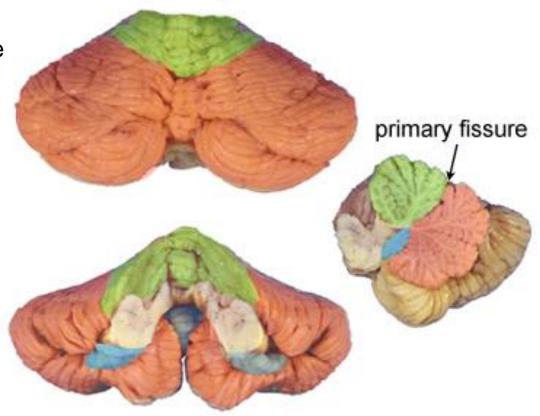
Cerebellum

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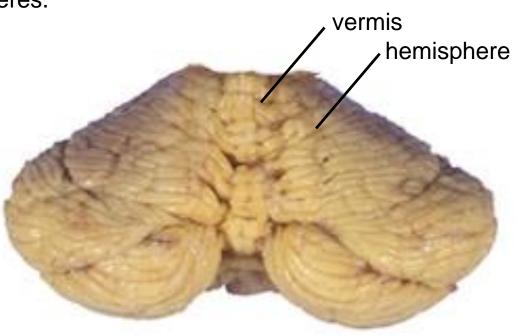
- The cerebellum has approximately half of all the neurons in the central nervous system.
- The cerebellum receives information from all sensory and motor systems.



- Three anatomical lobes based on fissures:
 - Anterior lobe
 - Posterior lobe
 - Flocculonodular lobe



• Two vertical grooves divide the cerebellum into the vermis and two hemispheres.

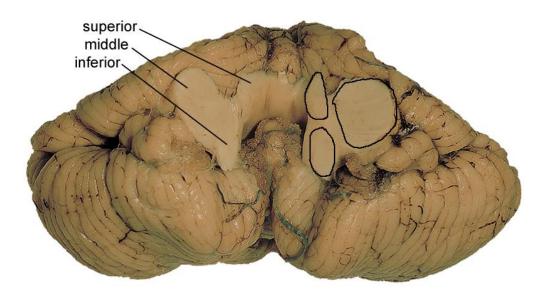


• The cerebellar cortex has a series of <u>folia</u> that run from side to side (similar to gyri of the cerebral cortex).



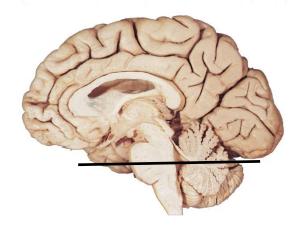
 Superior, middle and inferior cerebellar peduncles attach the cerebellum to the midbrain, pons and medulla respectively on both sides; they are the only routes for axons into and out of the cerebellum.





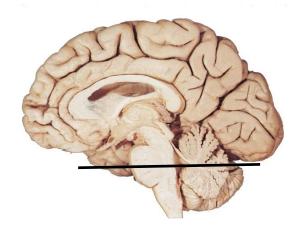
Ventral surface of the cerebellum

- Cerebellum has two cell groups:
 - Cerebellar cortex
 - Deep cerebellar nuclei

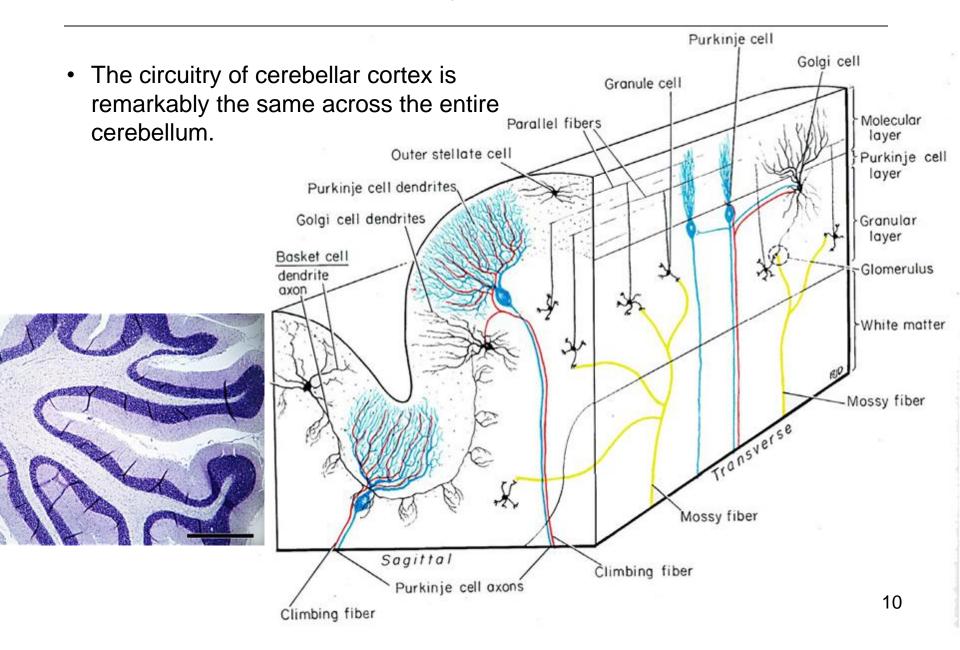


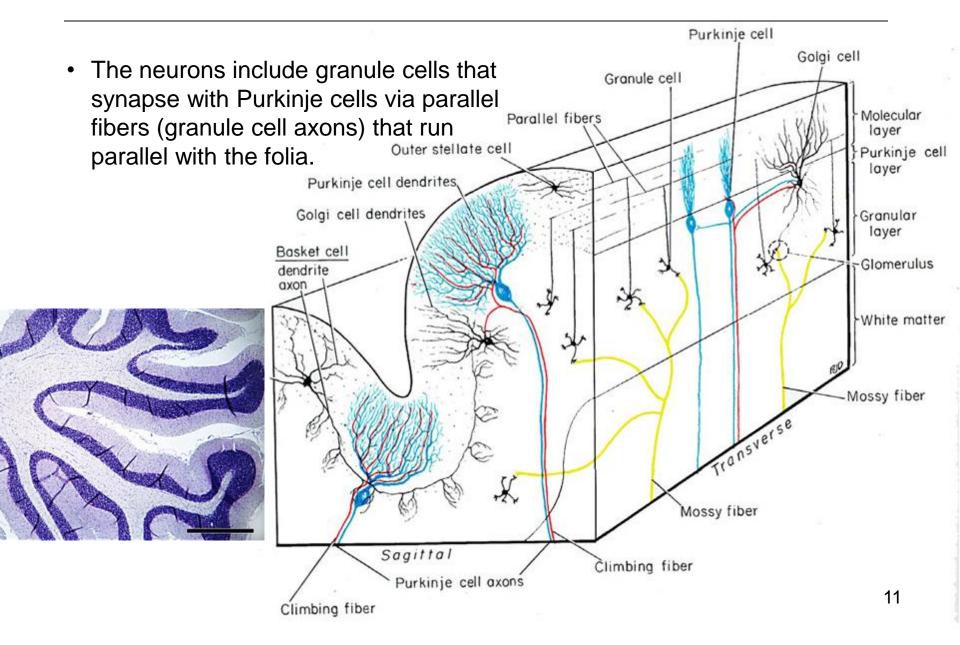


- Three pairs of cerebellar nuclei:
 - Fastigial nucleus (medial)
 - Interposed nuclei
 - Dentate nucleus (lateral)
- The main output of the cerebellum is via the deep cerebellar nuclei.



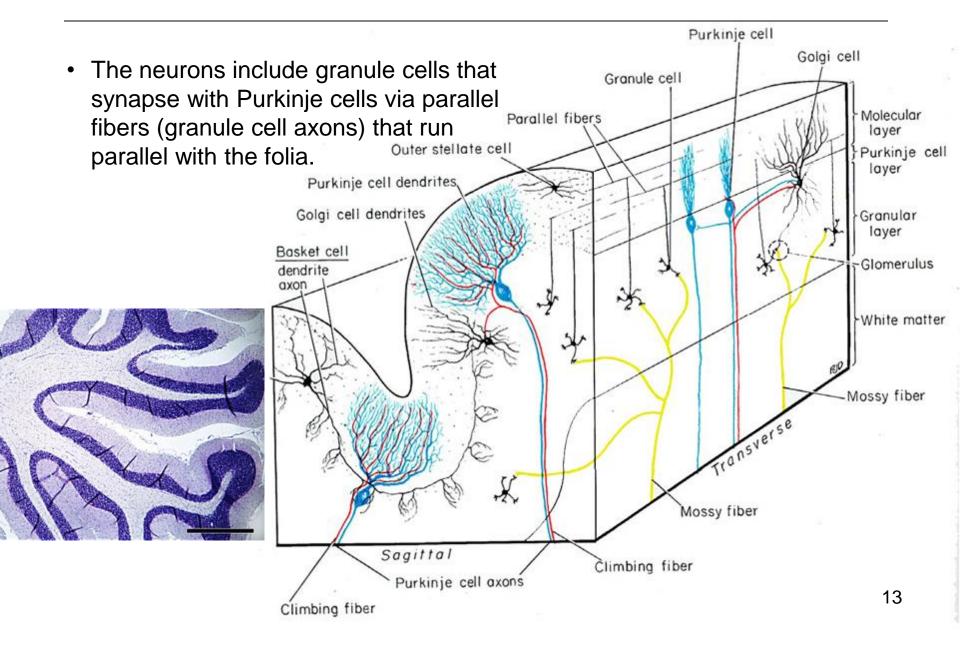


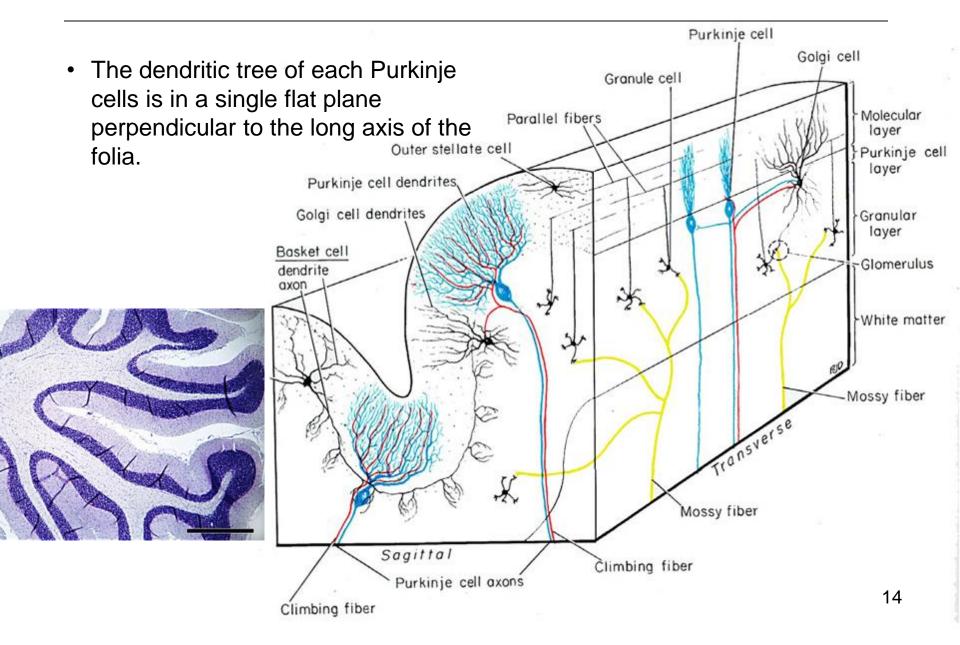


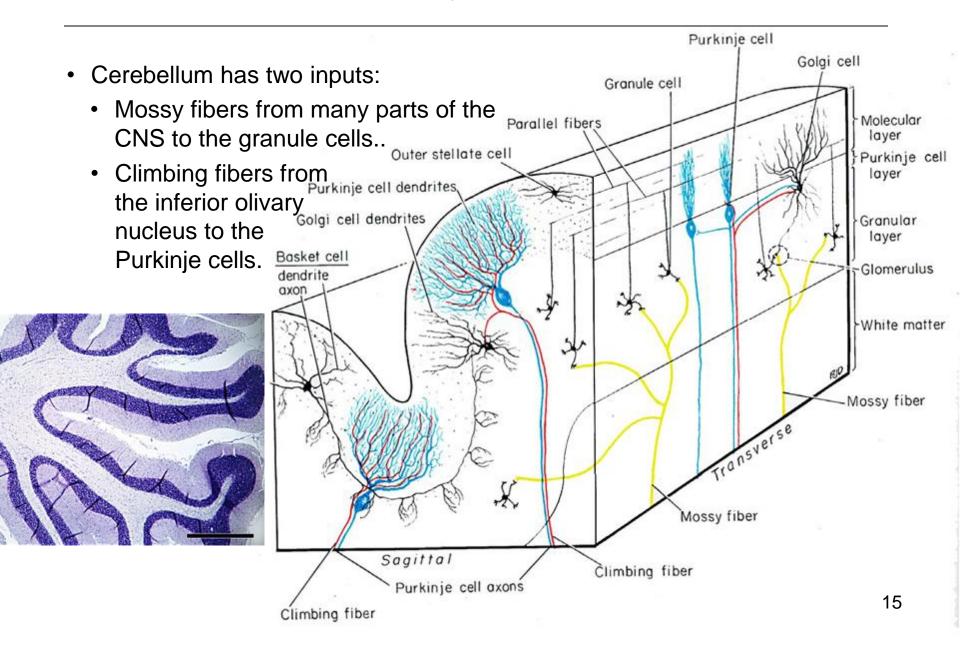


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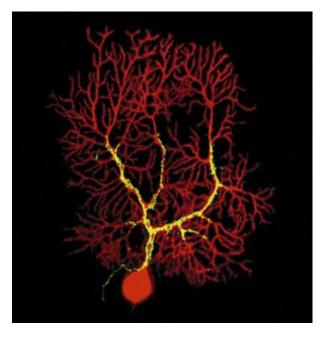








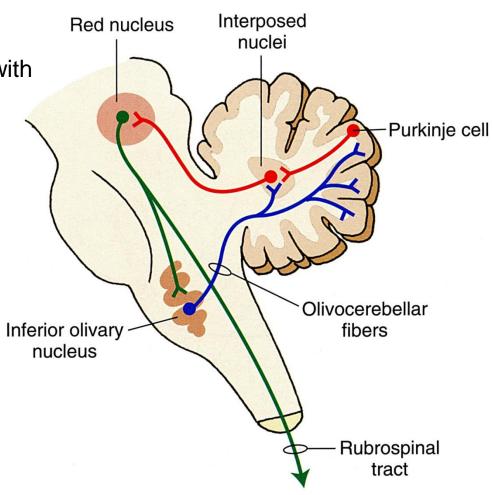
• Each Purkinje cell receives input from a single climbing fiber and from thousands of granule cell axons.

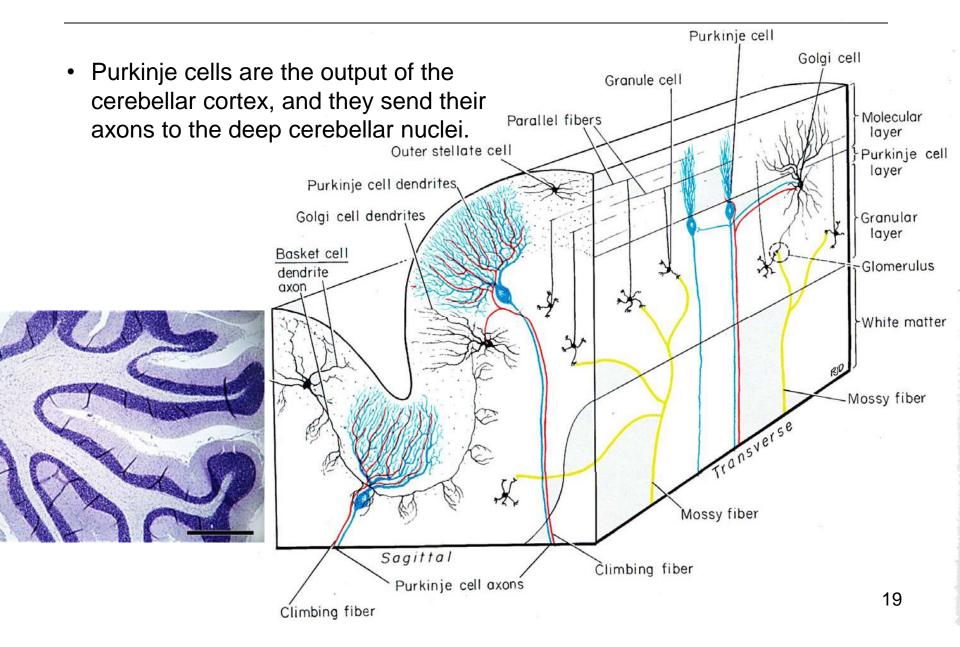


climbing fiber Purkinje cell

Inferior olivary nucleus is in the upper medulla. dorsal ventral dorsal ventral

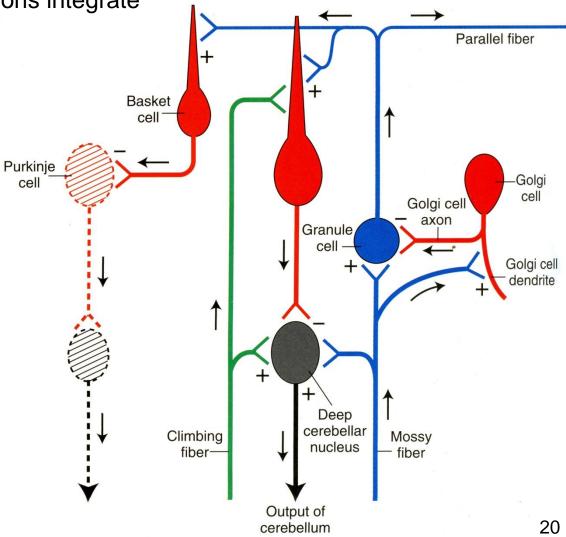
 The inferior olivary nucleus participates in a feedback loop with cerebellum and red nucleus.



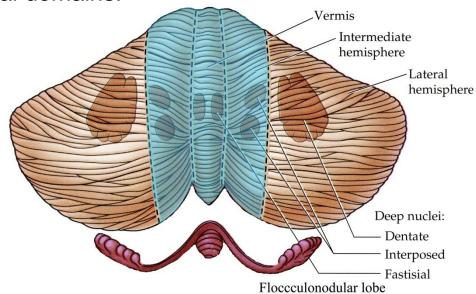


Other types of interneurons integrate

across folia.



- Cerebellum has three main functional domains:
 - Spinocerebellum (blue)
 - Cerebrocerebellum (brown)
 - Vestibulocerebellum (red)

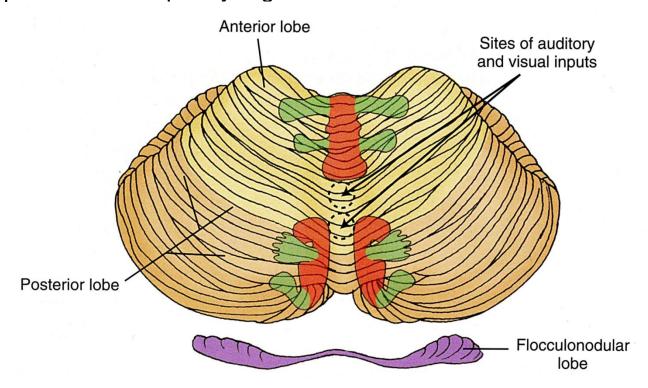


Spinocerebellum:

 Main input is from spinocerebellar tracts & tracts from cranial nerve sensory nuclei, which carry proprioceptive information.

Spinocerebellum:

• The input is somatotopically organized.



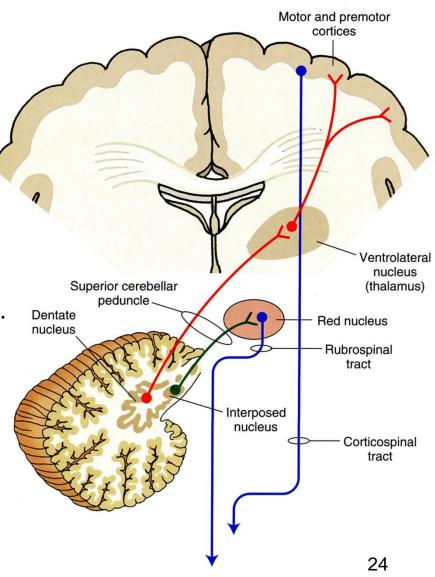
Spinocerebellum:

 Processed in vermis & intermediate hemispheres of cerebellar cortex.

 Output is to interposed nuclei; then to the red nucleus.

 Red nucleus projects to spinal cord & cranial nerve nuclei via rubrospinal tract.

 Coordinates movements; makes midcourse corrections; maintains posture



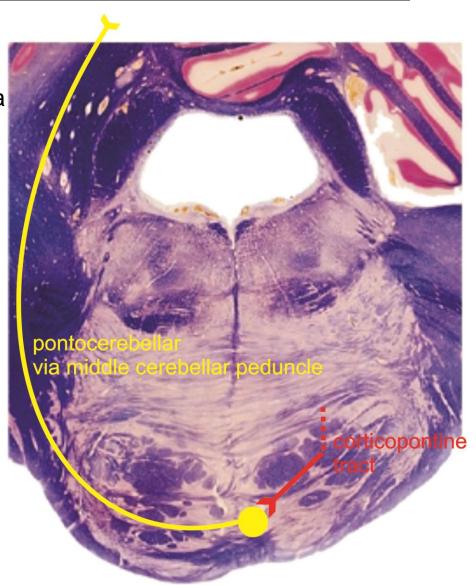
Ian Waterman, at age 19, had a virus that destroyed his proprioceptive system.

Immediately after his illness, he was unable to walk or do most any motor task.

He learned to walk and do other motor tasks using only vision to monitor a movement.

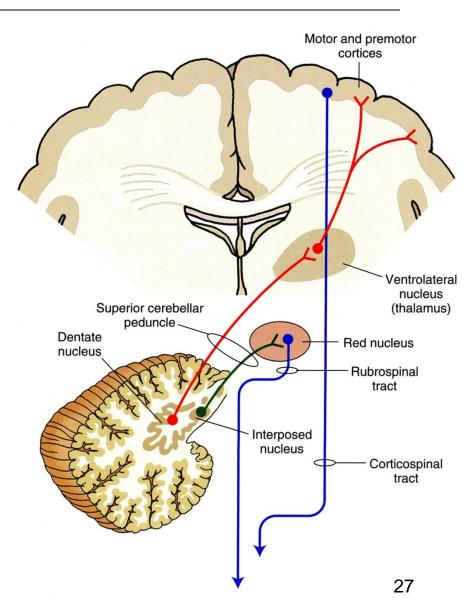
Cerebrocerebellum:

- Main input is from cerebral cortex via the pontine nuclei.
- Pontine nuclei send axons to the contralateral side of the cerebellum via the middle cerebellar peduncle.



Cerebrocerebellum:

- Processed in lateral hemispheres.
- Output is to dentate nucleus; then to ventrolateral nucleus of the thalamus; then to cortex.
- Coordinates movement planning and learned movements.
 - Also involved in cognitive functions.



Vestibulocerebellum:

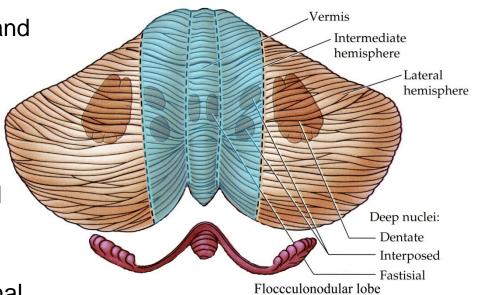
 Main input is from vestibular nuclei and vestibular nerve.

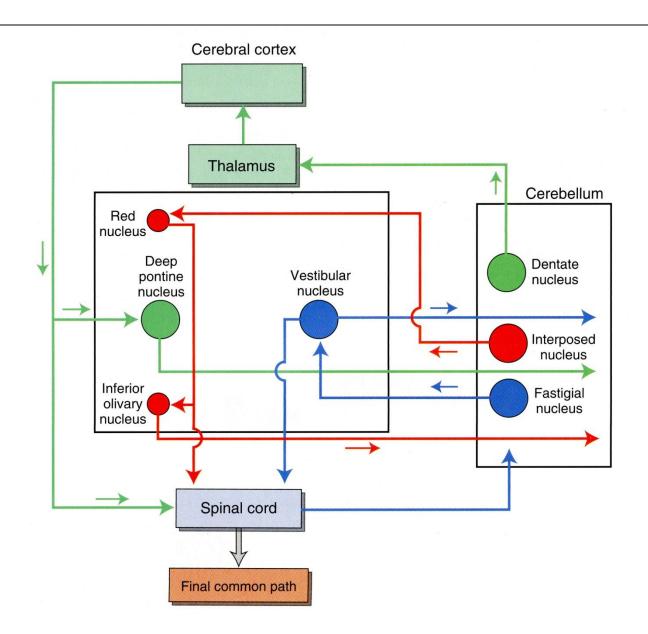
Processed in flocculonodular lobe.

 Output is to the fastigial nucleus and directly to vestibular nuclei.

 Vestibular nuclei send axons to spinal cord & cranial nerve motor nuclei.

 Maintains balance and coordinates head & eye movements.





Important functions of the cerebellum:

- Movement synergy (coordinate multiple muscles and muscle groups)
- Maintain appropriate muscle tension and speed of movement
- Maintain balance and posture (largely through extensor muscles)

Cerebellar Pathology

Three common symptoms of cerebellar pathology:

- Ataxia inaccuracy in speed, force and distance of movements (i.e. uncoordinated); often under or over reach for an object; staggering and lurching walk
- Tremor involuntary movement most pronounced when trying to perform an accurate movement
- Nystagmus rapid involuntary movements of the eyes

Cerebellar Pathology

- Cerebellar problems are typically due to strokes, tumors or a neurodegenerative disease (often genetically based).
- Unilateral cerebellar pathology results mainly in ipsilateral motor problems.