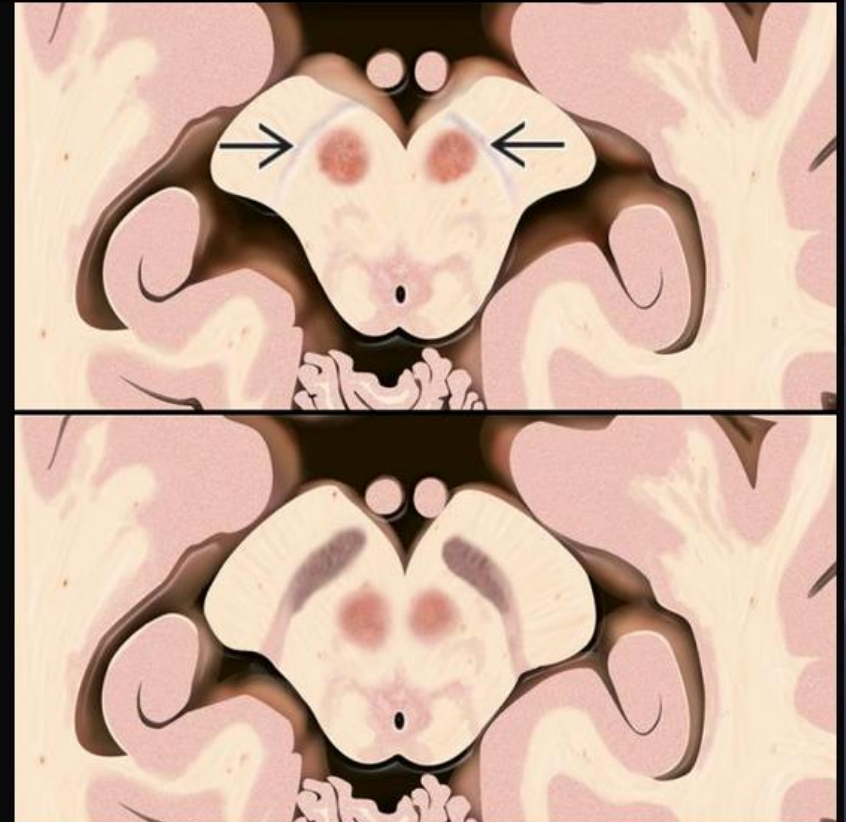


# Parkinson disease

- Resting tremor, rigidity and hypokinesia
- Due to progressive degeneration of dopaminergic neurons in the substantia nigra.
- Primarily affects **pars compacta** of substantia nigra

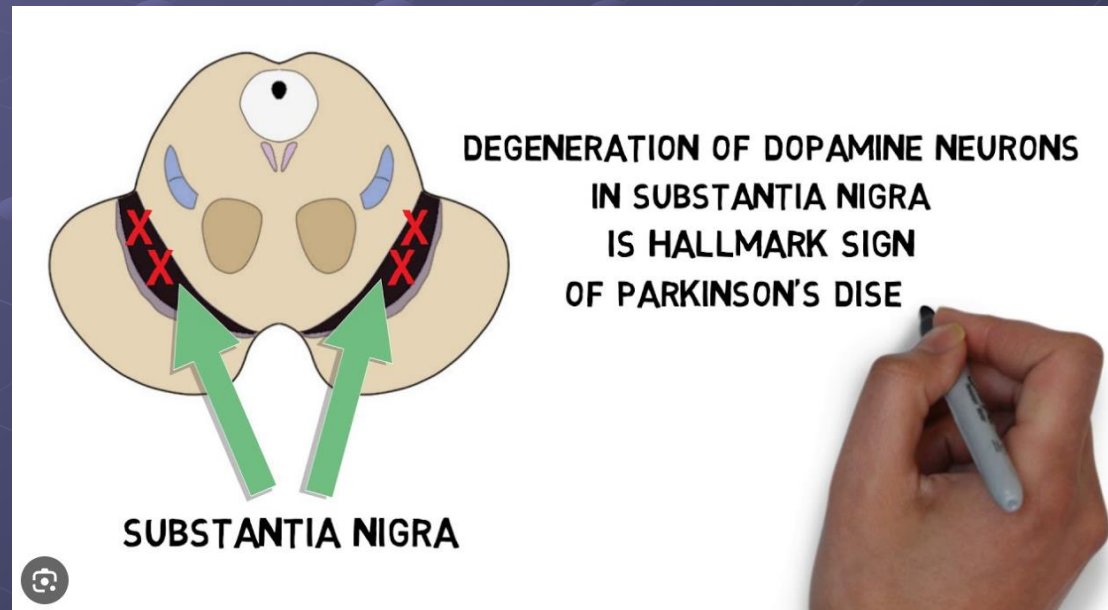
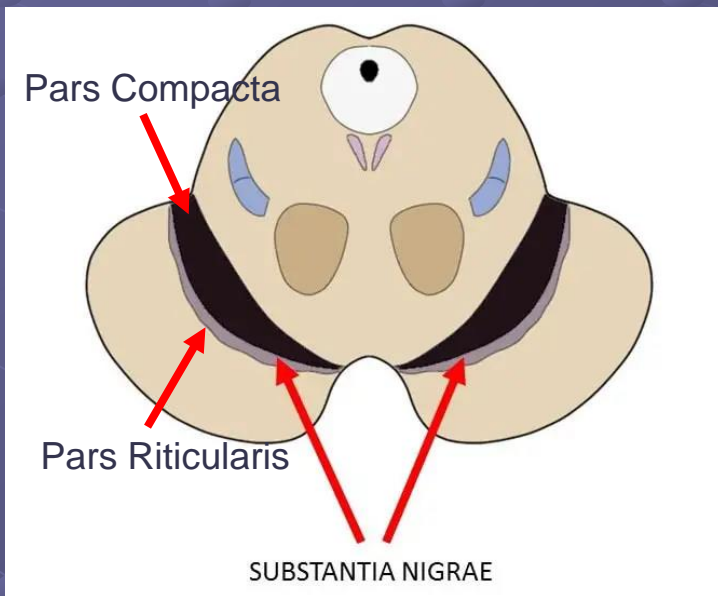


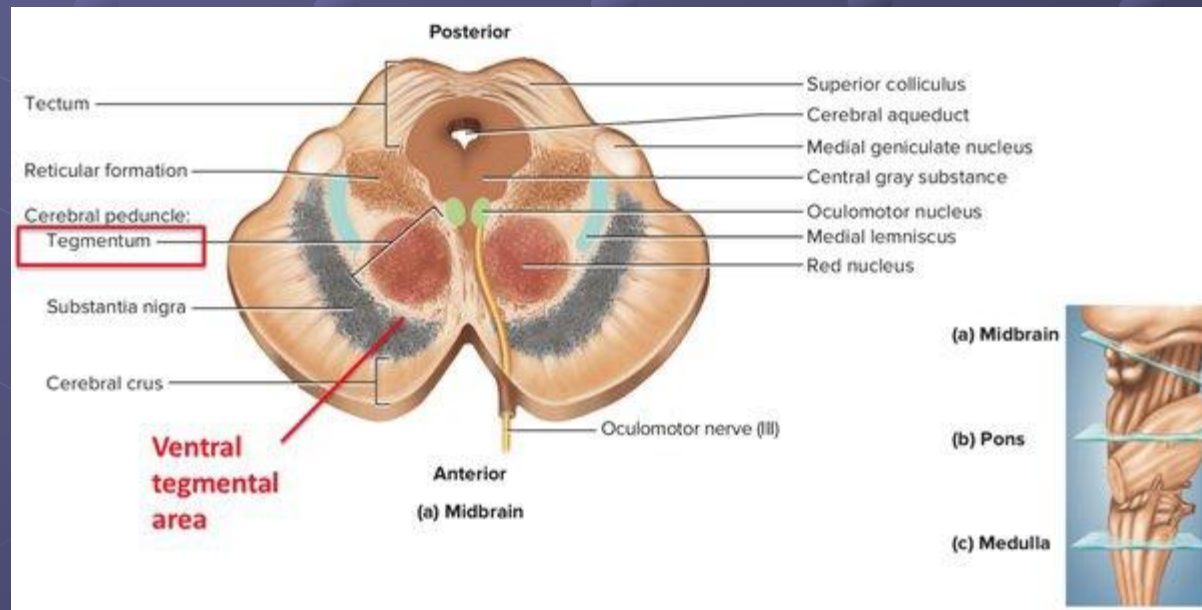
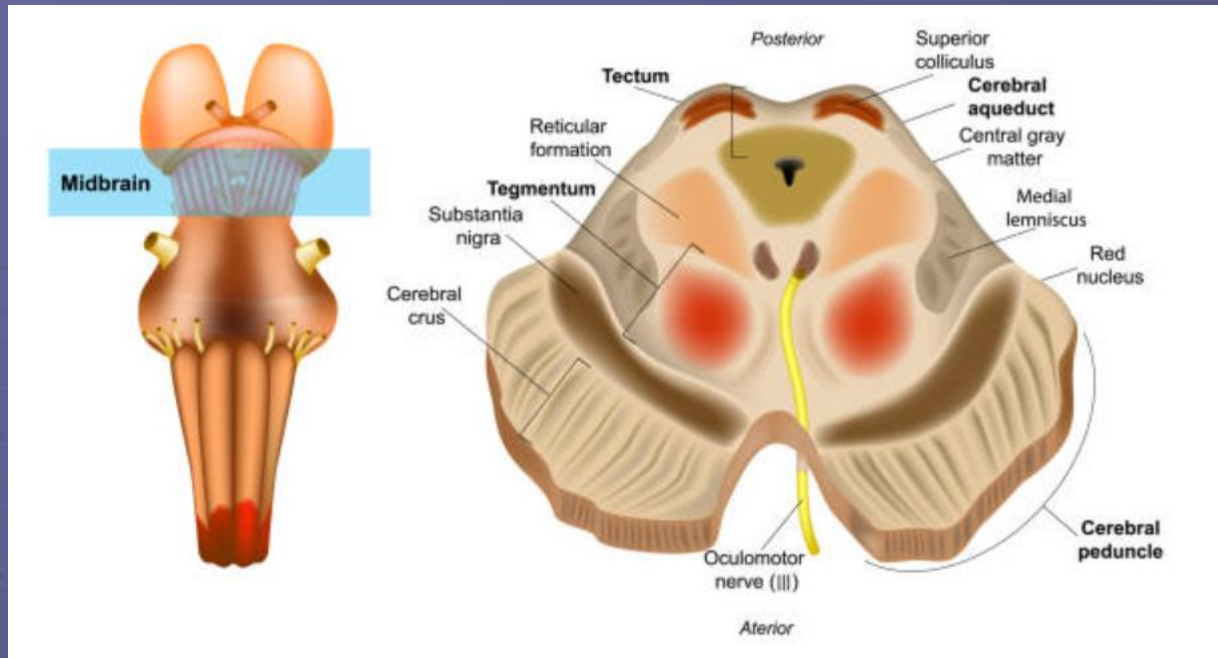
Axial midbrain diagram shows narrowing and depigmentation of the substantia nigra ⇒ in Parkinson disease (upper) relative to normal anatomy (lower).

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# Substantia Nigra

- Divided into
  - Superficial - pars reticularis
  - Deep - pars compacta

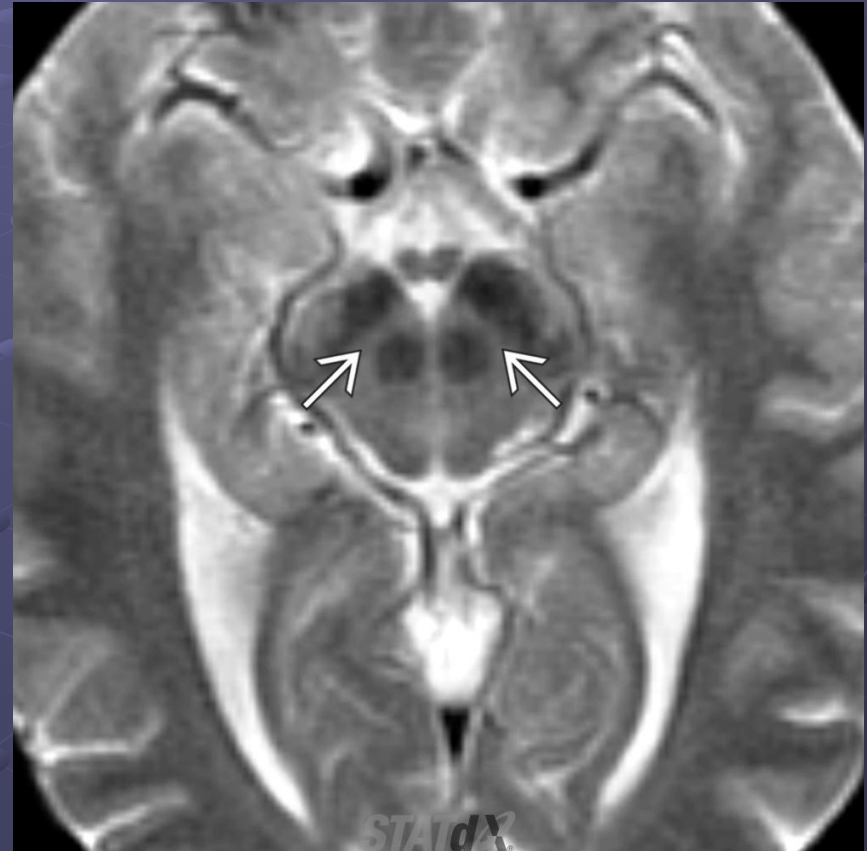






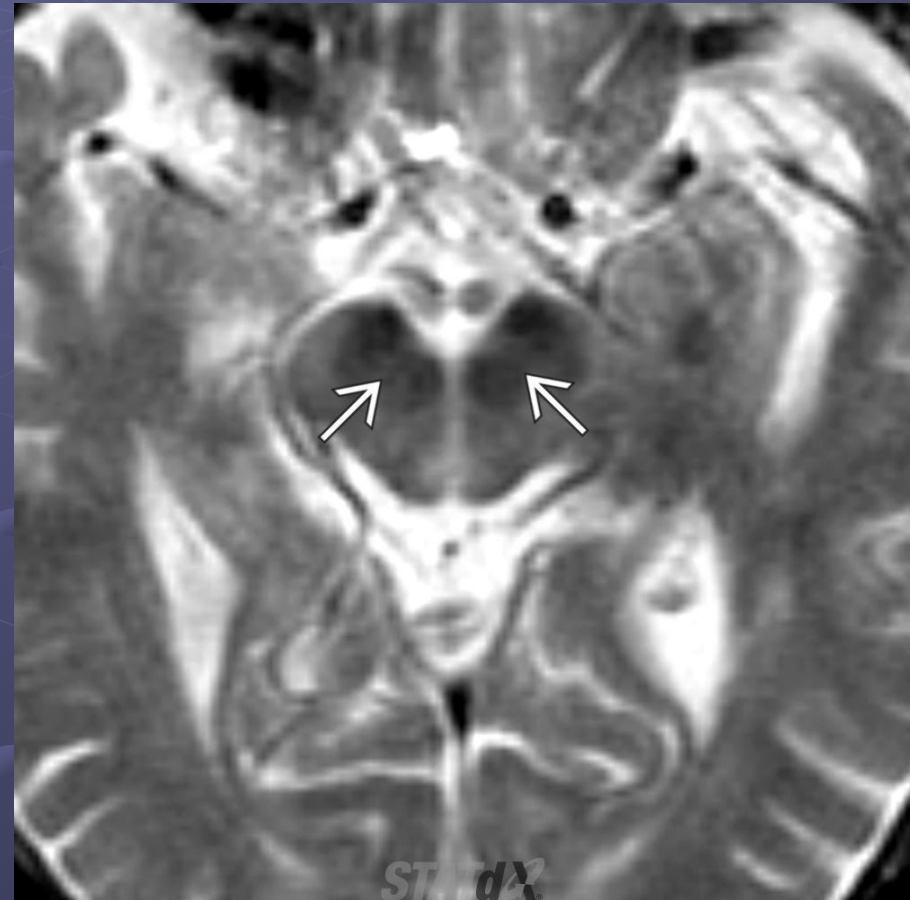
# Normal

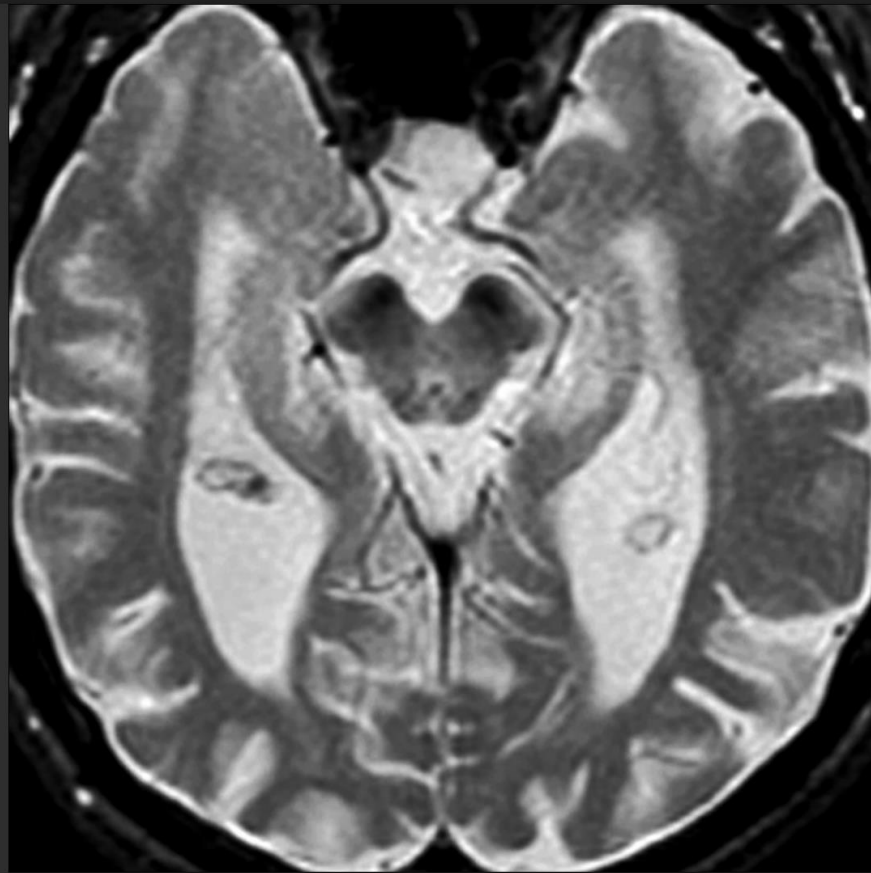
- Appropriate width of the pars compacta (white solid arrow)
- a striking contrast to the abnormal findings seen in a patient with Parkinson disease.



# Parkinson disease

- "blurring" and thinning of pars compacta (white solid arrow) between 2 hypointense structures, i.e., the pars reticulata of substantia nigra and red nucleus.
- As a result, the red nuclei and substantia nigra are almost touching.





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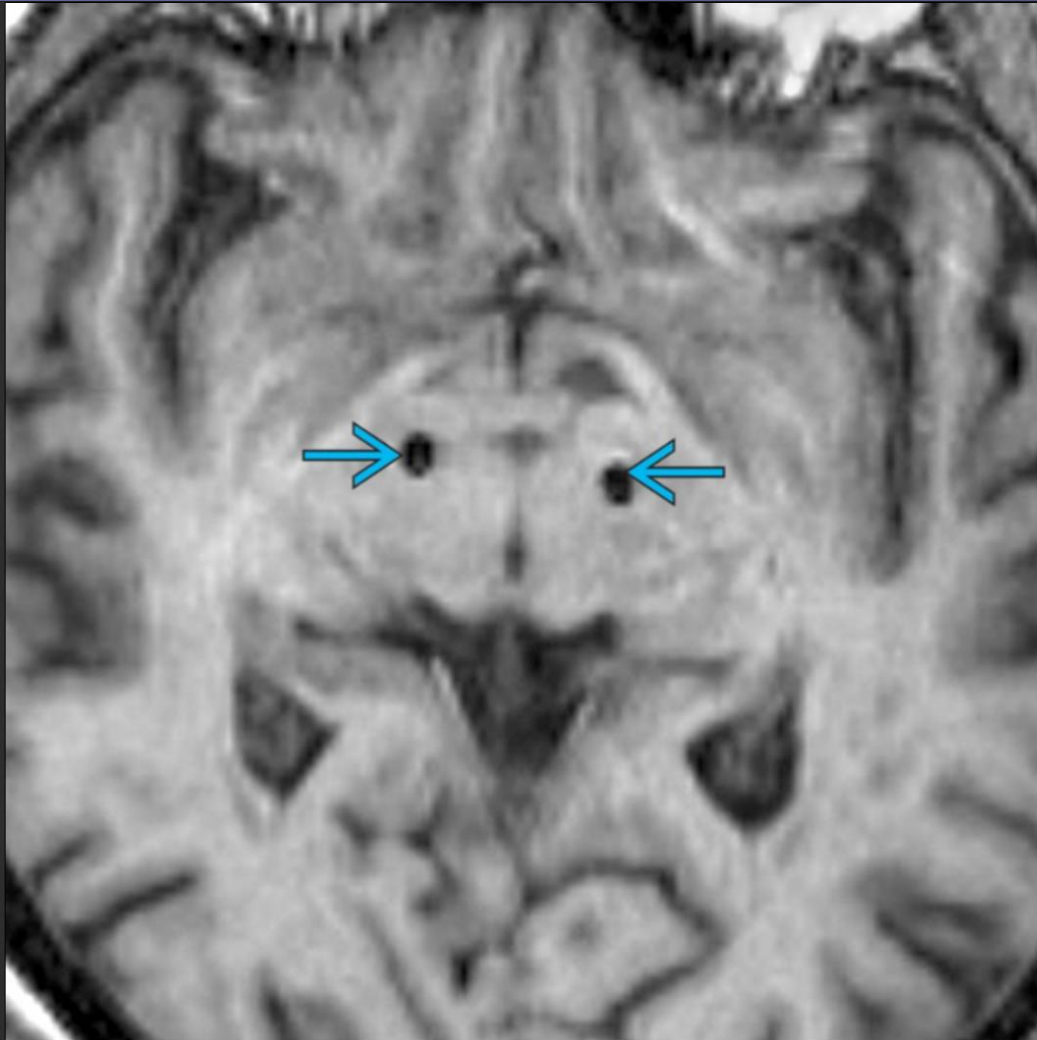
Axial T2WI MR shows hypointensity and narrowing of the substantia nigra.



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Axial T2\* SWI MR in the same patient shows increased susceptibility in the bilateral putaminal region → due to increased iron deposition.





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The same patient underwent placement of bilateral deep brain stimulator (DBS). Axial 3D T1WI through the upper midbrain region demonstrate correct positioning of the tip of electrodes → in the region of subthalamic nuclei ~ 9 mm lateral to midline.