

Neuropathology of Neurodegenerative Disorders.

Jeffrey Axelrod*

Department of Medicine, University of Tasmania, Tasmania, Australia

Introduction

Neurodegenerative disorders represent a group of devastating diseases characterized by the progressive degeneration of nerve cells (neurons) in the central nervous system (CNS). These disorders, including Alzheimer's disease, Parkinson's disease, Huntington's disease, and amyotrophic lateral sclerosis (ALS), affect millions of individuals worldwide and pose significant challenges for patients, families, and healthcare systems. Understanding the neuropathology underlying these conditions is crucial for both diagnosis and the development of effective treatments. In this article, we will delve into the complex world of neuropathology in neurodegenerative disorders [1].

Common Features of Neurodegenerative Disorders

While each neurodegenerative disorder has its unique clinical manifestations, they share several common neuropathological features: **Accumulation of Misfolded Proteins:** Many neurodegenerative disorders are characterized by the accumulation of abnormal protein aggregates within neurons and/or glial cells. These aggregates often consist of misfolded proteins, such as beta-amyloid in Alzheimer's disease, alpha-synuclein in Parkinson's disease, and huntingtin in Huntington's disease. **Neuronal Loss:** Progressive degeneration and death of neurons are hallmark features of neurodegenerative disorders. As neurons die, the affected regions of the brain atrophy, leading to cognitive, motor, or sensory impairments [2].

Inflammation: Neuroinflammation, characterized by the activation of immune cells within the CNS, plays a significant role in the progression of neurodegenerative diseases. **Microglia,** the resident immune cells of the brain, become activated in response to neuronal damage and protein aggregates. **Oxidative Stress:** The excessive production of reactive oxygen species (ROS) and oxidative stress are commonly observed in neurodegenerative disorders. This oxidative damage contributes to neuronal dysfunction and death. **Disrupted Cellular Communication:** Communication between neurons relies on synapses, specialized structures where signals are transmitted between cells. In neurodegenerative disorders, synaptic dysfunction is a key contributor to cognitive and motor deficits [3].

Specific Neuropathology in Major Neurodegenerative Disorders

Alzheimer's Disease (AD): AD is characterized by the accumulation of beta-amyloid plaques and tau tangles in the brain. Beta-amyloid is a sticky protein fragment that forms plaques between neurons, while tau proteins accumulate and form tangles within neurons. These pathological changes disrupt neuronal communication and lead to progressive cognitive decline. **Parkinson's Disease (PD):** PD is associated with the loss of dopamine-producing neurons in a brain region called the substantia nigra. Protein aggregates primarily composed of alpha-synuclein, known as Lewy bodies, are a hallmark of PD. These aggregates disrupt cellular function and lead to motor symptoms like tremors, rigidity, and bradykinesia [4].

Huntington's Disease (HD): HD is caused by an abnormal expansion of the huntingtin protein. Mutant huntingtin protein aggregates within neurons and disrupts cellular functions. The basal ganglia, a region responsible for motor control, is particularly affected, resulting in chorea and cognitive decline. **Amyotrophic Lateral Sclerosis (ALS):** In ALS, motor neurons in the spinal cord and brain gradually degenerate. The hallmark pathology includes cytoplasmic inclusions of misfolded proteins, such as superoxide dismutase-1 (SOD1) or TDP-43. Motor neuron loss leads to muscle weakness and eventual paralysis [5].

Conclusion

Neurodegenerative disorders pose significant challenges to both individuals affected by these conditions and the healthcare community. While there is currently no cure for most neurodegenerative disorders, a deeper understanding of their neuropathology is crucial for advancing research and treatment strategies.

References

1. Bit-Ivan EN, Bigio EH. Neuropathology of neurodegenerative disorders. *Progressive Cognitive Impairment and its Neuropathologic Correlates*. 2016:1-6.
2. Erkinen MG, Kim MO, Geschwind MD. Clinical neurology and epidemiology of the major neurodegenerative diseases. *Cold Spring Harb. Perspect. Biol.* 2018;10(4):a033118.
3. Raz L, Knoefel J, Bhaskar K. The neuropathology and cerebrovascular mechanisms of dementia. *J. Cereb. Blood Flow Metab.* 2016;36(1):172-86.

*Correspondence to: Jeffrey Axelrod, Department of Medicine, University of Tasmania, Tasmania, Australia, E-mail: axelrodjeff@utas.edu.au

Received: 05-Aug-2023, Manuscript No AAPDB-23-112339; Editor assigned: 06-Aug-2023, PreQC No. AAPDB-23-112339(PQ); Reviewed: 19-Aug-2023, QC No. AAPDB-23-112339; Revised: 21-Aug-2023, Manuscript No. AAPDB-23-112339 (R); Published: 28-Aug-2023, DOI: 10.35841/aapdb-7.4.164

4. Koeppe AH. The neuropathology of the adult cerebellum. *J. Cereb. Blood Flow Metab.* 2018;154:129-49.
5. Terreros-Roncal J, Moreno-Jiménez EP, Flor-García M, et al. Impact of neurodegenerative diseases on human adult hippocampal neurogenesis. *Science.* 2021;374(6571):1106-13.