

The cingulum: from real to virtual dissection

O cíngulo: da dissecção real para a virtual

Eliasz Engelhardt¹, Denise Madeira Moreira^{2,3}, Gilberto de Sousa Alves^{4,5}, Felipe Kenji Sudo⁴, Jerson Laks^{4,6,7}

The cingulum is a prominent assemble of fibers, being the largest tract of the limbic system, related to attention, memory and emotional integration.¹ It is constituted by two segments – the superior (supracallosal), and the inferior (hippocampal), with short fibers that connect nearby parts of the cingulate gyrus, and adjacent areas of the medial frontal (superior, paracentral), parietal (paracentral, precuneus), occipital (cuneus, lingual, fusiform) and temporal (lingual, fu-

siform) areas, and long fibers that may extend from the subcallosal gyrus to the uncus.² The cingulum (*Zwinge*) was first described and depicted by Burdach,³ and a fine macrodissection of the tract (*Cingulum* – Figure 18) was provided by Meynert⁴ (Figure 1). The first studies of the bases for the tractography technique appeared in 1992, and virtual dissection was implemented in the following years.⁵ A tractographic study of the cingulum is here presented (Figure 2).

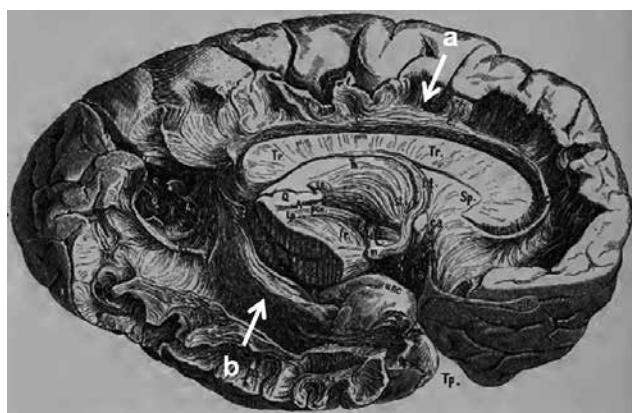


Figure 1. Meynert's "real dissection" of the human brain (Meynert, 1884 – Figure 18).⁴ Arrows point to the two segments: **a** = superior (supracallosal) (c.c.c) (with subgenual and retrosplenial parts), **b** = inferior (hippocampal) (not labeled).

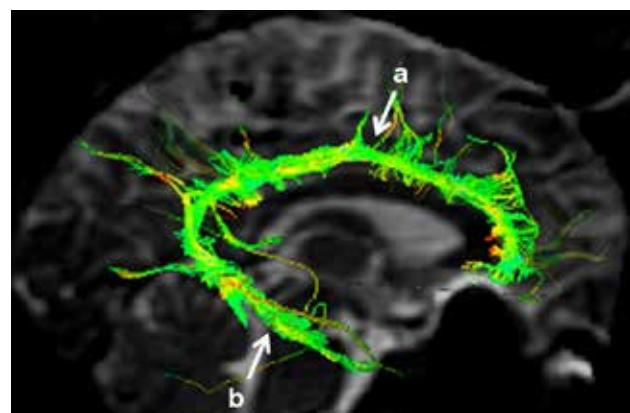


Figure 2. Cingulum tractography – a "virtual dissection" (adapted from Engelhardt and Moreira, 2008, with permission of the RBN [2008;44(4):19-34]). Arrows point to the two segments: **a** = superior (supracallosal) (with subgenual and retrosplenial parts), **b** = inferior (hippocampal).

¹Cognitive and Behavioral Neurology Unit, INDC/CDA-IPUB, Institute of Psychiatry, Federal University of Rio de Janeiro (UFRJ), Rio de Janeiro, RJ, Brazil.

²Neuroradiology Unit, INDC, Federal University of Rio de Janeiro (UFRJ), Rio de Janeiro, RJ, Brazil.

³Radiology Service Pro-Cardiac Hospital, Rio de Janeiro, RJ, Brazil.

⁴Center for Subjects with Alzheimer's Disease and Related Disorders (CDA), IPUB, Federal University of Rio de Janeiro (UFRJ), Rio de Janeiro, RJ, Brazil.

⁵Department of Internal Medicine, Federal University of Ceará (UFC), Fortaleza, CE, Brazil.

⁶Center for the Study and Research in Aging, Vital Brasil Institute, Niterói, RJ, Brazil.

⁷Postgraduate Program in Translational Biomedicine – Biotrans, Unigranrio University, Rio de Janeiro, RJ, Brazil.

REFERENCES

1. Catani M, Thiebaut de Schotten M. A diffusion tensor imaging tractography atlas for virtual in vivo dissections. *Cortex*. 2008;44(8):1105-32.
2. Crosby EC, Humphrey T, Lauer EW. Correlative Anatomy of the Nervous System. New York: The MacMillan Company, 1962.
3. Burdach KF. Von Baue und Leben des Gehirns. Band 2. Leipzig: Dyk, 1822, p. 148-52. Retrieved from: [<http://www.biustante.parisdescartes.fr/histoire/medica/resultats/?cote=06505x02&do=pdf>].
4. Meynert TH. Psychiatrie. Klinik der Erkrankungen des Vorderhirns. Wien: W. Braumüller, 1884, p 38. [Retrieved from: <http://www.archive.org/details/psychiatrieklini00meyn>].
5. Filler A. The History, Development and Impact of Computed Imaging in Neurological Diagnosis and Neurosurgery: CT, MRI, and DTI. *Internet J Neurosurg*. 2009;7(1):1-37. [Retrieved from: <http://print.ispub.com/api/0/ispub-article/12184>]