



- **What is dementia?**

- It is a general term that describes a brain syndrome characterized by problems with:
 - ✓ Memory.
 - ✓ Judgment.
 - ✓ Language.
 - ✓ Orientation.
 - ✓ Executive functioning.

Notice that consciousness is not clouded in dementia.

- **Alzheimer’s disease (AD) is the most common cause of dementia** -by causing progressive degeneration of brain tissue- in people above 65 years old (elderly). It is characterized by loss of neurons and synapses in cerebral cortex and certain subcortical regions.

- **Genetics of AD:**

- **99% of cases are sporadic** and the most important genetic risk factor is the (**ApoE**) genotype which is present on chromosome 19. There are 3 forms of ApoE (ApoE2, ApoE3 and ApoE4):
 - ✓ Persons who are homozygous for the ApoE4 allele develop AD at a mean age of 70 years (ApoE4 has been detected in neurofibrillary tangles and Aβ-plaques in cases of AD).
 - ✓ Persons with other ApoE phenotypes develop the disease later.

- **Genetic factors in AD:**

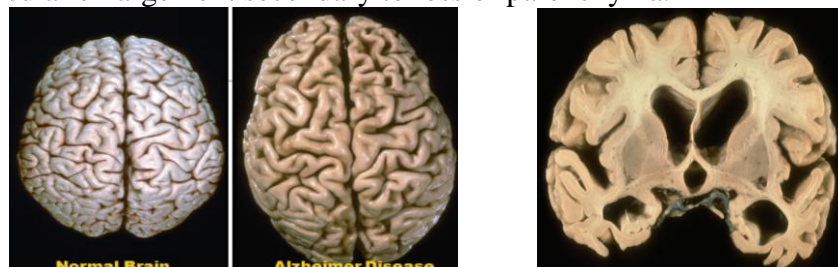
<u>Gene</u>	<u>Chromosome</u>	<u>Disease association</u>
Amyloid Precursor Protein (APP)	21	Associated with early onset familial AD
Presenilin-1 (PS1)	14	Associated with early onset familial AD
Presenilin-2 (PS2)	1	Associated with familial AD
ApoE	19	Associated with younger age of onset of both inherited and sporadic forms of late onset AD

- **Pathogenesis of AD:**

- APP which is present on the surface of cell membrane is critical for neuron growth, survival and post-injury repair.
- **APP is degraded by secreteases** (there 3 types of them: alpha, beta and gamma).
- In AD, APP will be degraded into **Aβ-fragments which will accumulate outside the cells** (in the form of oligomers) resulting in the formation of **senile plaques**. In addition, there will be activation of kinases intracellularly causing **hyperphosphorylation of tau-protein** and formation of **neurofibrillary tangles (NFTs)**.
 - ✓ Note: Aβ plaques causes selective neurotoxicity for the hippocampus and entorrhinal cortex while sparing cerebellar neurons.

- **Morphology of AD:**

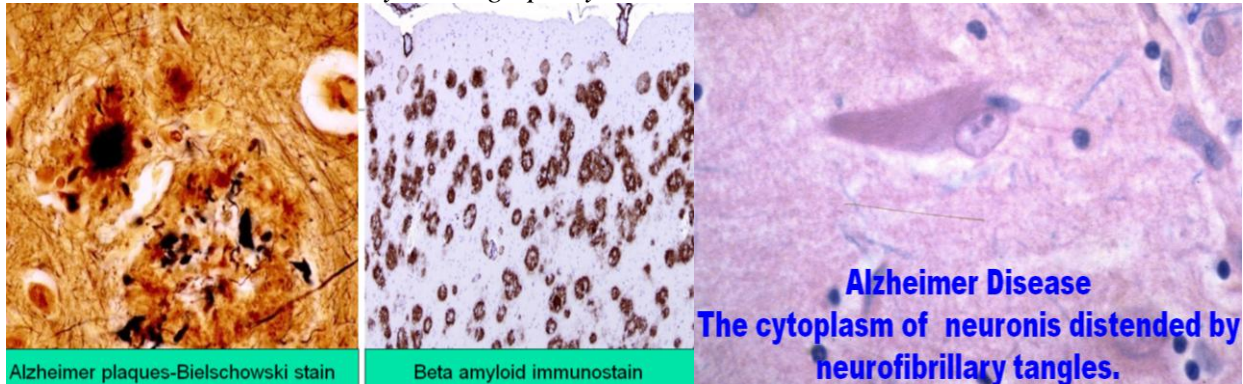
- **There are 3 important gross features in AD:**
 - ✓ Cortical atrophy.
 - ✓ Widening of cerebral sulci (frontal, temporal and parietal).
 - ✓ Ventricular enlargement secondary to loss of parenchyma.





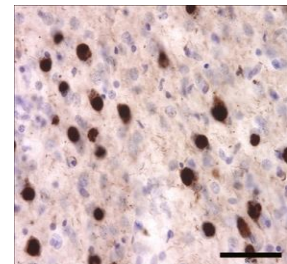
- **Histopathology of AD:**

- ✓ Extracellular senile plaques → notice that these are specific for AD.
- ✓ Intracellular neurofibrillary tangles (tau protein) → notice that these can be seen in other degenerative diseases.
- ✓ Other features which might be seen:
 - ❖ *Granulovacuolar degeneration.*
 - ❖ *Hirano bodies.*
 - ❖ *Amyloid angiopathy.*



- **Pick's disease:**

- Causing fronto-temporal lobar degeneration which leads to **fronto-temporal dementia** and **progressive non-fluent aphasia**.
- **There is no genetic or familial cause.**
- There is **personality change prior to memory loss** (unlike AD where memory loss presents first).
- There is complete **absence of senile plaques and neurofibrillary tangles**.
- **Pathology (see the image): pick bodies** are characteristic of this disease (they are silver-staining, spherical aggregations of tau protein). In addition, there is positive immunohistochemical staining when using anti-tau and anti-ubiquitin antibodies.



- **Prion disease:**

- **Infectious agent:** prion protein (it is neither a virus, bacteria or rickettsia and contains no nucleic acid). Notice that mutations in PRNP gene causes prion disease.
- **Etiology:** genetic, sporadic or infectious via ingestion of infected foodstuffs and via iatrogenic means such as blood transfusion.
- **Features of prion disease:**
 - ✓ Spongiform change.
 - ✓ Neuronal loss.
 - ✓ Astrocytosis.
 - ✓ Amyloid plaque formation.
 - ✓ Kuru plaques (they stain like an amyloid but they are masses of prions).

