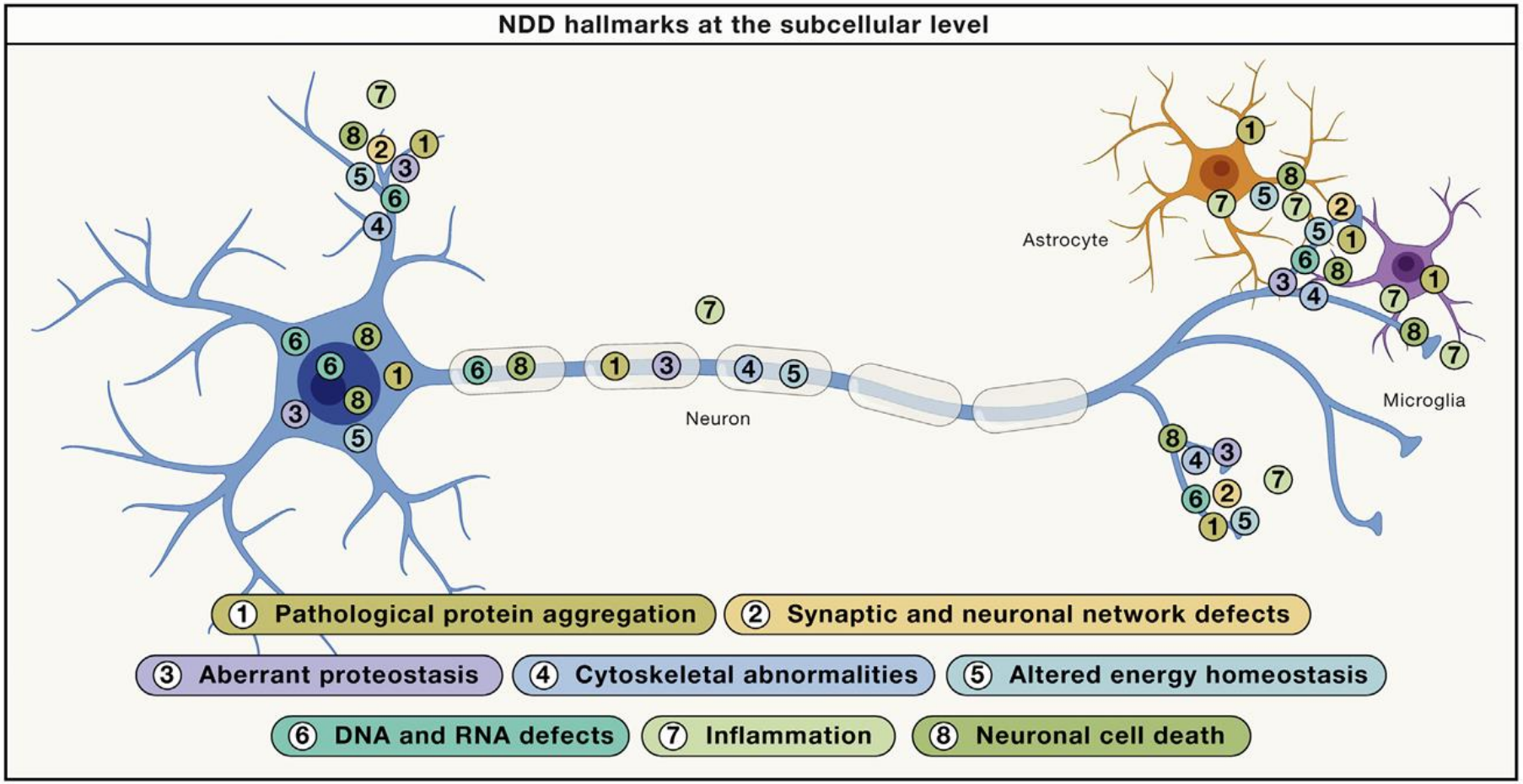

Wilson et al., Cell 2023

Lernziele

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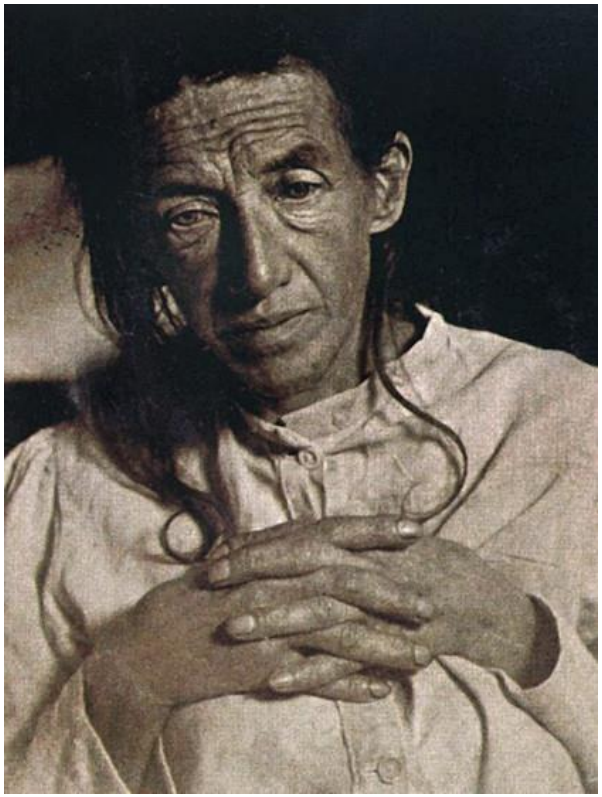
Morbus Alzheimer



Auguste Deter: 1850-1906

„Über eine eigenartige Erkrankung der Hirnrinde“

Klinik:
Zeitlich-/räumlicher Orientierungsverlust
Vergesslichkeit, Aphasie, Paraphrasien

https://www.deutsche-alzheimer.de/die-krankheit/die-alzheimer-krankheit/alois-alzheimer.htm
http://abqnm.us/PerfImages/Hayworth,%20Rita,%20Alzheimers.html

Klinik des M. Alzheimer

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Demenz nach ICD 10:

Störung des Gedächtnisses und mindestens einer weiteren kognitiven Teilleistung
Länger als 6 Monate anhaltend
Chronisch progredient
Bewusstseinsstörung muss ausgeschlossen sein
Störung der sozialen und/oder beruflichen Funktion

Ursachenspektrum demenzielles Syndrom

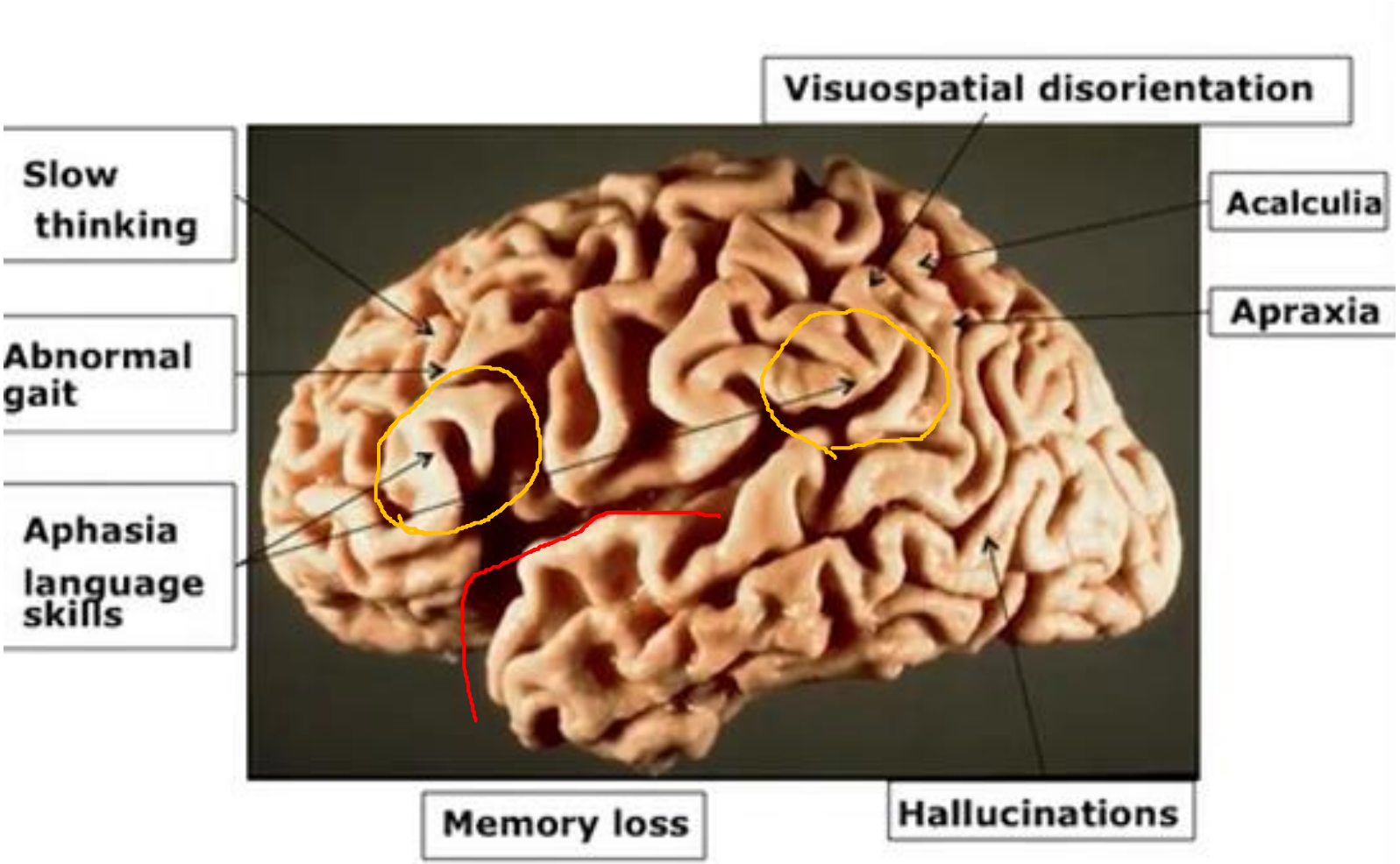
Sekundär z.B.:
Hypox. Hirnschaden
Tumor/Blutung/Trauma
Entzündlich
Metabolisch/ Toxisch
Normaldruckhydrocephalus

Primär neurodegenerativ:
M. Alzheimer >50 % aller Demenzen
Frontotemporale Demenz
M. Parkinson
Lewy-Body-Demenz
Chorea Huntington
Progressive nukleäre Blickparese
Vaskulär ~ 20% aller Demenzen

nicht jedes demenzielle Syndrom ist durch eine neurodegenerative Erkrankung bedingt

Neurodegenerative Erkrankungen gehen häufig mit demenziellem Syndrom einher

Pathologie – Makroskopische Befunde



https://neuropathology-web.org/chapter9/chapter9bAD.html#ad

Pathologie – Makroskopische Befunde

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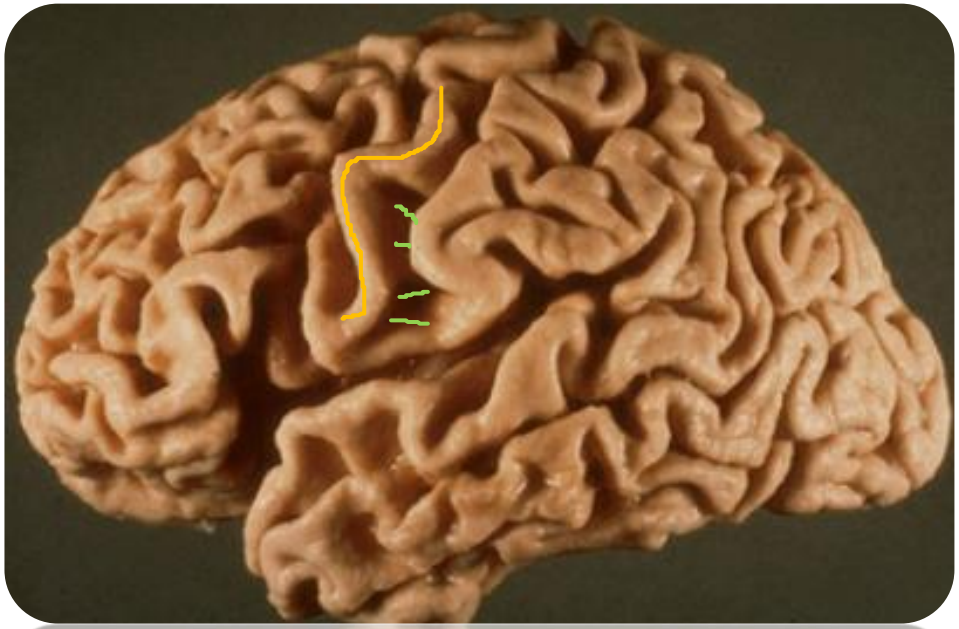
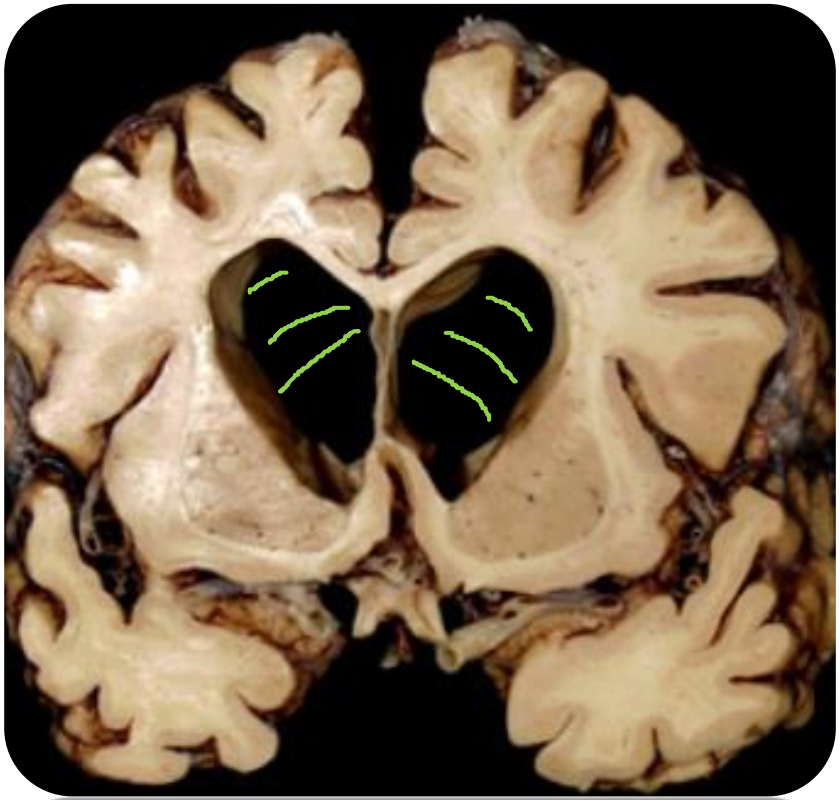
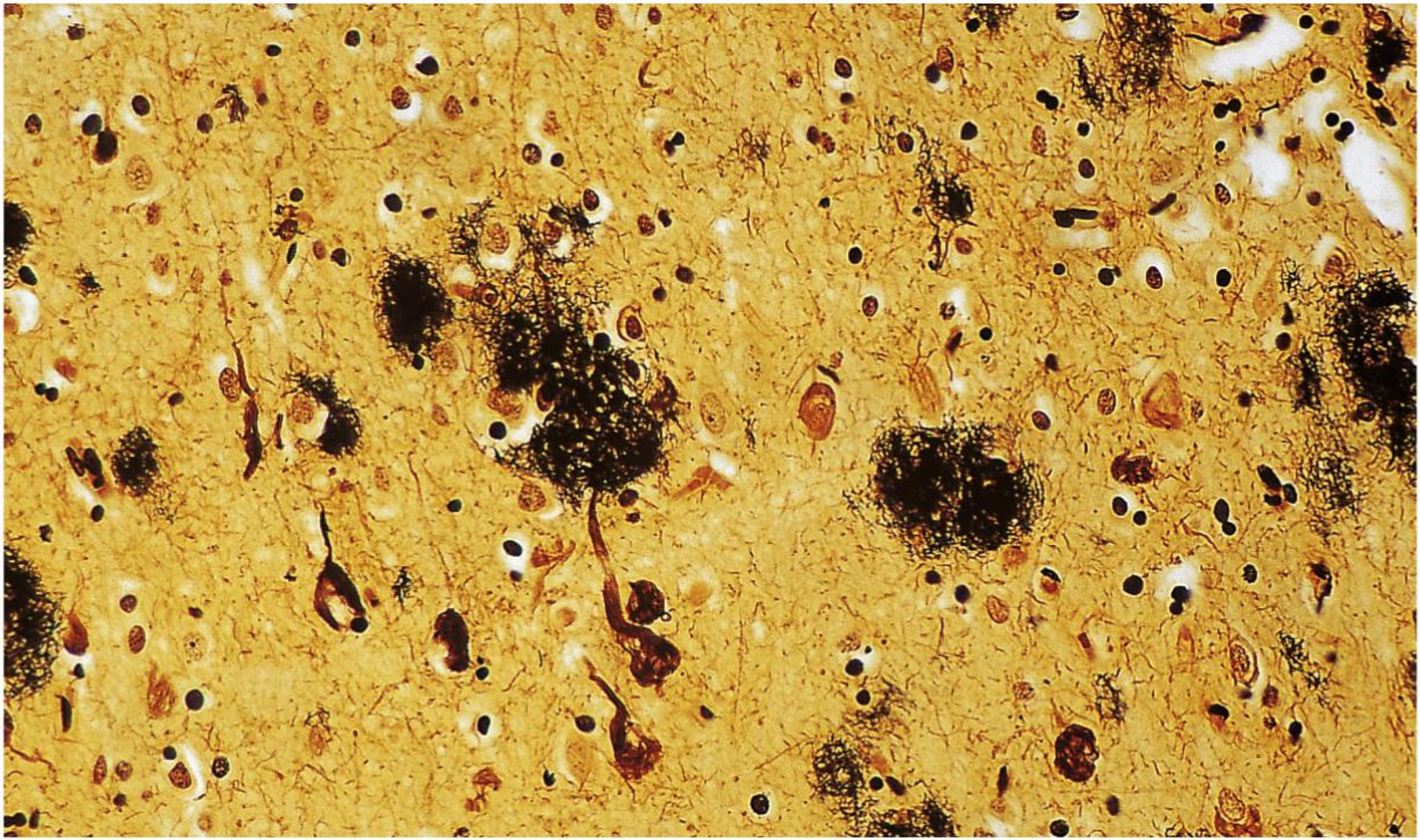
Äußere und innere- Hirnatrophie



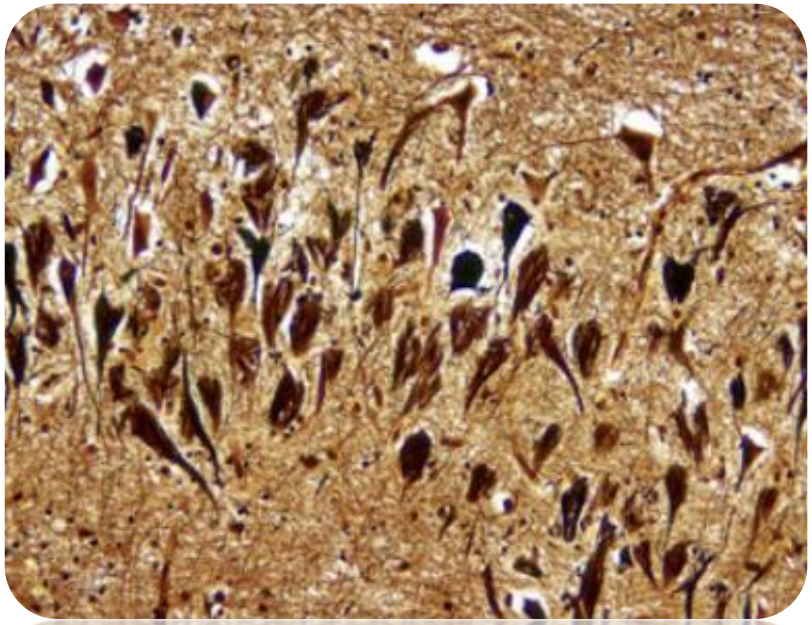


https://neuropathology-web.org/chapter9/chapter9bAD.html#ad

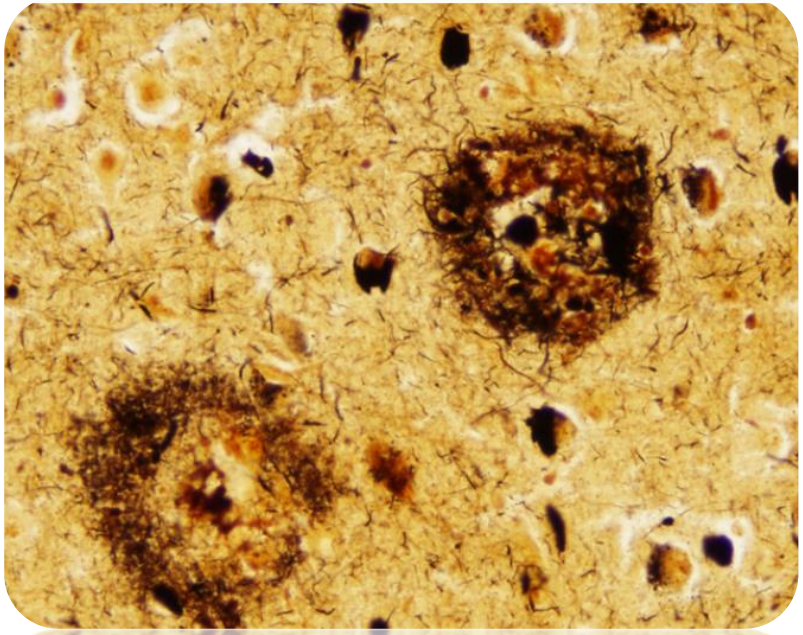


Love, Ellison, Neuropathology, Elsevier

Pathologie – Mikroskopische Befunde

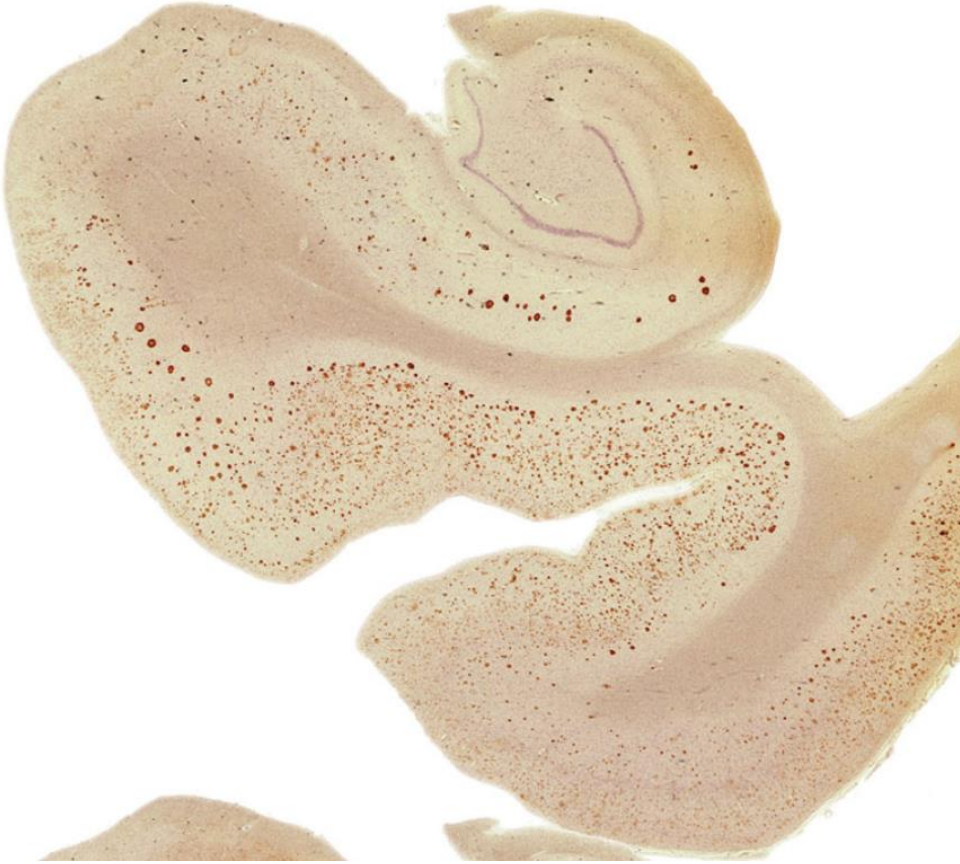


Intrazelluläre neurofibrilläre Tangles (NFT)



Extrazelluläre Neuritische Plaques (NPs)

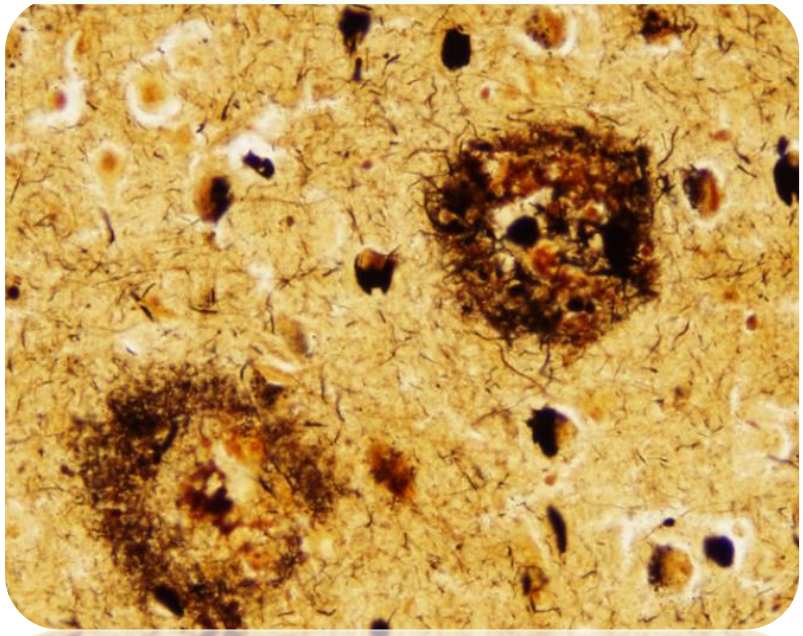
Intrazelluläre neurofibrilläre Tangles (NFT)



Extrazelluläre Neuritische Plaques (NPs)

Love, Ellison, Neuropathology, Elsevier

Pathologie – Mikroskopische Befunde



Extrazelluläre Neuritische Plaques (NPs)

Pathologie – Mikroskopische Befunde

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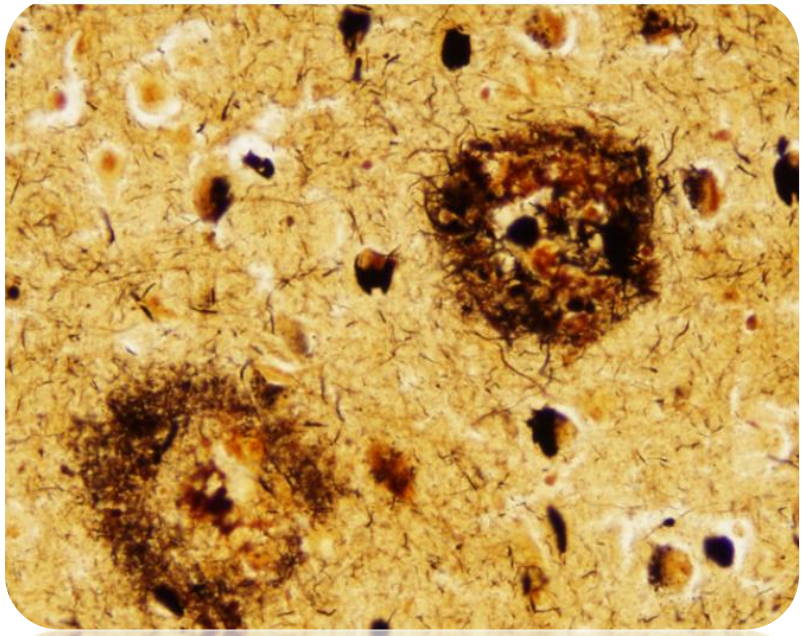
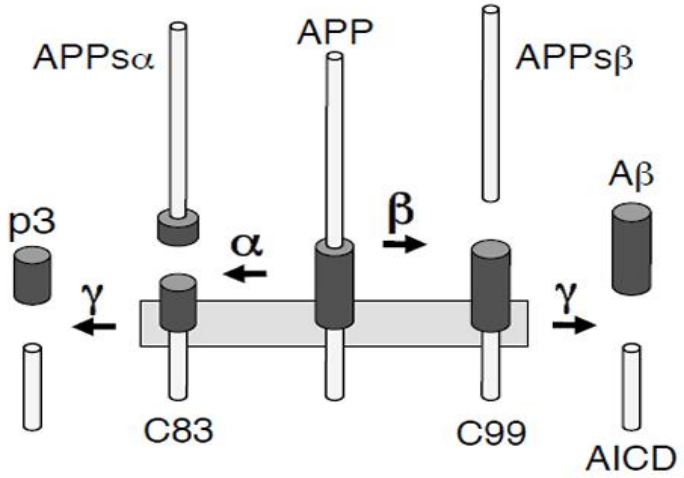


Extrazelluläre Neuritische Plaques (NPs)

Amyloidablagerungen



APP = transmembranöses Glykoprotein
Gen auf Chromosom 21
Funktion unklar > Oberflächenrezeptor mit Funktionen in der Zell-Zell und Zell-Matrix Interaktion

Love, Ellison, Neuropathology, Elsevier

Pathologie – Mikroskopische Befunde

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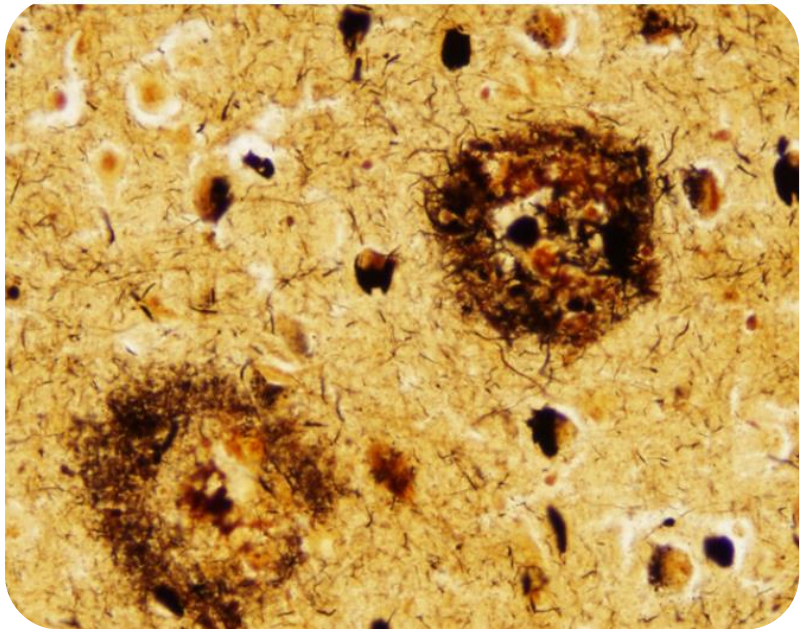
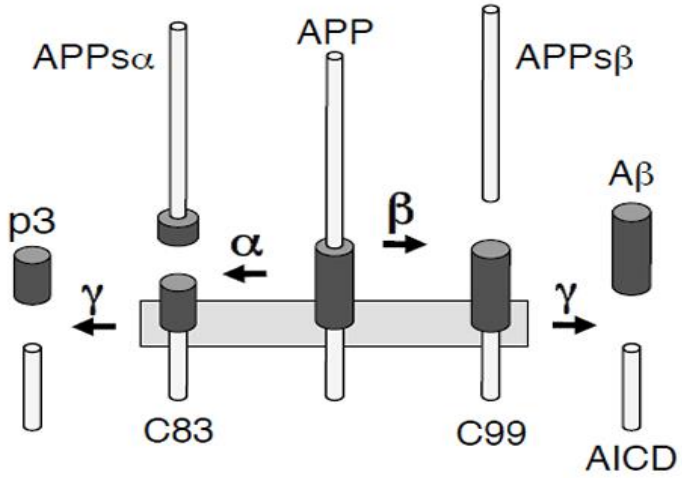
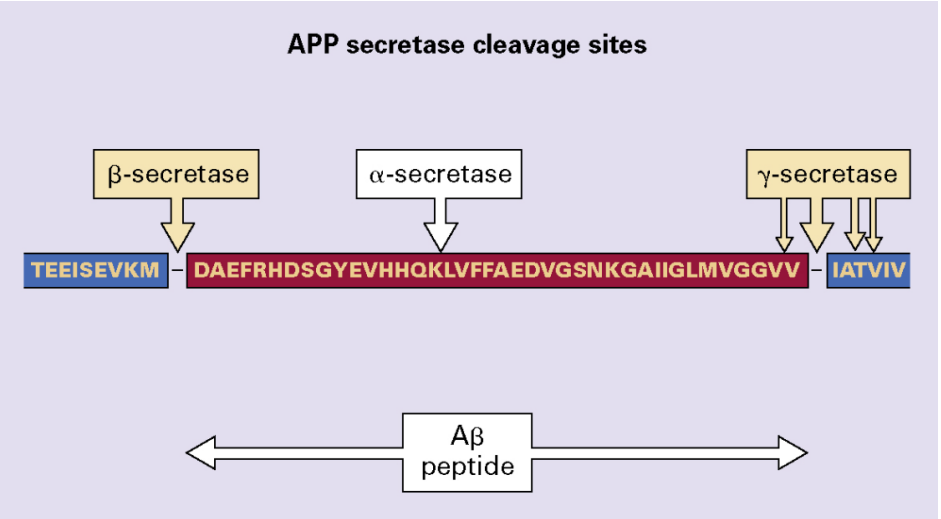
Amyloidablagerungen

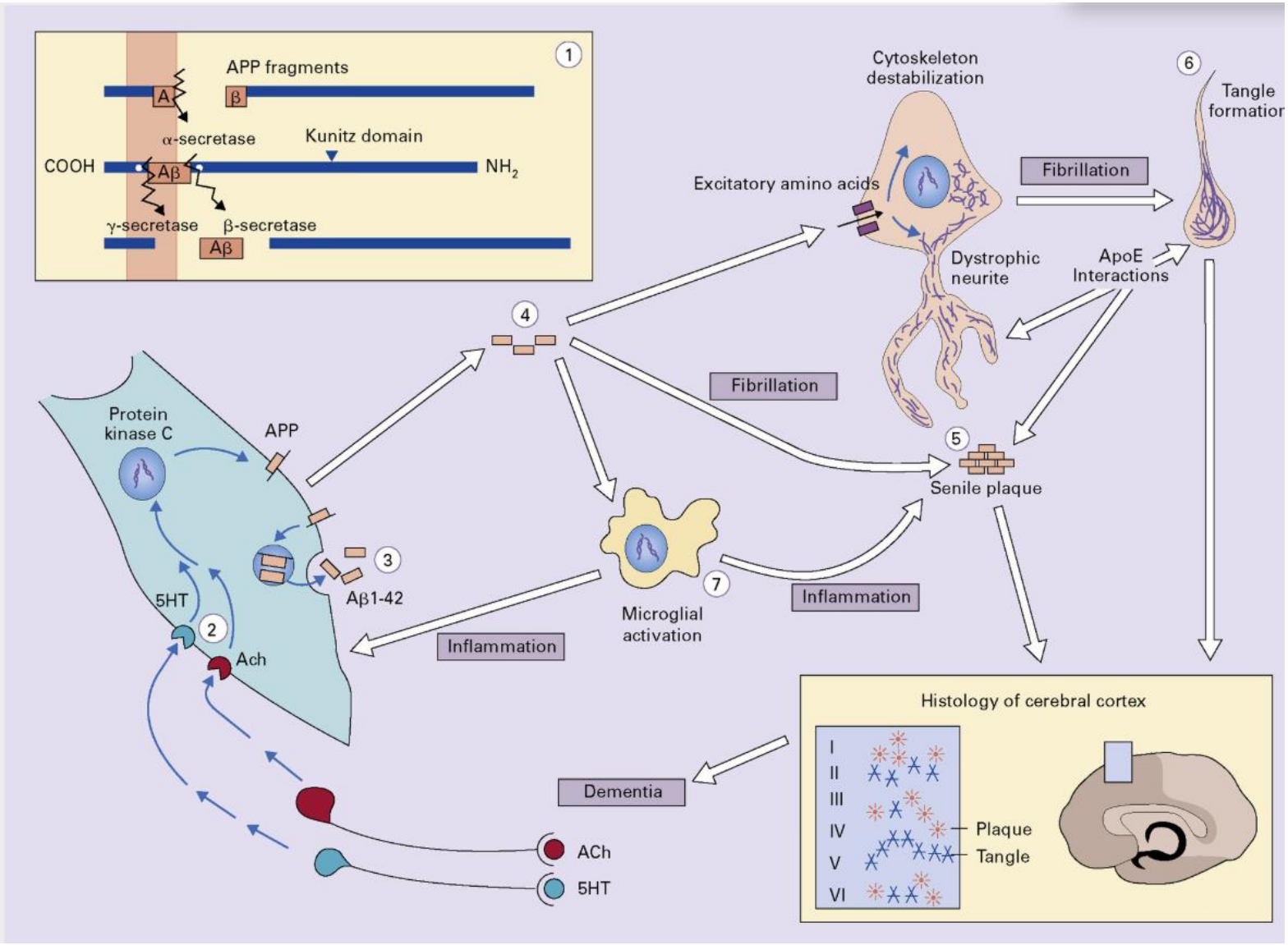


Aβ Peptid Fragmente: insb. 40 oder 42 Aminosäuren lang. Aβ Peptide in Plaques: hauptsächlich 42-residue Form of Aβ (Aβ42)



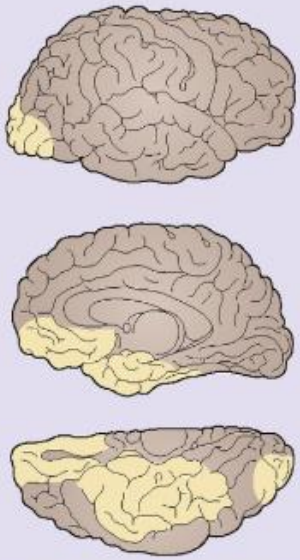


Love, Ellison, Neuropathology, Elsevier

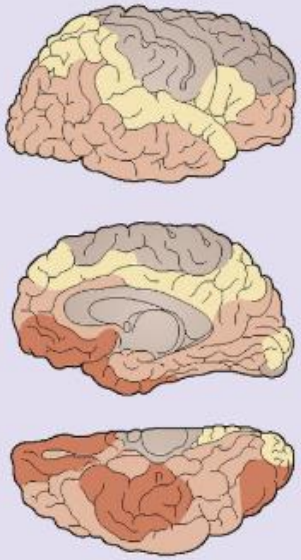


Love, Ellison, Neuropathology, Elsevier

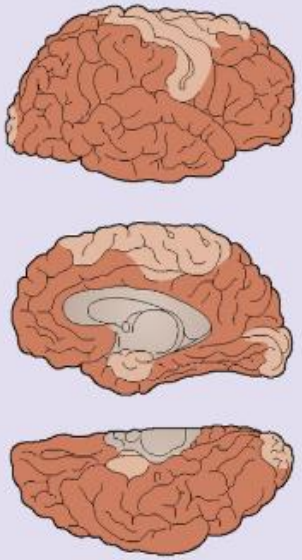
Plaque stages: poor correlation with clinical severity of dementia



Stage A: Low density of plaques in neocortex, especially frontal, temporal and occipital lobes

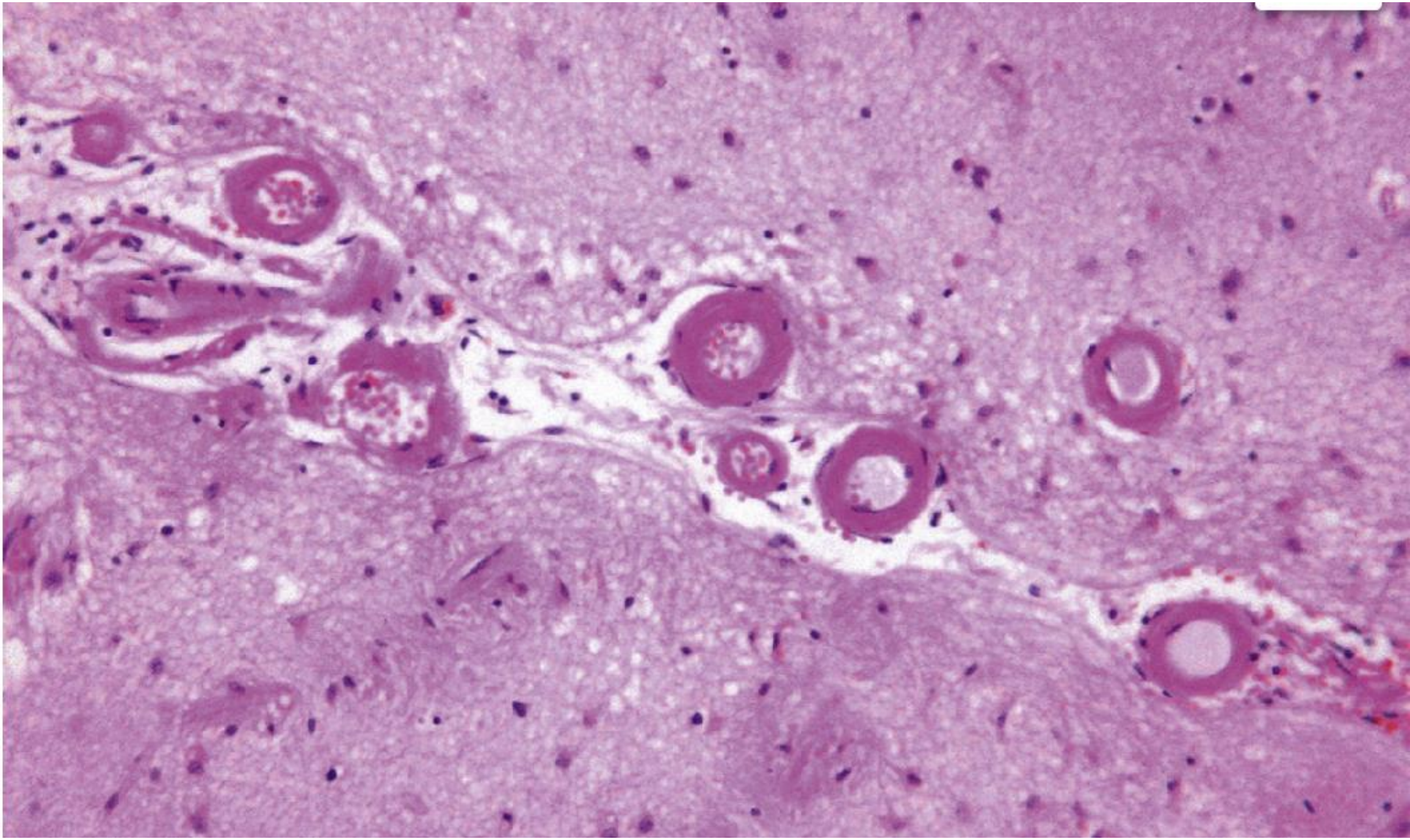


Stage B: Plaques present in neocortical association areas with moderate hippocampal involvement

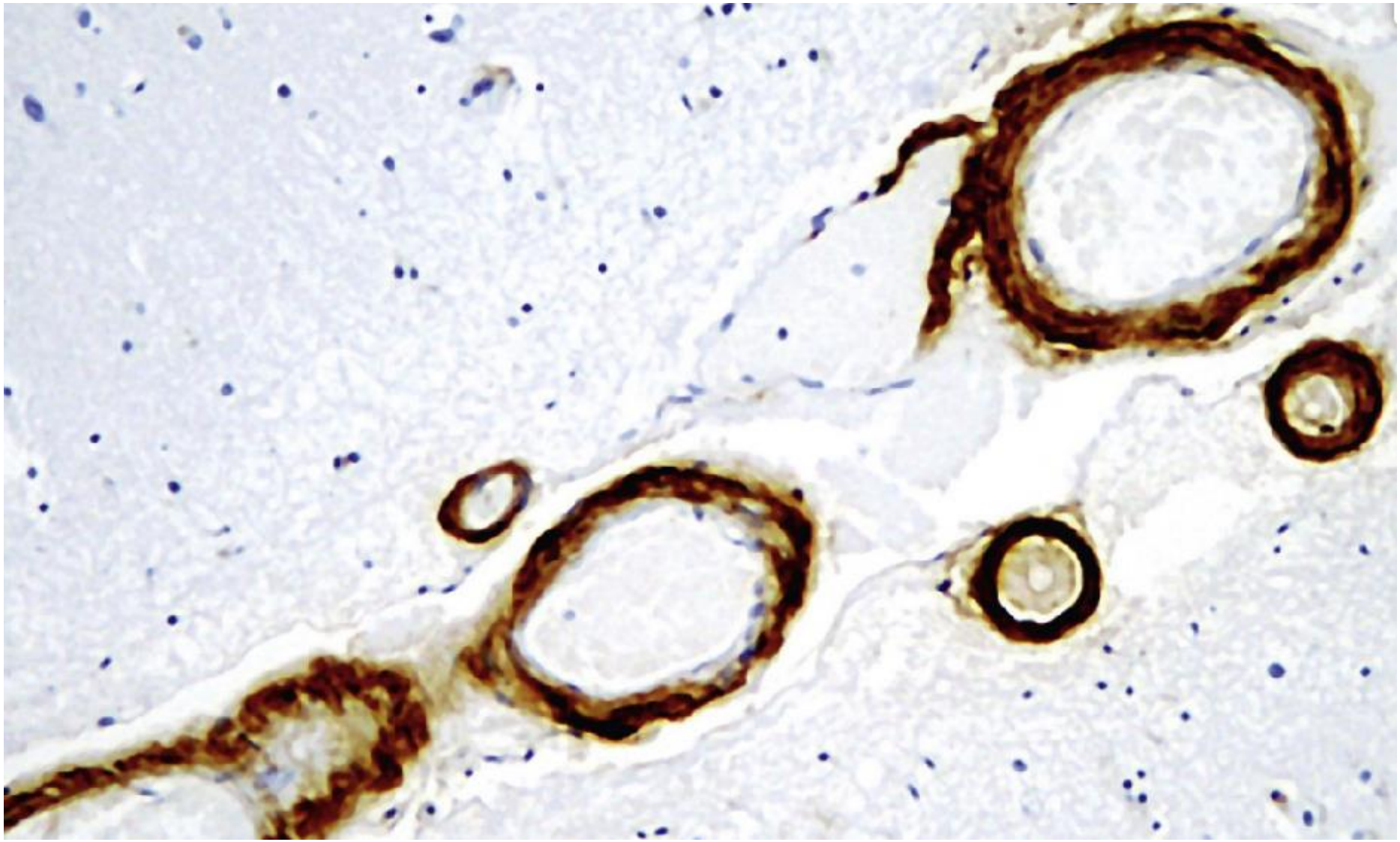


Stage C: Plaques present in primary sensory and motor areas in addition to other cortical areas

Love, Ellison, Neuropathology, Elsevier

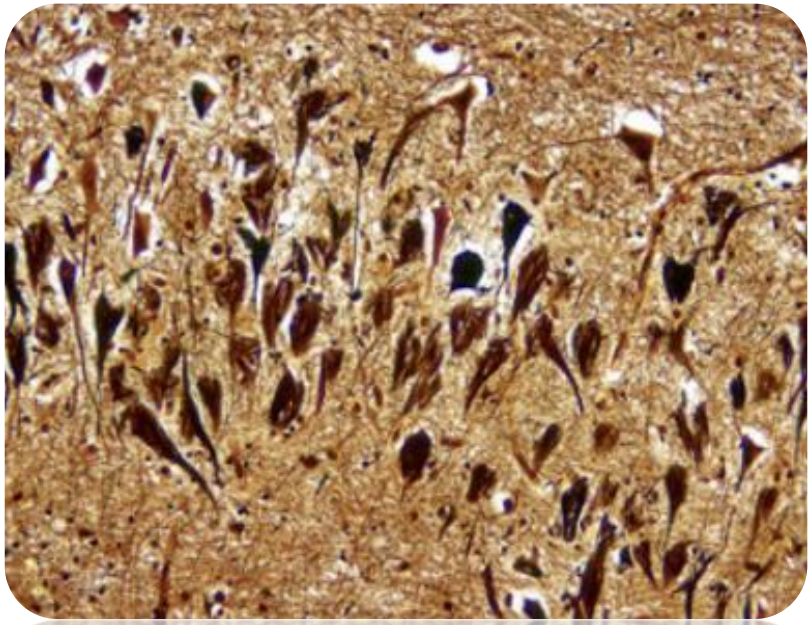


Love, Ellison, Neuropathology, Elsevier

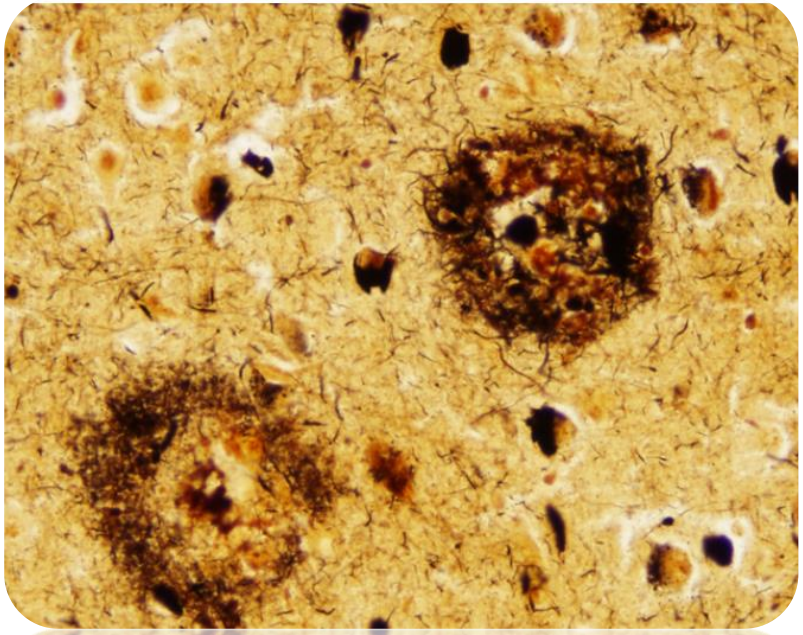


Love, Ellison, Neuropathology, Elsevier

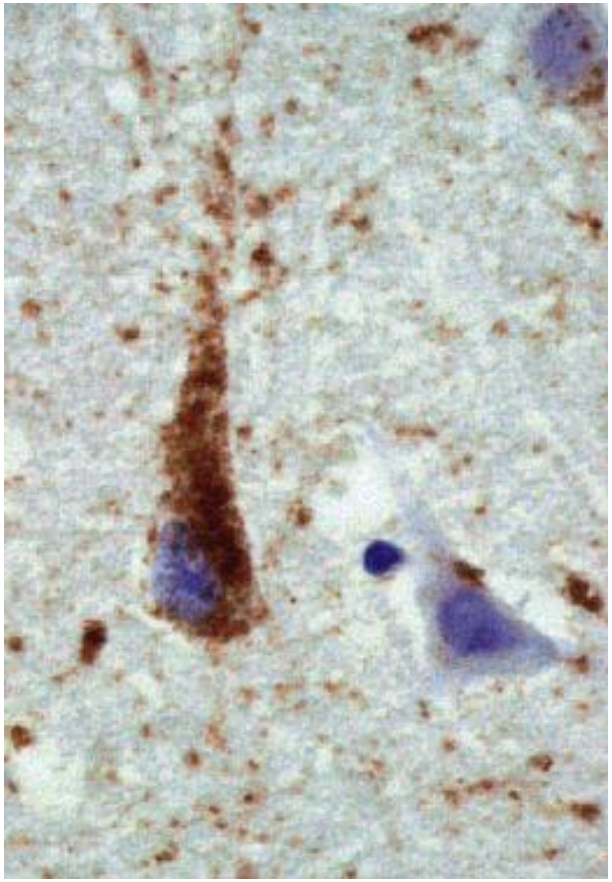
Pathologie – Mikroskopische Befunde

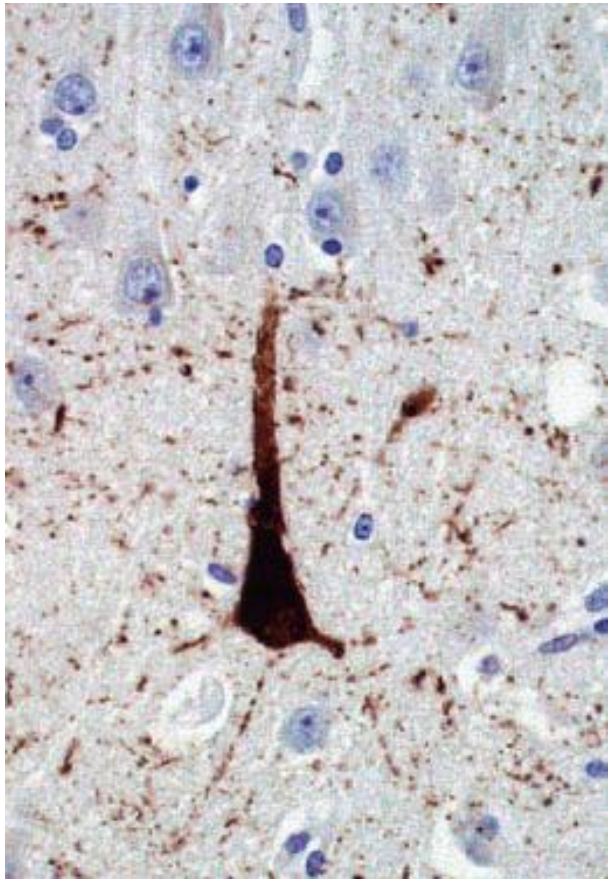


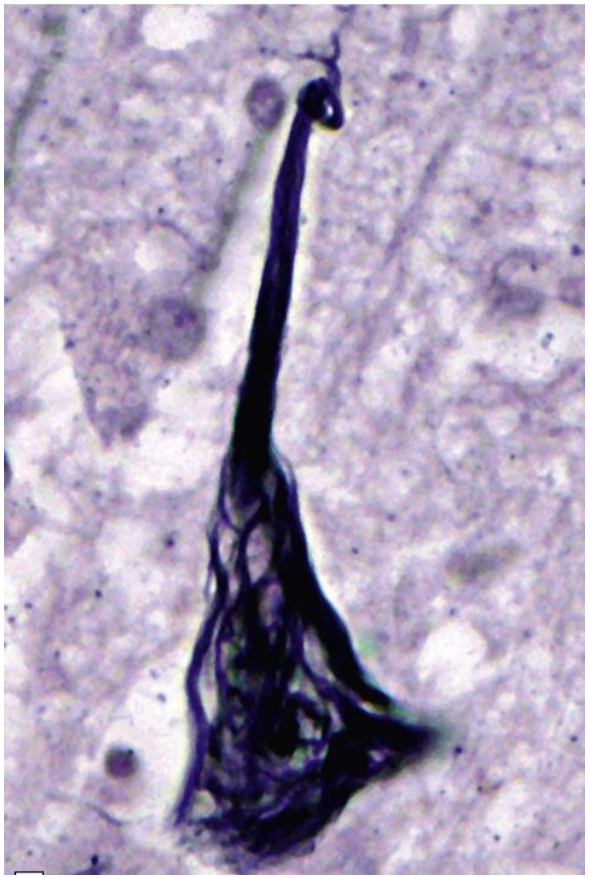
Intrazelluläre neurofibrilläre Tangles (NFT)



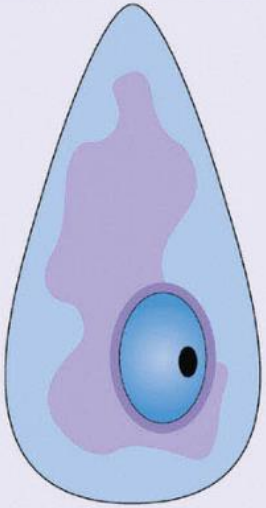
Extrazelluläre Neuritische Plaques (NPs)



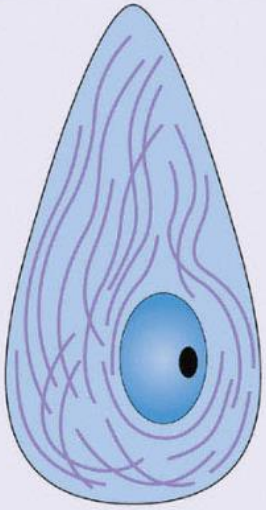




Love, Ellison, Neuropathology, Elsevier

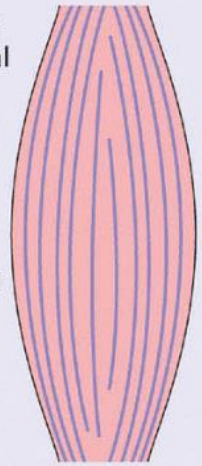


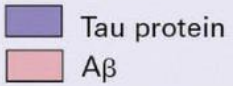
Early stage: There is accumulation of tau protein in neurons but in a dispersed form detectable only by immunohistochemistry for tau protein. There may be perinuclear accentuation of immunoreactivity. Silver staining does not reveal any abnormality.



Established stage: Tau protein is aggregated into paired helical filaments as well as a smaller number of straight filaments. There is ubiquitination of some of the tau protein in tangles rendering them immunoreactive for ubiquitin. Silver staining reveals classical tangles.

Late stage: There is death of the neuron and removal of cell debris by local phagocytes. The tangle structure remains as an eosinophilic extracellular 'tombstone' or ghost tangle. With time there is progressive loss of tau-protein immunoreactivity. Aβ-peptide is later deposited around these structures as amyloid, and there is infiltration by astroglial processes making these NFTs apparently immunoreactive for GFAP.





Biologie des Tau-Proteins

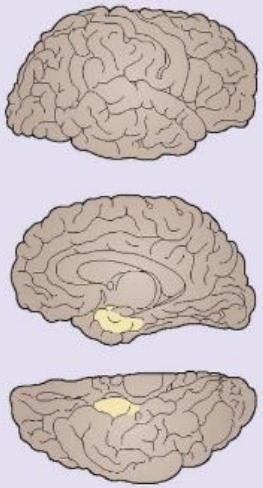
Tau-Protein:
Mikrotubuli- assoziiertes Protein und wichtig für die Funktionalität des Zytoskeletts

M. Alzheimer: Tau-Protein hyperphosphoryliert

Verdrängung von Zellorganellen
axonaler Transport ↓
Zytoplasmatische Zirkulation↓

Love, Ellison, Neuropathology, Elsevier

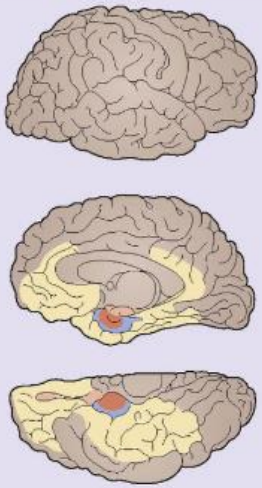
Tangle stages: good correlation with clinical severity ratings



TRANSENTORHINAL
(Clinically asymptomatic)

Stage I: NFTs and NTs in small density, confined to transentorhinal cortex in pre-α cells.

Stage II: Tangles present in moderate density in pre-α cells of entorhinal cortex. Small numbers develop in CA1 region of hippocampus

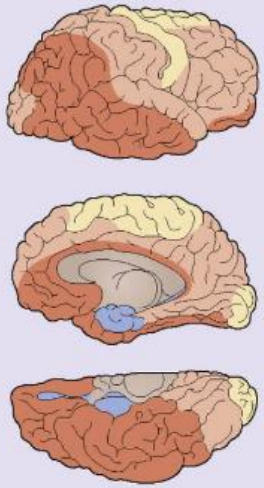


LIMBIC
(Incipient AD)

Stage III: There are modest numbers of NFTs and NTs throughout CA1 and in pyramidal cells in the subiculum. Small numbers appear in the fusiform gyrus lateral to the transentorhinal cortex as well as in the nucleus basalis of Meynert and amygdaloid complex.

There is now severe involvement of pre-α cells with neuronal loss and gliosis

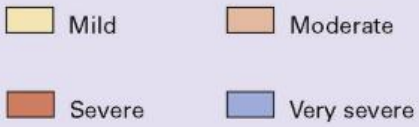
Stage IV: Severe involvement of areas affected in stage 3. Large numbers of ghost tangles in entorhinal and transentorhinal regions. Mild involvement of isocortex with sparing of primary sensory and motor cortices.



ISOCORTICAL
(Symptomatic AD)

Stage V: Tangles in all sectors of hippocampus and subiculum. Widespread, moderate to severe isocortical involvement but still relative sparing of primary sensory and motor cortices. Tangles in claustrum, thalamus, hypothalamus. Ghost tangles with neuronal loss and astrocytic gliosis involving pre-α cells, CA1, antero-dorsal thalamic nucleus.

Stage VI: Increased densities of tangles in regions affected in earlier stages. Tangles in dentate granule cell layer. Marked involvement of claustrum, thalamus, hypothalamus, substantia nigra



Love, Ellison, Neuropathology, Elsevier

Gemeinsame Endstrecke!

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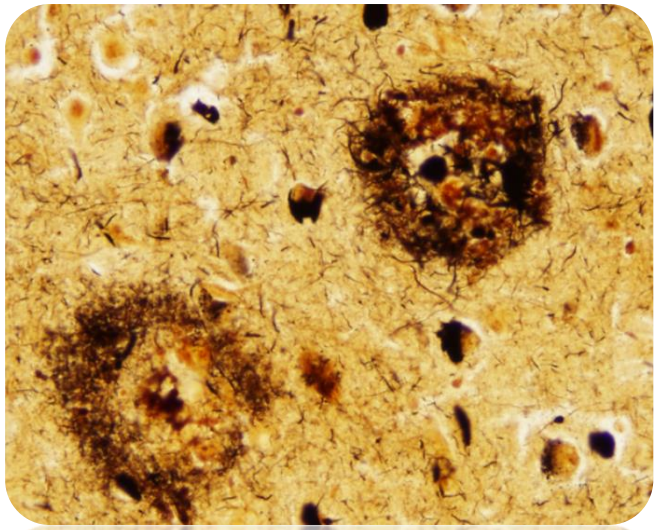
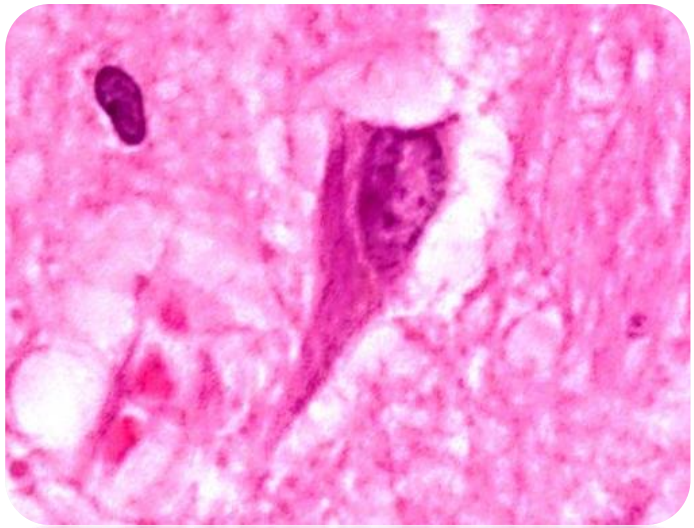
Anstalt öffentlichen Rechts



Extrazelluläre Neuritische Plaques (NPs)



Intrazelluläre neurofibrilläre Tangles (NFT)

Gemeinsame Endstrecke:
Neuronale Degeneration/ Untergang, Verlust von Synapsen, Hirnatrophie, Hydrocephalus e vacuo

Genetik

Early onset (vor dem 65. Lebensjahr)

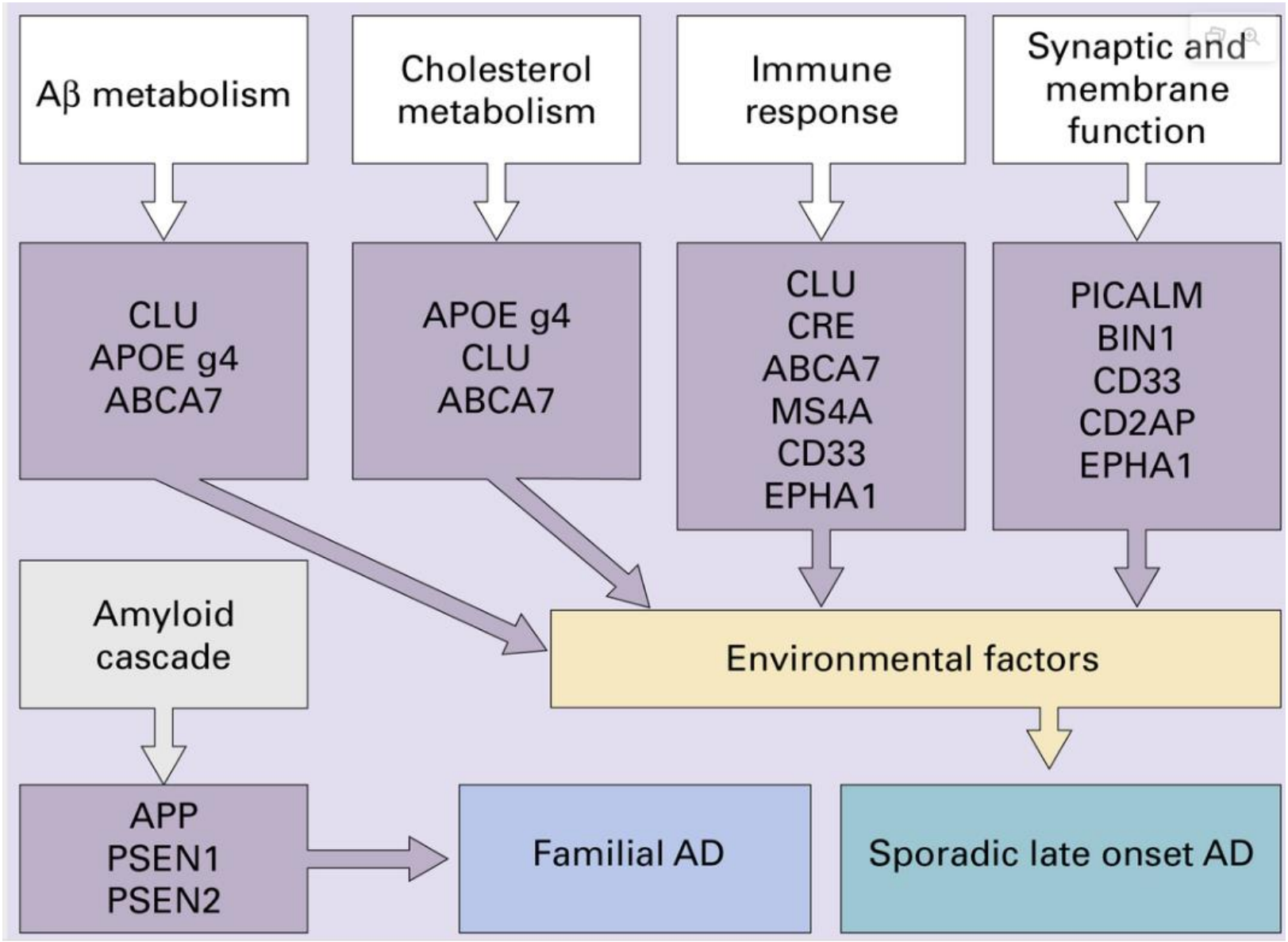
Selten (~7%) und oft familiär

Mutationen im APP (Amyloid Precursor Protein) (21q)
Mutationen in PSN1 (Presenilin 1) (14q23.3)
Mutationen in PSN2 (Presenilin 2) (1q13)

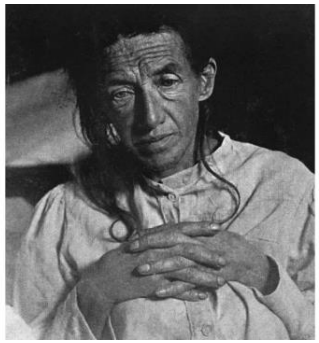
Late onset (nach dem 65. Lebensjahr)

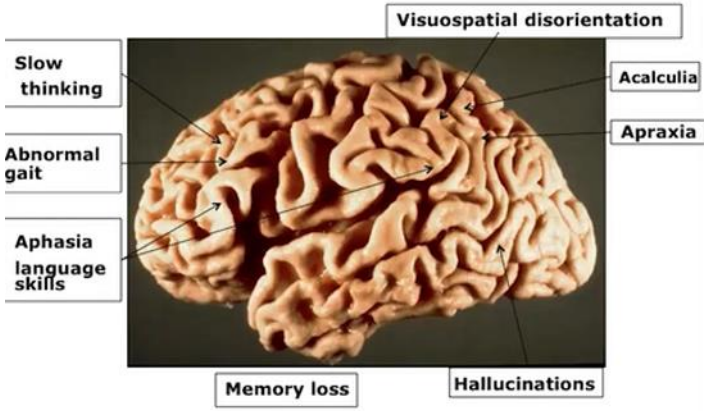
Häufig und nicht familiär

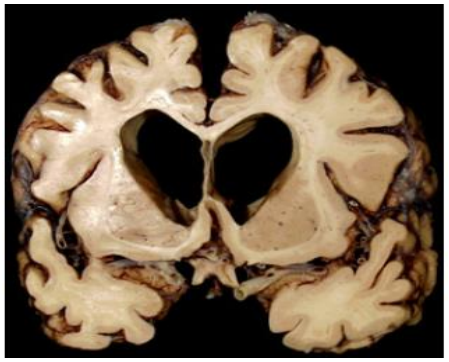
APOE e4 (19q13.2)



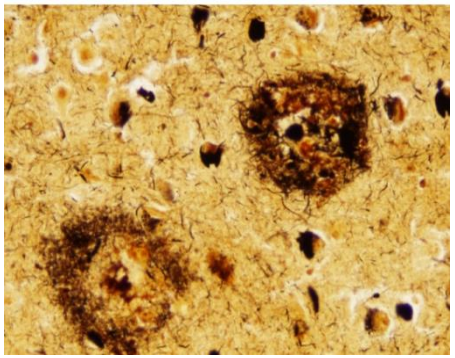
Love, Ellison, Neuropathology, Elsevier

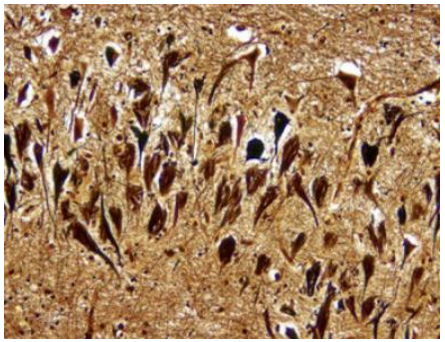


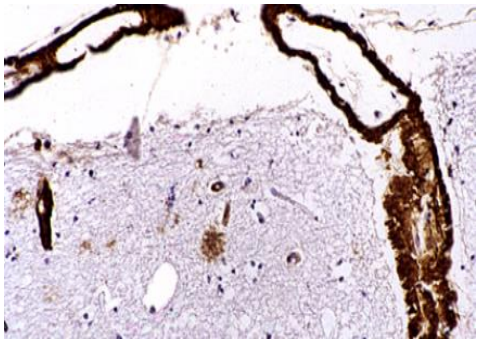




- Klinische Symptomatik
- äußere- und innere Hirnatrophie, verm. Hirngewicht
- Extrazelluläre Ablagerung von neuritischen Plaques; (NPs) Cerebrale Amyloidangiopathie (CAA)
- Intrazelluläre Akkumulation von Tau-Protein in Form von neurofibrillären Tangles (NFT)
- Neuronaler Degeneration und Nervenzellverlust, Gliose, granulovakuoläre Degeneration, Hirano-Körperchen







Postmortale Diagnostik kann zur Ursachenklärung der klinischen Symptomatik beitragen

Lernziele

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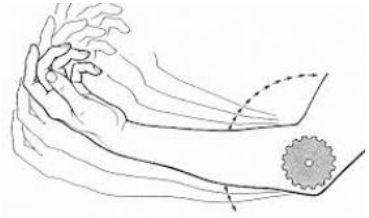
- Überblick zu neurodegenerativen Erkrankungen
- Typische histomorphologische Merkmale des M. Alzheimer
- Typische histomorphologische Merkmale des M. Parkinson

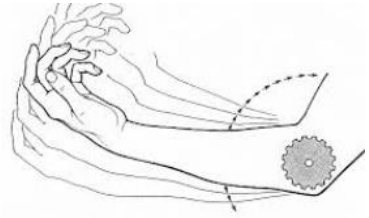
Klinik des M. Parkinson

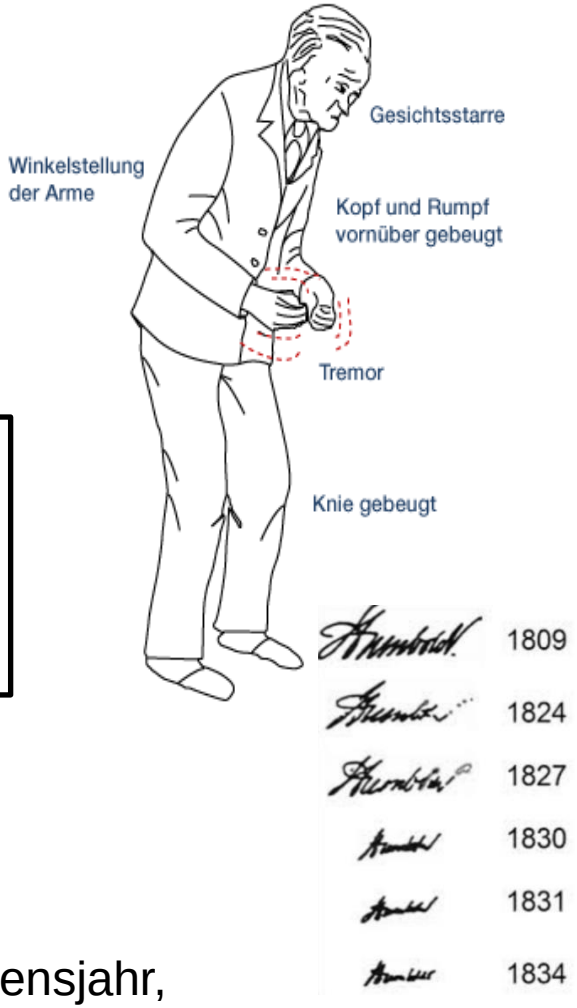
Universitätsklinikum Leipzig
Anstalt öffentlichen Rechts



https://www.google.de/url?sa=i&url=http%3A%2F%2Fwww.ulmmed.de%2Fimages%2Fdownload%2Fthema_des_monats%2FParkinson-1-Krankheit.pdf&psig=AOvVaw0yBkPZ8tRuJQJFhTR6_1NQ&ust=1606411356954000&source=images&cd=vfe&ved=0CAIQjRxqFwoTCIik3OSanu0CFQAAAAAdAAAAABAD
https://www.t-online.de/sport/boxen/id_78028822/tod-von-muhammad-ali-sprecher-nennt-die-todesursache.html

Klinik des M. Parkinson



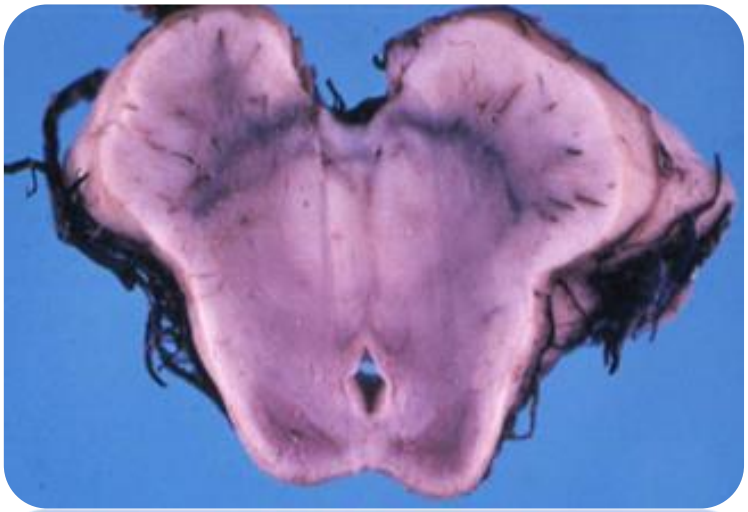


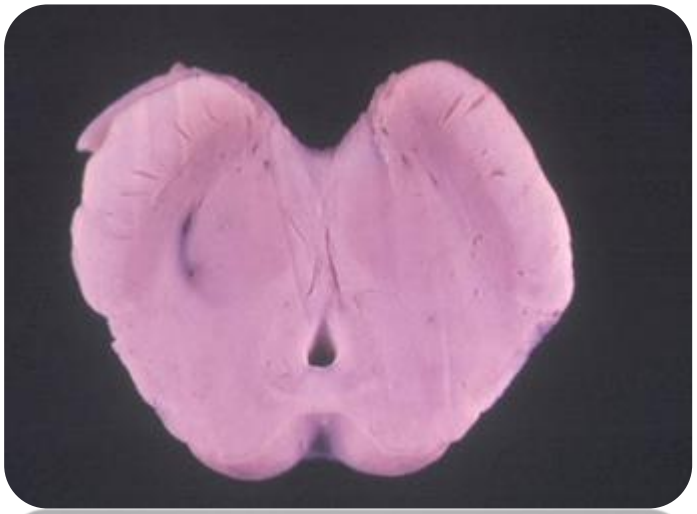
T remor
R igor
A kinese
P osturale Instabilität

Epidemiologie: Häufigkeitsgipfel 50.-60. Lebensjahr,
m=f, zu 70% idiopathisch

https://www.google.de/url?sa=i&url=http%3A%2F%2Fwww.ulmmed.de%2Fimages%2Fdownload%2Fthema_des_monats%2FParkinson-1-Krankheit.pdf&psig=AOvVaw0yBkPZ8tRuJQJFhTR6_1NQ&ust=1606411356954000&source=images&cd=vfe&ved=0CAIQjRxqFwoTCIk3OSanu0CFQAAAAAdAAAAABAD
https://www.t-online.de/sport/boxen/id_78028822/tod-von-muhammad-ali-sprecher-nennt-die-todesursache.html

Pathologie - Makroskopische Befunde

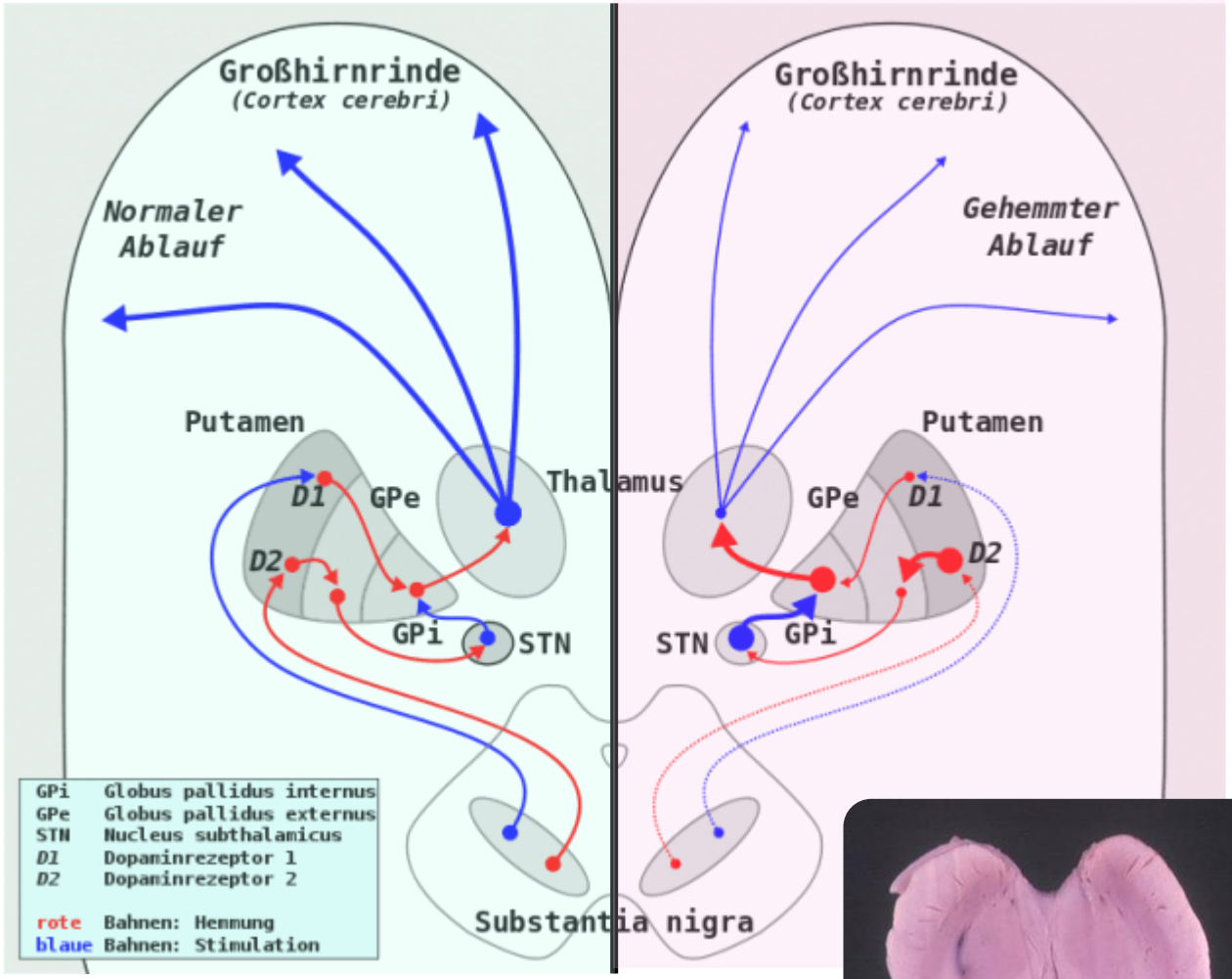




Verlust neuromelaninhaltiger dopaminerger
Neurone der Substantia nigra

Pathophysiologie des M. Parkinsons

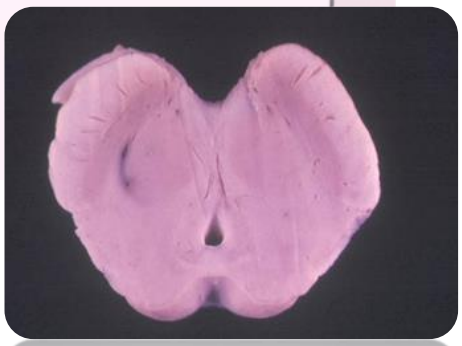
Universitätsklinikum Leipzig
Anstalt öffentlichen Rechts

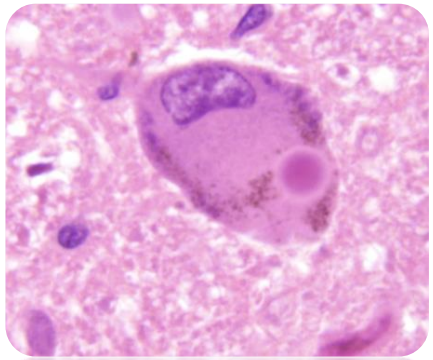


Hemmende Wirkung der SN auf die Basalganglienschleife **entfällt**

Enthemmte Basalganglienschleife **hemmt den Thalamus**

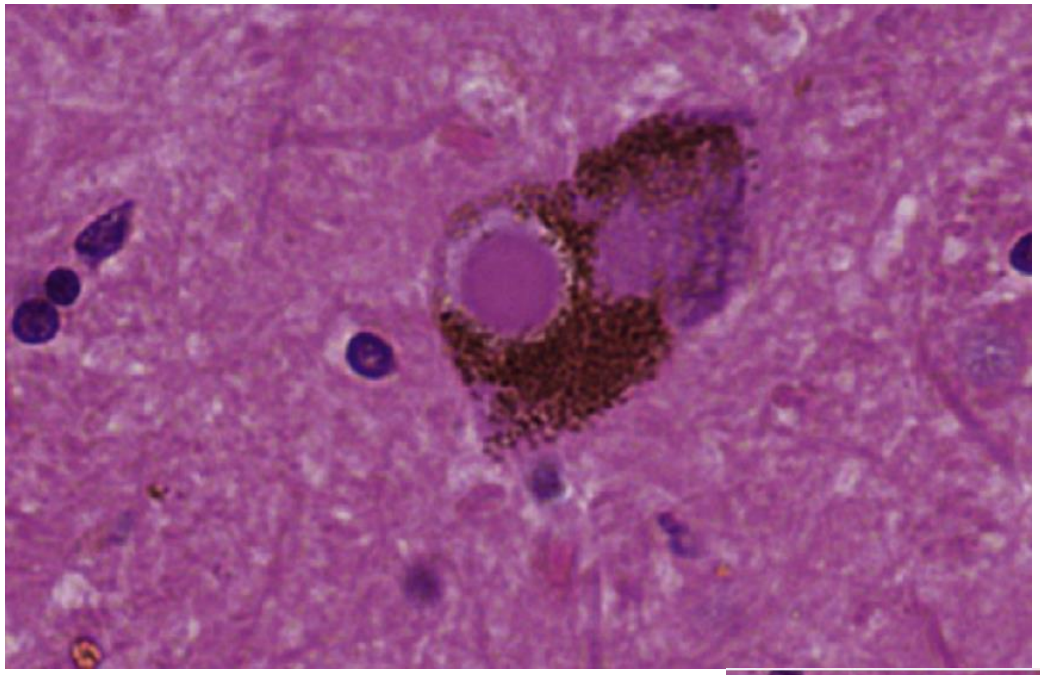
Autonome Störungen **(Vaguskerne, sympathische Ganglien)**

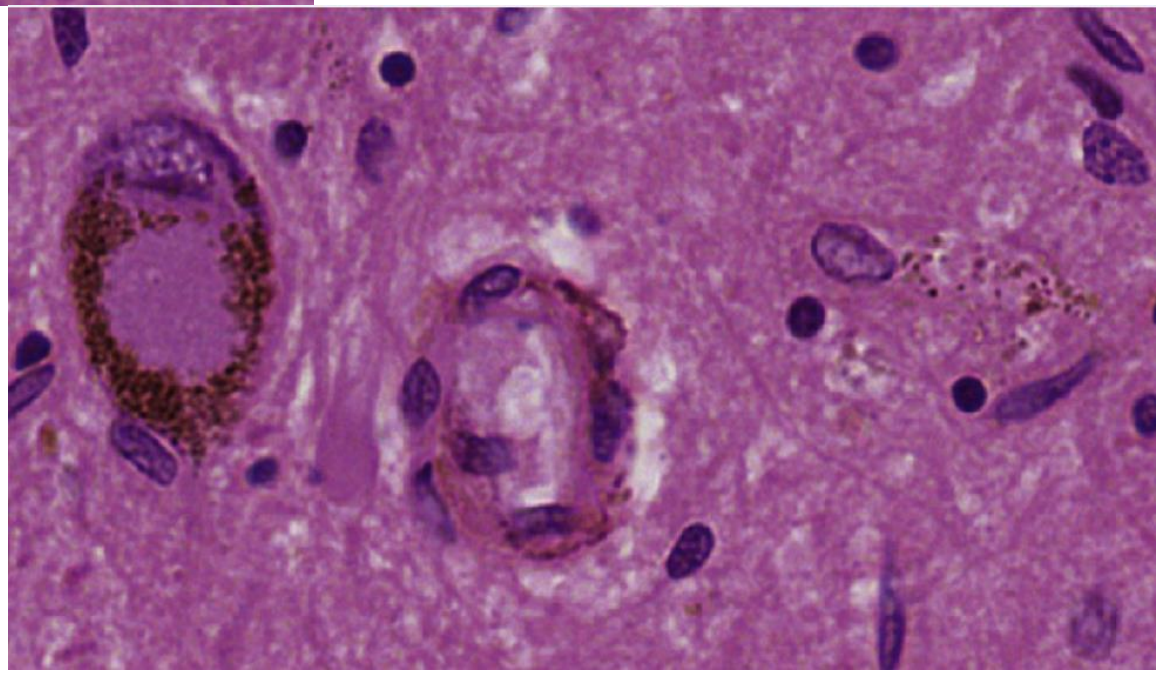




Basalganglienschleife
D1 Aktivierung : Direkter Weg
D2 Aktivierung und Hemmung des STN: Indirekter Weg

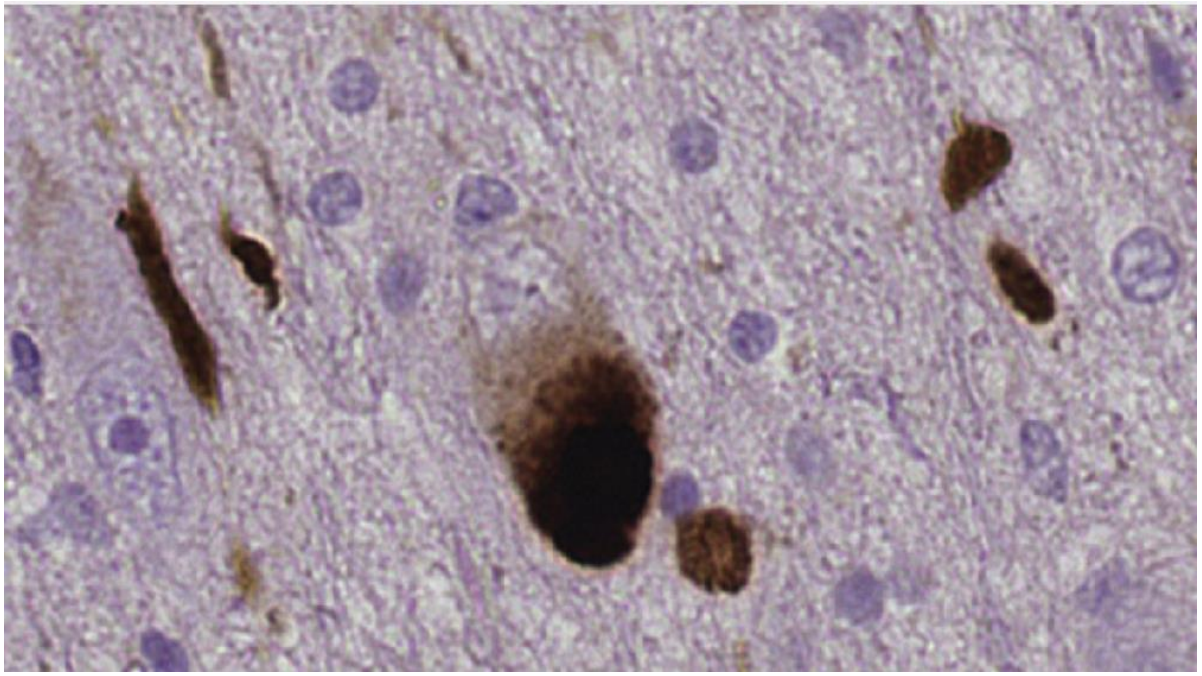
https://de.wikipedia.org/wiki/Parkinson-Krankheit#/media/Datei:Parkinson_-_Ablauf_auf_funktioneller_Ebene.svg





Love, Ellison, Neuropathology, Elsevier

Biologie von Synuclein



3 Synucleine:

α-Synuclein (chr.4)
β-Synuclein (chr.5)
γ-Synuclein (chr.10)

α-Synuclein als synaptisches lösliches Protein in Nervenzellen, Bildung von Membrankanälen, Regulation der Dopaminausschüttung

→Lewy-Körperchen, neurotoxische Wirkung, Nervenzelluntergang

Love, Ellison, Neuropathology, Elsevier

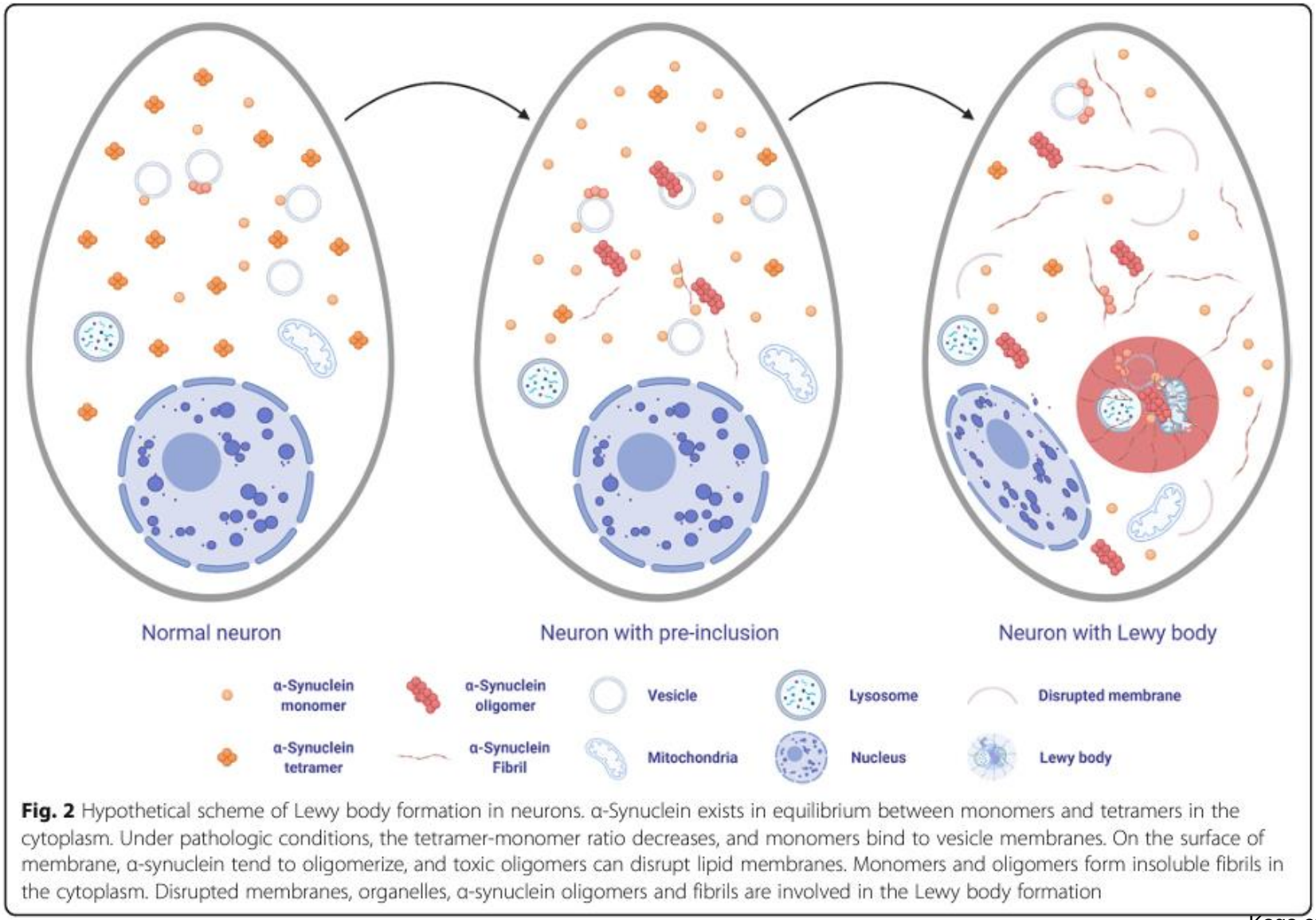
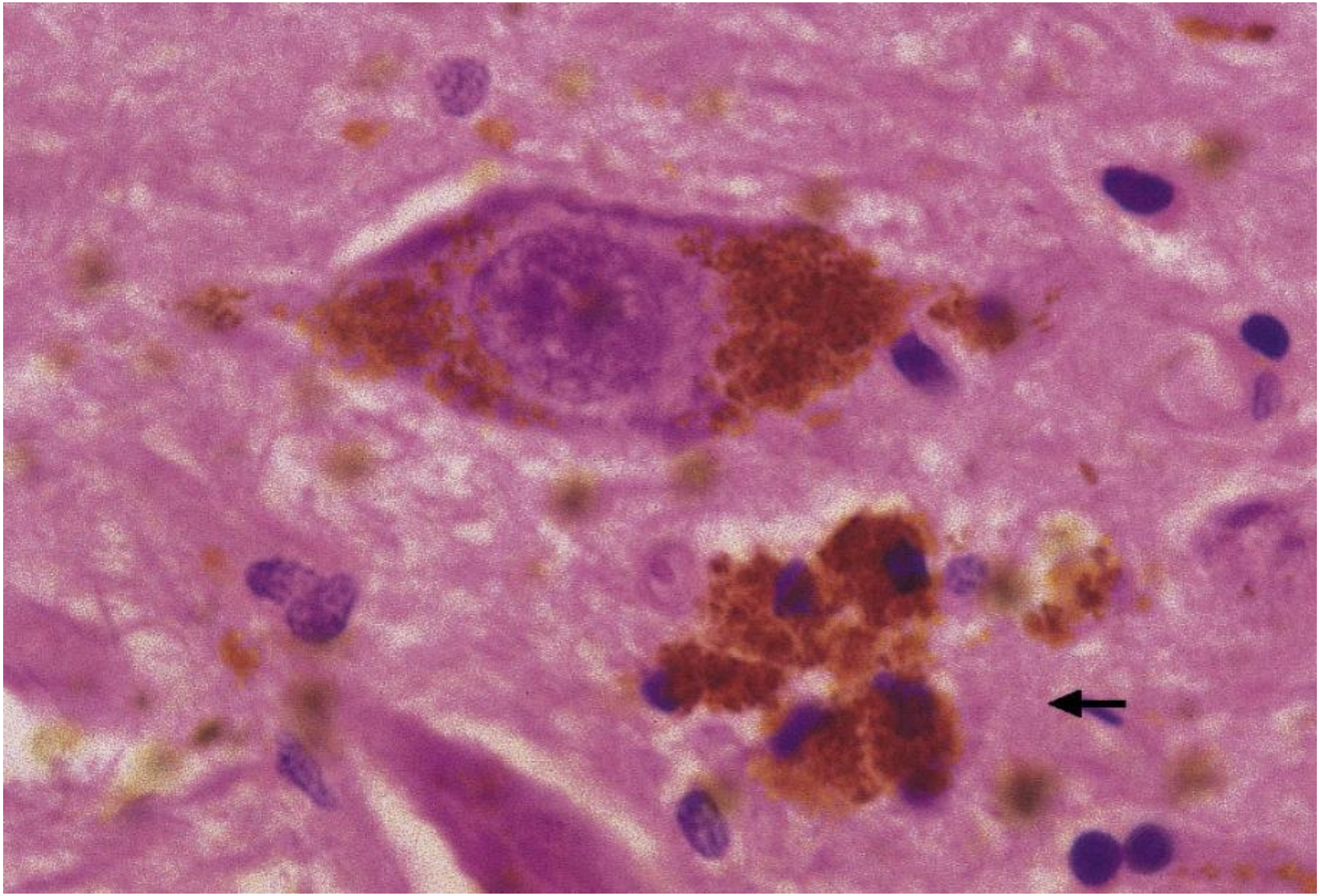


Fig. 2 Hypothetical scheme of Lewy body formation in neurons. α-Synuclein exists in equilibrium between monomers and tetramers in the cytoplasm. Under pathologic conditions, the tetramer-monomer ratio decreases, and monomers bind to vesicle membranes. On the surface of membrane, α-synuclein tend to oligomerize, and toxic oligomers can disrupt lipid membranes. Monomers and oligomers form insoluble fibrils in the cytoplasm. Disrupted membranes, organelles, α-synuclein oligomers and fibrils are involved in the Lewy body formation

Koga et al., 2021



Love, Ellison, Neuropathology, Elsevier

Pathologie - Zusammenfassung

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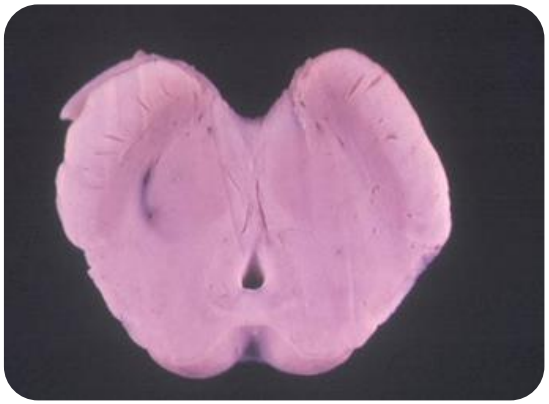
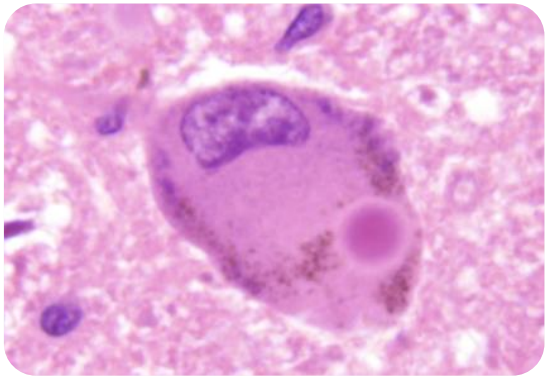
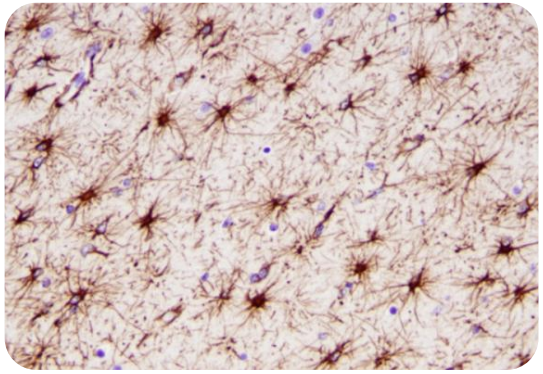
- Ausgeprägter Verlust melanin-pigmentierter, dopaminerger Nervenzellen in der Substantia nigra



- Konzentrische hyaline Einschlüsse (Lewy-Körper) in den pigmentierten Nervenzellen.



- Gliose und melaninhaltige Makrophagen



Pathophysiologie

Genetische Formen

Idiopathisches (M. Parkinson)

Sekundäre Parkinsonsyndrome

-Medikamente: typ. Antipsychotica, Lithium, Valproat, Metoclopramid
- Traumatisch, Tumor, toxisch (CO, Mangan), metabolisch (M.Wilson)

Atypische Parkinsonsyndrome

Multisystematrophie
Lewy-Body-Demenz
Progressive supr. Blickparese
Kortikobasale Degeneration

Postmortale Diagnostik zur Diagnosesicherung und/oder weiteren Einordnung

Synukleinopathien

Lewy Body Erkrankungen

Disorder	Main site of Lewy body pathology	Clinical correlate
Parkinson's disease (PD)	Substantia nigra	Akinetic–rigid syndrome
Parkinson's disease with dementia (PDD)	Substantia nigra, cerebral cortex	Dementia occurs ≥1 year after a clinical diagnosis of PD
Dementia with Lewy bodies (DLB)	Cerebral cortex, substantia nigra	Dementia with akinetic–rigid syndrome. Dementia occurs within a year of onset of parkinsonian features
Autonomic failure	Sympathetic neurons in spinal cord	Autonomic failure
Lewy body dysphagia	Dorsal vagal nucleus	Dysphagia

Lewy-Body-Demenz

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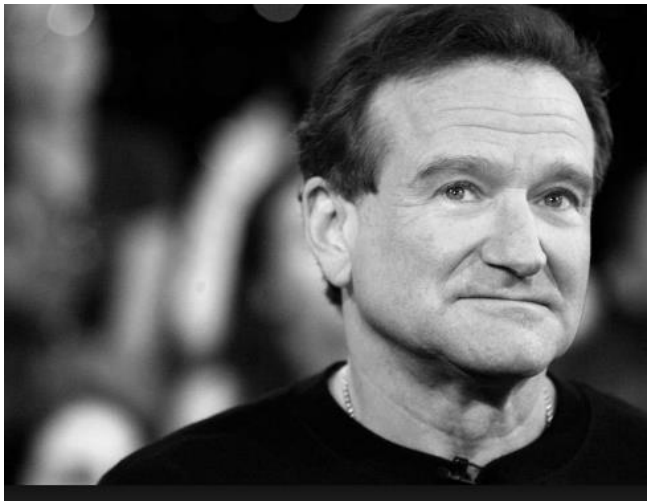
Epidemiologie: Prävalenz 0,4% der über 65 jährigen
Häufigstes atypisches Parkinsonsyndrom

Klinik: Bradykinese/Rigor mit
führend neuropsychiatrische Symptome:
- fluktuierend kognitive Defizite
- akustische/visuelle Halluzinationen
- Wahnhafte Episoden
- Depression und Angststörung



https://www.gala.de/stars/starportraets/robin-williams-20540186.html

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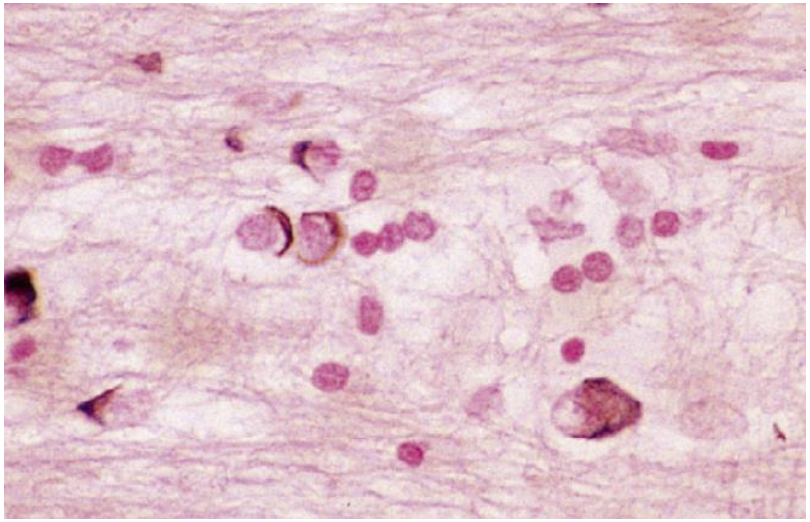
Multisystematrophie

Gliale Einschlüsse von alpha-Synuklein



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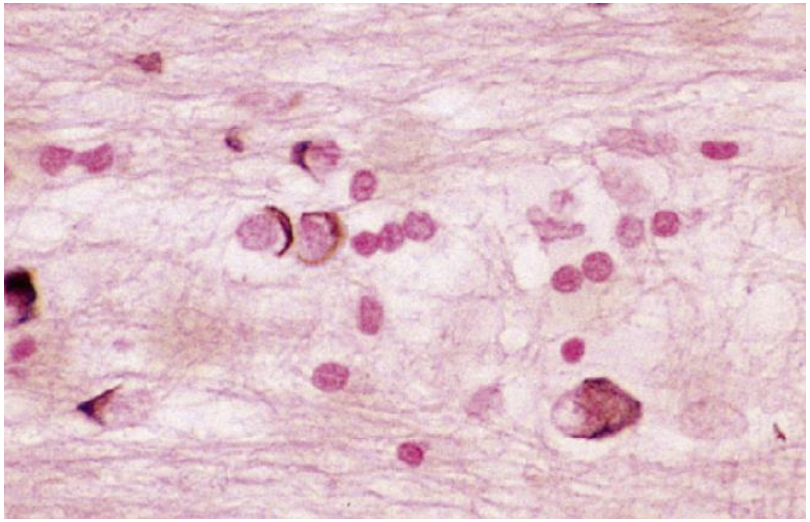
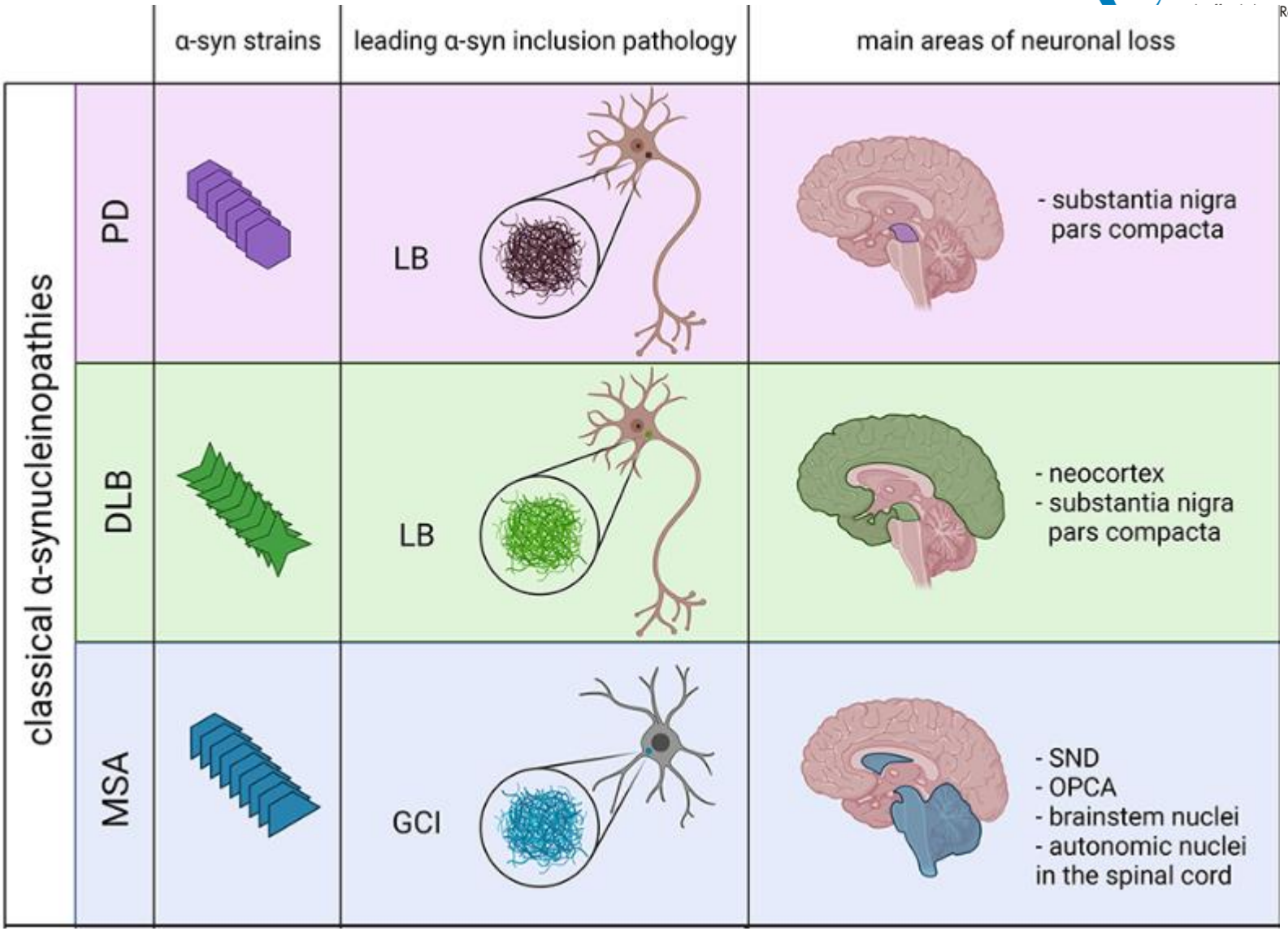
Multisystematrophie

Gliale Einschlüsse von alpha-Synuklein

MSA – P: Parkinson Symptomatik im Vordergrund
MSA – C: cerebelläre Symptomatik im Vordergrund

Olivopontocerebellar atrophy (OPCA)
Shy–Drager syndrome
Striatonigral degeneration.




α-syn strains
leading α-syn inclusion pathology
main areas of neuronal loss
classical α-synucleinopathies
PD
LB
- substantia nigra pars compacta
DLB
LB
- neocortex
- substantia nigra pars compacta
MSA
GCI
- SND
- OPCA
- brainstem nuclei
- autonomic nuclei in the spinal cord

Die Herausforderung der Neurodegenerativen Erkrankungen

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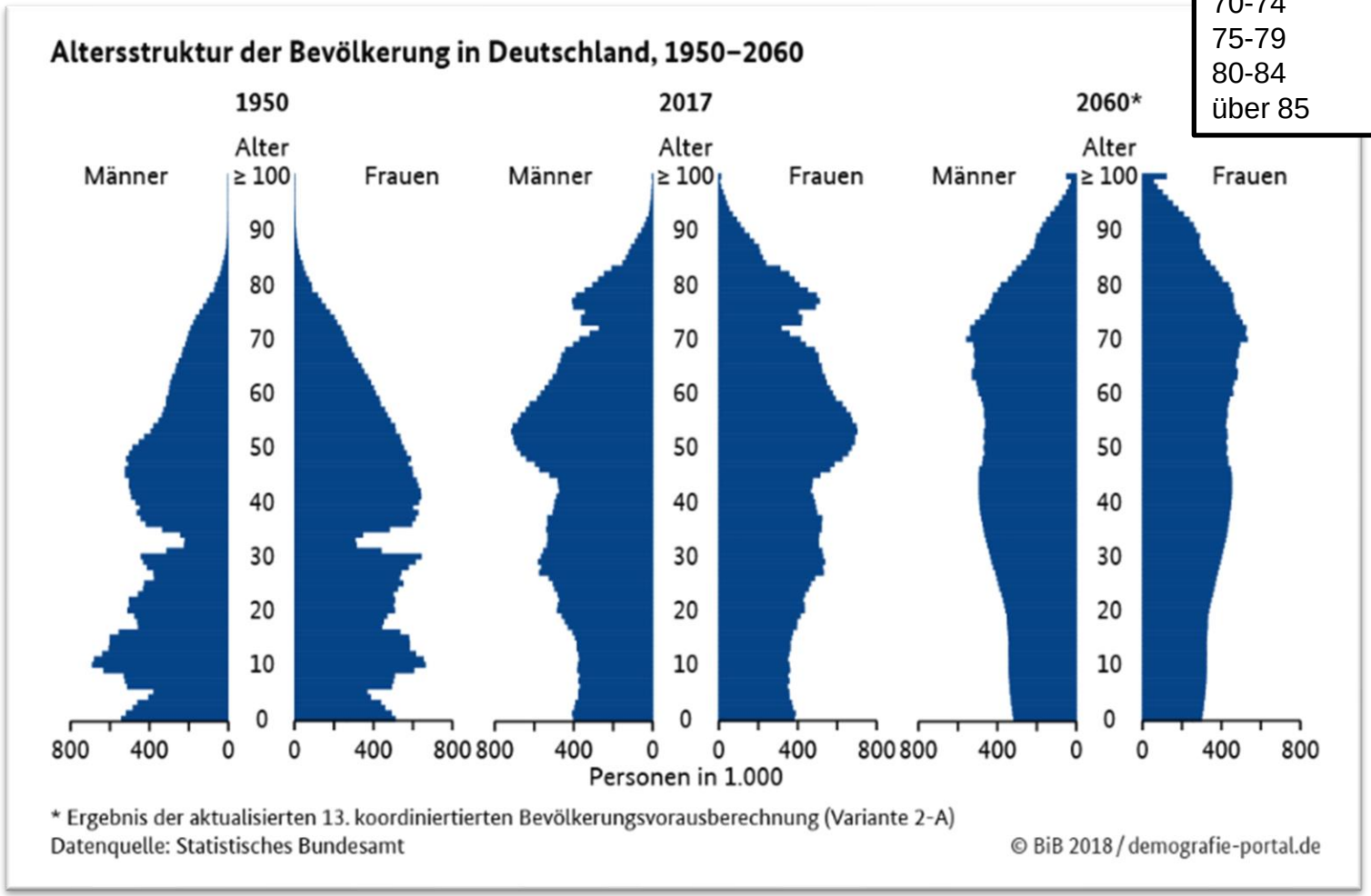
Prävalenz M. Alzheimer	
65-69	1%
70-74	2%
75-79	4%
80-84	8%
über 85	20% - 50%



Neurodegenerative Erkrankungen und Demenz 2060?

Take-Home Messages

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Anstalt öffentlichen Rechts

- Neurodegeneration mit abnormer Proteinablagerung assoziiert
- Neurodegenerative Erkrankungen gehen häufig mit demenziellem Syndrom einher, ABER
- Nicht jedes demenzielles Syndrom ist durch neurodegenerative Erkrankung bedingt
- Histopathologie M. Alzheimer und M.Parkinson
- Postmortale Diagnostik zur Diagnosesicherung

und weiteren Einordnung

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Vielen Dank für Ihre Aufmerksamkeit

Bei Fragen, Anmerkungen, Lob/ Kritik:

Ruth.Stassart@medizin.uni-leipzig.de