

Neuromuscular junction

OBJECTIVES

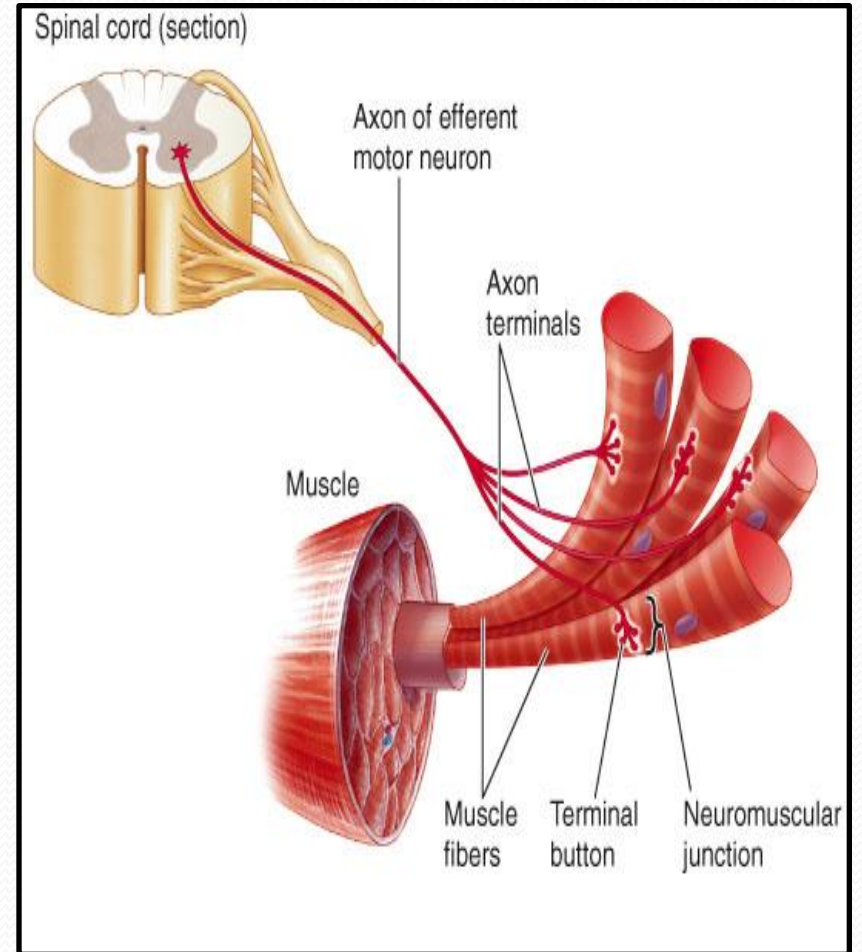
At the end of the lecture, students should be able to describe:

Neuromuscular transmission:

- Physiologic anatomy
- Events
- N-M blocking & its clinical significance
- Applied aspect – myasthenia gravis

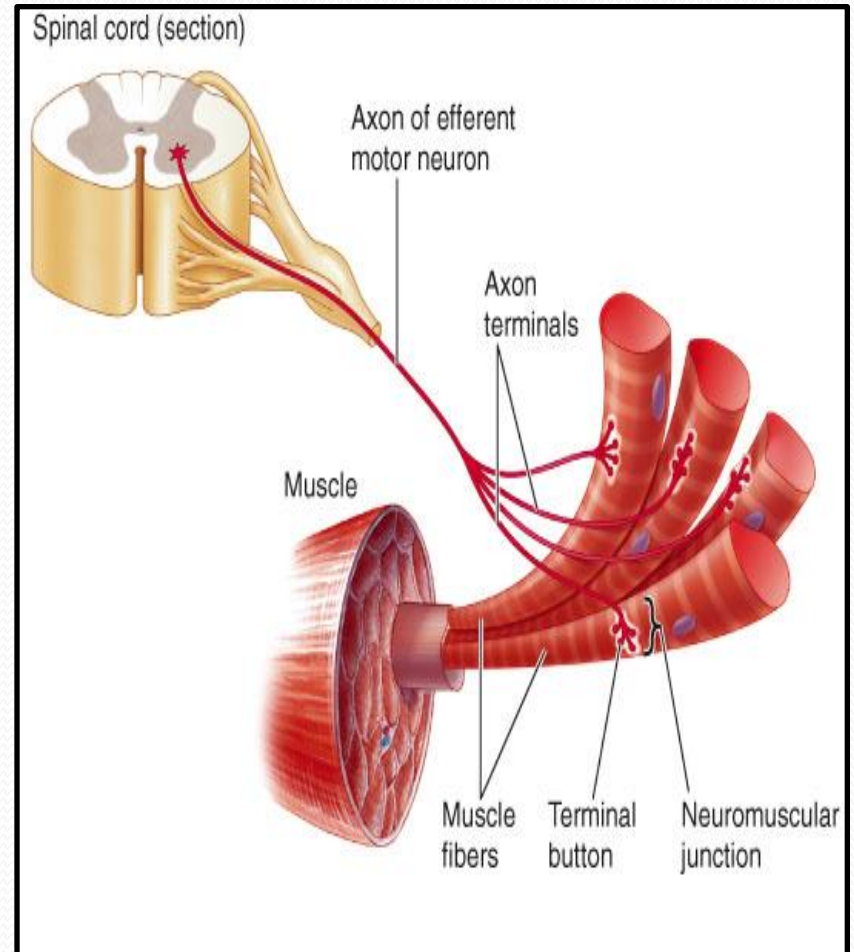
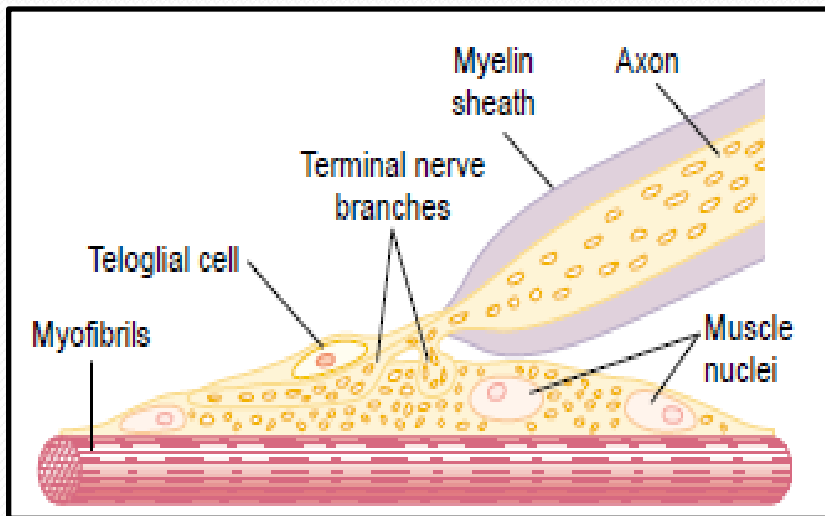
INTRODUCTION

- Motor Unit:-
- **Neuromuscular junction:-**
= motor end plate



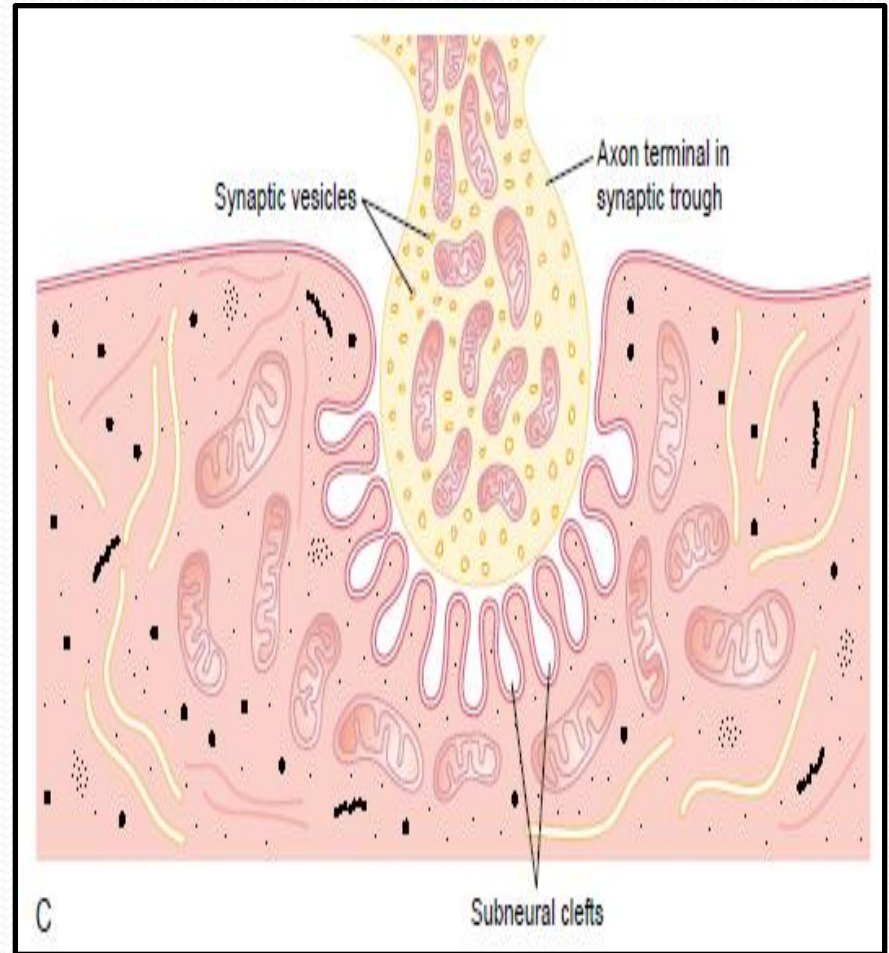
STRUCTURE

- Axon terminal:-
 - Terminal arborizations
- Boutons:-

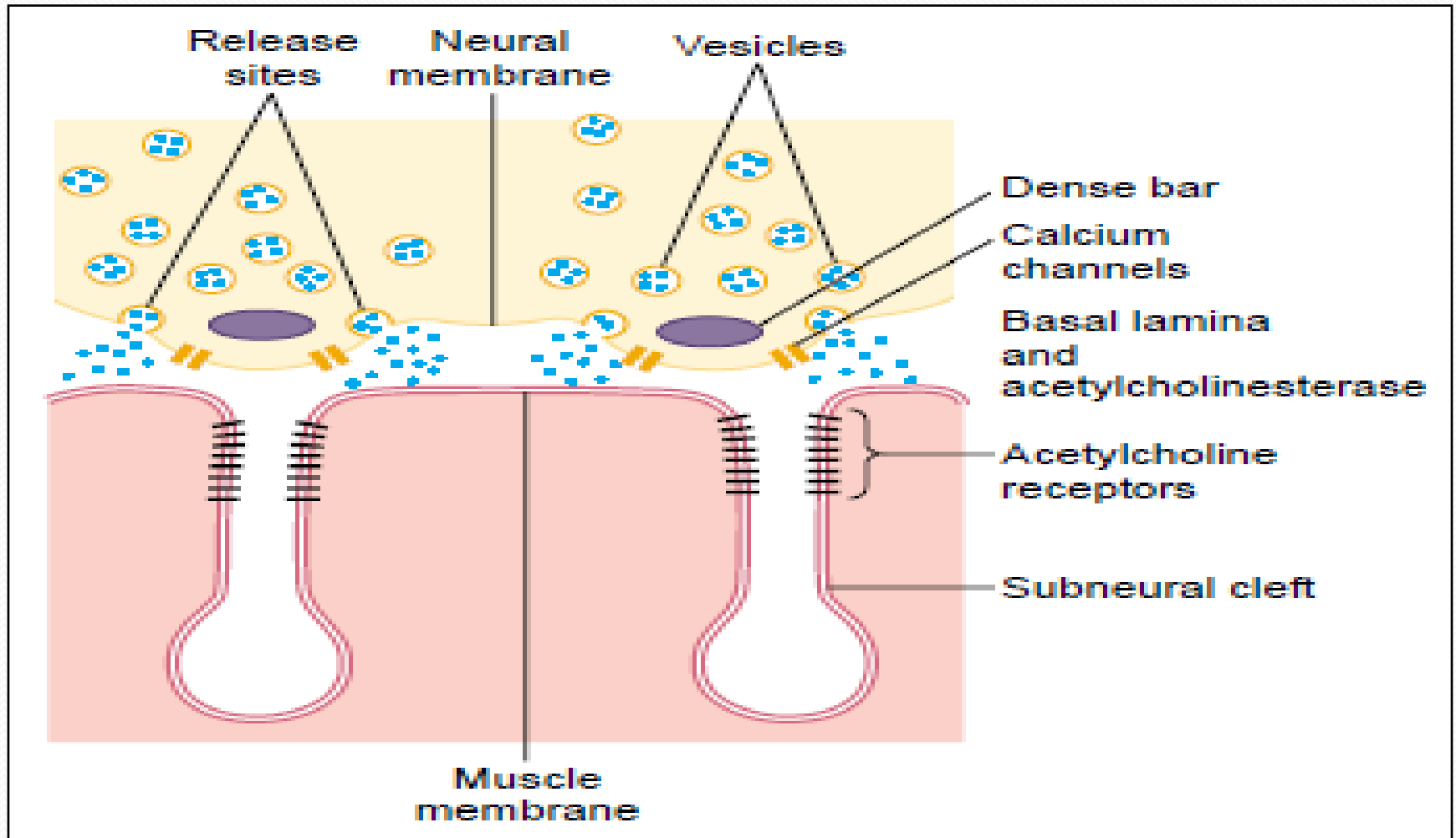


STRUCTURE

- Axon terminal:-
3,00,000 Ach vesicles
- Synaptic gutter (trough):-
- Synaptic cleft:-
- Synaptic basal lamina:-
- Subneural clefts:-



STRUCTURE



MECHANISM OF SYNAPTIC TRANSMISSION



Sir Bernard Katz
(1911-2003)

the quantal / vesicle hypothesis
of neurotransmitter release



nobel prize, 1970

Fatt & Katz, 1952
del Castillo and Katz, 1955

MECHANISM OF SYNAPTIC TRANSMISSION

1. Formation of Acetylcholine
2. Secretion of Acetylcholine
3. Acetylcholine action on post-synaptic membrane
4. Removal of Acetylcholine

MECHANISM OF SYNAPTIC TRANSMISSION

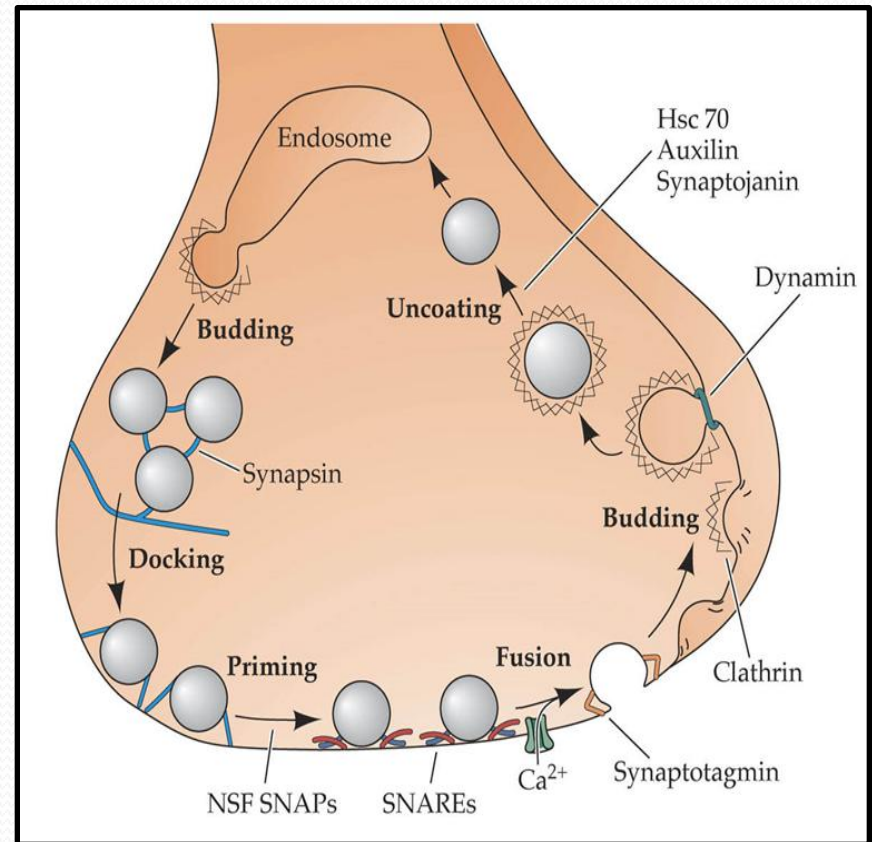
1. Formation of Acetylcholine:-



MECHANISM OF SYNAPTIC TRANSMISSION

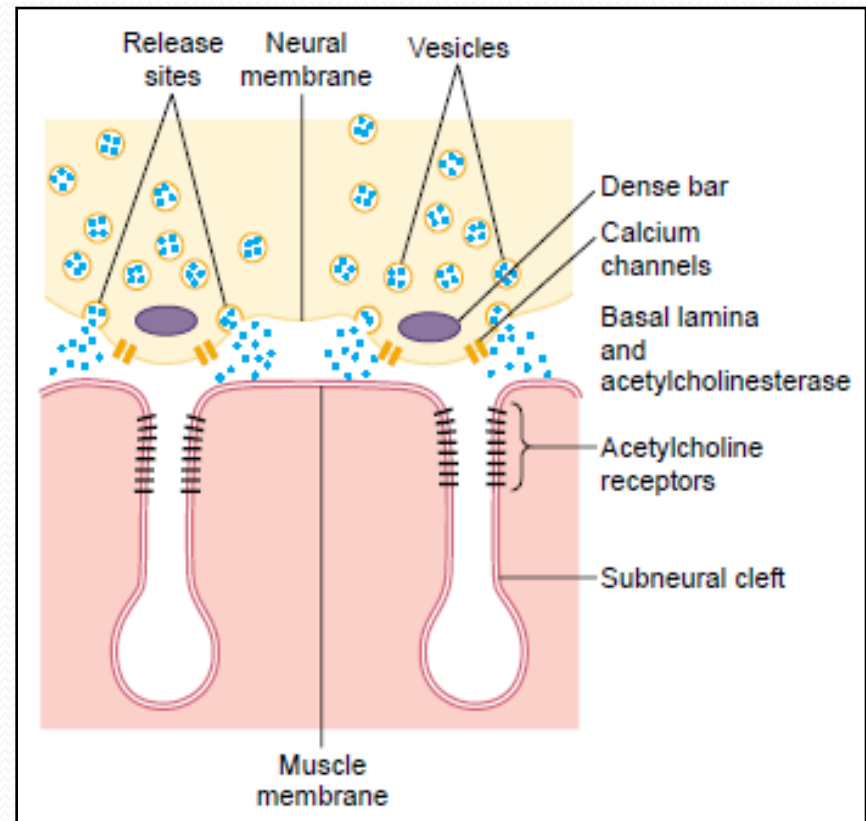
2. Secretion of Acetylcholine:-

- Quantal release
- Safety factor > 10



MECHANISM OF SYNAPTIC TRANSMISSION

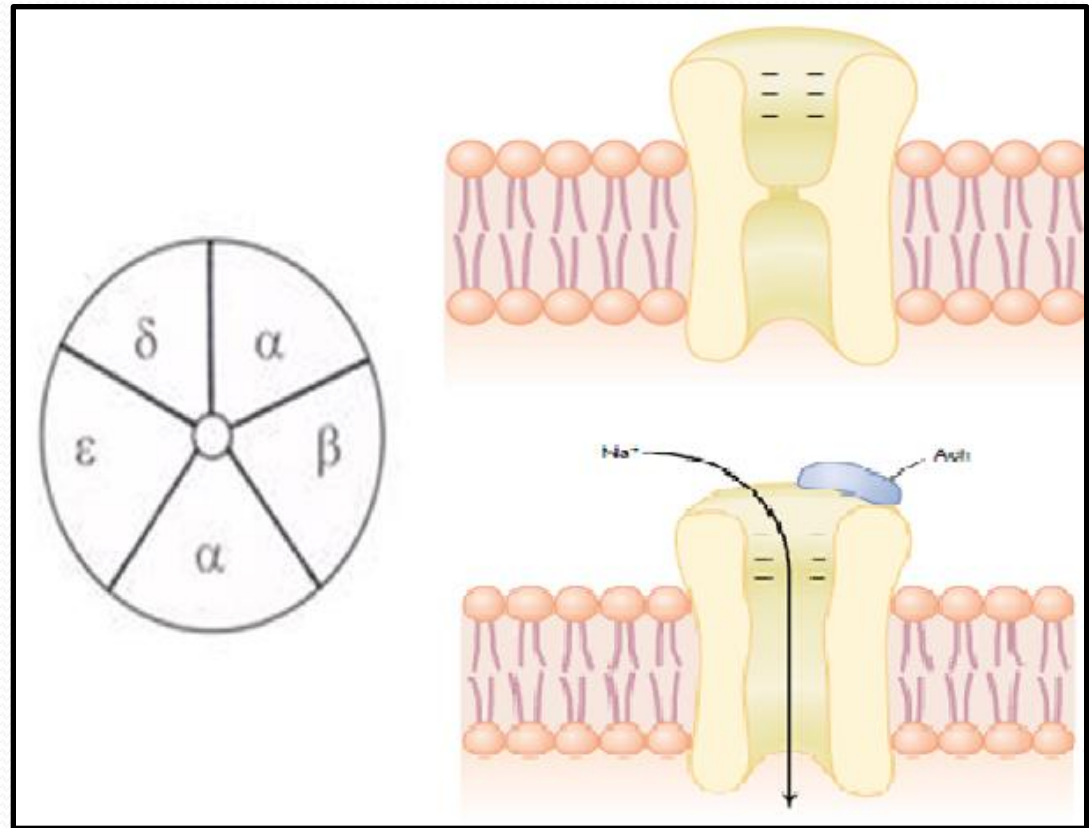
3. Acetylcholine action on post-synaptic membrane:-



MECHANISM OF SYNAPTIC TRANSMISSION

3. Acetylcholine action on post-synaptic membrane:-

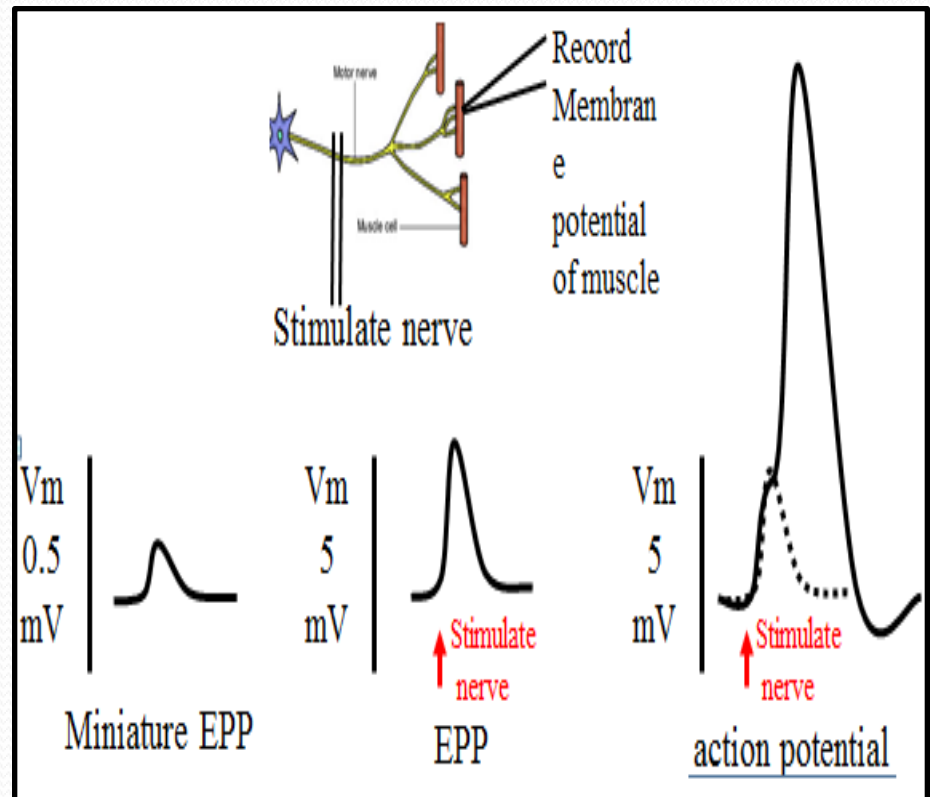
- Ach receptor:-



MECHANISM OF SYNAPTIC TRANSMISSION

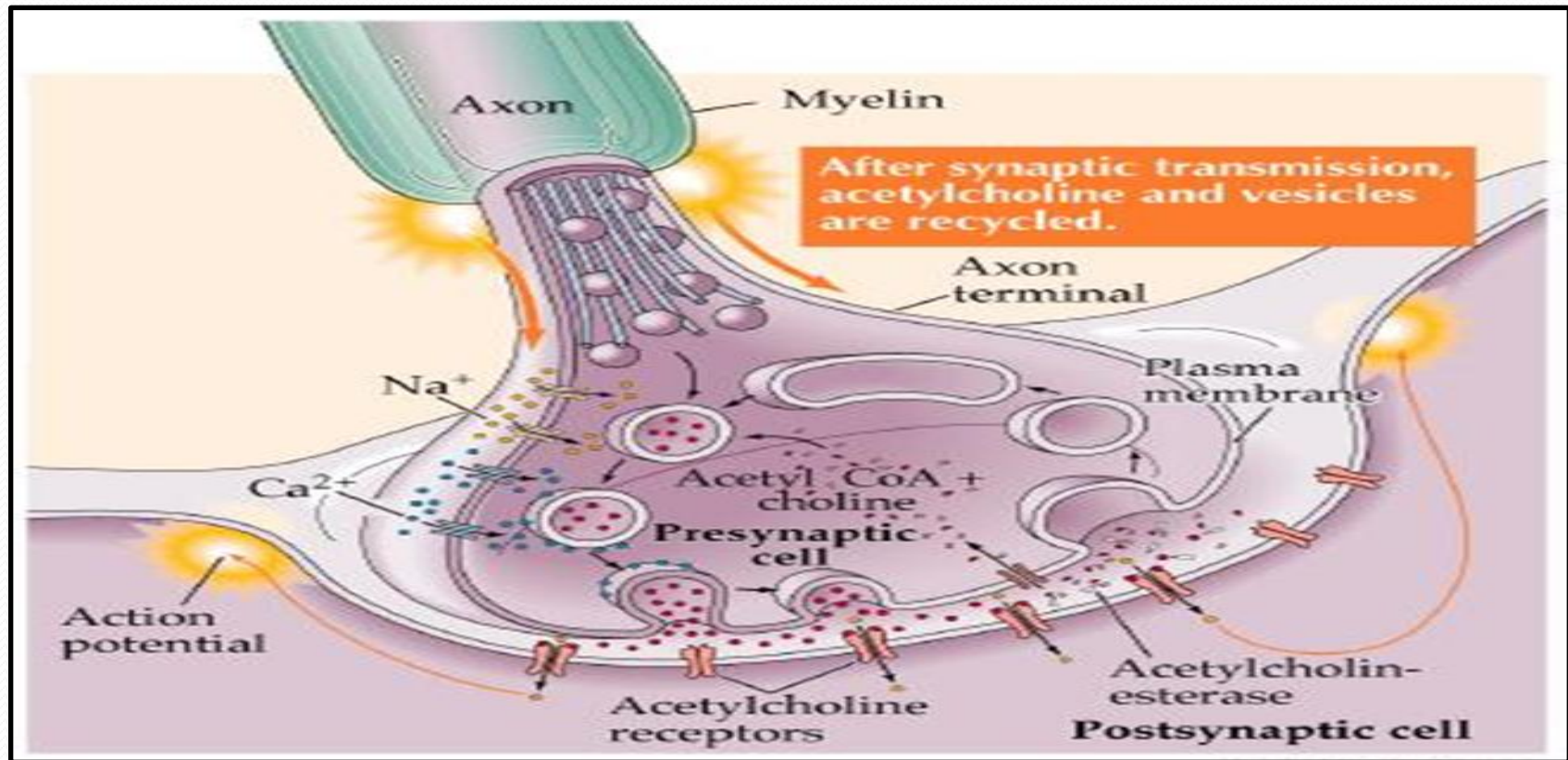
3. Acetylcholine action on post-synaptic membrane:-

- End plate potential:-
- Miniature EPP:-
- Safety factor = 3



MECHANISM OF SYNAPTIC TRANSMISSION

4. Removal of Acetylcholine:-



CASE

A 35 years old woman presented with progressive weakness for the last 2 months. She has also noticed intermittent drooping of both of her eye lids and progressive facial muscles weakness while speaking. She also complains of weakness and tiredness while climbing the stairs of her office and has difficulty while typing lengthy official replies to their clients.

CASE

On examination:

- Pulse - 82/min, BP - 120/80 mmHg, Temp - 98 F, RR - 16/min
- Drooping of both eyelids (Ptosis +)

Lab investigations - positive anti-choline receptor antibodies

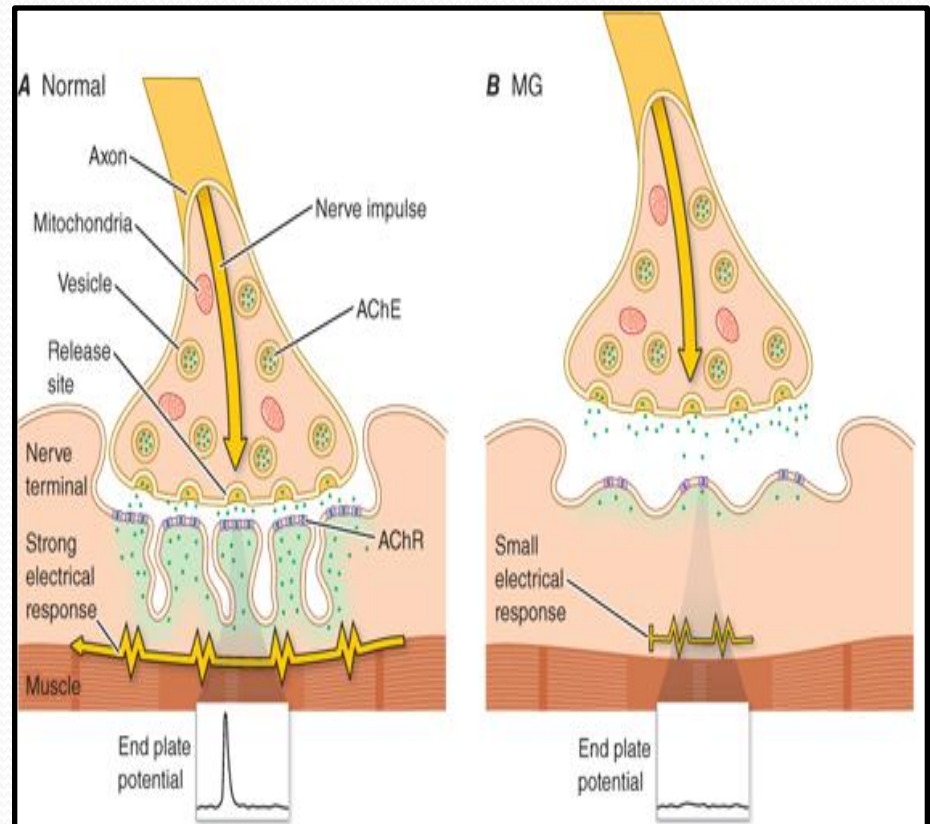
MYASTHENIA GRAVIS

- **Introduction:-**

- Mys = muscle,
Ashenia = weakness
- Bimodal distribution

- **Pathophysiology:-**

- Autoimmune disorder



MYASTHENIA GRAVIS

- Clinical features:-

- Diplopia
- Ptosis
- Husky voice
- Fatigue



- Involvement of respiratory muscles → death

MYASTHENIA GRAVIS

- **Differential diagnosis:-**

Lambert – Eaton syndrome

- **Test:-** Repeated stimulation



MYASTHENIA GRAVIS

- **Treatment:-**

- Thymectomy
- Drugs – AchE inhibitors – Neostigmine, Physostigmine
- Immunosuppression – Steroids, Plasmapheresis

Prevent Depolarization

Neuronal Na⁺ channel

- Tetrodotoxin
- Saxitoxin

Inhibit Repolarization

K⁺ channel

- Dendrotoxin

Presynaptic

Ca²⁺ channel

- ω-Conotoxin

Acetylcholine (ACh)

ACh release

- Tetanus toxin
- Botulinum toxin

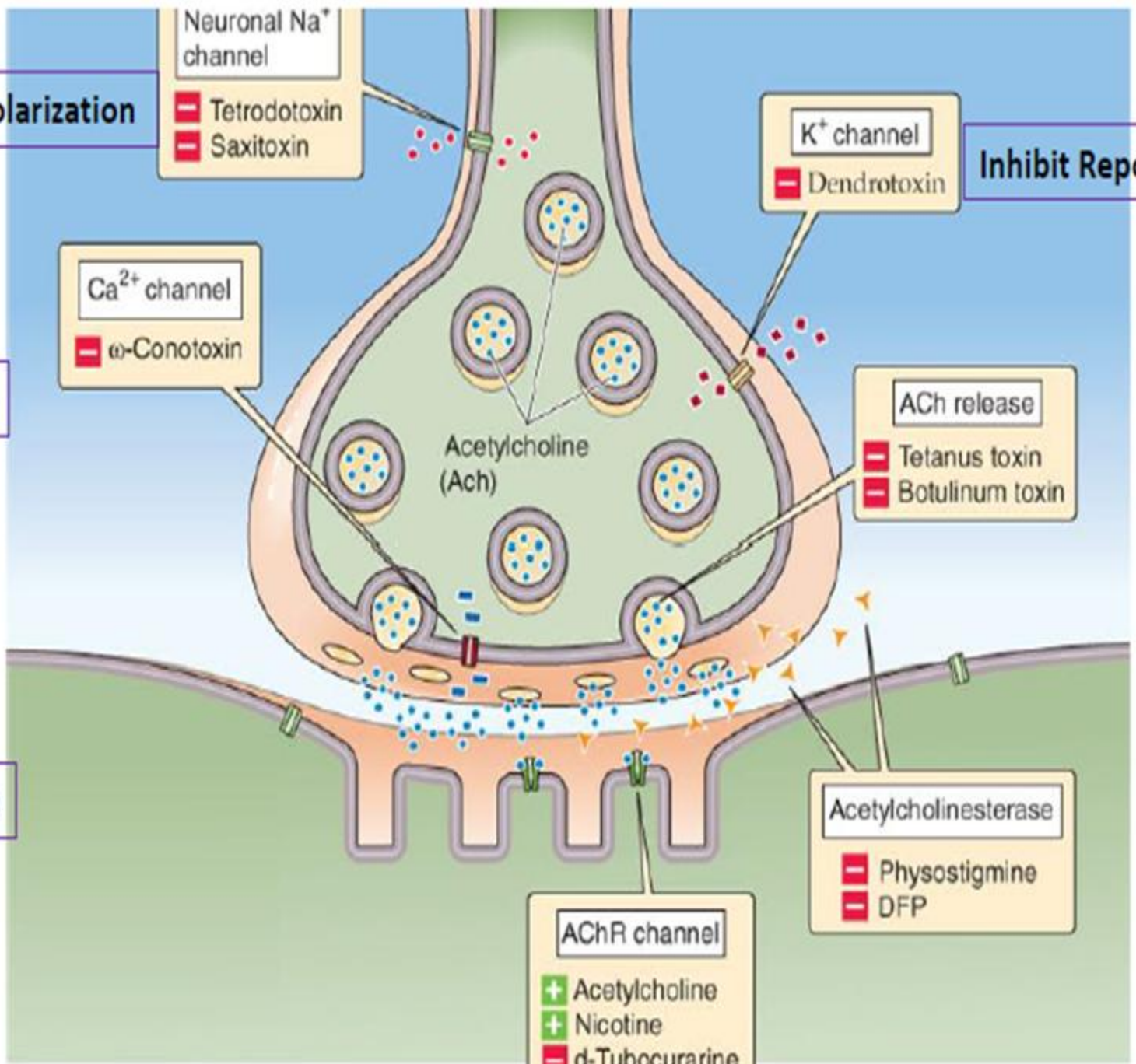
Postsynaptic

Acetylcholinesterase

- Physostigmine
- DFP

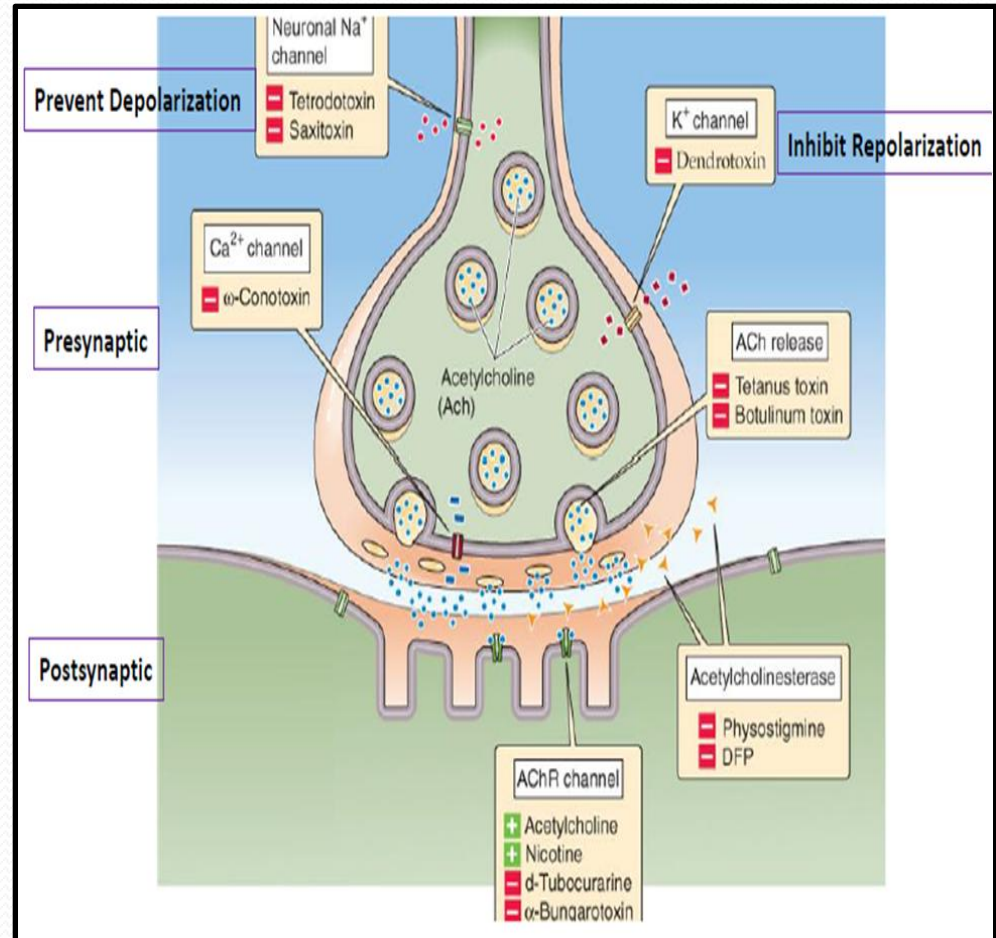
AChR channel

- + Acetylcholine
- + Nicotine
- d-Tubocurarine
- α-Bungarotoxin



TOXINS AFFECTING SYNAPTIC TRANSMISSION

1. Tetrodotoxin
2. Dendrotoxin
3. omega - conotoxin
4. alpha - bungarotoxin
5. Tetanus toxin
6. Botulinum toxin



DRUGS AFFECTING SYNAPTIC TRANSMISSION

1. Agonists:-

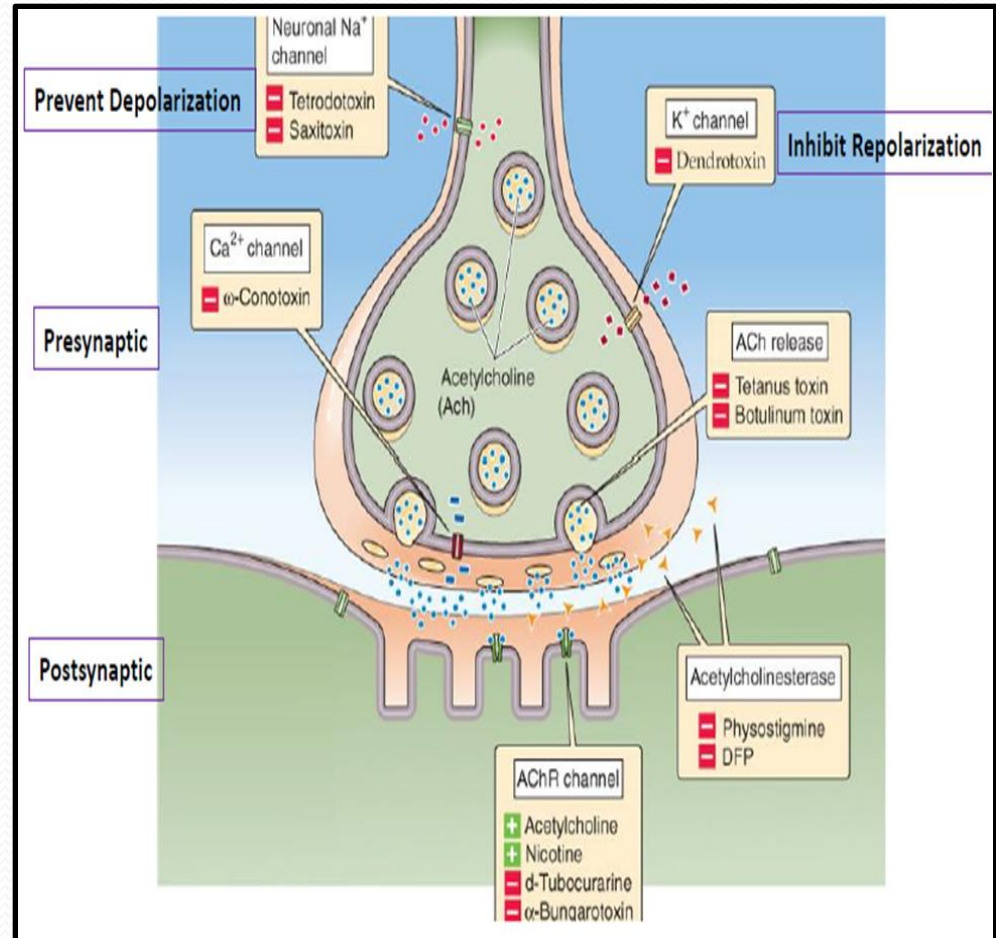
- e.g. Nicotine

2. Antagonists:-

- e.g. d-tubocurarine

3. AchE inhibitors:-

- e.g. Physostigmine,
Neostigmine,
Organophosphates





Thank you