

Hirn-SPECT mit den Tracern von heute

- Von der Histologie zur Bildgebung bei
Neurodegeneration -

34. Jahrestagung
der Bayerischen Gesellschaft für Nuklearmedizin
Bayreuth
5. und 6. Juli 2013

Visiting Professor (Wroclaw MU) Dr. Michael Cordes

Gliederung

1. Biochemie

1.1. Synukleinopathien

1.2. Tauopathien

1.3. Amyloidopathien

2. Neurodegeneration

2.1. Aggregate

2.2. Klinische Einteilung

2.3. Pathologie

2.4. Ergebnisse

3. Bildgebung

3.1. M. Alzheimer

3.2. FTD

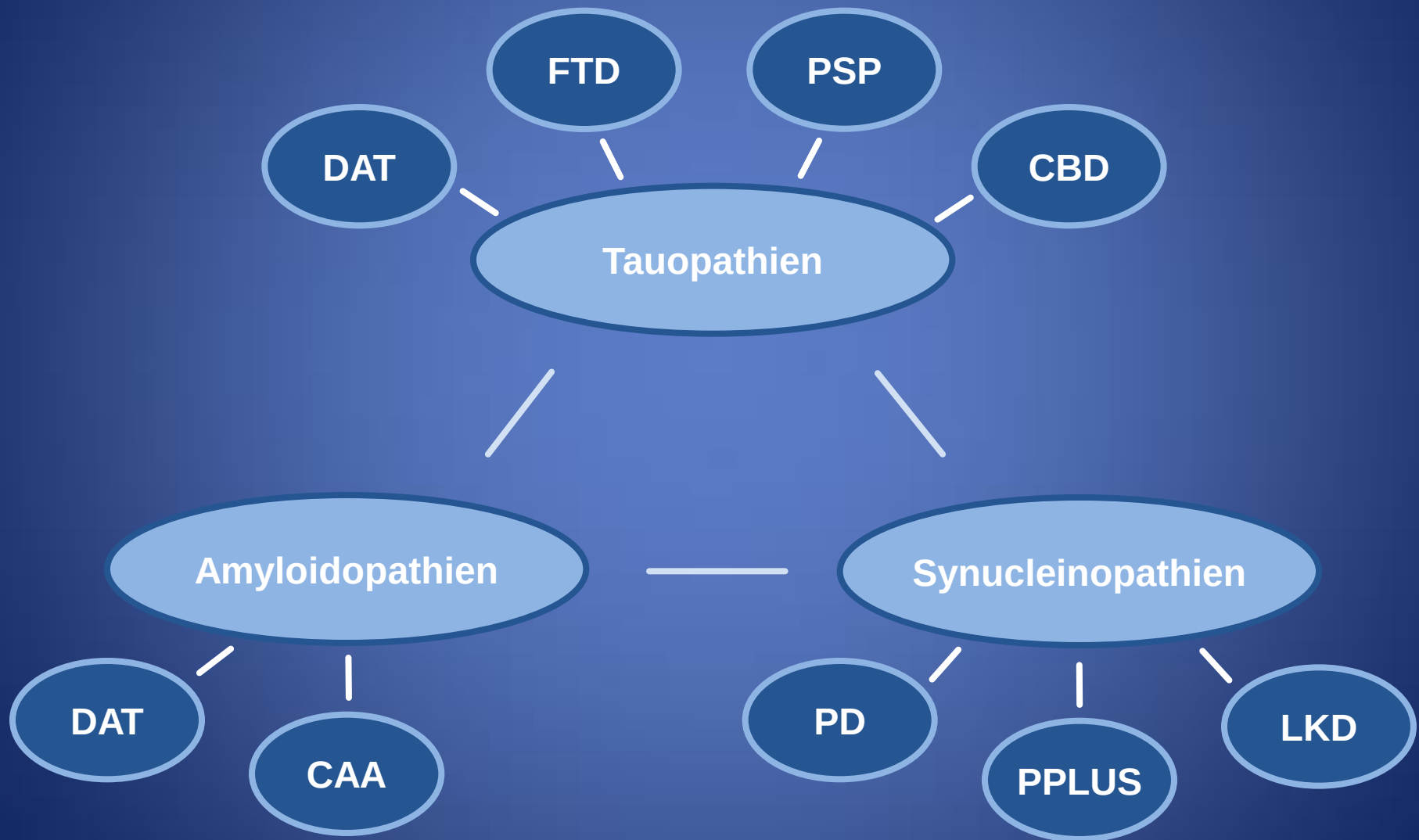
3.3. LKD

3.4. MP

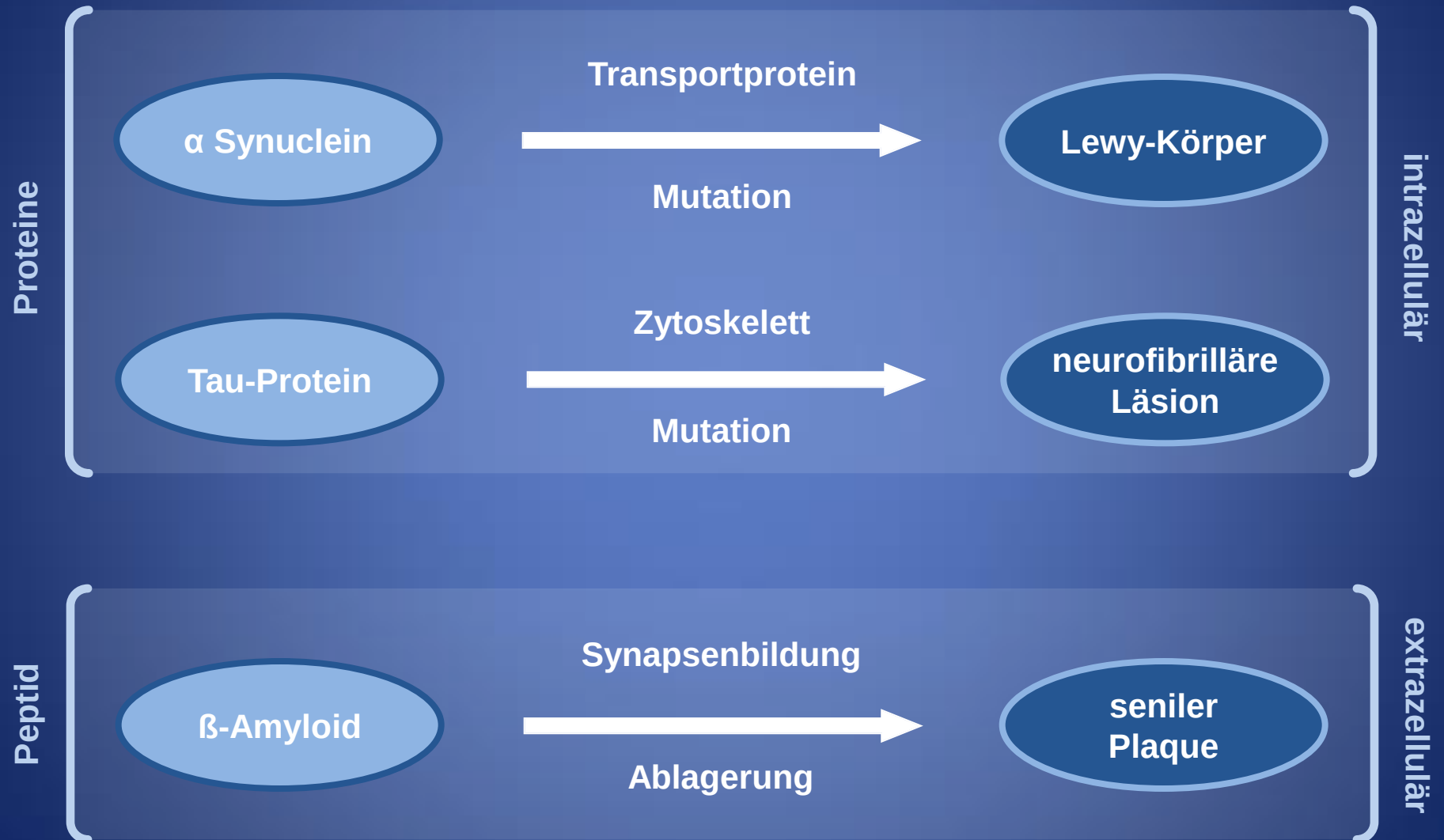
4. Zusammenfassung

1. Biochemie

- Biochemische Einteilung -

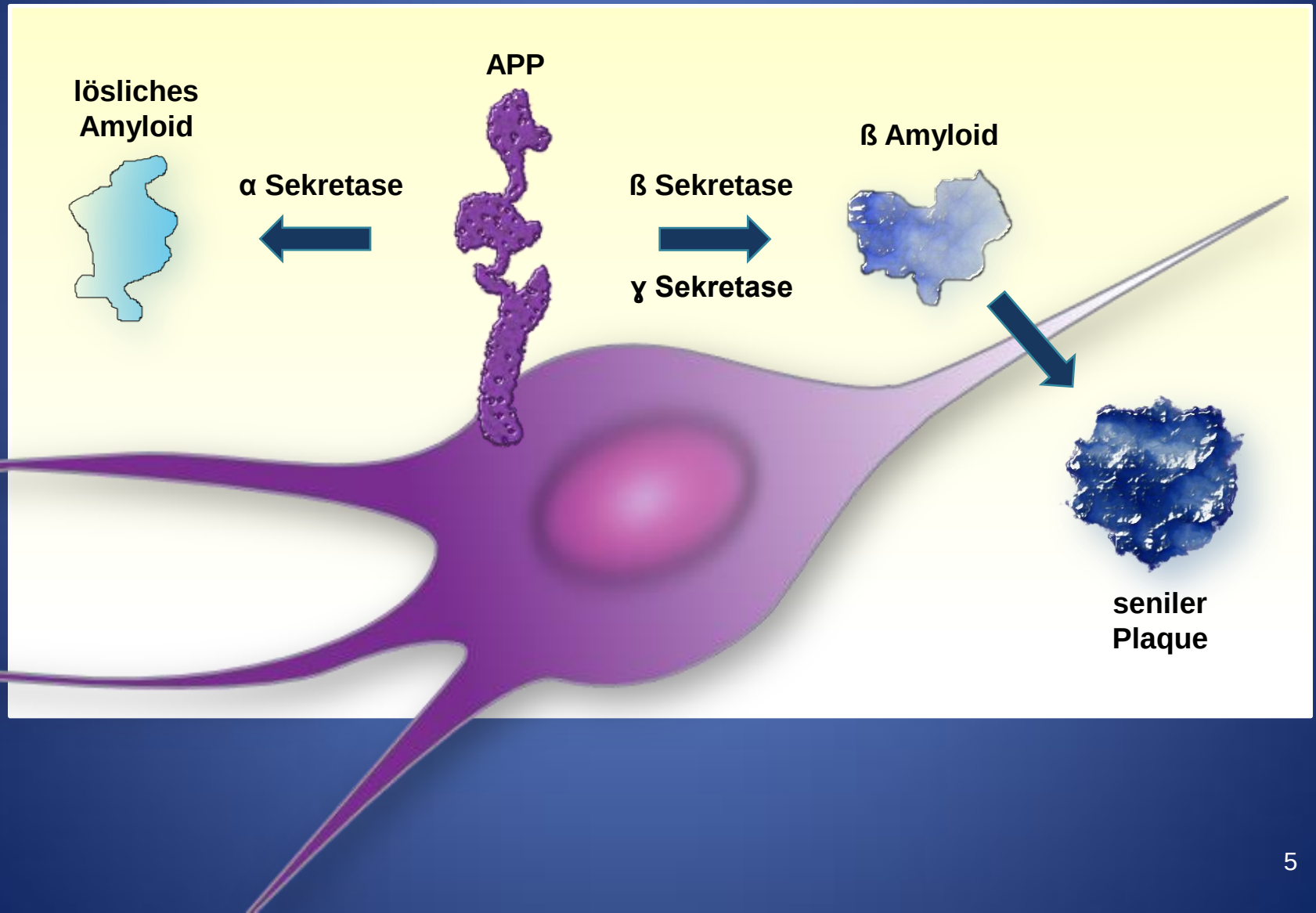


1. Biochemie



2. Neurodegeneration

2.1. Aggregate



2. Neurodegeneration

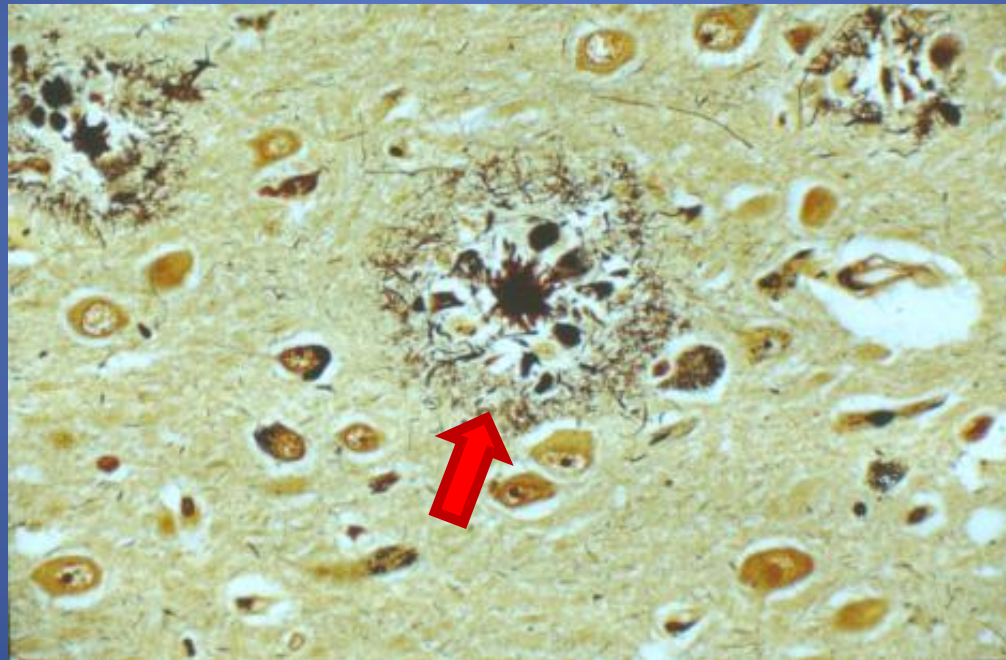
2.1. Aggregate

Seniler Plaque

„Synonym“

Neuritischer
Plaque

Lokalisation
extrazellulär



Biochemie
 β -Amyloid

Krankheiten
M. Alzheimer

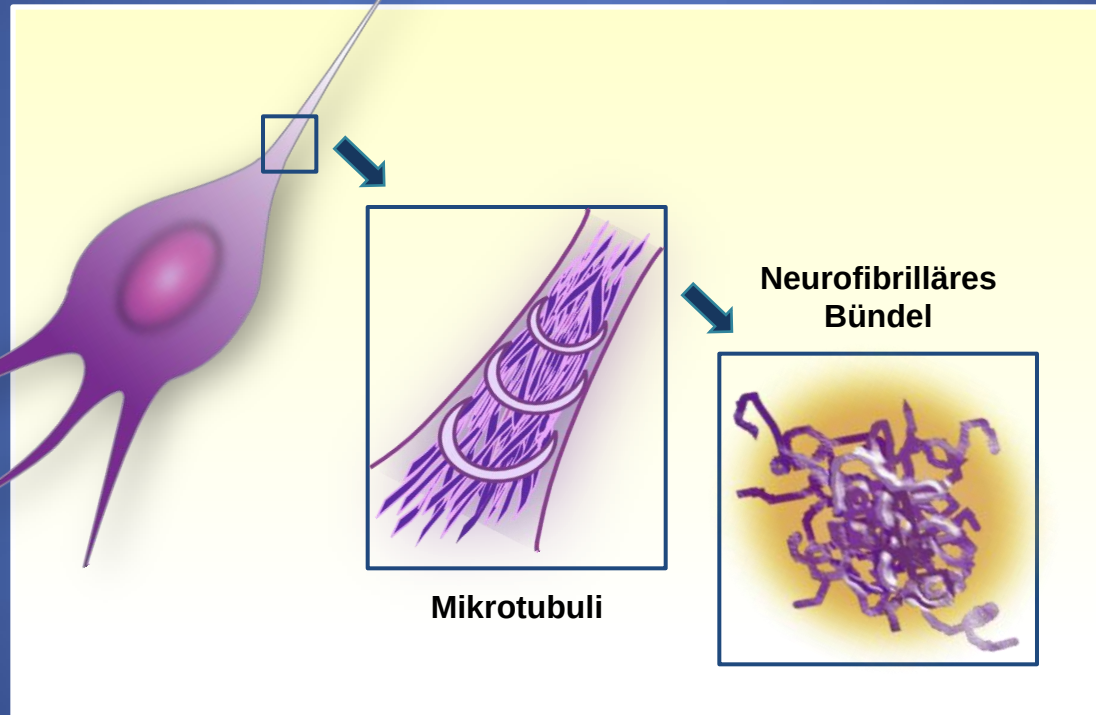
2. Neurodegeneration

2.1. Aggregate

Neurofibrilläres
Bündel

Synonym
neurofibrillary
tangle

Lokalisation
intrazellulär



Biochemie

tau Protein



Abbauprodukt
mikrotubuläres
Zytoskelett

Krankheiten

M. Alzheimer

PSP

COBD

M. Pick

2. Neurodegeneration

2.1. Aggregate

Neurofibrilläres
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Synonym
neurofibrillary
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Biochemie
tau Protein



Abbauprodukt
mikrotubuläres
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M. Pick

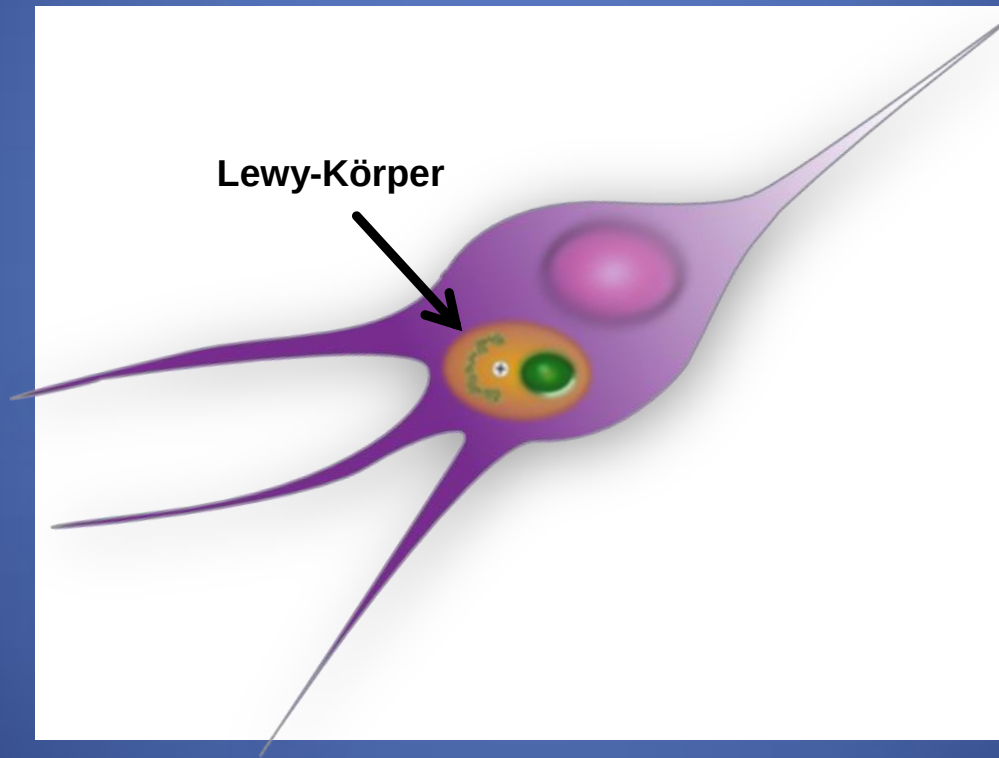
2. Neurodegeneration

2.1. Aggregate

Lewy Körper

Synonym
Lewy Body

Lokalisation
intrazellulär

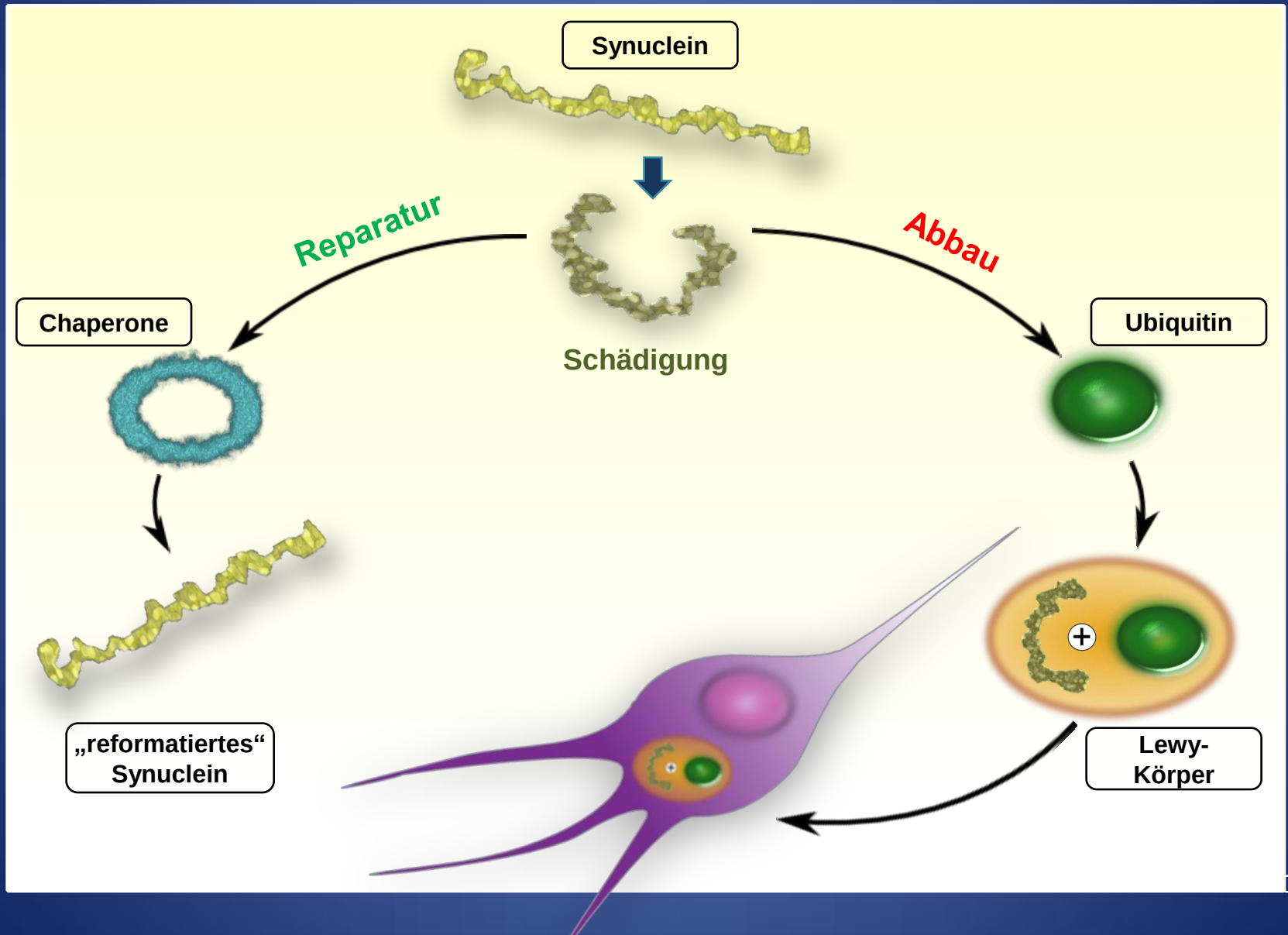


Biochemie
 α Synuclein
Ubiquitin

Krankheiten
M. Parkinson

2. Neurodegeneration

2.1. Aggregate



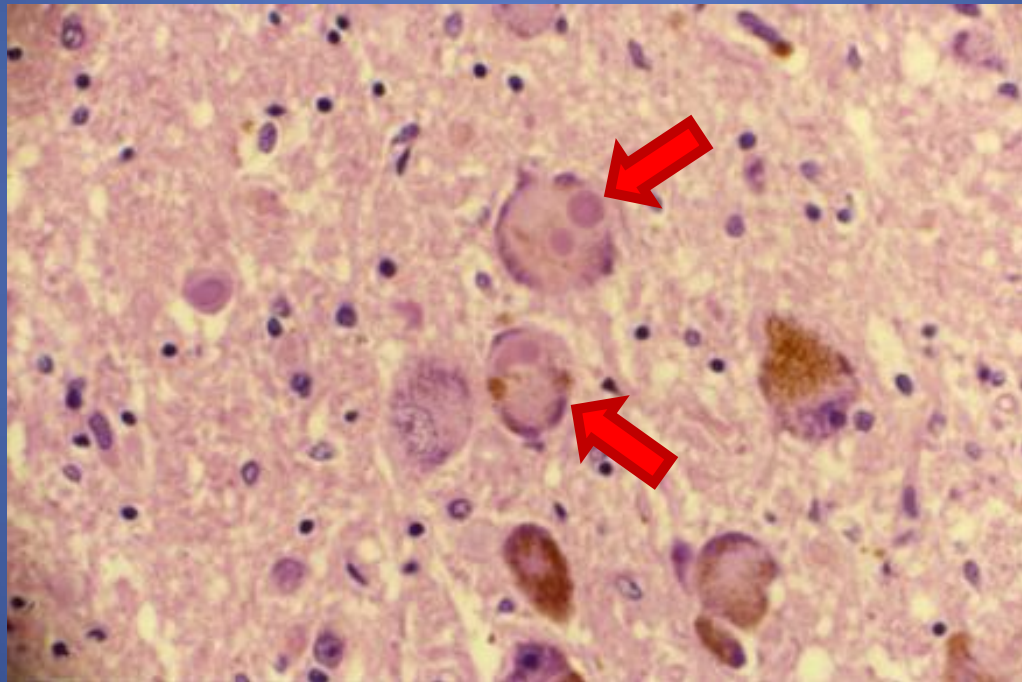
2. Neurodegeneration

2.1. Aggregate

Lewy Körper

Synonym
Lewy Body

Lokalisation
intrazellulär

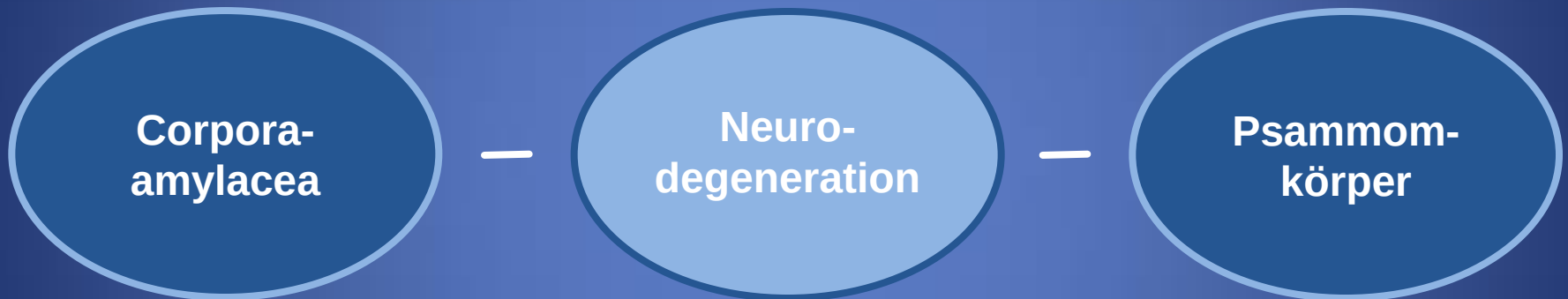


Biochemie
 α Synuclein
Ubiquitin

Krankheiten
M. Parkinson

2. Neurodegeneration

2.2. Klinische Einteilung



2. Neurodegeneration

2.2. Klinische Einteilung

Psammomkörper

Sulcus hippocampalis

M. Fahr

Epidemiologie: z. T. sehr häufig

Lokalisation: Plexus choroideus
S. hippocampalis
Basalganglien

Klinik: keine

Corpora amylacea

Epidemiologie: sehr häufig

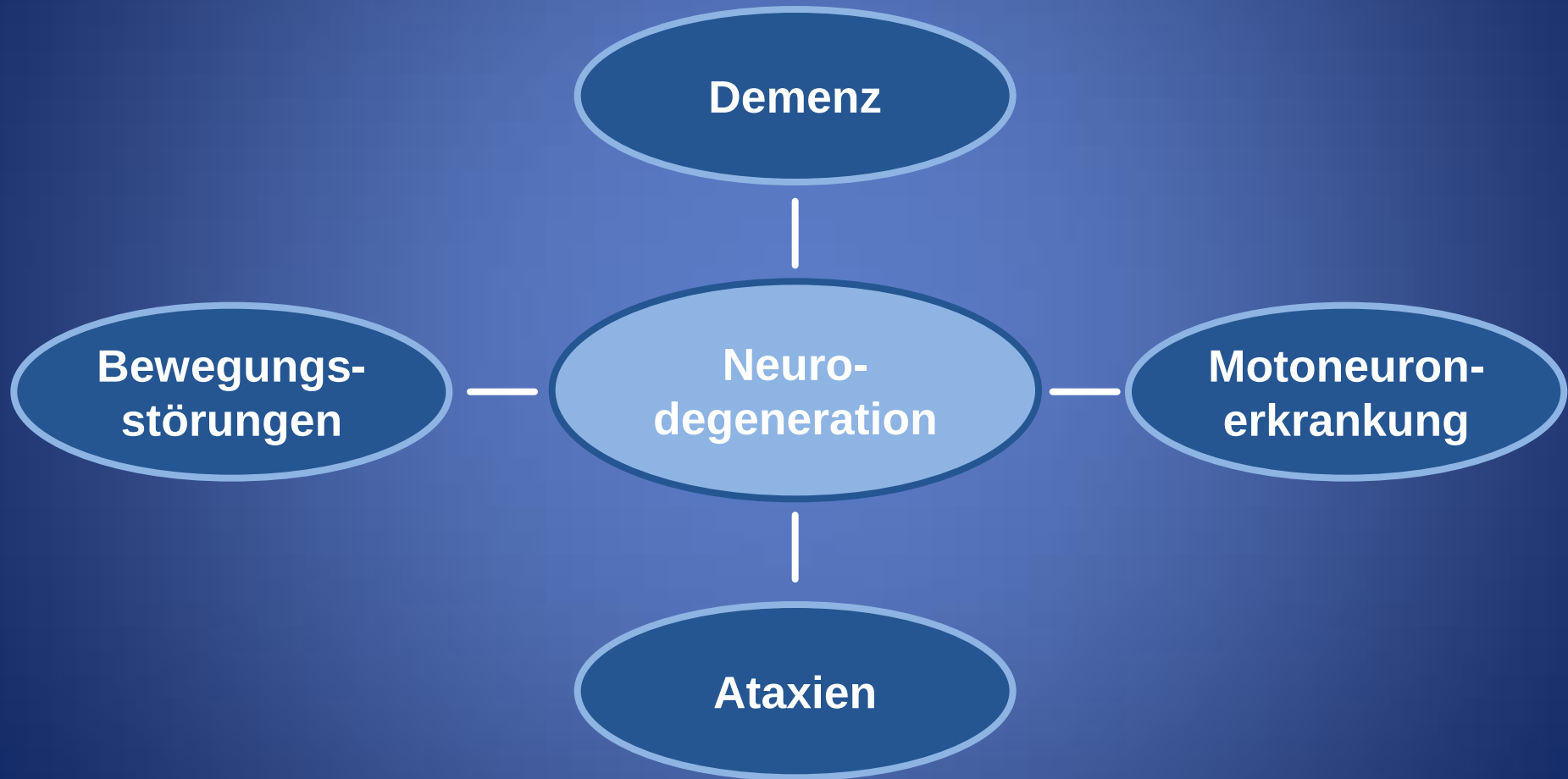
Ätiologie: unklar

Lokalisation: disseminiert

Klinik: keine

2. Neurodegeneration

2.2. Klinische Einteilung



2. Neurodegeneration

2.3. Pathologie

- DAT -

DAT

Epidemiologie:

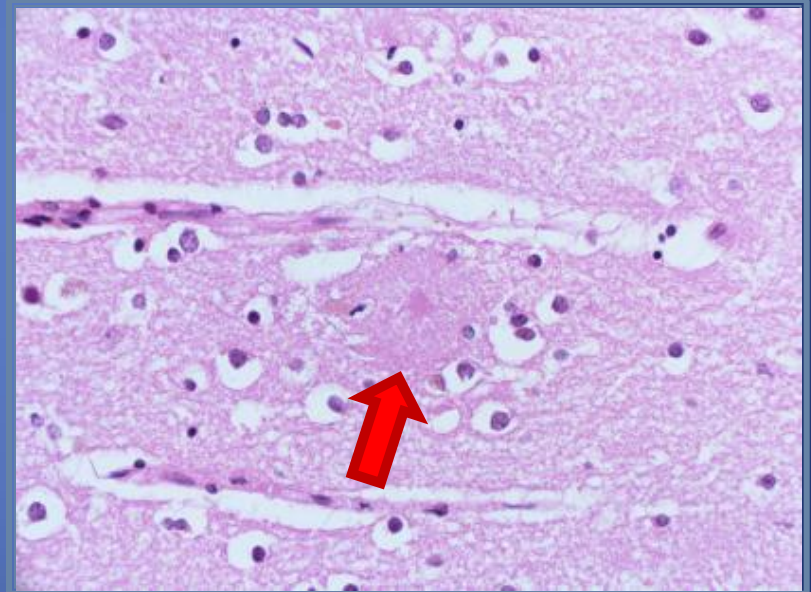
- Prävalenz 1,5 Mio
- Inzidenz 300.000
- late onset 90 %
- early onset 10 %
- altersassoziiert 5 % AK 7
20 % AK 8
50 % AK 9

Ätiologie:

- APP α Sekretase
 β , γ Sekretase

Klinik:

- Gedächtnisstörungen
- kognitive Defekte
- Apraxien



2. Neurodegeneration

2.3. Pathologie

- Vaskuläre Demenz -

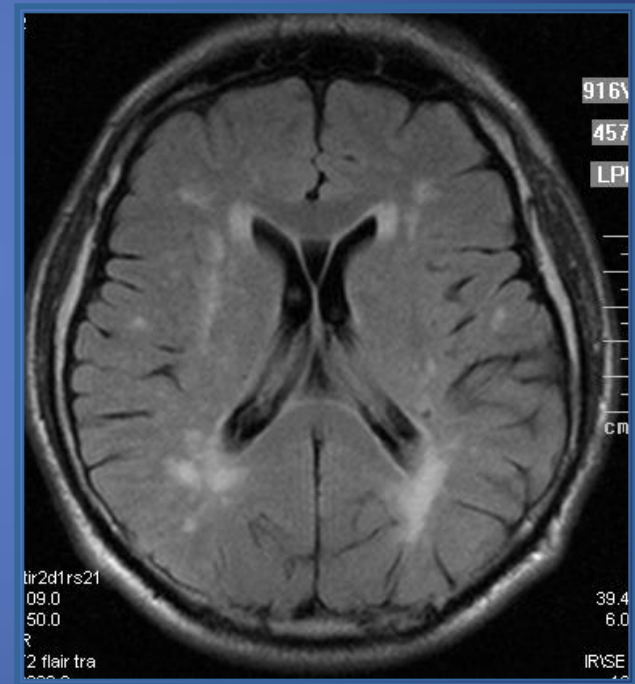
Vaskuläre Demenz

Ätiologie:

- Mikroangiopathie

Klinik:

- fokal-neurologische Zeichen
- Affekt- und Antriebsstörungen
- Demenz



2. Neurodegeneration

2.3. Pathologie

- FTD -

FTD

Einteilung:

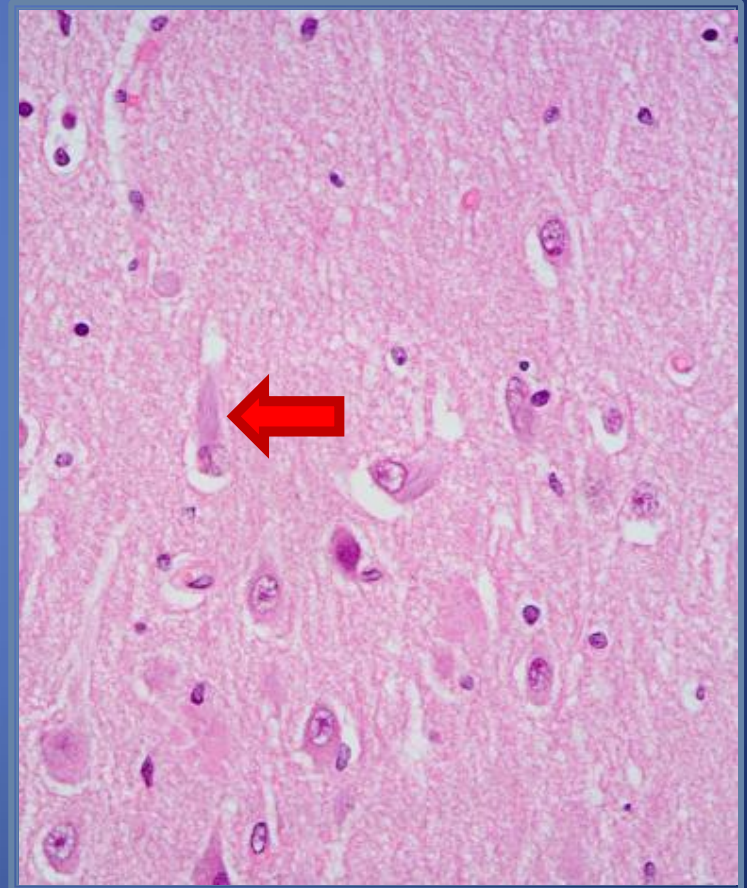
- FTD
- M. Pick
- Primär progressive Aphasie (PPA)

Histologie:

- sporadisch/familiär

Klinik:

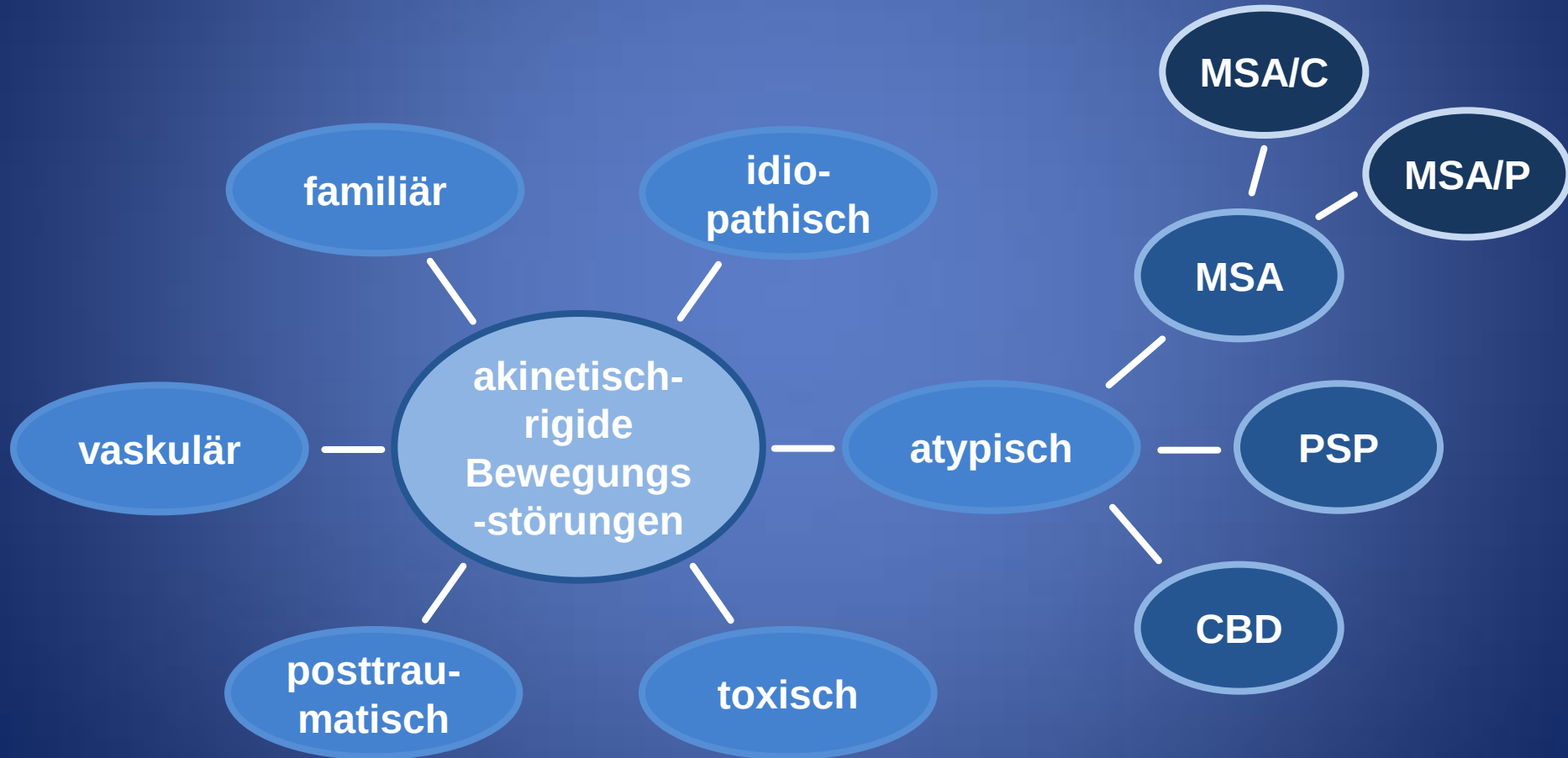
- Verhaltensstörungen
- Aphasie
- Demenz



2. Neurodegeneration

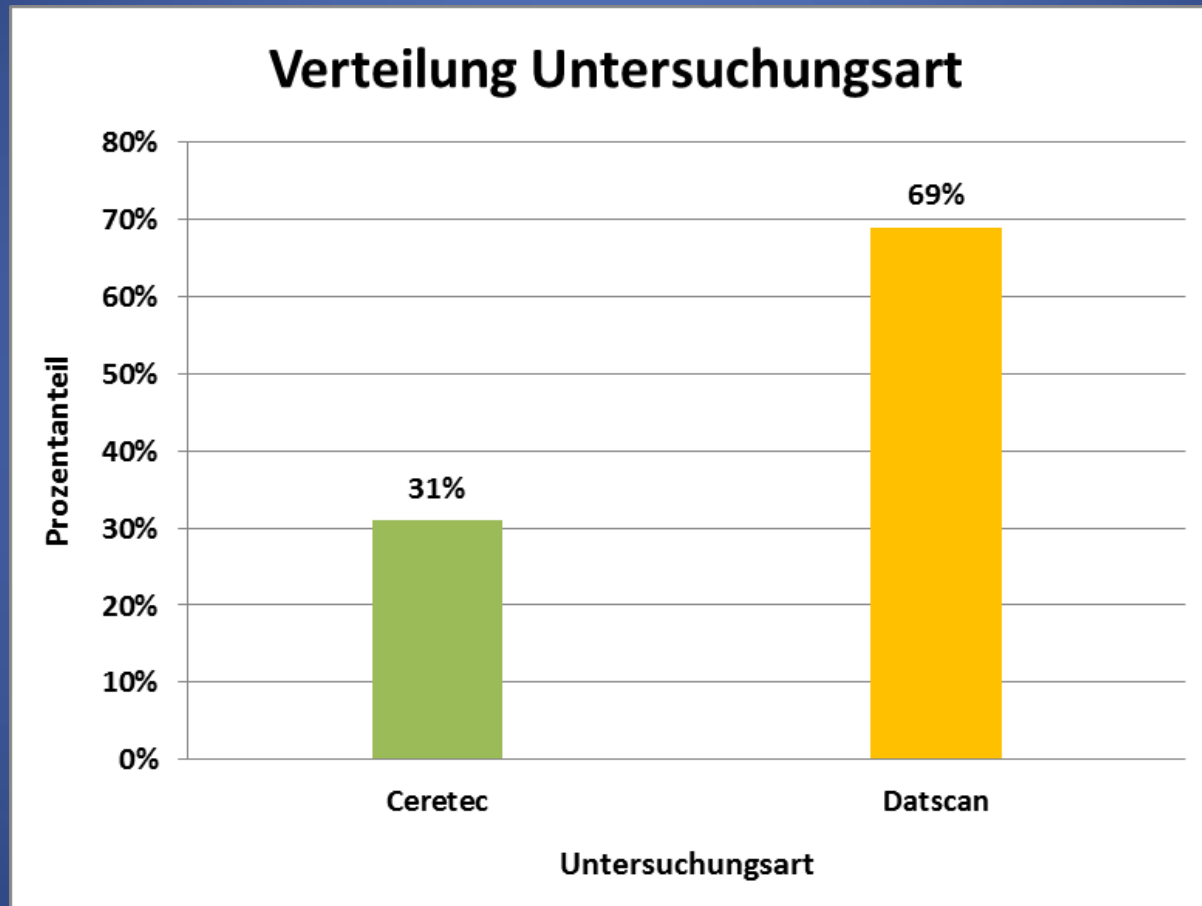
2.3. Pathologie

- Parkinson-Syndrome -



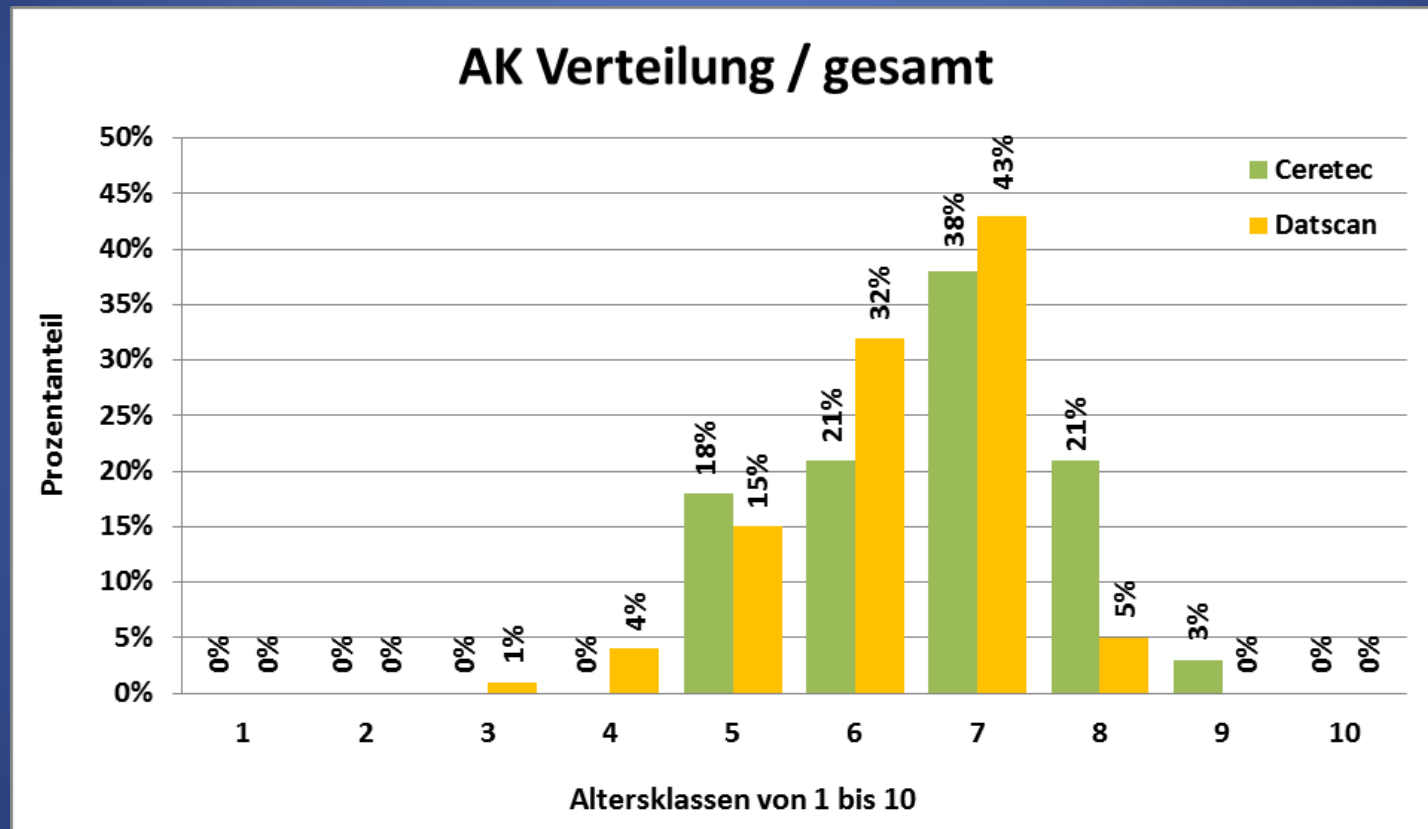
2. Neurodegeneration

2.4. Ergebnisse RNZ



2. Neurodegeneration

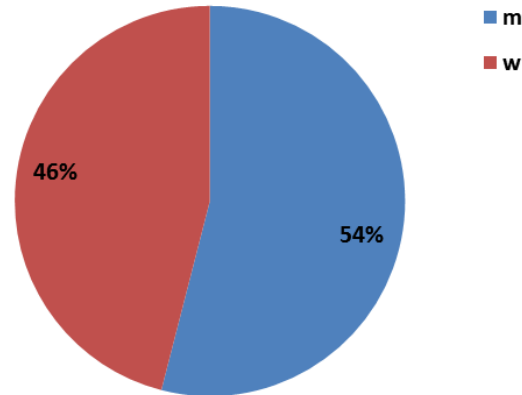
2.4. Ergebnisse RNZ



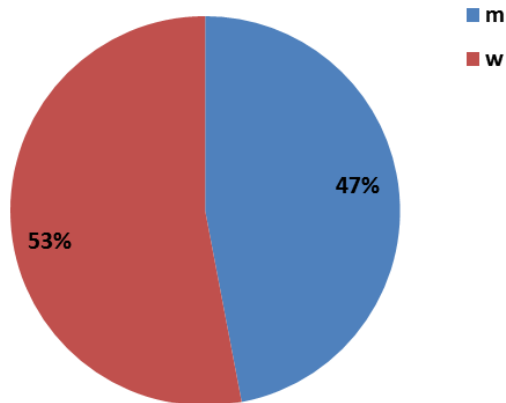
2. Neurodegeneration

2.4. Ergebnisse RNZ

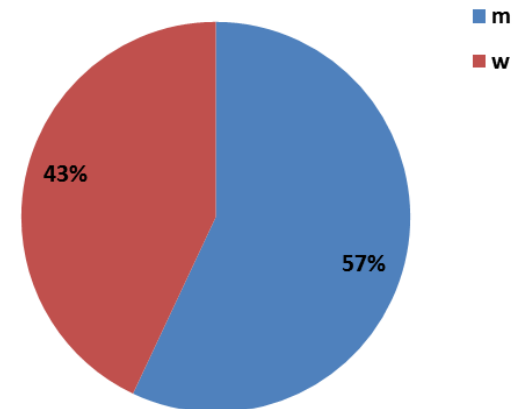
Verteilung m/w gesamt



Verteilung m/w bei Ceretec

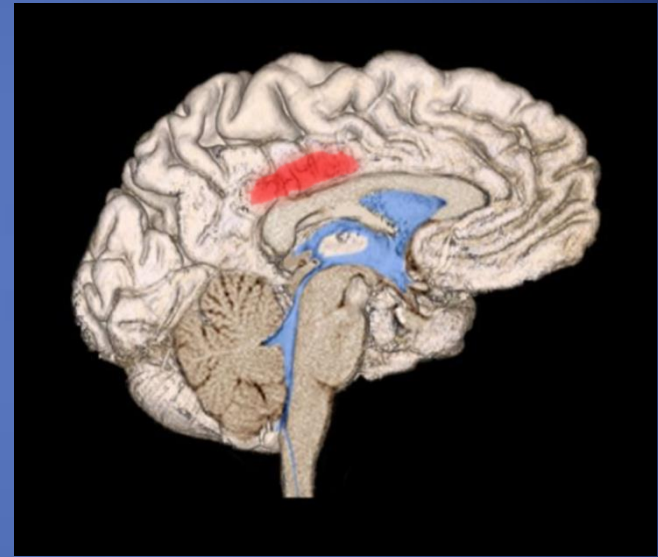
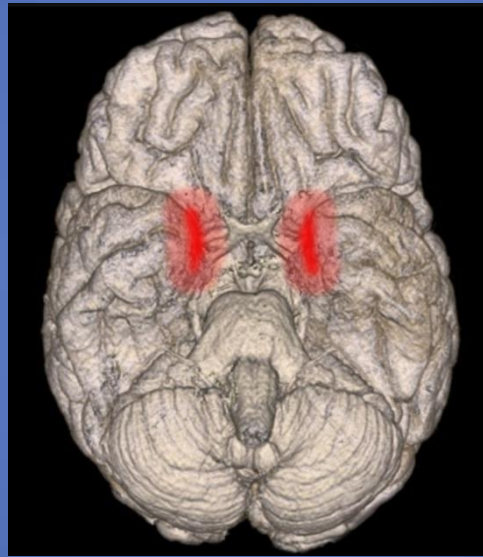
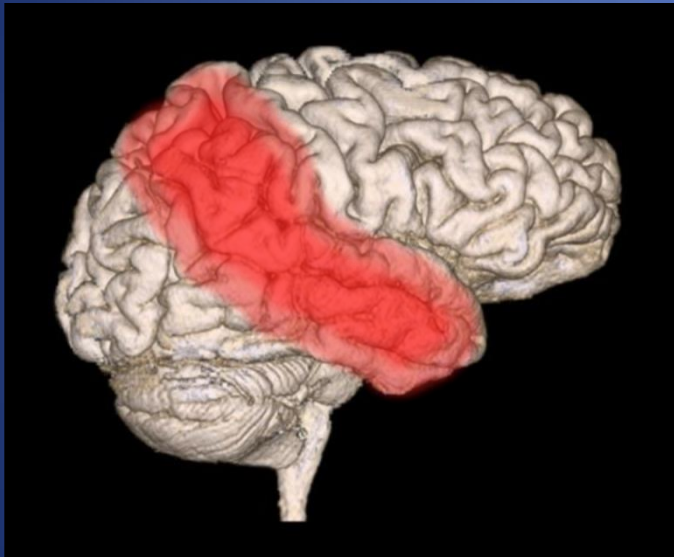


Verteilung m/w bei Datscan



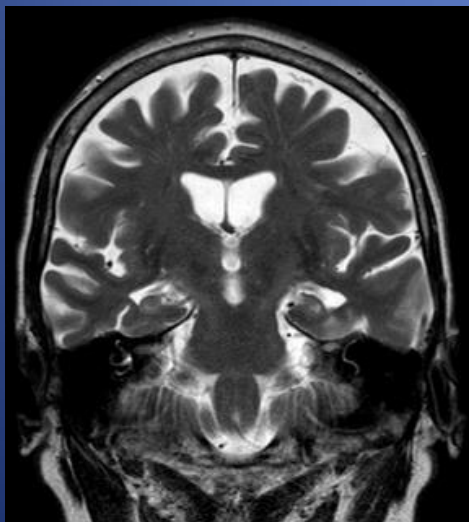
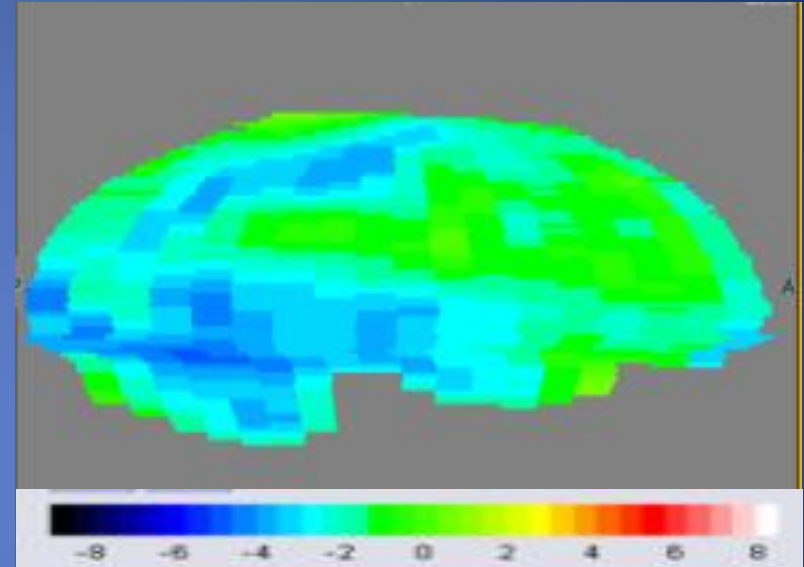
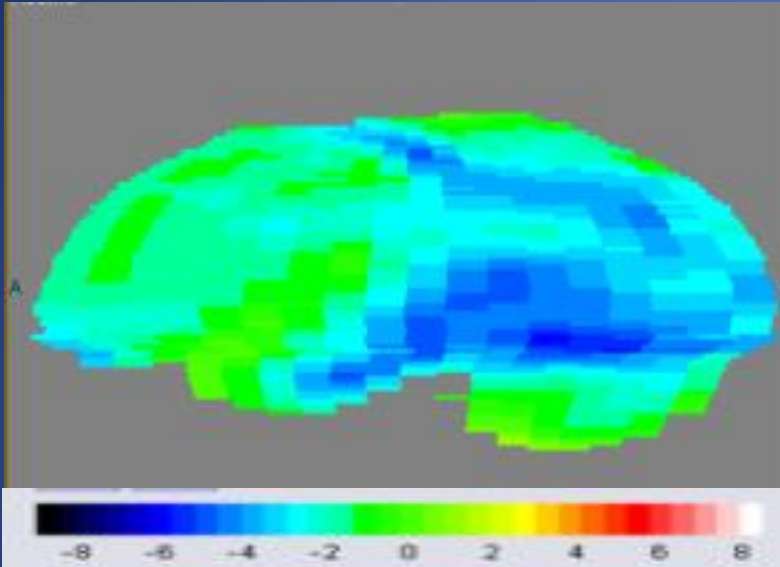
3. Bildgebung

3.1. M. Alzheimer



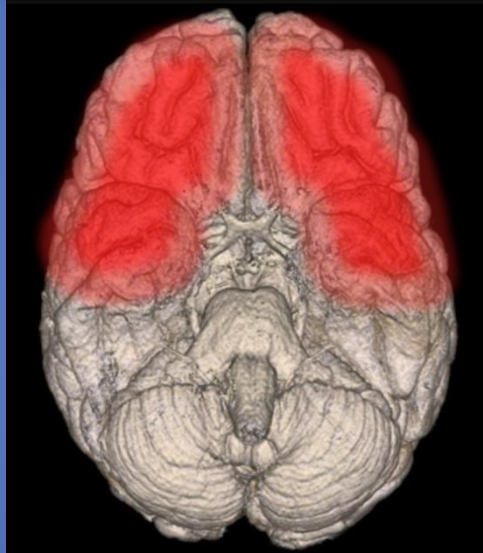
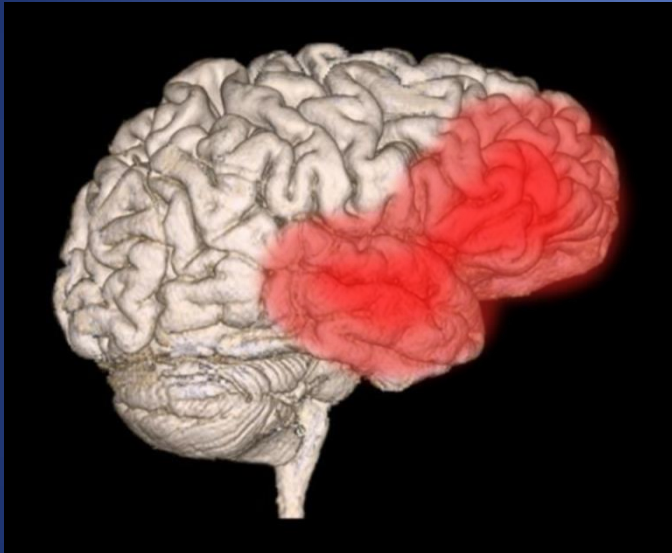
3. Bildgebung

3.1. M. Alzheimer



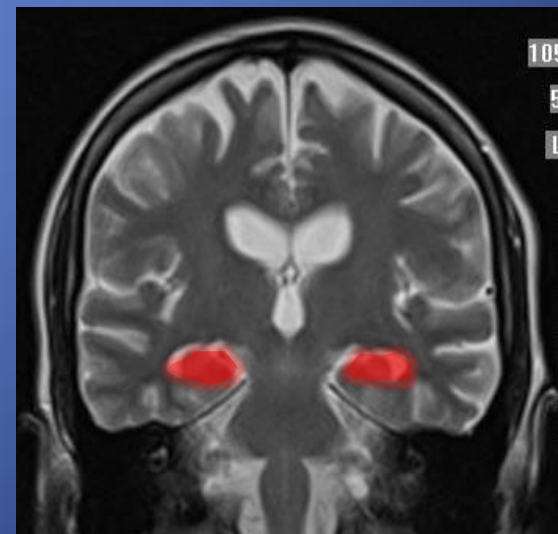
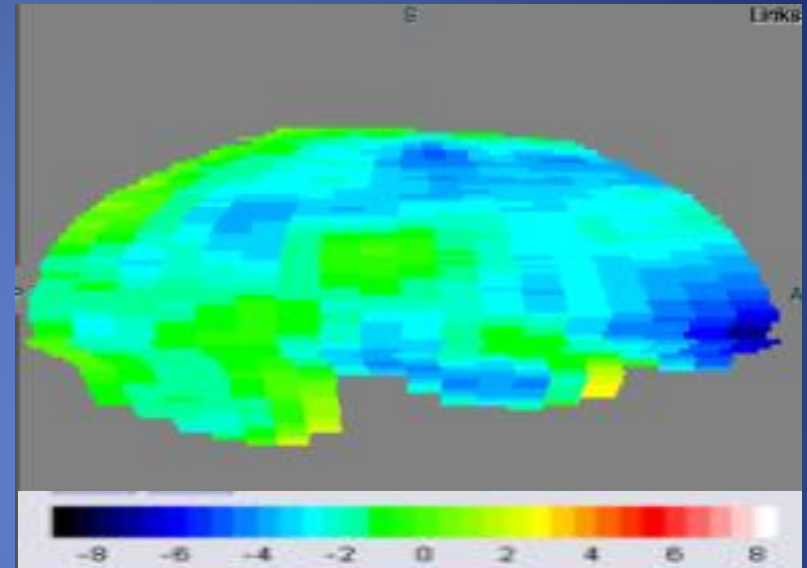
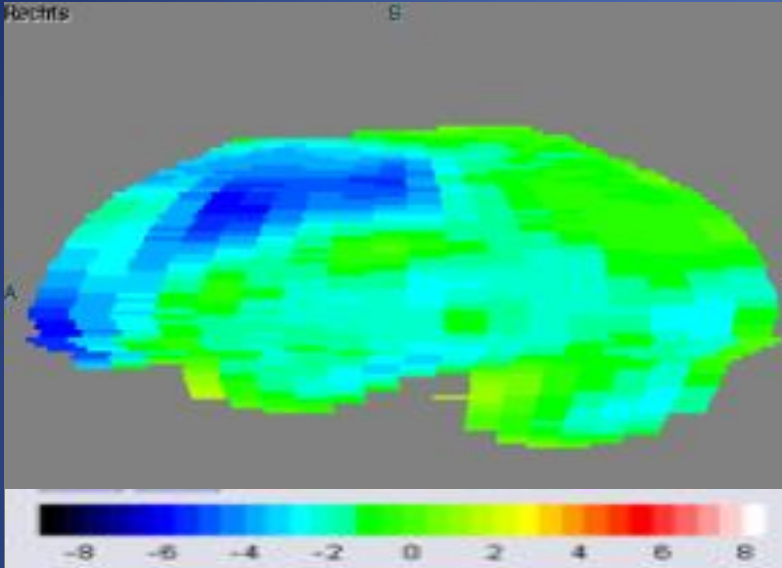
3. Bildgebung

3.2. FTD



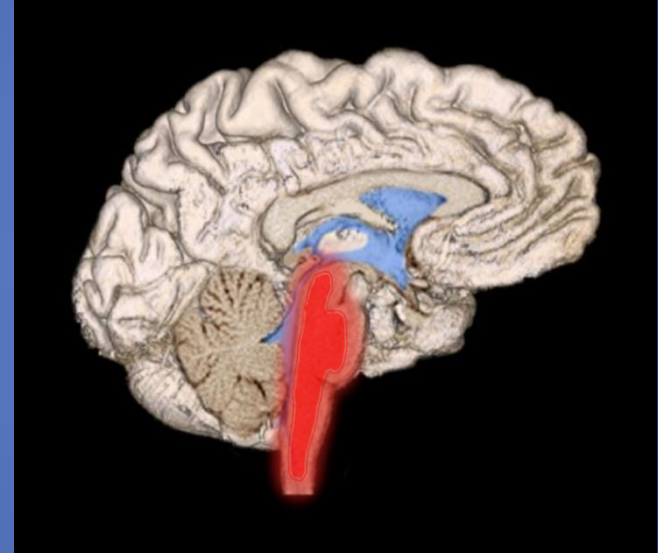
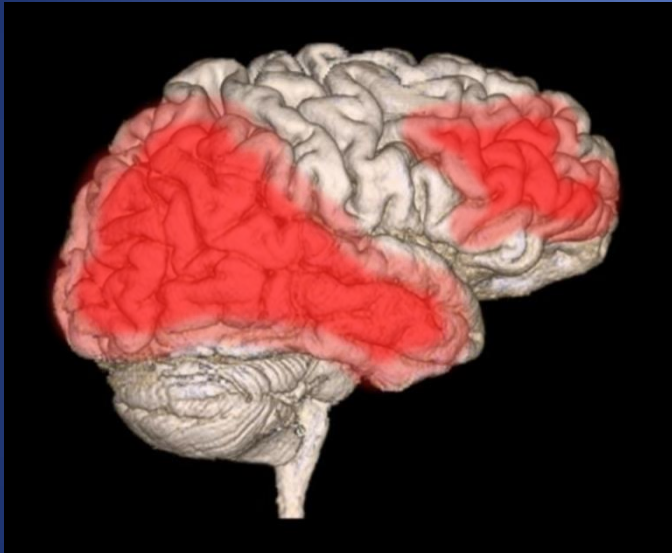
3. Bildgebung

3.2. FTD



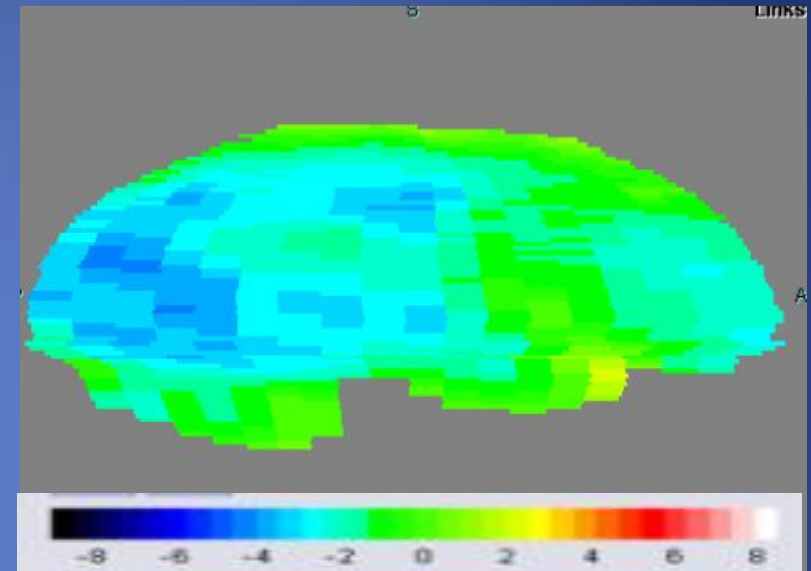
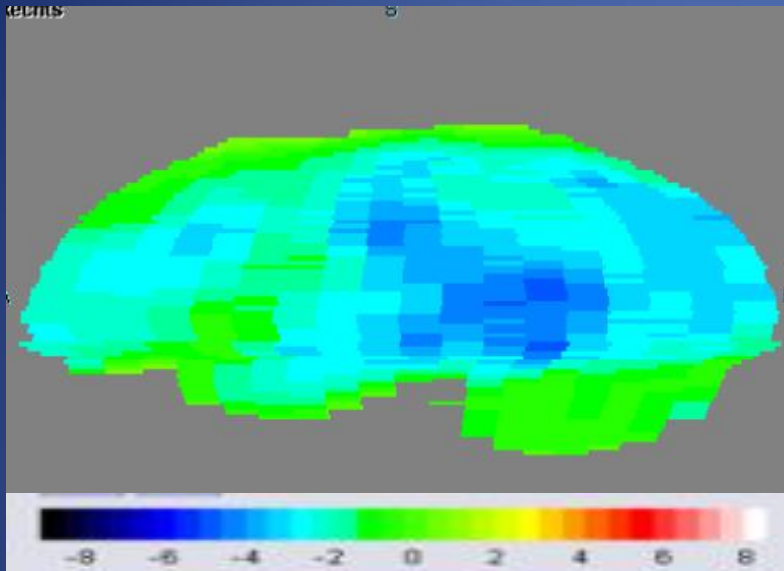
3. Bildgebung

3.3. LKD



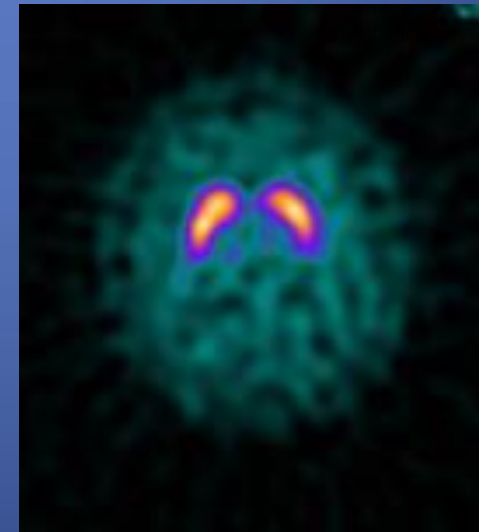
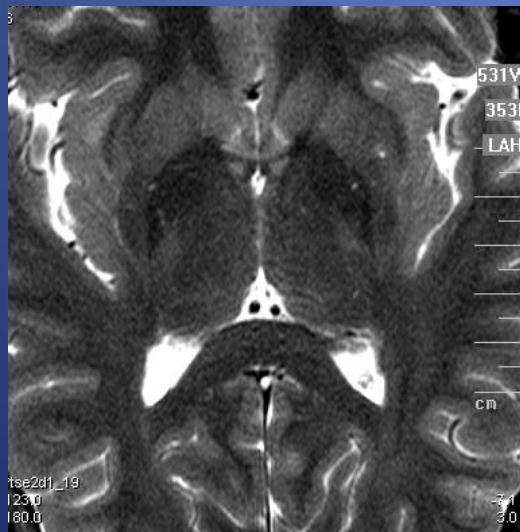
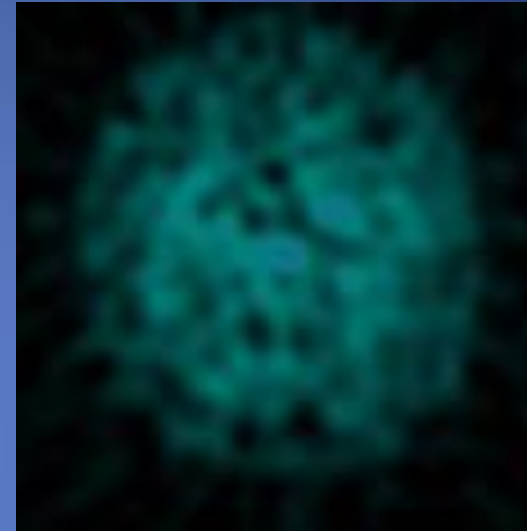
3. Bildgebung

3.3. LKD



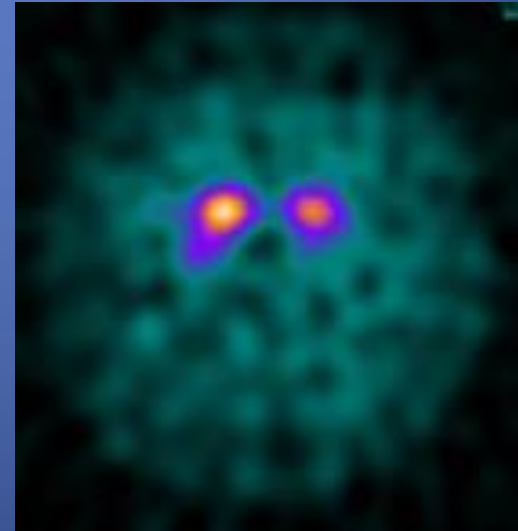
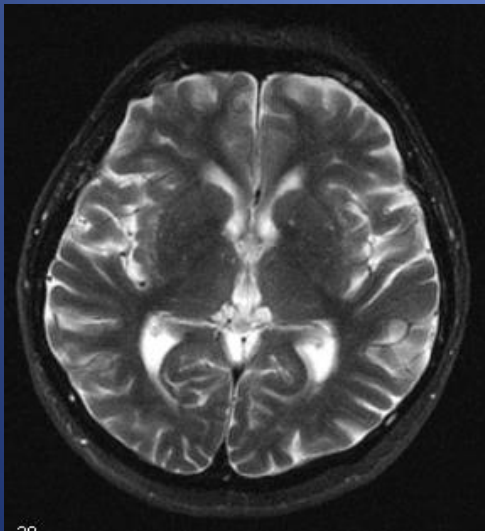
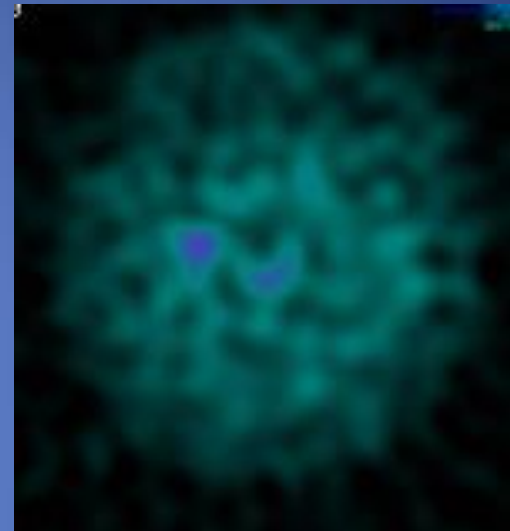
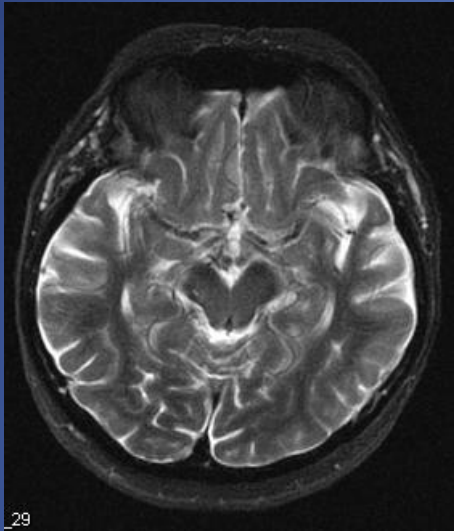
3. Bildgebung

3.4. MP



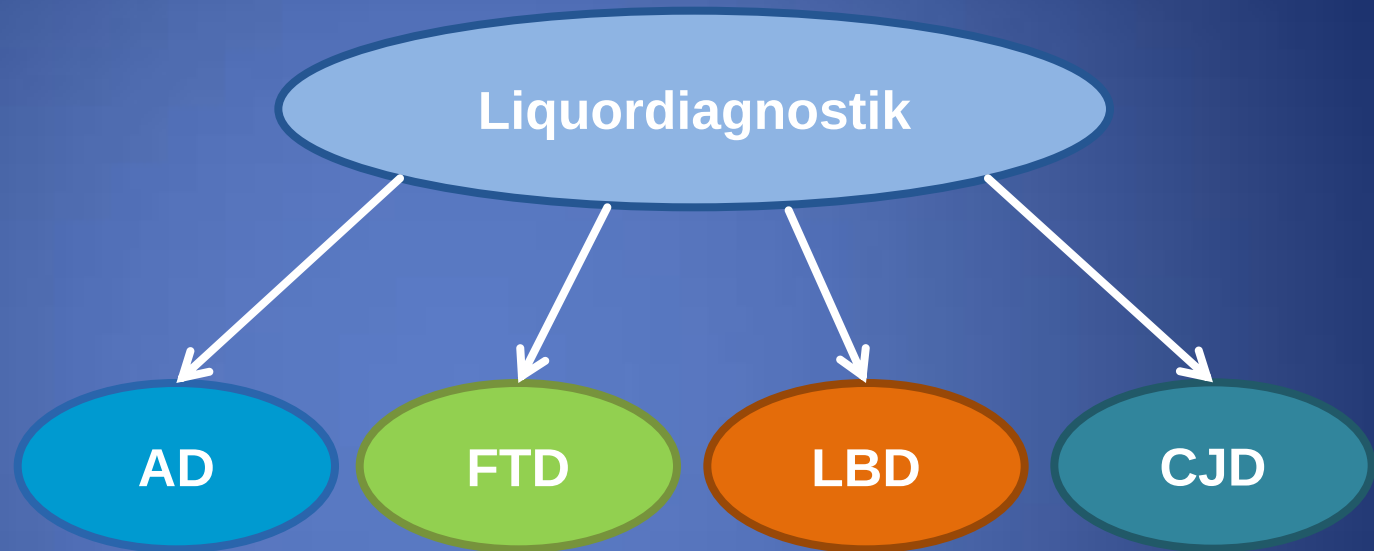
3. Bildgebung

3.4. MP



4. Zusammenfassung

- Liquordiagnostik -



β Amyloid [pg/ml]



< 500

t Tau Protein [pg/ml]



> 600

p Tau Protein [pg/ml]



> 60



< 500



> 600



< 60



< 500



> 600

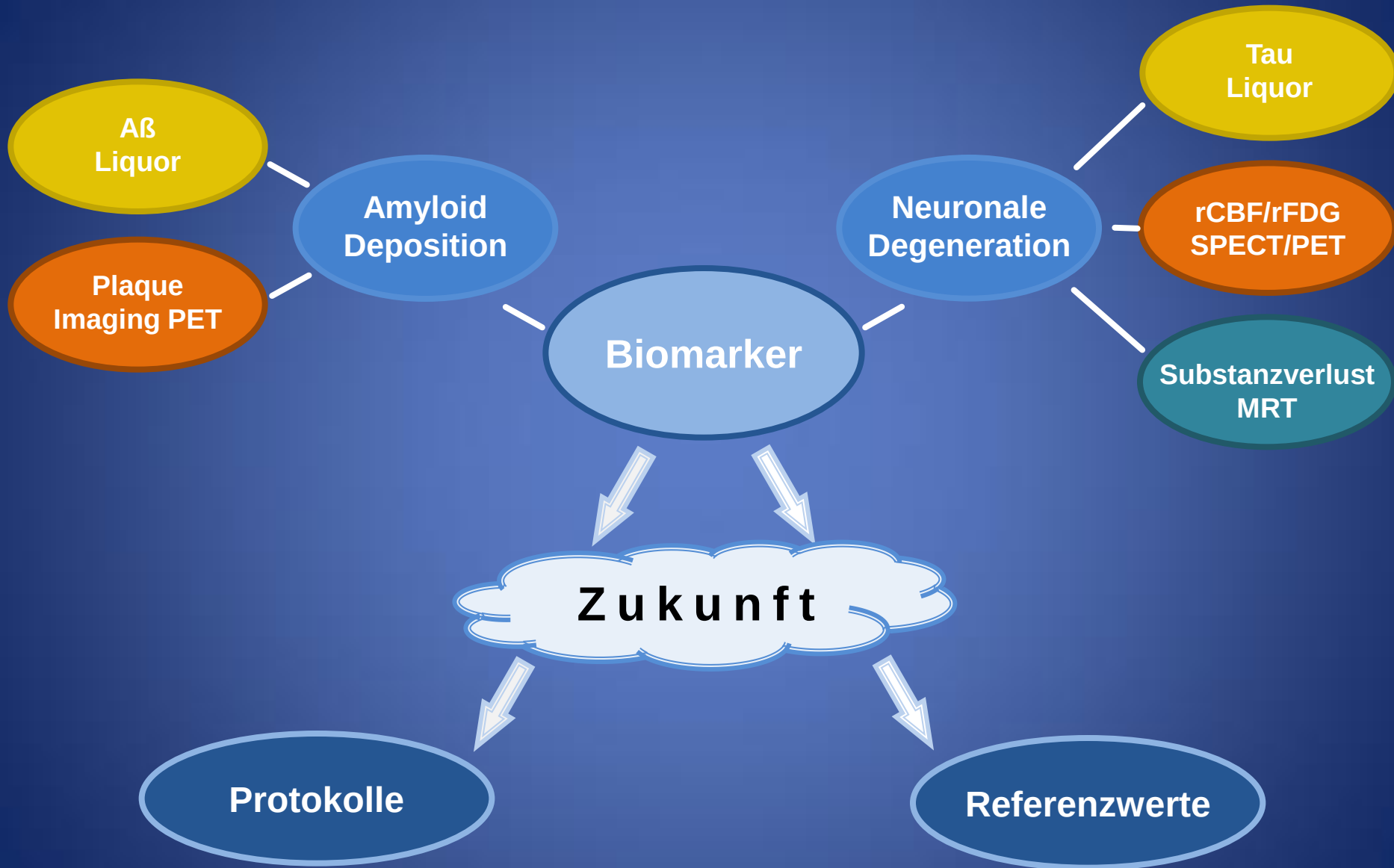


> 60



> 5000

4. Zusammenfassung



Bildbezug

Die histologischen Schnitte wurden dem Autor freundlicherweise von Herrn Prof. Dr. med. Wolfgang Brück, Institut für Neuropathologie, Universität Göttingen überlassen.