

# Good example of biology questions essay

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## **Cranial Nerve Palsy**

Cranial Nerve Palsy is when the nerve is lacking its functionality. This condition may cause a partial paralysis or weakness of the areas, which the affected nerves serve. In some cases it may cause complete paralysis and weakness on such affected nerves (aapos. org).

This nerve condition can be traumatic, congenital, or can be vascular disease and infections. Symptoms of Cranial Nerve Palsy affects the eye movements and diplopia. The orientation of diplopia is going to be different based on the affected cranial nerve. Besides limited movements of the eyes, this condition also causes droopy eyelid or ptosis and sometimes dilated pupil or mydriasis.

## **Periventricular Lesion and Right Parietal Lesion**

Adams et al. described Periventricular Lesion as characteristic as well as particularly common lesion in the multiple sclerosis (141). It is a type of white-matter injury in the brain. It is not an actual disease. It commonly occurs on the human brain and the change is common as a person gets older. Periventricular Lesion has various causes. Apart from aging, vitamin B6 deficiency is also related to this condition. This condition can affect new born babies and in some cases, fetuses are also being affected. Affected individuals commonly exhibit symptoms such as motor control difficulties. On the other hand, Right Parietal Lesion may result in neglecting bodypart or space that is also known as contralateral neglect (neuroskills. com). This condition can affect self-care abilities such as washing and dressing. It also affects human's skills to make things as well as drawing ability. Right Parietal Lesion is evident if the presences of symptoms are evident such as visual

fields deficit, spatial neglect, dressing and constructional apraxia as well as visual and sensory inattention (unsw. edu. au).

## **Works Cited**

Adams, C W., Y. H. Abdulla, E. M. Torres, and R. N. Poston. " Periventricular Lesions in Multiple Sclerosis: Their Perivenous Origin and Relationship to Granular Ependymitis." *Neuropathology and Applied Neurobiology* 13 (1986): 141-152. Web. 16 Mar. 2014.

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