

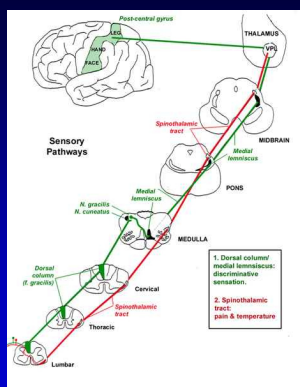
Peripheral receptors

1. Discriminative touch

- There are three different categories (modalities) of the somatosensory system. The first, **discriminative touch**, is the perception of pressure, vibration, and texture. This system relies on four different receptors in the skin. They are:
- 1) Meissner's corpuscles
- 2) Pacinian corpuscles
- 3) Merkel's disks
- 4) Ruffini endings

Pain

- **There are two subtypes of pain.**
- **"Fast pain"**, carried by the **Ad** fibers, is the instantaneous pain that makes your arm jerk back before you even realized you were burned. It is sharp and piercing and over quickly.
- **"Slow pain"** is carried by **C** fibers. C fibers are not only small, they are unmyelinated (the only sensory axons without myelin), so their conduction velocity is quite slow. Slow pain is primarily mediated by tissue-damage peptides, and can go on indefinitely. It is distressing, it can be dull and aching, and it does not trigger withdrawal reflexes like the fast pain.

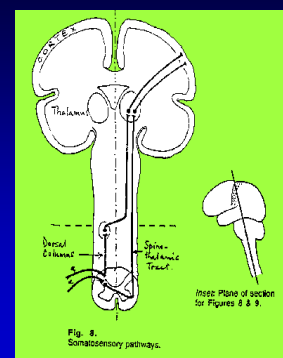


Pathological sensations

- Hypesthesia
- Anesthesia
- Hyperesthesia
- Dyesthesia

The proprioceptive system

- **The proprioceptive system** arises from primarily the Aa afferents entering the spinal cord.
- These are the afferents from muscle spindles, Golgi tendon organs, and joint receptors.
- The axons travel for a little while with the discriminative touch system, in the posterior columns. Within a few segments, however, the proprioceptive information slips out of the dorsal white matter and synapses.
- After synapsing it ascends without crossing.



Syndromes – Periferal nerves

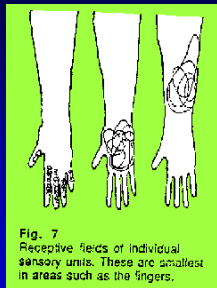
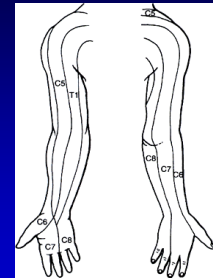
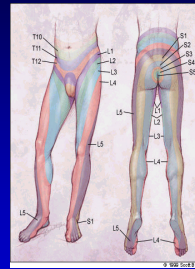


Fig. 7 Receptive fields of individual sensory units. These are smallest in areas such as the fingers.



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Roots



Decreased reflexes

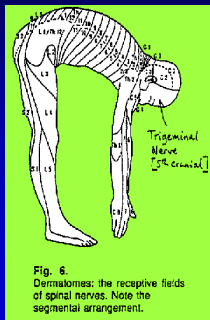
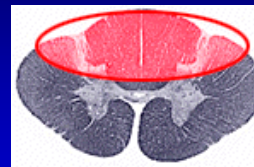


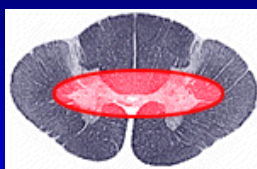
Fig. 6 Dermalomes; the receptive fields of spinal nerves. Note the segmental arrangement.

Dorsal columns



- Hypotonia, ↓ - 0 reflexes
- Spinal ataxia
- Tabic dyssoication
- Tabes dorsalis
- Extramedul tumors

comissura anterior alba



- Paint, term sensitivity – syringomyelic dyssoication
- Syringomyelia
- Intramedul tumors

BROWN-SEQUARD SYNDROME

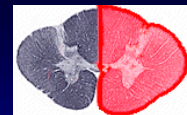
Brown-Sequard Syndrome is commonly caused by blunt trauma to the anterior (front) portion of the spinal cord.

CHARACTERISTICS OF BROWN-SEQUARD SYNDROME

1. Interruption of corticospinal tracts
2. Ipsilateral spastic paralysis
3. Ipsilateral loss of fine touch
4. Ipsilateral loss of vibratory sensation
5. Ipsilateral loss of pain and temperature
6. Ipsilateral loss of touch, sense of vibration and positioning
7. Interruption of dorsal afferent tracts

Fiber Tracts of Spinal Cord

- Ascending Pathways
- Descending Pathways



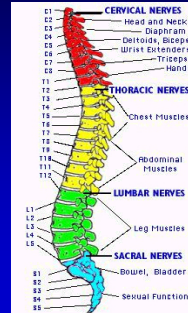
- Ipsilateral – deep sensitivity
- Contralateral – pain, term sensitivity
- Bilateral – touch sensitivity

Transversal lesion



- Anesthesia below lesion

Vertebromedullary topography



- C-part. + 1 segment
- Upper Th + 2 segments
- Lower Th + 3 segments

sy cauda equina

- Pain and hypesthesia S3 – S5
- **Perianal and perigenital localisation**
- ↓ reflexes
- Periferal paresis