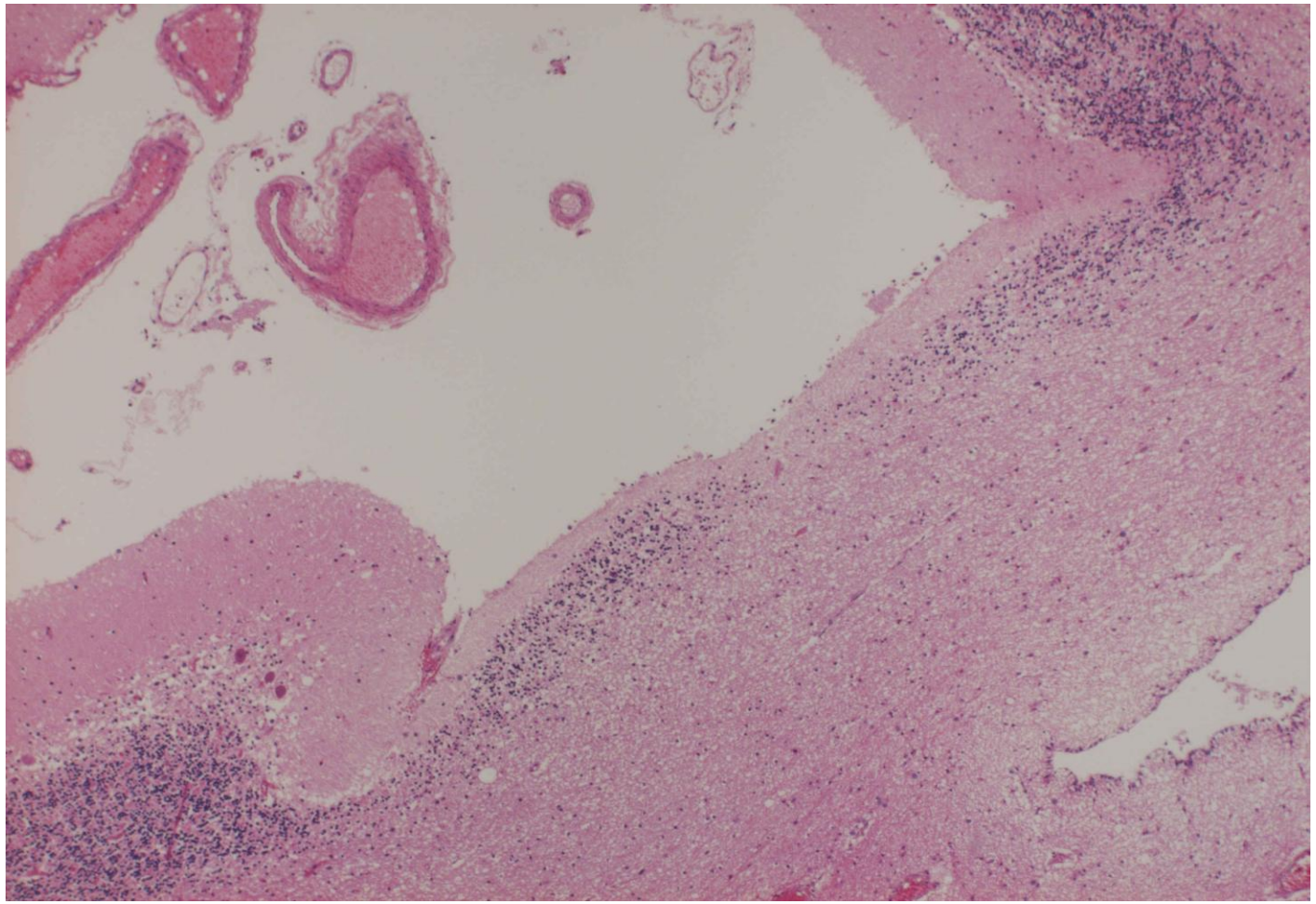
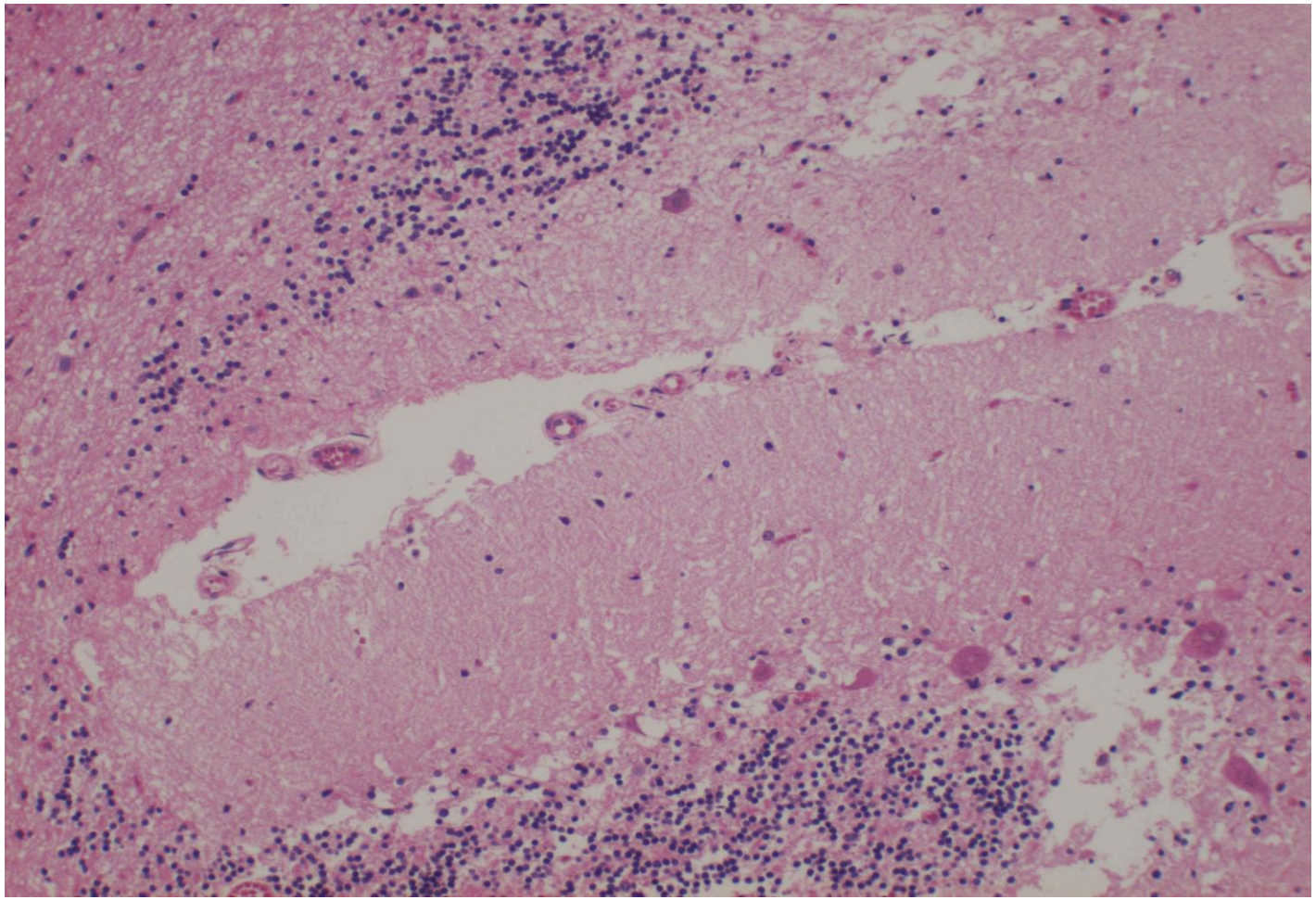
Cerebral palsy

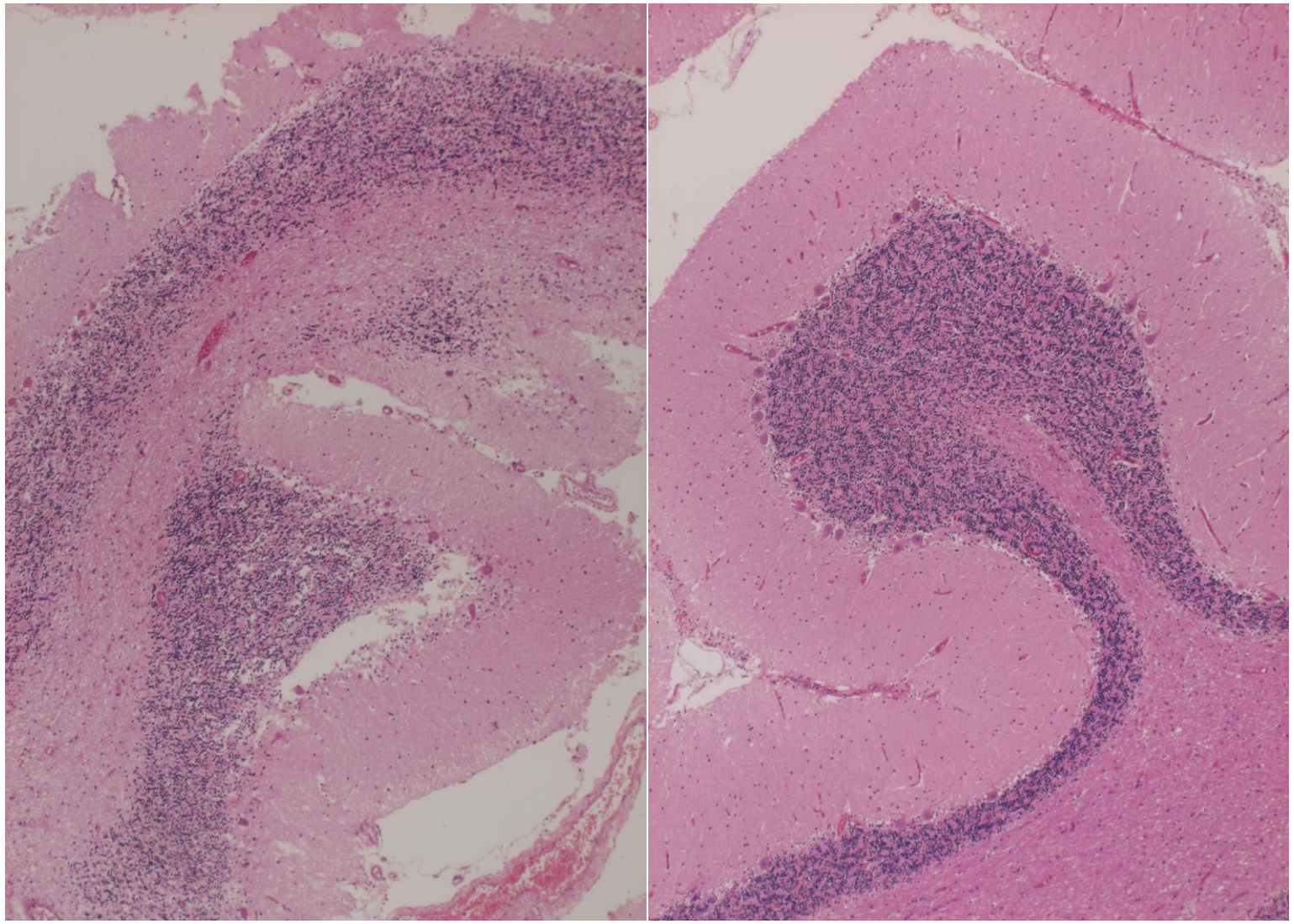
Cerebral palsy is a group of nonprogressive disorders of movement and posture as a result of environmental (ante-, peri- and postnatal) factors, particularly hypoxic-ischemic insults. It is the most common cause of severe neurodisability in children. The associated comorbidities include epilepsy, musculoskeletal problems, intellectual disability, feeding difficulties, visual abnormalities, hearing abnormalities, and communication difficulties. The most common type is athetotic/dyskinetic cerebral palsy.



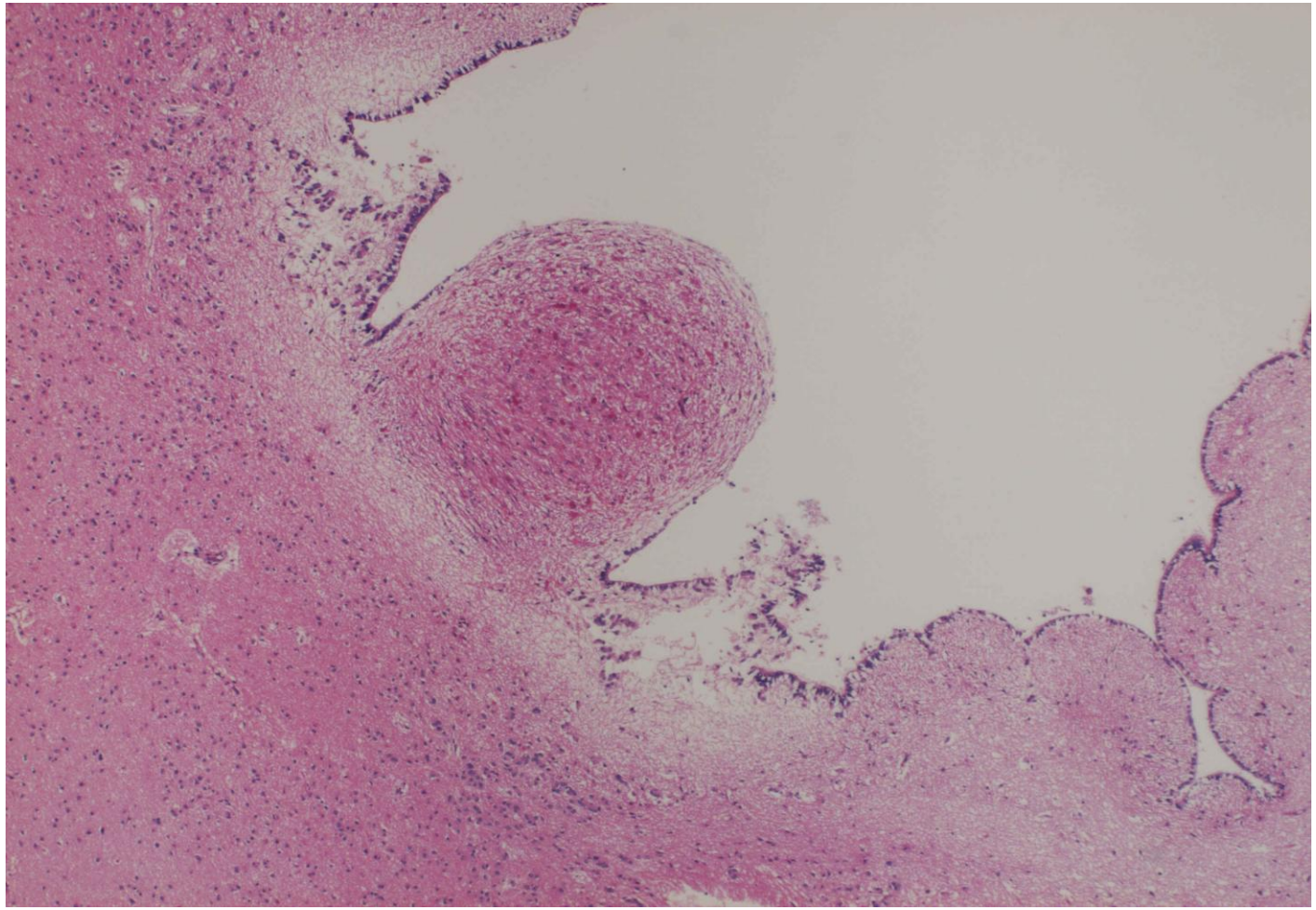
An autopsy case of cerebral palsy, athetosis type (24 year-old lady). Cerebellar cortex is multifocally thinned with loss of Purkinje cells and granular layer neurons. H&E-1



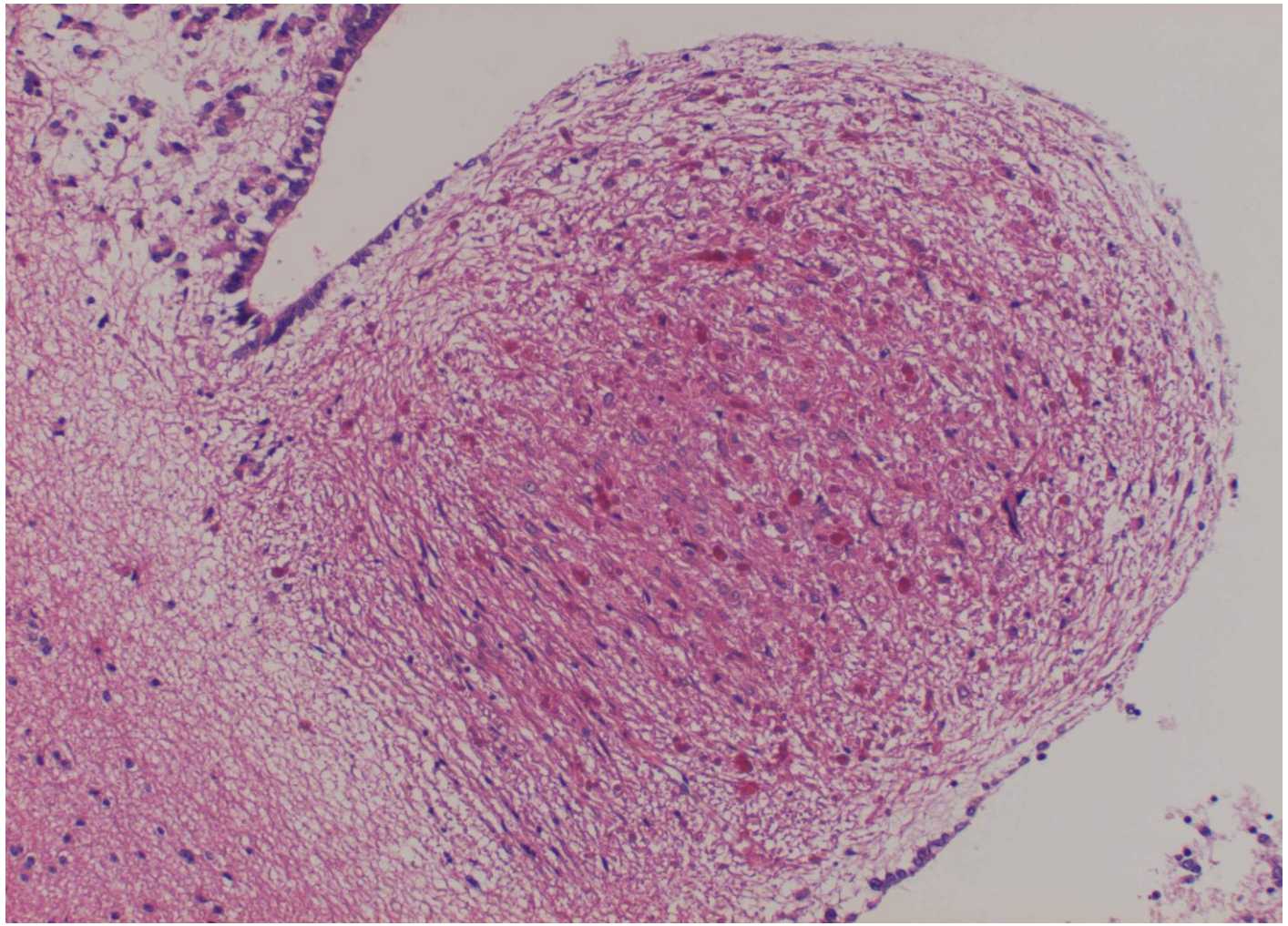
An autopsy case of cerebral palsy, athetosis type (24 year-old lady). Cerebellar cortex is multifocally thinned with decrease of Purkinje cells and granular layer neurons. H&E-2



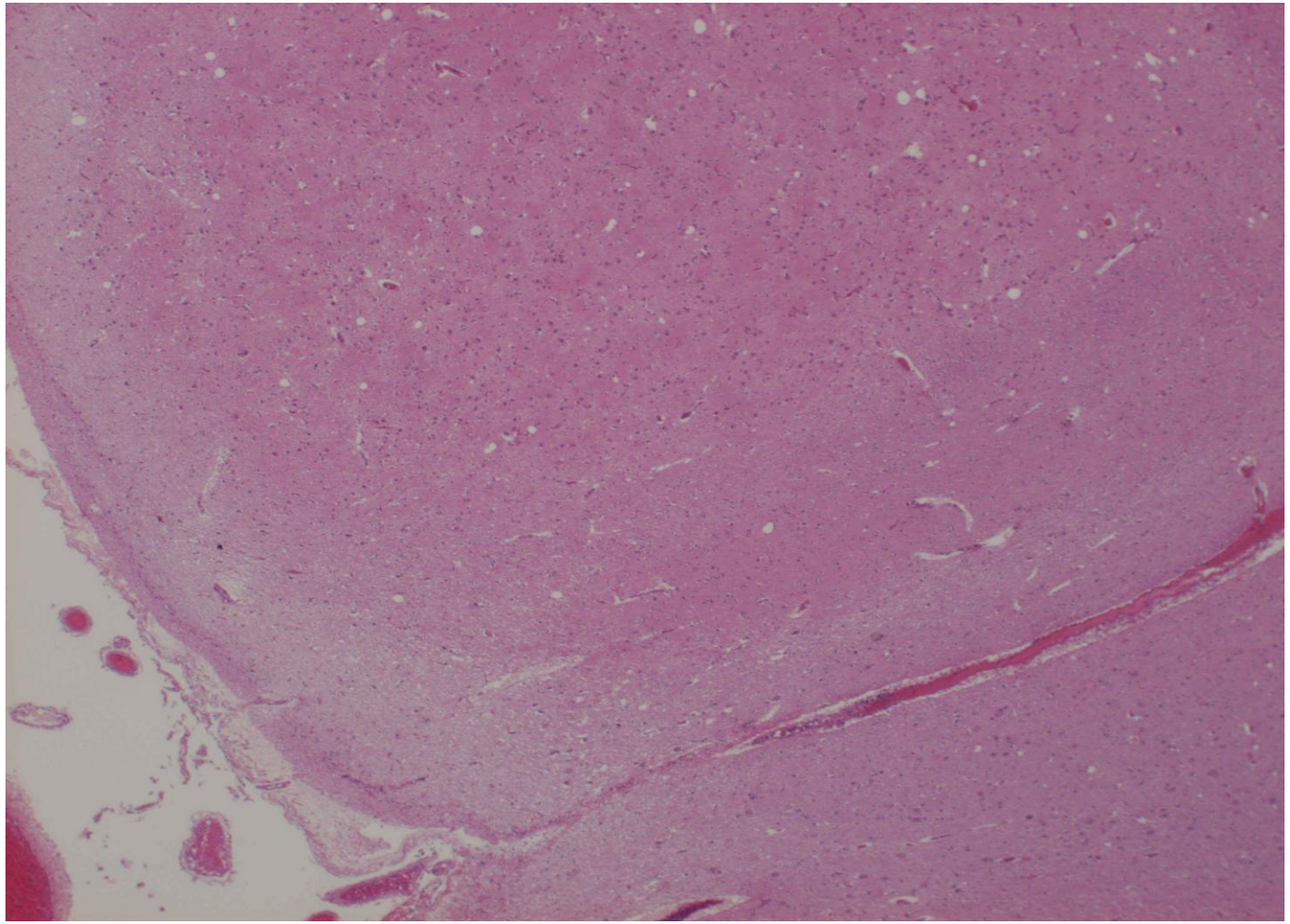
An autopsy case of cerebral palsy, athetosis type (24 year-old lady). Compare the abnormal area of the cerebellum (left half) with the normal area (right half). Cerebellar cortex is multifocally thinned with decrease of Purkinje cells and granular layer neurons. H&E-3



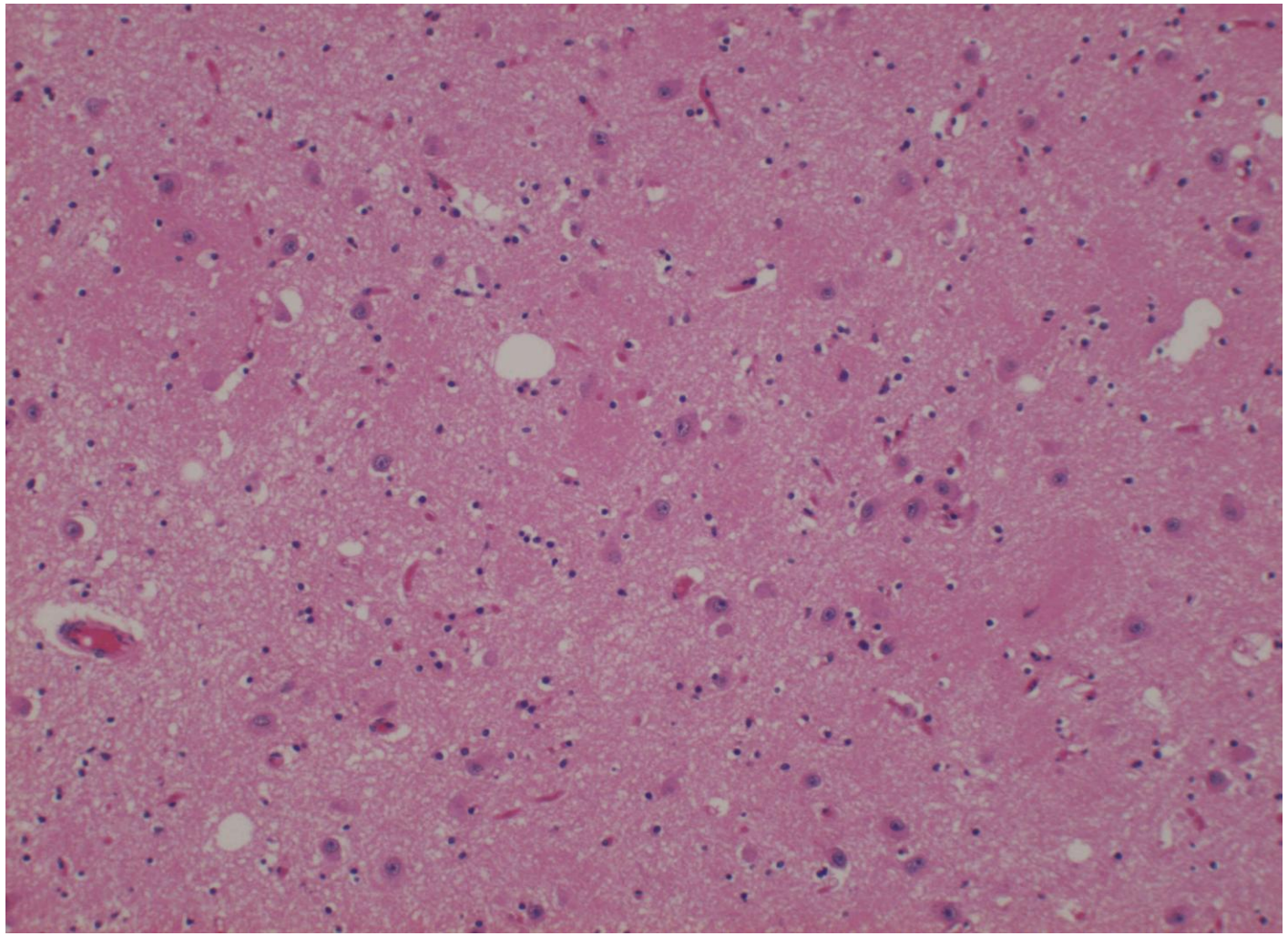
In an autopsy case of cerebral palsy, athetosis type (24 year-old lady), a glial nodule is formed just beneath the ependymal layer of the aqueduct of midbrain (cerebral aqueduct). H&E-3



In an autopsy case of cerebral palsy, athetosis type (24 year-old lady), a glial nodule is formed just beneath the ependymal layer of the aqueduct of midbrain (cerebral aqueduct). H&E-4



In an autopsy case of cerebral palsy, athetosis type (24 year-old lady), a glial nodule is formed in the cerebral cortex. H&E-5



In an autopsy case of cerebral palsy, athetosis type (24 year-old lady), a glial nodule is formed in the cerebral cortex. Nodular gliosis is observed with decrease of neuronal cells. H&E-6