



Basic Neuroanatomy, Physiology, and Chemistry for Neuropathologists

***Society of Toxicologic Pathology – India
(STP-I)***

21-23 October, 2016

Pune, India

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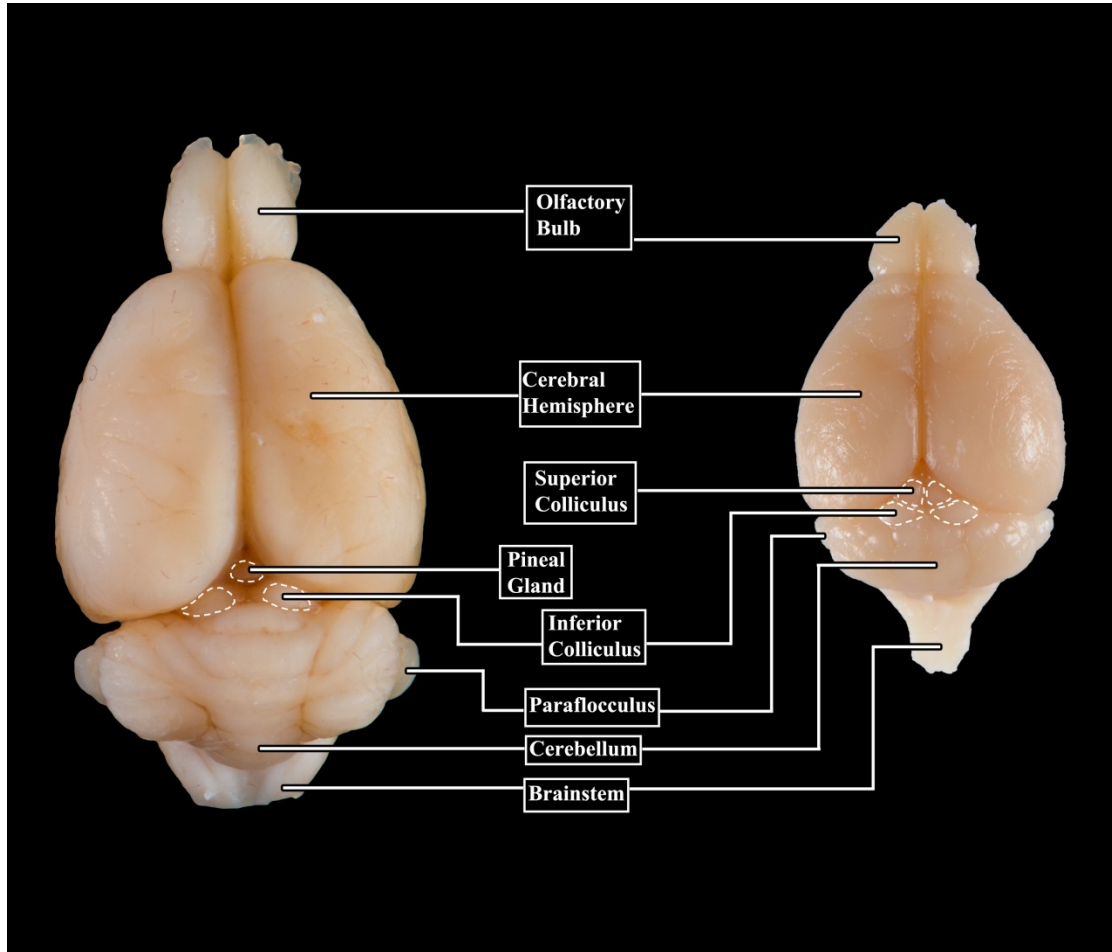
US Food and Drug Administration/CDER

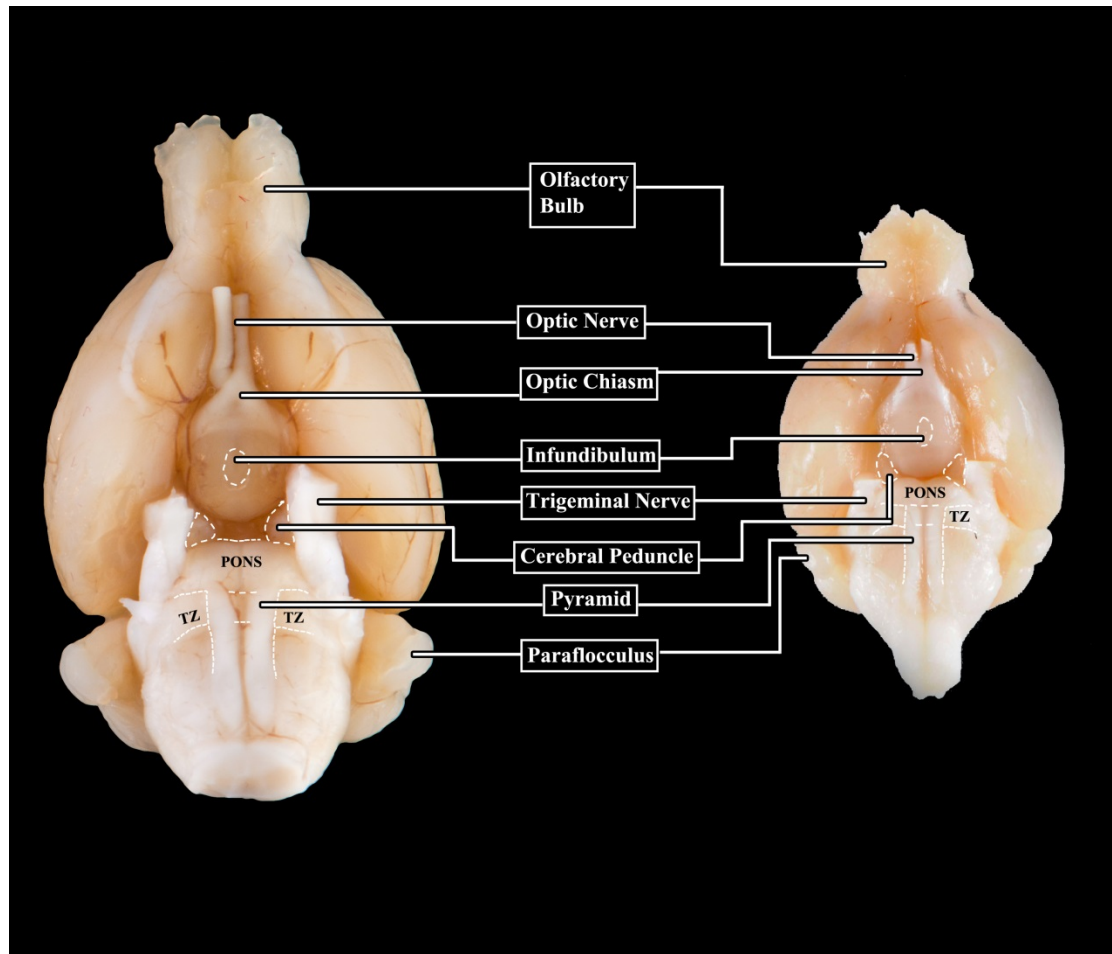
Division of Psychiatric Products



Disclaimer

The opinions expressed in this presentation are my own and do not reflect official support or endorsement by the Food and Drug Administration





- j. **Seven cross-sections of the brain taken at levels (brain matrix molds may be used) shown in Figure 5a (rat) and 5b (mouse) shall include: (1) olfactory bulb (mid-level); (2) fronto-parietal cortex including basal ganglia (1-2 mm cranial to the optic chiasma); (3) mid-parietal cortex and thalamus (mid-point of the infundibulum); (4) mid-brain with substantia nigra and red nucleus (mid-point of anterior colliculus); (5) posterior colliculi (mid-point of posterior calliculus); (6) mid-cerebellum including cranial nerve VIII; and (7) posterior medulla through the area postrema (2-3 mm anterior to termination of the cerebellum).**

If small brains preclude obtaining seven quality sections, a minimum of five sections shall be obtained to include sections 1-4 and 6 corresponding to Figure 5b below. Sections 'b' through 'h' shall be placed in the cassette (large cassette for thick sections) with rostral surface down for sectioning. If any lesions are observed after sectioning, they shall be noted on the IANR.

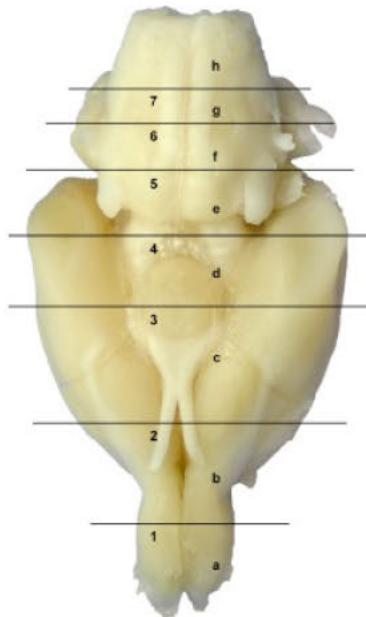


Figure 5a

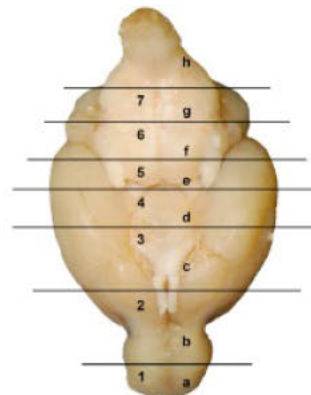
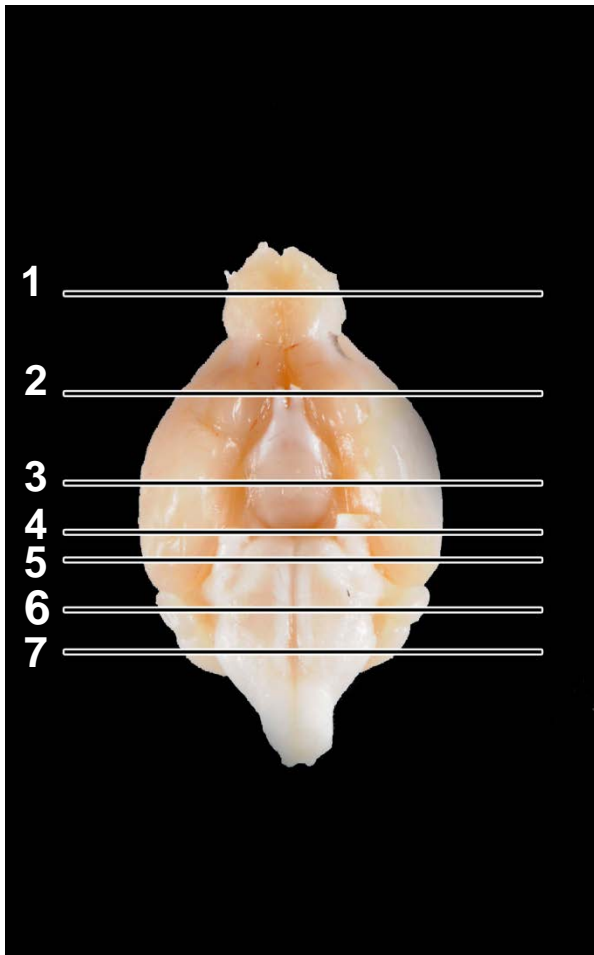
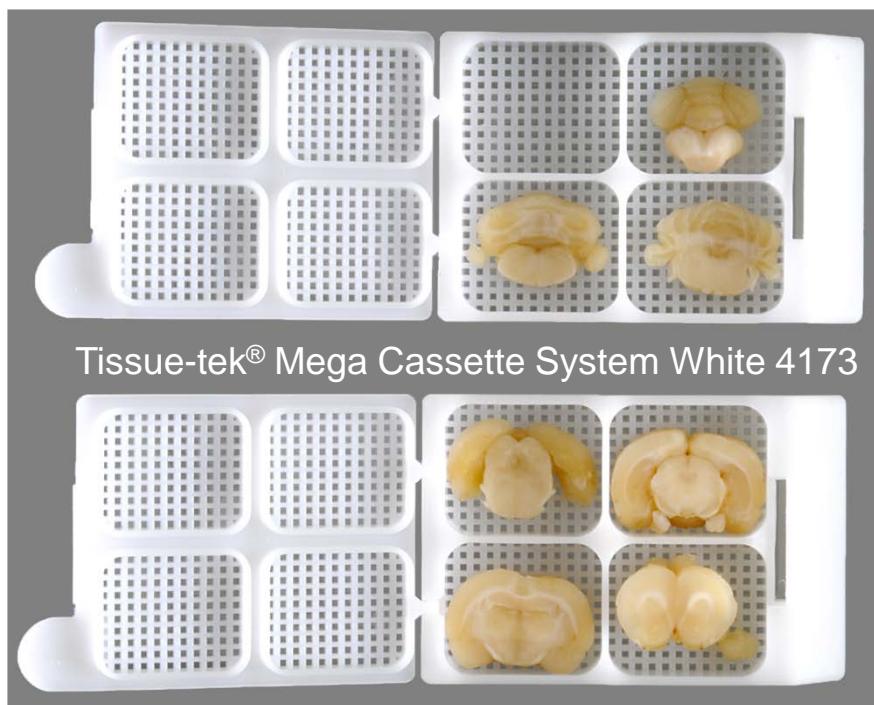


Figure 5b




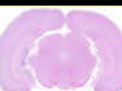



B6C3F1 Mouse

SPECIFICATIONS
FOR THE CONDUCT OF STUDIES
TO EVALUATE THE TOXIC AND CARCINOGENIC POTENTIAL
OF CHEMICAL, BIOLOGICAL AND PHYSICAL AGENTS
IN LABORATORY ANIMALS
FOR THE NATIONAL TOXICOLOGY PROGRAM (NTP)

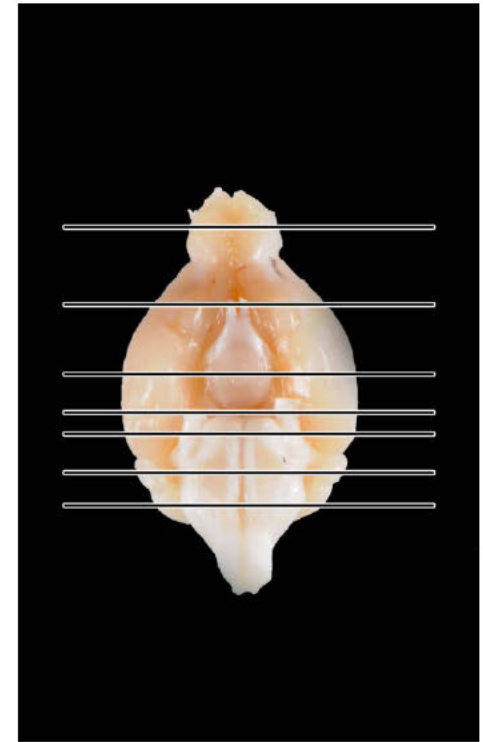
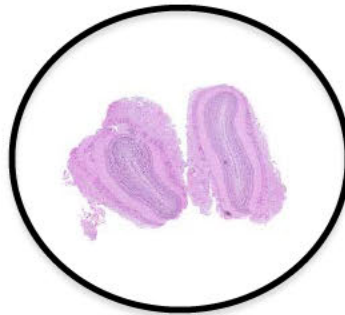
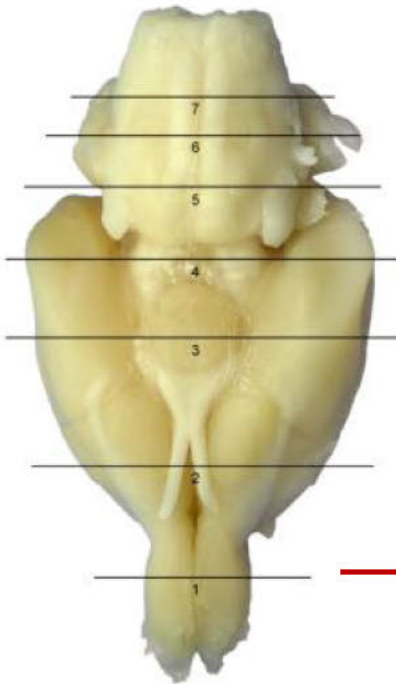




Neuroanatomic subsites

| NEUROANATOMIC SUBSITES | | |
|---|--------------------------|---|
|  | NTP-7 Level 1 | olfactory bulb (olfactory nerve layer, glomerular layer, external and internal plexiform layers, mitral cell layer, and granule cell layer) |
|  | NTP-7 Level 2 | fronto-parietal cortex, cingulate cortex, corpus callosum, caudate-putamen, (internal capsule, globus pallidus), septal nuclei, anterior commissure, accumbens nucleus, piriform cortex, optic chiasm or nerve, lateral olfactory tract |
|  | NTP-7 Level 3 | fronto-parietal cortex, retrosplenial cortex, auditory (temporal) cortex, amygdaloid nuclei, hippocampus (CA regions - 1,2,3, dentate gyrus), habenular nucleus, thalamus, hypothalamus, internal capsule, (globus pallidus) |
|  | NTP-7 Level 4 | visual (occipital) cortex, auditory (temporal) cortex, entorhinal cortex, superior colliculus, periaqueductal gray, medial geniculate body, red nucleus, raphe nuclei, cerebral peduncle, substantia nigra |
|  | NTP-7 Level 5 | inferior colliculus, locus coeruleus, mesencephalic trigeminal nucleus, principal sensory nucleus of CN V, motor trigeminal nucleus, superior olivary nucleus, pyramidal tracts |
|  | NTP-7 Level 6 | cerebellar lobules (vermis, ansiform, paraflocculus, lingula), facial (CN VII) nucleus, spinal trigeminal tract, vestibular nucleus, cochlear nucleus, raphe nuclei, pyramidal tracts |
|  | NTP-7 Level 7 | area postrema, solitary tract nucleus, vagal (CV X) nucleus, hypoglossal (CN XII) nucleus, reticular formation, raphe nuclei, inferior olivary nucleus, pyramidal tracts, spinal trigeminal tract |

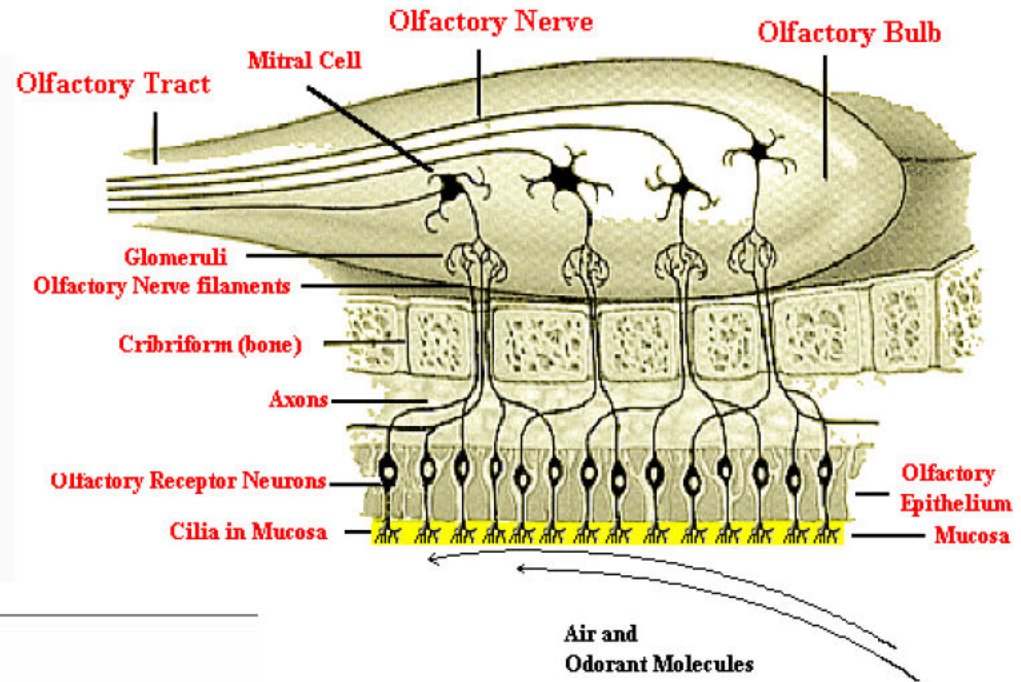
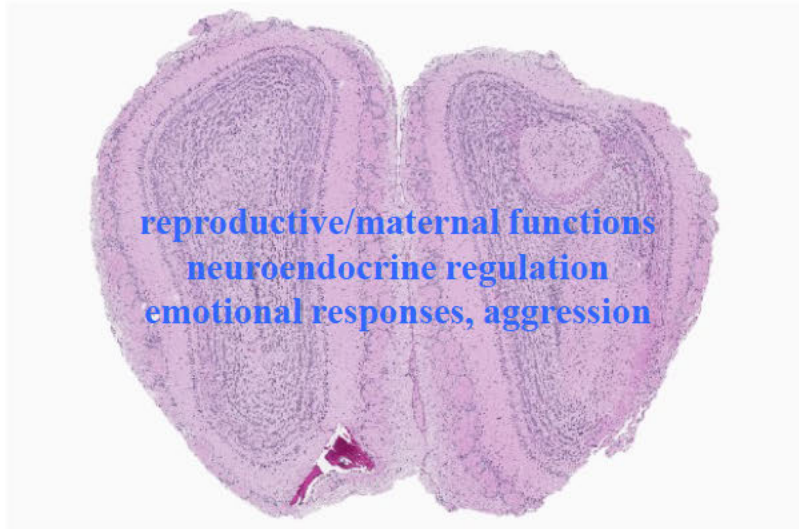
Level 1: mid-olfactory bulb



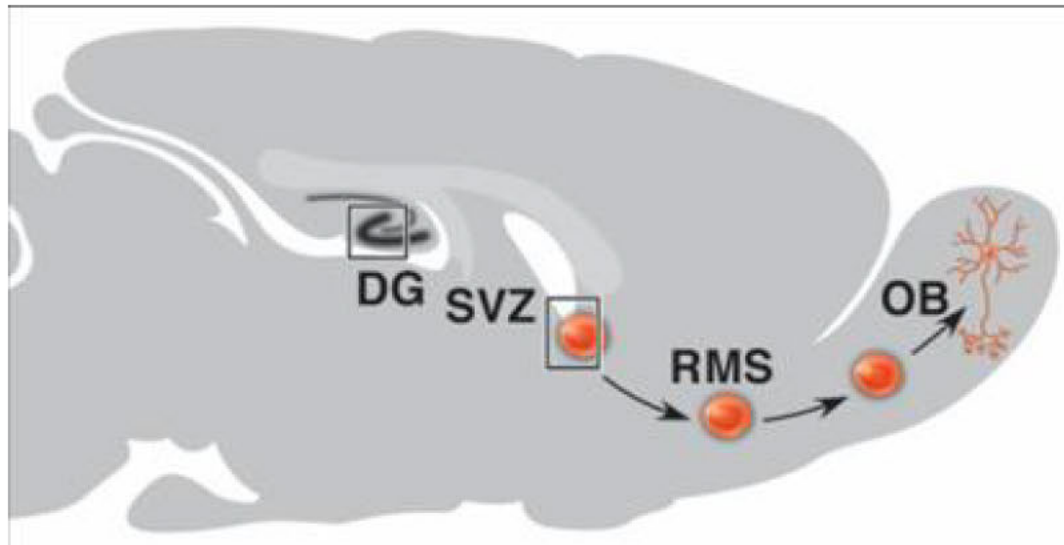
NTP-7
Level 1

olfactory nerve layer, glomerular layer, external and internal plexiform layers, mitral cell layer, and granule cell layer

Level 1



humanphysiologywiki2011.wikispaces.com





FDA notice on 6/16/2009

FDA Advises Consumers Not To Use Certain Zicam Cold Remedies *Intranasal Zinc Product Linked to Loss of Sense of Smell*

The U.S. Food and Drug Administration today advised consumers to stop using three products marketed over-the-counter as cold remedies because they are associated with the loss of sense of smell (anosmia). Anosmia may be long-lasting or permanent.

The products are:

- Zicam Cold Remedy Nasal Gel
- Zicam Cold Remedy Nasal Swabs
- Zicam Cold Remedy Swabs, Kids Size (a discontinued product)

The FDA has received more than 130 reports of loss of sense of smell associated with the use of these three Zicam products. In these reports, many people who experienced a loss of smell said the condition occurred with the first dose; others reported a loss of the sense of smell after multiple uses of the products.

"Loss of sense of smell is a serious risk for people who use these products for relief from cold symptoms," said Janet Woodcock, M.D., director of the FDA's Center for Drug Evaluation and Research (CDER). "We are concerned that consumers may unknowingly use a product that could cause serious harm, and therefore we are advising them not to use these products for any reason."

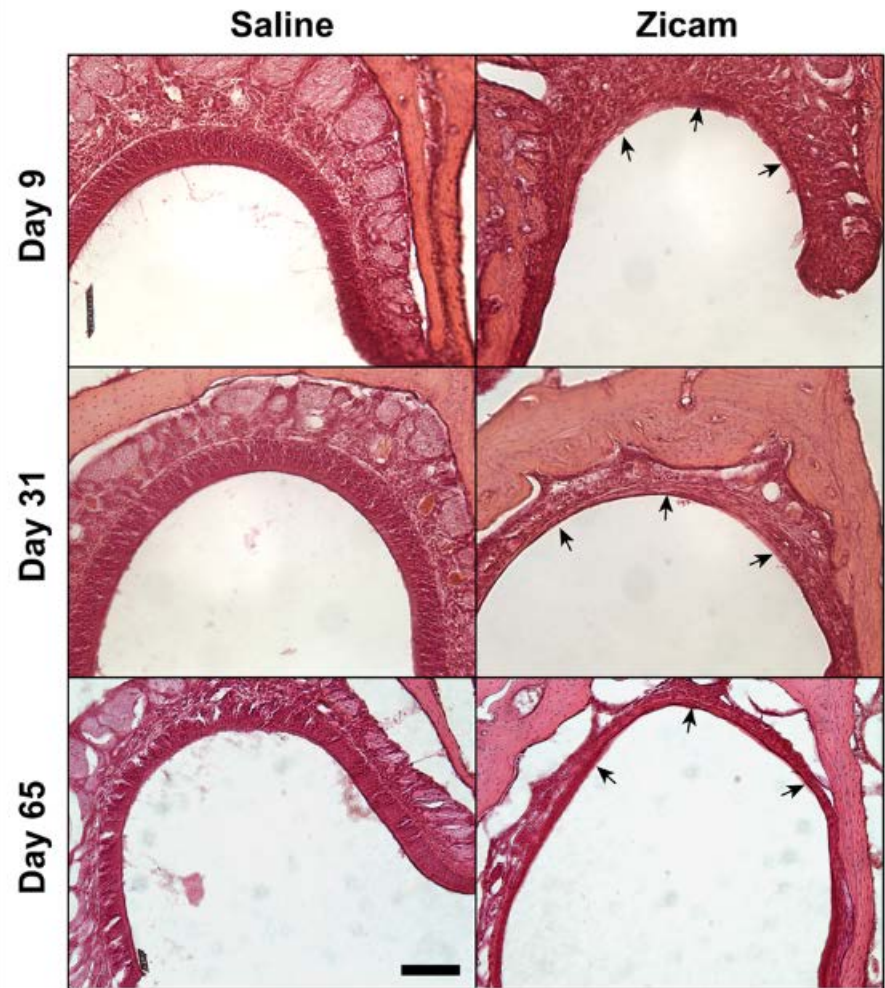
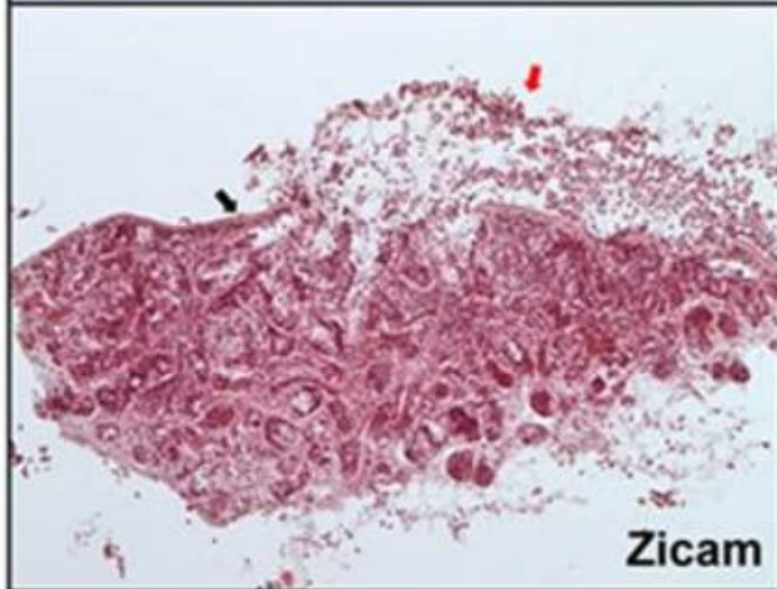
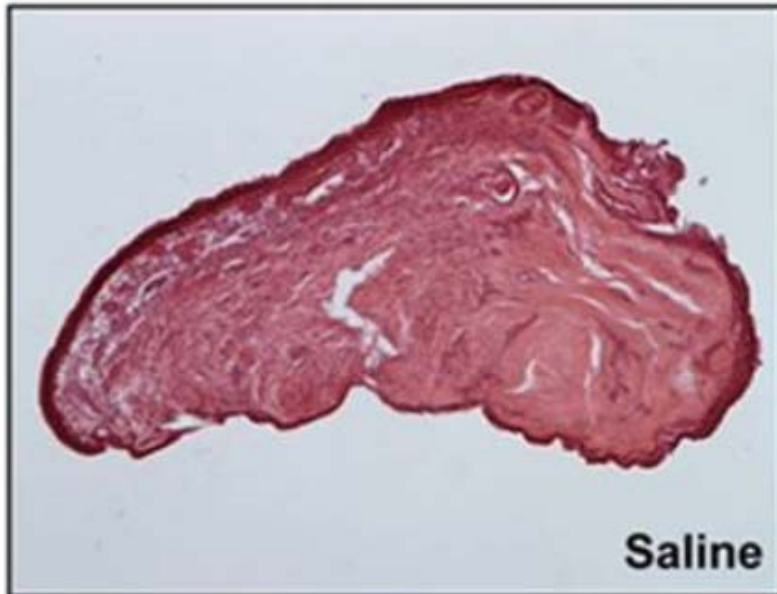
People who have experienced a loss of sense of smell or other problems after use of the affected Zicam products should contact their health care professional. The loss of sense of smell can adversely affect a person's quality of life, and can limit the ability to detect the smell of gas or smoke or other signs of danger in the environment.

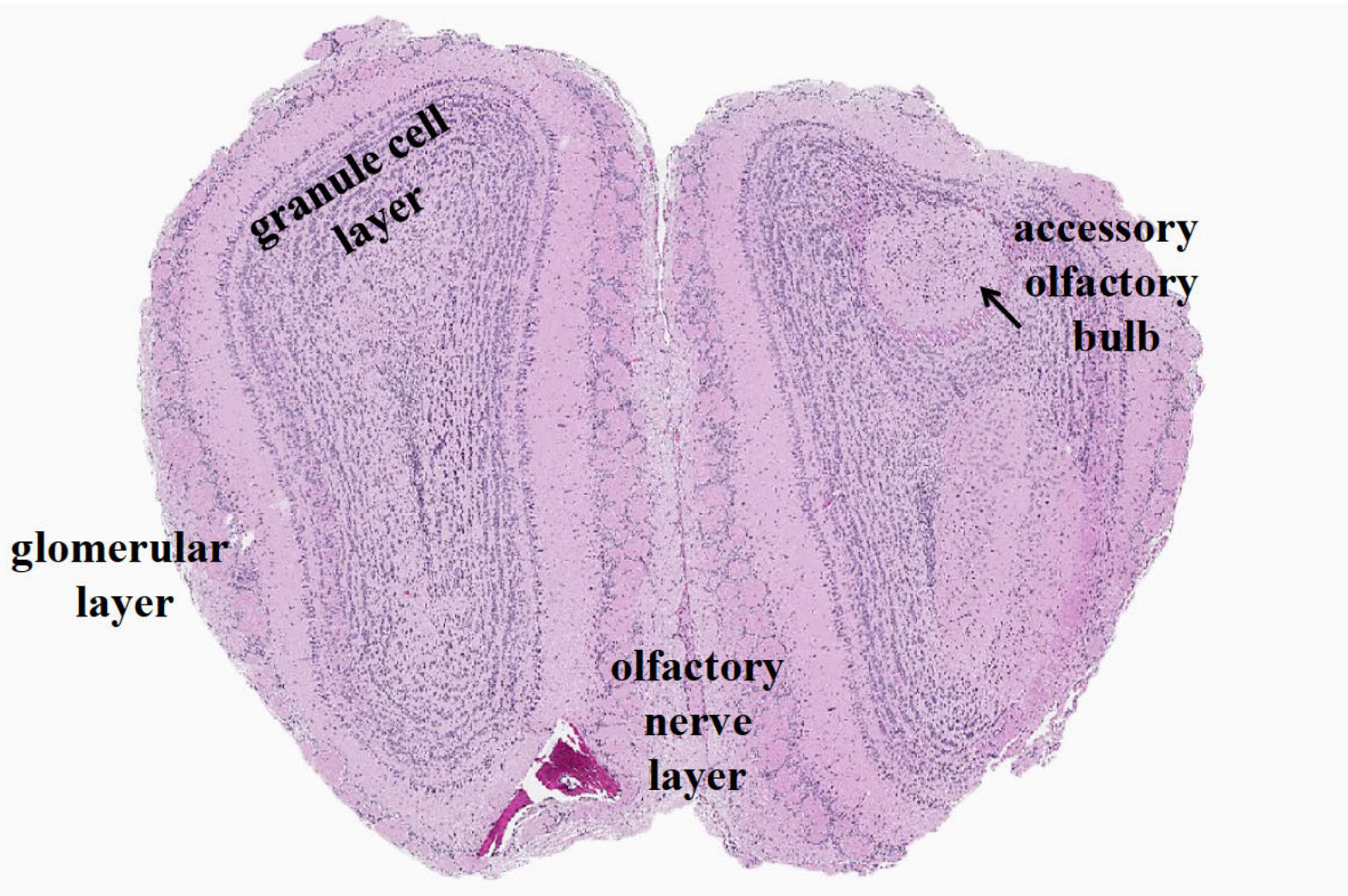
The FDA has issued Matrixx Initiatives, maker of these Zicam products, a warning letter telling it that these products cannot be marketed without FDA approval.

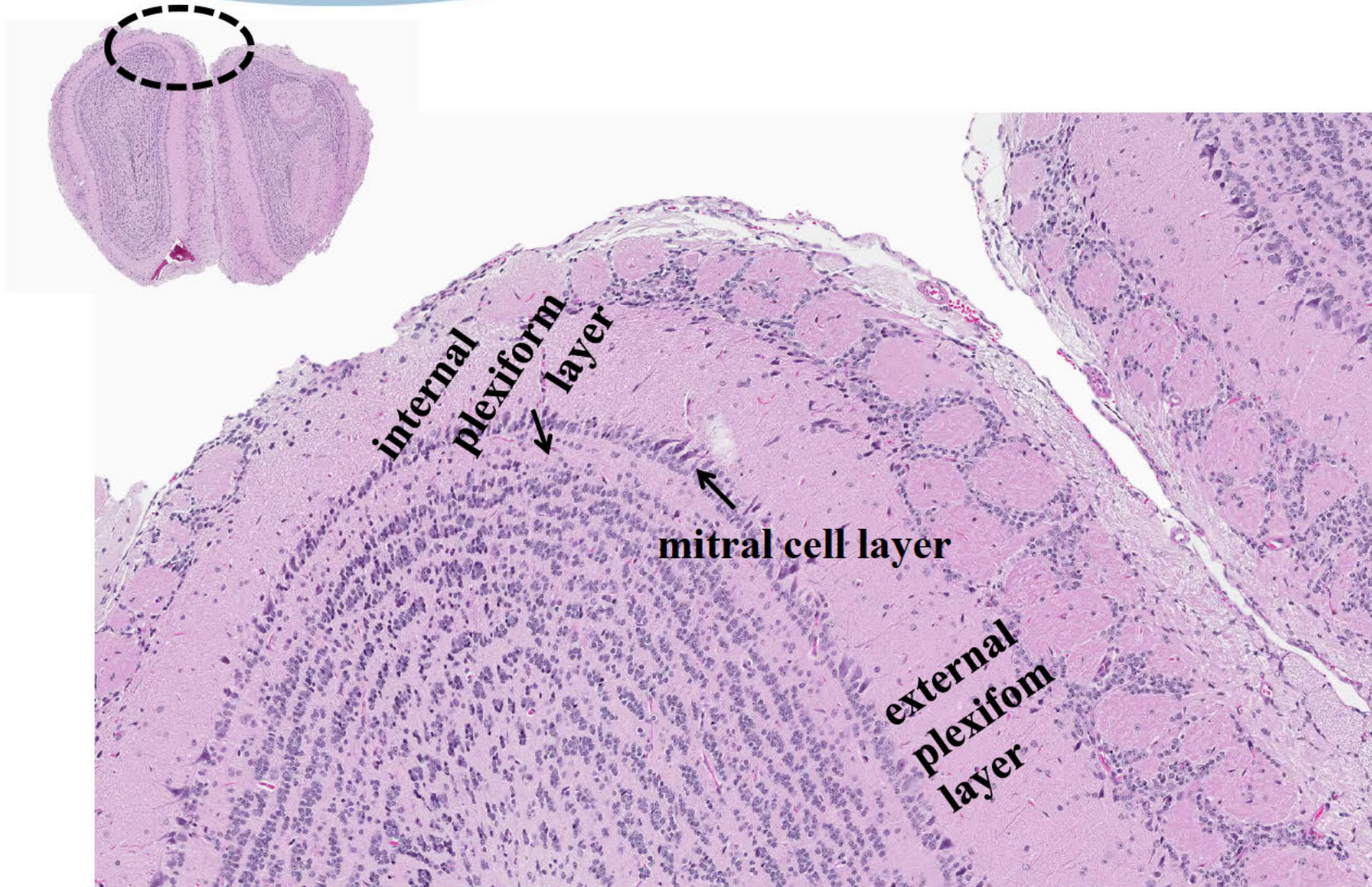
"Companies have an obligation to the public to demonstrate to the FDA that their products are safe, particularly when there is evidence they may be causing serious adverse events, and they are marketed for minor, self-limiting conditions like the common cold," said Deborah M. Autor, director of CDER's Office of Compliance.

<http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/2009/ucm167065.htm>

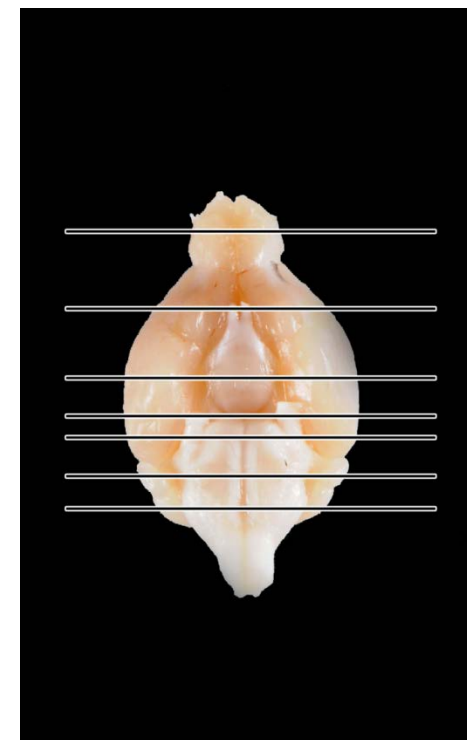
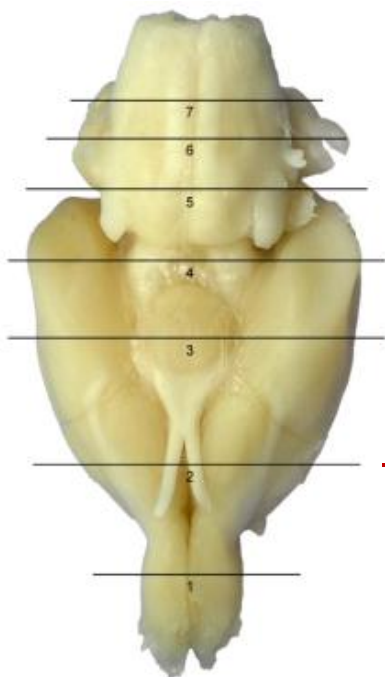
Slide Courtesy: Drs. Patel and Whittaker, FDA-CDER





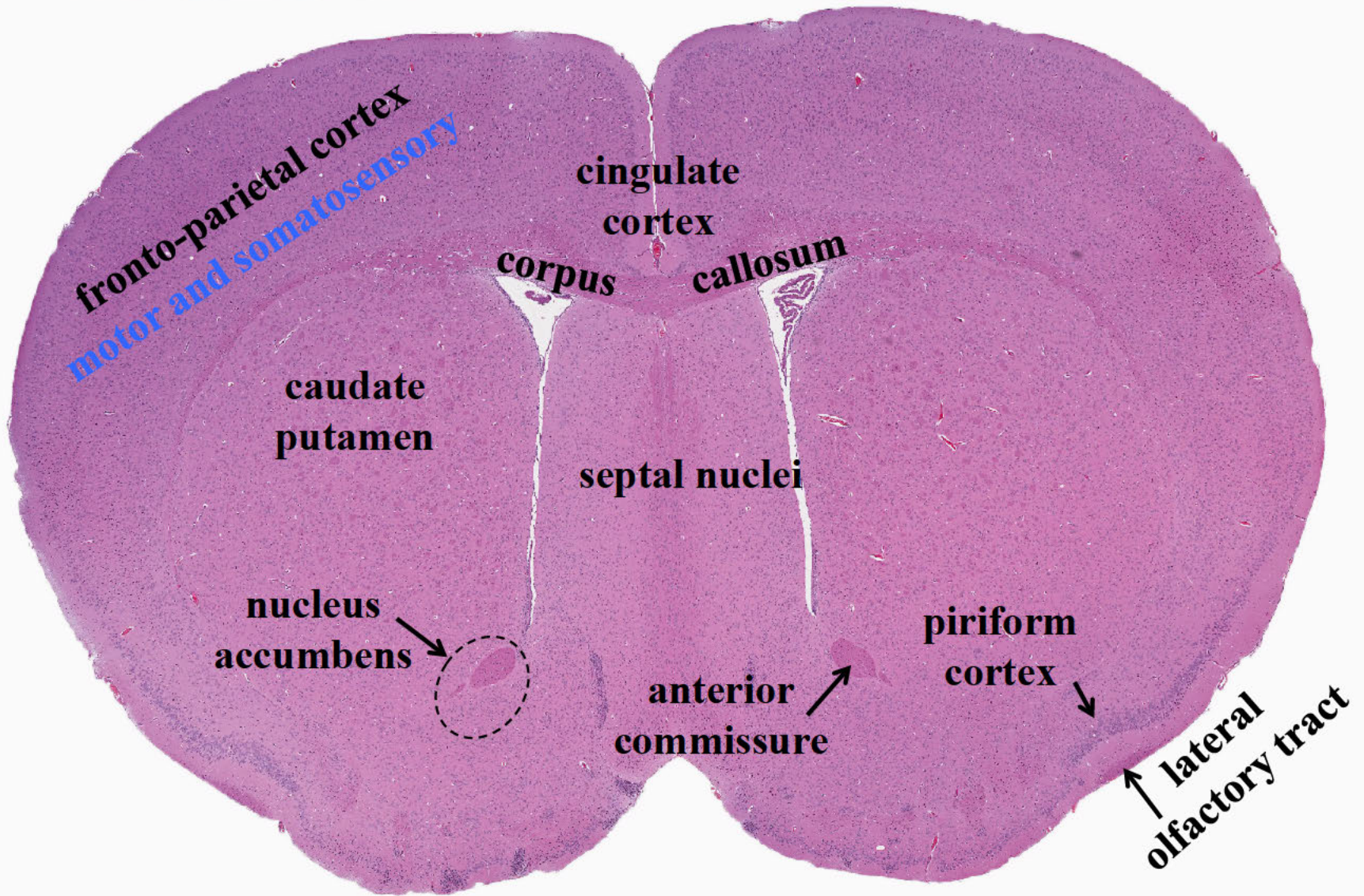


Level 2: 1-2 mm cranial to the optic chiasm

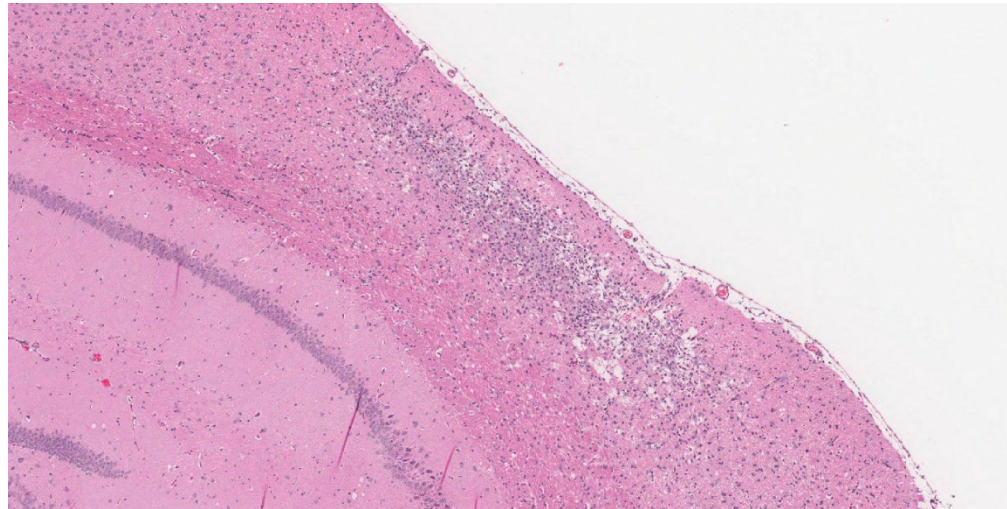
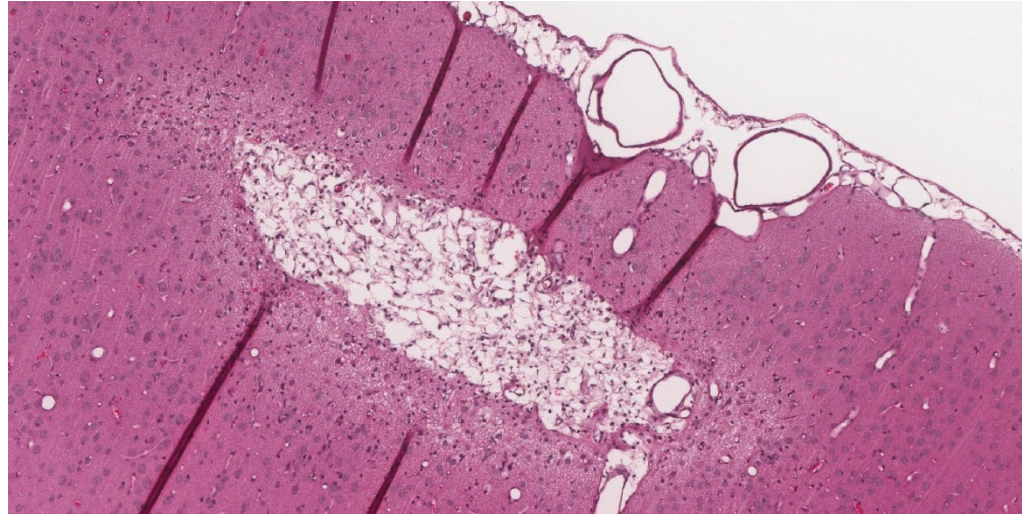


**NTP-7
Level 2**

fronto-parietal cortex, cingulate cortex, corpus callosum, caudate-putamen, (internal capsule, globus pallidus), septal nuclei, anterior commissure, accumbens nucleus, piriform cortex, optic chiasm or nerve, lateral olfactory tract





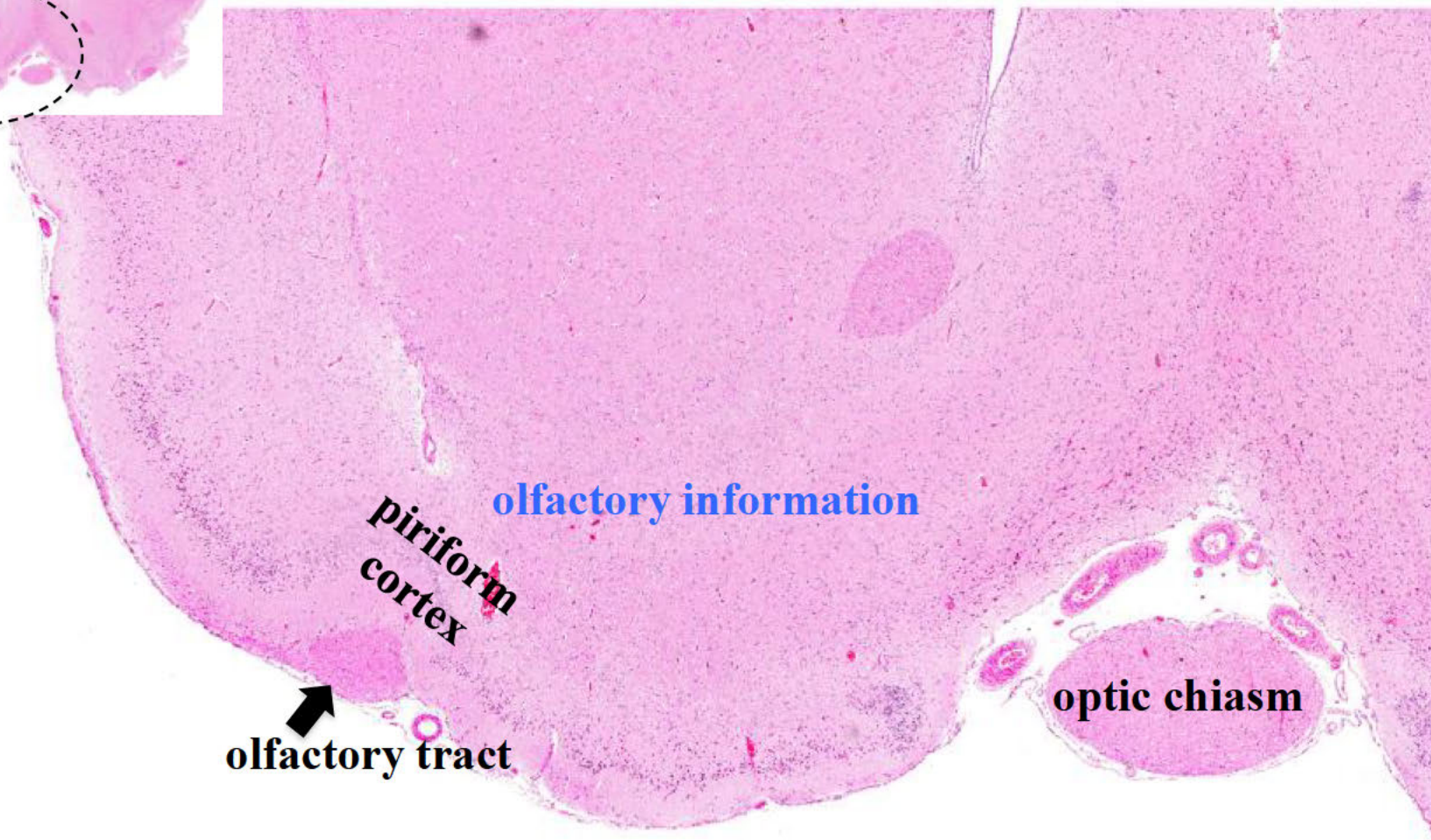
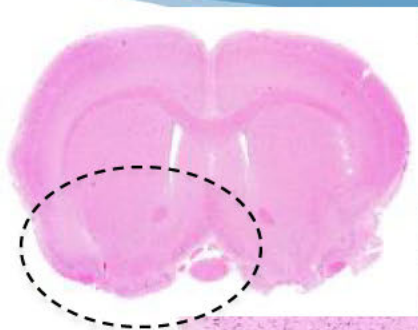




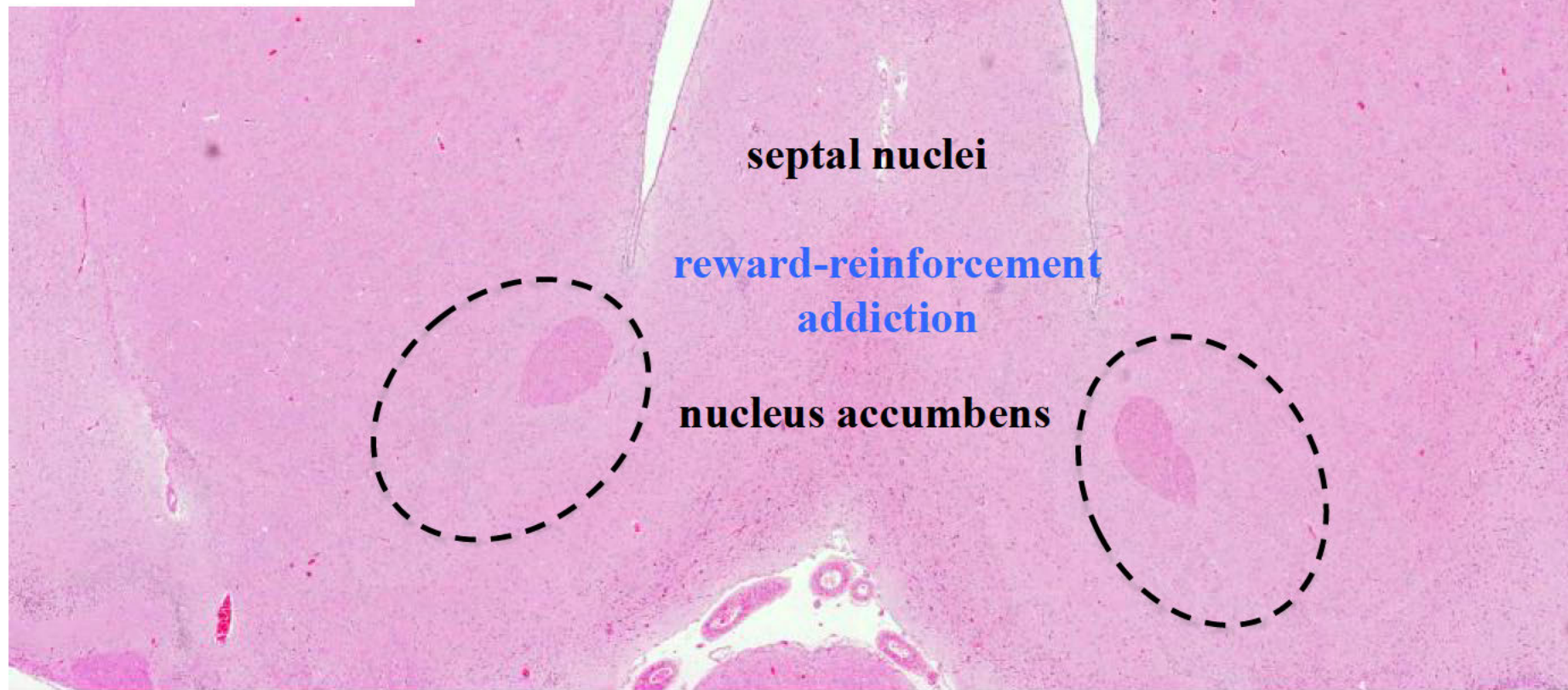
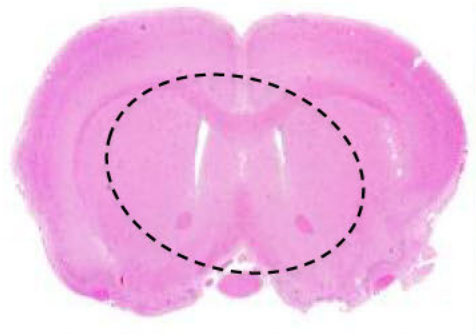
cingulate cortex
emotions, learning, memory
Olney lesions

corpus callosum
inter-hemispheric neural integration

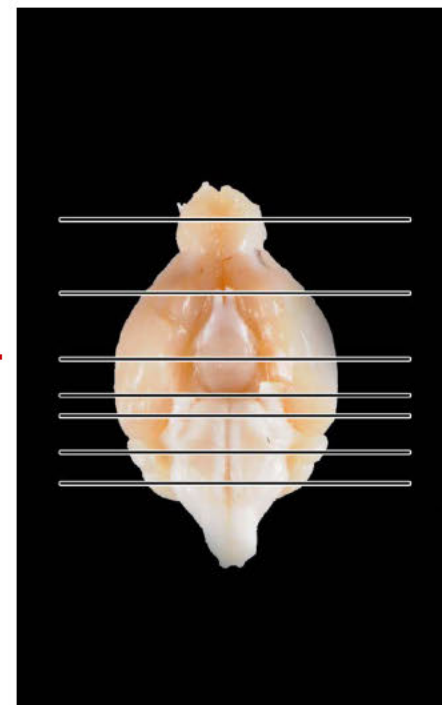
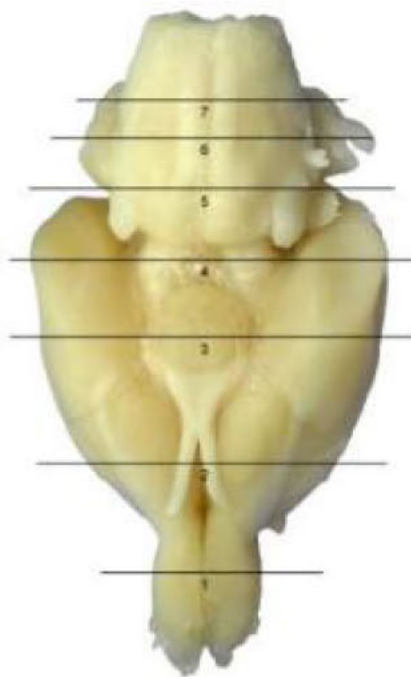
Level 2



Level 2

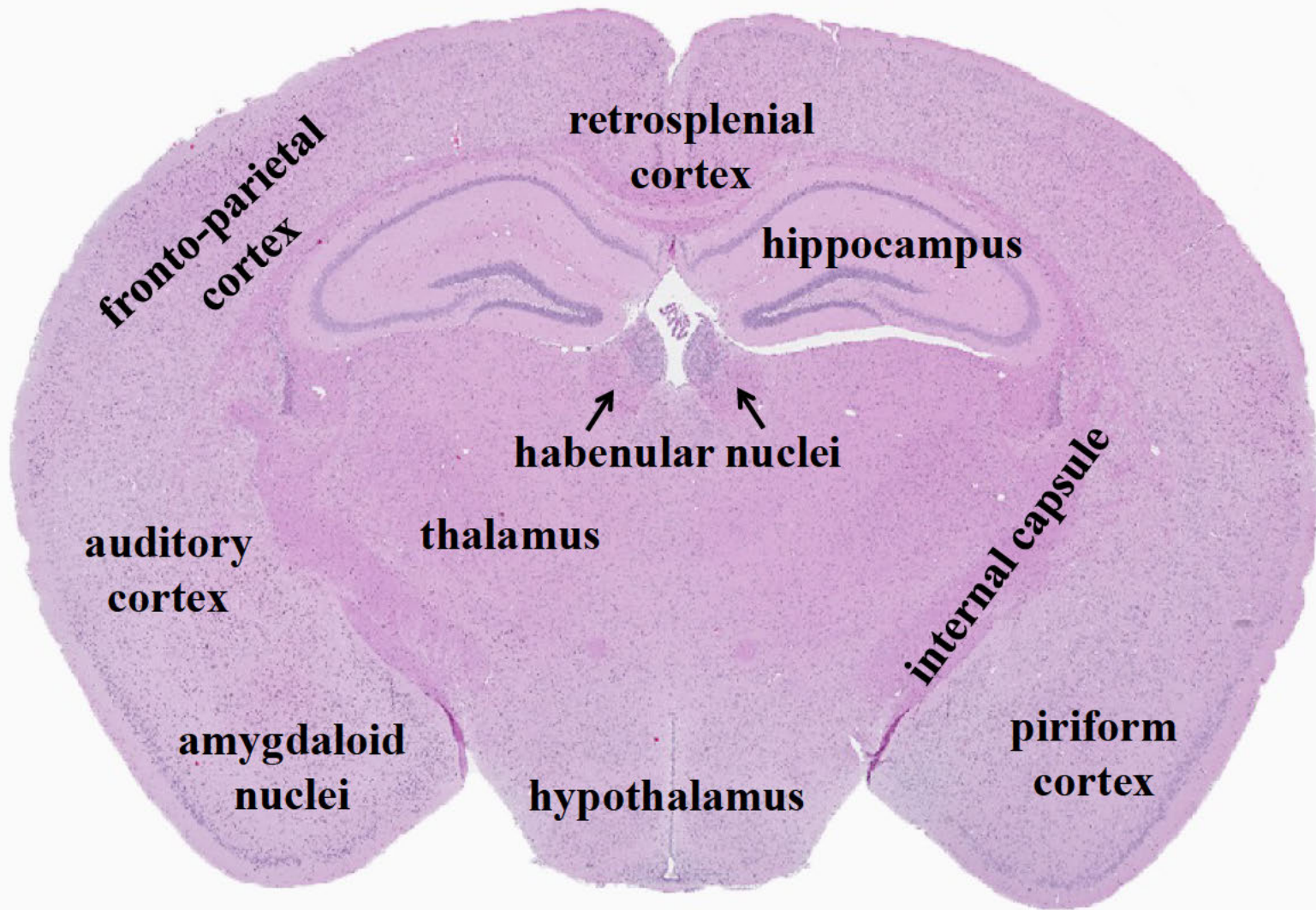


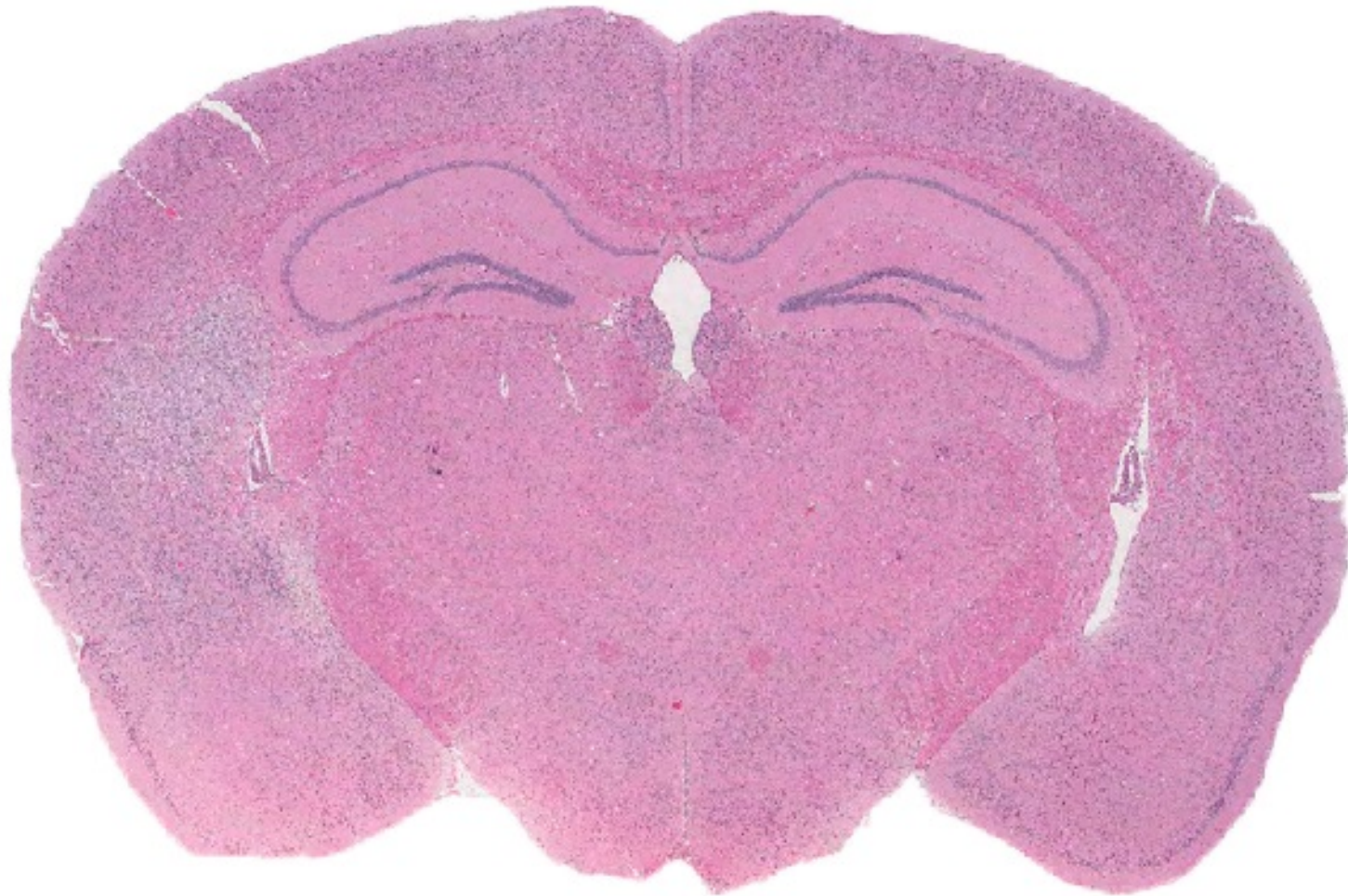
Level 3: infundibulum or median eminence

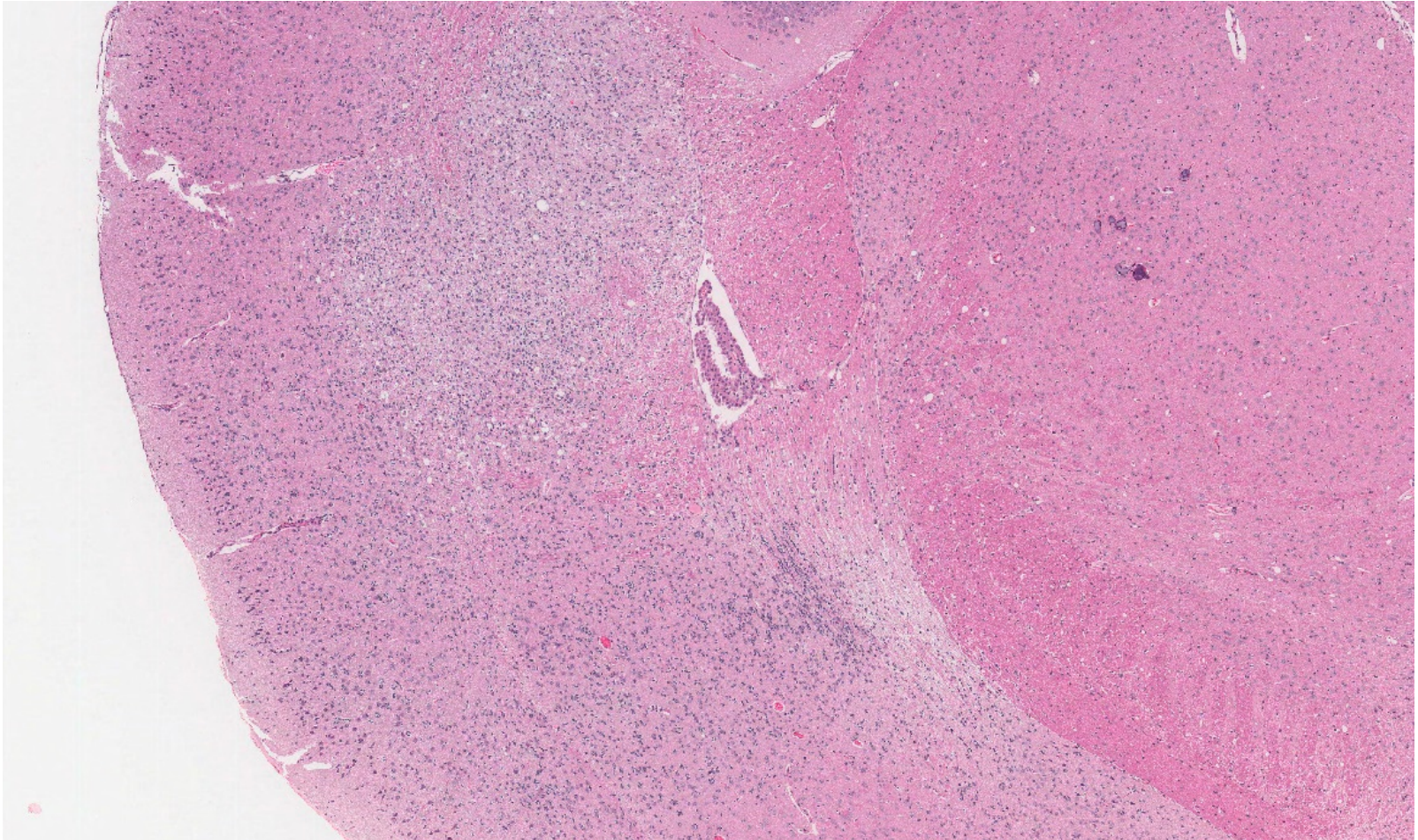


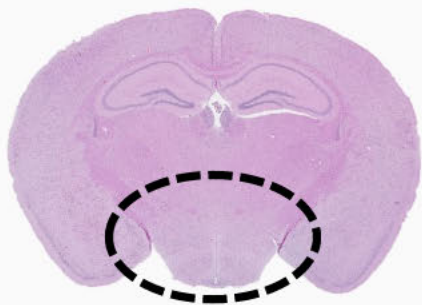
**NTP-7
Level 3**

fronto-parietal cortex, retrosplenial cortex, auditory (temporal) cortex, amygdaloid nuclei, hippocampus (CA regions - 1,2,3, dentate gyrus), habenular nucleus, thalamus, hypothalamus, internal capsule, (globus pallidus)







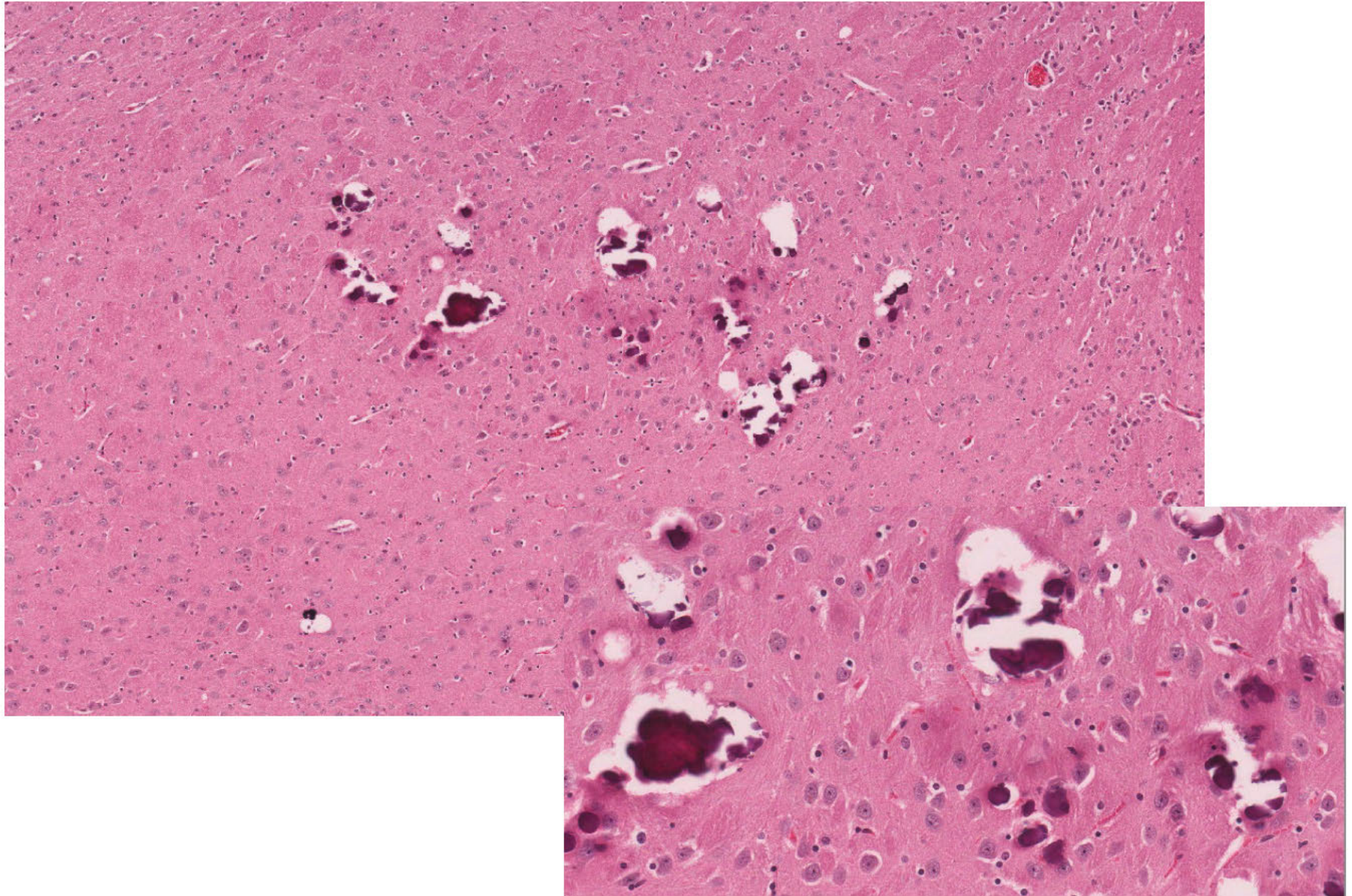


gateway to the cortex
relays sensory and motor signaling
thalamus

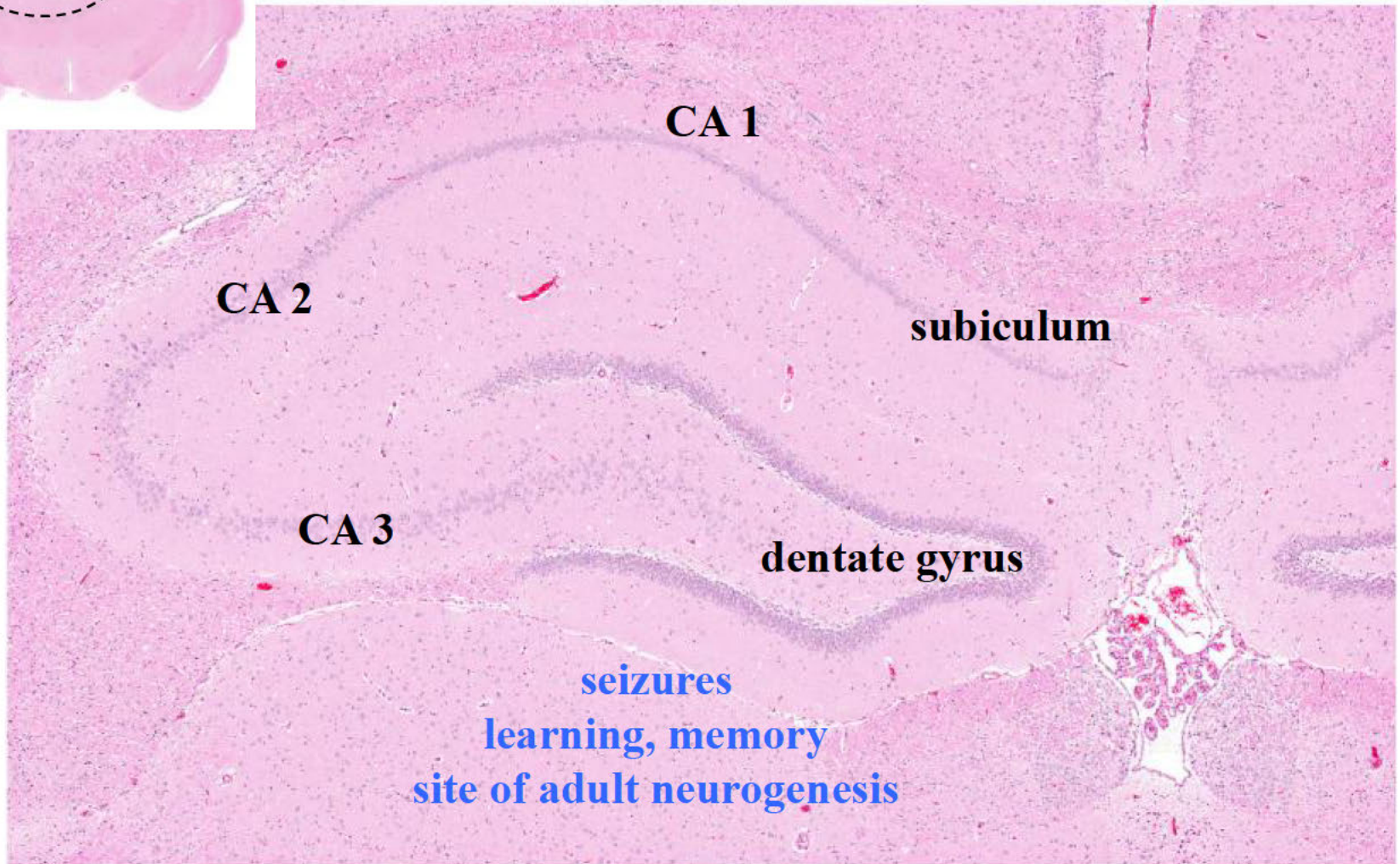
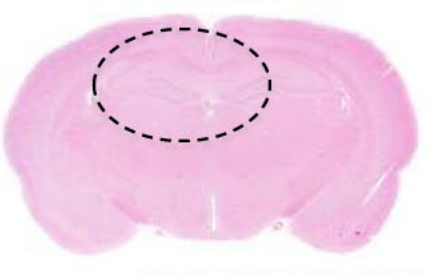
links neuro and endocrine systems;
homeostasis, circadian rhythms

hypothalamus



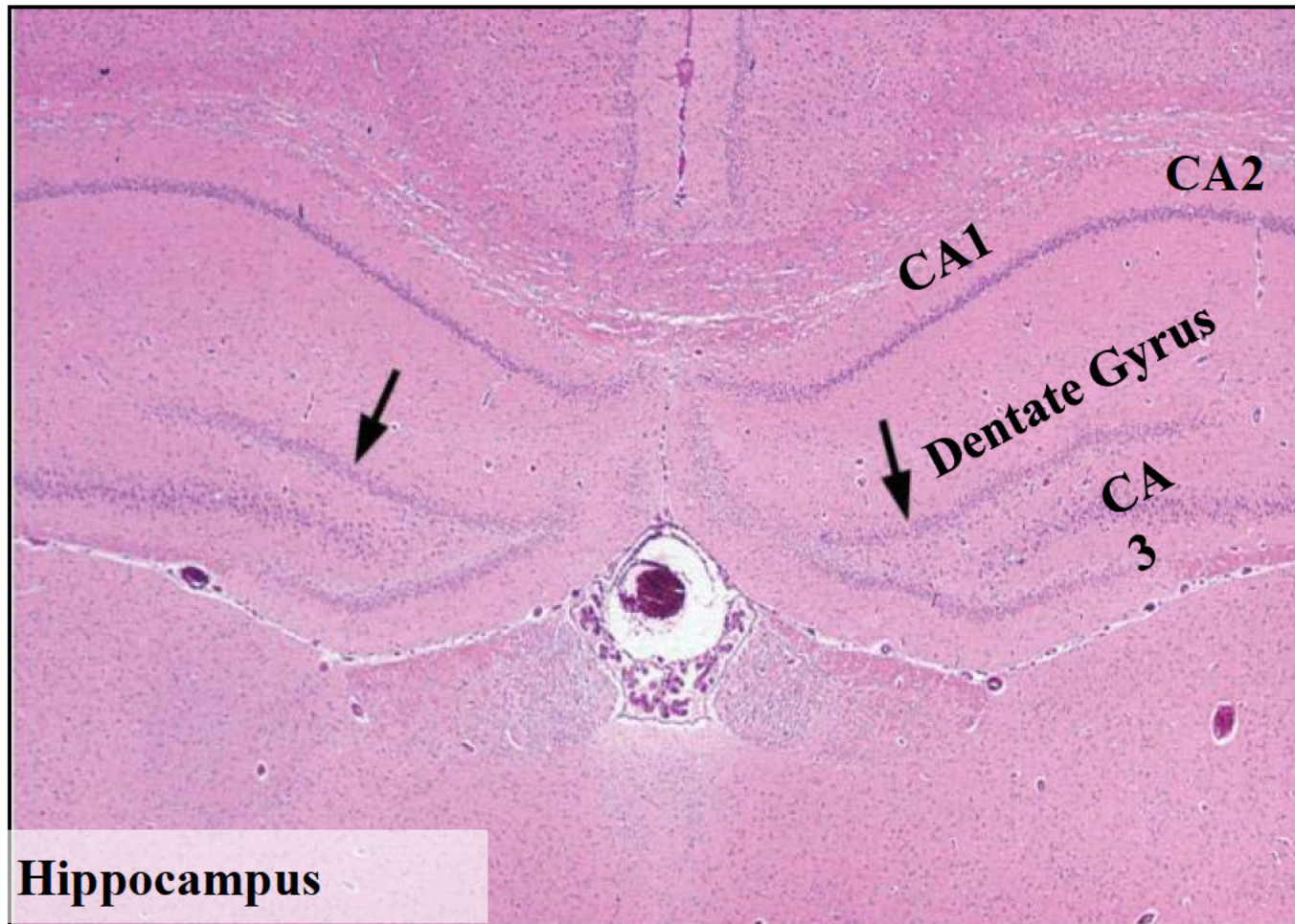


Level 3



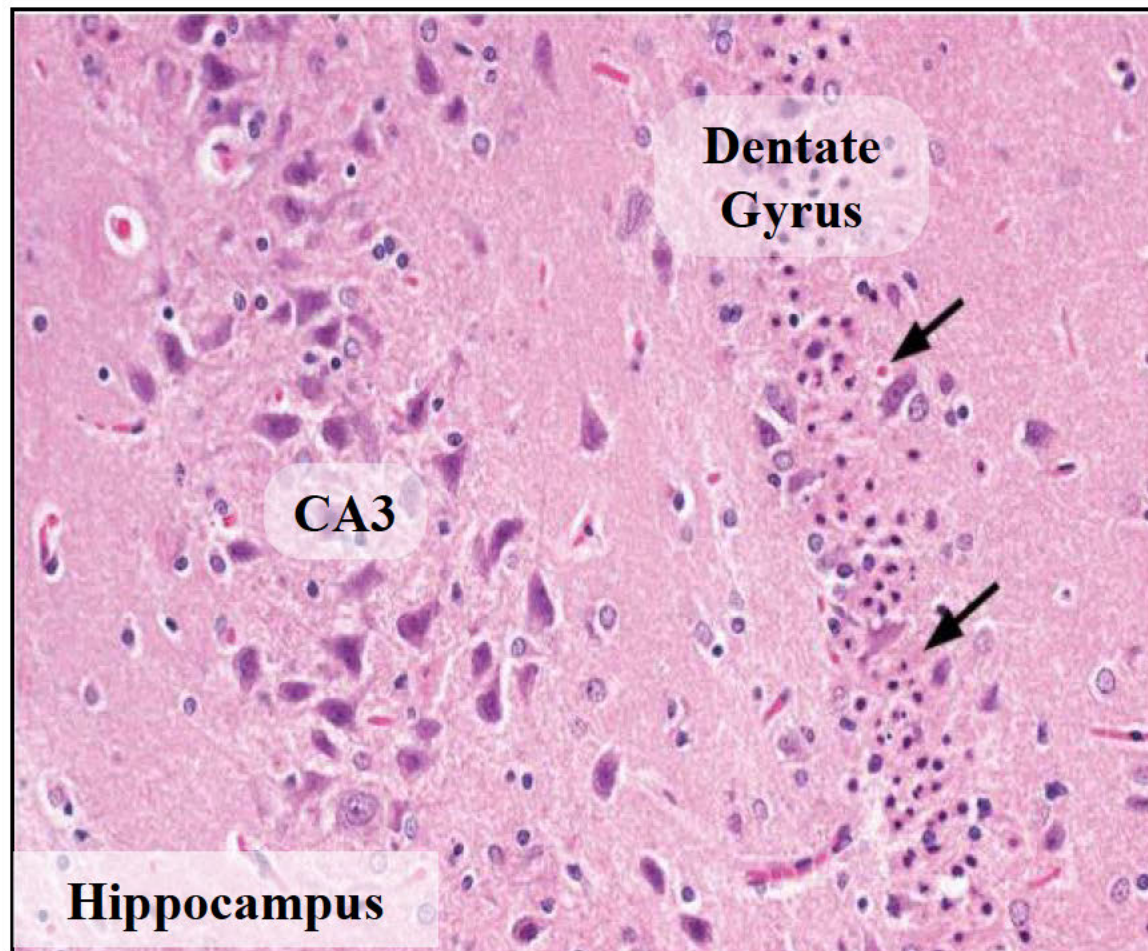
Hippocampal Lesions

Level 3

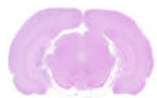
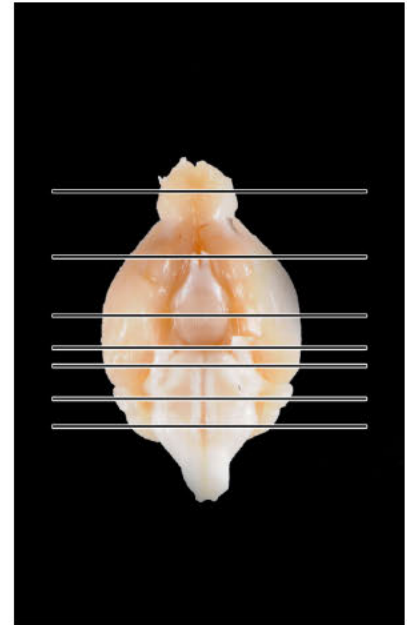
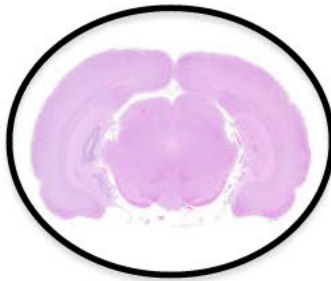
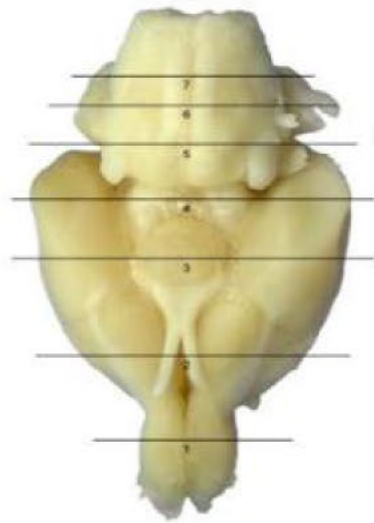


Hippocampal Lesions

Level 3



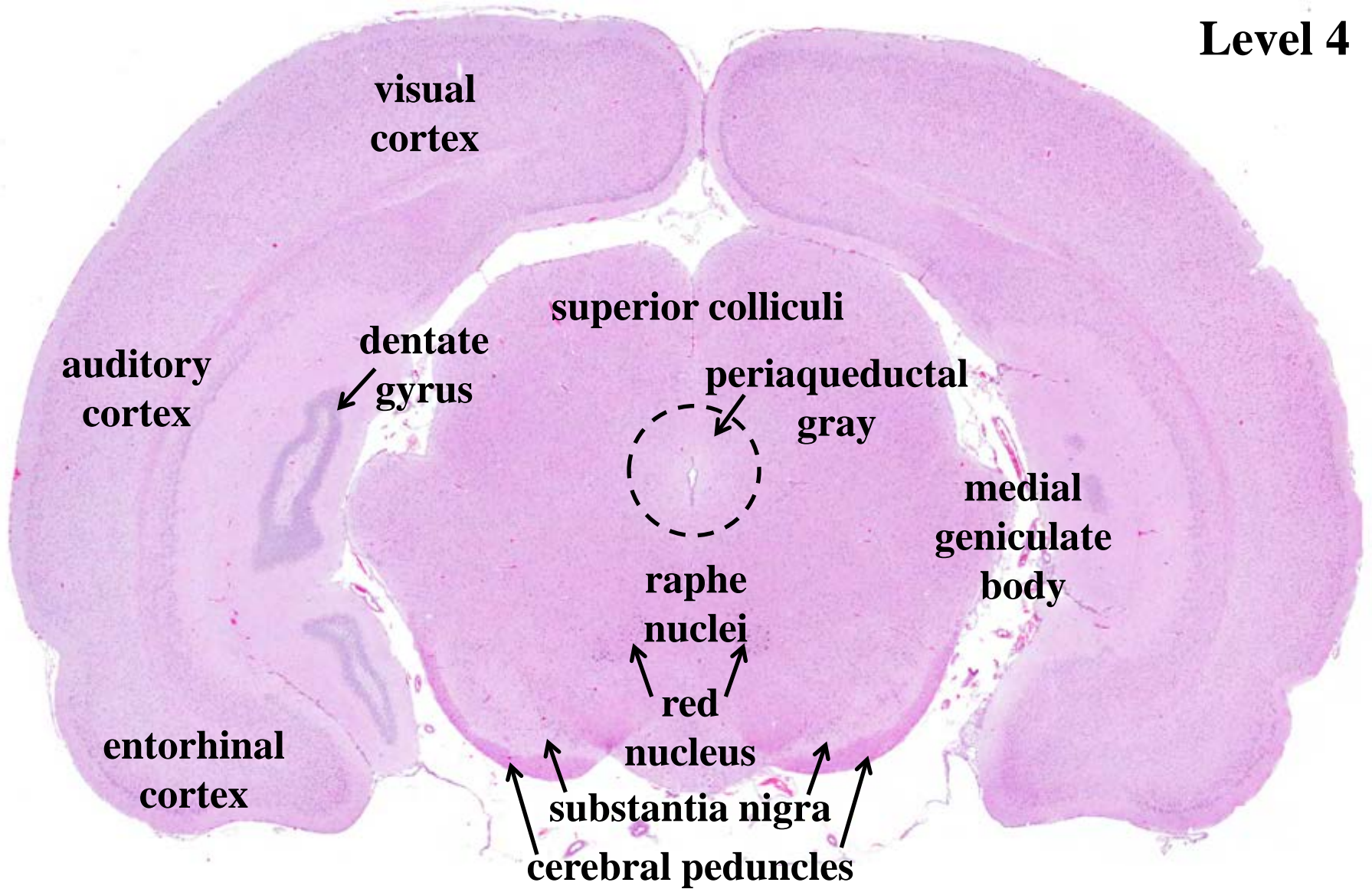
Level 4: superior colliculi

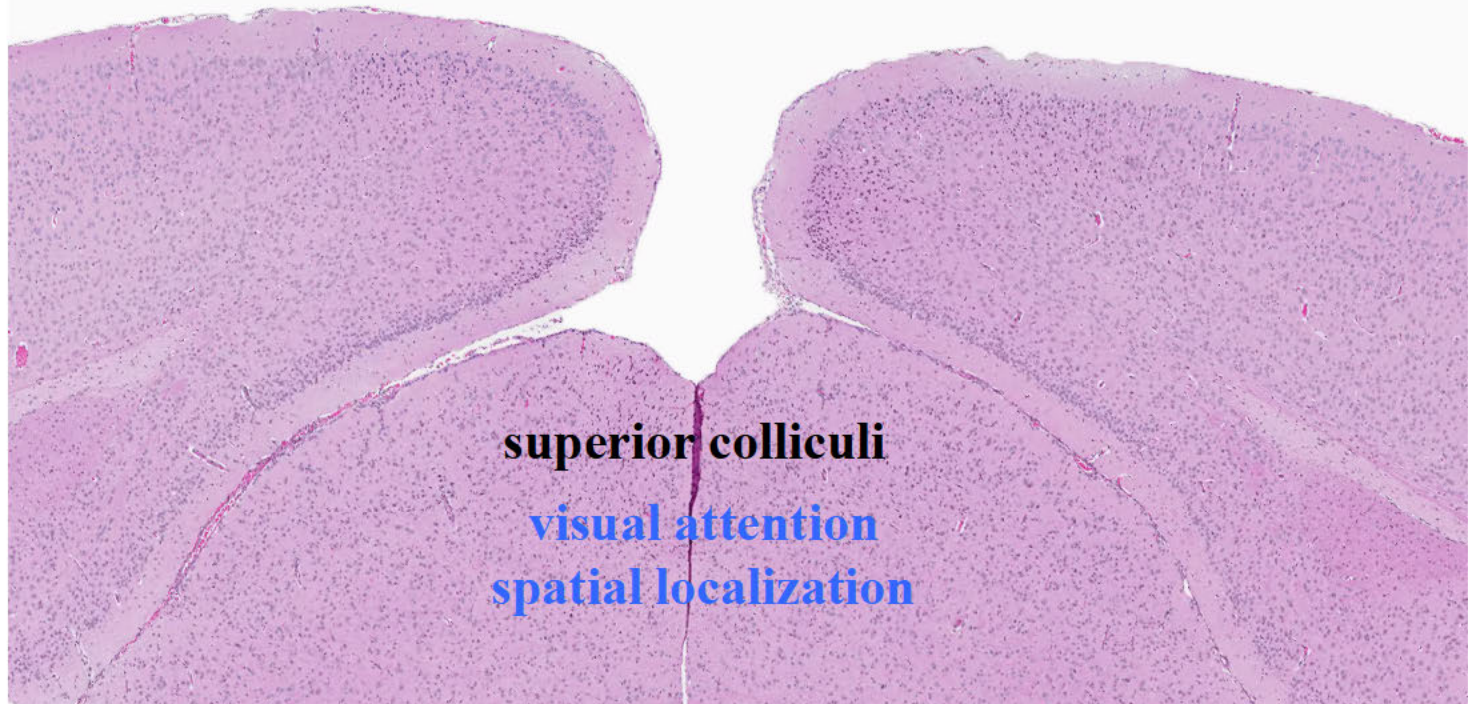


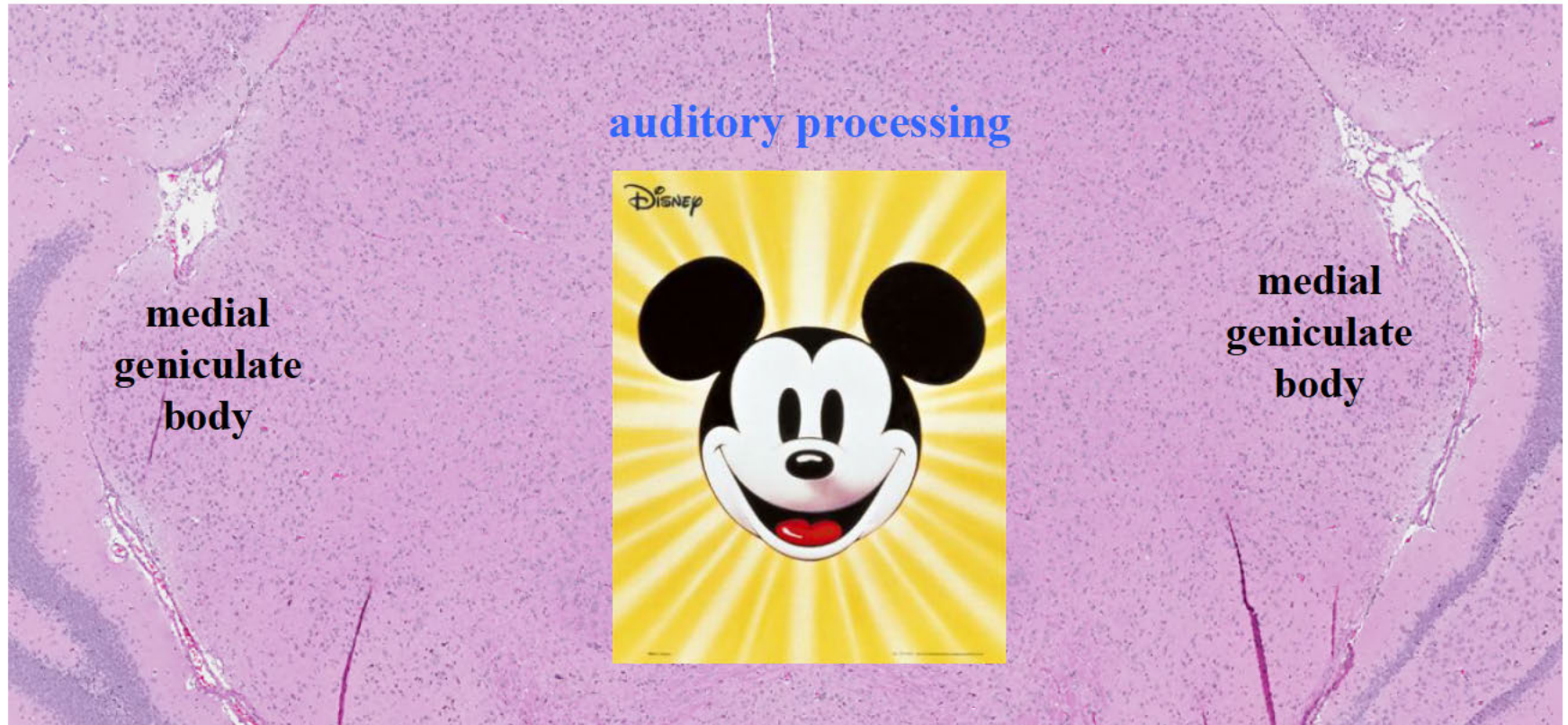
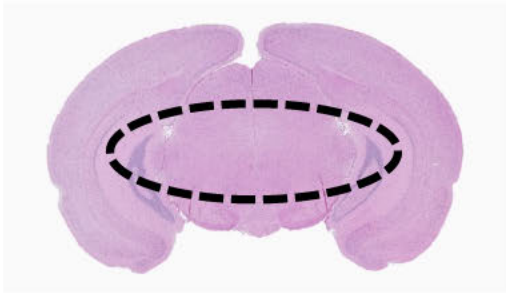
**NTP-7
Level 4**

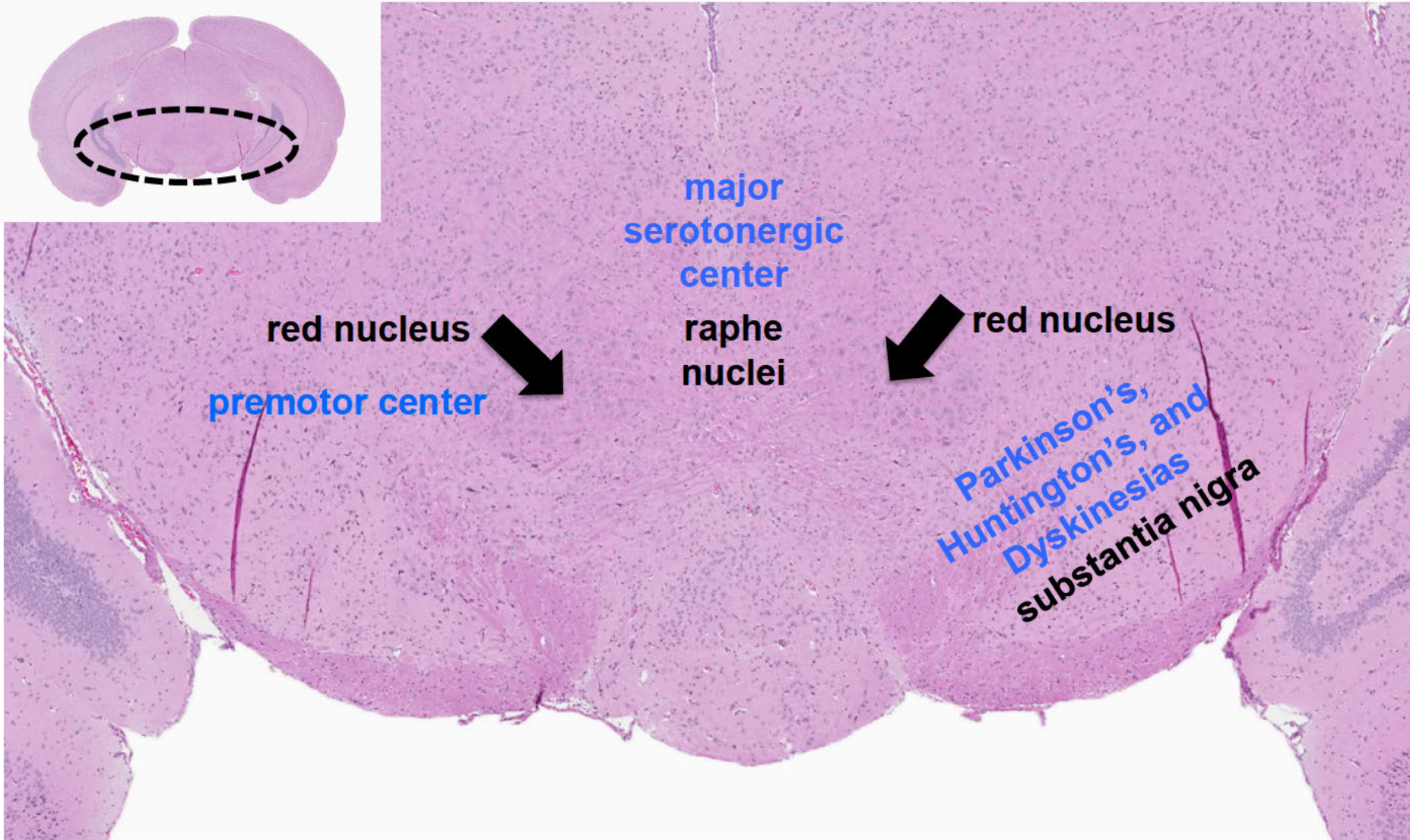
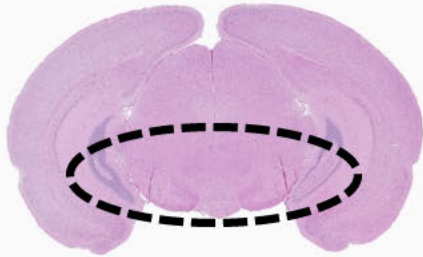
visual (occipital) cortex, auditory (temporal) cortex, entorhinal cortex, superior colliculus, periaqueductal gray, medial geniculate body, red nucleus, raphe nuclei, cerebral peduncle, substantia nigra

Level 4









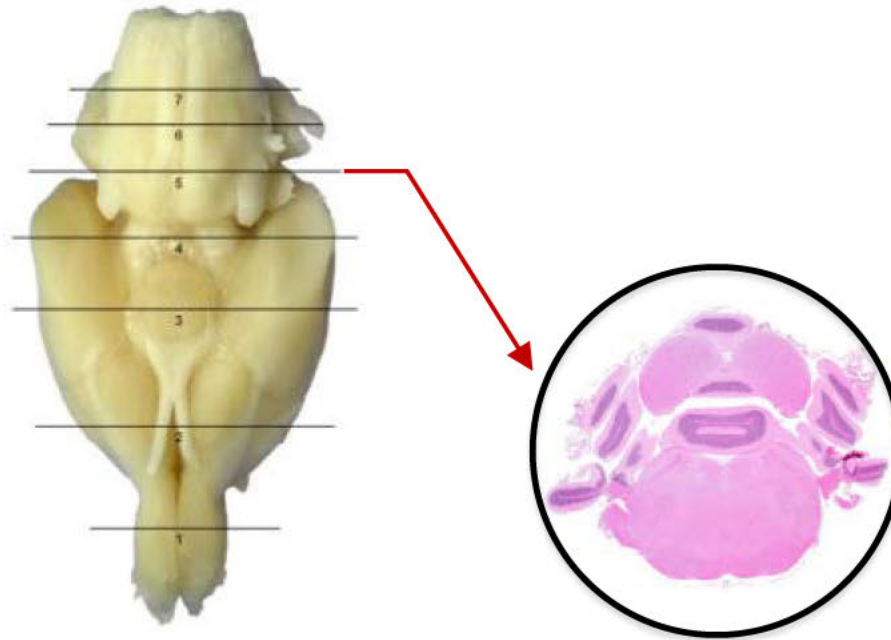
major
serotonergic
center

raphe
nuclei

red nucleus
premotor center

red nucleus
Parkinson's,
Huntington's, and
Dyskinesias
substantia nigra

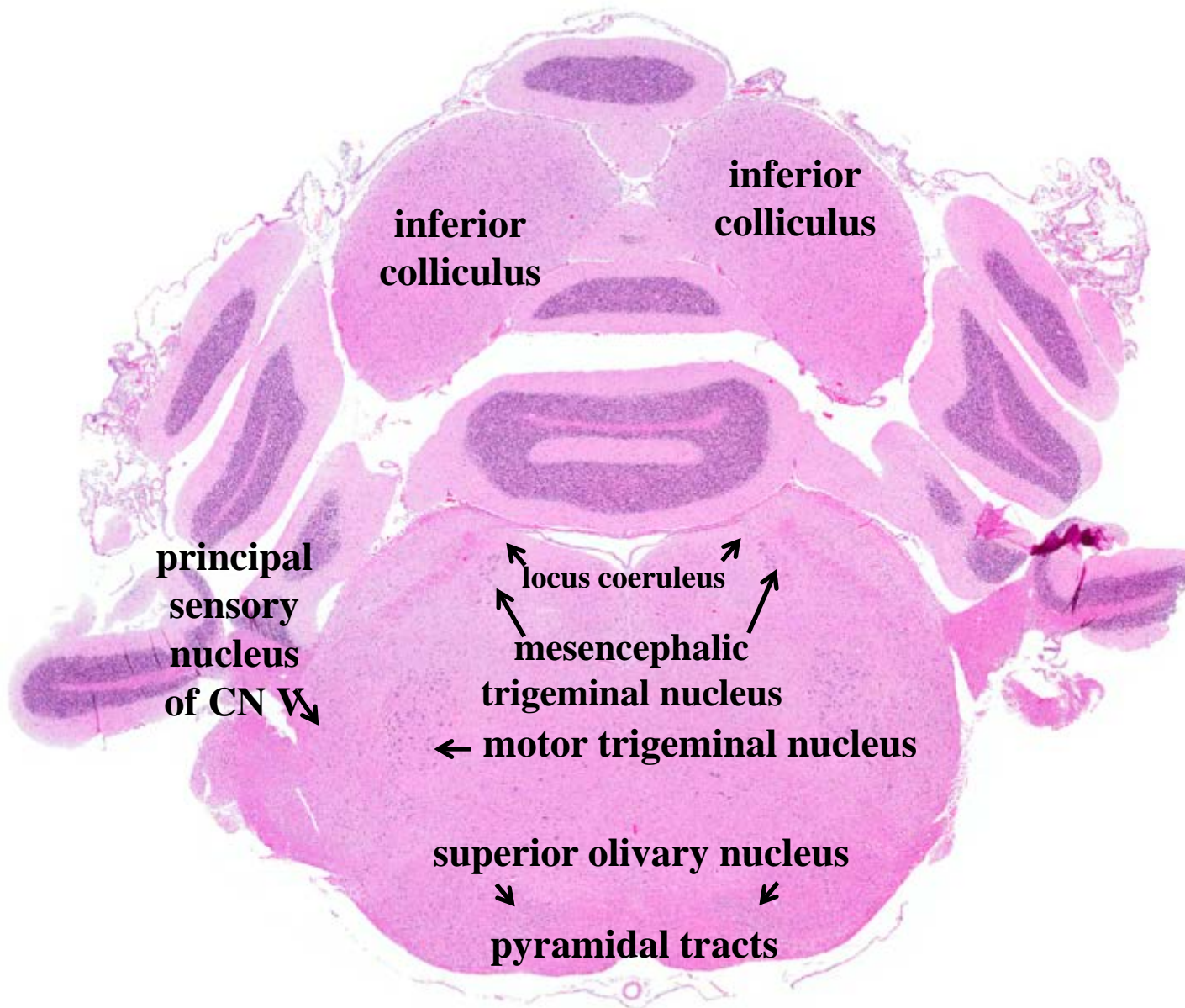
Level 5: inferior colliculi



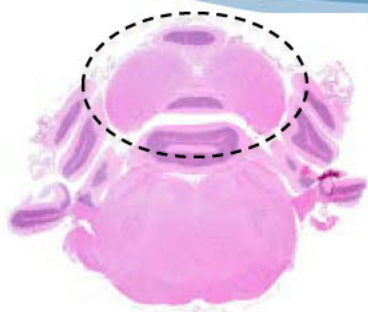
NTP-7
Level 5

inferior colliculus, locus coeruleus, mesencephalic trigeminal nucleus, principal sensory nucleus of CN V, motor trigeminal nucleus, superior olivary nucleus, pyramidal tracts

Level 5



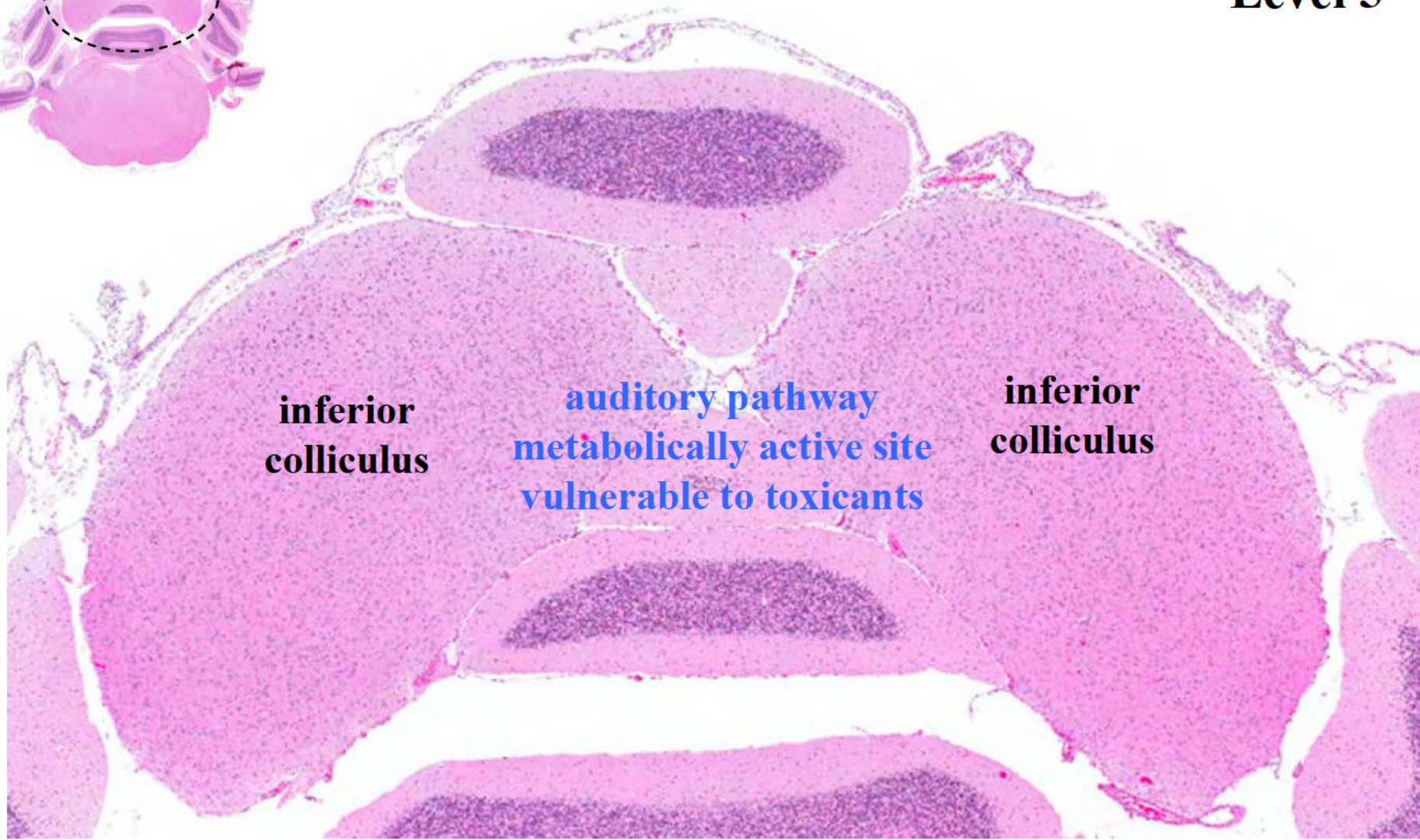
Level 5



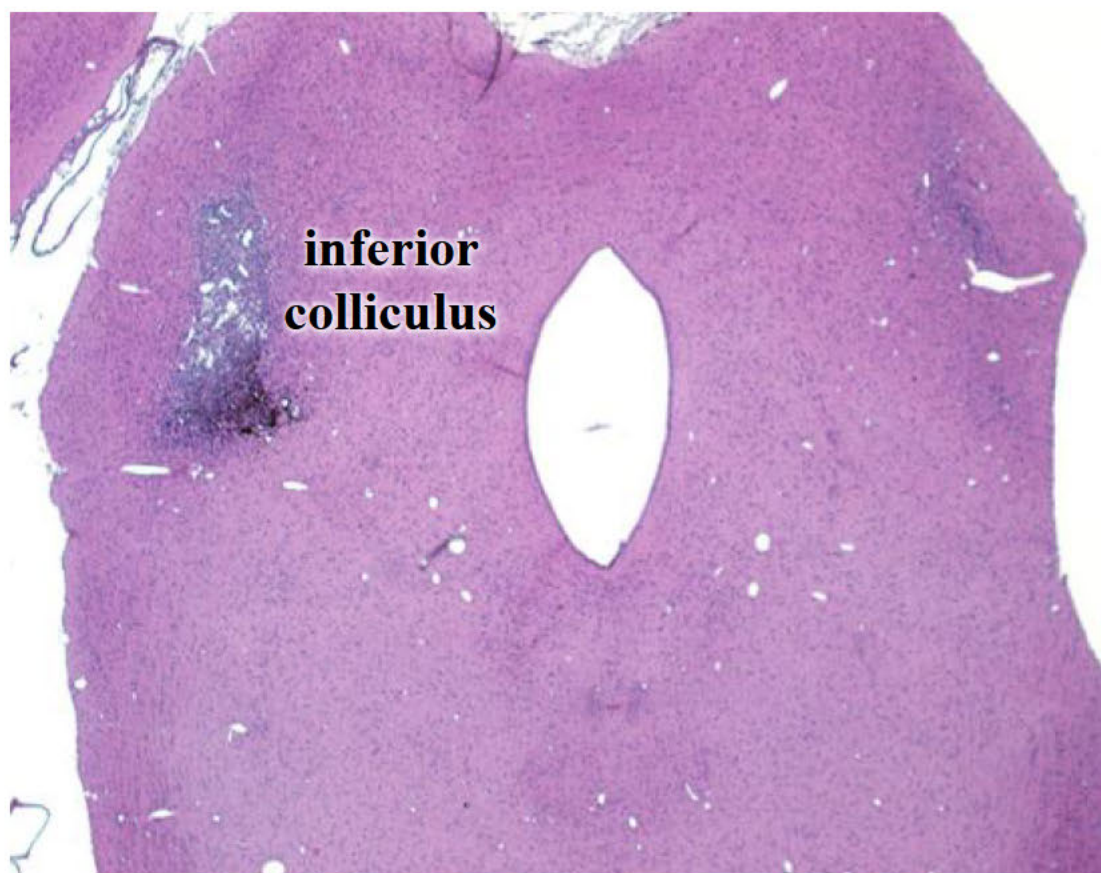
**inferior
colliculus**

**auditory pathway
metabolically active site
vulnerable to toxicants**

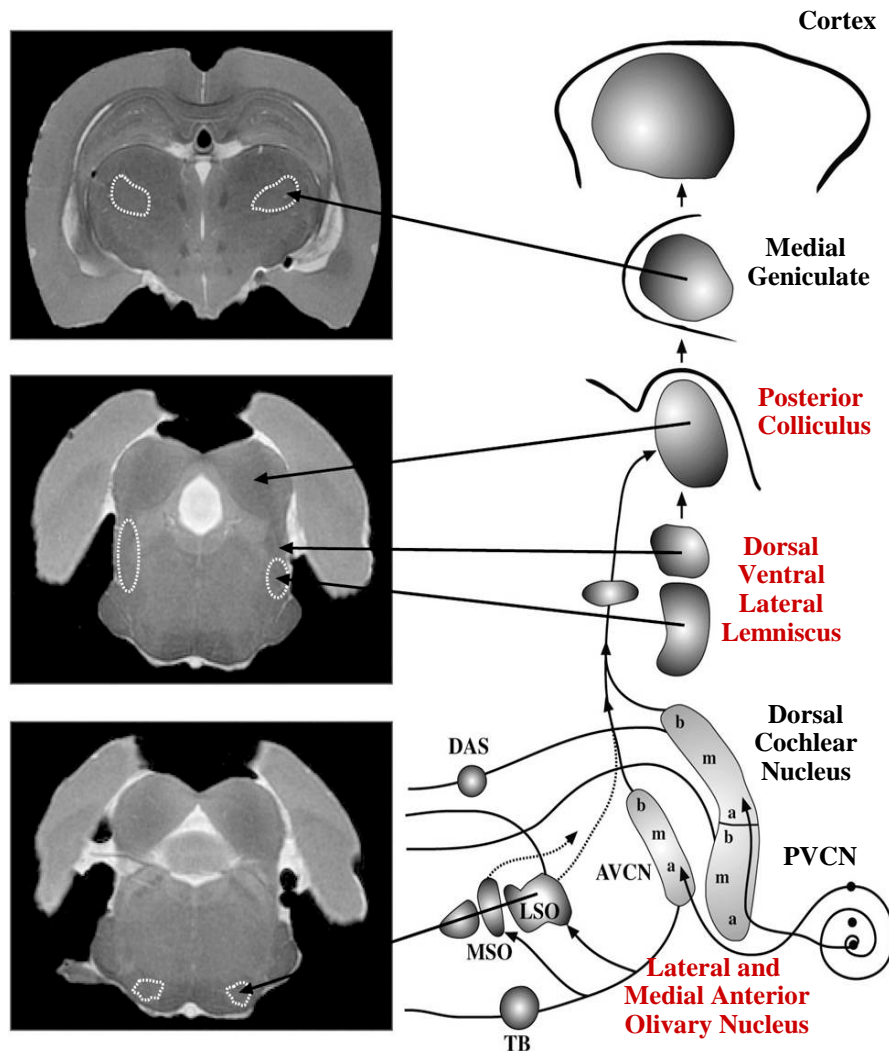
**inferior
colliculus**



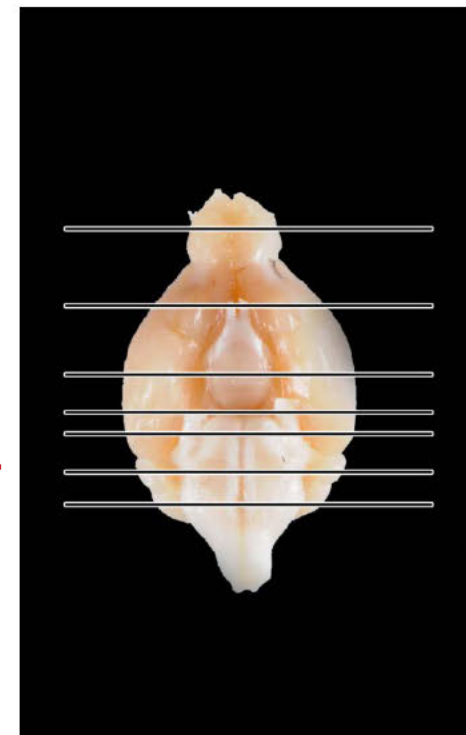
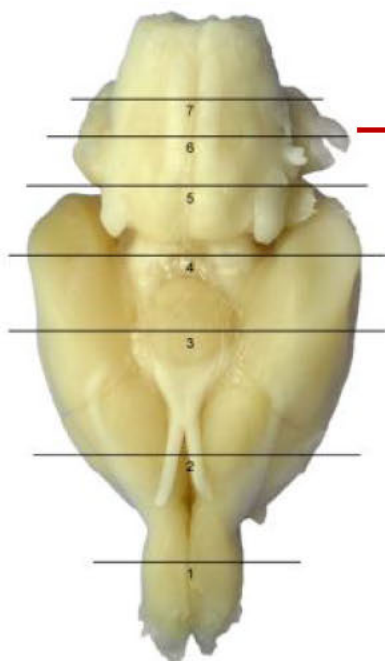
Necrosis and Microgliosis detected in Inferior Colliculus



Lesion in the Inferior Colliculus reflect lesions in the Auditory Neuronal Circuit



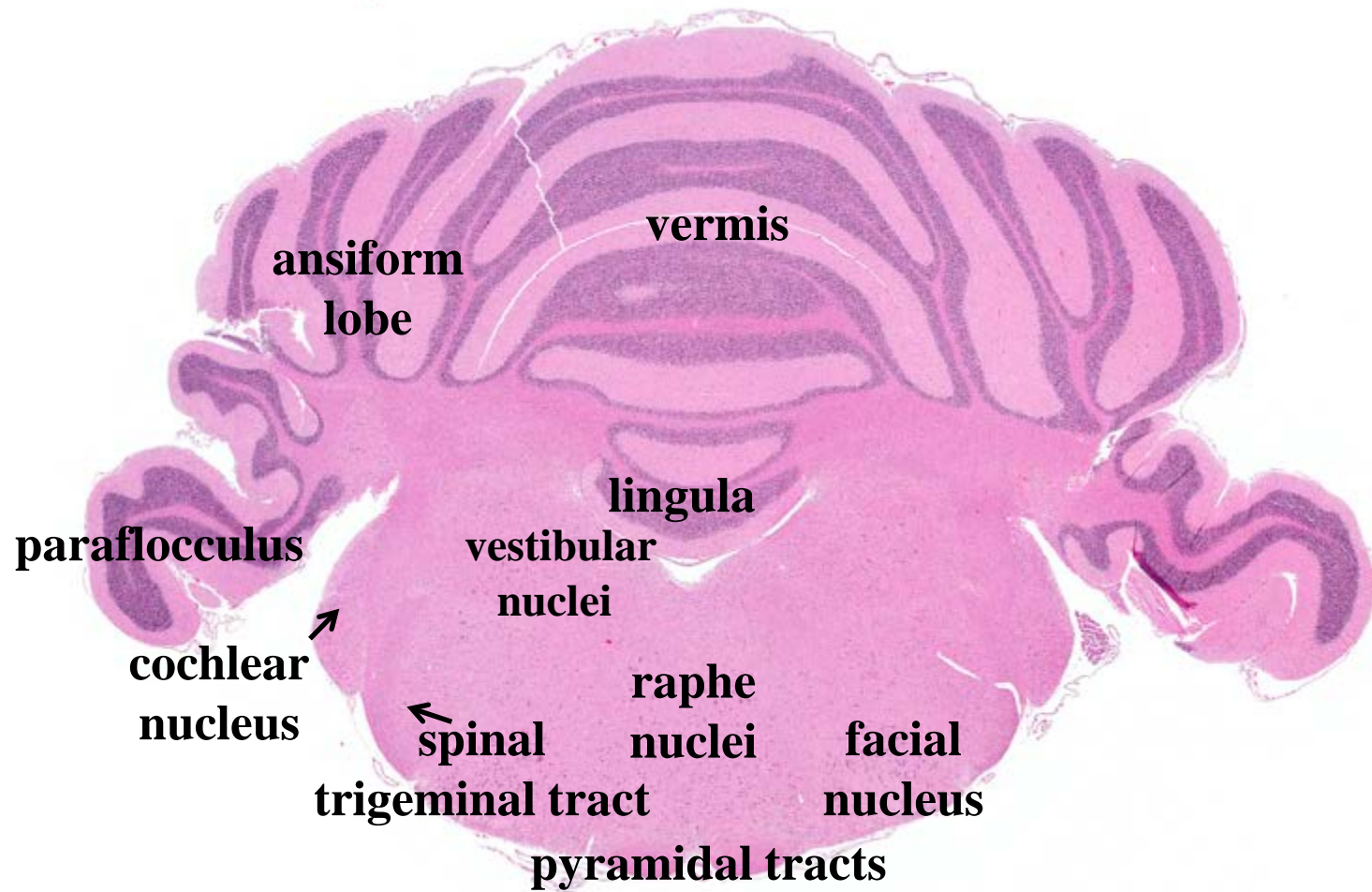
Level 6: mid-cerebellum



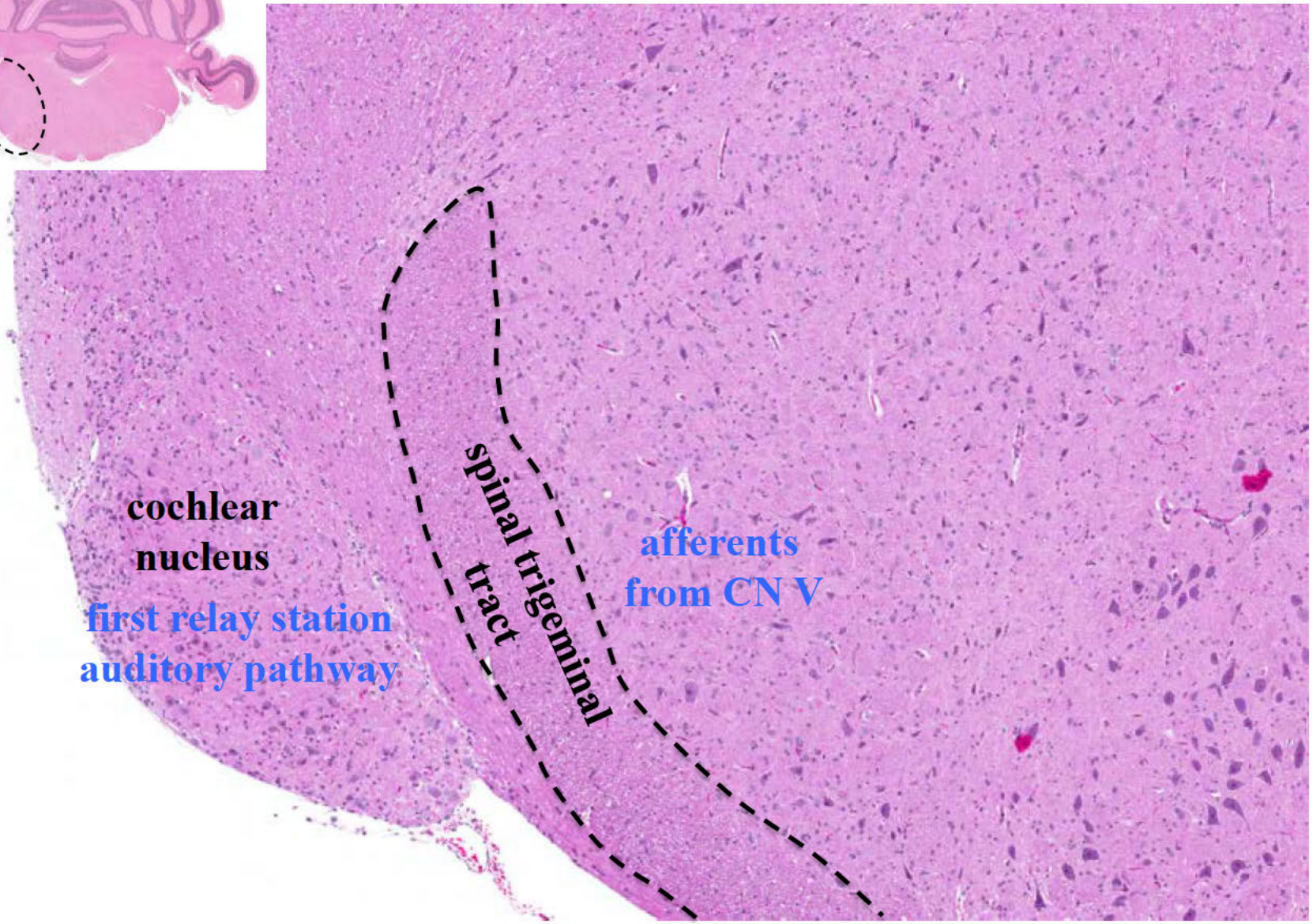
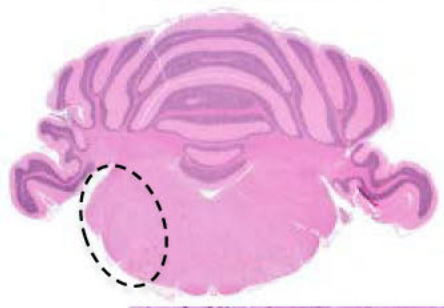
NTP-7
Level 6

cerebellar lobules (vermis, ansiform, paraflocculus, lingula), facial (CN VII) nucleus, spinal trigeminal tract, vestibular nucleus, cochlear nucleus, raphe nuclei, pyramidal tracts

Level 6



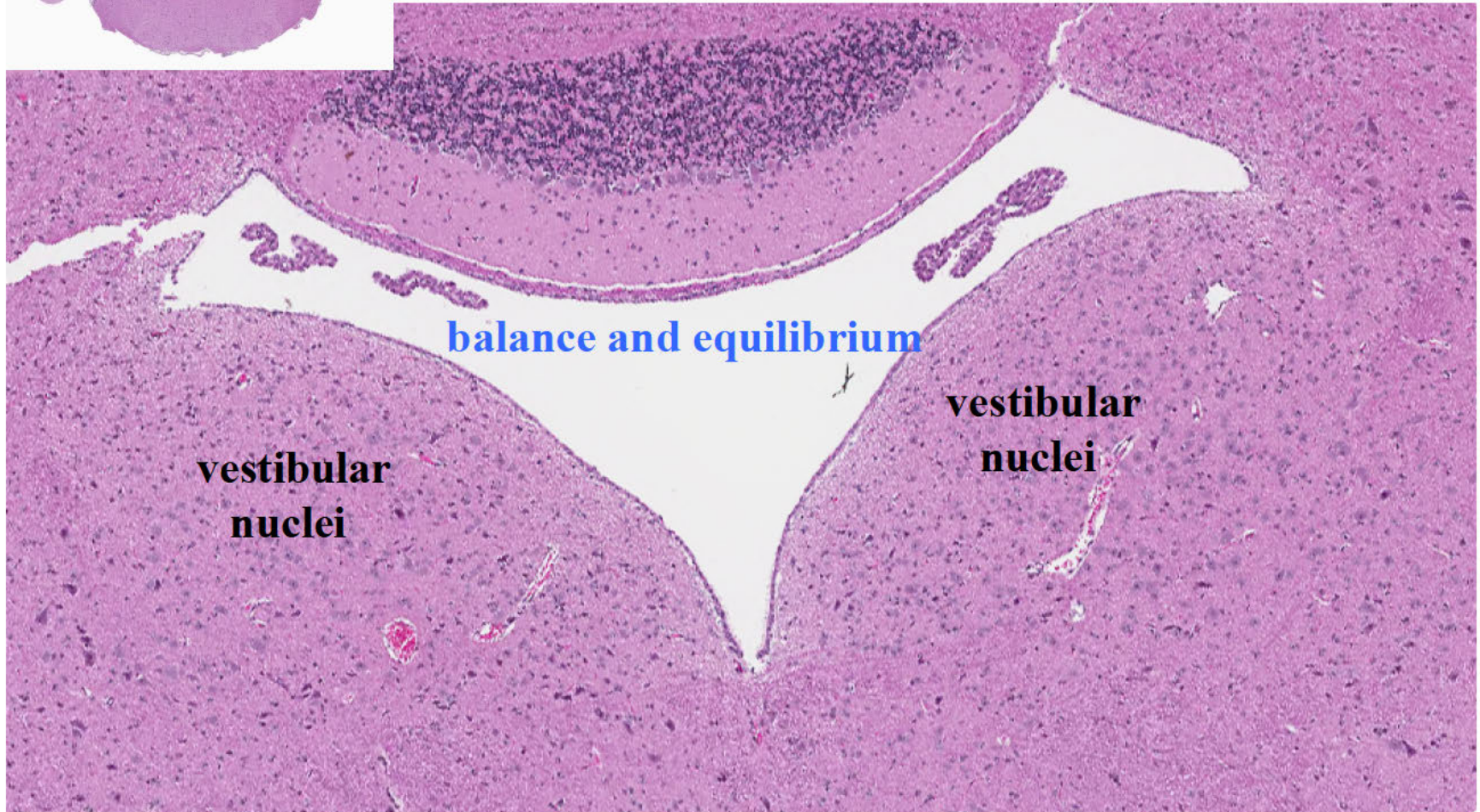
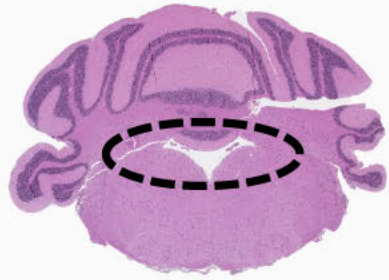
Level 6

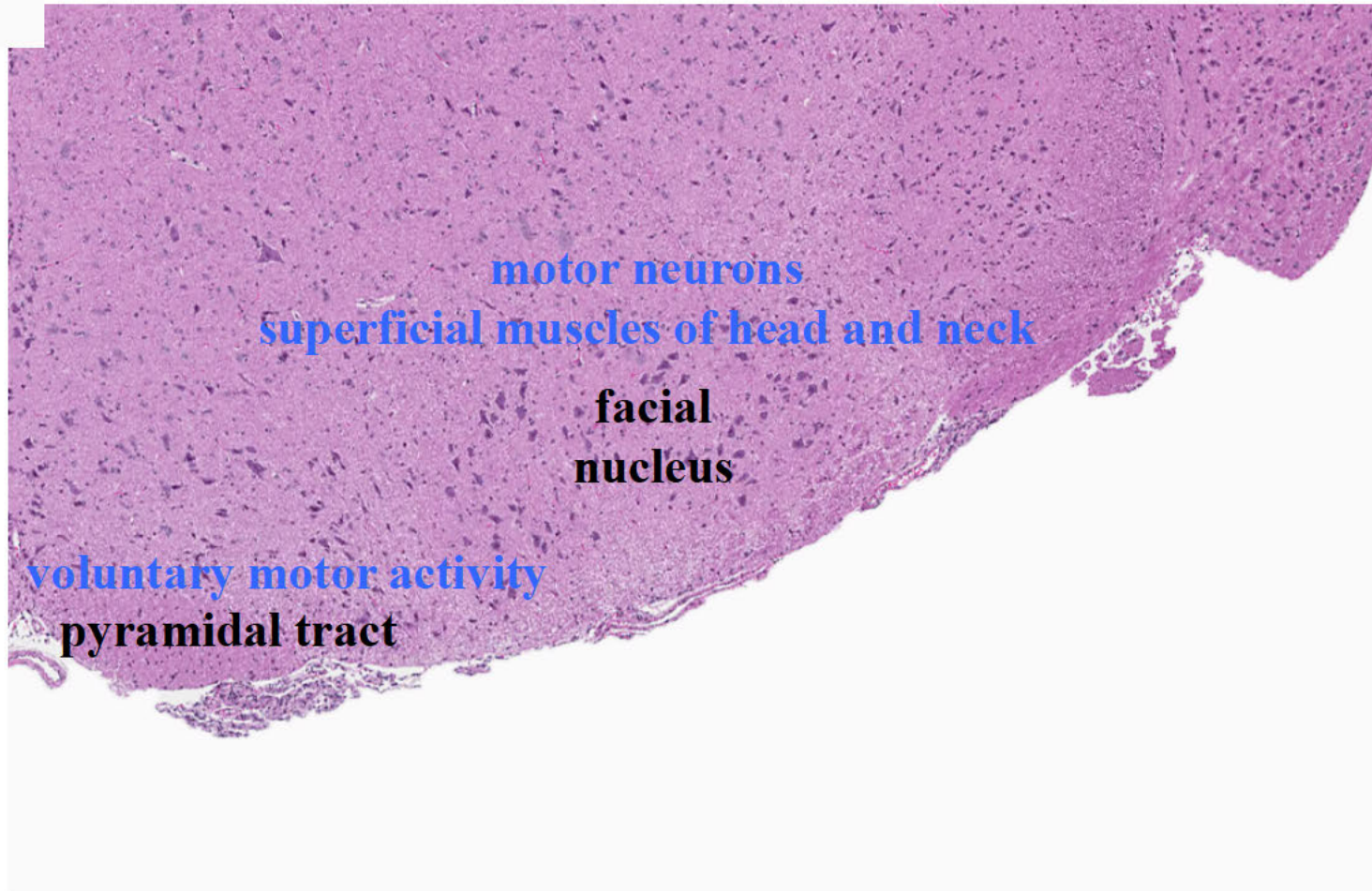


cochlear nucleus
first relay station auditory pathway

spinal trigeminal tract

afferents from CN V





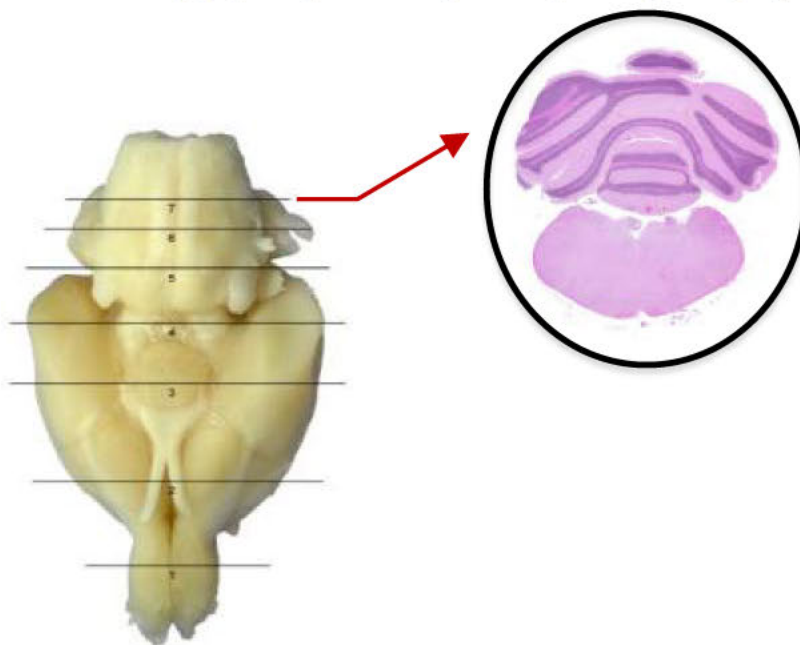
motor neurons

superficial muscles of head and neck

**facial
nucleus**

**voluntary motor activity
pyramidal tract**

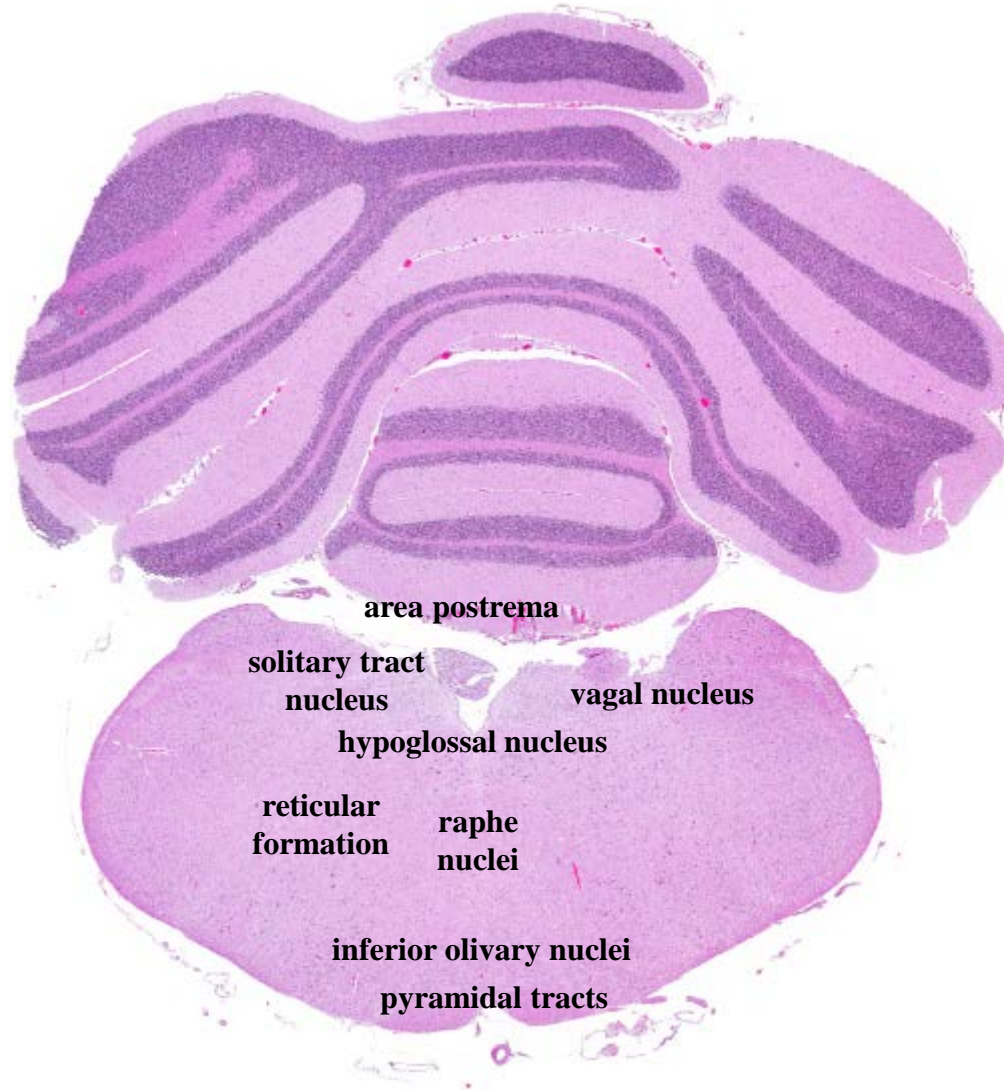
Level 7: 2-3 mm rostral to caudal termination of the cerebellum



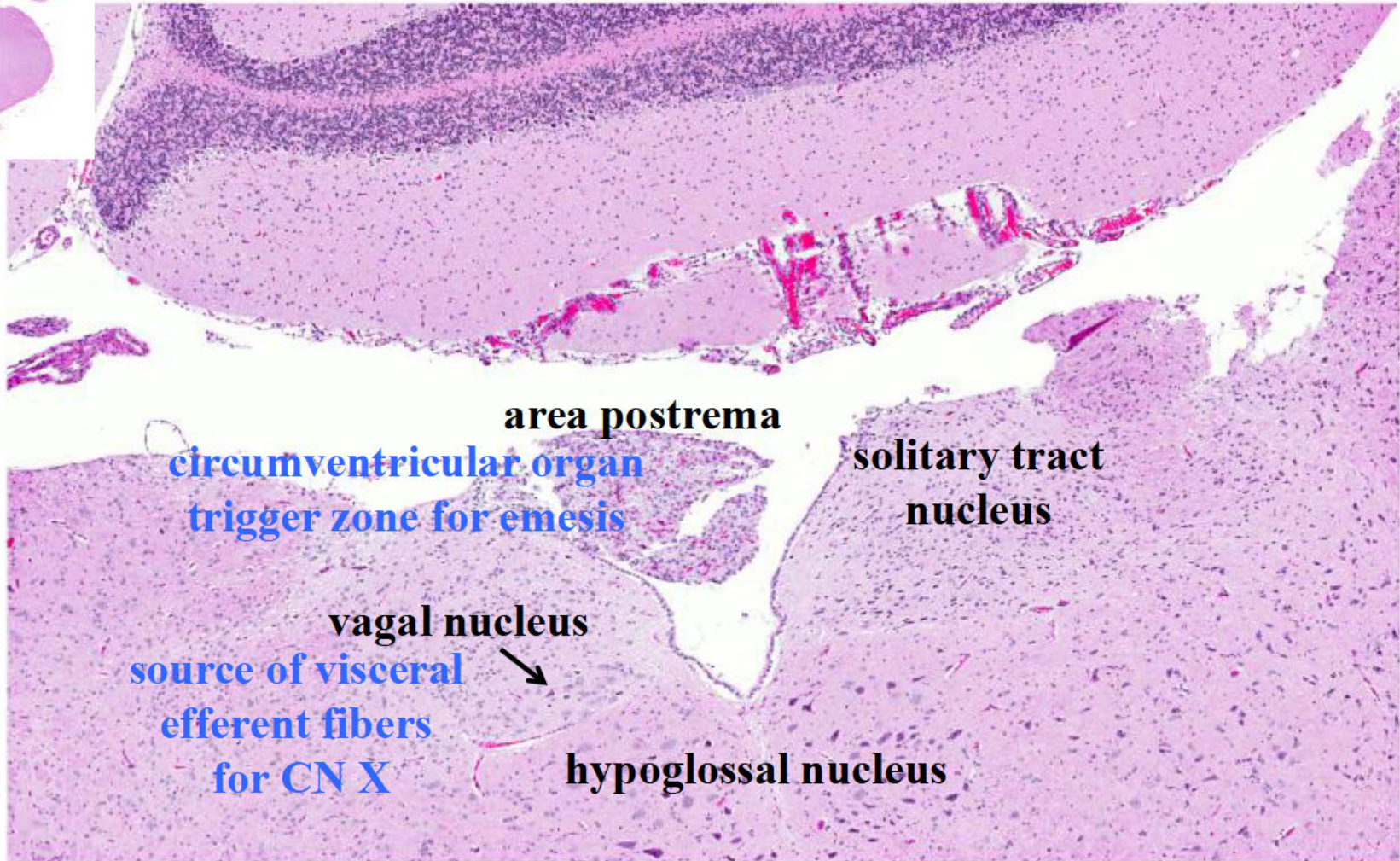
NTP-7
Level 7

area postrema, solitary tract nucleus, vagal (CV X) nucleus, hypoglossal (CN XII) nucleus, reticular formation, raphe nuclei, inferior olivary nucleus, pyramidal tracts, spinal trigeminal tract

Level 7



Level 7



area postrema
circumventricular organ
trigger zone for emesis
solitary tract nucleus
vagal nucleus
source of visceral efferent fibers for CN X
hypoglossal nucleus

Invited Review

Toxicologic Pathology, 42: 487-509, 2014
Copyright © 2013 by The Author(s)
ISSN: 0192-6233 print / 1533-1601 online
DOI: 10.1177/0192623313501893

Subsite Awareness in Neuropathology Evaluation of National Toxicology Program (NTP) Studies: A Review of Select Neuroanatomical Structures with Their Functional Significance in Rodents

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ABSTRACT

This review article is designed to serve as an introductory guide in neuroanatomy for toxicologic pathologists evaluating general toxicity studies. The article provides an overview of approximately 50 neuroanatomical subsites and their functional significance across 7 transverse sections of the brain. Also reviewed are 3 sections of the spinal cord, cranial and peripheral nerves (trigeminal and sciatic, respectively), and intestinal autonomic ganglia. The review is limited to the evaluation of hematoxylin and eosin-stained tissue sections, as light microscopic evaluation of these sections is an integral part of the first-tier toxicity screening of environmental chemicals, drugs, and other agents. Prominent neuroanatomical sites associated with major neurological disorders are noted. This guide, when used in conjunction with detailed neuroanatomic atlases, may aid in an understanding of the significance of functional neuroanatomy, thereby improving the characterization of neurotoxicity in general toxicity and safety evaluation studies.

Keywords: neuropathology; neuroanatomy; NTP; brain; spinal cord; nerve; functional neuroanatomy.

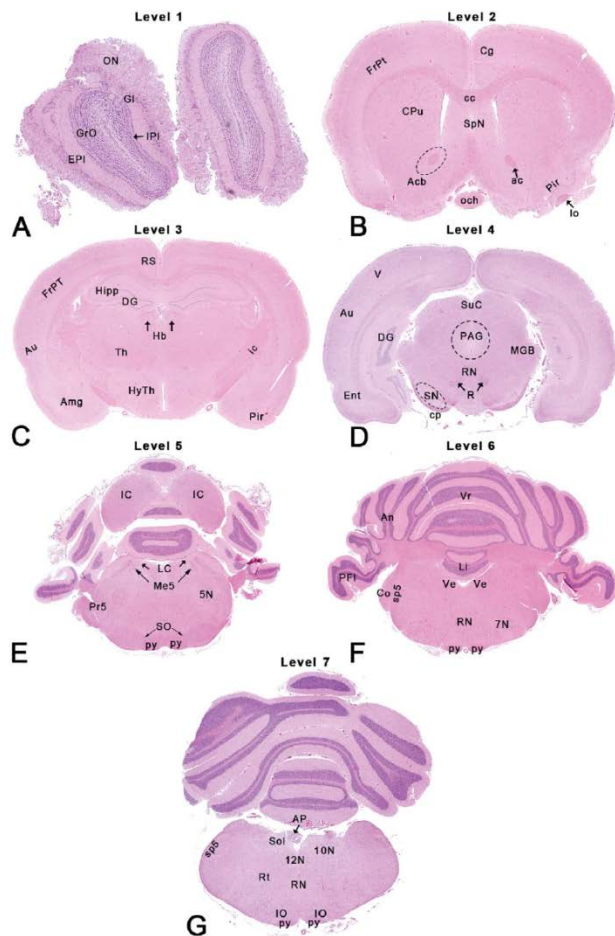


FIGURE 2.—Rat: H&E. Seven transverse sections depicting neuroanatomical subsites. Abbreviations in italics below correspond to abbreviations used in the Paxinos rat brain atlas (Paxinos and Watson 2009). Dotted outlines are close approximations and use of an atlas is recommended for accuracy.

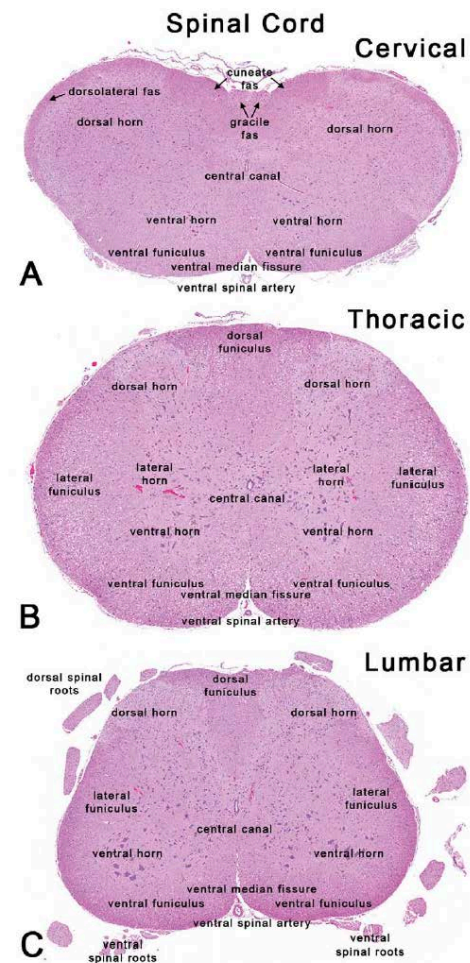


FIGURE 10.—Rat: H&E. Transverse sections of the spinal cord through the first cervical, mid-thoracic, and mid-lumbar levels. *cun fas* = cuneate fasciculus; *dorsolateral fas* = dorsolateral fasciculus; *gr fas* = gracile fasciculus.










TABLE 2.—Summary of the functional significance corresponding to the various neuroanatomic subsites.

| Level | Subsite | Function and significance |
|---------------|---|--|
| NTP-7 level 1 | Olfactory bulb | Olfaction; site for neurogenesis; olfactory neuroblastomas with procarbazine hydrochloride, and N,N'-triethylenethiophosphoramidate |
| NTP-7 level 2 | Frontoparietal cortex | Motor (frontal cortex) and somatosensory (parietal cortex) functions |
| | Cingulate cortex | Spatial learning and delayed response tasks; susceptible to damage by MK-801 |
| | Piriform cortex | Olfaction; susceptible to neuronal excitotoxicity |
| | Striatum (caudate–putamen) | Regulate movement via the extrapyramidal and striatonigral circuits; may be affected in Parkinson's disease; affected in Huntington's diseases |
| | Septal nuclei | Reward and reinforcement |
| NTP-7 level 3 | Nucleus accumbens | Addiction and fear conditioning |
| | White matter tracts (corpus callosum and anterior commissure) | Connect the right and left cerebral hemispheres; psychiatric disorders including bipolar syndrome, migraine, and depression in humans |
| | Hippocampus | Epilepsy, learning and memory processing; affected in Alzheimer's disease; trimethyltin and benzyl acetate affects the granule cell layer in the dentate gyrus |
| | Thalamus | Somesthesia; relay of touch and proprioceptive information from the spinal cord to the somatosensory cortex |
| NTP-7 level 4 | Hypothalamus | Vital homeostatic mechanisms and in hormonal and behavioral circadian rhythms |
| | Habenular nucleus | Pain processing, reproductive behavior, nutrition, sleep–wake cycles, stress responses, and learning activities |
| | Amygdaloid nuclei | Role in memory of emotional reactions, fear, anxiety, and depression |
| | Superior colliculus | Directing visual attention and controlling eye movements; role in attention deficit hyperactivity disorder |
| NTP-7 level 5 | Medial geniculate body | Likely role in influencing the direction and maintenance of attention in response to auditory stimuli |
| | Red nucleus | Motor activity; may serve as a premotor center |
| | Raphe nuclei | Major serotonergic center with divergent fibers to the rostral brain and caudal brain stem |
| | Substantia nigra | Predominantly dopaminergic; affected in Parkinson's and Huntington's diseases |
| NTP-7 level 6 | Inferior colliculus | Major role in the auditory pathway; highly susceptible site based on high blood volume, rate of blood flow and glucose metabolism |
| | Superior olivary nucleus | Processing of binaural cues for sound localization |
| | Locus coeruleus | Synthesis of norepinephrine; role in responses to stress and panic; may play a role in Alzheimer's disease |
| | Trigeminal complex of CN V | Masticatory reflexes and control of jaw movements (motor trigeminal nucleus); sensory input from muscles of mastication and mandibular teeth (mesencephalic nucleus); sensory input from maxillary, mandibular, and ophthalmic nerve innervation areas of the skin (principal sensory nucleus of CN V) |
| NTP-7 level 7 | Pyramids | Motor tracts carrying information regarding voluntary motor activity |
| | Cerebellum | Motor coordination and muscle tone; cognitive functions; hyperactivity disorders |
| | Vestibular nuclei | Maintenance of balance and equilibrium |
| | Cochlear nuclei | First relay station along the central auditory pathway |
| | Facial nucleus | Motor neurons controlling superficial muscles of the head and neck |
| NTP-7 level 8 | Spinal trigeminal tract | Carries afferents from the ophthalmic, maxillary, and mandibular regions |
| | Area postrema | A target site for lesions from substances that cannot cross the blood–brain barrier; may play a role in triggering emesis |
| | Vagal Nucleus/Dorsal Motor Nucleus of Vagus | Source of general visceral efferent fibers in the vagus nerve |
| | Hypoglossal nucleus | Motor neurons that innervate the lingual muscles |
| | Reticular formation | Maintenance of alert mental status; coordinating apparatus for sensory-motor functions |
| | Inferior olivary nucleus | Efferent fibers are associated with cerebellar motor functions |

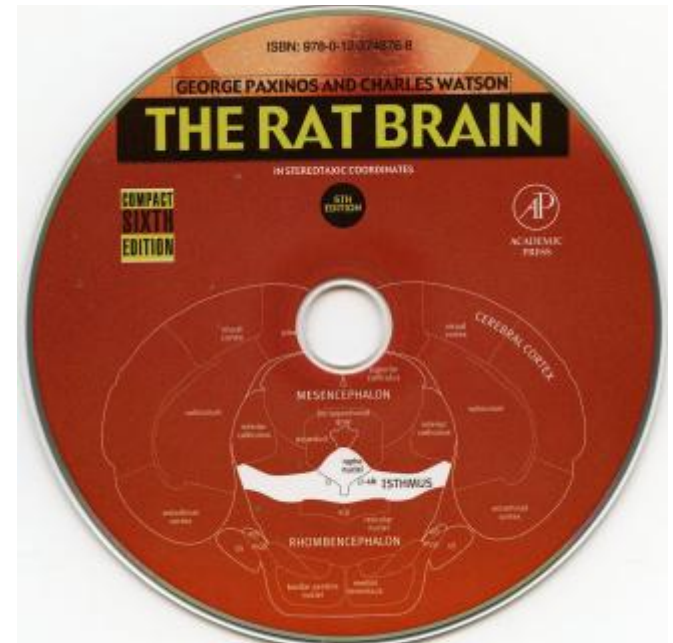
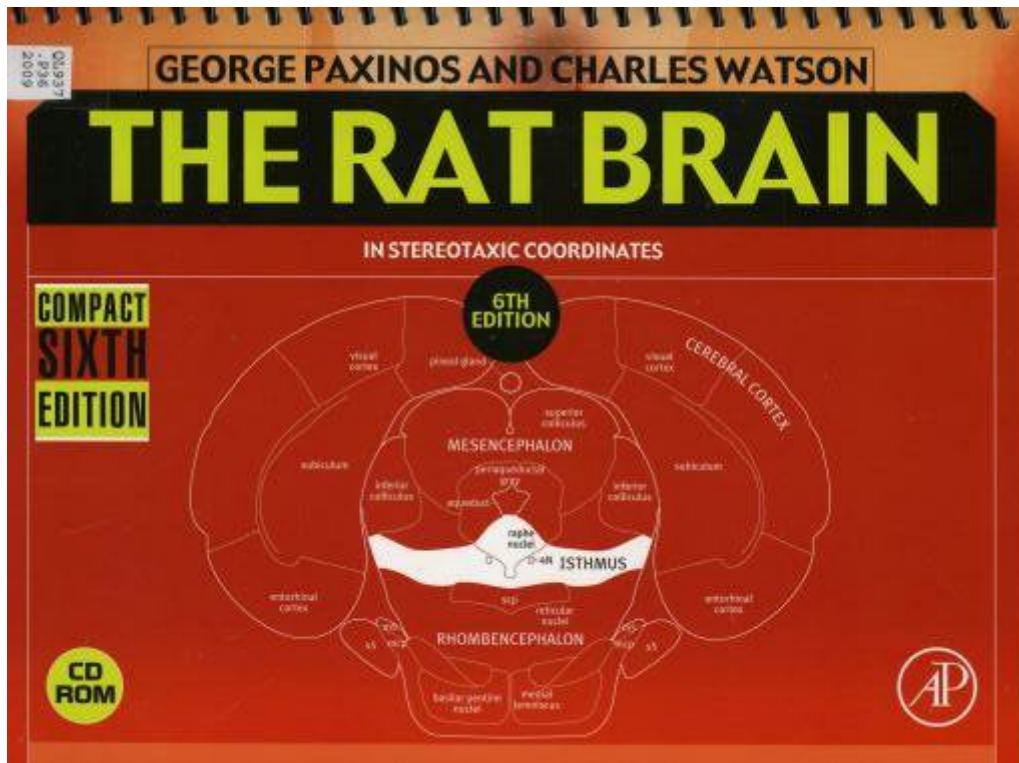
Note: CN = cranial nerve; NTP = National Toxicology Program.

Neuroanatomic subsites

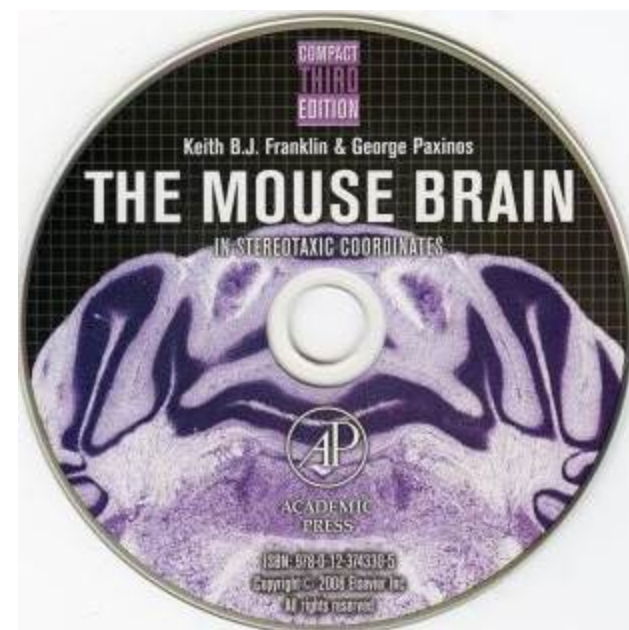
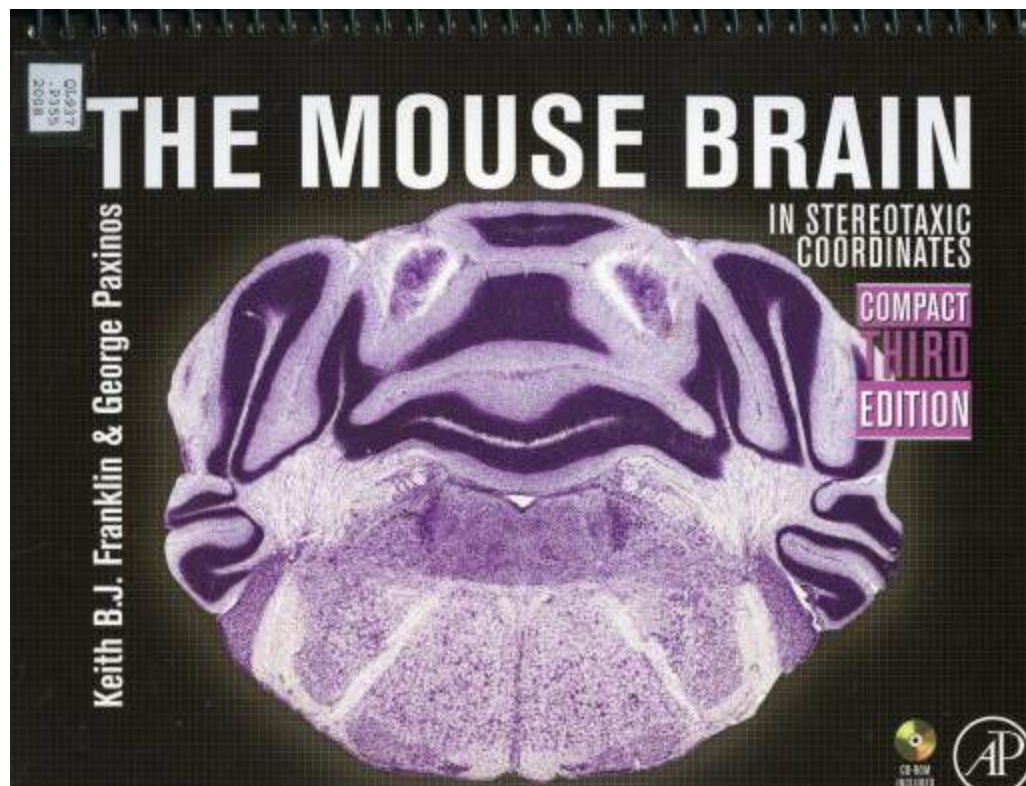
| NEUROANATOMIC SUBSITES | | |
|---|--------------------------|---|
|  | NTP-7 Level 1 | olfactory bulb (olfactory nerve layer, glomerular layer, external and internal plexiform layers, mitral cell layer, and granule cell layer) |
|  | NTP-7 Level 2 | fronto-parietal cortex, cingulate cortex, corpus callosum, caudate-putamen, (internal capsule, globus pallidus), septal nuclei, anterior commissure, accumbens nucleus, piriform cortex, optic chiasm or nerve, lateral olfactory tract |
|  | NTP-7 Level 3 | fronto-parietal cortex, retrosplenial cortex, auditory (temporal) cortex, amygdaloid nuclei, hippocampus (CA regions - 1,2,3, dentate gyrus), habenular nucleus, thalamus, hypothalamus, internal capsule, (globus pallidus) |
|  | NTP-7 Level 4 | visual (occipital) cortex, auditory (temporal) cortex, entorhinal cortex, superior colliculus, periaqueductal gray, medial geniculate body, red nucleus, raphe nuclei, cerebral peduncle, substantia nigra |
|  | NTP-7 Level 5 | inferior colliculus, locus coeruleus, mesencephalic trigeminal nucleus, principal sensory nucleus of CN V, motor trigeminal nucleus, superior olivary nucleus, pyramidal tracts |
|  | NTP-7 Level 6 | cerebellar lobules (vermis, ansiform, paraflocculus, lingula), facial (CN VII) nucleus, spinal trigeminal tract, vestibular nucleus, cochlear nucleus, raphe nuclei, pyramidal tracts |
|  | NTP-7 Level 7 | area postrema, solitary tract nucleus, vagal (CV X) nucleus, hypoglossal (CN XII) nucleus, reticular formation, raphe nuclei, inferior olivary nucleus, pyramidal tracts, spinal trigeminal tract |



Rat Brain Atlas



Mouse Brain Atlas



Case Presentation

- 1 month old male mouse
- Sick
- Euthanized - pentobarbital

| Experimental Data | Clinical Observations | Histology |
|---|---|---|
| | <p>pinched sides, spinnign to the right</p> | <p>A liver b spleen c kidneys d heart e lungs</p> <div data-bbox="1290 889 1561 1053" style="background-color: black; width: 140px; height: 115px; margin: 10px auto;"></div> |
| Gross Exam | | Micro Results |
| <p>no gross lesions left kidney frozen no gross lesions</p> | | |



Microscopic Finding

The following organs were examined and considered to be within normal limits: liver, spleen, kidney (only one kidney was present), heart, lungs.

Diagnoses/Comments

There were no histologic lesions in the tissues examined. The cause of the clinical signs was not identified, but may have been due to a lesion in the brain or inner ear. If possible, it is recommended that brain be examined for gross lesions (if not already done) and several sections be submitted for histopathologic evaluation, especially the brain stem at the locations of the vestibular nuclei.

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