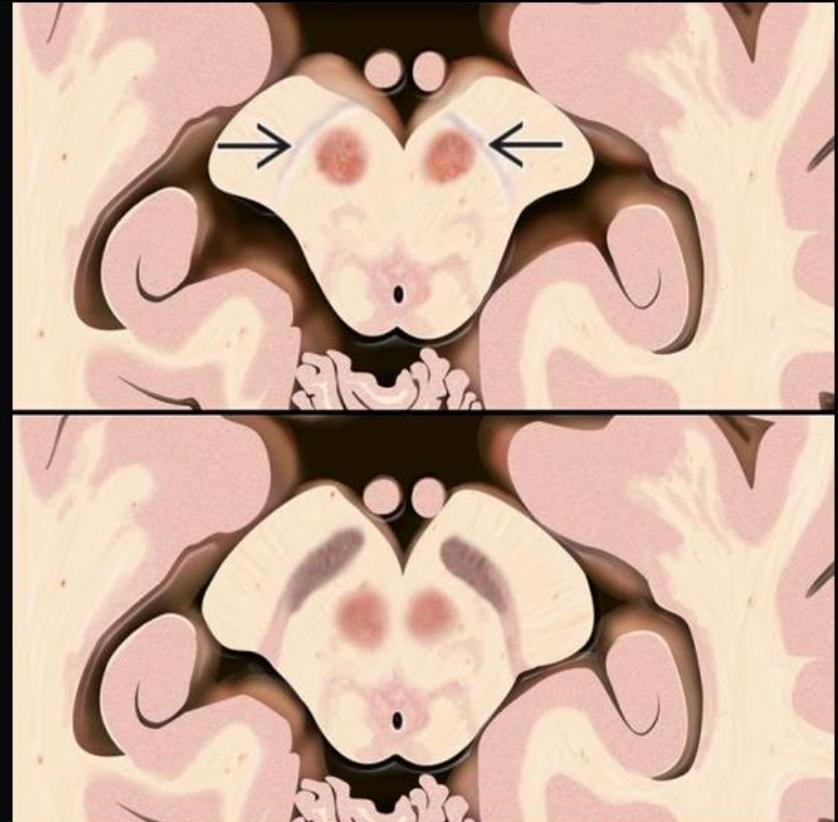


Parkinson disease

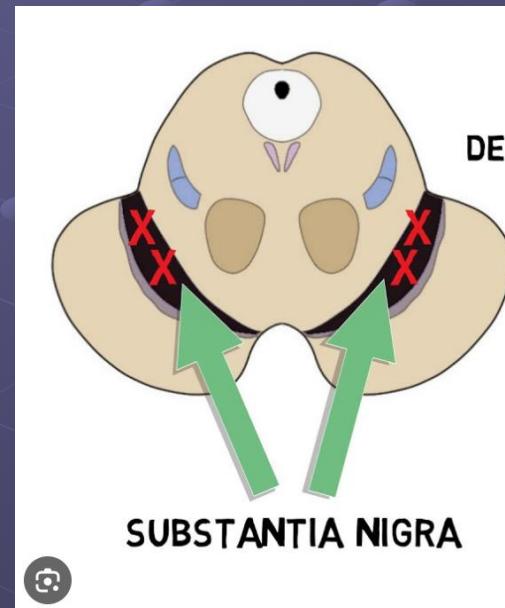
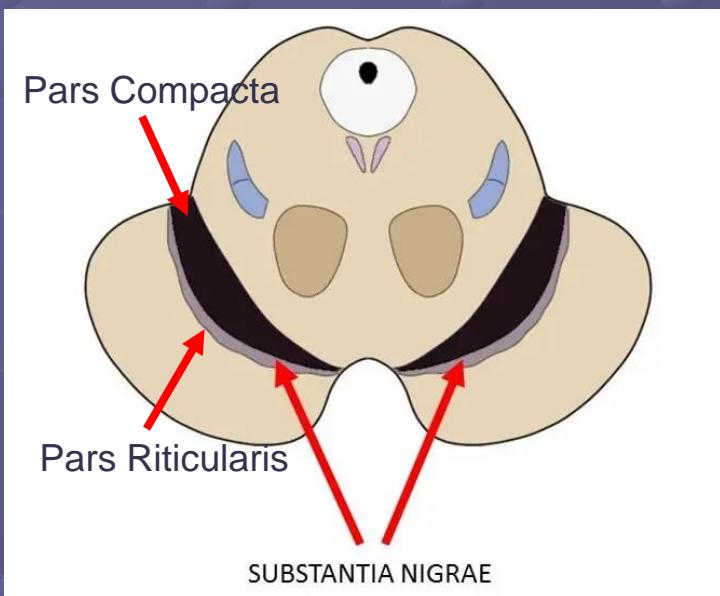
- Resting tremor, rigidity and hypokinesia
- Due to progressive degeneration of dopaminergic neurons in the substantia nigra.
- Primarily affects pars compacta of substantia nigra

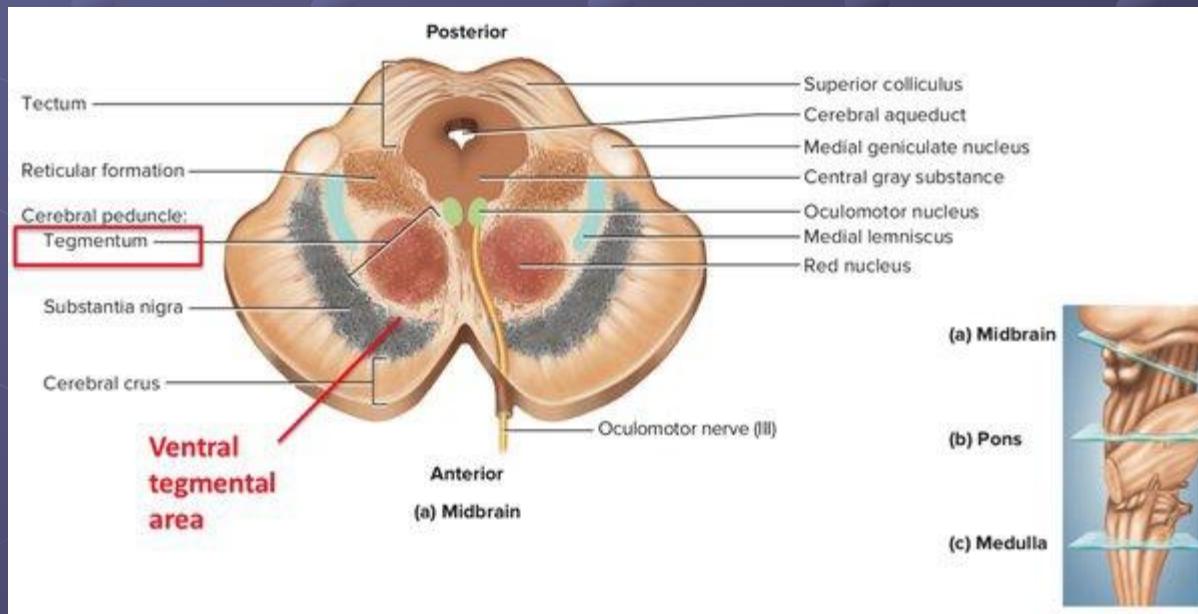
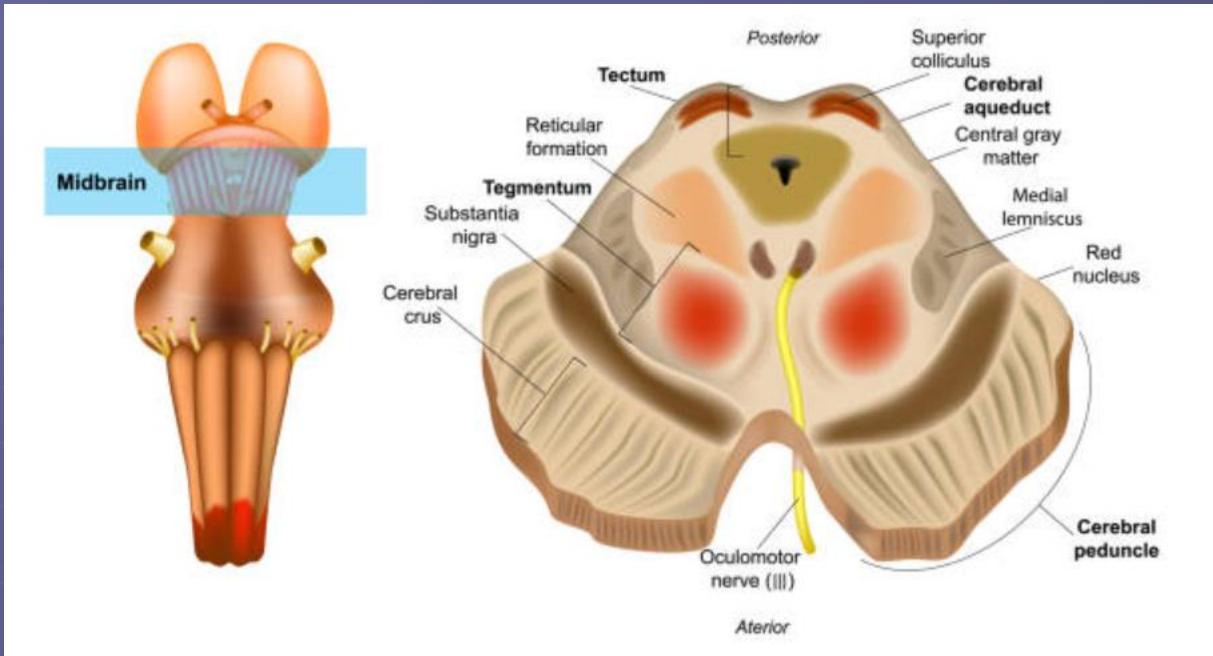


Axial midbrain diagram shows narrowing and depigmentation of the substantia nigra → in Parkinson disease (upper) relative to normal anatomy (lower).
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Substantia Nigra

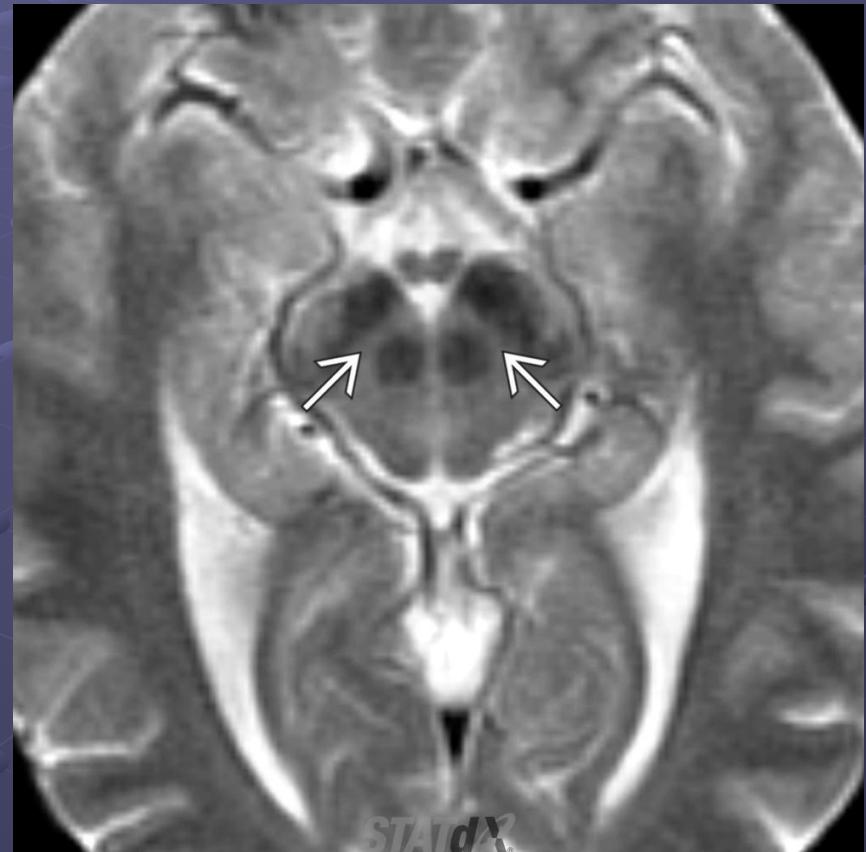
- Divided into
 - Superficial - pars reticulata
 - Deep - pars compacta





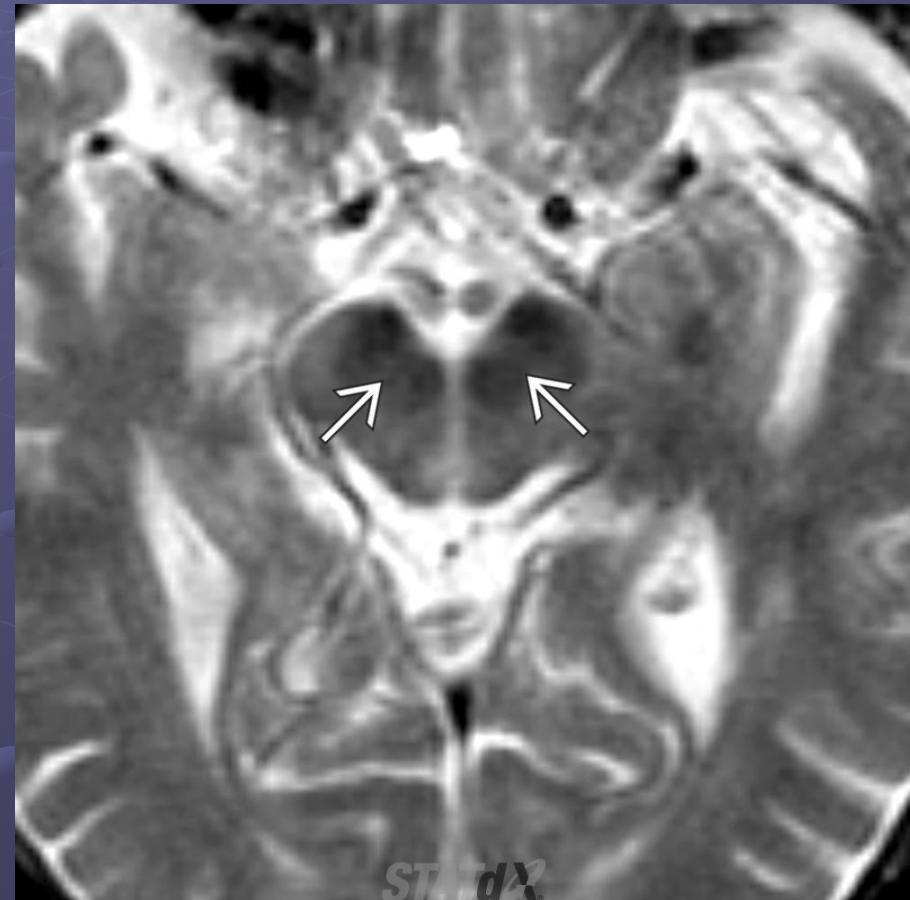
Normal

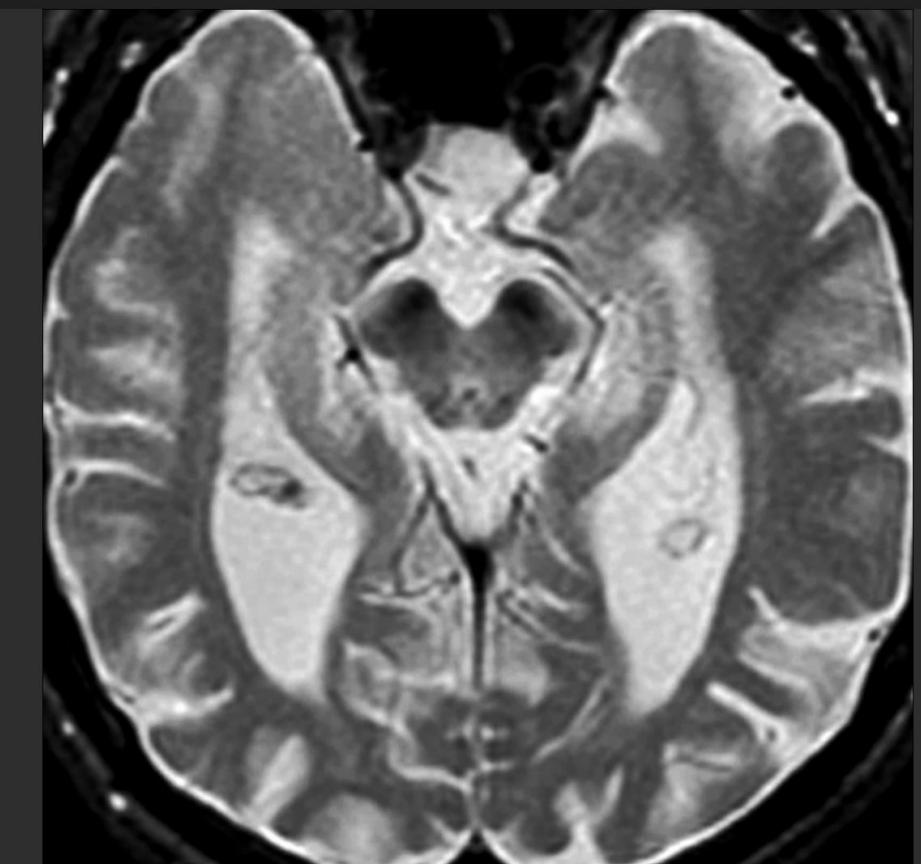
- Appropriate width of the pars compacta (white solid arrow)
- a striking contrast to the abnormal findings seen in a patient with Parkinson disease.



Parkinson disease

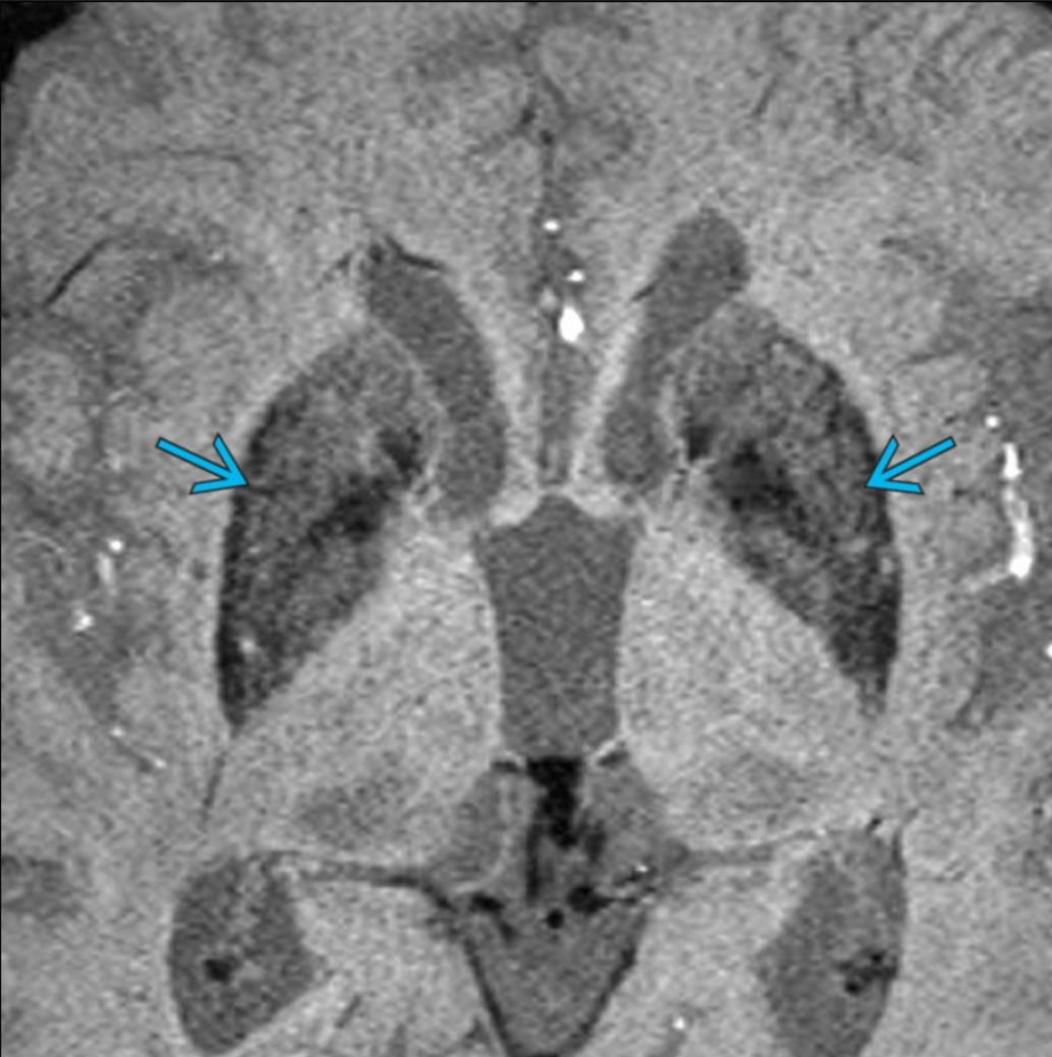
- "blurring" and thinning of pars compacta (white solid arrow) between 2 hypointense structures, i.e., the pars reticulata of substantia nigra and red nucleus.
- As a result, the red nuclei and substantia nigra are almost touching.





[View Full Screen Image](#)

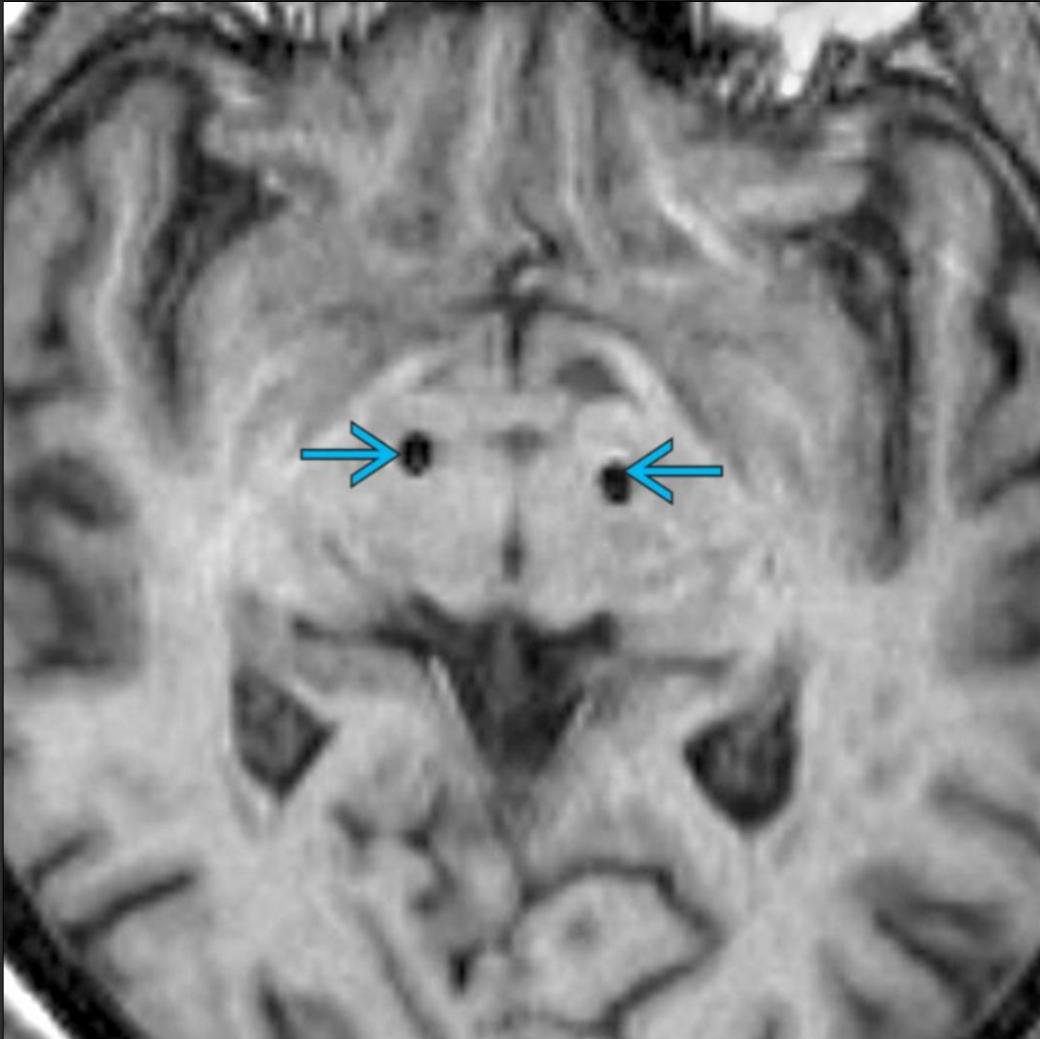
Axial T2WI MR shows hypointensity and narrowing of the substantia nigra.



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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.

Dr. A. H. Raju, MD



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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.