

Analyzing Macrostructural Brain Abnormalities in Spinal Muscular Atrophy

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Introduction

Spinal Muscular Atrophy (SMA) is a genetic neuromuscular disorder caused by mutations in the SMN1 (Survival Motor Neuron 1) gene, which leads to a deficiency of the SMN protein. This deficiency affects motor neurons in the spinal cord, leading to progressive muscle weakness and atrophy. While SMA is primarily characterized by spinal motor neuron degeneration, recent studies have shown that the brain may also be affected, particularly in terms of macrostructural abnormalities. These findings offer new insights into how SMA impacts the central nervous system and the broader neurodevelopmental landscape of the disorder.

SMA and the central nervous system

The role of the SMN protein in cellular function goes beyond just motor neurons. It is essential for RNA processing and cellular homeostasis, and it plays a role in maintaining neuronal function across various systems. Because of this, the absence or reduction of SMN protein in SMA may also impact other regions of the brain, raising concerns about broader neurodevelopmental implications beyond motor function. In the last decade, neuroimaging studies, such as magnetic resonance imaging (MRI), have been used to evaluate potential brain abnormalities in SMA patients [1]. These studies have highlighted macrostructural changes in specific brain regions, suggesting that SMA may also involve broader neurological consequences.

Key findings on macrostructural brain abnormalities in SMA

- **Cortical thickness and volume reductions:** Several studies have noted cortical thinning and reduced brain volume in individuals with SMA, particularly in areas associated with motor control, such as the precentral gyrus (primary motor cortex). These reductions are thought to correlate with the extent of motor impairment seen in the disorder.
- **Primary motor cortex:** As expected, the primary motor cortex, which is involved in voluntary muscle control, has shown significant atrophy in SMA patients. This may be linked to the neurodegeneration of motor neurons in the spinal cord. Sensorimotor Integration Areas: Changes in sensorimotor areas, such as the supplementary motor area (SMA) and the postcentral gyrus, have been documented, suggesting that both sensory processing and motor coordination may be affected.
- **Basal ganglia and thalamic involvement:** The basal ganglia and thalamus are key structures involved in motor function and coordination. MRI studies have revealed volumetric abnormalities in these regions, including a reduction in the size of the caudate nucleus and putamen [2]. The involvement of these regions aligns with the motor deficits seen in SMA and may contribute to both the progression of motor weakness and potential movement disorders that can accompany SMA.
- **Cerebellar atrophy:** The cerebellum, which plays a critical

role in balance, motor coordination, and fine motor control, has also shown signs of atrophy in SMA patients. This is particularly relevant given that cerebellar involvement could exacerbate motor dysfunction and influence motor learning processes, which are typically impaired in SMA.

- **Corpus callosum abnormalities:** The corpus callosum, the large bundle of nerve fibers connecting the two hemispheres of the brain, has shown structural differences in SMA patients. Some studies have reported thinning of the corpus callosum, suggesting impaired interhemispheric communication. This could have implications for the coordination of bilateral motor tasks, which are often affected in SMA.
- **Widespread gray matter atrophy:** Gray matter atrophy has been observed not only in motor-related regions but also in non-motor areas such as the frontal and temporal lobes. This raises the possibility that SMA may involve more widespread cognitive effects than previously recognized, potentially affecting executive function, language processing, and emotional regulation [3].
- **White matter changes:** Beyond gray matter, white matter integrity has also been shown to be compromised in SMA. Diffusion tensor imaging (DTI), a technique used to measure the integrity of white matter tracts, has revealed abnormalities in motor-related pathways, including the corticospinal tracts. These changes may reflect the degeneration of motor neurons and their connections to the brain.

Potential cognitive and behavioral implications

While SMA is largely considered a motor disorder, emerging evidence suggests that the observed brain abnormalities could also contribute to cognitive or behavioral differences. Studies investigating cognitive function in SMA patients have found that, in some cases, individuals may experience subtle deficits in areas such as attention, memory, and executive function. However, it is important to note that cognitive function in SMA is typically preserved or only mildly impaired, and more research is needed to fully understand the relationship between brain structure and cognitive outcomes in SMA [4].

Research and clinical implications

- **Understanding disease progression:** By mapping

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macrostructural brain abnormalities in SMA, researchers can gain insights into how the disease progresses and whether these changes correlate with motor decline, cognitive impairment, or quality of life. This could help in developing more comprehensive management strategies for SMA patients.

- **Biomarker development:** Identifying specific brain changes in SMA could serve as a biomarker for disease severity or progression, which could be valuable in clinical trials for novel therapies. Neuroimaging

- markers could also help in evaluating the efficacy of emerging SMN-enhancing treatments, such as nusinersen or gene therapy.

- **Potential for early intervention:** Recognizing that SMA may affect the brain early in life highlights the need for early diagnosis and intervention. Future therapeutic strategies could aim to protect not only the motor neurons but also other neural structures, potentially improving both motor and cognitive outcomes.

Conclusion

While Spinal Muscular Atrophy is traditionally viewed as a motor neuron disease, growing evidence of macrostructural brain abnormalities suggests that SMA may have more widespread neurological effects. These findings underscore the importance of comprehensive care that addresses not only the motor impairments but

also potential neurodevelopmental and cognitive aspects of the disease [5-7]. Further research is crucial to better understand how these brain abnormalities develop and to determine their full impact on patients' lives. By doing so, clinicians and researchers can improve treatment approaches and ultimately enhance the quality of life for individuals with SMA.

References

1. Hemachudha T, Laothamatas J, Rupprecht CE (2002) Human rabies: A disease of complex neuropathogenetic mechanisms and diagnostic challenges. *Lancet Neurol* 1(2):101-109.
2. Chacko K, Parakadavathu RT, Al-Maslamani M, Nair AP, Chekura AP, et al. (2017) Diagnostic difficulties in human rabies: A case report and review of the literature. *Qatar Med J* 2016(2):15.
3. Susilawathi NM, Darwinata AE, Dwija IBNP, Budayanti NS, Wirasandhi GAK, et al. (2012) Epidemiological and clinical features of human rabies cases in Bali 2008-2010. *BMC Infect Dis* 12:81.
4. World Health Organization (2018) Rabies vaccines: WHO position paper, April 2018 – Recommendations. *Vaccine* 36(37): 5500-5503.
5. Hattwick MAW, Weiss TT, Stechsulte CJ (1972) Recovery from rabies. *Annals Internal Med* 76(6):931-942.
6. Porras C, Barboza JJ, Fuenzalida E, Adaros HL, Oviedo AM, et al. (1976) Recovery from rabies in man. *Ann Intern Med* 85(1):44-48.
7. Tillotson JR, Axelrod D, Lyman DO (1977) Rabies in a laboratory worker - New York. *Morbidity Mortality Weekly Rep* 26:1830-1834.