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# A Brief Overview on Causes and Diagnosis of Frontotemporal Lobar Degeneration

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identi cation of characteristic symptoms, a detailed patient and family history, a thorough clinical assessment and a variety of specialized tests. A neuropsychological assessment involves an interview and certain tests, o en pencil and paper type tests. is evaluation will allow a doctor to survey behavior, language, memory, visual-spatial and other cognitive functions. Early in the route of the disorder, people with the behavioral variant of frontotemporal degeneration generally tend to attain very well on neuropsychological testing.

## Clinical Testing and Workup

Specialized imaging techniques may include attractive resonance imaging (MRI), single-photon emission computed tomography (SPECT) and positron emission tomography (PET) scans. An MRI uses a magnetic eld and radio waves to supply cross-sectional images of particular organs and bodily tissues consisting of the brain. In SPECT [1-4], physicians use a radioactive substance and a special camera to create 3-d images of internal areas of the frame, consisting of the brain. SPECT can monitor characteristic changes such as reduced blood ow in sure areas of the brain. In PET scans of the brain, a radioactive atom is joined to glucose (blood sugar). is allows doctors to see the chemical activity (digestion system) within the brain. Individuals with frontotemporal degeneration exhibit reduced chemical activity (hypo metabolism) in the frontal and transient regions of the brain, a nding that might distinguish the clutter from Alzheimer sickness. More these days, an amyloid PET tracer has been developed that can bind to misfolded amyloid proteins accumulated in the mind. is can assist or rule out a diagnosis of Alzheimer's disease which can then be ruled out during the diagnostic process for FTD. A spinal tap (lumbar puncture) may be performed to measure amyloid and tau proteins. is test can moreover back or decrease the probability of an Alzheimer's diagnosis.

References

1. Thorlacius-Ussing G, Jorgen E, Nielsen, Ian Law, Hansen HV, et al. (2020) Mania triggered by levodopa treatment in a patient with frontotemporal dementia caused by A C9orf72 repeat expansion: A case report. Clin Neurol Neurosurg 198:106147.
2. Peter S. Pressman, Miller BL (2014) Diagnosis and Management of Behavioral Variant Frontotemporal Dementia. Clin Neurol Neurosurg 75:574-581.
3. L. Koric, E. Guedj, Marie Odile Habert, F. Semah, P. Branger, et al.( 2016) Molecular imaging in the diagnosis of Alzheimer's disease and related disorders. Clin Neurol Neurosurg 172:725-734.
4. Chandrasekaran A, Dittlau KS, Corsi GI, Haukedal H, Doncheva NT, et al.( 2021) Astrocytic reactivity triggered by defective autophagy and metabolic failure causes neurotoxicity in frontotemporal dementia type. Clin Neurol Neurosurg16:2736-2751.