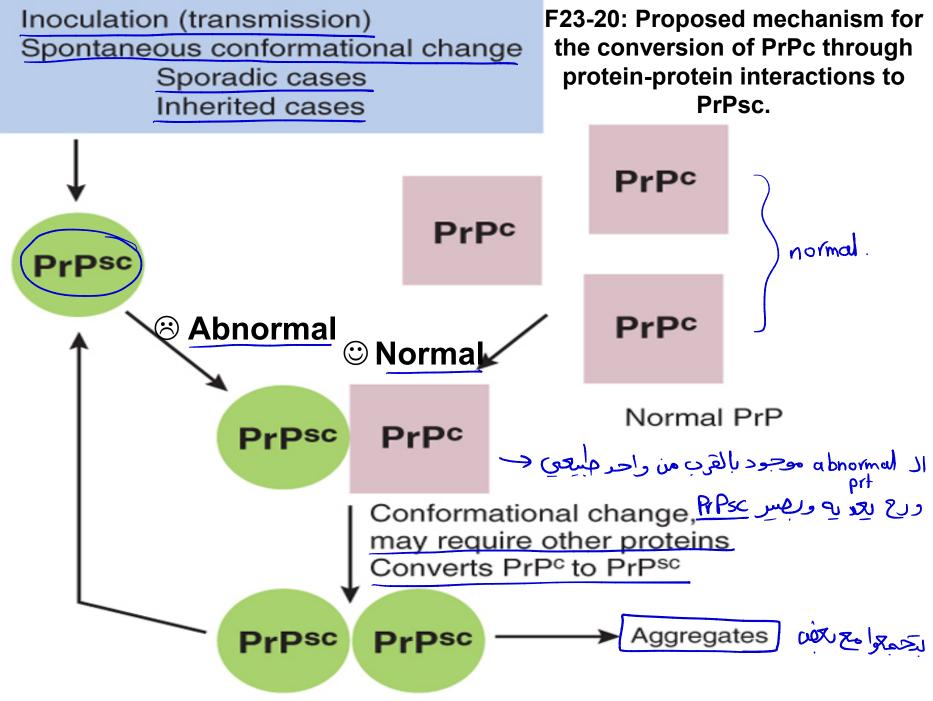


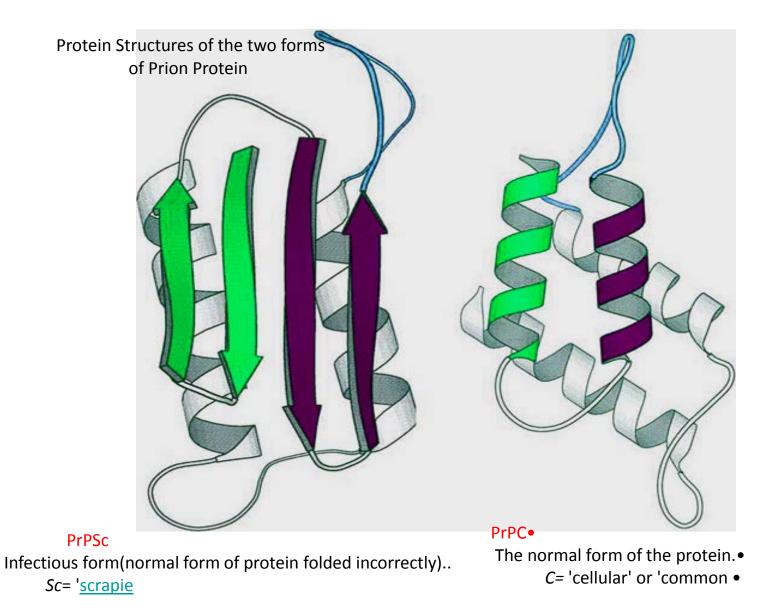




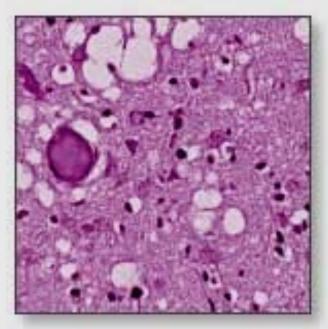
DONE BY : Hamzeh Alsalhi



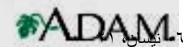
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Brain shrinkage and deterioration occurs rapidly



Brain section showing spongiform pathology characteristic of Creutzfeldt-Jakob



* <u>Accumulation of PrPsc in neural tissue seems to be the</u> <u>cause of cell injury</u>, but <u>how</u> this material leads to the development of cytoplasmic vacuoles & eventual neuronal death is still <u>unknown</u>! من محرف كمين بي تكوين الرفعاه والرفعاني vacuoles

Creutzfeldt-Jakob Disease (CJD)

CJD is a rare (first described in 1920, up till 1980 was of unknown cause!) but well-characterized prion disease that manifests clinically as a rapidly progressive dementia.
It is sporadic in about 85% of cases, with a worldwide annual incidence of about 1 per million; familial forms also exist. The disease has a peak incidence in the 7th decade. Elderly people.

③ There are well-established cases of iatrogenic
 Itransmission by deep implantation electrodes &
 Contaminated preparations of human growth hormone (GH)
 ★ Presentation begins with mild changes in memory & behavior that rapidly progress to dementia. The disease is uniformly fatal, with an average duration of only 7 months.

■ H the pathognomonic finding is a **spongiform transformation of the cerebral cortex & deep gray matter structures** (caudate, putamen); this consists of a multifocal process that results in the uneven formation of **small**, **empty**, **microscopic vacuoles** of varying sizes within the cerebrat substance(" <u>neuropil</u>" ■ 4.17) & sometimes in the perikaryon of neurons (F23-21A).

In advanced cases, there is severe neuronal loss, reactive gliosis, & sometimes expansion of the vacuolated areas into cystlike spaces ("status spongiosus").
 * No inflammatory infiltrate is present !

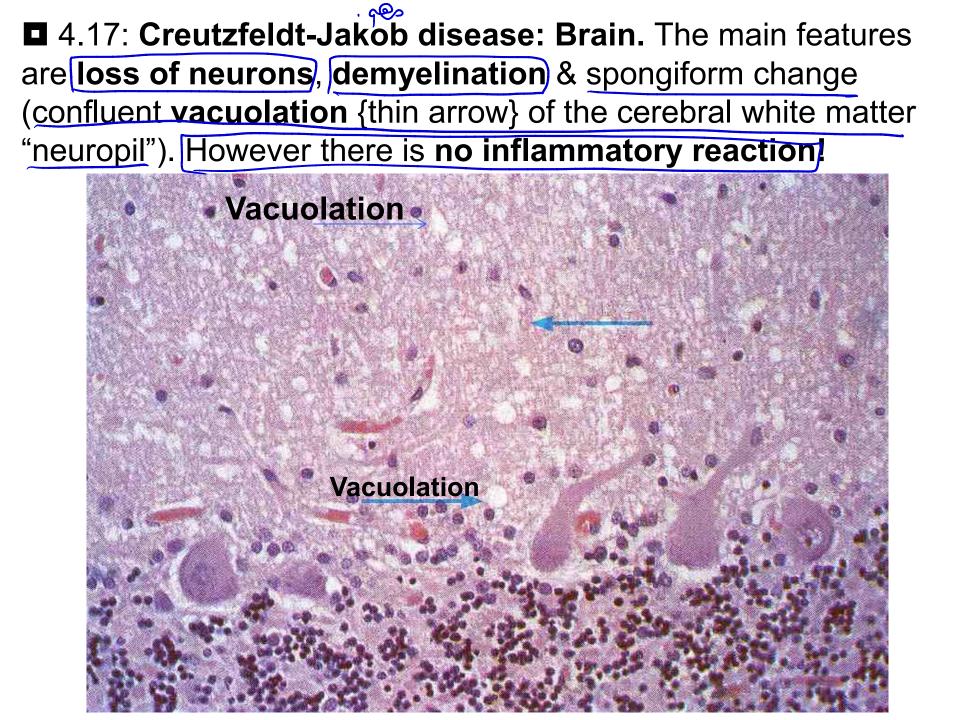
في ال cryptococcus In all forms of prion disease, <u>immunohistochemical</u> <u>staining demonstrates the presence of proteinase K-resistant</u> <u>PrPsc in tissue (■ 4.16)</u>. <u>Western blotting of tissue extracts after partial protease</u> digestion allows detection of diagnostic PrPsc. F 23-21: Prion disease.

A, Histology of CJD showing spongiform change in the cerebral cortex.

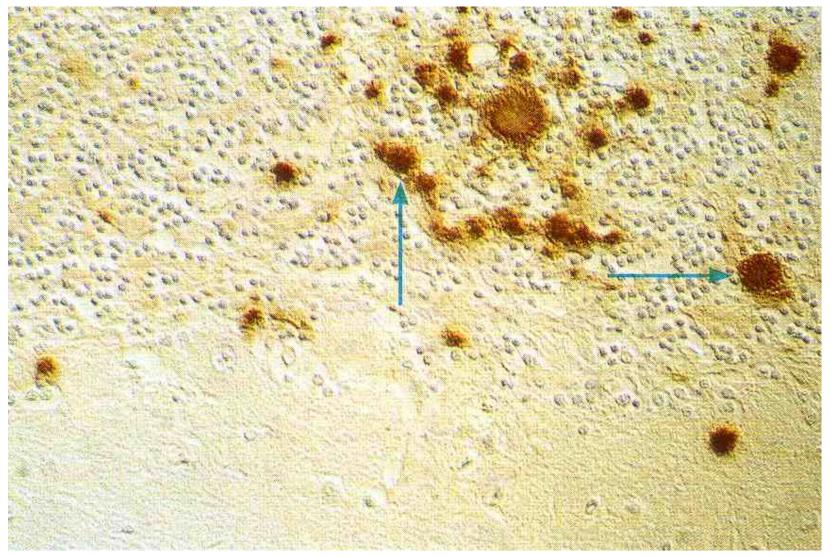
Inset, High magnification of neuron with vacuoles.

B, Variant CJD (vCJD) is characterized by abundant cortical amyloid plaques (see inset), surrounded by spongiform ai an live mi CJD with an air and change.

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* Neuropil (Vacualization) is pathognomic to CTD? True.
 4.16: Creutzfeldt-Jakob disease: Brain.
 Immunohistochemical stain demonstrating the presence of proteinase K-resistant Prion Protein (PrPsc) in tissue {arrows}.



Variant Creutzfeldt-Jakob Disease

Starting in 1995, a series of cases with a CJD-like illness appeared in the United Kingdom. They differed from typical CJD in several important respects: the disease affected
 (1) Young adults, ---> الد CTD مستحيل يوس عندها.

(2) Behavioral disorders are prominent in the early stage; & (3) the neurologic syndrome progressed more slowly than in individuals with other forms of CJD. f_{e}

يعني ما يبوت بسرحة ذي ال CTD .

The neuropathologic findings & molecular features of these new cases were similar to those of CJD, suggesting a close relationship between the two illnesses.
 Multiple lines of evidence indicate that this new disease is a

Output in the second second

vCJD has a similar pathologic appearance, in general, to other forms of CJD, with <u>spongiform change & absence of</u> <u>inflammation</u>. In vCJD, however, there are abundant cortical amyloid plaques, surrounded by spongiform change (F23-21B).