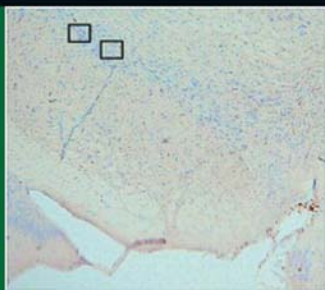


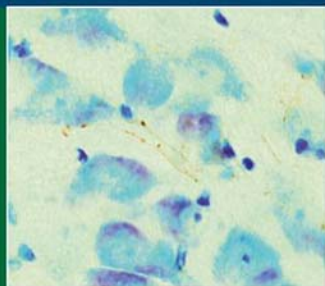
ADVANCES IN ANATOMY, EMBRYOLOGY AND CELL BIOLOGY

Enrico Marani  
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# The Subthalamic Nucleus

Part I: Development, Cytology,  
Topography and Connections



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With 29 Figures

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## Abstract

This monograph (Part I of two volumes) on the subthalamic nucleus (STN) accentuates the gap between experimental animal and human information concerning subthalamic development, cytology, topography and connections. The light and electron microscopical cytology focuses on the open nucleus concept and the neuronal types present in the STN. The cytochemistry encompasses enzymes, NO, glial fibrillary acidic protein (GFAP), calcium binding proteins, and receptors (dopamine, cannabinoid, opioid, glutamate,  $\gamma$ -aminobutyric acid (GABA), serotonin, cholinergic, and calcium channels). The ontogeny of the subthalamic cell cord is also reviewed. The topography concerns the rat, cat, baboon and human STN. The descriptions of the connections are also given from a historical point of view. Recent tracer studies on the rat nigro-subthalamic connection revealed contralateral projections. Part II of the two volumes (volume 199) on the subthalamic nucleus (STN) starts with a systemic model of the basal ganglia to evaluate the position of the STN in the direct, indirect and hyperdirect pathways. A summary of *in vitro* studies is given, describing STN spontaneous activity as well as responses to depolarizing and hyperpolarizing inputs and high-frequency stimulation. STN bursting activity and the underlying ionic mechanisms are investigated. Deep brain stimulation used for symptomatic treatment of Parkinson's disease is discussed in terms of the elements that are influenced and its hypothesized mechanisms. This part of the monograph explores the pedunclopontine–subthalamic connections and summarizes attempts to mimic neurotransmitter actions of the pedunclopontine nucleus in cell cultures and high-frequency stimulation on cultured dissociated rat subthalamic neurons. STN cell models – single- and multi-compartment models and system-level models are discussed in relation to subthalamic function and dysfunction. Parts I and II are compared.



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## Abbreviations

A	Fields of Sano
A	Adenosine receptor
A8,A9	Catecholaminergic areas
ABC	Avidin-biotin-HRP complex
Alent	Ansa lenticularis (Fig. 2)
AMPA	$\alpha$ -Amino-3-hydroxy-5-methyl-4-isoxazole-propionic acid
Am(g)	Amygdala
Apt	Anterior pretectal nucleus: AD, AM, AV indicate the dorsal, medial, ventral parts
APV	D-2-Amino-5-phosphono-valerate
AWSR	Array-wide spiking rate
AV	Anterior thalamic nucleus
BAPTA	1,2-bis(2-Aminophenoxy)-ethane- <i>N,N,N',N'</i> -tetraacetic acid
bc	Brachium conjunctivum
bci	Brachium of the colliculus inferior
BDA	Biotinylated dextran amine
BG	Basal ganglia
BI	Burst index
BIP	Burst intensity product
bp	Brachium pontis
CaBP	Calcium binding proteins
CB	Cannabinoid receptor
CB	Calbindin
CC	Corpus callosum
cd	Nucleus caudatus
Ce	Capsula interna (Fig. 2)
ChII	Chiasma opticum
CG	Central grey
Ci	Capsula interna (also Fig. 2)
ci	Capsula interna
Cl	Corpus Luysii

cl	Contralateral
cla	Clastrum
Cm	Corpus mamillare (Fig. 2)
CM	Centre median
Cml	Ganglion laterale corp. mamillare (Fig. 2)
Cmm	Ganglion mediale corp. mamillare (Fig. 2)
Coa	Commissural anterior (Fig. 2)
Coha	Commissura hypothalamica anterior (Fig. 2)
Cop	Commissura posterior
Cospm	Commissura supramamillaris (Fig. 2)
cp	Pedunculus cerebri
CR	Calretinin
Cu	Cuneiform nucleus
Csth	Corpus subthalamicum (Fig. 2)
ctb	Central tegmental tract of von Bechterew
ctt	Central tegmental tract
$\delta$	Opioid receptor
d	Vesicle containing dendrites
D	Dopamine receptor
DA	Dopamine
Dbc	Decussation of brachium conjunctivum
DBS	Deep brain stimulation
dcv	Dense core vesicle terminals
DIV	Days in vitro
Dlx1/2	Homeobox gene
DNQX	6,7-Dinitroquinoxaline-2,3-dione
E	Embryonic day
EP	Nucleus entopeduncularis
F1	Flat type 1 (boutons)
F2	Flat type 2 (boutons)
Fhy	Fasciculus hypophyseos (Fig. 2)
Fmp	Fasciculus mamillaris princeps (Fig. 2)
Fo	Fornix (Fig. 2)
Fsp	Fasciculus subthalamico-peduncularis (Fig. 2)
fp	Fibrae perforantes (Fig. 2)
frtf	Fasciculus retroflexus Meynerti (Fig. 2)
Fu	Fasciculus uncinatus (Fig. 2)
GABA	$\gamma$ -Aminobutyric acid
GAD	Glutamic acid decarboxylase
GAT	Specific high-affinity GABA uptake protein

---

GC	Gyrus cinguli
GCA	Gyrus centralis anterior
GCP	Gyrus centralis posterior
Gem	Ganglion ectomamillare (Fig. 2)
GF	Gyrus fusiformis
GH	Gyrus hippocampi
Ghb	Ganglion habenulae (Fig. 2)
gl	Corpus geniculatum
Glp	Glandula pinealis (Fig. 2)
glp	Globus pallidus (Fig. 2)
Glu	Ionotropic glutamate receptor
GP	Globus pallidus
GPe	Globus pallidus externus
GPI	Globus pallidus internus
H,h	H (Haubenfelder) fields of Forel (also Fig. 2)
5HT	5-Hydroxytryptamine
HRP	Horseradish peroxidase
HVA	High voltage activated currents
I	Insula Reilii (Fig. 2)
i	Nucleus internus gangl. med. corp. mamillaris (Fig. 2)
il	Ipsilateral
Ins	Insula
ISI	Interspike interval
$\kappa$	Opioid receptor $\kappa$
Kv3	Type delayed rectifier
L	Calcium channel type
ll	Lemniscus lateralis
Lm	Lemniscus medialis (also Fig. 2)
Lmi	Lamina medullaris interna
Lmm	Lamina medullaris medialis (Fig. 2)
Lml	Lamina medullaris lateralis (Fig. 2)
Lp	Posterior limitans thalamic nucleus
LPc	Gyrus paracentralis
LPi	Lobulus parietalis inferior
LR1	Large round type 1 (bouton)
LR2	Large round type 2 (bouton)
LTS	Low-threshold spike
$\mu$	Opioid receptor $\mu$
M,m	Cholinergic receptor

MEA	Midbrain extrapyramidal area
MEA	Multi-electrode array
mGlu	Metabotropic glutamate receptor
ml	Medial lemniscus
mlf	Fasciculus longitudinalis medialis
MPTP	1-Methyl-4-phenyl-1,2,3,6 tetrahydropyridine
mV	Motor nucleus of the nervus trigeminus
N	Calcium channel type
N	Substantia nigra
Nam	Nucleus amygdaliformis (Fig. 2)
Nans	Nucleus ansae lenticularis Meynerti (Fig. 2)
Narc	Nucleus arcuatus thalami (Fig. 2)
Nc	Nucleus caudatus (Fig. 2)
Nci	Nuclei of the colliculus inferior
NcM	Nucleus commissurae Meynerti (Fig. 2)
Ndd	Nuclei dorsales disseminati thalami (Fig. 2)
Neop	Nucleus of Darkschewitsch (Fig. 2)
NGF	Nerve growth factor
Ni	Substantia nigra
Nic	Substantia nigra pars compacta
Nir	Substantia nigra pars reticulata
Nkx-2.1	Homeobox gene
Nl	Nucleus centralis thalami (Fig. 2)
Nld	Nucleus lateralis dorsalis thalami (Fig. 2)
Nlv	Nucleus lateralis ventralis thalami (Fig. 2)
Nlve	Nucleus lateralis ventralis ext. thalami (Fig. 2)
Nlvi	Nucleus lateralis ventralis int thalami (Fig. 2)
Nm	Nucleus medialis thalami (Fig. 2)
Nmi	Nucleus mamilloinfundibularis (Fig. 2)
NMDA	<i>N</i> -Methyl- <i>D</i> -aspartate
NO	Nitric oxide
NOS	Nitric oxide synthase
NP	Pontine nuclei
Nso	Nucleus supraopticus
NR	Subtypes NMDA receptor
Ntg	Nucleus ruber tegmenti (Fig. 2)
Ntgd	Nucleus ruber tegmenti pars dorsalis (Fig. 2)
NIII	Nucleus oculomotorius
NVme	Mesencephalicus trigeminal nucleus
6-OH-DA	6 Hydroxy dopamine
ot	Tractus opticus
$\omega$ -CgTX	$\omega$ -Conotoxin
$\omega$ -AgTX	$\omega$ -Agatoxin

P	Postnatal day
P	Calcium channel type
pale	Globus pallidus externus
pali	Globus pallidus internus
parahip	Parahippocampal gyrus
PBP	Parabrachial pigmented nucleus
pc	Pedunculus cerebri
Ped	Pedunculus cerebri
Pl	Nucleus paralemniscalis
Pp	Pes pedunculus
PPN	Nucleus tegmenti pedunculopontinus
ppci	Capsula interna pars peduncularis
Pu	Putamen (Fig. 2)
Pul	Pulvinar (Fig. 2)
put	Putamen
PV	Parvalbumin
Q	Calcium channel type
R	Calcium channel type
R	Nucleus ruber
RE	Thalamo-reticular cells
RT	Nucleus reticularis thalami
Ru	Nucleus ruber
SC	Colliculus superior
SEM	Scanning electron microscopy
Sg	Suprageniculate nucleus
Shh	Sonic hedgehog
Smg	Gyrus supramarginalis
SN	Substantia nigra
SNC	Substantia nigra pars compacta
SNI	Substantia nigra pars lateralis
SNr	Substantia nigra pars compacta
Sns	Substantia nigra Soemmeringi (Fig. 2)
Spa	Substantia perforata anterior (Fig. 2)
SR	Small round boutons
St	Stria cornea (Fig. 2)
st	Spinothalamic tract
Stri	Stratum intermedium pedunculi (Fig. 2)
Strz	Stratum zonale thalami (Fig. 2)
STN	Subthalamic nucleus
T	Calcium channel type
t	Türck's part of cerebral peduncle

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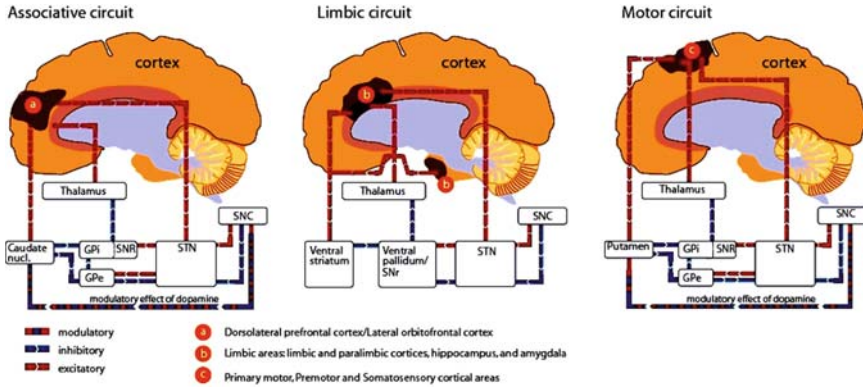
T1–3	Temporal gyri
TII	Tractus opticus
Tbc	Tuber cinereum (Fig. 2)
TC	Thalamo-cortical cells
TcTT	Tractus corticotegmentothalamicus Rinviki
TEA	Tetraethylammonium chloride
Tgpp	Nucleus tegmenti pedunculo pontinus
Tpt	Tractus peduncularis transversus (Fig. 2)
Tri	Trigonum intercrurale
Tt	Taenia thalami
TTX	Tetrodotoxin
Un	Uncus
Va	Fasciculus mamillothalamicus (Fig. 2)
VA	Ventral anterior thalamic nucleus
VE	Nuclei ventralis thalami
Vim	Nucleus ventralis intermedius thalami
VM	Ventral medial thalamic nucleus
Voa	Nucleus ventro-oralis anterior
Vop	Nucleus ventro-oralis posterior
VPI	Nucleus ventralis posterior inferior thalami
VPL	Nucleus ventralis posterior lateralis thalami
VPM	Nucleus ventralis posterior medialis thalami
VTA	Ventral tegmental area
VIII	Ventriculus tertius (Fig. 2)
Wnt-3	Homeobox gene
Zi	Zona incerta (also Fig. 2)
II	Optic tract
3D	Three dimensional
IV	Nervus trochlearis

# 1 Introduction

## 1.1 Hemiballism

Hemiballism or hemichorea is a rare neurological disorder, but the crucial involvement of the subthalamic nucleus (STN) in its pathophysiology has been appreciated for decades (Jakob 1923; Martin 1927; Glees and Wall 1946; Whittier and Mettler 1949; Carpenter and Carpenter 1951; Crossman 1987). Only recently have serious doubts come forward. Postuma and Lang (2003) have described the STN as being involved in only a minority of cases, and indicated unrecognized causes such as non-ketotic hyperosmolar hyperglycaemia and complications of human immunodeficiency virus (HIV) infections. Moreover, the crucial involvement of a lesion of the STN is in doubt (Guridi and Obeso 2001; Postuma and Lang 2003). On the other hand, idiopathic Parkinson's disease (Battistin et al. 1996; Usunoff et al. 2002) is a common neurodegenerative disorder, but the key role of the STN in the pathophysiological origin of the parkinsonian state has become evident only recently (Miller and DeLong 1987; Mitchell et al. 1989; Bergman et al. 1990, 1994; Hollerman and Grace 1992; Guridi et al. 1993; Parent and Hazrati 1995b; Hassani et al. 1996; Levy et al. 1997, 2002; Blandini et al. 2000; Hirsch et al. 2000; Ni et al. 2000; Alvarez et al. 2001; Guridi and Obeso 2001; Magill et al. 2001; Marsden et al. 2001; Rodriguez-Oroz et al. 2001; Bevan et al. 2002; Houeto et al. 2002; Salin et al. 2002; Tintner and Jankovic 2002; Hamani et al. 2004). Surgery, primarily in the form of the bilateral, high-frequency stimulation of the STN (Benabid et al. 2000), is highly effective in parkinsonian patients who are responsive to levodopa but who experience marked motor fluctuation or other complications (Hamani et al. 2004; Tintner and Jankovic 2002; Perlmutter and Mink 2006; Kleiner-Fisman et al. 2006 and references therein). Houeto et al. (2002) point out that following STN stimulation, the parkinsonian motor disability improved by more than 60% (see also Sect. 2.3 of Part II of *The Subthalamic Nucleus*) and the levodopa equivalent daily dose was reduced by 60.5%. However, according to Houeto et al. (2002), the improvement in parkinsonian motor disability induced by STN stimulation is not necessarily accompanied by improvement of psychic function.

In a recent review paper (Temel et al. 2005), the involvement of the STN in the limbic and associative circuits is examined (Fig. 1). The authors report cognitive disorders such as altered verbal memory and fluency, altered executive functioning, changed attention behaviour, and disturbed working memory, mental speed and response inhibition after deep brain stimulation. The same holds for the limbic involvement of the STN. Changes in personality, depression, (hypo) mania, anxiety, and hallucinations are evident. The STN, therefore, not only possesses a key role in motor behaviour, but is also a "potent regulator" (Temel et al. 2005) in the limbic and associative circuits.



**Fig. 1** The involvement of the STN in the associative, limbic and motor circuits according to Temel et al. (2005)

## 1.2

### Early Subthalamic Research

The nucleus subthalamic (Fig. 2), so named by Henle (1879) and also known as the corpus Luysii, was originally described by Luys (1865) as “bandelette accessoire de l’olive supérieure”. The superior olive was the name for the red nucleus in Luys’s descriptions.

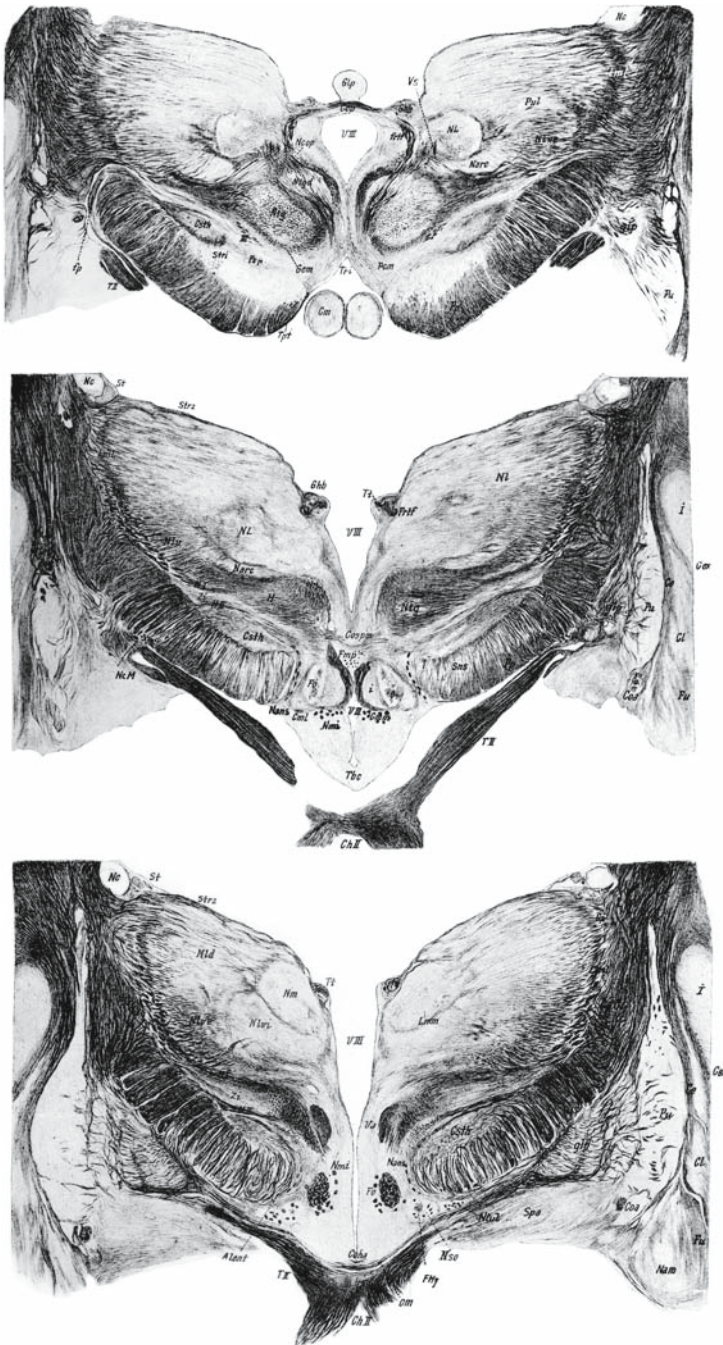
Luys saw the subthalamic nucleus as a centre for the dispersion of cerebellar influence upon the corpus striatum, a disposition that allows the nucleus to play a “crucial role in the synthesis of automatic motor actions”. Hence, Luys not only discovered the subthalamic nucleus, but he was also the first to think about this structure as being intimately linked to the basal ganglia. Luys also traced the nervous fibres that link the subthalamic nucleus with the globus pallidus (the subthalamopallidal connection of the current literature) and described a fibre projection from the cerebral cortex to the subthalamic nucleus. He also clearly envisaged that the various areas of the cerebral cortex are directly represented at the level of the striatum via the corticostriatal projections (les projections corticostriées). (Parent 2002)

Several other names have been used for this area: nucleus of Forel by Edinger, lentiform disc by Meynert and the nucleus amygdaliformis by Stilling (see Dejerine 1901) or nucleus hypothalamicus (Villiger 1946). From 1865 until 1940 mainly the names corpus Luysii and/or nucleus subthalamicus were used (see e.g. Winkler 1928) and even nowadays corpus Luysii is still found in descriptive papers.

It was Forel (1872) who appreciated the nucleus, since his description of the fibre and connection fields (h, h1, h2) brought the nucleus to his attention; he gave it an anatomical description.

The nucleus in man ranges from  $6-7.5 \times 10$  mm to  $13 \times 3-4$  mm (Dejerine 1901). This long triangular or spindle-shaped nucleus is surrounded by fibre systems; its base is on the internal capsule with passing fibres of the “Kammsystem” (comb system) of Edinger, while on the other side fibre connections pass and join at its lateral pole. This other side of the STN is covered by the fasciculus lenticularis (h2 field of Forel, see Fig. 2). In his connective studies of the nucleus ruber of rabbit, cat, dog and





**Fig. 2** Three transversal sections through the subthalamic area taken from Marburg (1910). *Csth*: corpus subthalamicus; *H, H1, H2*, fields of Forel; *Pp*, pedunculus cerebri; *Zi*, zona incerta; *fp*, fibrae perforantes (comb system of Edinger). For the other abbreviations see abbreviations list. Upper figure is 1.3× the other two figures. NB: The abbreviations are strictly according to the original terminology as used by Marburg

man, Von Monakov (1909) made or had lesions that included the subthalamic region. His main comment is that lesions in the sub- and hypothalamic area do not bring up long degenerating systems, and only very few short degenerating fibres were found that descend into the mesencephalic areas and not lower. In fact, Von Monakov (1909) restricts the subthalamic connections to the mesencephalic/diencephalic regions, denying cortical connections (see also Kappers et al. 1936), and he speculated on a pallidal connection.

Neuronal studies of the STN brought forward that two types of cells are predominantly present: small and large neurons. The large neurons should contain the same pigment as those from the substantia nigra (Winkler 1928). Interestingly, stimulation of frontal and medial parts of the nucleus gave dilatation of the pupil (Karplus and Kreidl 1909). In 1949, however, Hess described the area in which pupil dilatation is possible by stimulation. Pupil motoric symptoms are found already in tectum and mesencephalic grey. Pupil dilatation is found in his study in the STN and the anterior hypothalamus. Its anterior border is sharp at the area preoptica. The tegmentum gives no pupil dilatation. Therefore, the posterior border for pupil dilatation is at the transition mesencephalon–diencephalon. A parasagittal plane lateral of the red nucleus asks for a rather high stimulus. This area is therefore no longer considered as contributing to pupil dilatation. Pupil contraction is found in the middle of the thalamus. Hess (1949) therefore, concludes that the pupil dilatation area is not restricted to the STN, while the pupil contraction is localized clearly more dorsally.

### 1.3

#### **Ballism and the Subthalamic Nucleus**

“Ballism(us) is characterized by the fairly abrupt onset of more or less extensive, vigorous, rapidly executed, poorly patterned, non-adaptive and seemingly purposeless activities of appendicular, truncal and/or faciocephalic striated muscles” (Meyers 1968). The term “hemiballismus” was introduced by Kussmaul according to Meyers (1968). Ballism in Greek means to throw and Kussmaul was impressed “by the gross resemblance of the involuntary limb movements to normal throwing activities” (Meyers 1968).

The first descriptions of (hemi)ballism were given by Greiff (1883) and Greidenberg (1882). Greiff’s paper was on hemichorea and concerned ballism. Cortical bleedings and their consequent lesions (encephalomalacia; less frequently, intracerebral haemorrhages) were held responsible. Greidenberg (1882) noticed for the first time that the contralateral subthalamic *area* was involved. The involvement of a lesion of the subthalamic *nucleus* was for the first time noticed by Touche (1901).

An ipsilateral lesion of the STN in ballism was favoured by Fischer (1911), but Jakob (1923) found the lesions contralaterally in several cases. In various studies concerning 56 cases the primary lesions were found in 40 cases in the contralateral STN. In the other 16 cases secondary changes were noticed in contralateral afferent and efferent tracts of the STN. In most cases it concerned lesions of putamen or palli-

dum. Thus, at least in 71% of the cases that were investigated histologically, primary lesions of the STN were detected (Hallervorden 1957). Moreover, hemiballistic involuntary movements, also known as “choreoathetoid movements vaguely reminiscent of ballism” (Meyers 1968), can be brought about in rhesus monkeys after circumscribed lesion of the STN (Whittier 1952; Whittier and Mettler 1949; Carpenter et al. 1950). However, the modern cases studied with computed tomography (CT) or magnetic resonance imaging (MRI) showed from a total of 120 cases that 20% had no lesion at all and 53% had lesions outside the STN. Only 26% of the patients had a lesion in (18%) or possibly in (8%) the STN. Postuma and Lang (2003) concluded that “early reports may have been biased towards finding lesions in the STN”.

Heredodegenerative cases were described later. The lesion bilaterally involves the STN. One case by Rakonitz (1933) and one case by Titica and van Bogaert (1946) showed pallido-subthalamic atrophy for such cases. Before 1987, 13 such cases had been reported (Hoogstraten et al. 1986). Pallido-subthalamic atrophy is seldom found in cases with torticollis and spastic trembling of the head.

A series of hemiballistic cases has been reported in which the STN was not damaged. The lesioned areas described were: afferent and efferent fibres of the STN, corpus striatum, thalamus, postcentral gyrus and multiple lesions (for an overview of these cases: see Meyers 1968). “Ballism appears to result from disruption of an extensive neuronal assembly or network, the topological details of which remain as yet vaguely identified. Such disruption evidently may occur at any of a number of critical nodes of the network” (Meyers 1968). On the other hand lesions of the STN have been described in parkinsonian patients without hemichorea or ballism (Guridi and Obeso 2001). It is nowadays, due to the extensive research, generally accepted that the STN is one of the most critical if not *the* critical node in the “ballism” network. This node in the “ballism” network nowadays receives increasing attention, since the STN is involved in deep brain stimulation (DBS) in Parkinson’s disease and movement disorders (Hamani et al. 2004). The idea was to interrupt the excitatory influence of the STN to overcome the parkinsonian symptoms. STN lesions produce the unwanted ballism (but see criticism of Guridi and Obeso 2001), therefore researchers used a “reversible” lesion and placed electrodes for DBS into the STN (see Surmeier and Bevan 2003). The pioneering work of Benabid et al. (1989, 2000; Benabid 2003) and Benazzouz et al. (2000a, b, 2002) demonstrated that high frequency stimulation of the STN indeed resulted in improvement of resting tremor, rigidity and bradykinesia in Parkinson’s disease and other movement disorders (Gross and Lozano 2000; Obeso et al. 2001).

This monograph will concentrate on the structure, development and connections of the STN and related mesencephalic nuclei as critical for the mathematical models that have been underestimating and only partially incorporating these connections in the majority of cases. These models are used for understanding high-frequency stimulation. Therefore, vol. 199 in this series will direct itself to the type of models used for simulation of subthalamic function and will give recent modelling results from our Biomedical Signals and Systems department.

## 2 Cytology of the Subthalamic Nucleus

In the discussion on the cytology of the STN two main themes are present: first, is the nucleus closed or open? This means, are the dendritic branches restricted to the nuclear area (closed) or do the dendrites reach out to other areas (open) (Mannen 1960)? The second point of discussion is the presence of interneurons within the STN.

The original studies on the cytology of the STN were carried out by Forel (1877; see Fig. 3). Ramon y Cajal (facsimile from 1955) demonstrated with the Golgi technique that the neurons in the STN are multipolar with pigment, spindle shaped or polygonal. The neurons bring forward long dendrites with spines that branch

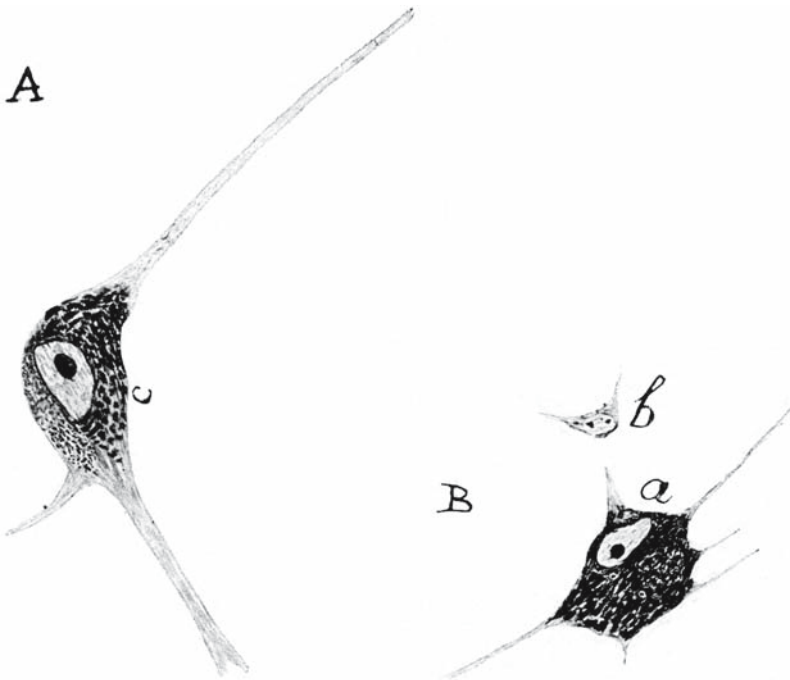


**Fig. 3** Cytology of the subthalamic nucleus taken from Forel (1877). Carmine colouration; *N*, neurons; *G*, blood vessels; *F*, fine nerve fibres without organization; *K*, small granula; *K'*, large granula. "The dendrites are difficult to stain, as is normal in this region," noted Forel (1877) in the figure text

regularly. The initial axonal segment bows regularly, by which the axons are difficult to follow, towards bundles of descending fibres. An analogous description can also be found in Dejerine's *Anatomie des centres nerveux* (1901), in which he explicitly indicates that most of the neurons are of the Golgi type I as described by Kölliker (1891, 1896). In Winkler (1928) at least two types of human subthalamic neurons are discerned: parvo and magnocellular (Fig. 4). The magnocellular spindle-shaped neurons are on average two to three times larger in perikaryon diameter. Moreover, Winkler (1928) noticed that the magnocellular neurons in the medial part of the nucleus are smaller than those in its lateral part. The STN in its ventro-medial part connects to the substantia nigra, and since the subthalamic magnocellular neurons contain pigment, it is difficult to border both nuclei. The small neurons are placed in a "gelatine-like substance rich of myelinated fibres".

The pigment in the subthalamic neurons belongs to lipofuscin granula in *Macaca mulatta* and *M. nemestrina* (Rafols and Fox (1976) and seemingly not to neuromelanin as Winkler (1928) indicated (see also Usunoff et al. 2002). Lipofuscin granula show a dispersed presence in *M. mulatta* and an overall presence in *M. nemestrina* (for lipofuscin information, see Marani et al. 2006).

The question of an open or closed nucleus has been studied in several articles. Going from rat to man, the nucleus evolves from an open to a closed nucleus (see below). In rat the nucleus is considered clearly an open nucleus, since



**Fig. 4** A-c Large neuron of the STN, B-b small neuron of the STN (from Winkler 1928). For comparison, Winkler depicted a neuron of the rostral part of the nigra B-a

dendrites penetrate even the zona incerta, lateral hypothalamus and cerebral peduncle (Afsharpour 1985a, b). The nucleus is closed in cat (see e.g. Ramon y Cajal 1955), monkey and man. The dendrites are restricted to the nucleus, although some fusiform cells with their dendritic trees are found in the cerebral peduncle (Rafols and Fox 1976).

## 2.1

### Neuronal Types Present in the Subthalamic Nucleus

In rat (Afsharpour 1985a, b; Kita et al. 1983) the neurons can vary from fusiform to oval or polygonal. Their imaginary circle diameters, from recalculated cross-sectional area, vary from 14 to 24  $\mu\text{m}$ . In rat subthalamic organotypic cultures, the measured diameter from the cross-sectional area of the glutamate immunostained neurons is around  $21 \times 13 \mu\text{m}$ , and for parvalbumin-positive neurons  $25 \times 16 \mu\text{m}$  (Plenz et al. 1998). A volume of  $0.8 \text{ mm}^3$  with 23,000 neurons was determined in the rat STN (Hardman et al. 2002). The soma does contain some somatic spines and produces 2–6 (Afsharpour 1985a, b) or 3–4 (Kita et al. 1983) primary dendrites. These dendritic stems were shown to produce long (500  $\mu\text{m}$ ) side branches that are sparsely covered with spines. The dendritic fields ( $100 \times 600 \times 300 \mu\text{m}$ ; Hammond and Yelnik 1983) are in the sagittal plane oval and parallel to the long axis of the nucleus, while polygonal in the frontal plane. The axon originates from the soma and most axons can be followed out of the nuclear area, indicating that they are projection neurons. The axon bifurcates, giving off one branch to the globus pallidus via the cerebral peduncle, with the other branch ending in the substantia nigra. The pallidal axons give off branches into the entopeduncular nucleus. Of the studied STN neurons (Kita et al. 1983), 50% contained intranuclear axon collaterals. Since no Golgi type II neurons were found (Afsharpour 1985a, b), the main presence of Golgi type I neurons can be expected, which was already described earlier (Hammond and Yelnik 1983).

In the guinea-pig, three types of neurons can be discerned: multipolar neurons with 3–6 primary dendrites, bipolar neurons with two primary dendrites and pear shaped neurons with 1–2 dendritic trunks, arising from one pole of the neuron. The axon can arise from the soma or from the initial segment of a dendritic trunk (Robak et al. 2000).

In cat three types of neurons were discerned. Type I neurons are oval or polygonal with a cross-sectional area of  $26 \times 36 \mu\text{m}$  and four to six primary dendrites. Type II neurons are multipolar or polygonal, with a cross-sectional area of  $31 \times 43 \mu\text{m}$  containing four to seven primary dendrites. The type III neurons are polygonal with a cross-sectional area of  $23 \times 26 \mu\text{m}$  emitting four to six primary dendrites. Dendrites extended into the cerebral peduncle and cell bodies were found in between the peduncle fibres (Iwahori 1978). The subdivision in three subpopulations in cat was also supported by Romansky and Usunoff (1985). The large neurons constitute approximately 25%, the medium-sized about 50%, and the small neurons less than 5% of the neuronal population. The remaining 20% of neuronal perikarya do not offer reliable electron microscopic criteria that could allow an equivocal discrimination. It appears that from these 20% the majority represent medium-sized

neurons, and none are small neurons (interneurons). These neurons are subdivided on their soma diameter: large neurons have a diameter above 18  $\mu\text{m}$ , medium are in between 16 and 13  $\mu\text{m}$  and small neurons contain a diameter below 12  $\mu\text{m}$ . The serious difference in diameters between the results of Iwahori (1978) and Romansky and Usunoff (1985) depends on the difference in age and technique (i.e. kittens and Golgi were used by Iwahori; mature cats and electron microscopy by Romansky and Usunoff 1985). The cat nucleus tends towards a closed nucleus, since dendritic arborizations do not reach the lateral hypothalamus and zona incerta.

Larsen et al. (2004) stereologically studied the porcine STN. The STN neurons were medium-sized (diameter of 25–40  $\mu\text{m}$ ) possessing an oval to fusiform shaped cell body. Three to six dendrites originated from the soma, running parallel to the long axis within the nuclear area. The volume of the STN was 6.9  $\text{mm}^3$  and contained nearly 56,000 neurons that were glutamate positive.

In monkeys the species that have been studied are *M. mulatta*, *M. nemestrina* (Rafols and Fox 1976), *M. fascicularis* (Sato et al. 2000a, b) and the lesser bush baby (*Galago senegalensis*; Pearson et al. 1985). In the bush baby three types of neurons can be discerned, of which two are projection neurons, and the small soma neurons are considered interneurons. Similarly, in Macaca two types of projection neurons and one type of a local interneuron has been discerned (Rafols and Fox 1976).

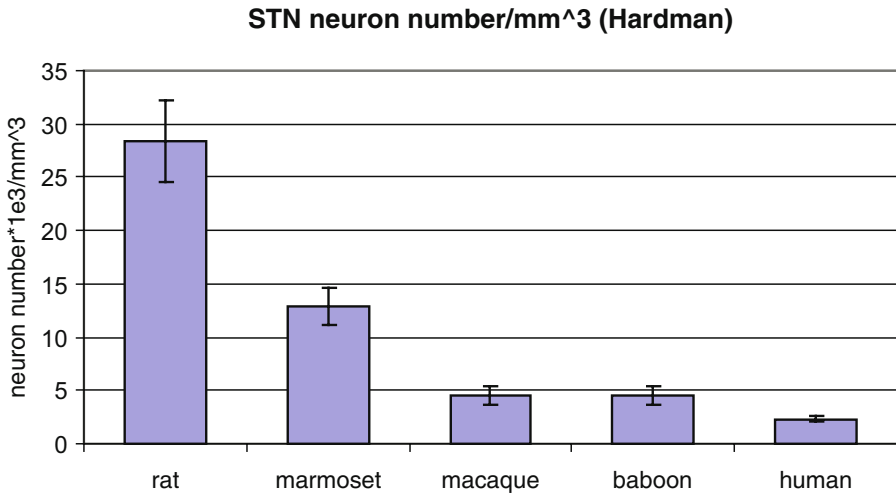
The human STN has the largest volume and amount of neurons (240  $\text{mm}^3$  and 561,000 neurons, Hardman et al. 2002; 175  $\text{mm}^3$  and 239,500 neurons, Levesque and Parent 2005). Principal neurons in the human STN had a mean diameter of 24.6  $\mu\text{m}$ , with an eccentrically located nucleus and nucleolus. The soma contained four principal dendritic trunks, with or without spines (Levesque and Parent 2005).

$\gamma$ -Aminobutyric acid (GABA)ergic interneurons have been detected in the human STN (Levesque and Parent 2005). The smaller neurons that were glutamic acid decarboxylase (GAD)-positive had an ovoid cell body and a diameter of 12.2  $\mu\text{m}$ . These interneurons produced two to three primary dendrites and are 70  $\mu\text{m}$  long. “These dendrites were thin (1–2  $\mu\text{m}$ ), poorly branched, tortuous, and spread out in all directions. These interneurons contained lipofuscin” (Levesque and Parent 2005).

A comparative study involving rats, marmosets, macaques, baboons and humans (Hardman et al. 2002) has shown an increase in volume and neuron number from rat and marmoset to humans: rat 0.8  $\text{mm}^3$ , 23,000; marmoset 2.7  $\text{mm}^3$ , 34,000; macaque 34  $\text{mm}^3$ , 154,000; baboon 50  $\text{mm}^3$ , 229,000; man 240  $\text{mm}^3$  and 561,000 neurons. Yelnik and Percheron (1979) undertook another comparative study (see below).

Recalculations of the amount of cells per cubic millimetre STN from Hardman et al. (2002) show that the rat contains nearly 30,000 cells, while in man the amount is reduced to 2,300. Following Hardman’s ordering of animal species, a constant reduction in the number of cells is evident (see Fig. 5).

An older comparative study on primates (Füssenich 1967) showed the same tendency for the row: Tupaia, lemur, Rhesus macaque, Pongo, Pan, gorilla and humans. The main difference between studies is the volume of the human STN, which is 67  $\text{mm}^3$  in Füssenich (1967), 175  $\text{mm}^3$  in Levesque and Parent (2005) and 240  $\text{mm}^3$  in Hardman et al. (2002); recalculated from Richter et al. (2004) it reaches 457  $\text{mm}^3$ .



**Fig. 5** The number of STN neurons per cubic millimetre. The phylogenetic row shows a steady decrease in the amount of STN neurons per cubic millimetre in which the human STN contains the lowest amount of neurons per cubic millimetre. (Recalculated from Hardman et al. 2002)

It is remarkable that in monkey and man interneurons are detected that are half the size of the projection neurons. Winkler's (1928) subdivision into small and large neurons (Fig. 4) is therefore correct. Moreover, he describes two subtypes of the large STN neurons, together with a topography (see start Sect. 2, this volume). In rat and pig a clear distinction in small and large neurons is missing. In cat at least one of the neuronal types belongs to the smaller neurons (diameter less than 12  $\mu\text{m}$ , according to Romansky and Usunoff 1985).

In general two types of projection neurons are discerned, the third type of neuron presumably being the small interneuron. The projection neurons have (3) 4–6(7) primary dendrites and the interneurons 2–3. The dendrites of the projection neurons contain spines, while the dendrites of the interneurons are seemingly smoother, smaller and less long. In humans GABAergic interneurons have been detected (Levesque and Parent 2005). Whether these two types of projection neurons are identical to the two types of STN neurons that differentially react with low-threshold spikes or not, is unknown (see Sect. 3.2.2 of Part II of *The Subthalamic Nucleus*; Beurrier et al. 1999).

Contradictory to these results are those of Yelnik and Percheron (1979). In a morphometric study on Golgi-impregnated subthalamic neurons in macaque, baboon and man, compared to cat, only "Golgi type I neurons" could be detected. Moreover, "none of the small cells in baboon and in man had the characteristic morphology of a local circuit neuron". Studying these Golgi-impregnated neurons for dendritic numbers and for lengths, surfaces and 3D reconstructions, the average dendrite count was 7, giving 27 tips. The centrally located neurons showed ellipsoidal dendritic domains with mean dimensions of 1,200  $\times$  600  $\times$  300  $\mu\text{m}$ .



## 2.2

### Ultrastructural Features of Subthalamic Nucleus Terminal Boutons

The subthalamic neuropil contains a broad variety of terminal bouton types (Nakamura and Sutin 1972; Romansky et al. 1978, 1980a; Hassler et al. 1982; Romansky 1982; Chang et al. 1983; Romansky and Usunoff 1987; Bevan et al. 1995). According to the most comprehensive study in the cat (Romansky and Usunoff 1987), there are six distinct types of axonal endings: F1, F2, SR, LR1, LR2, and d.c.v. as well as “d” profiles—vesicle containing dendrites of the interneurons, participating in synaptic triads. The following description not only holds for the cat, but also for the baboon (Hassler et al. 1982; Usunoff et al. 1982a).

#### 2.2.1

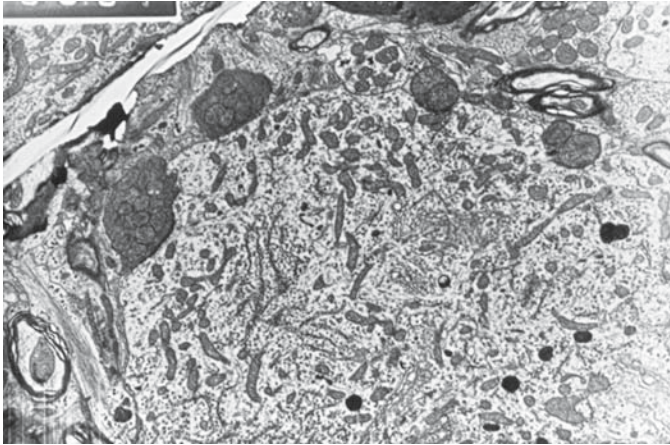
##### Flat Type 1 Boutons

Flat type (F1) boutons are the most commonly encountered in the STN neuropil and appear in almost each grid window. They usually arise from unmyelinated telodendria but occasionally they originate from myelinated axons with relatively thin myelin sheaths. The parent fibres give rise to a tandem of several F1 boutons, connected with slender intervaricose portions. The F1 terminals are elongated profiles with a length of 2.5–4  $\mu\text{m}$  and a width of 0.5–1.3  $\mu\text{m}$ . Occasional boutons are extremely extended, reaching a length of 8–9  $\mu\text{m}$ . The F1 boutons contain a pleomorphic vesicle population, varying from almost round, through oval and slightly elongated, to markedly flattened synaptic vesicles; the latter accounts for 30% of the vesicle population. The F1 boutons form symmetrical axosomatic, axodendritic and axoaxonal contacts with the large and medium-sized projection neurons, but they never contact the interneurons. The axosomatic synapses cover most of the surface of the STN relay neurons (Fig. 6), and wedged F1 terminals between two perikarya, innervating both of them, is not a very rare finding. The action of some F1 tandems seems to be confined to a sole proximal dendrite and adjacent perikaryal surface, thus forming a powerful synaptic unit. Since the F1 boutons largely build the synaptic muffs around each proximal dendrite of the projection neurons, they might sieve off, as “filters”, the other afferent impulses that reach more distal dendritic portions. More rarely, the F1 boutons contact somatic and dendritic spines. The fourth, and interestingly not a rare, postsynaptic target of the F1 boutons are the initial axonal segments of the large STN neurons. The F1 boutons in the cat are identical to the most common terminal (type 2) in the rat’s STN, reported by Chang et al. (1983). The F1 boutons are the endings of the most powerful afferent connection of the STN, arising in the external pallidum (Romansky et al. 1980b; Usunoff et al. 1982b; and see below).

#### 2.2.2

##### Flat Type 2 Boutons

Flat type 2 (F2) boutons are elongated profiles, arising from unmyelinated and, far more rarely, from very thin myelinated axons. Tandems of F2 terminals are observed



**Fig. 6** Pallido-subthalamic degeneration at the ultrastructural level in the baboon (see Usunoff et al. 1982a)

less frequently than the commonly encountered by F1 boutons. They are also elongated, but their length rarely exceeds 4  $\mu\text{m}$ . The vesicular population is pleomorphic, but the percentage of typically flattened vesicles is below 20%. The F2 boutons form symmetrical synapses, and the most common postsynaptic targets are the proximal dendrites of the large neurons. Although not as abundantly as F1, the F2 have been found to terminate on the somata of large and medium-sized neurons. They also occasionally contact the initial axonal segments. Importantly, unlike the F1, the F2 boutons contact the vesicle containing dendrites of the interneurons. The origin of F2 boutons remains unknown. Romansky and Usunoff (1987) speculated that they might represent terminals of the small local circuit neurons, but 20 years later this hypothesis is neither confirmed nor denied.

### 2.2.3

#### Small Round Boutons

The small round (SR) bouton type is relatively rarely encountered throughout the STN neuropil. The SR terminals arise, as a rule, from unmyelinated axons. Sometimes they are seen as two, rarely several, vesicle-filled axonal varicosities, connected by long conveying portions that are usually very thin (0.2–0.3  $\mu\text{m}$ ). The SR boutons are round or slightly elongated. Most of them measure 0.6–0.9  $\mu\text{m}$ , and only rarely exceed 1  $\mu\text{m}$ . On the other hand, some tiny exemplars measure only 0.4–0.5  $\mu\text{m}$ . The vesicular population is markedly uniform, comprising small, round, tightly packed synaptic vesicles. The SR boutons form typical asymmetrical synapses on small distal dendrites and dendritic spines, while the contacts with larger dendrites are rare. Axosomatic contacts are practically absent, and the axoaxonal

contacts with the initial portion of the STN axons are very few. On the other hand, the SR boutons fairly often take part in synapses with “d” profiles, and not so frequently with larger vesicle-containing dendrites of the interneurons.

At least the great majority of the SR boutons represent the endings of the cortico-subthalamic axons (Romansky et al. 1979). There is some indirect evidence that they might represent collateral endings of the efferent axons of the STN neurons (Chang et al. 1984; and see Sect. 5, this volume).

#### **2.2.4**

##### **Large Round Type 1 Boutons**

Large round type 1 (LR1) bouton terminals were retrogradely traced to medium-sized or large axons of origin, having thick myelin sheaths. Sometimes robust fibres were found to break into several unmyelinated telodendria that give rise to individual LR1 terminals. By serial sections reconstruction, the LR1 boutons appear as several irregular or oval profiles, connected by kinky unmyelinated stalks that also contain synaptic vesicles. Such groupings of terminals appear as grape-like structures. The LR1 boutons exceed 2  $\mu\text{m}$ , and the longest axis reaches 4.5  $\mu\text{m}$ . The vesicular population comprises mostly oval, clear vesicles and a limited number of dense core vesicles. These terminals have multiple active zones and form asymmetrical synapses mainly on medium-sized and small dendrites and spines and, far more rarely, upon proximal dendrites and soma. Their constant participation in glomerulus-like formations is important. They are able to spread simultaneously their effects on a substantial number of dendritic postsynaptic sites, belonging to several neurons. In addition, the LR1 boutons form synapses with “d” profiles and vesicle-containing dendrites, thus influencing both relay neurons and interneurons.

The origin of the LR1 boutons is still unclarified. They are practically identical with cerebellofugal endings, but such a connection to the STN is unknown. Indications that such a connection could be present come from antegrade tracer studies in the hedgehog (Künzle 1998) and degeneration studies in the rat (Faull and Carman 1978), but these connections are still under discussion. They may represent endings of the thalamo-subthalamic tract (see Sugimoto and Hattori 1983; and Sect. 5, this volume).

#### **2.2.5**

##### **Large Round Type 2 Boutons**

The majority of large round type 2 (LR2) bouton terminals arise from unmyelinated axons, but serial sections reveal that very near to the point of termination the parent axons are medium-sized or even thick myelinated axons. Not infrequently the axon loses its myelin sheath immediately before an expansion of a LR2 terminal, followed by one-two terminals, interconnected by relatively short and thick intervaricose portions that also contain scattered vesicles. The LR2 boutons are oval or slightly elongated profiles that usually exceed 1.8  $\mu\text{m}$ . As a rule they do not reach the dimensions of the LR1 boutons, and the largest exemplars display a longest

diameter of 3.0–3.3  $\mu\text{m}$ . The vesicular population comprises round and oval clear vesicles, slightly larger and more evenly distributed than in the LR1 vesicles. Single dense core vesicles are infrequently seen. The active zones are fewer than these of the LR1 boutons, but are usually more extensive. The LR2 boutons form asymmetric synapses. Along with contacts with thin dendritic shafts and spines, the LR2 boutons fairly often also contact the large, proximal dendrites, and the axosomatic synapses are more numerous than the LR1 axosomatic synapses. On the other hand, far less frequently they contact other vesicle-containing profiles.

A considerable percentage of the LR2 boutons in the STN represent the terminals of a connection arising in the pedunculopontine tegmental nucleus (Usunoff and Romansky 1983; Romansky and Usunoff 1983; Sugimoto and Hattori 1984), in agreement with several light microscopic studies (Rinvik et al. 1979; Nomura et al. 1980; Usunoff et al. 1982b; Hammond et al. 1983a; Jackson and Crossman 1983; Moon Edley and Graybiel 1983; Sugimoto and Hattori 1984; Woolf et al. 1990; Lavoie and Parent 1994a,b; Takakusaki et al. 1996; Ichinohe et al. 2000; Orieux et al. 2000). The LR2 bouton is also commonly observed in the substantia nigra (mainly in the zona compacta), and it also degenerates following destruction of the pedunculopontine tegmental nucleus (Usunoff and Romansky 1983; Usunoff 1984). It may be that a single neuron in this reticular formation nucleus gives rise to a branching axon that innervates simultaneously the substantia nigra and the STN. Moreover, by means of antidromic activations, Hammond et al. (1983a) demonstrated the existence of a branched axon from pedunculopontine nucleus to the STN and to the entopeduncular nucleus. These authors also demonstrated that the tegmento-subthalamic pathway in the rat is excitatory (in agreement with the ultra structural characteristics of the LR2 terminals) and estimated the rate of conduction of the pedunculopontine–subthalamic projection at approximately 1.7 m/s. Acetylcholine was suggested as a transmitter of pedunculopontine tegmental neurons by Shute and Lewis (1967), and later studies (Kimura et al. 1981; Mesulam et al. 1983, 1984; Satoh et al. 1983; Smith and Parent 1984; Sugimoto and Hattori 1984) reliably indicate this nucleus as a major cholinergic neuronal group. More recent studies, however, showed the pedunculopontine nucleus to include glutamatergic, GABAergic, peptidergic and dopaminergic neurons. Moreover non-cholinergic markers are co-expressed with markers of the cholinergic neurons, like glutamate, GABA and the NADPH (nicotinamide adenine dinucleotide phosphate, reduced) diaphoreses marker for nitric oxide (NO), and calcium-binding proteins (for overviews see Usunoff et al. 2003; Mena-Segovia et al. 2004).

### 2.2.6

#### Dense Core Vesicle Terminals

Dense core vesicle (d.c.v.) terminals are infrequently encountered in the STN neuropil. The d.c.v. boutons arise from unmyelinated axons that change “*en route*” their diameter, but remain generally thin (0.2–0.5  $\mu\text{m}$ ). They have a very tortuous course, and Romansky and Usunoff (1987) could never encounter a parent myelinated axon. The d.c.v. boutons contain oval or fusiform profiles and measure 1–2.2  $\mu\text{m}$ . The vesicular population is pleomorphic and includes clear (agranular)

and dense core vesicles. The clear vesicles are round and oval or, more rarely, elongated, while quite a few are markedly flattened. Along the “common” clear vesicles that measure approximately 42 nm, few clear vesicles are very large: 60–78 nm. The abundant dense core vesicles are the most typical feature of these terminals. They are round and oval, but can be elliptical, although that is rarer. As a rule, the dense core vesicles are large and exceed 80–90 nm, while the elliptical exemplars reach 120–135 nm. The more or less opaque core is surrounded by a translucent 6- to 8-nm ring. The d.c.v. boutons form mainly asymmetrical synapses. The active zones are single and small, and a long row of serial sections is often needed to recognize them. The most common targets of the d.c.v. boutons are small and medium-sized spines, followed by the dendritic spines. Quite more rarely they form synapses with large dendrites, and Romansky and Usunoff (1987) found in only two cases such boutons presynaptic to neuronal perikarya. These authors never encountered d.c.v. boutons in synaptic relationships with initial axonal segments, “d” profiles or vesicle-containing dendrites. The d.c.v. boutons appear to be of limited importance for the synaptology of the STN: they are very few in the baboon (Hassler et al. 1982) and in the cat (Romansky and Usunoff 1987). Apparently they are absent in the rat’s STN (Chang et al. 1983). The origin of the d.c.v. boutons is unknown, but it was repeatedly speculated that they are monoaminergic terminals. Although by no means unique to such boutons, the large dense core vesicles were repeatedly suggested as their consistent feature (Hassler et al. 1970; Grofova and Rinvik 1971; Chan-Palay 1977; Buijs et al. 1984; Milner 1991 and many others). In the serotonergic terminals this is especially true (Chan-Palay 1977, 1982; Groves and Wilson 1980; Beaudet and Descarries 1981; Wiklund et al. 1981; Pickel et al. 1984; Smiley and Goldman-Rakic 1996). There is also firm evidence that the large dense core vesicles often occur in peptide-containing axon varicosities and terminals (Pickel et al. 1979; DiFiglia and Aronin 1982; Somogyi et al. 1982a, b; Kapadia and de Lanerolle 1984; Smith et al. 1999; Waselus et al. 2005). Moreover, monoamine and peptide neurotransmitters or neuromodulators (or both types) may coexist within the same neuron, within its axon, and its terminals (Hokfelt et al. 1980; Johansson et al. 1981; Armstrong et al. 1984; Arvidsson et al. 1991; and references therein).

### **2.2.6.1**

#### ***The Vesicle-Containing Dendrites of the Interneurons in the Subthalamic Nucleus***

The “d” profiles often display irregular contours, or represent oval profiles with side protrusions. Their size varies widely, with some of them measuring about a micron, and the largest exceeding 5–6  $\mu\text{m}$ . As a rule, the cytoplasm of the “d” profiles has the lowest electron density in comparison with all other vesicle containing profiles in the STN neuropil. The distribution of vesicles is very uneven. They are characteristically clustered and the adjacent areas are completely devoid of vesicles. The vesicular population is pleomorphic: from oval to flattened vesicles. The majority of the vesicles are elliptical. A constant feature of the “d” profiles is the occurrence of dilated cisternae of smooth endoplasmic reticulum, and—most important for the “diagnosis” of the terminal—free ribosomes. The “d” profiles possess presynaptic dense projections

and form synapses of an intermediate type. The “d” profiles participate in synaptic triads (axo-dendro-dendritic synapses) as an intermediate component, and are postsynaptic to a variety of terminals: LR1, LR2, SR and F2. On the other hand, the “d” profiles are presynaptic to dendritic spines and “conventional” dendrites.

Despite a careful search, Chang et al. (1983) did not observe unequivocal “d” profiles participating in serial synapses. This coincides with the fact that the rodent STN lacks interneurons (Afsharpour 1985a), in contrast to the cat (Romanovsky et al. 1980a; Romanovsky and Usunoff 1985, 1987) and the monkey (Rafols and Fox 1976; Hassler et al. 1982; Pearson et al. 1985).

## 2.3

### Cytochemistry of the Subthalamic Nucleus

The nucleus subthalamicus is an area with a high amount of capillaries in cat and rat (Friede 1966). The capillary length (in mm) per square millimetre is 1,152, which is high compared to the putamen (790) and caudate nucleus (770) and twice as high as in the substantia nigra. The capillaries are branches of the posterior communicating, posterior cerebral and anterior choroidal arteries (Parent 1996). The uptake of tritiated leucine (Altman 1963) and thio-amino acids in the mature rat, therefore, is high in the STN. Distant tracer injections of tritiated leucine contain the possibility of false-positive results.

The oxidative enzymes in the STN are markedly better represented than in the substantia nigra (Friede 1966). Cytochrome oxidase can be used for metabolic activity determination compared to baseline and is indeed high in the STN of MPTP-treated monkeys (Villa et al. 1996). The lysosomal enzyme acid phosphatase appears in the same density as its presence in putamen, caudate nucleus and substantia nigra. However, alkaline phosphatase is nearly twice as high in the STN as in other basal ganglion structures. It is presumably related to the high amount of capillaries.

In humans the amount of acetylcholinesterase as measured per wet weight in the STN and substantia nigra is low compared to the putamen and caudate nucleus. But acetylcholinesterase-stained sections show a strong species variation for the substantia nigra and STN, which restricts its use to a topographic tool for that species (see e.g. Paxinos and Huang 1995). In the rat, during development the acetylcholinesterase content in the STN is low and increases up to 4 months, after which a slight reduction is noticed towards maturity (Friede 1966).

The human STN contains consistent staining for iron, but less than what is present in the pars reticulata of the substantia nigra (Friede 1966). Iron plays an important role in the hypo-intensity of the STN on  $T_2$ -weighted images. Iron is present in the anterior medial part of the STN, but absent in its posterior levels. Therefore, the anterior part of the STN is hypo-dense and can be re-found in the  $T_2$ -weighted images (Dormont et al. 2004). Copper can be detected in the STN in fair amounts, although the amounts in putamen and caudate nucleus are higher, with the substantia nigra being the highest.

The subthalamic neurons contain lipofuscin, which is a pigmented oxidized protein-lipid compound, stored in a granular form with autofluorescence capacity (Marani et al. 2006).

### 2.3.1

#### **Nitric Oxide**

The gaseous neurotransmitter NO is utilized by the STN neurons, especially in humans. Nisbet et al. (1994) found out that more than 95% of STN neurons are NO synthase (NOS) mRNA-positive. Eve et al. (1998) studied the expression of NOS mRNA in the basal ganglia of neurologically normal control subjects and patients with Parkinson's disease. In Parkinson's disease a significant increase in NOS mRNA expression was observed in the dorsal two-thirds of the STN with respect to the ventral one-third. Interesting age-related changes were reported by Cha et al. (2000). They reported that the number of NOS-immunoreactive neurons in the striatum and substantia innominata of the aged rat decreased, but the number of NOS-immunoreactive neurons in the STN increased in the aged rat.

### 2.3.2

#### **Glial Fibrillary Acidic Protein**

Glial fibrillary acidic protein (GFAP) is a marker for astrocytes or astrocyte activity (Goss and Morgan 1995). Astrocytes constitute nearly 50% of the brain's cells and envelope specific neuronal contact places called glomeruli (Ventura and Harris 1999; Grosche et al. 1999). Astrocytes have been demonstrated to be dysfunctional in various neurological disorders (see Seifert et al. 2006), and they are accompanied by astrocytic hypertrophy, an increase in astrocytic processes and an upregulation of the synthesis of GFAP (see Strömberg et al. 1986; Goss and Morgan 1995). An enormous astrogliosis has been shown in post-mortem tissue of Parkinson's patients (see e.g. Hirsch et al. 2003). A quantitative relation between neurons and glial cells has been described by Füssenich (1967). She found that the relation of 2.5 neurons to one glial cell is kept constant in the STN for man, and primates such as gorilla, Pan and Pongo. This relation increases to four to five neurons per glial cell in the primates rhesus macaque and Tupaia.

GFAP increase in astrogliosis has been found in the STN after iron injections in the striatum (Hironishi et al. 1999). 6-OH-DA injections into the striatum also produce GFAP glial activation (Henning J, Wree A, Gimsa J, Rolfs A, Benecke R, Gimsa U, in prep.). The explanation of such a distant glial reaction is proposed by Henning and colleagues: "Neuronal pathways could be accompanied by directional glial networks, which transmit activation signals if the neuronal pathway degenerates" (see also Sect. 3.2, this volume).

### 2.3.3

#### **Ca<sup>2+</sup> Binding Proteins**

In the next volume (Part II) emphases will be laid on the channels for modelling STN behaviour in normal and parkinsonian neurons. Calcium channels play an important role in most cellular models proposed to date (see Sect. 3.2 of Part II of *The Subthalamic Nucleus*). Ca<sup>2+</sup> binding proteins regulate intracellular calcium levels and therefore

facilitating fast spiking activity (Augood et al. 1999) among effects on other functions. The three calcium-binding proteins (CaBPs): parvalbumin (PV), calretinin (CR) and calbindin-D28-k (CB) are distributed in the basal ganglia neurons according to a highly heterogeneous pattern (Parent et al. 1996; Hontanilla et al. 1998; Morel et al. 2002). In the rat's STN, PV-immunoreactive neurons and neuropil are concentrated in the lateral two-thirds of the nucleus, and STN is completely devoid of CB immunostaining (Hontanilla et al. 1997, 1998). Fortin and Parent (1996) compared the distribution of CR in the basal ganglia of the squirrel monkey, and described a high density of CR perikarya in the ventral tegmental area (VTA), moderate in SNc, low in SNr/SNI, and very low in STN, where it occurs only in specific sectors. In the squirrel monkey, the STN neurons are markedly enriched with PV but display only light CB immunostaining (Cote et al. 1991). The data on the human STN, provided by Augood et al. (1999), Morel et al. (2002), and Levesque and Parent (2005) are similar, albeit not identical. The three teams agree that the most common CaBP is the PV. According to Augood et al. (1999) the neurons in the dorsal STN are highly enriched, extending mediolaterally. Morel et al. (2002) declare that the most medial part of the STN is spared, and Levesque and Parent (2005) locate the PV-immunoreactive neurons in the dorsolateral STN. As in other mammals, the human STN displays a low CB immunoreactivity (Augood et al. 1999; Morel et al. 2002). The CR-positive neurons are located in the ventral STN according to Augood et al. (1999) with some overlap with the PV-positive neurons. Morel et al. (2002) locate them in the medial part, where the PV immunoreactivity is low, and Levesque and Parent (2005) found CR immunoreactivity in the ventromedial STN, delineated from the dorsolaterally located PV-positive neurons. Additionally, Levesque and Parent (2005) concluded that in the human STN the CaBPs are to be found in the projection neurons, but not in the GABAergic interneurons.

### **2.3.4**

#### **Receptors in the Subthalamic Nucleus**

##### **2.3.4.1**

##### ***Dopamine Receptors***

Dopamine receptors are classified into  $D_1$  and  $D_2$  receptor families and belong to the G protein-linked receptors.  $D_1$  receptors are linked via adenylyl cyclase to the cyclic AMP (cAMP) second messenger system.  $D_2$  receptors inhibit the enzyme activity. Biological cloning techniques discerned five types of dopamine receptors: to the  $D_1$  subfamily belongs the  $D_1$  and  $D_5$  receptor types, and to the  $D_2$  subfamily the  $D_2$ ,  $D_3$  and  $D_4$  receptor types. Although immunostaining for tyrosine hydroxylase showed a fine network of stained fibres, the presence of  $D_1$  and  $D_2$  mRNA-positivity in the human STN was absent (Augood et al. 2000).  $D_2$ - $D_3$  receptor mRNAs were found present in the human STN (Hurd et al. 2001).

Dopamine receptors are physiologically found functional in several species (see Cragg et al. 2004 and references herein). In the rat  $D_1$ ,  $D_2$  and  $D_3$  receptor mRNA was found in the STN (Flores et al. 1999). Ligand binding and mRNA studies had



already indicated such presence (Bouthenet et al. 1987, 1991; Boyson et al. 1986). Although binding sites for  $D_4$  receptors could be distinguished, its mRNA was missing. It is supposed that the  $D_1$ ,  $D_2$  and  $D_3$  can postsynaptically mediate dopamine, while  $D_4$  receptors should be placed presynaptically (Flores et al. 1999). An extra argument for the presynaptic localization of  $D_4$  receptors in the STN is given by the inhibition of GABA release by a selective dopamine  $D_4$  receptor agonist in the absence of its mRNA in the STN (Floran et al. 2004).  $D_5$  receptors are expressed in subthalamic neurons (Svenningsson and LeMoine 2002).

Autoradiographic studies with  $D_1$  receptor antagonists, however, indicated that the  $D_1$  family receptors are localized at “the ventral edge of the STN and dorsal aspect of the cerebral peduncle” (see Sect. 4.4.2, this volume; Kreiss et al. 1996). “A body of experimental results indicates that functional dopamine receptors are expressed in the STN but there is no agreement on the receptor types” (Baufreton et al. 2005); “The pattern of expression of DA receptor subtypes in STN neurons, examined through in situ hybridization, is controversial” (Cragg et al. 2004).

#### 2.3.4.2

##### **Cannabinoid Receptors**

High levels of cannabinoid receptors are present in areas involved in the control of movement, especially the basal ganglia structures (Herkenham et al. 1991).

In general, cannabinoids inhibit neurotransmission by activation of potassium channels and inhibition of N- and Q-type voltage-gated calcium channels (see also Sect. 2.3.5, this volume). These effects are G protein mediated. Two types of cannabinoid receptors are discerned,  $CB_1$  and  $CB_2$ . The  $CB_1$  receptor is related to the nervous system, while  $CB_2$  is involved in the immune system (except for the cerebellum). Cannabinoid receptor mRNA was found in the rat STN (Mailleux and Vanderhaeghen 1992). The  $CB_1$  receptors of the STN are preferentially active presynaptically on axon terminals. To date no proof has been found that receptors are present on somatodendritic parts (Freiman and Szabo 2005). The immunohistochemical distribution of cannabinoid  $CB_1$  receptors using antibodies did not substantiate the mRNA findings in the rat STN (Tsou et al. 1998).

Expression of cannabinoid receptors in the human STN is doubtful (Glass et al. 1997) and a clear change in cannabinoid receptors is not mentioned in the literature in the parkinsonian brain (Hurley et al. 2004).

#### 2.3.4.3

##### **Opioid Receptors**

Of the series of opioid receptors, mainly the  $\mu$ - and  $\delta$ -receptors play a role in the STN.  $\mu$ -Opioid receptors have been detected using mRNA expression methods in the human STN (Raynor et al. 1995). A decrease of this receptor has been noticed presumably in oral dyskinesic syndromes after chronic neuroleptic exposure (Sasaki et al. 1996; Shen and Johnson 2002). Zhu et al. (1995) found, using *hkor* mRNA, that the human STN

contains a  $\kappa$ -like opioid receptor. Both  $\mu$ - and  $\delta$ -opioid receptors are expressed pre- and postsynaptically in the rat STN (Delfs et al. 1994; Florin et al. 2000). Opioids in the rat STN exert their inhibitory action on GABA release via both  $\mu$ - and  $\delta$ -receptors. The opioid receptors, in general, hyperpolarize neurons by increasing membrane potassium conductance and inhibit synaptic transmission by reducing voltage-dependent calcium currents (North 1993; see also Part II of *The Subthalamic Nucleus*).

#### 2.3.4.4

##### **Glutamate Receptors**

Ionotropic and metabotropic glutamate receptors are found in the STN. The metabotropic glutamate receptors are G protein-coupled. From the three ionotropic subfamilies NMDA, AMPA, and Kainate, most receptors have been studied in experimental animals. A topological ligand-binding study in mice and their mutants showed the absence of all three subfamilies in the STN (Reader and Sénécal 2001).

The rat STN contains AMPA-Glu1 receptor, as detected by immunohistochemistry and in situ hybridization, AMPA-Glu2 receptor, found by in situ hybridization, and the following AMPA receptors: Glu2/3 and Glu 2/3/4 by immunohistochemistry; and Glu4 by immunohistochemistry and in situ hybridization. Moreover, NMDA receptor NR1 was detected with both immunocytochemistry and in situ hybridization in the rat STN (see Clarke and Bolam 1998, and references therein).

In the monkey STN, AMPA-Glu1 and -Glu2/3 receptors were found immunohistochemically on STN neurons and their proximal dendrites, albeit the Glu1 reaction was stronger. The metabotropic glutamate receptors mGlu1a and mGlu5 were found on dendrites and axon terminals. The NMDA-R1 receptor was represented on cell bodies and small-diameter dendrites. Ionotropic glutamate receptors were mainly found postsynaptically (Wang et al. 2000). The strong neuronal labelling for Glu1 was already confirmed by Ciliax et al. (1997). Huang et al. (2007) extended the presence of NMDA receptors with NR2D, NR2B and NR2C sub-units that contribute to the NMDA receptor channels.

“Binding studies indicate that NMDA, AMPA and kainate receptors are expressed at a low to moderate level in the STN in humans” (Smith et al. 2001; see also Lee and Choi 1992).

The metabotropic glutamate receptors are subdivided into three groups, I, II and III. The metabotropic glutamate receptors have been studied in the rat. Receptor agonists of group II and III produce behavioural effects, and immunocytochemical results support a function of these receptors in the rat STN (Kearney and Albin 2000). Blockade via haloperidol of group I, II and III metabotropic glutamate receptors produces effects in the STN of Parkinson’s-induced rats (Miwa et al. 2000).

mRNAs in the rat subthalamic neurons were found positive for mGlu2 and mGlu3 (group II), while moderate labelling was found for mGlu5 (group I) (Testa et al. 1994). The mGlu2 localization was confirmed with mRNA by Ohishi et al. (1993). mGlu5 has been localized electron microscopically in dendrites of STN neurons (Awad et al. 2000).

In the human the metabotropic glutamate receptor type 2 (mGlu2) has been localized light microscopically in the STN, indicating that group II receptors are present (Philips et al. 2000).

In monkey STN, mGlu1a, of the group I receptors, showed localization into cell bodies, but cell localization was absent for mGlu5 receptors. However, positive labelling for both receptors of group I was found in the STN around axon terminals and dendrites (Wang et al. 2000).

In general, authors seem to favour perisynaptic localization for metabotropic glutamate receptors using ligand binding studies and postsynaptic localizations for ionotropic glutamate receptors. mRNA studies demonstrate neuronal localizations, indicating that these receptors can be present in the efferent axon terminals. "The functional role played by each of the particular subtypes is disputed" (Hamani et al. 2004).

### **2.3.4.5**

#### **GABA Receptors**

GABA receptors are subdivided into GABA-A and -C, which are ligand-gated ion channel receptors, and GABA-B, a G protein-coupled receptor. Different GABA-A receptors are formed by assembly of multiple subunits. Subdivision of the GABA-A receptors is beyond the scope of this overview. Cloning of the GABA-B receptor delivered two subtypes named GABA-B<sub>1</sub> and GABA-B<sub>2</sub> that assemble in heterodimers to produce GABA-B receptors. GABA-B distribution was reported as negative in the rat STN (Bischoff et al. 1999; Durkin et al. 1999; Chen et al. 2004) using both ligand-binding and mRNA techniques. GABA-A-encoding genes were localized in the rat STN (Wisden et al. 1992; Zhang et al. 1991; Fritschy and Möhler 1995).

In monkeys, GABA-B<sub>1</sub> immunoreactivity was present in the neuronal perikarya and dendrites. Negative and positive perikarya were evenly distributed throughout the nucleus. The neuropil was lightly stained. Electron microscopy showed GABA-B<sub>1</sub> localized at scattered pre-terminal axonal segments and axonal terminals (Charara et al. 2000). The GABA-B<sub>2</sub> subtype was also found to be expressed in monkeys (Billinton et al. 2000; Charara et al. 2000).

GABA-A receptors are highly expressed by mRNA techniques in the monkey's STN (Kultas-Ilinsky et al. 1998). Strong species variability is present in the subunits that constitute GABA-A receptors, especially between rat and monkey STN (Smith et al. 2001). The human STN displays both GABA-A and GABA-B receptors.

In monkeys and humans these receptors are expressed postsynaptically on dendrites and presynaptically in putative glutamatergic axon terminals in monkeys (Charara et al. 2000).

GABA-A is found at symmetrical synapses of the globus pallidus externus GABA-positive terminals in the STN (rat, Fujiyama et al. 2003; monkey, Galvan et al. 2004). GABA-B receptors were found in thalamo and cortical post- and pre-synaptic and perisynaptic areas (Boyes and Bolam 2007). In humans, a brain specific high-affinity GABA uptake protein (GAT-1) was found in STN neurons. "Accumulation of synaptically released GABA, via interaction with the GAT-1 GABA transporter, in the vicinity of their terminal projections is intriguing and may be of interest as a non-dopaminergic target for therapy in Parkinson's disease" (Agood et al. 1999).

#### **2.3.4.6**

##### ***Serotonin Receptors***

Strong heterogeneity is present for the seven subtypes of 5-hydroxytryptamine (5-HT) receptors termed 5-HT-1 through 5-HT-7. Various binding sites could not be detected, although mRNAs have been present and vice versa. This makes a short overview difficult, and such a summing up is surely incomplete. 5-HT-1 has been demonstrated in the STN in the mouse [Mengod et al. 1990 (5-HT-1C)], the rat [Pompeiano et al. 1992 (5-HT-1A); Voigt et al. 1991; Bruinvels et al. 1993 (5-HT-1B); Wright et al. 1995 (5-HT-1C)], human [Waeber et al. 1989 (5-HT-1D), see their figures]. 5-HT-2 was found in the rat STN (5-HT-2C; Eberle-Wang et al. 1997, and references therein; Mengod et al. 1990; Pompeiano et al. 1994). In the monkey brain the STN was positive for the same mRNA (López-Giménez et al. 2001) as was displayed for the human STN (Pasqualetti et al. 1999). 5-HT-4 could be refound in the pictures from Vilaró et al. (2005) in the rat STN and for ligand binding in the guinea-pig STN. 5-HT-7 slight positivity was found in the human STN for this subunit (Martin-Cora and Pazos 2004). The presence of serotonin receptors in the mammalian STN is unequivocal (see also Sect. 5.3, this volume). Their subcellular structure, function and neurotransmitter interaction, however, are still unclear.

#### **2.3.4.7**

##### ***Cholinergic Receptors***

Two types of cholinergic receptors have been discerned: muscarine, which is cascade-coupled, and nicotine receptors, a ligand-gated ion channel. For both types the subunit gene transcripts that constitute the receptors are known, but will not be considered in detail in this volume. For the nicotinic receptors the subunits  $\alpha 4$ ,  $\alpha 7$ , and  $\beta 2$  are most prominent in the mammalian brain. Muscarine receptors are subdivided into five subtypes m1–m5. However, only three subtypes [M1 (being m1, m4, m5), M2 (m2) and M3 (m3)] have been detected in vivo and can be G protein- or IP3-coupled in their effects.

In the rat brain using radioactive neuronal bungarotoxin binding, nicotine receptors were detected in the STN (Schulz et al. 1991). “Overall there is no obvious correspondence between the distribution of neuronal bungarotoxin binding sites and the presence of mRNA coding for any of the three  $\alpha$ -subunits that have been characterized thus far” (Schulz et al. 1991). The immunohistochemical localization of the nicotine acetylcholine receptor demonstrated absence of positivity in the rat STN. Moreover, a discrepancy between these immunohistochemical results and bungarotoxin binding and radioactive nicotine labelling studies is evident. Presumably the antibody “does not recognize a protein that binds both radioactive-labelled nicotine and neuronal bungarotoxin” (Deutch et al. 1987). Serious doubt exists on the cholinergic action of nicotine receptors in the STN (Feger et al. 1979; Flores et al. 1996).

In monkey brains the STN contains the  $\alpha 4$ ,  $\alpha 7$  and  $\beta 4$  subunits of the nicotine receptor, as determined using in situ hybridization techniques (Quik et al. 2000), while Cimino et al. (1992) found an  $\alpha 3$  subunit mRNA in the monkey's STN.

In humans, nicotine receptor binding studies showed a moderate activity in the STN and a decrease in Parkinson's disease (Pimlott et al. 2004).

In rats the localization of m3 receptor protein and M3 receptor binding in the STN is unequivocal (Zubieta and Frey 1993; Levey et al. 1994). In the STN, expression occurred for m3 and m4 mRNA (Weiner et al. 1990). However, the expression for mRNA for the M3 receptor is weak in the STN (Shen and Johnson 2000). Muscarine receptor M3 is kept responsible postsynaptically for the cholinergic activation of STN neurons (Flores et al. 1996; Shen and Johnson 2007). "Curiously, to my knowledge, no new reports of functional studies on human brain muscarinic receptors have appeared in the last decade" (Raiteri 2006).

### 2.3.5

#### Ca<sup>2+</sup> Channels

Calcium channels are subdivided in a low voltage-activated channel (T-type) and several high voltage-activated channels (L-, N-, P-, Q- and R-types). Most of the localizations are demonstrated by physiological methods. Genetically determined subunits that constitute these channels have been described. Calcium channels are multi-subunit complexes and are mainly studied in the rat. The neuronal calcium channel  $\alpha_{1E}$  subunit was found with immunohistochemistry in the neurons of the rat STN (Yokoyama et al. 1995). The  $\alpha_{1A}$ ,  $\alpha_{1B}$ ,  $\alpha_{1C}$  and  $\alpha_{1D}$  subunits are not mentioned as being present in the rat STN (Tanaka et al. 1995). The  $\alpha_1$  subunits are thought elementary for the high voltage-activated calcium channels if combined with other subunits. On its own,  $\alpha_1$  subunit assembly gives a T-type similar channel (Meir et al. 1999). The  $\alpha_{1E}$  subunit is thought to be involved in structuring channels similar to low voltage-activated channels, presumably the R-type. The subunits  $\alpha_{1G}$ ,  $\alpha_{1H}$ ,  $\alpha_{1I}$  that determine T-type calcium channels are all three present in the rat STN, with high labelling for the  $\alpha_{1I}$  unit (Talley et al. 1999).

The  $\alpha 2\delta 1$ ,  $\alpha 2\delta 2$  and  $\alpha 2\delta 3$  subunits of calcium channels were also demonstrated in the rat STN by mRNA techniques (Cole et al. 2005).  $\alpha 2\delta 2$  expression was found high in the caudal rat STN. These subunits are thought to be related to the L-type, non-L-type and T-type calcium channels, provided they combine with one of the variations of the  $\alpha 1$  subtypes (Cole et al. 2005).

In the rat, several of the subtypes of high voltage-activated channels (L-, T/R-types), were demonstrated by electrophysiological techniques (Beurrier et al. 1999; see also Sect. 3.1.2 of Part II of *The Subthalamic Nucleus*). A preferential localization of the low voltage-activated channel (T-type; see also Sect. 3.3 of Part II of the next volume) in STN dendrites was favoured (Song et al. 2000) and L-type in the soma (Otsuka et al. 2001). The results of colocalization experiments, mainly in rats, demonstrated that many nerve terminals, including those in afferents and efferents of the STN, possess more than one type of calcium channel involved in transmitter release (see Meir et al. 1999).

Glutamate release is dominated by P/Q-type calcium channels (Turner et al. 1993). However, the rat STN contains some low-voltage and, except for the P-type, all of the high-voltage activated channels (Song et al. 2000; see Sect. 3.3 of Part II of *The Subthalamic Nucleus*).

The confusing results obtained with mRNA methods ask for extensive research. However,  $\text{Ca}^{2+}$  channels are present in neurons and dendrites of the rat STN. T-type calcium channels are also found in the human as indicated by mRNA of the  $\alpha 1$  subunit (Monteil et al. 2000).

### 2.3.6

#### **Purinergic Modulation**

Recently the adenosine receptors have been found to be active in the basal ganglia. In the STN, adenosine receptor  $A_1$  has been found (see Misgeld et al. 2007). Consumption of caffeine should be neuroprotective and is expected to reduce the loss of dopamine in Parkinson's disease and does so by blocking the  $A_{2A}$  receptor in MPTP-treated animals (Chen et al. 2001). The presence of this  $A_{2A}$  receptor in the STN is not reported. Adenosine is produced from AMP by the enzyme 5' nucleotidase. The enzyme cannot withstand fixation. Convincing 5' nucleotidase ultrastructural localizations are therefore mostly absent in literature (see Marani 1982) and localizations of adenosine production/storage sites are hard to compare to receptor sites. Effects of purinergic modulation are described by Kitai (2007) for the globus pallidus externus. "Increase of extracellular GABA levels after lesion of the nigrostriatal connections to the striatum and globus pallidus externus is blocked by  $A_{2A}$  antagonists". Activation of the receptor increased the GABA release after electric stimulation of GABA connections.

## 3

### **Ontogeny of the Subthalamic Nucleus**

#### 3.1

##### **Development of the Subthalamic Cell Cord**

During and after the formation of the neural tube the ventricular surface contains a series of ridges and sulci. This pattern of ridges and sulci demonstrates a segmental pattern. The ventricular surface morphology has been studied with SEM in the diencephalon of the rat, and subsequently the developmental changes were described as to its neuromeric borders and the presence of the sulcus limitans (see Lakke et al. 1988).

Cytological studies and  $^3\text{H}$ -thymidin autoradiography in the Chinese hamster revealed the origin and development of the nucleus subthalamicus (Keyser 1972). Cytological studies by Richter (1965) and Müller and O'Rahilly (1988a, b, 1990) demonstrated the early development of this nucleus in man. This description

follows the results in the Chinese hamster. Chinese hamster borders were compared previously to the borders in the rat (see Lakke et al. 1988) and will be compared in this description to those obtained in man.

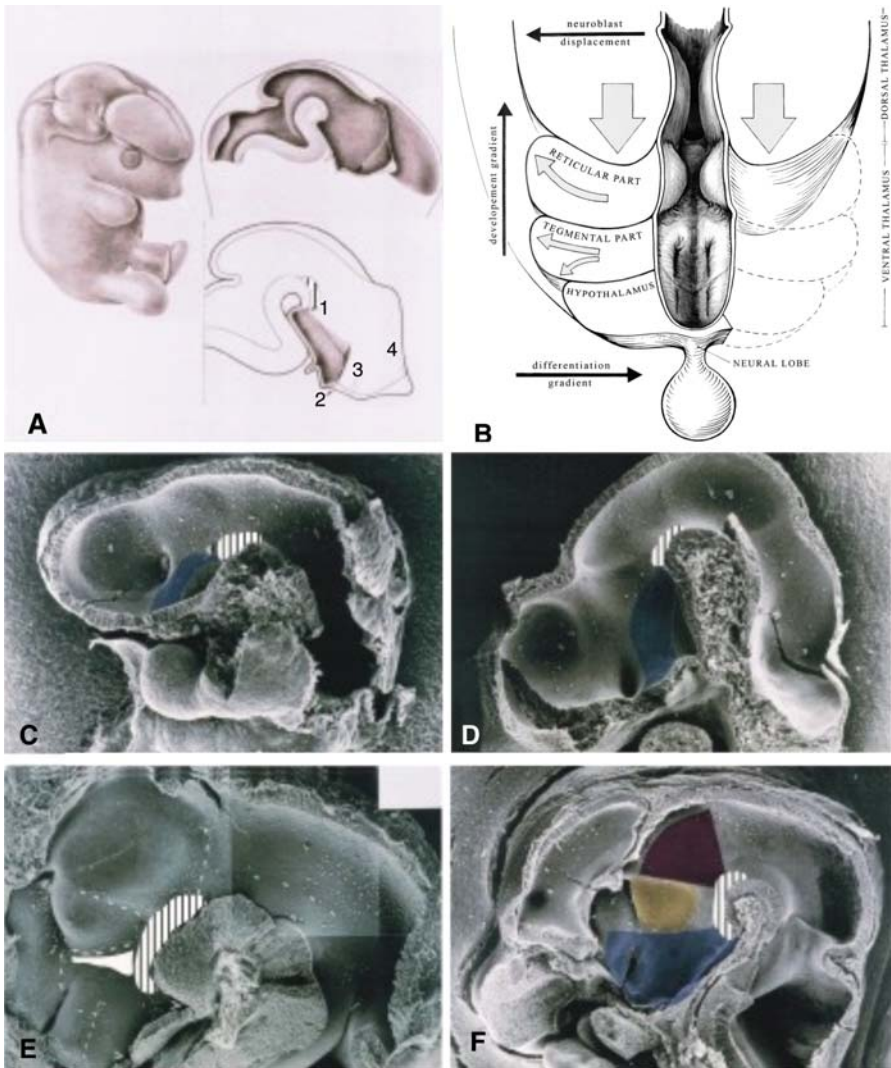
The regio subthalamica in the Chinese hamster develops rostral of the synencephalon (future regio pretektalis) and basal to both the pars dorsalis (parencephalon posterior) and ventralis thalami (parencephalon anterior) (for localization of these parts on the ventricular surface see Fig. 7). At  $E_{12}$  (embryonic day 12) the neuromeres are clearly discernable. They show that the basal parts of the future regio pretektalis, the area below it (the future regio subthalamica), and the area caudal to the eyestalk are advanced in development compared to the other ventricular areas. At  $E_{13}$  a mantle layer can be discerned in these areas. A compact "stream" (Keyser 1972) of cells can be noted and is called the subthalamic cell cord. This cell cord does not contain condensations or a development that indicates pronuclei. The cord reaches from its basal part below the future main thalamic (parencephalic) areas towards the diencephalic telencephalic border that can be recognized by the external telodiencephalic groove (also called the sulcus haemisphericus). So, early in development ( $E_{12}$ - $E_{13}$ ) a subthalamic region can be discerned behind the mammillary recessus and a subthalamic cell cord extending from this area, reaching to the telencephalic-diencephalic border.

At  $E_{14}$  the prerubral tegmentum contains the pronuclei of the nuclei of Cajal and Darkschewitsch and it continues without clear borders in the more rostrally situated regio subthalamica. The basal area of the subthalamic cell cord is slightly more developed than the rest of this cell cord. It is this stage of development in which the growth of the mantle layer obscures the neuromeric borders. However, the neuromeric subdivisions can still be discerned in the basal/caudal diencephalic part, delineating the subthalamic area and the start of its cell cord. It should be noted here that the basal regio subthalamica is sandwiched between the tegmentum prerubralis and the regio mamillaris, while from its rostral part the subthalamic cell cord rises towards the diencephalic-telencephalic border.

At  $E_{15}$ , within the regio subthalamica develops the supramammillary commissure that crosses the midline. The development of the regio subthalamica is advanced, and it is proposed that this area is "an organizer centre for the rostralmost parts of the brain" (Keyser 1972). The corpus subthalamicum Luysii (the future nucleus subthalamicus) is recognizable at this stage. "It develops from a tangentially migrating stream of cells that, originating from the matrix of the supramammillary recess, gradually shifts in a rostrrodorsal direction" (Keyser 1972).

At  $E_{16}$  the subthalamic cell cord has developed into the suprapeduncular complex and a superficial corpus subthalamicum can be recognized. The suprapeduncular complex contains several subdivisions, but seemingly contributes to the entopeduncular nucleus and the globus pallidus (the rostral extension of the suprapeduncular complex). Translated into human terminology, it contributes to the globus pallidus internus and externus, respectively. A posterior hypothalamic area is considered to develop in relation to the corpus subthalamicum.

The future corpus Luysii has a latero-dorsal migration, while the remnants of the subthalamic cell cord contain a more medio-dorsal development, in fact



**Fig. 7** A Drawing of a rat embryo showing the localization of brain and brainstem shining through the skull. Depicted is the luminary surface and next to it the hypothalamic and subthalamic region. 1: mammillary region, 2: chiasmatic area, 3: optic stalk, 4: future foramen of Monroi. B A late developmental stage in a transverse section is shown: neuroblast displacement from the ventricular matrix towards the pial surface, the opposite differentiation gradient and the developmental gradient. The tegmental (subthalamic) part shows the two types of migrations: medio-dorsal and latero-dorsal. C (E<sub>11</sub>), D (E<sub>12</sub>), E (E<sub>13-14</sub>), F (E<sub>15</sub>): Successive stages in the development of the rat ventricular surface. Grey shadowing is the hypothalamic area and striped is the subthalamic area. The border to the preprubral tegmental area is difficult to establish. In E the sulcus limitans, borders of the parencephalon dorsalis and ventralis, and the border of the hypothalamic area are stippled. In E is also depicted in white the subthalamic cell cord. Arrows indicate the recessus opticus and mamillaris. F Striped is the subthalamic area, in grey shading the parencephalon dorsalis and the hypothalamic area. The parencephalon ventralis can be recognized between the two areas



separating both cell populations. Their base is already loosened at E16. Thus, the subthalamic area really undergoes a tangential migration, in which the corpus Luysii takes the most lateral route.

The autoradiographic results in the Chinese hamster show that the area subthalamica is characterized by an early onset of differentiation. It is autoradiographically labelled from E<sub>12</sub> until E<sub>18</sub> onwards, being one of the first labelled areas. It originates from the medially located ventricular surface of the area above the mammillary recess and spreads tangentially. The most laterally situated cells of the corpus Luysii are born on E<sub>13</sub> to E<sub>18</sub>. The tangential migration is also supported by the autoradiographic results.

In conclusion:

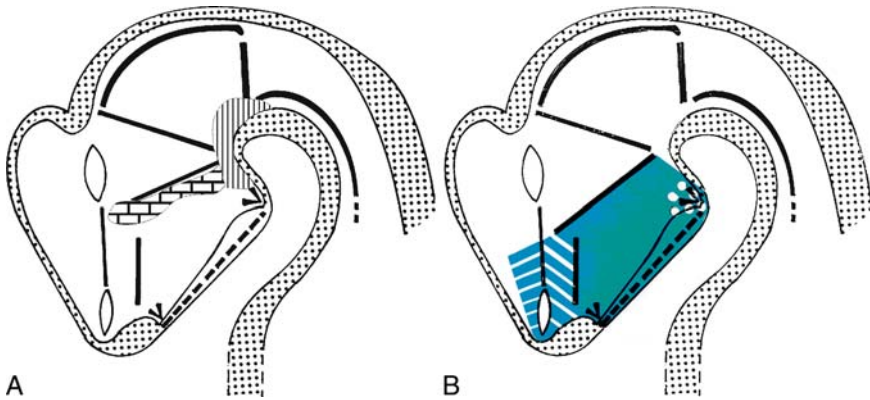
1. The regio subthalamica is one of the first to differentiate in the ventricular surface.
2. The regio subthalamica gives rise to the subthalamic cell cord. The regio subthalamica contributes to a posterior hypothalamic area.
3. The regio subthalamica produces in its basal ventricular matrix the corpus Luysii and the suprapeduncular complex.
4. The matrix is localized just above the mammillary recess also called the supramammillary recess.
5. The corpus subthalamicum Luysii takes a more lateral direction or tangential migration than the suprapeduncular complex does.
6. The border between the subthalamic area and prerubral area is difficult to discern.

In rat, Marchand (1987) used autoradiography and determined the germinative zone just caudally and dorsal of the mammillary recessus as the origin of the STN. The first migration is oriented radially and thereafter tangentially. These results are well comparable to those of the Chinese hamster.

The gene expressions in longitudinal strips for the developing diencephalic and forebrain areas in fact show that the subdivisions as determined by Keyser (1972) are generally correct. The hypothalamic area is characterized by Nkx-2.1, the hypothalamic cell cord by both Nkx-2.1 and 2.2, while the supramammillary region with the rubro-tegmental area is characterized by Shh (Shimamura et al. 1995). The expression of Dlx1/2 and Wnt-3 also confirm the main boundaries of the hypothalamic cell cord and the rubro-tegmental area (Bulfone et al. 1993).

The short description of Hamani et al. (2004) that the hypothalamus sensu lato is further subdivided into a hypothalamus sensu stricto and subthalamus (taken over from Müller and O'Rahilly 1988a, b, 1990) is not substantiated by the results in rat, Chinese hamster and man (Richter 1965). In the ventricular surface a strict subdivision in hypothalamic cell cord versus subthalamic area and subthalamic cell cord can be made (see Figs. 7 and 8 for the consequent subdivision in subthalamic and hypothalamic areas).

The development of the subthalamic region in man has been earlier described by Barbè (1938). The first recognition of the subthalamic area is at 83 days of development. Barbè includes the mammillary bodies in this region. The corpus Luysii can be discerned at 92 days of the human brain development. The extensive studies of Müller and O'Rahilly (1988a, b, 1990) on the development of the human neural tube



**Fig. 8** A Schematic drawing of both the subthalamic area ( $E_{16-18}$ , *striped*) and the subthalamic cell cord ( $E_{13-14}$ , *blocked*) in the *upper part* of the figure as compared to the hypothalamic area at  $E_8$  in the *lower part*. B The hypothalamic area is subdivided in a suprachiasmatic area (*striped*), an infundibular (*grey*) and a mammillary (*circles*) part. Overlap of the hypothalamic and subthalamic area is present in the posterior hypothalamic region. Vs indicate, from *left to right*, recessus opticus and recessus mamillare

from stage 13 (28 days) to 21 (53–54 days)–23 (56–60 days) demonstrates the subthalamic area far earlier (from stage 13 onwards) as part of the caudal synencephalon and parencephalon (caudal  $D_2$  in Müller and O’Rahilly 1988a, b). However, the origin of the subthalamic area is not given at this stage. A subthalamic area is described just parallel and above the hypothalamic cell cord, which is identical to the subthalamic cell cord of Keyser (1972). The further development of the STN is above the mammillary recess, adjacent to the mammillary bodies near the mesencephalic border at stage 18 (45 days). The migration stream for the STN is not evident.

The tegmental-rubral area develops early as was also found in the Chinese hamster. A border between the mesencephalic and subthalamic area was also not given by Müller and O’Rahilly (1988a, b, 1990).

In man the subthalamic cell cord is held responsible for the production of the corpus subthalamicus Luysii (second month of development/18 mm; Richter 1965), and its tangential spread is presumably later in development (fourth month, 115 mm; Richter 1965). Müller and O’Rahilly (1988a, b, 1990) and Richter (1965) place the development of the STN above the mammillary recess, and Müller and O’Rahilly (1988a, b, 1990) far earlier (45 days) than Richter (1965), who claims that in earlier stages the development is still in the matrix layer and difficult to follow, without indicating a tangential migration stream. The difference between the Chinese hamster and man, therefore, is not the diencephalic part where the STN arises: supramammillary recess (Richter 1965; Müller and O’Rahilly 1988a, b, 1990) in fact confirms the results of the Chinese hamster. The probability that an early tangential migration of the STN is present cannot be determined in human material; a late migration is advocated by Richter (1965). Autoradiography

cannot be performed in man; therefore one should consider that the Chinese hamster results are well based, since results in man can only be studied by differential appearances of cytological characteristics in matrices. Richter (1965) indicates in his study of the 37-mm embryo (third month) that based on the cellular development of the STN a ventrolateral (upper) and a dorsomedial (deeper) part can be discerned.

### 3.2

#### **Early Development of Subthalamic Connections**

The early development of the fibres in the striatum can be followed using myelin colouration. It was Flechsig (1876) who detected that certain parts of the striatal complex were advanced in their myelination. Using the Pal staining or other myelin colourations, these early myelinating bundles can be traced. Central nervous system areas can be distinguished by the combination with a cell staining, mainly carmine red or Gieson green in those early days. Inherently the idea is that “what myelinates first developed first”.

Kodama (1927) using haematoxylin eosin and the Pal/carmine technique described 50 human fetuses and postnatal babies. In this monograph we will follow Kodama’s overview.

The earliest result in a 5-month-old foetus is the myelinated connection between the globus pallidus and the STN. The internal part gives off more myelinated fibres than the external part, both projecting into the STN. Kodama subdivides the STN in a medial (parvo-) and lateral (magnocellular) part. The lateral part differentiates earlier than the medial part. The lateral part receives the earliest connections: the pallido-subthalamic connections. It can be noted in Kodama’s figures that these fibres constitute the dorsolateral division of Edingers “comb system”. The medial part contains connections at the seventh foetal month that can be followed into the supramammillary commissure towards the contra lateral STN.

Therefore, from the earliest studies it can be concluded that the magnocellular lateral part is involved in the pallido-subthalamic connections, while the parvocellular medial part is related to the connections between the ipsi- and contralateral subthalamic nuclei.

Richter (1965) also shows the early myelination of the pallidum and nucleus subthalamicus. If the subthalamic cell cord indeed contributes to the pallidum (see rat, Ströer 1956; man, Spatz 1925, 1927; Richter 1965; rabbit, Rose 1942, and others, see above) and the migration/differentiation stream of the subthalamic cell cord originates from the same area in which the nucleus subthalamicus develops (later on), then it could well be possible that the axonal connections do grow out accordingly. Arguments for this hypothesis can be found in Kordower and Mufson (2004) in which NGF receptor immunoreactivity is equally (timely) expressed in both the pallidal and subthalamic regions. Since the rubral-tegmental area is difficult to separate from the subthalamic area, one should be aware that subthalamic-nigral connections are homologous to the pallido-subthalamic connections that are probably imprinted during development.

As mentioned above, the development of the tracts in the Chinese hamster follows the description of Keyser (1972). At E<sub>14</sub> the stria medullaris and tractus opticus are present and recognizable in the rostral diencephalon. However, at the same age the fasciculus mammillo-tegmentalis is present, just located below the subthalamic cell cord and within the subthalamic area. Within the area above the subthalamic cell cord the tract of the zona limitans is present.

The supramammillary commissure is developed at E<sub>15</sub>. At E<sub>16</sub> the fasciculus mamillo-tegmentalis is reaching the area of the lateral rubral tegmentum, and the fasciculus retroflexus reaches from the substantia nigra towards the habenulum. From this age on the main tracts are discerned and extend their presence.

Gene expression studies have also looked at the connections from forebrain towards the mesencephalon. The results for the optic tract (Tuttle et al. 1998) and medial fore-brain bundle (Martin et al. 1985) support the original results of Keyser (1972).

## 4

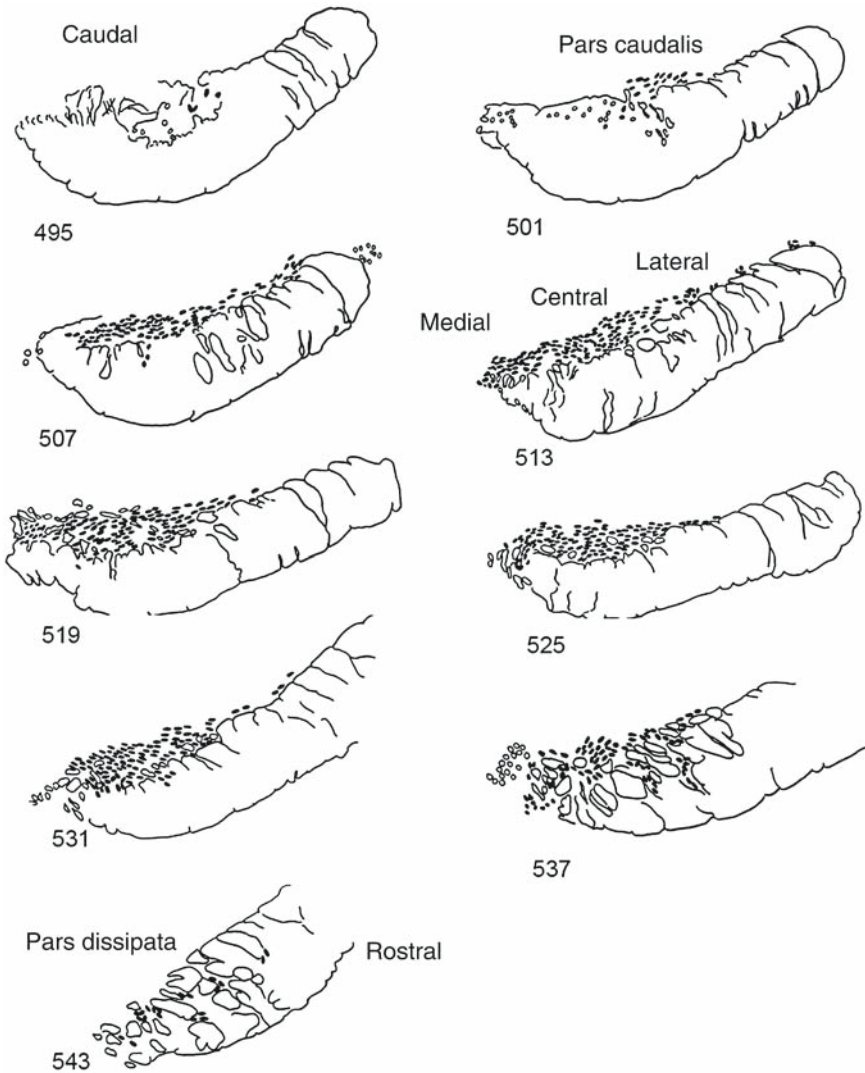
### **Topography of the Rat, Cat, Baboon and Human Subthalamic Nucleus**

The cytoarchitecture, rostral and caudal borders of the mesencephalon, neighbouring nuclei and tracts and the general topography of the STN are exemplified here by typical species, namely rat, cat, baboon, and man. The STN is e.g. considered a “biconvex-shaped structure surrounded by dense bundles of myelinated fibres” (see Hamani et al. 2004), consolidating the idea of a well-bordered nucleus. Rostral and caudal borders of e.g. the human STN are indistinct. Therefore, extra Nissl and Weigert stained sections of these areas are added to the human series. These human sections coincide with those of the *Atlas of the Human Brain* (Mai et al. 1997) by number. Neighbouring nuclei and tracts, therefore, can be localized easily using this atlas, which has its direction well defined.

#### 4.1

##### **The Rat Subthalamic Nucleus: Cytoarchitecture**

Going from caudal to rostral, the first rat subthalamic cells are found at the ending of the substantia nigra, within the dorsal part of the cerebral peduncle (Fig. 9, 495), both in Woelcke (1942) and Nissl stainings (see Voogd and Feirabend 1981). The next level shows grouping of the subthalamic neurons just in the middle of the cerebral peduncle. Some cells are placed somewhat more inwardly (Fig. 9, 501). The nucleus develops more rostrally over the whole peduncle, containing medially more neurons than laterally; the head being 5–6 cell layers thick, its lateral cauda containing one to two cell layers (Fig. 9, 507). Due to the lateral extension of the cerebral peduncle towards rostral, the cauda breaks up in separate islands, while the head grows and occupies more than half of the cerebral peduncle. At a medial quarter of the cerebral peduncle 10–12 layers of subthalamic neurons can be discerned (Fig. 9, 513). At the medial side of the cerebral peduncle subthalamic



**Fig. 9** Camera lucida drawings of transversal Nissl sections of the rat STN. Neurons are depicted in an approx. 1:3 ratio

neurons curl around the peduncle end superficially. The cauda, one to two cell layers thick, hardly extends over the medial half of the cerebral peduncle (Fig. 9, 519). A group of neurons with smaller cells seems to concentrate at the medial end of the cerebral peduncle. The head of the STN nucleus now reaches its elliptic form, with

a very short cauda of few neurons. Bundles of the cerebral peduncle are intermingled with neurons and neuropil. The peduncle now extends more medially than do the subthalamic neurons (Fig. 9, 525). The nucleus is more rostrally restricted to the medial one-third of the cerebral peduncle. Only a few single cells of the cauda can be perceived in the peduncle lateral two-thirds. The head of the nucleus is flattened and more cells are encountered in between the superficial peduncle bundles (Fig. 9, 531). At the rostral end of the nucleus the subthalamic neurons are localized in between the superficial and deeper peduncle bundles (Fig. 9, 537, 543). It is this level where a group of round neurons, not belonging to the STN, are localized against the medial end of the cerebral peduncle. The STN ends by dispersed neurons in between the medially localized peduncle bundles (Fig. 9, 543).

Based on this description the rat STN can be subdivided into several parts (see Fig. 9). The caudal start can be recognized as a separate entity, called *pars caudalis*, which continues into a *pars medialis*, *pars centralis* and a *pars lateralis*. The *pars centralis* is recognized by its concentration of neurons, while the *pars lateralis* comprises a small layer of cells over the cerebral peduncle.

Tapering on both sides of the rostral ending of the *pars centralis* is found the *pars dissipata* present in between the peduncular bundles.

## 4.2

### The Cat Subthalamic Nuclear Area: Sagittal Topographic Borders

In Fig. 10, sagittal alternating Woelcke (1942) and Nissl sections (Voogd and Feirabend 1981) of the mesencephalon of the cat are shown (Usunoff 1990). These sagittal sections of the cat mesencephalon and diencephalon demonstrate how difficult it is to border mesencephalon and diencephalon in the cat's mature brain. According to Voogd in Nieuwenhuijzen et al. (1998), this border at the end of the tegmentum mesencephali passes rostral of the substantia nigra. "The pes mesencephali comprises the cerebral peduncle and the substantia nigra. The medial lemniscus marks the dorsal border of the pes mesencephali. Its caudal border is determined by the rostral border of the pons and the lateral by the rostral margin of the brachium pontis". In the Nissl sections, the STN (Fig. 10) can easily be recognized by its dense packing of cells. Moreover, the intimate relation between STN and the substantia nigra is present. Rinvik's cerebral peduncle loop (1968; tractus corticotegmento-thalamicus Rinviki, Usunoff 1990) is present in between both structures in the direction of the VPL (nucleus ventralis posterior lateralis thalami). However, this bundle is specific for the cat. This bundle is situated at the mesencephalic–diencephalic border. The zona incerta tapers rostrally over the STN, to cover it over its whole extent with its main concentration of neurons. The zona incerta's rostral and caudal poles do have different connections compared to the central part (Romanowski et al. 1985). Although the central part is reported to be involved in visuomotor integration, feeding, drinking and locomotion, a relation with the basal ganglia or with the STN has not been reported (see Voogd in Nieuwenhuys et al. 1988). Field H2 of Forel covers the STN and contains neurons



that are few. The nature of these neurons is unclear; whether or not they belong to the STN or the zona incerta is unknown.

The intimate relation between the capsula interna/pedunculus cerebri and the STN is clearly present in the Woelcke sections, as holds for the substantia nigra. The medial lemniscus presents itself at the caudal pole of the substantia nigra, goes obliquely to dorsal and over-roofs the area of the zona incerta and STN. The intimate relation between capsula interna/pedunculus cerebri with the lateral hypothalamus and pallidum, and the STN just above it, can be noticed.

### 4.3

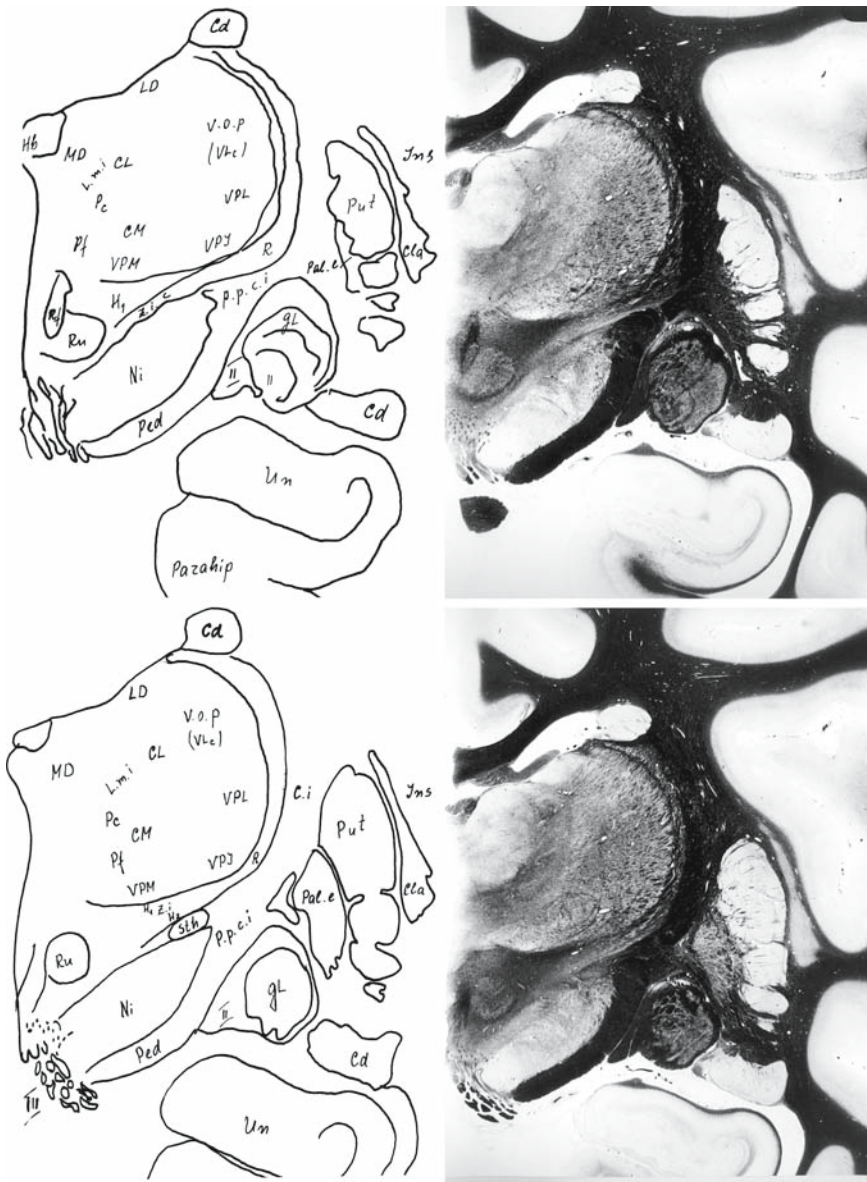
#### The Baboon Subthalamic Area: Nuclei and Tracts

The baboon STN has been presented in a series of sections by Usunoff (1990) for the description of the topography of the substantia nigra (distance between transverse sections is 380  $\mu\text{m}$  in the alternating Woelcke and Nissl order, Fig. 11). The intimate relation between substantia nigra and STN is noted, since the start of the STN is difficult to discern from the lateral part of the substantia nigra (Fig. 11.1 Woelcke sections). Field H2 of Forel does finely separate the STN from the zona incerta, while the start of the nucleus is just below the central, medial part of the zona incerta.

In the next Nissl section (Fig. 11.2) it is clear that the pars reticulata borders the STN. Its medial end points into the pars compacta. The whole STN has not yet a relation to the capsula interna, only its lateral part does. The STN is easily recognized by its high concentration of cells. In the next Woelcke section a plate of white matter intermingles between the substantia nigra and the STN, separating both nuclei partially. Here the medial edge of the STN is related to the pars compacta of the substantia nigra, indicating that the lateral part of the pars reticulata is firstly separated from the STN.

The relations of the STN with the substantia nigra are easy to detect. The STN's medial edge is placed next to the pars compacta, while the lateral edge is related to the capsula interna. The rest of the medial half of the STN is placed near to the pars reticulata. Above the STN the increase of field H2 is noted. It looks as if the increase of the STN forces the zona incerta into its cauda. The globus pallidus is nearing the STN, always separated from the STN by the capsula interna. The STN reaches its maximal extent in Fig. 11.4 and 11.5. The STN is now separated from the substantia nigra by a layer of fibres, while at its dorsal side the field H2 of Forel has reached its maximum thickness. The capsula interna proceeds towards medial and the zona incerta diminishes. The first indication of a redistribution of the concentration of cells is noted: the lateral part of the medial half contains a lower amount of cells. The pictures of Fig. 11.5 show the complete extent of the STN. The Nissl section allows a tripartition of the STN into an oblique medial part with a high concentration of cells, an oblique middle part with a low concentration of cells and an oblique lateral part with a high concentration of cells. The medial half of the STN is lying above the pars reticulata of the substantia nigra, while its medial point is just above the pars compacta.





**Fig. 11.1** Transverse Woeilcke and Nissl sections of the baboon's mesencephalon. Main abbreviations (also see abbreviations list): *cd*, nucleus caudatus; *ci*, capsula interna; *cla*, clausstrum; *H*, *H1*, *H2*, fields of Forel; *Ni*, *Nic*, *Nir*, substantia nigra, pars compacta, pars reticulata; *pale*, *pali*, globus pallidus externus and internus, respectively; *ppci*, pars peduncularis of the capsula interna; *put*, putamen; *Ru*, nucleus ruber; *STH*, nucleus subthalamicus; *TcTT(R)*, tractus corticogentothalamicus (Rinviki); *VPM*, *VPI* and *VPL*, nucleus ventralis posterior, intermediate and lateralis thalami; *Zi*, zona incerta; *II*, optic tract

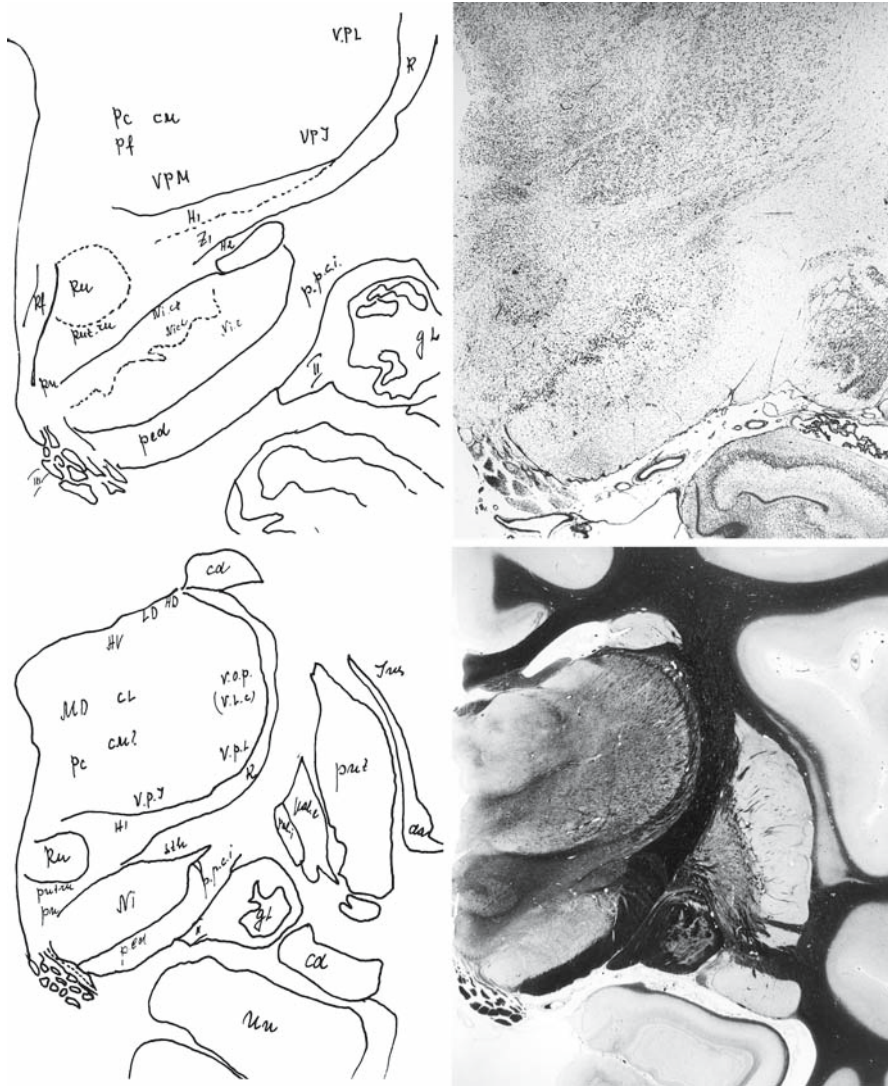


Fig. 11.2 (continued)

The comb system of Edinger has nearly reached maximum extent. The head of the zona incerta has the dimensions of its cauda and is separated from the STN by field H2.

The internal capsule contains subdivisions of the comb system: most laterally the fields A of Sano (1910), more medially the rest of the comb system. In the lateral fields between the rostromedial pole of the pars reticulata and the caudal medial

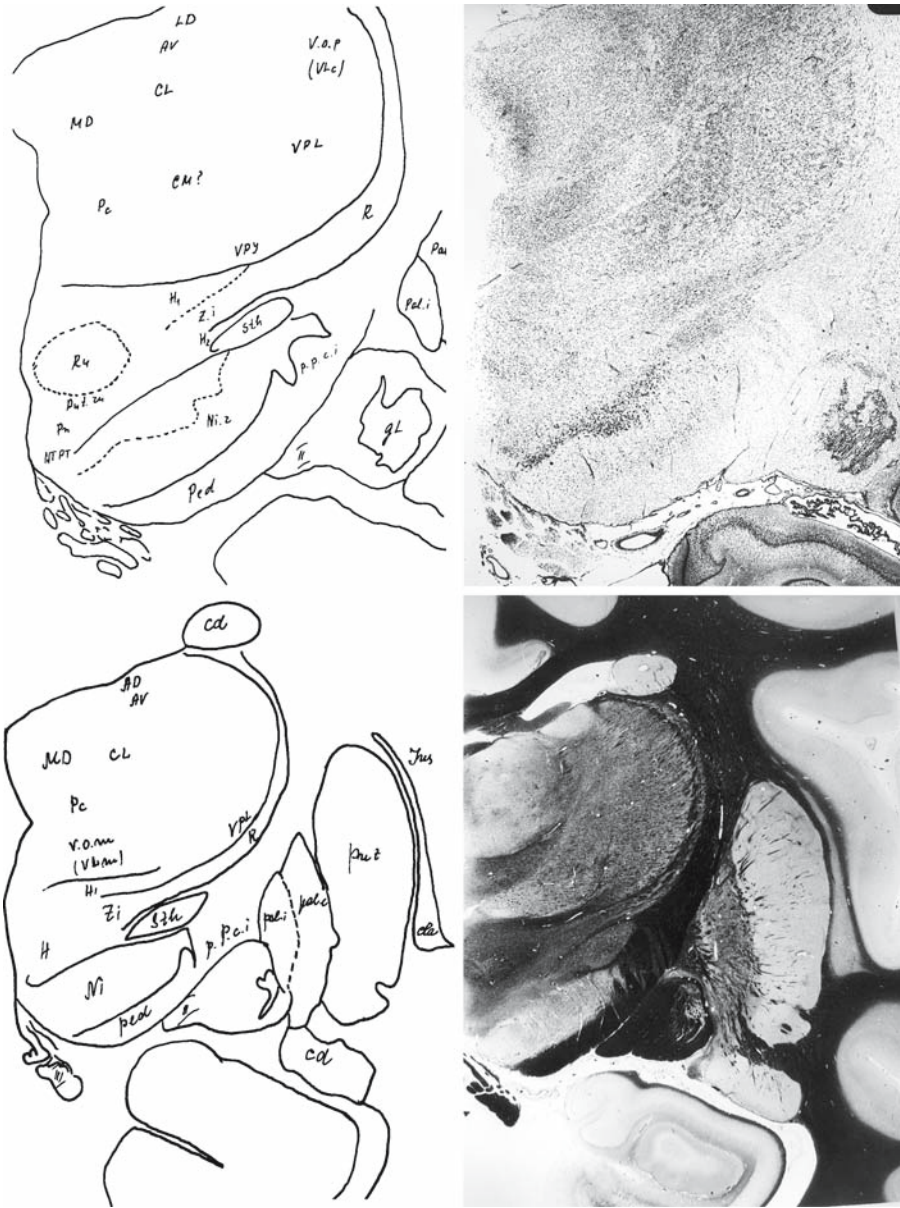


Fig. 11.3 (continued)

pole of the internal pallidum isolated neurons are occasionally present. This is the field A of Sano (1910), who was the first to speculate that these interstitial neurons represent a feeble cellular bridge between the substantia nigra and the pallidum. Later, Riese (1924) noticed in cetaceans that the pars reticulata is strongly extended

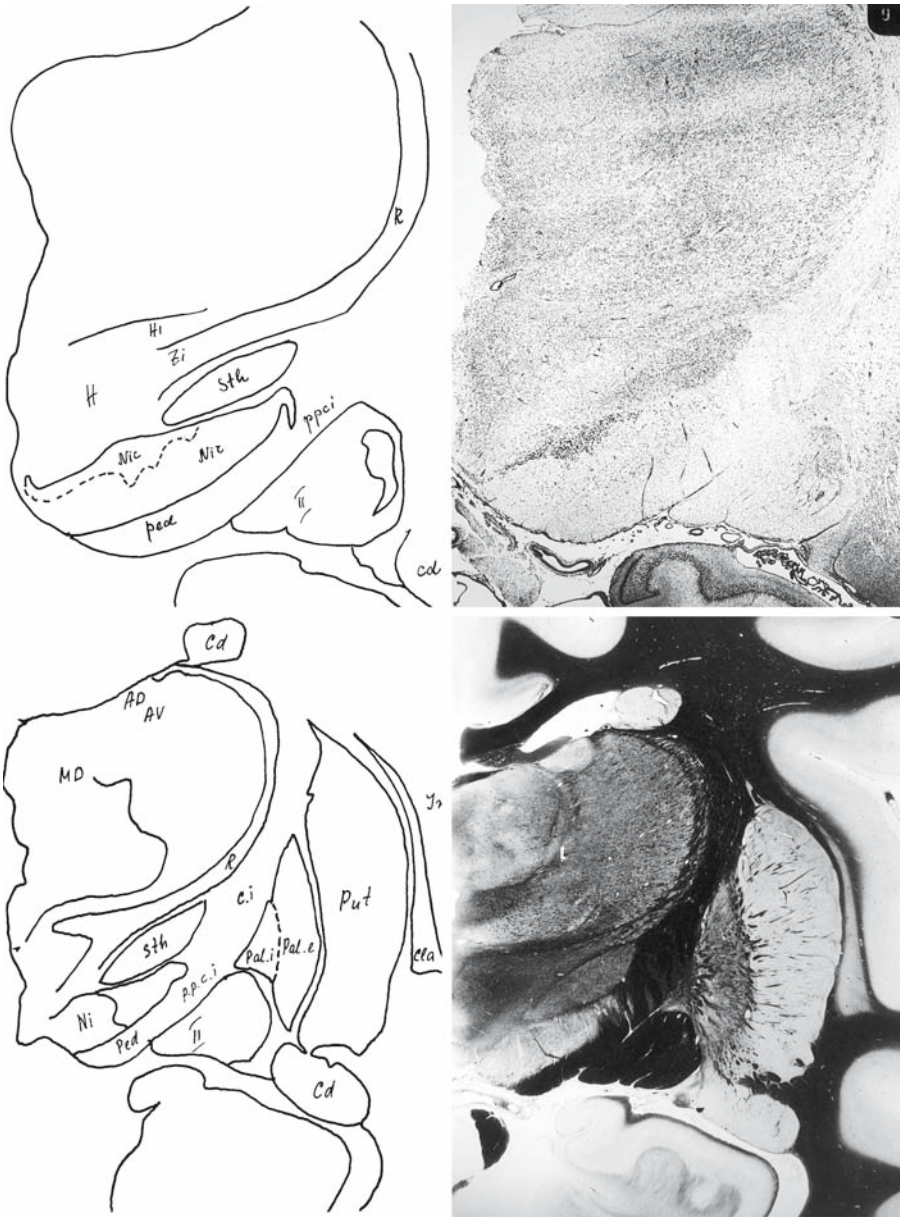


Fig. 11.4 (continued)

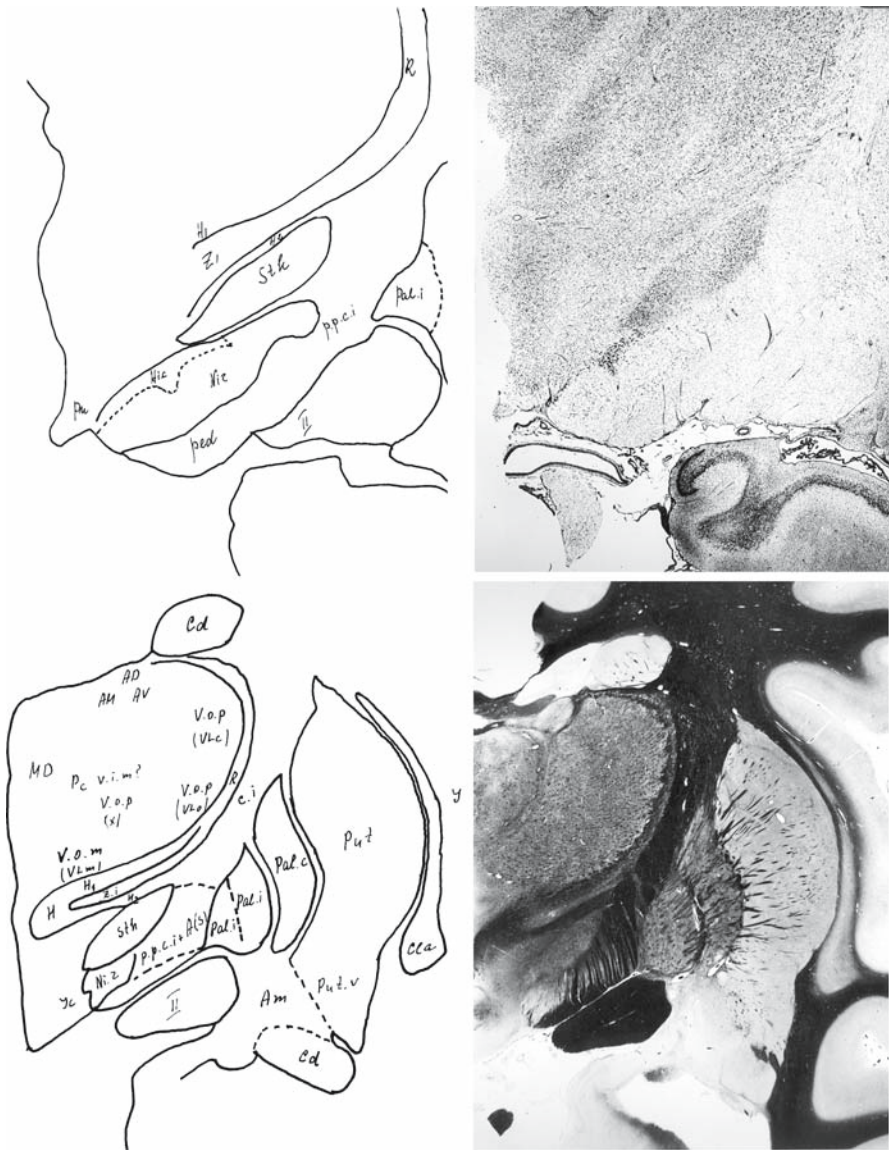


Fig. 11.5 (continued)

rostrally and especially rostrolaterally, so that its grey strands intermingle with the comb system and directly continue within the pallidum.

#### 4.4

#### The Human Subthalamic Nucleus: Topography

Two sections (Fig. 12) that are on the oblique coronal plane and parallel to the course of the optic tract (left Nissl, right myelin stain; Voogd and Feirabend 1981) show the sagittal topography of the human STN. In these sections the relation with the substantia nigra cannot be discerned. The human STN is sagittally sectioned parallel to the optic tract. The STN lies in a hollow of the cerebral peduncle and is covered by a thin layer of fibres, the field H2 of Forel, while separated from the cerebral peduncle by a small fibre layer. At the medial side the fornix and tractus mamillo-thalamicus can be discerned. The zona incerta covers with head and tail the STN. The hypothalamus is between the medial part of the peduncle, ventricle and the optic tract. In both sections the comb system of Eninger can be discerned.

The human Nissl sections and myelin-stained sections (30–40, going from rostral to caudal) correspond to Mai and colleagues' *Atlas of the Human Brain* (Mai et al. 1997). In the atlas the corresponding section numbers are explained.

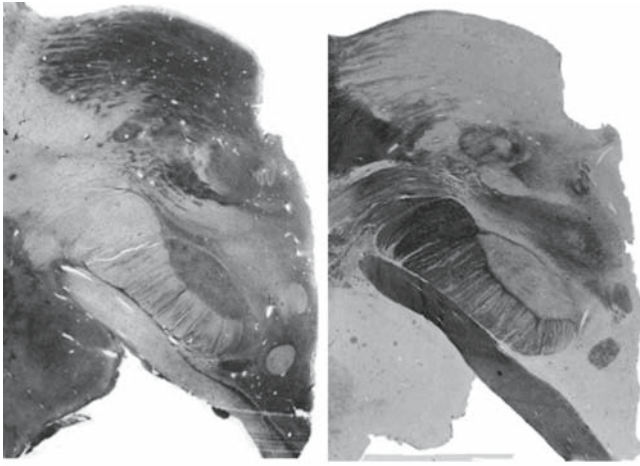
##### 4.4.1

##### Nissl Sections

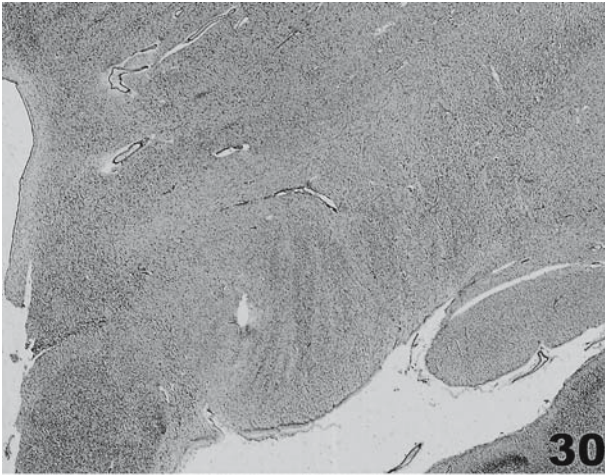
In a topographic sense the pallido-hypothalamic nucleus (see Mai et al. 1997) borders the caudal side of the STN (sections 30 and 31, Fig. 12B). Its borders are difficult to delineate, which means that in man the STN at its caudal side seems continuous with a part of the lateral hypothalamus. Groenewegen and Berendse (1990) noted projections from the ventral pallidum towards the STN and the lateral hypothalamus (see Sect. 5.2.4, this volume). The relation between STN and the lateral hypothalamus can also be clearly discerned in the oblique coronal sections of Fig. 12A. These projections attracted attention, but no available arguments in human degeneration studies have suggested that these connections are present in man, although they are established in rat.

The STN over-roofs the substantia nigra pars compacta and pars reticulata with its caudal extension (section 32). Nearly directly (section 33), the supramammillary commissure (see Mai et al. 1997) pushes the STN laterally (see also the myelin stained section 33 Fig. 12C), separating the STN at its caudal side from the substantia nigra (section 33, Fig. 12B). Directly rostrally, after this commissure, the former relations are re-established.

At the rostral side of the STN (sections 38–40, Fig. 12B) the rest of the STN seems still present between the capsule of the red nucleus, the parabrachial pigmented nucleus and the substantia nigra (section 38, Fig. 12B). In sections 39 and 40 (Fig. 12B) the parabrachial pigmented nucleus seems to over-roof the whole



**A**

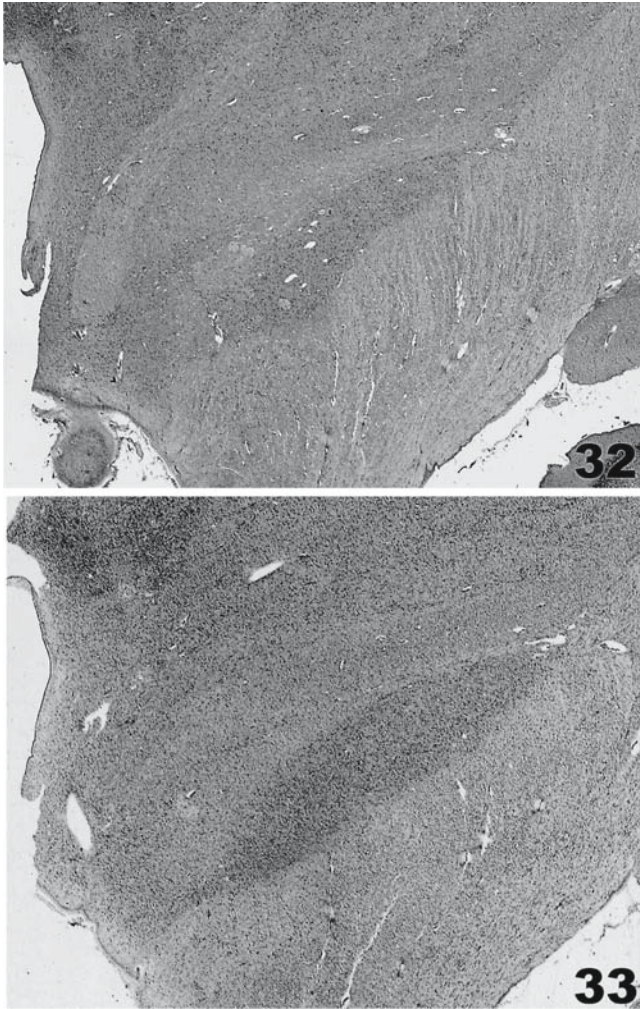


**30**



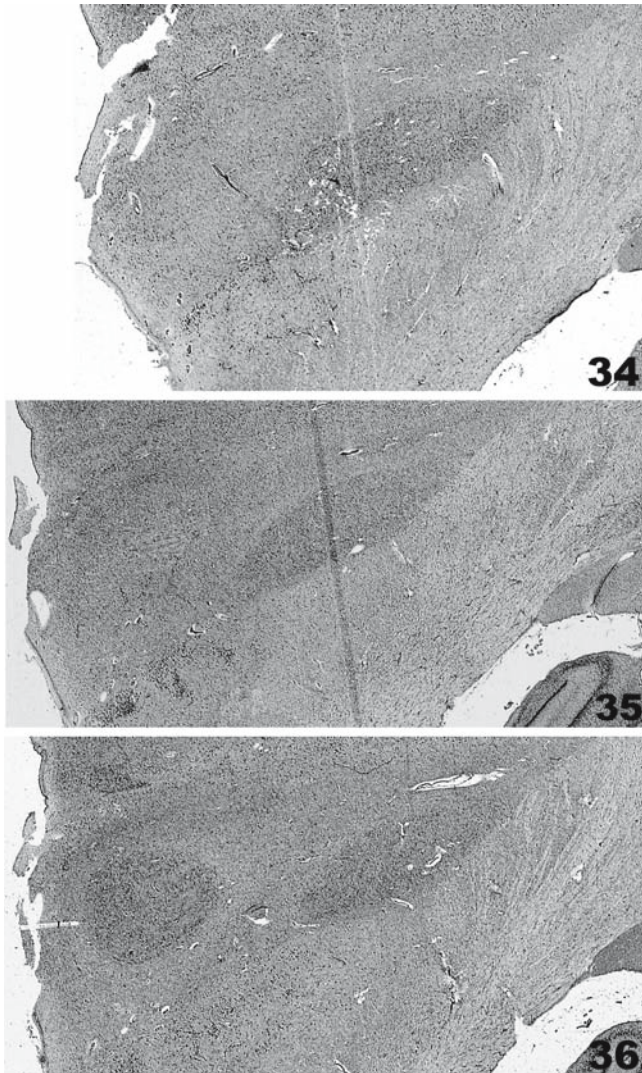
**31**

**Fig. 12** (Caption see following page)



**Fig. 12** A Coronal sections through the human STN. *Left*, Nissl stain; *right side*, myelin staining. B Transverse serial sections of the human STN (Nissl stain) starting at the caudal/substantia nigra side. C Sections, stained for myelin, of the human STN. The panels match with sections numbers of the *Atlas of the Human Brain* (Mai et al. 1997)

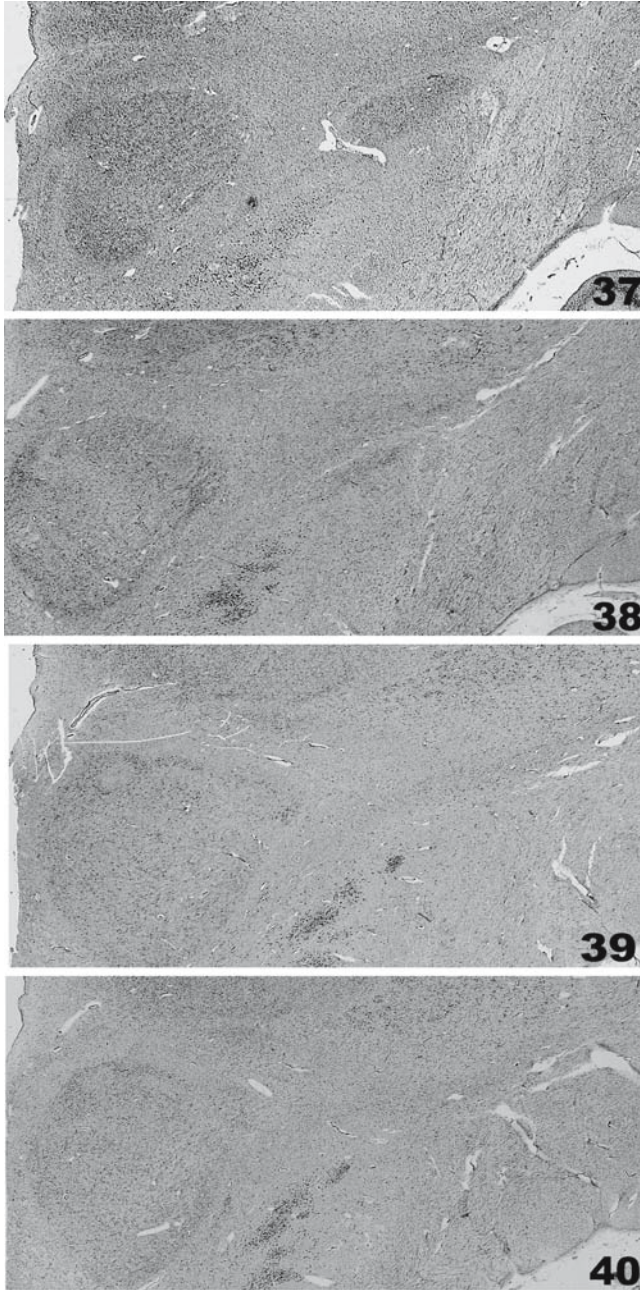




**Fig. 12** (continued)

substantia nigra. Over its whole rostral extent the STN is covered by the zona incerta, which retracts due to the origination of the parabrachial pigmented nucleus (compare to the *Atlas of the Human Brain*; Mai et al. 1997).

While in the rat the origin of the STN clearly could be seen arising in between the peduncular bundles, this is obscured by the human pallido-hypothalamic nucleus, which also has its neurons between peduncular bundles. Nevertheless section 38 in Fig. 12B also shows the pars caudalis of the STN to be present in between



**B**

**Fig. 12** (continued)

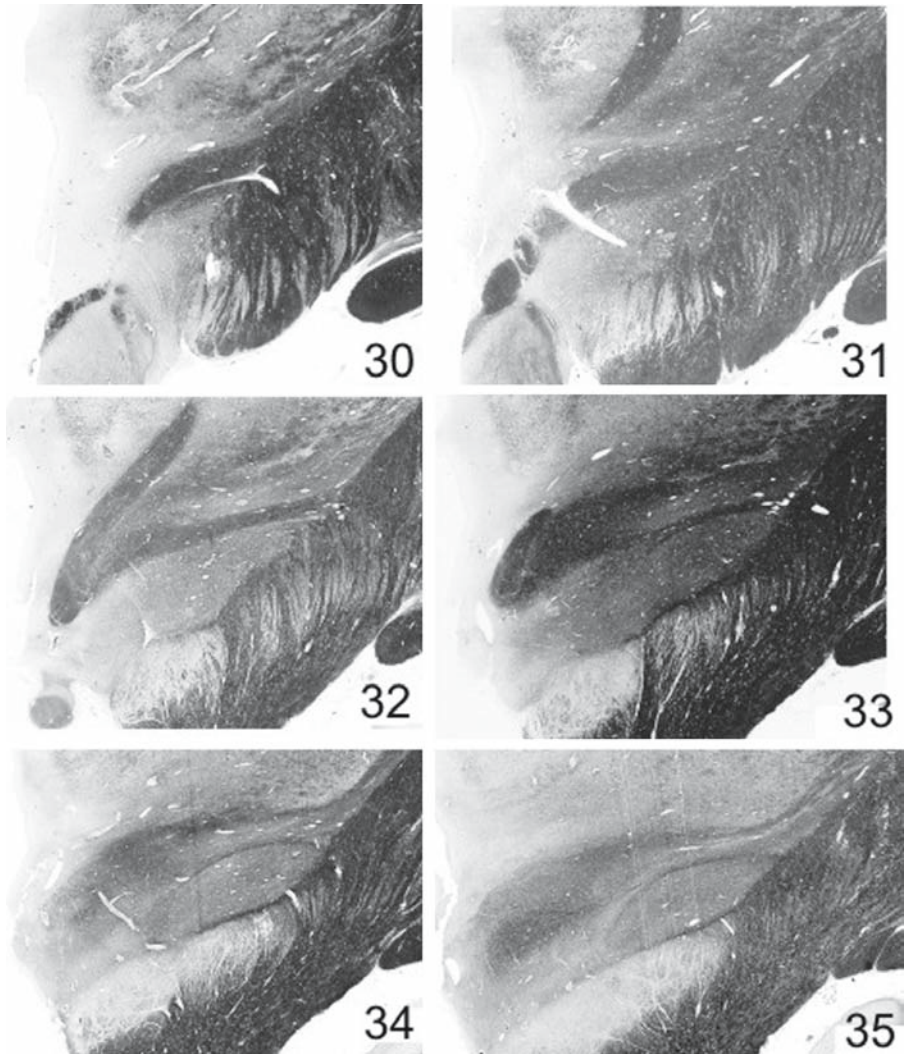
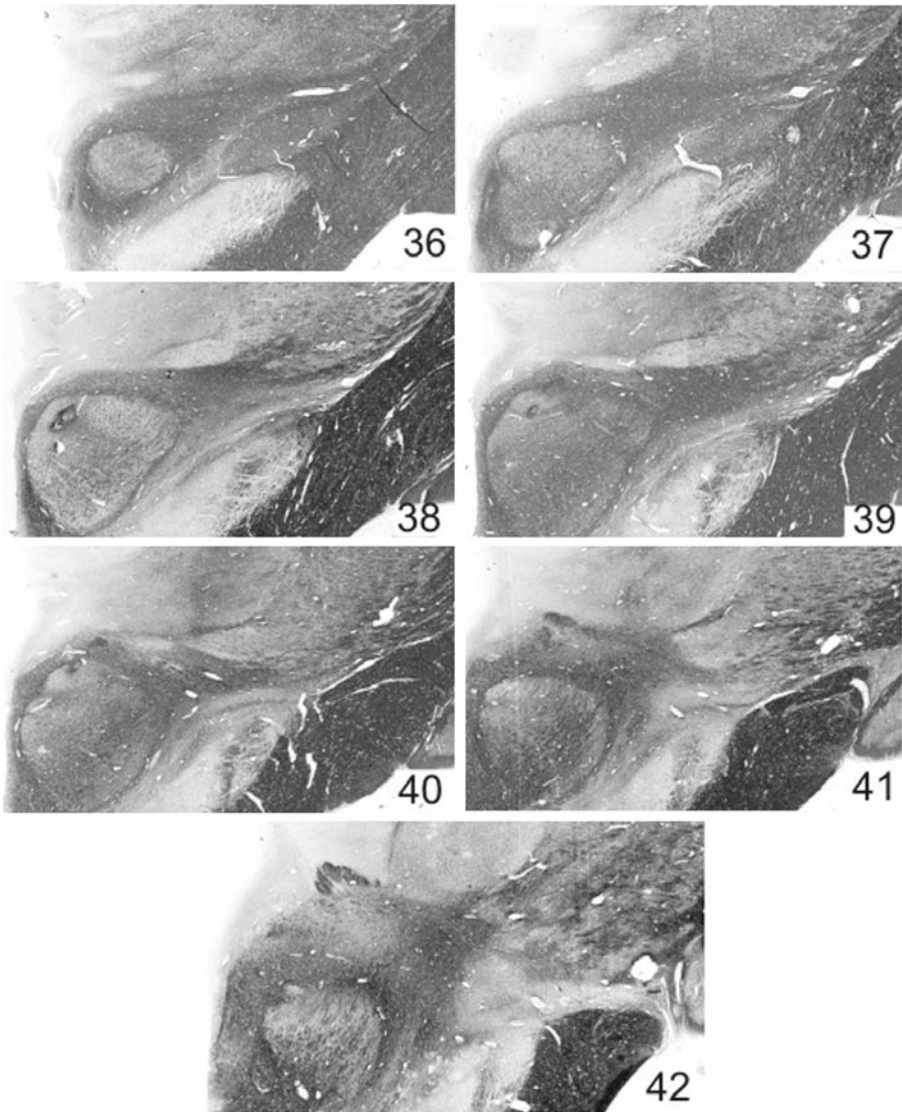


Fig. 12 (continued)

peduncular bundles. The human STN clearly has a lens-shaped form. In the middle part of section 33 an area with a lower concentration of neurons can be detected, which proceeds laterally in section 34, ending in section 35.

Due to the caudal position of the human STN, a relation between the substantia nigra and the STN starts no earlier than in section 34, indicating that the gradual transition between both nuclei as present in rat, cat and baboon is absent in humans. The caudal part of the STN can be recognized independently from the substantia nigra. This relation is even more important because in  $T_2$ -weighted

**C****Fig. 12** (continued)

images the substantia nigra, due to its high iron content, can be recognized easily, while the anterior medial part of the STN is more difficult to perceive. The contact between substantia nigra and STN stays present from sections 34 to 37 (Fig. 12B). In section 38 the last part of the STN disappears next to the rostralateral part of

the substantia nigra. Whether or not some cells are still present in section 39 is uncertain, if solely based on Nissl stainings; see also picture 39 of Mai's atlas (Mai et al. 1997). At level 40 the peripeduncular area distinctly protrudes between the zona incerta and the substantia nigra. Therefore the STN has ended.

A third point is the relation towards the red nucleus. The STN has already been developed before the red nucleus appears (section 32–34, Fig. 12B). Since the red nucleus is simple to find in  $T_2$ -weighted images, care should be taken not to underestimate the extent of caudal STN.

#### 4.4.2

##### **Myelin-Stained Sections**

The myelin-stained sections show a cap of myelinated fibres at the lateral half/two-thirds of the nucleus (see sections 33–35, Fig. 12C; for explanation of the involved systems see Sect. 5.2, this volume). The dorsal side is made up by the slimming field  $H_2$ , while at the ventral side the rim reaches from the cerebral peduncle over the substantia nigra. The ventral rim clearly borders the pars reticulata of the substantia nigra.

Myelinated fibres can be followed from this cap intruding into the lateral edge of the STN. The fibres penetrate along the long axis of the nucleus. Not earlier than in section 36, field  $H_2$  comes to an end and is replaced by fibres of the zona incerta. Therefore, the coverage of the STN by myelinated fibres is not only by field  $H_2$ , but at its lateral rostral one-third by zona incerta fibres. It is here (sections 37 and 38, Fig. 12C) that bundles of the cerebral peduncle seem to separate from the body of the peduncle due to the interposing of the substantia nigra. It looks like these bundles traverse the substantia nigra to keep up the ventral rostral rim at the STN.

Special attention is given here to the Kammsystem of Edinger (see Sect. 5.2, this volume). In the transitional area of pedunculus cerebri towards the capsula interna, that is just dorsal to the optic tract, the comb system starts (section 36). Going ventral caudalwards, it stretches out into the cerebral peduncle to end in section 30. Over its whole rostral half the comb system stays localized ventral of the STN with its fibres pointing perpendicular to the long axis of the STN. The rostral side, which increases towards the substantia nigra, pushes the comb system backwards, but an intimate relation with the STN stays present.

#### 4.5

##### **Ageing of the Human STN**

The human STN was studied by den Dunnen and Staal (2005) in 12 post-mortem brains of patients who died of non-neurological diseases. The group comprised five females and seven males. Using the anterior commissure–posterior commissure (AC–PC) line as the reference—and independent of gender, side of the brain and length of the AC–PC line—displacement of the centres and borders of

the STN were found. The superior–inferior direction of the STN shows that the STN moves cranially and becomes smaller in this direction during ageing, if the extreme ages (29 years versus 84 years) are compared. In the medial lateral direction the STN moves further away from the midline with increasing age. Moreover, the diameter in this direction increases. In the anterior–posterior direction the diameter decreases with increasing age. The diameter decrease in the superior inferior direction is nearly 2.2 mm or over 30% of the youngest diameter. The medial–lateral diameter increase is over 25%, while the reduction in the anterior posterior direction is also over 25%. Changes of the centre positions of the STN are: superior–inferior over 50%, medial–lateral 5% and anterior–posterior 70%. However, since the distance shift in the anterior–posterior direction is in absolute terms small (0.5 mm), while superior–inferior it is 3.9 mm and medial lateral 2.6 mm the stereotactic implantation of electrodes is influenced most by the superior–inferior and medial–lateral directions. During ageing the nucleus changes from spindle-shaped to discus-shaped.

Going from rat to the baboon it can be noticed that the STN is placed more over the substantia nigra in the primate (including man). Within the rat STN an architectonic subdivision can be made. A medial, intermediate or central and a lateral part are discerned. The rat STN cells disappear between the peduncular fibres, and this part is called pars dissipata. In the baboon a tripartition of the STN can be found in Nissl sections too, based on the concentration of cells. This holds for man as well. The start of the human STN is difficult to discern due to the localization of the pallido-hypothalamic nucleus, while a pars dissipata as in rat is difficult to discern. The human STN reaches far more caudally compared to the other species. Moreover, a clear lateral cap of myelinated fibres is present around the human STN. The intimate relation between the rostral part of the comb system and the STN is evident.

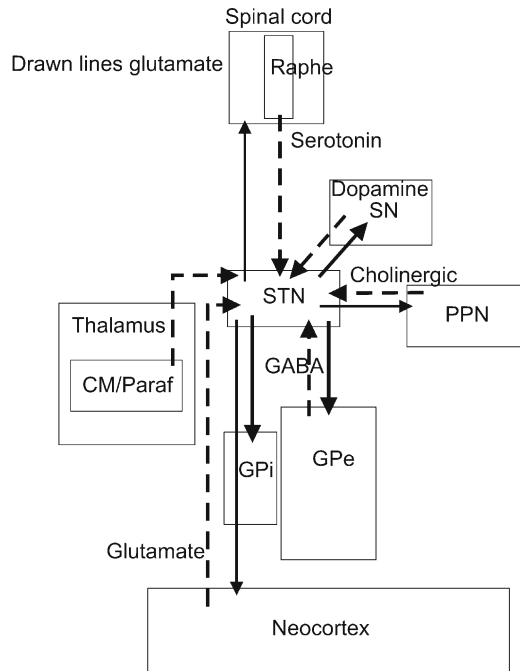
## **5 Connections of the Subthalamic Nucleus**

### **5.1 Overview of the Mature Connections**

The STN was believed to exert an inhibitory, probably GABA- or glycine-mediated, effect on its target nuclei, and this common belief persisted for years (Yoshida 1974; Brodal 1981; see also Mehler 1981), which was one of the major reasons to overlook the involvement of the STN in the parkinsonian pathophysiology. It is now firmly established that the STN projection neurons are glutamatergic, excitatory (Hammond et al. 1983a, b; Kitai and Kita 1987; Smith and Parent 1988; Albin et al. 1989a, b; Robledo and Feger 1990; Brotchie and Crossman 1991; Rinvik and Ottersen 1993; Feger et al. 1997), and heavily emitted by widely branching axons: the substantia nigra (SN) and the internal pallidal segment (GPi), followed by the external pallidal segment (GPe) and the pedunculopontine tegmental

nucleus (PPN). Leucine-labelled fibres of the STN follow in their projections the laminar organization of the substantia nigra's pars reticulata (Tokuno et al. 1990). Some STN axons reach the neostriatum (Carpenter and Strominger 1967; Kanazawa et al. 1976; Nauta and Cole 1978; van der Kooy and Hattori 1980; Carpenter et al. 1981; Hammond et al. 1983a, b; Moon Edley and Graybiel 1983; Kitai and Kita 1987; Parent and Smith 1987; Takada et al. 1988; Groenewegen and Berendse 1990; Smith et al. 1990b; Shink et al. 1996; Sato et al. 2000b). There are also unconfirmed reports that the STN innervates directly the cerebral cortex (Jackson and Crossman 1981), and even the spinal cord (Takada et al. 1987).

The most prominent afferent connections of the STN arise in the GPe. The pallido-subthalamic GABAergic boutons almost completely cover the perikarya of the STN projection neurons and their proximal dendrites (Fig. 13; Nauta and Mehler 1966; Carpenter et al. 1968, 1981; Nauta 1979; Romansky et al. 1980a, b; Mehler 1981; Usunoff et al. 1982b; Romansky and Usunoff 1985, 1987; Smith et al. 1990a, 1998; Bell et al. 1995; Shink et al. 1996; Sato et al. 2000a). The STN is also innervated by the cerebral cortex, and the glutamatergic corticosubthalamic axons terminate mainly on the distal dendritic portions of the projection cells, and on the vesicle-containing dendrites of the interneurons (Künzle 1978; Romansky et al. 1979; Kitai and Deniau 1981; Romansky and Usunoff 1987; Canteras et al. 1988). Area 4 projects somatotopically to the STN and to areas 6 and 8 topologically (Hartmann-Von Monakow et al. 1978). A substantial, bilateral cholinergic/glutamatergic projection



**Fig. 13** Systemic drawing summarizing the overview of the STN afferent and efferent connections

arises in the PPN, and its endings perform both axosomatic and axodendritic synaptic contacts (Hammond et al. 1983a; Jackson and Crossman 1983; Moon Edley and Graybiel 1983; Romansky and Usunoff 1983, 1987; Lee et al. 1988; Lavoie and Parent 1994a, b; Bevan and Bolam 1995; Takakusaki et al. 1996; Smith et al. 1998). The thalamic centromedian-parafascicular complex also innervates the STN (Sugimoto et al. 1983; Sadikot et al. 1992). Finally, serotonergic fibres from the raphe nuclei terminate profusely within the STN (Mori et al. 1985; Lavoie and Parent 1990; Leger et al. 2001).

The nigrosubthalamic connection was not demonstrated by means of the Nauta silver impregnation techniques, and even the more effective Fink–Heimer technique and its modifications provided only a vague evidence for the existence of such a connection (for a review see Usunoff et al. 1976). Only the modern axonal transport techniques combined with transmitter immunocytochemistry offered firm evidence for existence of this pathway (Brown et al. 1979; Meibach and Katzmann 1979; Rinvik et al. 1979; Gerfen et al. 1982; Björklund and Lindvall 1984; Lavoie et al. 1989; Overton et al. 1995; Hassani et al. 1997; Cossette et al. 1999; Gauthier et al. 1999; Hedreen 1999; Francois et al. 2000; Ichinohe et al. 2000; Prensa and Parent 2001). Although appreciated differently (from scant to strong), most of the studies agree that the nigrosubthalamic connection arises from the dopaminergic (DAergic) neurons of the SN pars compacta (SNc), and this conclusion is supported by the report on DA receptors in the STN (Flores et al. 1999). There is a recent suggestion that DA exerts a direct excitatory influence on STN neurons via the activation of D2-like receptors (Zhu et al. 2002). In addition, Ichinohe et al. (2000) have described a moderate projection from the parvalbumin immunoreactive, presumably GABAergic neurons (see Parent et al. 1995; Gerfen and Wilson 1996) of the SN pars reticulata (SNr) to the STN. The nigrosubthalamic connection has always been described as ipsilateral, even by Gerfen et al. (1982), who eagerly examined the crossed connections of SN. We currently report that a substantial, bilateral projection of the SN terminates in the STN of the rat (see Sect. 6, this volume).

## 5.2

### Afferent and Efferent Human Connections

#### 5.2.1

##### Cortical Connections

What do we know of the motor-cortical connections with the STN in man? Luys was the first to propose the human corticosubthalamic connections (see Parent et al. 2002). In *Folia Psychiatrica Neurologica et Neurochirurgica Neerlandica*, Stenvers (1953) made a clinical anatomo-physio-pathological contribution to human pyramidal and extrapyramidal disorders. The article contains an overview of the connections involved in choreoathetosis, tremor hypertonus and ballism, based on human material. His corticofugal fibre figure distinctly shows the presence of a



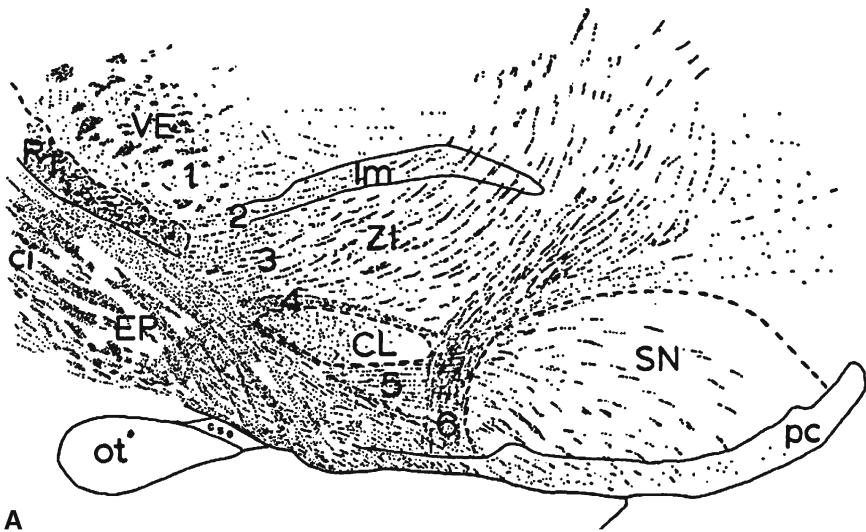
cortical contribution to the nucleus subthalamic and it is described in the text. Thus, around 1955 acceptance of the presence of these connections prevailed.

Unlike animal experiments, in human material the extent of the lesion cannot be manipulated. Therefore large, but sometimes even small bleedings or lesions are studied.

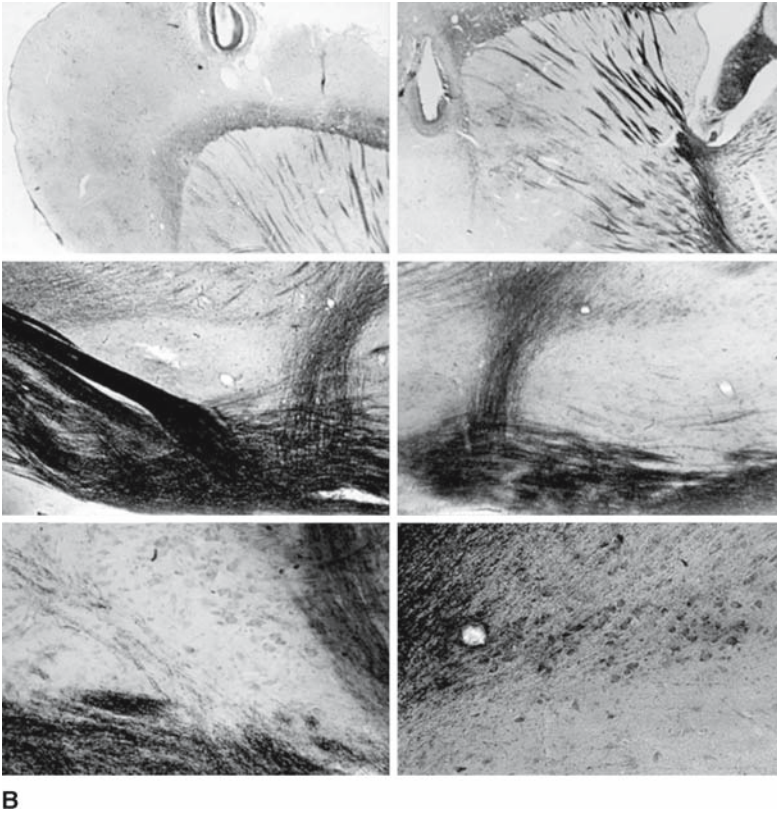
The fronto-corticosubthalamic pathway was suggested on the basis of examination of human material obtained from patients after prefrontal lobotomy for surgical treatment of schizophrenia (Meyer 1949). However, experimental Marchi studies (Levin 1936; Verhaart and Kennard 1940; Mettler 1947) failed to demonstrate cortical fibres terminating in the STN.

Ten years later experimental animal studies showed the reverse. The most extensive description in experimental animal studies is given for the rat by Knook (1965).

After cortical ablations, a large contingent of fibres is seen in the internal capsule and pedunculus cerebri (Fig. 14A). At subthalamic levels many fibres leave the capsule. Three groups leave above the STN: (1) bundles entering the thalamus via the nucleus reticularis; (2) a series of bundles penetrate the nucleus reticularis thalami that continues in the lamina medullaris ventralis thalami, intermingling with the fibres of the lemniscus medialis; (3) a series of bundles that pass directly from the internal capsule. These fibres pass through the zona incerta and partially end in it. (4) The most ventral



**Fig. 14** A Distribution of degenerated cortical fibres related to the subthalamic area. *Ci*, intern capsule; *CL*, corpus Luyisii, subthalamic nucleus; *ER*, entopeduncular nucleus; *lm*, medial lemniscus; *pc*, pedunculus cerebri; *RT*, nucleus reticularis thalami; *ot*, optic tract; *SN*, substantia nigra; *VE*, nuclei ventralis thalami. **B** Fink-Heimer degeneration after rat cortical lesions. *Upper row*, cortical lesions, *Middle row, left*, degeneration around the subthalamic nucleus (compare to Fig. 12A); *right*, corticofugal degeneration passing through the substantia nigra. *Lower row, left*, returning cortical degeneration into the cerebral peduncle; *right*, cortical degeneration in the pars compacta (see Malinov et al. 1984)

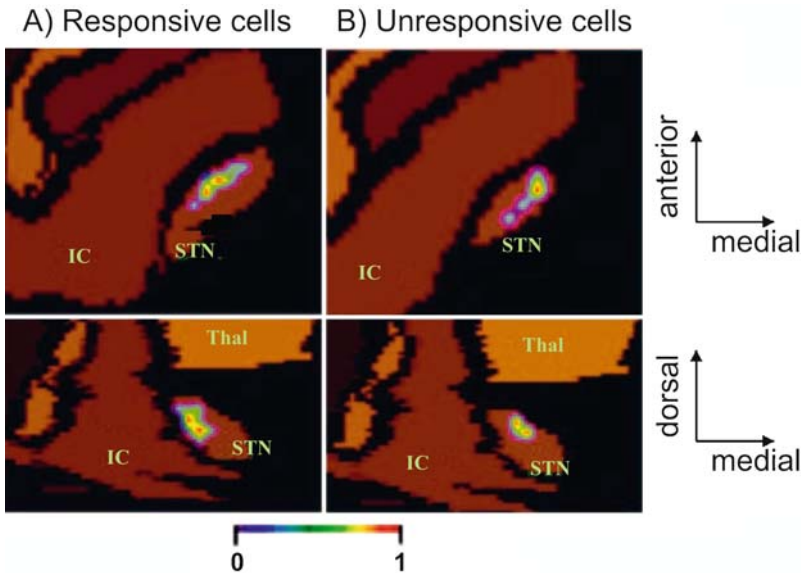


**Fig. 14** (continued)

fibres enter the “subthalamus by way of the internal capsule, course caudally along the dorsal surface of the corpus Luysii, to which many fibres are distributed” and pass further to the substantia nigra. (5) A fifth component leaves the peduncle ventral to the STN and courses caudally through the substantia nigra. “A small part of its fibres, however, follows the dorsal border of the nigra and joins the component (4)”. Nevertheless, (6) the most substantial component of fibre bundles leaves the peduncle to find their way in between the STN and the substantia nigra and fan out over the entire mesencephalic reticular formation (Fig. 14A and B). The fibres that pass through the STN and substantia nigra return into the cerebral peduncle (Fig. 14B).

Dejerine (1901) found that cortical fibres can be traced into the STN in humans, but Levin (1936) identified these as corticorubral fibres based on his study in monkeys. Kodama (1926) denied the existence of corticosubthalamic fibres in human; however, it is possible that the medial part of the STN can receive some (“spärlicher Anzahl”) cortical fibres. In 1929 Wilson described a case of hemiballism in which the *contralateral* postcentral gyrus was lesioned solely. “Although this report is

unique in literature, it must be retained for at least tentative consideration in view of Wilson's reputed thoroughness and his penetrating analytic and self-critical capacities" (Meyers 1968). Meyer (1949) found in human brains no projection into the STN as long as the leucotomy lesion did not reach the white matter of the pre-frontal areas. If these lesions reach into the white matter, degeneration was indeed present in the STN. This would underlie that the dysgranular and agranular cortex of the frontal terminals was responsible for the STN degeneration. Mettler (1945) had earlier found no changes in the STN if the cortex or most of the striatum were removed in monkey and baboon, but they found that pallidal lesions do effect such changes. Moreover, Gebbink (1967) could not confirm the corticosubthalamic connection in humans with the Nauta method. Hence, the old literature up to the 1970 is inconclusive on the corticosubthalamic connection in man. Moreover, Parent and Hazrati (1995a, b) in their excellent description on the place of the STN in the basal circuitry omit any reference to human corticosubthalamic connections. In fact Strafella et al. (2004) indicate that the role of the cerebral cortex in regulating the activity of the STN "is not known in humans". Transcranial magnetic stimulation of the motor cortex changes the neuronal activity in the STN. Stimulation of the motor cortex in Parkinson's patients undergoing implantation for deep brain stimulation shows an induced excitation in 75% of the neurons investigated. The STN neurons responsive to motor hand cortex area stimulation were localized mainly in the lateral and dorsal areas of the STN (Fig. 15). Neurons unresponsive to this stimulation were located more medially.



**Fig. 15** Horizontal and coronal sections of the MR image atlas. Lateral localization of responsive cells (A), and unresponsive cells (B). (Courtesy Strafella et al. 2004)

Other experimental animal studies before 1980, carried out with the Nauta technique (Auer 1956; De Vito and Smith 1964; Petras 1965) and with autoradiography (Künzle 1976; Künzle and Akert 1977) or with HRP (Rinvik et al. 1979), confirmed the existence of the corticosubthalamic projection in a series of species.

Comparative experimental animal research on the corticosubthalamic connections shows that in Kalong (*Pteropus giganteus*) and Capybara (*Hydrochoerus hydrochaeris*) these fibres end homolaterally in the STN. In the sub-primate Tupaia (common tree shrew) an ipsi- and contralateral ending of this system was found (Broere 1971). The opossum (*Didelphis spec.*) contains cortical endings in the STN (Cabana and Martin 1986). In the goat pericentral cortical ablations show degeneration in the ipsilateral rostral half of the STN (Haartsen 1962).

Künzle (1976) in his study on area 4 of the precentral gyrus in Macaca showed using  $^3\text{H}$  leucine and  $^3\text{H}$  proline that cortical projections arrived in the STN. This proved that terminal fields originating from cortical neurons were antegradely labelled into the STN. Moreover, injections into face, arm, and leg areas of cortical area 4 showed a somatotopy in the lateral part of the STN (Künzle 1976). Face projections are localized more ventro-laterally and arm and leg more dorso-laterally, although serious overlap was noticed. Area 4 indeed projects somatotopically to the STN according to Hartmann-Von Monakow et al. (1978), confirming the earlier results. These somatopic results in monkeys were confirmed by Carpenter et al. (1981), also in monkeys.

A second wave of publications on the corticosubthalamic connections appeared around the 1990s. Most of them concerned the rat and a few monkeys and are electrophysiological or retrograde tracing-driven (Rouzaire-Dubois and Scarnati 1985; Canteras et al. 1990; Nambu and Llinas 1994; Fujimoto and Kita 1993; Mouroux et al. 1995; Maurice et al. 1999). All these articles confirmed what was already described in the autoradiographic and Nauta degeneration results. In general the motor, sensory and frontal lobe cortex project to the STN in rats, cats, and monkeys, the strongest being the motor cortex (Afsharpour 1985a, b; Berendse and Groenewegen 1991; Canteras et al. 1990; Parent and Hazrati 1995a, b).

There exists a species difference in the cortical areas projecting to the STN. In rodents, primary motor cortex, prefrontal cortex areas, anterior and medial cingulate cortex, agranular insular and the primary somatosensory region are involved, whereas in monkeys they are primary motor cortex (area 4) and premotor cortex (areas 6, 8 and 9). Moreover, some studies indicate that the whole cortex projects bilaterally (Rouzaire-Dubois and Scarnati 1985), others only ipsilaterally (Fujimoto and Kita 1993).

One should note that the bilateral projection in rat (Rouzaire-Dubois and Scarnati 1985) is also found in the lower primate Tupaia (Broere 1971), while ipsilateral projections are also described for Kalong and Capybara (Broere 1971). Seemingly there is strong species variability.

The cortical-subthalamic connections in man have also been studied by antidromic stimulation as caused in deep brain stimulation. One of the possibilities is that the effect of deep brain stimulation "may result from the spread of current to large-fibre systems near the STN" (Ashby et al. 1999) or the "activation of corticofugal (and

**Table 1** Recalculation of the fibre diameters from Häggqvist sections through the cerebral peduncle at the subthalamic level

Medial region (Arnold's tract)	Intermediate area	Lateral region (Türck's tract)	Calibre
Frontopontine region	Cortico-spinal	Parieto-temperopontine	Häggqvist $\times$ 1.3
80%–95%	70%	85%/95%	0–1.3 $\mu\text{m}$
8%–15%	15.3%	8%–12%	2.6 $\mu\text{m}$
1%–5%	10.4%	1%–3%	3.9 $\mu\text{m}$
	3.2%		5.2–7.8 $\mu\text{m}$
	0.7%		7.8–10.4 $\mu\text{m}$
	0.3%		10.4–13 $\mu\text{m}$
	0.1%		>13 $\mu\text{m}$

not necessarily corticospinal) fibres could potentially generate potentials at the cortex through either of these routes” (Ashby et al. 2001). The velocities found should relate to fibre calibres of 4–5  $\mu\text{m}$  or more (Ashby et al. 1999).

Using the Häggqvist method, Lankamp (1967) has studied the calibres of the corticofugal system. Counts were performed both at the level of the subthalamus/substantia nigra in the cerebral peduncle and the pyramid level just below the pons. Häggqvist fibre calibres can be re-counted according to those obtained with Feirabend and colleagues’ electron microscopical techniques (Feirabend et al. 2002: factor is 1.3).

Recalculation shows that in the medial region (Arnold’s tract; frontopontine corticofugal fibres) and in the lateral part (Türck’s tract; parieto-temperopontine corticofugal fibres) all fibres present are below 4  $\mu\text{m}$  (see Table 1). The intermediate area that contains the corticospinal fibres possesses only 4% of fibres larger than 5  $\mu\text{m}$ . The total number of fibres larger than 5  $\mu\text{m}$  stays constant compared to the lower pyramid counts. Both thick and thin fibres disappear in the corticospinal area in cases of amyotrophic lateral sclerosis (Lankamp 1967).

Therefore, corticosubthalamic fibres do not need to have a calibre of 4–5  $\mu\text{m}$  or more. If in humans a contribution of the frontal or parietal cortex is involved, the fibres of the corticosubthalamic connection will certainly belong to the calibres below 4  $\mu\text{m}$ . In fact, the human corticofugal system contains 85%–95% fibres smaller than 3  $\mu\text{m}$ .

The first ultrastructural identification of corticosubthalamic axon terminals was presented by Romansky et al. (1979). They removed the primary sensorimotor areas in cats, and following 4–5 days survival looked in the STN. Only a moderate number of degenerating synaptic boutons (d.s.b.) were encountered in the ipsilateral STN. The d.s.b. contained round, densely packed synaptic vesicles, and were terminated by means of asymmetrical membrane specializations on spines and small dendrites, quite infrequently on proximal dendrites and never on neuronal perikarya. Rather rarely the d.s.b. contacted vesicle-containing dendrites, always being in presynaptic position. The d.s.b. had a patchy distribution within the subthalamic neuropil and a size corresponding to the smallest terminals (less

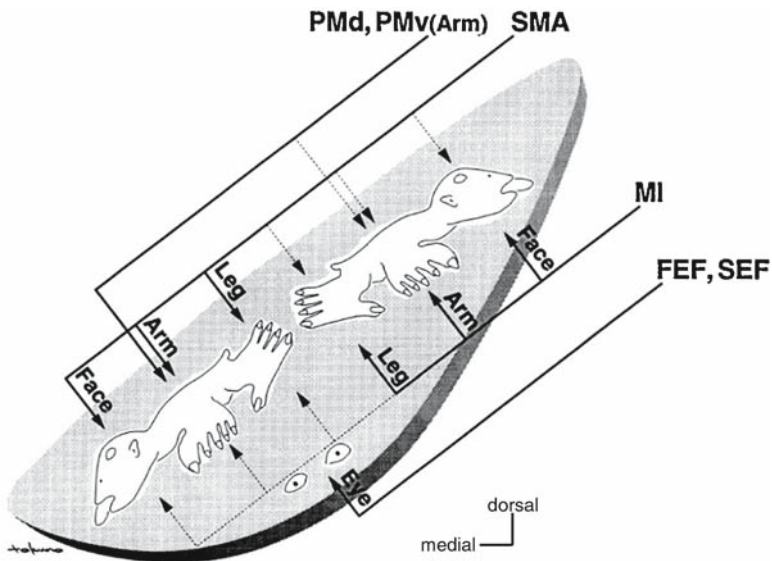
than 1  $\mu\text{m}$ ) in the normal STN: the “small round” (SR) bouton (Romansky 1982; Romansky and Usunoff 1987; see also Sect. 2.2, this volume). In addition, groups of degenerating unmyelinated axons and relatively thin myelinated fibres were observed crossing the neuropil in small bundles. These data indicate that both categories of neurons in the STN, projection cells and local circuit neurons, are cortically dependent in the cat.

In addition, Bevan et al. (1995) found that glutamate-enriched corticofugal fibres in the rat, by means of asymmetrical synaptic thickenings, contacted the dendrites and spines of the subthalamic neurons.

### 5.2.2

#### Mirrored Somatotopy in the Subthalamic Nucleus

A dual somatotopy in *Macaca fuscata* has been favoured by Nambu et al. (1997; see Fig. 16). Projections of the primary motor cortex fulfilled the somatotopy that is known for the moto-corticosubthalamic connections (see above). Injections into the supplementary motor cortex showed anterogradely labelled endings into the STN but now not in the dorsolateral, but instead in the dorsomedial part of the STN. In fact the somatotopy of the primary motor cortex was mirrored in the somatotopy of the supplementary motor cortex (Fig. 16). Centrally in the dorsal part of the nucleus the legs are localized, while on both sides the arm and on both sides of the arm the oral-facial representation was found. “The existence of the highly ordered somatotopical representations in the STN would help to elucidate



**Fig. 16** Mirrored somatotopy in the STN of *Macaca fuscata* (Nambu et al. 1996)

how restricted lesions within the nucleus result in impaired movements of a single body part. No correlation in hemiballism has yet been revealed between the site of STN lesion and the somatotopical specificity of dyskinesia” (Nambu et al. 1997). Comparing the stippled figures of Nambu et al. (1997) concerning both types of cortical injections of the STN, a serious overlap is present for all three regions.

The somatotopic organization for the cortical afferents of the human STN has been studied in Parkinson’s patients (Rodriguez-Oroz et al. 2001). Most neurons responding to leg movements were located laterally in the upper dorsal third of the STN, arm-related neurons were predominantly in the upper dorsal third and medial segment of the nucleus, while orofacial-related neurons were evenly distributed throughout the dorsal two-thirds, but mainly in the central portion (more ventral part) of the sensorimotor region. “Most likely these neurons represent those receiving afferents principally from the primary motor cortex, which is known to project to the dorsolateral STN in the monkey (Nambu et al. 1997)” (Rodriguez-Oroz et al. 2001).

In conclusion, the corticosubthalamic connections have not been proved in humans by neuroanatomical techniques. The motor corticosubthalamic connection is a moderate one in experimental animals as demonstrated in cats (see Romansky et al. 1979; Sect. 5.2.1, this volume) by electron microscopy and rat (Malinov et al. 1984). There exists strong species variability for the corticosubthalamic connection.

The motor corticosubthalamic somatotopy as described in man using electrophysiological methods is less sharp (Rodriguez-Oroz et al. 2001; compared to Künzle 1976; Künzle and Akert 1977; Macaca, Nambu et al. 1997), since arm, leg and orofacial neurons contain a serious overlap (Rodriguez-Oroz et al. 2001) of nearly 25%–30% in the latero-central-dorsal segment of the nucleus. The studied antidromic corticosubthalamic human connections seemingly do not fulfil the calibres needed for explanation of the velocities and latencies found.

### 5.2.3

#### Subthalamo-Cortical Connections

The horseradish peroxidase (HRP) technique can provide retrograde (perikarya) and anterograde (axons) labelling of neurons. Using HRP injections in the cortex of cats, retrogradely labelled neurons were found in the STN (Miyata 1986). Such a connection was already reported in the rat (Jackson and Crossman 1981). In rats the lateral half of the STN projects to the homolateral dorsal cerebral cortex. In cat the medial half of the homolateral STN projects to the frontal and temporal cortex. The presence of this *faint* connection is also supported by Fast Blue injections by Sloniewski et al. (1986). Subthalamotomy has been repeatedly carried out in Parkinson’s patients (Guridi and Obeso 2001, and references herein). Although in several cases the location of the lesion has been controlled pathologically, no Nauta-degeneration post-mortem studies have been known to control degenerated connections. Therefore, in humans no neuroanatomical notion of such a connection has been published to date.

Electrophysiological stimulation of the human STN by single stimuli organizes a series of cortical-evoked potentials in the frontal and central regions. The laten-

cies can be as short as 2–3 ms (Ashby et al. 2001; Baker et al. 2002; Hanajima et al. 2004). These results in Parkinson's patients could support the presence of a direct subthalamo-cortical connection in humans, although antidromic stimulation of a cortical-subthalamic connection is held responsible (Hanajima et al. 2004).

#### 5.2.4

##### The Pallido-Subthalamic Connection

Terminology of the basal ganglia is inconsequential and frequently misused (Mettler 1968). Therefore the definitions used here are: striatum contains putamen and caudate nucleus, corpus striatum encompasses the putamen, caudate nucleus and globus pallidus, while lentiform nucleus comprises the globus pallidus and the putamen.

Kölliker (1896) found in his studies that the caudate nucleus and putamen are connected to the STN. Moreover, Von Monakow (1895) demonstrated a human case in which due to cortical lesions the postero-lenticular part of the internal capsule was missing. The putamen, caudate nucleus and globus pallidus stayed intact. From the striatal body, massive degeneration reached the intact STN. Thus, the older literature, as exemplified by two authors, considered the whole striatal body (putamen, caudate nucleus and globus pallidus) to contribute to the afferents of the STN. This idea that the putamen and caudate nucleus also contributed to afferents of the STN (the *fibrae striolusyiannae*) was supported by Papez (1942). That the pallidum externum was preferentially connected to the STN had already been discovered by Vogt and Vogt (1920) in man and supported for the pallido-fugal system by Morgan (1927).

The answer was given by animal experiments around 1950. The work of Marburg (1946) showed that all fibres from the caudate nucleus and putamen ended in the pallidum and none of these fibres traversed the nucleus. The statement is incorrect, because striatal fibres also end in the substantia nigra (Morgan 1927; Szabo 1962, 1967, 1970, 1972; Nauta and Mehler 1966), but it closed the discussion on the contribution of the striatum to the STN. The fibre connections between the globus pallidus and STN were supported by the study of Martinez (1961). Whittier and Mettler (1949) showed that pallidal lesions brought degeneration in the subthalamic nucleus whereas lesions of the STN showed degeneration in the globus pallidus. Verhaart (1950) gave, also based on his comparative results, the correct answer: striatal connections (putamen and caudate nucleus) terminate in the globus pallidus. Two sets of fibres pass along the globus pallidus to end in the substantia nigra. Moreover, no striatal fibres reached the caudal mesencephalon.

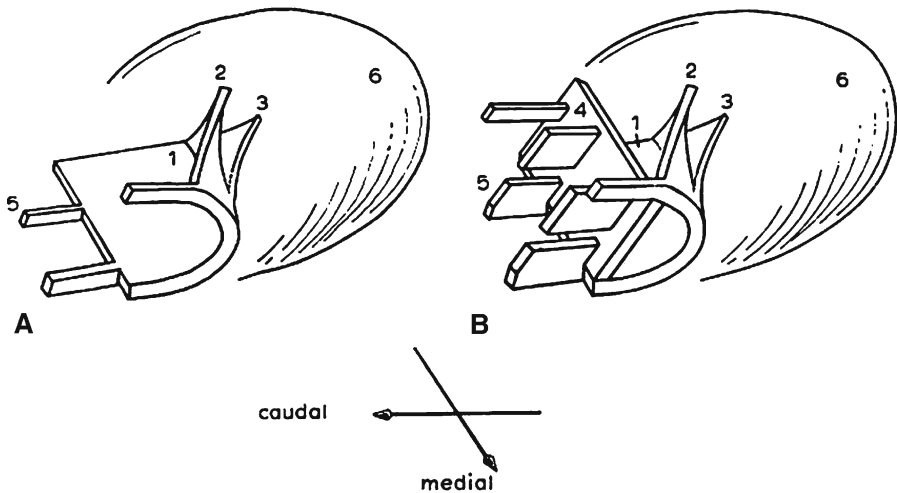
Interesting is Kodama's overview (1926, 1927) on the basal ganglia in the *Swiss Archive for Neurology and Psychiatry* because it is far earlier than the experimental results, although it follows from publications of Vogt and Vogt (1920) and Morgan (1927). He describes the connections correctly: the striatum is connected to the globus pallidus reciprocally, Kodama explicitly states that the STN receives fibres from the external and internal part of the globus pallidus. The primitive fundament of these connections, however, is the globus pallidus internus connection



towards the STN, although the contribution of both globus pallidus parts is equal. Moreover, the globus pallidus is also connected to the tuber cinereum, especially the lateral hypothalamus (see however, Nauta and Mehler 1966). A crossed connection between both or either part of the globus pallidus and the STN is denied. The connections between globus pallidus and STN therefore are considered strictly homolateral. Moreover, a reciprocal connection between substantia nigra and globus pallidus externus was discerned.

Von Monakow (1895) subdivided the ansa lenticularis into a dorsal (known as fasciculus lenticularis), middle and ventral part (known as ansa lenticularis *sensu strictiori*). The middle part is usually indicated as the pallido-subthalamic tract. Gebbink (1967, 1969) showed that these divisions in humans are different trajectories for the same fibres. Pallidal fibres accumulate in three systems: the ansa lenticularis s.s., the lamina medullaris intima and the lamina medullaris accessoria. Together they form the pallido-fugal system (Fig. 17). The part of the ansa lenticularis beneath (ventral of) the globus pallidus gives off bundles that penetrate the posterior part of the capsula interna as the ventral part of Edinger's comb system.

The lamina medullaris accessoria is "a loose mass of fibres within the pallidus internus, which does not reach the capsula interna dorsally except for its medial tip. Only here it supplies fibres to the comb system. Medially, the distinction between the ansa and lamina medullaris accessoria no longer is feasible" (Gebbink 1969; Fig. 17A). Between the posterior part of the capsula interna and the globus pallidus a fibre layer called the lamina medullaris intima is present. "Also from this lam-



**Fig. 17** Three-dimensional diagram of the pallidal systems within and around the pallidus internus viewed mediocaudally. **A** The ansa lenticularis s.s. (1), the lamina medullaris accessoria (2) and interna (3). **B** Also the lamina medullaris intima (4) is depicted. The ribbons of pallidal fibres (5) in the capsula interna are indicated. Globus pallidus (6). (Gebbink 1969)

ina ribbons of pallidal fibres detach to enter the crus posterius” (Gebbinck 1969). All three systems in humans contribute to Edinger’s comb system and only few pass medially around the posterior part of the capsula interna (Fig. 17B). These fibres pass into the field H of Forel. These pallidal fibres together with the striatal fibres constitute the comb system of Edinger. Within the posterior part of the capsula interna reorganization occurs: the striatal bundles detach from the pallidal ones. The striatal ribbons enter the substantia nigra (pars reticulata). The pallidal fibre bundles separate in a part that will constitute the fasciculus lenticularis dorsally and a part that is localized ventrally that course into the STN.

The fasciculus lenticularis is constituted of thin and thick calibre fibre bundles. The pallidal ventral thick ones pass into the STN. In the STN they spread into individual fibres. The smaller ones are restricted to the zona incerta.

“Von Monakow’s division of the ansa lenticularis into a dorsal, middle and ventral division is misleading. His middle division, the fasciculus pallido-subthalamicus, actually consists of fibres derived from his ventral division, the ansa s.s. and the ventral part of the lamina intima, passing into the ventral part of the comb system” (Gebbinck 1969). Thus, in humans a restricted area in ansa lenticularis that contains most pallido-subthalamic fibres is denied.

Based on fibre diameter, coarse fibres were studied in the basal ganglia. These pallido-fugal fibres were followed through the diencephalon by Verhaart (1950) who found these fibres to terminate in the STN. Using the Häggqvist method (for description see Appendix 2 and Marani and Schoen 2005) in pathological cases, the pallido-subthalamic connections were affirmed (Verhaart 1957).

Gebbinck’s thesis (1967) on the structure and connections of the basal ganglia in man contains a series of Häggqvist and Nauta-Gygax series that unquestionably confirm (presumably for the first time) the human pallido-subthalamic connection. The lesions of the globus pallidus internus and externus does not allow a good differentiation between both pallidal parts; nevertheless, “in globus pallidus lesions degeneration always is seen within the corpus Luysi in Häggqvist- and Nauta-stained sections alike” (Gebbinck 1967). The course of the entering fibres from the capsula interna is from the rostroventral side (entrance) with a spread towards the caudomedial end. The second stream of entering fibres is those from the ansa and the comb system medially, which course caudo-lateralwards to enter the STN. Preterminal degeneration was found in the STN.

In 1969 *Psychiatria, Neurologia and Neurochirurgia* published an edition (vol. 72) in honour of the retirement of Verhaart as director of the Institute of Neurological Sciences at Leyden University. In this bundle of articles, Irena Grofová published an article on the topical arrangement of the pallido-subthalamic fibres in the cat. Using Nauta degeneration she found that

...the rostromedial part of the globus pallidus, which represents its most medial tip, projects on the most medial part of the STN, while rostromedial and caudomedial parts of the globus pallidus, which are located at approximately the same distance to the midsagittal plane, project upon the central part, and the posterolateral part of the globus pallidus, which represents its most lateral tip, projects upon the most lateral part of the STN.

Moreover,

the mediolateral representation of the globus pallidus in the nucleus subthalamicus is formed by almost horizontal layers. From their configuration it is evident that the lateral parts of the globus pallidus tend to project along the dorsal boundary of the STN.

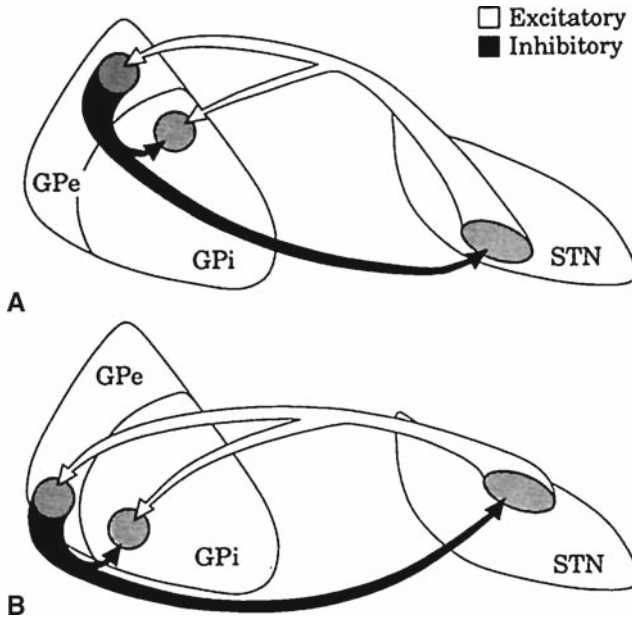
This topology of the pallido-subthalamic connection has been proposed by Knook (1965) in the rat and by Nauta and Mehler (1966) in the monkey. The dorso-ventral topology as proposed by Carpenter and Strominger (1967) in the monkey was refuted. The distinct organization in a mediolateral direction in the STN of the pallido-subthalamic fibres, however, shows a serious overlap in the antero-posterior direction. Therefore, the pallido-subthalamic connections were in principle solved by the Verhaart group (Verhaart, Knook, Gebbink, and Grofová) around the 1960s.

In 1966, at the founding of the journal *Brain Research*, the first article came from Nauta and Mehler on the projections of the lentiform nucleus in the monkey. The results concerning the subthalamic connections can be summarized as follows: it was Wilson (1914), using the Marchi method, who discovered the pallido-subthalamic connections. Heavy cell loss was noted in the STN by Vogt and Vogt (1920) from lesions of the external pallidal segment. Ranson and Ranson (1939, 1941; Ranson et al. 1941) using the Marchi method found renewed evidence for the pallido-subthalamic connections. The Nauta and Mehler (1966) paper supported the finding that the globus pallidus externus exclusively projects to the STN. However, the authors could not rule out that the internal pallidal segment will also contribute to STN. Moreover, the authors could not support the rostrocaudal topography of the pallido-subthalamic connections due to a lack of evidence.

The next series of articles directed itself to microcircuits between the globus pallidus and the STN. This refinement brought about another understanding of the loops involved in STN function and thus in hemiballism (see Smith et al. 1994, 1998).

A combined retrograde and anterograde study in the rat showed the dorsal pallidum (homologue to the globus pallidus externus) as the major source of afferent STN fibres (Canteras et al. 1990). A topographic organization of these projections was suggested, but could not be definitively ascertained. However, the combined anterograde and retrograde experiments indicated that “precisely organized feedback loops may exist” (Canteras et al. 1990).

Parent and Hazrati (1995a, b), in a total overview of the topographical organization of the pallido-subthalamic connection, concluded that the “lateral portion of the globus pallidus targets specifically the lateral two-thirds of the subthalamic nucleus, whereas those in the medial part of the globus pallidus and in the subcommissural ventral pallidum terminate respectively in the ventromedial and dorsomedial parts of the medial third of the STN” (Parent and Hazrati 1995a, b). Moreover, the rostromedial region to which the globus pallidus externus (GPe) projects is also the region that projects back to the GPe. In the caudomedial area are located the STN neurons that project back to the GP internus. In experimental animals the topography of the pallido-subthalamic connections has been further elaborated by light and electron microscopical tracing (Smith et al. 1994; Shink et al. 1996). The reciprocal connections and topography is demonstrated in Fig. 18.



**Fig. 18** Schematic diagram summarizing the relationships between the two pallidal segments and the STN. Small groups of interconnected neurons in the associative **A** and sensorimotor **B** territories of the GPe and STN innervate, via axon collaterals, a common functionally related region in the GPi (Shink et al. 1996)

The relations between the whole globus pallidus and STN are seemingly determined by small neuronal groups in squirrel monkeys (Smith et al. 1994). Groups in the GPe and STN innervate the same groups in the GPi. Medial and lateral parts of the GPi and GPe project to lateral and medial parts of the STN, respectively. Moreover, “individual neurons in the GPe project via collaterals to both GPi and STN. Similarly, the same population of neurons in the STN project to the same populations of neurons in the GPi and GPe” (Shink et al. 1996). These reciprocal connections are considered the anatomical substrate for the complex sequences of excitation and inhibition in the STN (Smith et al. 1994, 1998).

The ventral pallidum that encompasses “a region directly ventral to the anterior commissure, i.e. the subcommissural part of the ventral pallidum, and finger-like rostral extensions of this region into the deep layers of the olfactory tubercle” connects also to the STN (Groenewegen and Berendse 1990). The rat STN receives input from the ventral pallidum in a mediodorsal rim, just above the endings of the medial globus pallidus (Groenewegen and Berendse 1990). The projections are also related to the lateral hypothalamus, described as a homologue of the STN. Presumably the olfactory part of the ventral pallidum projects to this lateral hypothalamic area (Groenewegen and Berendse 1990). These connections are further elaborated in the rat (Berendse and Groenewegen 1991) in which the lateral STN receives input from the globus pallidus externus, and the medial ventrolateral part from the medial

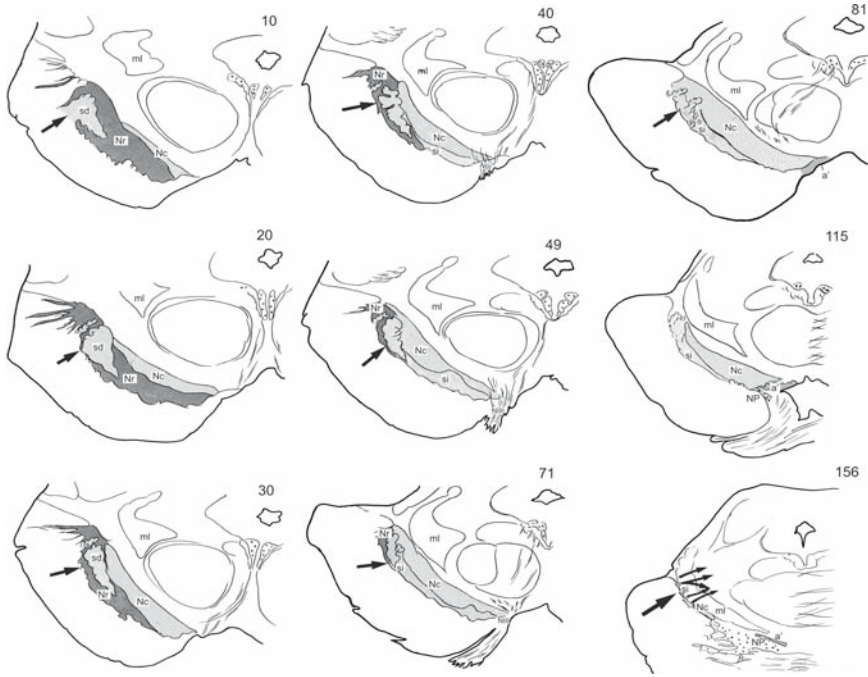
globus pallidus externus, while the lateral ventral pallidum projects on the medial-dorsal rim and the medial ventral pallidum on the lateral hypothalamic/STN region (Berendse and Groenewegen 1991).

Moreover, slight projections of the ventral striatum (putamen and caudate nucleus) were found “to enter the STN, indicating the existence of projections from the ventral striatum to this nucleus” in the rat (Groenewegen and Berendse 1990). Most of these projections end in the lateral hypothalamic area, adjacent to the STN. One should note that the STN in the rat is an open nucleus, spreading its dendrites far outside the STN (see Sect. 2.1, this volume). It is therefore probable that putamen and caudate endings do reach the STN dendrites.

In Grofová's diagrams (1969), one of the injections involves the cat lateral ventral pallidum, and indeed the medial dorsal rim of the STN contains Nauta-Gygax degeneration, while in Gebbink's series H5541, where the lesion touches on the ventral pallidum, the medial dorsal rim is also filled with degeneration. It therefore could well be that the results of Groenewegen and Berendse (1990; Berendse and Groenewegen 1991) also holds for cats and humans. Individual axons of the globus pallidus externus could be traced in primates (Sato et al. 2000a). These cells have demonstrated short intranuclear collaterals that branched near their cell bodies. Different patterns of targeting could be discerned, including those that project exclusively to the STN, others that project both to the STN and substantia nigra pars reticulata and neurons that projected to both globus pallidus internus and STN. These neurons ended on the STN cells with large varicosities at the soma and proximal dendrites. The single globus pallidus externus neurons can exert various effects on different targets among them the STN.

In conclusion, the pallido-subthalamic connections are well established in man. A pallido-subthalamic bundle is not restricted to within the ansa lenticularis as these fibres are found over the whole ansa. However, in humans there are only weak arguments for the point-to-point somatotopy as found in animal experimental research. Any contribution from the striatum has to be precluded in humans since the STN clearly is a closed nucleus.

The spread of the pallido-fugal fibres that *was thought* to be present in the cerebral peduncle changes into a clear pallido-peduncular bundle (bundle of Poppi 1927) at the start of the substantia nigra, according to older literature. The interaction of this bundle and the pars reticulata of the substantia nigra is peculiar. The relocalization of the so-called pallido-peduncular bundle out of the pyramidal part of the cerebral peduncle is characterized by an area of the pars reticulata that intermingles between the cerebral peduncle and the pallido-peduncular bundle (section 10, Figs. 19 and 20). The development of the pars compacta at the medial side of the pars reticulata does not change the situation that a part of the reticulata is in between cerebral peduncle and the pallido-peduncular bundle (section 20, Fig. 19). Although the pars reticulata slim its position in between the two structures, the bundle stays present (section 30–40, Fig. 19). The last reticulata cells are found in a triangular area between the cerebral peduncle and the ventro-lateral wall of the pallido-peduncular bundle. The bundle size also decreases (section 71, Fig. 19). At the level of section 90 the pars reticulata ends.

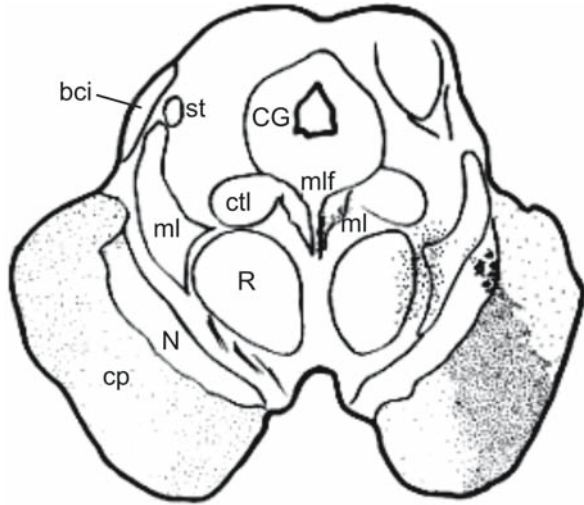


**Fig. 19** Sections through the substantia nigra. *Arrow* indicates the position of the pallido-peduncular bundle. In section 154 the *arrow* shows the area where the pallido-peduncular bundle traverses the medial lemniscus (sections from series H3655, human, see Appendix 1)



**Fig. 20** Section 52 of series H3655, showing the pallido-peduncular bundle (*arrow*)

**Fig. 21** Series H6348 (see Appendix 1): cortical lesions cause the degeneration of the pyramids. Degeneration related to the description was enhanced. For abbreviations see the abbreviations list



The lemniscus medialis will be crossed by the pallido-peduncular bundle (section 156, Fig. 19). This crossing can be followed in series H3655, due to the extremely good staining.

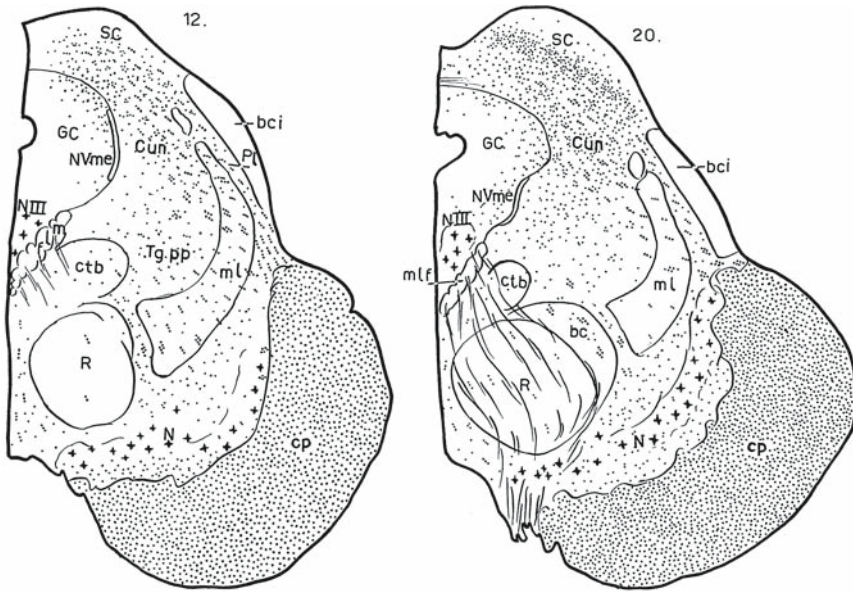
The pallido-peduncular bundle is filled with corticofugal degeneration from the pyramidal tract part of the cerebral peduncle (Fig. 21). The results from series H6348 (Fig. 21) show that terminal degeneration hardly penetrates above the area of the red nucleus-medial lemniscus.

Although Nauta-Gygax preterminal degeneration is difficult to interpret in these cases, seemingly only a minor innervation (or none) reaches into the pedunculopontine nucleus by fibres from the pyramidal or central part of the cerebral peduncle.

In series H5671 (Fig. 22, see Appendix 1) the whole cerebral peduncle is degenerated and gives off degenerated fibres filling the area between the medial lemniscus and the medial geniculate body. Clearly it can be noticed that the degenerated fibres pass as thick bundles through the medial lemniscus. The system diminishes since terminal degeneration is found in the nucleus paralemniscalis and the nucleus peripeduncularis. The area of the pallido-peduncular bundles in the dorsolateral part of the substantia nigra is massively degenerated. Diffuse preterminal degeneration is found, coming from these bundles in the cuneiform nucleus. In the nucleus pedunculopontinus tegmenti clear preterminal degeneration is found, as well as in the pars dissipata (see also Schoen 1969).

Moreover, immediately dorsal of the substantia nigra, a small elliptical field of densely packed, degenerated fibres of delicate medium size (indicated by Gebbink 1967, as the dorsal capsule of the substantia nigra) was noted. They extend rostrally into the STN that, however, proves to contain a split-shaped lesion in this series.

In conclusion, cortical bundles presumably can reach the STN via the pallido-peduncular bundle (better called the corticomesencephalic bundle) or dorsal capsule



**Fig. 22** Sections 12 and 20 of series H5671. Degeneration of the whole cerebral peduncle reaches the pedunculopontine nucleus. Compare with the picture from series H6348. For abbreviations see the abbreviations list

of the substantia nigra and halfway give off preterminal degeneration to the pedunculopontine nucleus.

In the cat, frontal cortical projections to the midbrain tegmentum have been described by Grofová (1965). The course of the degenerated fibres of cortical areas 4, 6 and 8 is through the substantia nigra, and the fibres terminate, among other nuclei, in the nucleus pedunculopontinus. The majority of these corticomesecephalic fibres are uncrossed, except for those passing through the periaqueductal grey and in the raphe.

Hirasawa et al. (1938) coagulated cortical area 22 in monkeys (*Pithecus fascicularis*) and studied them using the Marchi method. In general the same pathway to the mesencephalon for degenerated fibres was described, even the passage through the lemniscus medialis. However, endings in the STN were not found. As compared to series H6348 and H5671, the lateral part of the cerebral peduncle (parieto-temporo pontine part) demonstrates a clear preterminal degeneration in the pedunculopontine and presumably in the subthalamic nuclei. This is even more supported by case H5747 (see Appendix 1), where the temporal-cortical degeneration is found in the pedunculopontine nucleus. Series H5889 (see Appendix 1) seemingly indicates that the frontopontine part of the cerebral peduncle reaches the tegmentum of the mesencephalon. Therefore the general description as given by Voogd et al. (in Nieuwenhuys et al. 1988) that fronto- and parieto-temporopontine bundles will produce fibres that reach the mesencephalic



tegmentum also holds for man. Both parts reach the pedunculopontine nucleus, and presumably these fibres could also reach the STN.

### 5.2.5

#### The Pedunculopontine-Subthalamic Interconnections

In the 1930s, Verhaart (1938a) denied the extrapyramidal connections over the red nucleus in his comparison concerning the corpus striatum and the red nucleus as the subcortical centra of the cerebral motor system. Moreover, his group showed that the rubro-spinal tract in humans can be neglected compared to other experimental mammals (Verhaart 1938b; Schoen 1964; see also Voogd et al. in Nieuwenhuys et al. 1988).

Nevertheless it was well known that mesencephalic stimulation influenced motor behaviour (Fuster and Uyeda 1962; Shik et al. 1966; Sterman and Fairchild 1966). Research showed the nucleus pedunculopontinus to be involved in locomotion, among other mesencephalic nuclei, especially in locomotion induction (see Garcia-Rill 1991; Inglis and Winn 1995, and references herein).

The localization and size of the pedunculopontine nucleus (PPN), however, is debated. Those that advocate an extended localization of the PPN (Garcia-Rill 1991) expand the nucleus from the posterior end of the substantia nigra to the laterodorsal tegmental nucleus.

Inglis and Winn (1995) extensively reviewed the literature on the localization of the PPN. There is also a lesser known painstaking review by Usunoff et al. (2003). It is now generally accepted that the PPN contains two groups of neurons: cholinergic and non-cholinergic neurons. The cholinergic ones concentrate in the centre of the reticular formation at pontine-mesencephalic tegmental levels, with two arms of cholinergic neurons embracing the non-cholinergic part of the nucleus. Non-cholinergic neurons always intermingle with cholinergic ones (Spann and Grofová 1992). There is growing evidence that the excitatory neurotransmitter glutamate is also present in the PPN: both cholinergic and non-cholinergic populations should contain glutamate (see Clements and Grant 1990; Clements et al. 1991; Lavoie and Parent 1994a, b; Ichinohe et al. 2000; Grofová and Zhou 1998). Moreover, an unexpected result is that GABA is also present in nearly half of the cholinergic neurons (Jia et al. 2003). These cholinergic neurons also contain NO (Vincent et al. 1983; see also Usunoff et al. 2003 and references herein). Other neurotransmitters present are catecholaminergic (Jones and Beaudet 1987) and peptidergic neurochemical markers (Vincent 2000).

The nucleus is located close to the ascending cerebellar superior peduncle in an area “bordered anteriorly by the substantia nigra, posteriorly by the parabrachial nucleus, dorsally by the cuneiform nucleus and deep mesencephalic nuclei, and ventrally by the pontine reticular nucleus” (Inglis and Winn 1995). However, studies that restricted the PPN to pure cholinergic neurons (Rye et al. 1987) and that considered a midbrain extrapyramidal area (MEA) of non-cholinergic neurons (Rye et al. 1988; Lee et al. 1988) to exist, attracted serious attention.

The cholinergic groups Ch5 and Ch6 as defined by Mesulam et al. (1983) can be related to the neuroanatomically defined nuclei in this area: Ch5 coincides with the

PPN and subpeduncular tegmental nucleus, while Ch6 is identical to the laterodorsal tegmental nucleus (Inglis and Winn 1995). Others take the subpeduncular tegmental nucleus into the PPN (Woolf and Butcher 1986), subdividing the PPN into a dorsal and a ventral part. Moreover, the NO-positive cholinergic neurons can be localized with NADPH diaphorase; in the rat, Usunoff et al. (2003) showed that its pars dissipata intrudes into the substantia nigra. Therefore the borders of the substantia nigra towards the PPN, but also towards the STN, are difficult to estimate. These arguments on the subdivision and borders of the PPN have consequences for the PPN-STN connections, since in human material only the Ch5 and Ch6 groups can be localized unequivocally (Mesulam et al. 1989). The older literature sometimes incorporated the PPN into the sub-cuneiform nucleus. So, PPN-STN connections are difficult to interpret in human material, without well-defined terminology.

The oldest subdivision discerns a pars compacta and a pars dissipata of the human PPN (Jacobsohn 1909; Olszewski and Baxter 1954). The pars dissipata, supposed to contain glutamatergic neurons, contains spread cells in the medial lemniscus and the cerebellar superior peduncle (Mesulam et al. 1983; Geula et al. 1993; Lavoie and Parent 1994a, b). Both parts contain cholinergic neurons. In humans the pars compacta contains 90% cholinergic cells and the pars dissipata contains 25%–75% of them (Mesulam et al. 1989).

Although the cholinergic neurons in the lateral pontomesencephalic tegmentum are concentrated in the PPN pars compacta, they are intermingled with a variable portion of non-cholinergic neurons and penetrate into the territory of anatomically well-defined nuclei. Therefore, the definition of the PPN as consisting only of large, cholinergic neurons (Rye et al. 1987; Lee et al. 1988) is hardly tenable. Similarly, the concept of a non-cholinergic midbrain extrapyramidal area (MEA) (Rye et al. 1987; Lee et al. 1988) did not receive support from anatomical and physiological studies. (Spann and Grofová 1992).

It seems better to use Olszewski and Baxter's definition (1954), since all human-based descriptions use it, which makes comparison with the cytoarchitecture possible, especially in electrophysiological locations of electrodes, and it overcomes the confusion of "cytoimmunochemical versus Nissl localization" that appears in the literature. Moreover, modern publications (Pahapill and Lozano 2000) use Voogd's atlas of the brainstem in Nieuwenhuys et al. (1988), which in fact is a cytoarchitectural atlas, also based on Olszewski and Baxter, as is the atlas of Paxinos and Huang (1995).

In a subdivision of the pontine-mesencephalic reticular formation, Lakke (1997) brought the PPN into the nucleus reticularis cuneiformis. From E18 onwards, outgrowing fibres from the cuneiform nucleus are found in the rat's cervical intumescence, descending to lower spinal cord levels from E19 until P4. Moreover, the PPN neurons are born on E13 (Phelps et al. 1990). Therefore, the PPN is developing from E13 until P4, and its descending connections seemingly show their typical mature appearance after P5.

Based on the immunohistochemical localization of NOS, a few positive cells were found at E15 and the distribution pattern was completed by E19 (Terada et al. 2001). The cells of the PPN double-fold their average diameter at 2 weeks after birth, while at 5 weeks after birth this increase is reduced by half (Skinner et al.

1989). This change in diameter was reinvestigated by Kobayashi et al. (2004) and they found that this change exclusively occurred in the cholinergic compartment of the PPN. The development of the ascending projections of the cholinergic part of the PPN is slow, and the projections do not reach their mature targets before P28 (see Carden et al. 2000; Kaiya et al. 2003).

Experimental evidence shows the PPN-STN connection to be bilateral in cat and rat (cat: Graybiel 1977; McBride and Larson 1980; Nomura et al. 1980; Moon Edley and Graybiel 1983; Romansky and Usunoff 1983; Woolf et al. 1990; rat: Hammond et al. 1983c; Jackson and Crossman 1983; Takakusaki et al. 1996; Ichinohe et al. 2000; Orioux et al. 2000; ; squirrel monkey: Lavoie and Parent 1994a, b). Restricted autoradiographic injections in the PPN proper showed labelling over the *whole* STN, while HRP injections in the STN demonstrated labelled neurons around the cerebellar superior peduncle (Nomura et al. 1980). The homolateral projection is far more extensive than the contralateral connection.

In the rat an analogous result was found (Saper and Loewy 1980; Hammond et al. 1983c; Jackson and Crossman 1983; Sugimoto and Hattori 1984; Rye et al. 1987; Lee et al. 1988). The connections were found to be a reciprocal connection, which could be ascertained with neurophysiological methods (Hammond et al. 1983a, b). Due to the velocity (1.7  $\mu$ /s), it was concluded that the pedunculopontine fibres are unmyelinated. Moreover, the PPN-STN connection is a collateral connection from the PPN entopeduncular/globus pallidus connection (Hammond et al. 1983a, b). The rat PPN sends cholinergic, glutamatergic and GABAergic projections into the STN (Bevan and Bolam 1995). The bilateral connection of the PPN towards the STN has also been confirmed in primates (Carpenter et al. 1981; Lavoie and Parent 1994a, b). Their origin from cholinergic or from non-cholinergic neurons is unclear (Woolf and Butcher 1986, cholinergic; Lee et al. 1988, non-cholinergic), including from what parts of the PPN this connection originates (Pahapill and Lozano 2000).

The STN-PPN connections have been demonstrated by Carpenter and Strominger (1967), Nauta and Cole (1978), Carpenter et al. (1981), Jackson and Crossman (1981), Moon Edley and Graybiel (1983), Kitai and Kita (1987), and Steininger et al. (1992). Most are rat studies and the connection is considered glutamatergic (Pahapill and Lozano 2000) and thus excitatory. Nevertheless, the ipsilateral connection from the STN towards the PPN is termed "contentious" (Inglis and Winn 1995). "The small size of the STN has made resolution of its connections difficult" (Inglis and Winn 1995). Moreover, "the different subpopulations of rat PPN neurons that serve as targets for the STN input have not been established" (Pahapill and Lozano 2000) and this connection has not been confirmed in primates (Pahapill and Lozano 2000).

Although glutamatergic connections are considered excitatory, the neurophysiological studies on the rat STN-PPN connection are contradictory; Hammond et al. (1983a, b) have been found them inhibitory and Granata and Kitai (1989) excitatory.

In humans the PPN is subdivided into a pars compacta and a pars dissipata (Jacobsohn 1909; Olszewski and Baxter 1954). The human Ch5 group has been identified (Mesulam et al. 1989). However, none of the connections between STN and PPN has been established with neuroanatomical or neurocytochemical methods in humans.

### 5.2.6

#### **Pedunculopontine Connections in Man**

In Schoen's inheritance of human pathological cases studied using the Nauta degeneration technique and Häggqvist staining (for the descriptions of these techniques see Appendix 2; Usunoff et al. 1997; Marani and Schoen 2005), some of the series add to our knowledge of the connections of the pedunculopontine nucleus, dealt with in this section.

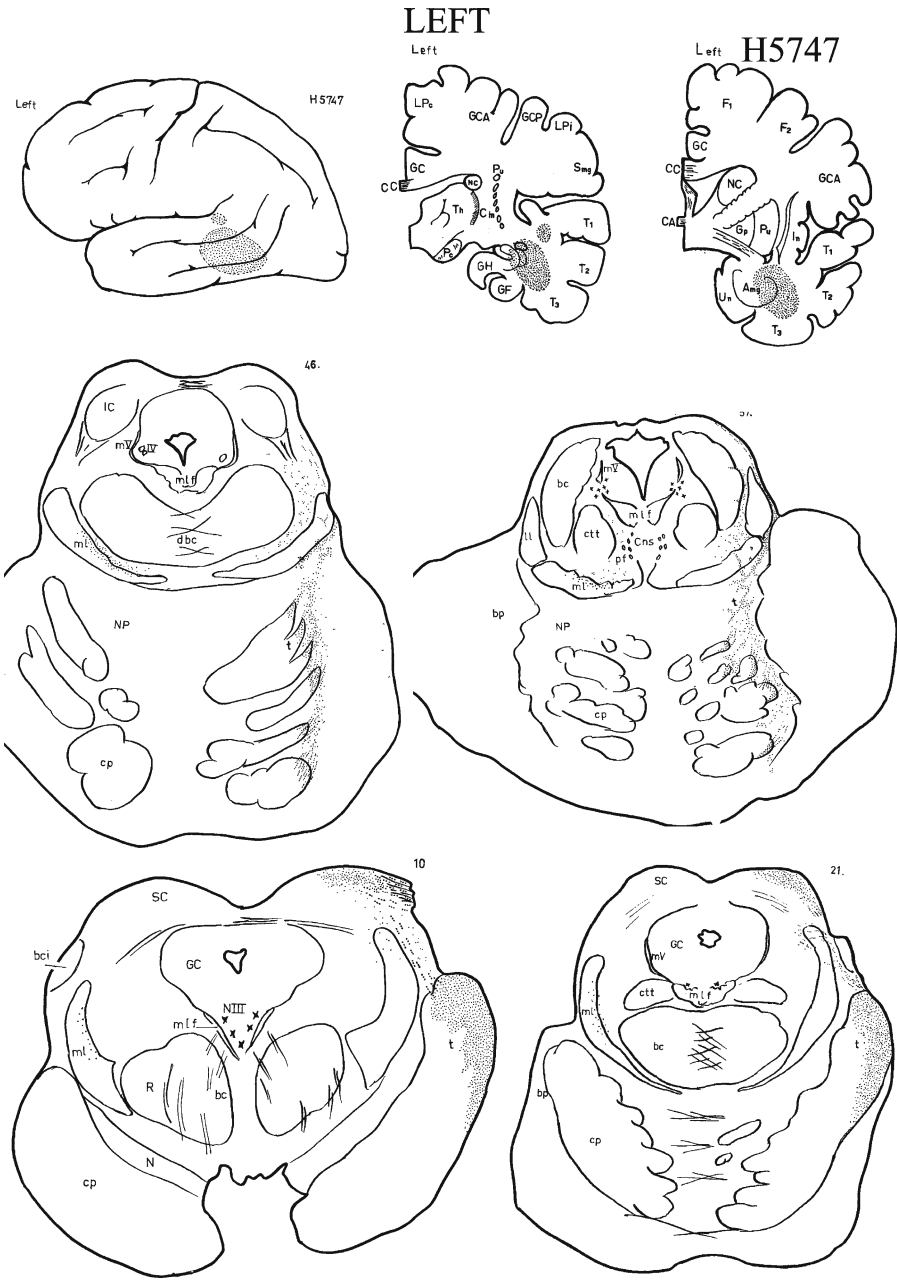
Marani and Schoen (2005) republished the series H5671, first published in Schoen (1969), showing the pyramidal degeneration in the human brain stem using Nauta-Gygax degeneration stain. The nucleus tegmenti pedunculopontinus receives minor cortical pyramidal degeneration from bundles that cross the medial lemniscus (see also Sect. 5.2.4, this volume).

In H5747 (see Appendix 1) at the level of the inferior colliculi (Fig. 23, section 46), similar to the rostral pons (Fig. 23, section 57), preterminal degeneration is found in the reticular formation lateral to the decussation of the brachium conjunctivum in the nucleus tegmenti pedunculopontinus and even between this decussation and the medial lemniscus, but the inferior colliculus does not contain any degeneration. In section 21 (Fig. 23) at the level of the superior colliculi, bundles of degenerated fibres detach themselves from the dorsolateral corner of Türck's tract to enter the tegmentum along the lateral aspect of the medial lemniscus. Termination occurs in the nucleus paralemniscalis between the medial lemniscus and the brachium of the inferior colliculus. Some fibres traverse the dorsal tip of the medial lemniscus to terminate in the nucleus cuneiformis immediately medial to it. The superior colliculus on the side of the cerebral peduncle contains abundant terminal and preterminal degeneration predominantly in its dorsal half. This degeneration proves to reach this colliculus through the brachium of the colliculus superior, as can be seen in section 10 (Fig. 23), slightly more rostrally. Besides this, a small number of degenerated fibres leaves Türck's area, and along the lateral aspect of the medial lemniscus reach the superior colliculus, giving off terminals to the nucleus paralemniscalis.

The ascending degeneration at the other side, found in the medial lemniscus, occupies the dorsal part of the latter. More rostrally in the midbrain, the medial lemniscus changes its horizontal position gradually into a vertical one, and the degeneration subsequently takes a more medial position (see also Marani and Schoen 2005).

It can be concluded that the human nucleus tegmenti pedunculopontinus receives pure homolaterally cortical temporal fibres.

In H6368 (see Appendix 1) the lesion of the oculomotor and trochlear nerve's nuclei, extending into the ventral half of the central grey matter, apparently causes terminal degeneration in its counterparts, as well as in the two-sixth nerve's nuclei. Although the mesencephalic lesion very evidently severs almost all of the mesencephalic tegmentum including the area of Forel's fasciculi tegmentales, retrograde degenerative changes are seen neither in Wallenberg's tract, nor in the dorsal portion of the main sensory trigeminal nucleus.



**Fig. 23** Sections through series H5747. *Upper part* indicates the lesioned area in the cortex. *Lower part* demonstrates degeneration (stippling) from pons to mesencephalon. For abbreviations see the abbreviations list



**Fig. 24** Sections of series H6368. Degeneration as described in the text is enhanced. For abbreviations see the abbreviations list

A small lesion in the ventral portion of the central grey matter of the *right* half of the midbrain (Fig. 24), just touching the dorsolateral tip of the medial longitudinal fascicle, but sparing the oculomotor nerve nucleus, gives rise to considerable degeneration caudally at the same side. Some of these fibres leave the central grey, traversing the trigeminal mesencephalic root to terminate in the ipsilateral cuneiform and sub-cuneiform nuclei of the dorsolateral tegmentum. More caudally this degeneration can be found back in the area of the nucleus coeruleus, extending slightly into the sub-ependymal grey matter; caudal to the motor nucleus of the fifth nerve it is no longer present. The ventral central grey matter projects to the sub-cuneiform nuclei, among them the pedunculopontine nucleus, and spreads its terminal degeneration over the whole dorsolateral mesencephalic tegmentum. This type of degenerative localization has been extensively described by Hamilton and Skultety (1970) and Nauta (1958) in the cat, and is thus confirmed by this case.

In series H5889 the area around the brachium conjunctivum—medial, lateral and in the bundle—terminal degeneration was found. The degeneration stays sharply homolateral, exclusively in the bundle of the brachium conjunctivum descendens.

Seemingly contralateral projections from the ipsilateral tegmentum into the contralateral tegmentum are minimal, indicating that the connections of both pedunculopontine nuclei are absent or minimal.

The degeneration of both pyramidal tracts, one very old (thus unnoticeable with the Nauta technique) and the other more recent, follow the pathway described above, passing through the lemniscus and entering with a large spread into the tegmentum.

### 5.3

#### Rape Connections to Subthalamic Nucleus

The serotonin connections were for the first time described by Steinbusch (1981), who used antibodies against serotonin. He discovered that formalin coupling of serotonin to a protein carrier produced antibodies to serotonin. Numerous positive dots were found into the STN, indicating a heavy labelling of the STN by serotonergic terminals in the rat. A seemingly extensive projection from the raphe nuclei towards the STN was presented. Further elaboration by tract tracing and immunocytochemistry revealed the parts of the raphe nuclei that projected towards the STN. However, such a distribution is seemingly absent in parts of the opossum STN (Martin et al. 1985).

Vertes and colleagues (Vertes 1991; Vertes and Kocsis 1994; Vertes et al. 1999) subdivided the serotonin projections into a midline/paramidline area and a more lateral area, originating respectively from the median raphe and the dorsal raphe nucleus. There was no overlapping in their projection areas. The dorsal raphe nucleus projects to the STN (Bobillier et al. 1976, cat, with autoradiography; Mori et al. 1985, rat, cat and monkey; Lavoie and Parent 1990, squirrel monkey, with Mori et al. and Lavoie and Parent using immunocytochemistry). The serotonergic effect is mediated by various types of 5-HT receptors present on the STN neurons (see Sect. 2.3.4.6, this volume). mRNA is present for several 5-HT receptors

in the STN neurons in various concentrations (high concentration e.g. for 5-HT<sub>4</sub> and 5-HT<sub>2C</sub> receptors, Pompeiano et al. 1994). The serotonergic input to the STN modulates the spontaneous firing of the rat subthalamic neurons by a decreasing potassium conductance by activating 5-HT<sub>4</sub> and 5-HT<sub>2C</sub> receptors (Xiang et al. 2005). Within the human STN intermediate concentrations of 5-HT<sub>7</sub> receptors were found (Martin-Cora and Pazos 2004).

The serotonin terminal distribution showed an even density over the STN in rat and cat, whereas in the monkey a ventro-medial preference was found, while thick serotonin-positive fibres passed through the monkey's STN (Mori et al. 1985). In the squirrel monkey a dense, evenly distributed network of serotonin terminals was present (Lavoie and Parent 1990). Only in the rat was a projection from the STN into the dorsal raphe nucleus ascertained by Kitai and Kita (1987).

## 5.4

### The Thalamo-Subthalamic Connections

The cat centre-median parafascicular complex was studied by Sugimoto et al. (1983) by injections of a mixture of tritiated l-leucine and l-proline. The STN was heavily labelled in its rostral and ventro/ventromedial parts. The labelling diminished in the middle part of the STN to disappear in its caudal part. After HRP injections in the cat, STN retrogradely labelled cells were found in the centre-median parafascicular complex. Repetition of these experiments in the rat proved the same connection (Sugimoto et al. 1983). Confirmation of this ipsilateral connection was also obtained by autoradiographic electron microscopy (Sugimoto and Hattori 1983).

A complementary termination for the parafascicular nucleus and centre-median of the STN was found in the squirrel monkey (Sadikot et al. 1992). Hyperactivity of the parafascicular neurons projecting to the STN was proved using mRNA for the first subunit of cytochrome oxidase in rats containing a 6-hydroxydopamine unilateral lesion. Hyperactivity of the STN could in part be explained according to authors by an increase in excitatory input from the parafascicular nucleus (Orieux et al. 2000). A small contralateral projection from the parafascicular nucleus to the STN was described by Castle et al. (2005) in the rat. Moreover, STN neurons could also reach the contralateral parafascicular nucleus. The rat STN neurons projecting to the ipsilateral globus pallidus and to the ipsilateral substantia nigra pars reticulata received parafascicular terminals (Castle et al. 2005). Using anterograde and retrograde labelling the parafascicular subthalamic connections were also confirmed in monkeys (Tande et al. 2006).

## 5.5

### The Subthalamic-Central Grey Connections

There are only limited publications that found a projection from the STN into the periaqueductal grey (Kitai and Kita 1987; Smith et al. 1990b). The periaqueductal grey is definitely involved in somatomotor behaviour (see Carrive 1993). Injections



of *Phaseolus vulgaris*-leucoagglutinin in the monkey STN brought forward projections to the periaqueductal grey, indicating that the STN projects further downward into the mesencephalon and pons (Smith et al. 1990b). This was also confirmed by Parent (1996).

## 5.6

### The Colliculus Superior Connections

Redgrave's group proposed several parallel loops that are involved in basal ganglia motor output. The best example of multiple loops are those that originate in the colliculus superior, pass the thalamus, the caudate and putamen and, via the substantia nigra pars reticulata, reach the layers of the superior colliculus again (McHaffie et al. 2005). An abstract recently appeared that indicates connections of the superior colliculus and the STN:

We have therefore conducted a series of anatomical experiments in a range of species (rat, cat and monkey) to examine the tecto-subthalamic projection in more detail. Injections of the neuronal tracers biotinylated dextran amine or *Phaseolus vulgaris* leucoagglutinin into the SC produced anterograde labelling of the STN in each species. For example in rats injections into the lateral intermediate layers produced a dense sheet of terminals predominantly in the dorsal STN, while more medial injections produced only sparse anterograde labelling. (Coizet et al. 2007)

## 5.7

### The Nigro-Subthalamic Connections

Until halfway through the 1990s the projection from the substantia nigra pars compacta into the STN was not completely described (Hassani et al. 1997). Retrograde labelling of the substantia nigra pars compacta was obtained by injecting Fluor gold into the STN. The labelled neurons could also be determined with tyrosine hydroxylase. Confirmation of the connection was obtained by biocytin anterograde tracer injections in the substantia nigra pars compacta. Branching of the nigral axons was manifold, while a terminal arborization of  $400^* \times 250^* \times 150 \mu\text{m}^3$  was described in the rat (Hassani et al. 1997). These results are in agreement with earlier findings (Björklund and Lindvall 1984; Brown et al. 1979; Campbell et al. 1985; Meibach and Katzmann 1979).

The dopaminergic connections in primates remained controversial until 2000 (Francois et al. 2000). The nigro-subthalamic connections were confirmed in *Cercopithecus aethiops* using Fluor gold injections in the STN. The connections were re-established using biotin dextran injections in the A8 and A9 areas. Labelled axons were found throughout the whole extent of the STN. Using tyrosine hydroxylase immunoreactivity the catecholaminergic origin was firmly established. These fine ramifications of tyrosine hydroxylase-positive branches and varicosities were also noted in human STN. These tyrosine hydroxylase fibres showed a reduction of over 60% in MPTP-treated monkeys and in parkinsonian brains (Francois et al. 2000). Dopaminergic innervation of the human STN was supported by articles from

Cossette et al. (1999), Francois et al. (2000) and Hedreen (1999). An overview of the dopaminergic innervation in the basal ganglia is given by Smith and Kievel (2000).

## **6 Nigro-Subthalamic Connections in the Rat**

### **6.1 Introduction**

The STN projection neurons are glutamatergic, excitatory, and heavily innervated by widely branching axons of the substantia nigra (SN) (see Sects. 5.1 and 5.2.10, this volume). Leucine-labelled fibres of the STN follow in their projections the laminar organization of the substantia nigra's pars reticulata (Tokuno et al. 1990). However, the nigro-subthalamic connection remained controversial (see Sect. 5.2.10, this volume) due to its incomplete description in various experimental animals. Although functional dopamine receptors are expressed in the STN (see Sect. 2.3.4.1, this volume), the direct modulation of subthalamic neurons by dopamine of the substantia nigra is controversial owing to the low density of dopamine axons in the STN (see Cragg et al. 2004). Renewed tracing research was therefore carried out in the rat. To date, only an ipsilateral projection has been found for the connections between SN and STN. Using BDA, the SN-STN connection has been studied again, and a bilateral projection was established.

### **6.2 Materials and Methods**

#### **6.2.1 Injections**

Twenty female Wistar Albino Glaxo rats weighing 200–240 g were used. The animals were anesthetized with Hypnorm (0.3 ml/kg i.p.; 0.2 mg/ml fentanyl; Ceva, Paris) and Valium (1.0 ml/kg i.p. 5 mg/ml diazepam; Hoffmann-La Roche, Basel). All rats further received a subcutaneous dose of 0.1 ml atropine sulphate (500 µg/ml) to diminish mucous secretion into the tracheo-bronchial tree. After mounting in a Narashige stereotaxic frame in the flat skull position, biotinylated dextran amine (BDA; 10%, mw 10,000; Molecular Probes Europe, Leiden, The Netherlands) dissolved in phosphate buffer (PB; 0.1 M, pH 7.2) was injected unilaterally into the SN using a vertical approach. Stereotaxic co-ordinates were obtained from Paxinos and Watson's atlas (1996). Injections were made through silicon-coated glass micropipettes (Yu and Gordon 1994), and the BDA solution was freshly prepared for each injection. Pressure injections were made using a Picospritzer, and iontophoretic injections with a Midgard CS3 iontophoretic power source (3–5 µA pulsed DC, 5 s on/off for 30 min). At the end of each injection the pipette was held in place

for 15 min to insure that the inject BDA was absorbed into the tissue, and that there was not a significant spread of the tracer within the pipette track. Survival time was 8–13 days. The rats were deeply re-anaesthetized with Nembutal (1.5 ml/kg i.p. 60 mg/ml sodium pentobarbital; Sanofi Sante, Maasluis, The Netherlands), and perfused transcardially with 100 ml of 0.9% saline, followed by 500 ml of 4% formaldehyde (Merck, Darmstadt, Germany) in water. Immediately prior to perfusion sodium nitrite (0.5 ml; 1% in water) and heparin (0.5 ml; 5,000 IE/ml; Leo Pharmaceutical Products, Weesp, The Netherlands) were injected intracardially. The brains were removed, rinsed in water for 4 h, and soaked in 10% sucrose in water overnight at room temperature. Serial sections were cut at a thickness of 40  $\mu$ m on a Jung freezing microtome, and collected in PB.

### **6.2.2**

#### **Tracer Histochemistry**

A commercial avidin-biotin-HRP complex (ABC) kit was used to visualize the BDA (Vectastain ABC Kit, Vector Laboratories, Burlingame, United States). The sections were soaked in PB containing 0.1% bovine albumin (fraction V; Sigma Chemical Co., St Louis, United States) for 30 min, and rinsed in PB for 30 min. Then the sections were incubated in the avidin-coupled biotinylated-HRP solution for 60 min on a shaker, and rinsed again in PB for 30 min. The reaction product was developed with 0.06% 3,3'-diaminobenzidine (Sigma Chemical Co., St Louis, United States) and 0.02% H<sub>2</sub>O<sub>2</sub> in Tris buffer (0.05 M, pH 7.6) for 15 min. The sections were then rinsed in distilled water, mounted on chrome alum-subbed slides and dried overnight. The sections were counterstained with cresyl violet, dehydrated through graded ethanols, cleared with xylene, and cover slipped with Entellan (Merck, Darmstadt, Germany).

## **6.3**

### **Results**

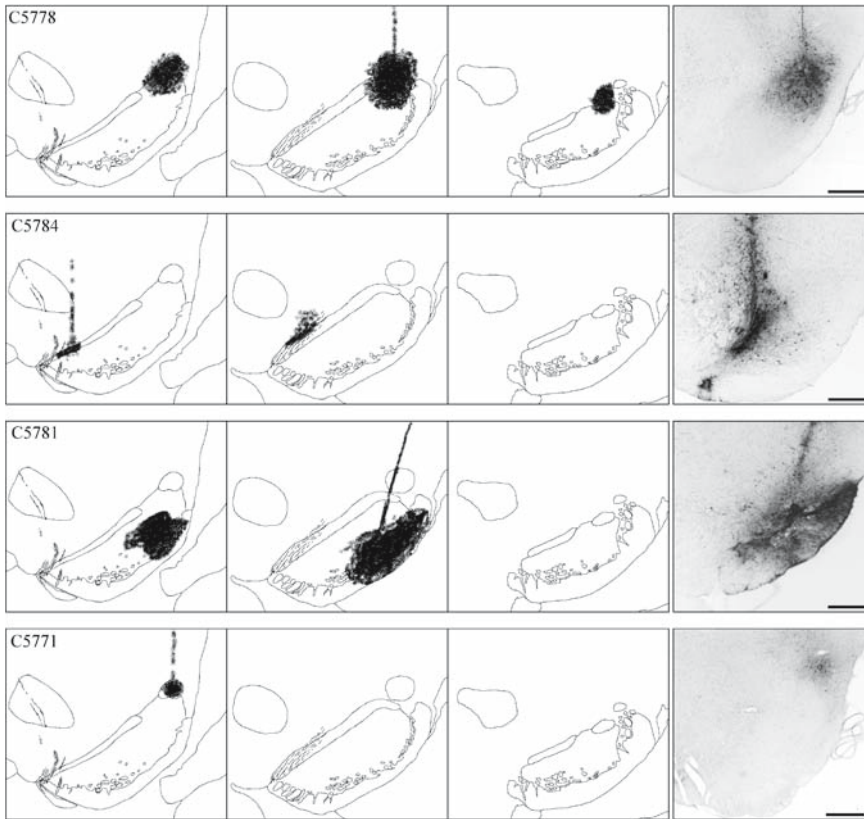
#### **6.3.1**

##### **Tracing Results**

##### **6.3.1.1**

###### ***Appearance of Labelling***

Large injections (series C5778, 5785, Fig. 25) were used to describe the overall projections of the SN. In series C5778 the injection is almost throughout the rostromedial and lateral extent of the SN, and involves the lateral SNr and SNc and the SNl, with some involvement of MRN neurons covering the dorsal surface of the SN. This injection resulted in labelling throughout STN both ipsilateral anterograde and retrograde (il) and contralateral antegrade (cl). This series will serve as the prototype for the description of the labelling observed in and around STN. The overall results



**Fig. 25** Representative injection sites in the substantia nigra

from all series are shown in Table 2, while the characteristic STN connections are described separately.

Moreover, a series of injections just dorsal, rostradorsal and rostral to the SN ( $n=8$ ) corroborated that the described SN connections originated in the SN.

### 6.3.1.2

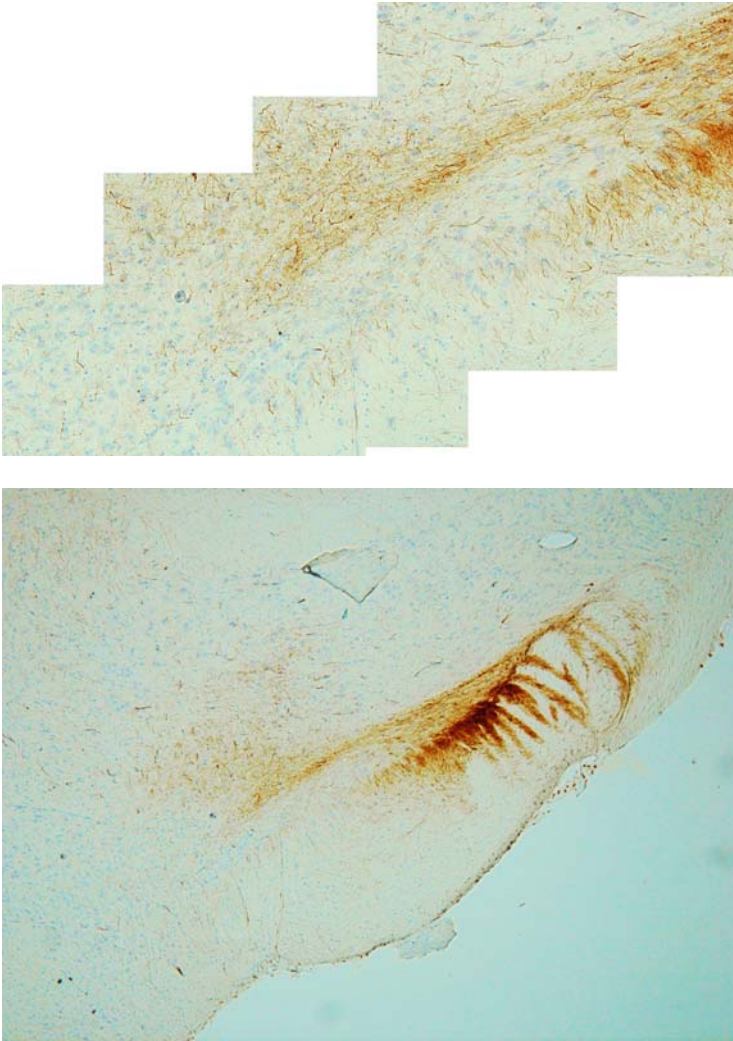
#### **Course and Termination of Nigrosubthalamic Connections**

The largest number of nigrosubthalamic axons was observed in case 5778. The injection site of the tracer involved the mediolateral SNl, SNr and SNc (Fig. 25). The labelled axons radiate from the injection site. The axons are directed to the brain stem, and some nigrothalamic axons course dorsally towards the tegmentum, and the ascending axons to the forebrain initially take a medial course towards the prerubral area. Most of them run immediately dorsal to SN, and some axons traverse the SNc lateromedially. Few axons curve ventromedially and travel along the border between

**Table 2** Connections of the substantia nigra

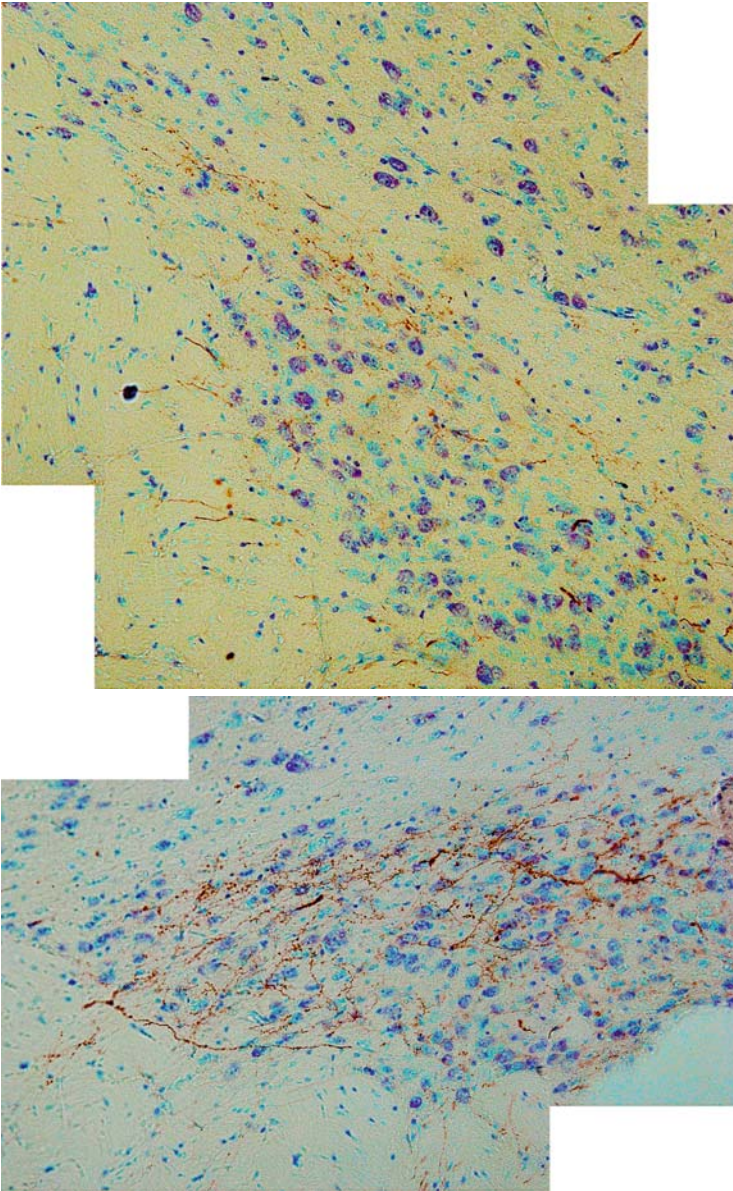
Afferents to substantia nigra						Efferents from substantia nigra					
SNr		SNc		SNl		SNr		SNc		SNl	
i	c	i	c	i	c	i	c	i	c	i	c
└		└		└		└		└		└	
											Cortex
└		└		└		└		└		└	
											Caudate-Putamen
└		└				└		└			
											Pallidum
└		└						└			
											Accumbens
								└			
											Hippocampus
		└		└				└			
											Amygdala
						└					
											Lateral dorsal thalamic nucleus
						└		└		└	
											Medial dorsal thalamic nucleus
						└		└		└	
											Ventral medial thalamic nucleus
						└		└			
											Central medial thalamic nucleus
						└				└	
											Central lateral thalamic nucleus
└		└		└		└				└	
											Parafascicular thalamic nucleus
						└				└	
											Paracentral thalamic nucleus
						└					
											Lateral posterior thalamic nucleus
└		└		└				└		└	
											Lateral habenular nucleus
						└		└		└	
											Dorsal lateral geniculate nucleus
						└					
											Zona incerta
└		└		└				└			
											Subthalamic nucleus
└	└	└	└	└	└	└		└		└	
											Hypothalamus
						└		└		└	
											Superior colliculus
						└				└	
											Red nucleus
└		└									
											Entopeduncular nucleus
											Inferior colliculus
											Periaqueductal gray
└		└						└		└	
											Raphe dorsalis
						└		└			
											Cuneiform nucleus
						└		└			
											Mesencephalic reticular nucleus
		└		└		└		└		└	
											Pedunculopontine tegmental nucleus
└	└	└	└	└	└	└				└	
											Laterodorsal tegmental nucleus
└	└	└	└	└	└	└		└		└	
											Parabrachial nuclei
						└		└		└	
											Locus coeruleus
						└		└			
											Parvocellular pontine reticular nucleus
		└									
											Cerebellum

i, ipsilateral; c, contralateral



**Fig. 26** Pathway of nigro-subthalamic fibres at the cerebral peduncle (series 5778)

SNr and the cerebral peduncle. Reaching the caudal pole of the STN (Fig. 26) the labelled axons enter the nucleus through its lateral wedge and from the medially running bundle, dorsal to the STN. Labelled axons also enter the STN through its ventral border, but their course is largely obscured by the numerous retrogradely labelled striatonigral axons, arranged in the bundles of the Edinger's *Kammssystem des Fusses* ("comb system of the foot"). Within the STN, especially in the lateral half of the nucleus, along with passing fibres oriented mediolaterally, there is a large amount of terminal labelling (Fig. 27). In the medial part of the STN there are mainly discrete bursts of terminal labelling. Interestingly, although the subthalamonigral projection



**Fig. 27** Contralateral (*top*) and ipsilateral (*bottom*) nigrosubthalamic projections

is a substantial one, only few retrogradely labelled STN neurons are present, and most of them are not heavily loaded with the reaction product.

The SN axons cross the midline at several places. The most substantial component of crossed axons runs in the mesencephalic tegmentum ventral to the

periaqueductal grey. Such bundles are present through the entire rostrocaudal extent of the mesencephalon, and some fibres in the rostral mesencephalon apparently enter the STN through its dorsal border. A second component crosses the midline in the commissure of the superior colliculus and in the posterior commissure. Although some fibres bend in the ventral direction contralaterally, none of these axons appears to enter the contralateral STN. Rostral to the SN, the efferent SN axons cross the midline in the adhesio interthalamica (crossed nigrothalamic axons), and the last component of crossing axons runs in the supraoptic decussation, immediately above the optic tract. Some of these axons take a dorsomedial course towards the contralateral STN. In the contralateral STN a considerably lower number of labelled axons are seen. However, they form very distinct mediolaterally extended patches that might be followed in serial sections. Most of these discrete fields of terminal labelling are in the central and lateral portions of the STN, but also medially some terminal “whorls” are seen.

### 6.3.2

#### **Injections into the SNI**

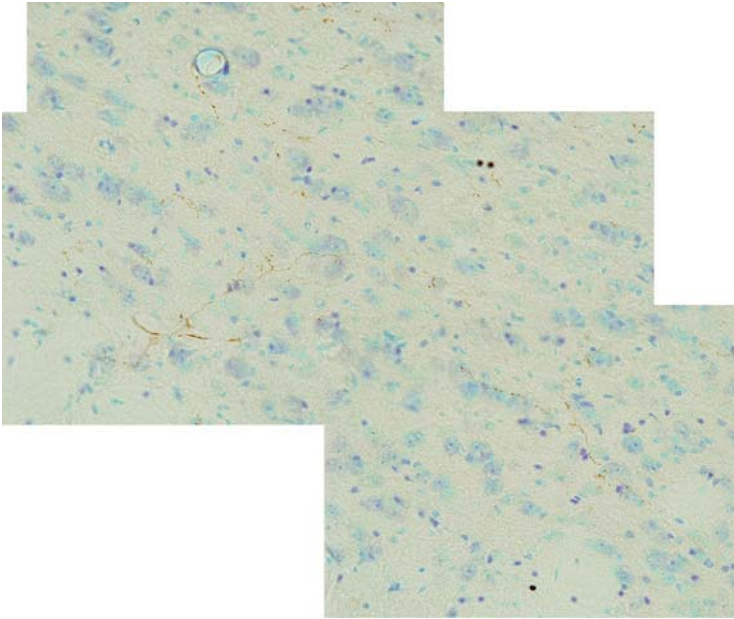
A small injection (series C5771) into the SNI is without further involvement of the SNc or SNr and is placed dorsolateral of the SNc. The ilSTN contains scant fibres entering the nucleus from the dorsolateral side, and few terminations are noticed around the cells of the STN. Labelled fibres and terminations are absent in the contralateral STN. An analogous but larger injection (C5838) in the SNI, reaching the SNc, shows, however, a strong termination pattern in the ilSTN and few labelled fibres in the clSTN. These fibres entered the nucleus from its latero-dorsal side. An injection (C5830) just dorsal of the SNI into the peripeduncular nucleus and inferior colliculus shows absence of labelling in both the ilSTN and the clSTN.

### 6.3.3

#### **Injections into the SNr**

Nearly all injections involving the SNr also touched upon the SNc, which is due to the dorsal approach of the injections. Three series (C5606, C5785, C5778) contained large injections involving not only the SNr but the SNc too. In these three series, labelling was found in the ilSTN and clSTN. From the only two selective injections into the SNr (C5835, C5781) one was mainly placed in the cerebral peduncle (C5835). Passing cortical fibres and some nigral fibres are labelled, and these fibres find their trajectory over and through the rostral top of the STN. Terminal labelling and positive fibres are found in the ilSTN. The clSTN stays free from fibres and terminal labelling in C5835. However, in C5781, with a large injection in the SNr, both ilSTN and clSTN (Fig. 28) contained labelled terminals and fibres.





**Fig. 28** Contralateral projection into the STN after SNr injection (5781)

#### **6.3.4**

##### **Injections into the SNC**

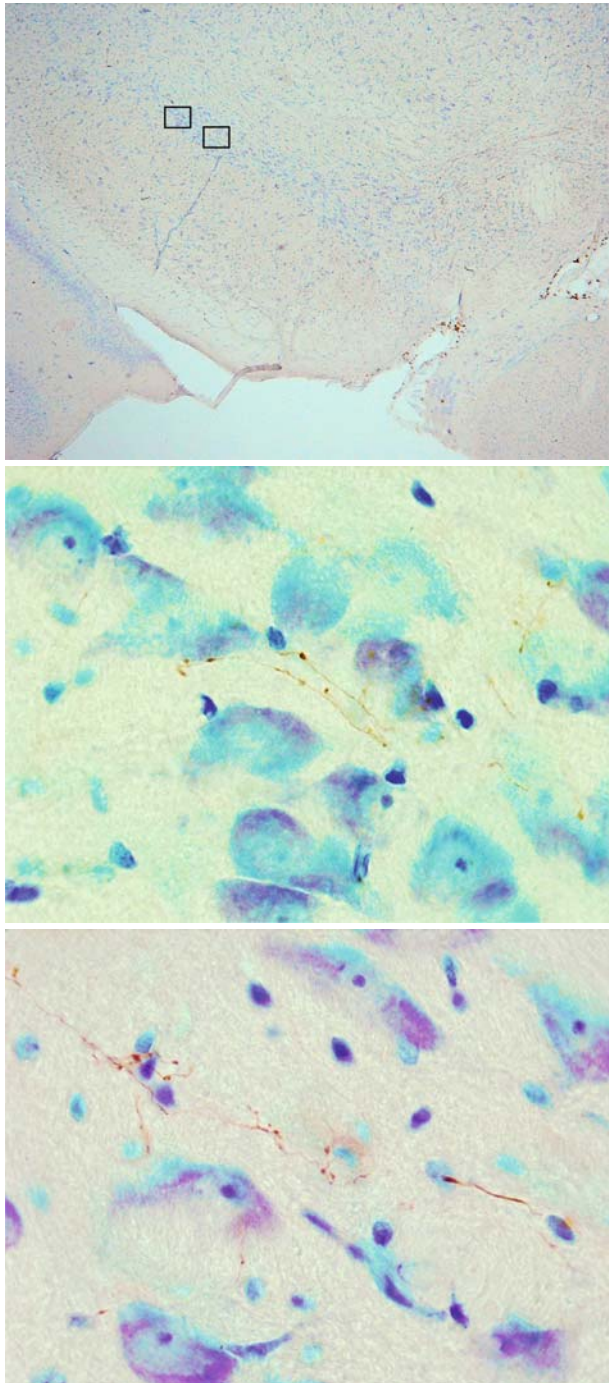
C5784 contains an injection, which is restricted to the medial part of the SNC. Heavy terminal labelling and labelled fibres are found in the ilSTN. A single retrogradely labelled ilSTN neuron was present. The clSTN contained sparse terminal labelling with a larger number of labelled fibres. The positivity was restricted to the caudal and lower middle part of the clSTN.

C5767 shows a small injection into the middle part of the SNC. Labelling (fibres and terminals) was noticed in the ilSTN. Due to the small injection size only faint terminal labelling and a few fibres are present in the middle of the clSTN. One retrograde labelled neuron is found at the transitional border of ilSN towards ilSTN. C5788 contains an injection outside the SN, but the injection touches the middle part of the SNC. The ilSTN contained heavy terminal and fibre labelling. No retrograde-filled ilSTN neurons were found. The clSTN demonstrated sparse fibre and terminal labelling in the upper caudal and middle part of the clSTN (Fig. 29).

#### **6.3.5**

##### **Control Injections**

Control injections are C5830 for the SNl injections, and C5789 and C5566 for the usual injection tract found above the SN. C5759 and C5754 cover with their injections



**Fig. 29** C5788. The clSTN demonstrates sparse fibre and terminal labelling in the upper caudal and middle part of the clSTN

the whole SN overlaying area. The injections C5560 (caudal ruber) and C5558 (dorsal of ruber and medial of nucleus N III) involve the caudal area of the SN. No labeling was found in the clSTN.

## 6.4

### Discussion

The present study provides data for the existence of a substantial nigrosubthalamic connection in the rat, which also emits a moderate component to the contralateral STN. Thus, two significant nuclei of the basal ganglia—the SN and the STN—are reciprocally strongly interconnected, and this STN-SN-STN loop is involved in the complicated basal ganglia circuitry, since both nuclei display a broad variety of afferent and efferent connections. Generally, the dendrites of the STN projection neurons in the rat, cat and monkey display long, thin dendrites, and in some cases the extent of the dendritic field can almost cover the overall extent of the STN (Iwahori 1978; Romansky 1982; Hammond and Yelnik 1983; Kita et al. 1983; Afsharpour 1985a; Pearson et al. 1985; Romansky and Usunoff 1985, 1987). As noticed also by Hassani et al. (1997), the extent of individual nigrosubthalamic arborizations is considerably smaller than the dimensions of the nucleus. Thus, several different nigrosubthalamic axons probably converge onto a single STN neuron, or, alternatively, a single SN axon might innervate several adjacent STN dendrites.

Many of the efferent connections of SN (to the neostriatum, thalamus, superior colliculus, periaqueductal grey, pedunculopontine tegmental nucleus, red nucleus, mesencephalic nucleus of the trigeminal nerve) are bilateral (Fass and Butcher 1981; Gerfen et al. 1982; Pritzel et al. 1983; Douglas et al. 1987; Ilinsky et al. 1987; Morgan and Huston 1990; Redgrave et al. 1992; Steiner et al. 1992; Lakke et al. 2000; and references therein). Compared to all these connections, the ipsilateral one is considerably larger, and the currently described bilateral nigrosubthalamic projection is no exception. Ipsilaterally the efferent SN axons terminate in large, profuse terminal fields, while contralaterally they terminate in discrete, sharply circumscribed patches. Although the crossed nigrosubthalamic connection is moderate, exactly by its topical distribution, its “point to point” connection is especially evident. The medial SNc projects to the contralateral medial STN, and the lateral SNc also projects mainly to the lateral half of the contralateral STN.

As reviewed in Sect. 5.2, there is already evidence for the DAergic, excitatory nigrosubthalamic connection. Its physiological significance has yet to be unravelled. Unilateral dopamine lesion has been reported to decrease the neuron discharge rate in the contralateral STN, whereas increasing this rate in the ipsilateral STN (Perier et al. 2000). Recently Carr (2002) hypothesized that this pathway might be connected with the rest tremor in Parkinson’s disease, e.g. the connections of the STN with the internal pallidum, modified by SN and cortical inputs, allow for the transfer of tremorogenic activity to the thalamus.

The present data also support the suggestion of Ichinohe et al. (2000) for the existence of a moderate projection of parvalbumin containing, presumably GABAergic SN

neurons to the STN. Many of the projections of the SNr neurons—to the thalamus, tectum and reticular formation—are built by divergent collaterals of the axon of one and the same SN neuron (Bentivoglio et al. 1979; Beckstead 1983; Parent et al. 1983; Deniau and Chevalier 1992; Yasui et al. 1995; Nishimura et al. 1997). A double-labelling retrograde study might also demonstrate that the non-DAergic afferent connection to the STN is carried out by branching efferent axons of SN, as it is the case with the DAergic nigrosubthalamic tract (Prensa and Parent 2001). The STN-SNr-STN loop consists of descending excitatory component (the glutamatergic subthalamonigral tract), and ascending inhibitory component (the GABAergic nigrosubthalamic tract).

The ultrastructural morphology of the nigrosubthalamic terminal boutons and their participation in the synaptic organization of STN are still unknown. However, some of their features might be predicted. Most probably, the GABAergic nigrosubthalamic boutons share common features with other GABAergic terminals of the pallido-nigral complex: GPE, GPI and SNr, e.g. relatively large boutons containing a pleomorphic synaptic vesicle population, and contacting perikarya and large dendrites by means of symmetric synaptic specializations (Grofová and Rinvik 1974; Romansky et al. 1980a, b; Usunoff et al. 1982a; Kultas-Ilinsky et al. 1983; Williams and Faull 1988; Kultas-Ilinsky and Ilinsky 1990). Therefore, in normal STN ultrastructural material (e.g. Romansky and Usunoff 1987) the GABAergic nigrosubthalamic boutons can hardly be recognized due to the enormous number of pallido-subthalamic terminals (Romansky et al. 1980b; Usunoff et al. 1982a) and this can be reliably examined only by an electron microscopic hodological study. Since the DAergic nigrosubthalamic terminals, at least in part, represent collaterals of the nigrostriatal axons (Gauthier et al. 1999; Prensa and Parent 2001) one might expect that the nigrosubthalamic terminals are relatively small, contain pleomorphic vesicles and form symmetric synapses with various postsynaptic targets, and only rarely form asymmetric synapses with dendritic spines (Hattori et al. 1991; Groves et al. 1994; Hanley and Bolam 1997). Such tyrosine hydroxylase-positive terminals (small size, pleomorphic vesicles and symmetrical axodendritic contacts) were demonstrated in the monkey STN by Smith and Kievel (2000). Although the tyrosine hydroxylase labels noradrenergic terminals too, in all probability the vast majority of these terminals represent nigrosubthalamic terminals.

The STN is a key structure in motor control and should not be regarded only as a relay structure in the so-called indirect pathway by the parallel processing in the basal ganglia circuits (Parent and Hazrati 1995a, b). The STN can still be regarded a “control structure” lying beside the main stream of information processing (cerebral cortex > neostriatum > GPI and SNr > thalamus > cerebral cortex). However, due to its widespread efferent projections (reviewed in Sect. 5.2, this volume), the STN exerts its driving effect on most components of the basal ganglia. Its action is mediated not only by the indirect pathway (cerebral cortex > neostriatum > GPE > STN > GPI and SNr > thalamus > cerebral cortex), but also by a multitude of mono- and polysynaptic projections that ultimately reach the basal ganglia output cells (Parent and Hazrati 1995b).

DAergic medication has been shown to modulate oscillatory activity in the STN and thus may play a role in the pathology of akinesia and rigidity by affecting oscillatory synchronization in the basal ganglia (Allers et al. 2000; Brown et al. 2001; Marsden et al. 2001; Levy et al. 2002). Francois et al. (2000) reported that in the STN of Parkinson's disease patients there is a 65% loss of tyrosine hydroxylase immunoreactive axons (e.g. a 2/3 loss of the STN DAergic innervation) compared with control brains. This significant loss of DAergic innervation might directly affect the activity of the STN neurons, and might participate in the STN hyperactivity.

## 7

### Appendix 1

#### 7.1

##### Description of the Human Pathology Cases Used in this Study

Series *H3655* concerns a 66-year-old male that suffered from psychotic dementia. A high cervical transverse lesion—due to a fracture of the epistrophic dense, together with a dislocation of the atlas, long before death—was found, resulting in a total cordotomy. The patient died 6 months later of respiratory insufficiency. The cerebrum showed no distortions. The brainstem was stained with Häggqvist technique. Degeneration of the ventrolateral and the dorsal funiculi is massive (for an extensive description of this series see Marani and Schoen 2005).

Series *H5671* concerns a female patient, 56 years old, with a left-side hemiplegia due to a cerebrovascular accident; she died 6 weeks after onset of the start of the accident. After the obduction a softening was found in the right hemisphere, mainly localized in the superior and middle temporal gyri and in the lower part of the central gyri, in the inferior frontal gyrus and in the insula. It extended from there into the lentiform nucleus and corona radiata. The brain stem and spinal cord were stained for Nauta-Gygax and at regular distances frozen Häggqvist sections were made. (For an extensive description see Schoen 1969 and Voogd et al. 1998.)

*H5747*: The patient, male, 67 years old, died 6 weeks after an operation for otitis media from an otogenic brain abscess in the left temporal lobe. The lesion was well encapsulated in the centre of the posterior part of the temporal lobe, interrupting all afferent and efferent connections of the inferior and middle temporal gyrus. A separate small infarction just dorsal to it effectuated the same for those of the superior temporal convolution. In addition, small lesions in the brain stem interrupted the medial tegmental tract in the medial longitudinal fascicle at the level of the vestibular nuclei, and a lesion in the caudal bulbous was present in the contralateral lemniscus at the same level. The brainstem was frozen and was alternatingly stained according to Nauta-Gygax, Klüver-Barrera and Häggqvist techniques (see also Marani and Schoen 2005).

Series *H5889*, a Nauta-Gygax, Klüver-Barrera staining, concerns a case of colliquation necrosis in different centres in the rostral brain stem and partially in

the medial part of the pes pedunculi. Centres of softening were found in the thalamus (Gebbink 1967) in the ventral part of the rostral mesencephalon, concerning the red nucleus, the neighbouring mesencephalic tegmentum, the substantia nigra and the cerebral peduncle. The lesion extends into the pons, where it continues paramedian from the flm (fasciculus longitudinalis medialis) near to the medial lemniscus. A small lesion was found in the pes pontis and in the area of Wallenberg. The left half of the brain contained a 7-year-old cystic softening tempero-parietally that destroyed the striatum except for its rostroventral part and the capsula interna except for Arnold's tract.

Series *H6348* is also a Nauta-Gygax, Klüver-Barrera series from a 73-year-old male who, after a street accident, showed symptoms of a transverse lesion at C5, together with signs of a severe cerebral contusion. Six weeks after the accident he died, and other than a central cervical cord lesion at C5, a laceration of the right temporal lobe was found. Both ascending spinal ventrolateral and descending corticofugal degeneration were found.

Series *H6368*: In this case the medial part of the *left* half of the midbrain was destroyed by a number of ischaemic lesions presumably 18 days before death. Especially the medial and central tegmental tracts are degenerated and can be followed caudally. Arnold's frontopontine tract is degenerated, whereas Türck's tempero-parietopontine tract is degenerated with a few much smaller connections. The brainstem was frozen and was alternately stained according to Nauta-Gygax, Klüver-Barrera and Häggqvist techniques.

## 8

### Appendix 2

#### 8.1

#### Häggqvist and/or Nauta-Gygax Staining

The material used for this study is summarized in Appendix 1 (description of the pathological cases). Extensive descriptions of the techniques can be found in Usunoff et al. (1997) and Marani and Schoen (2005). Usually the brain and spinal cord were fixed by immersion in 10% formalin within 18 h after death and directly after the autopsy. After several days or weeks the brainstems were dissected out. The tissue blocks and selected spinal cord segments were post fixed for a variable period in Baker's fixative (prior to Häggqvist staining, 6 weeks to 2 months) or in neutral formalin (for Nauta staining 2 weeks to 1 month). For the Häggqvist method the blocks were mordanted in several changes of a 10% solution of potassium dichromate, embedded in paraffin and transversely sectioned at 6  $\mu\text{m}$ . After deparaffination the sections were immersed in 10% phosphomolybdic acid for 30 min, stained in Mann's solution (methyl blue, 0.26%; eosin, water and soluble ethanol, 0.06%), differentiated in ethanol 70%, 96% and 100% and cover slipped. For the Nauta method, 25- $\mu\text{m}$  sections were cut on a Jung freezing microtome and stored in 10% neutral formalin for 1 day

to 1 week. The silver impregnation in the protocols of Nauta and Gyfax and Nauta and Ebbesson were used with Laidlaw's silver carbonate solution.

## 8.2

### **Häggqvist and Klüver-Barrera Staining**

Alternate sections were mordanted for 3 days in 5% potassium dichromate at room temperature. After thorough rinsing in tap water the sections were treated with phosphomolybdic acid for 30 min and stained in Mann's solution. Finally the sections were differentiated in ethanol 70% and 96% and mounted from phenol-xylene on glass slides, dried with tissue paper and cover slipped. Additional sections were stained with the Nissl or Klüver-Barrera stain. In most cases some haematoxylin-eosin sections were used to rapidly determine the lesioned area.

## 8.3

### **Interpretation of the Staining**

In Häggqvist-stained sections axons are coloured blue and the myelin light red. Cell nuclei, cytoplasm, dendrites and glia are stained in different shades of blue. In degenerated fibres the axon has disintegrated or disappeared, and the myelin stains a vivid red, swells and becomes vacuolated. Häggqvist's stain was originally developed by Alzheimer as a glial stain. The gliosis and the compound granular cells that predominate in chronic degeneration therefore can be studied at advantage. In the silver-impregnated sections, increased argyrophilia, fragmentation and vacuolization are considered as signs of degeneration of the axon. The presence of a meshwork of fine, degenerated axons in a nucleus is taken as a sign of termination and called "preterminal" to distinguish it from bouton degeneration, which cannot be observed. Different kinds of artefacts were frequently encountered. Dust-like precipitates, "myelin cuffs" and irregular, fusiform enlargements of apparently normal fibres generally could be distinguished from true axonal degeneration.

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