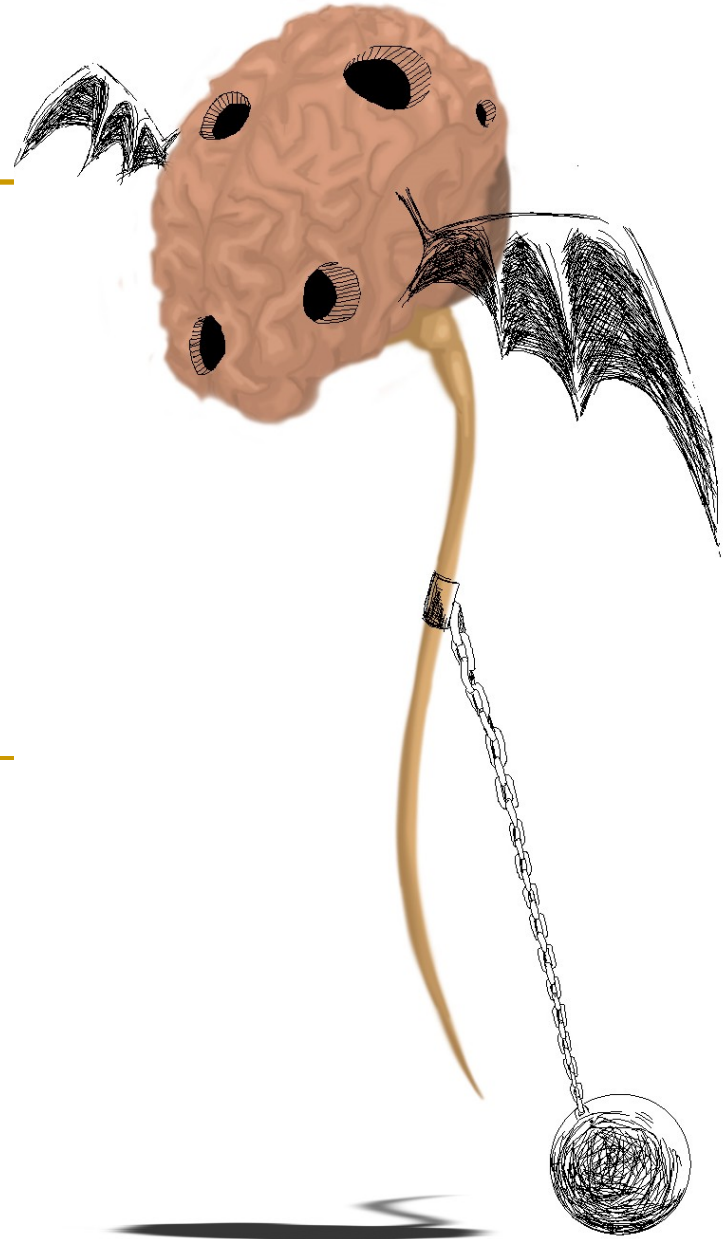


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# Creutzfeldt Jakob Disease (CJD)

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By Maia Mosse  
Biochem 118Q  
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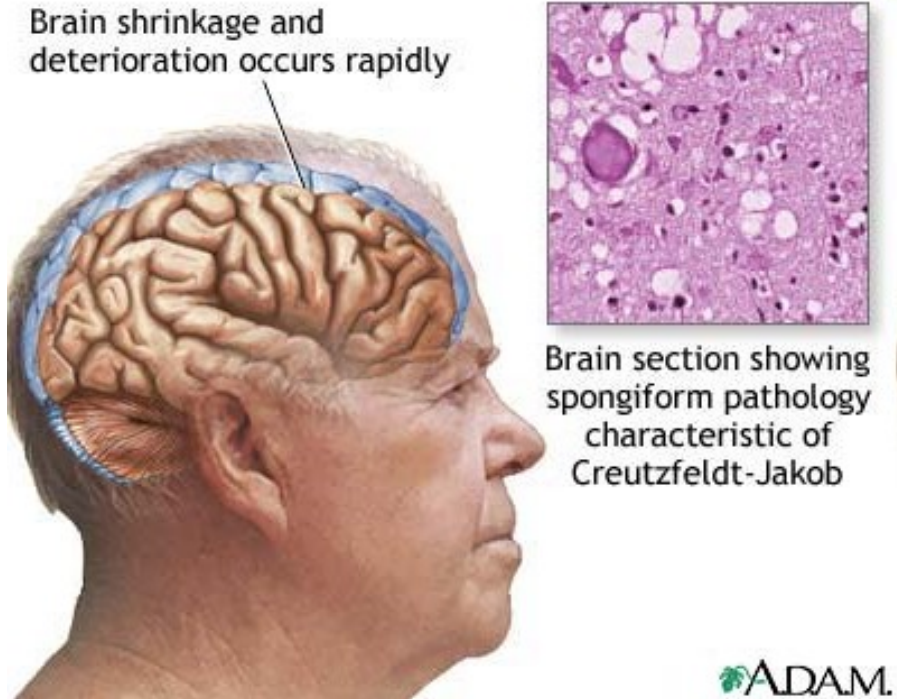


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# Overview of Creutzfeldt-Jakob Disease

- Rare, fatal, neurodegenerative disease
  - Transmissible Spongiform Encephalopathy (TSE)
  - Transmission: sporadic, hereditary or acquired
  - Cause: defective prion protein that infects tissue
  - Average age onset: 60
  - Death usually from infection
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# Symptoms of Classical CJD Diagnosis



- Cognitive
- Muscular
- Neurological

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# Diagnostics of Creutzfeldt-Jakob Disease

- Only way to confirm a diagnosis of CJD is brain biopsy
  - CJD in neuropathologic form shows spongiform degeneration and astroglioses
  - Most diagnostics are used to support a conjecture of the disease
    - Cerebrospinal Fluid (CSF) Analysis
    - Brain imaging
    - Electroencephalograms (EEG)
    - Olfactory biopsy
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# The Gene and Novel Diagnostics

- The gene associated with CJD: a prion protein (PRNP) located at 20pterp12
  - New diagnostic: molecular genetic testing and PRNP targeted mutation analysis
  - No definitive sequencing mutation
    - 1-9 additional actapeptide repeats (*Pro-His-Gly-Gly-Gly-Trp-Gly-Gln*)
    - glu200-lys variation
  - The specific mutation within the gene varies – families with CJD often have different mutation than others with CJD
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# Treatment of Creutzfeldt-Jakob Disease

- Because scientists are still unsure exactly of the material within prions, they cannot create an effective treatment or medication
  - Treatment aimed at severe symptoms:
    - Sodium valproate and clonazepam for myoclonus
    - Antiepileptic drugs (diphenylhydantoin or carbamazepine) for seizures
    - Feeding tube for dysphagia
    - Quinacrine?
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# References

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