

Mitochondrial Myopathies and Neurodegeneration: Examining the Link between Muscle and Nervous System Dysfunction

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Introduction

Mitochondrial myopathies are a diverse group of disorders that result from dysfunction in the mitochondria, the powerhouses of cells responsible for generating energy. These conditions often lead to severe muscle weakness, exercise intolerance and other systemic issues. What is particularly intriguing about mitochondrial myopathies is their strong association with neurodegenerative diseases, where the dysfunction of mitochondria extends beyond muscle cells, impacting the nervous system as well. The interplay between mitochondrial dysfunction, muscle weakness and neurodegeneration is a growing area of research, as it highlights the essential role of mitochondria in both muscle and brain function. The mitochondria are involved in a multitude of cellular functions, including energy production, calcium homeostasis and apoptosis regulation, making their dysfunction particularly impactful. Mitochondrial diseases often have a complex inheritance pattern, with both maternal and nuclear DNA contributing to the mitochondrial genome and their effects can range from mild to severely debilitating. Because mitochondria are present in every cell of the body, diseases affecting them can present with a broad spectrum of symptoms. In some cases, mitochondrial dysfunction is confined to the muscles, leading to mitochondrial myopathies, while in other cases, neurodegeneration may also occur, leading to cognitive decline, movement disorders and other neurological symptoms [1].

Description

This review will explore the link between mitochondrial myopathies and neurodegenerative disorders, focusing on the underlying mechanisms by which mitochondrial dysfunction affects both muscle and nervous system function. By examining the clinical manifestations, pathophysiology and potential therapeutic strategies, we aim to gain a deeper understanding of the interconnected nature of these disorders. Understanding how mitochondrial dysfunction leads to both muscle and neurological dysfunction is crucial for developing effective treatments for these debilitating diseases, with the hope of improving patient outcomes and quality of life. Mitochondrial myopathies are a group of disorders caused by abnormalities in the mitochondria, the organelles responsible for producing energy in the form of ATP, which is essential for the function of virtually all cells in the body. These diseases primarily affect the muscles, leading to symptoms such as muscle weakness, fatigue, exercise intolerance and, in severe cases, respiratory failure. However, what sets mitochondrial myopathies apart from other neuromuscular disorders is the potential for concomitant neurodegeneration. In many instances, mitochondrial dysfunction extends beyond muscle cells,

impacting the central nervous system, leading to cognitive decline, movement disorders and other neurological complications [2].

The hallmark of mitochondrial dysfunction is a failure in cellular energy production, which disrupts the function of energy-demanding organs like the muscles and the brain. In both the muscle and nervous systems, high energy demand and mitochondrial involvement make them particularly vulnerable to defects in Mitochondrial DNA (mtDNA) or nuclear DNA that encodes mitochondrial proteins. While mitochondrial myopathies often present primarily with muscle-related symptoms, studies have shown that many patients also develop neurological symptoms, including seizures, ataxia and progressive dementia. This dual involvement of the muscular and nervous systems suggests a shared mechanism of pathogenesis driven by impaired mitochondrial function. There are various types of mitochondrial myopathies, including those caused by mutations in the mtDNA, which is inherited maternally and those involving nuclear genes that affect mitochondrial function. These genetic mutations can lead to defects in mitochondrial protein complexes, enzymes involved in the electron transport chain, or other mitochondrial functions, resulting in a failure of ATP production and the accumulation of Reactive Oxygen Species (ROS). This not only impairs muscle contraction and regeneration but also contributes to neurodegeneration by disrupting neuronal energy metabolism, synaptic function and cellular repair mechanisms in the brain [3].

The clinical manifestations of mitochondrial myopathies are often variable, depending on the extent of mitochondrial dysfunction and the specific tissues involved. Some individuals may present with isolated muscle weakness or fatigue, while others may experience more severe neurological symptoms. In many cases, there is a progressive decline in muscle and brain function, leading to a significant reduction in quality of life. As these disorders are often multi-systemic, diagnosis can be challenging, requiring genetic testing, muscle biopsies and advanced imaging techniques to confirm the presence of mitochondrial dysfunction. One of the most intriguing aspects of mitochondrial myopathies is the link between muscle and nervous system dysfunction. Recent research has suggested that mitochondrial dysfunction may contribute to neurodegenerative diseases such as Parkinson's disease, Alzheimer's disease and other movement disorders. The brain, like muscles, has high energy demands and any disruption in mitochondrial function can result in neuronal degeneration. As a result, there is growing interest in understanding how treatments targeting mitochondrial function—such as antioxidants, mitochondrial biogenesis enhancers and gene therapy might help mitigate both the muscle and neurological manifestations of these disorders. Furthermore, understanding the pathophysiology of mitochondrial myopathies and their connection to neurodegeneration is critical for developing effective therapies. Currently, there is no cure for mitochondrial myopathies and treatment is largely supportive, aiming to manage symptoms and improve quality of life. However, research into mitochondrial-targeted therapies, such as compounds that promote mitochondrial function, have shown promise in preclinical studies. Ongoing advancements in gene therapy and mitochondrial transplantation are also opening new avenues for potentially curative treatments, offering hope for future interventions [4,5].

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Conclusion

In conclusion, mitochondrial myopathies are complex, multi-system disorders that highlight the interconnectedness of muscle and nervous system dysfunction. The recognition of the link between mitochondrial dysfunction, muscle weakness and neurodegeneration underscores the need for a comprehensive approach to treatment. As research continues to explore the mechanisms underlying these disorders, it is hoped that new therapies will emerge to address the muscle and neurological aspects of mitochondrial myopathies, improving outcomes for individuals affected by these challenging conditions.

Acknowledgment

None.

Conflict of Interest

None.

References

1. Marques-Aleixo, Ines, Jorge Beleza, Arnaldina Sampaio and Jelena Stevanovic, et al. "Preventive and therapeutic potential of physical exercise in neurodegenerative diseases." *Antioxid Redox Signal* 34 (2021): 674-693.
2. Legro, Nicole R., Ashutosh Kumar and Ermal Aliu. "Case report of atypical Leigh syndrome in an adolescent male with novel biallelic variants in NDUFAF5 and review of the natural history of NDUFAF5-related disorders." *Am J Med Genet Part A* 188 (2022): 896-899.
3. Rybalka, Emma, Cara A. Timpani, Matthew B. Cooke and Andrew D. Williams, et al. "Defects in mitochondrial ATP synthesis in dystrophin-deficient mdx skeletal muscles may be caused by complex I insufficiency." *Plos One* 9 (2014): e115763.
4. Pauly, Marion, Frederic Daussin, Yan Burelle and Tong Li, et al. "AMPK activation stimulates autophagy and ameliorates muscular dystrophy in the mdx mouse diaphragm." *Am J Pathol* 181 (2012): 583-592.
5. Maruyama, Hirofumi, Hiroyuki Morino, Hidefumi Ito and Yuishin Izumi, et al. "Mutations of optineurin in amyotrophic lateral sclerosis." *Nat Lett* 465 (2010): 223-226.

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