

FACULTY/PRESENTER

FACULTY

BORIS BERNHARDT

RELATIONSHIP WITH COMMERCIAL INTERESTS

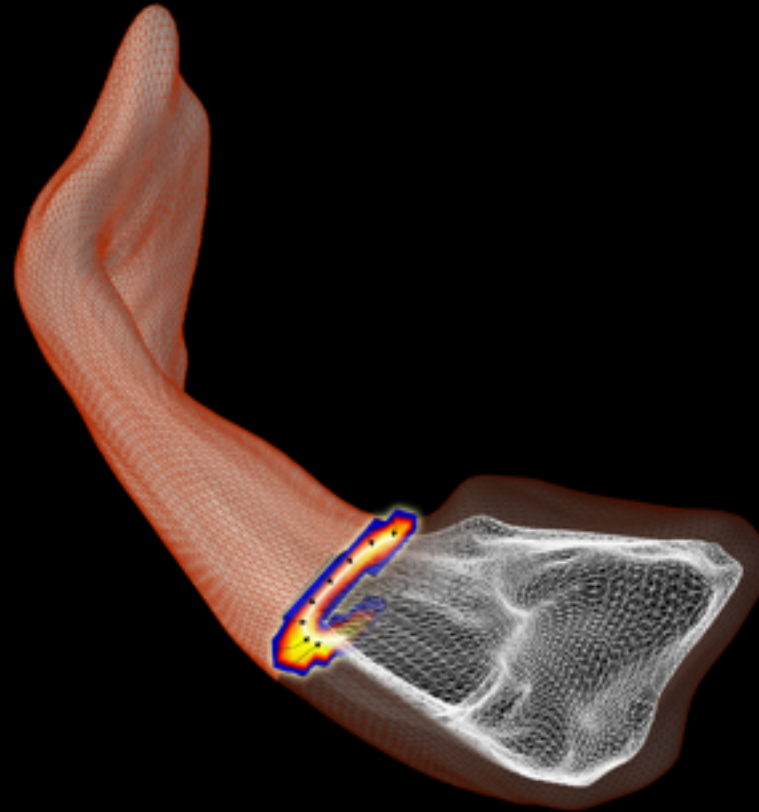
NONE

DISCLOSURES

NO CONFLICTS OF INTEREST

MITGATING POTENTIAL BIAS

NO COMMERCIAL BIAS



STRUCTURE FUNCTION ANALYSIS ALONG HIPPOCAMPAL SUBFIELD SURFACES IN TEMPORAL LOBE EPILEPSY

Boris Bernhardt, PhD

<http://mica-mni.github.io>

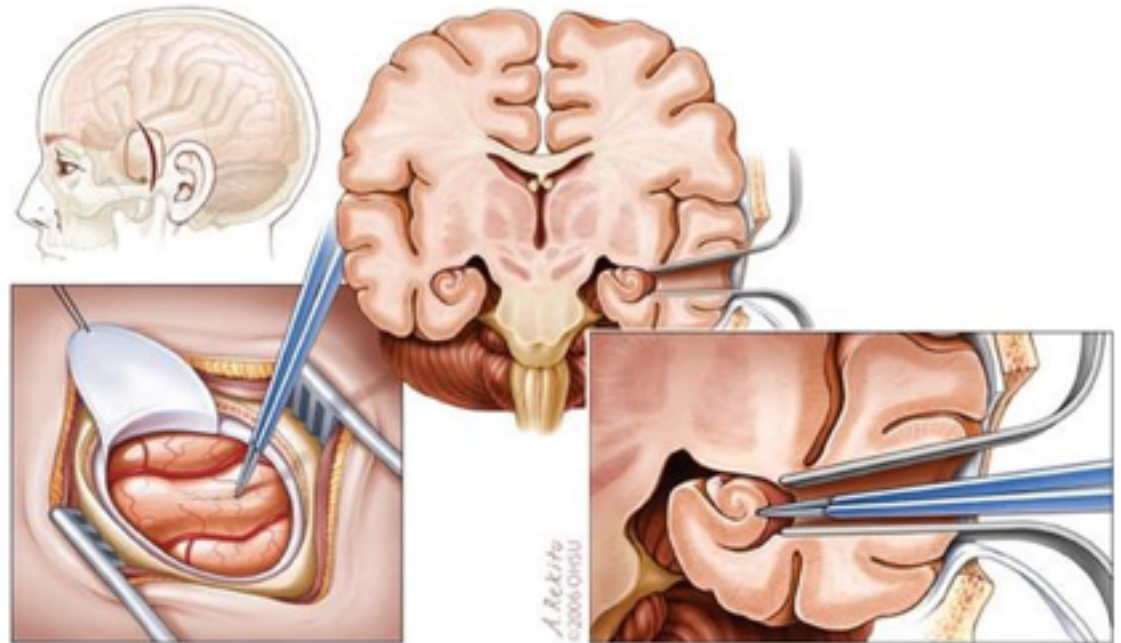


TEMPORAL LOBE EPILEPSY

MOST COMMON DRUG-RESISTANT
EPILEPSY IN ADULTS

SEIZURES ARISING FROM TL

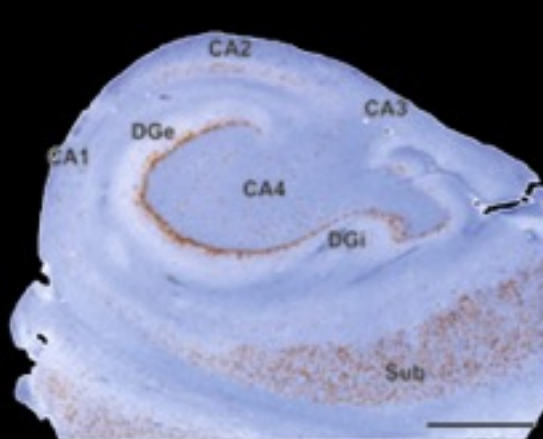
SURGERY MOST EFFECTIVE
TREATMENT



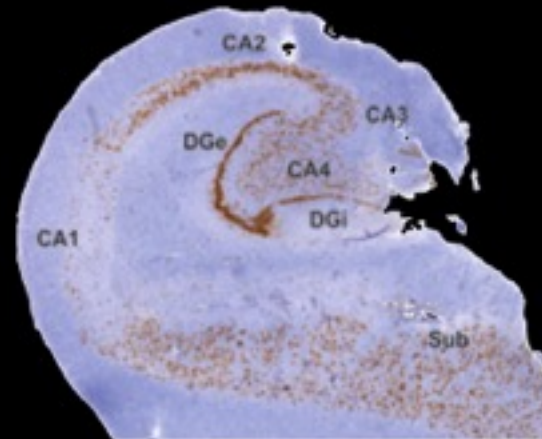
TEMPORAL LOBE EPILEPSY

Pathological hallmark: hippocampal sclerosis (HS) – not a single entity

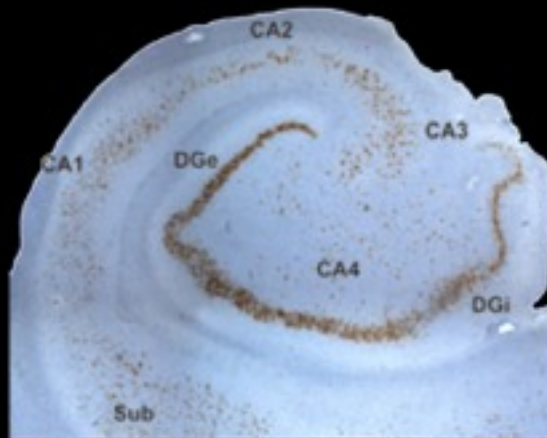
CA1+CA4
cell loss
+
gliosis



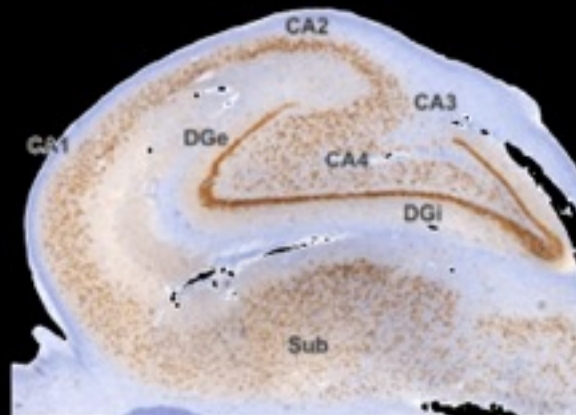
CA1
cell loss
+
gliosis



CA4
cell loss
+
gliosis



gliosis
only



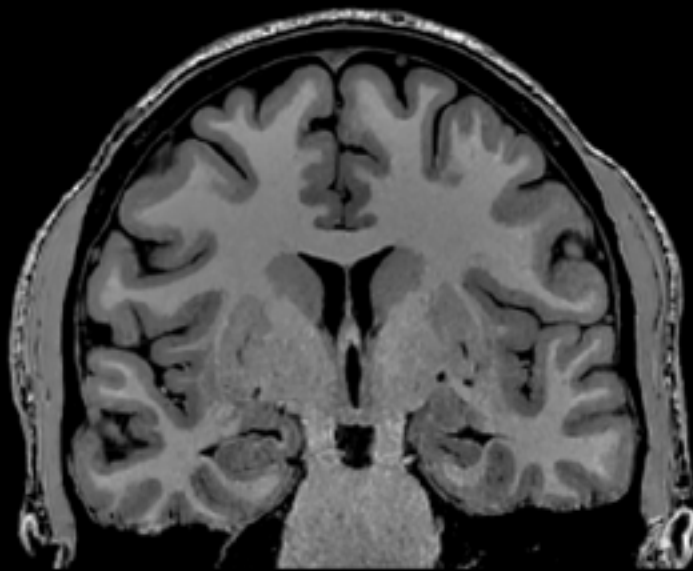
HIPPOCAMPAL PATHOLOGY AND IMAGING IN TLE

MRI plays key role in detecting HS non-invasively

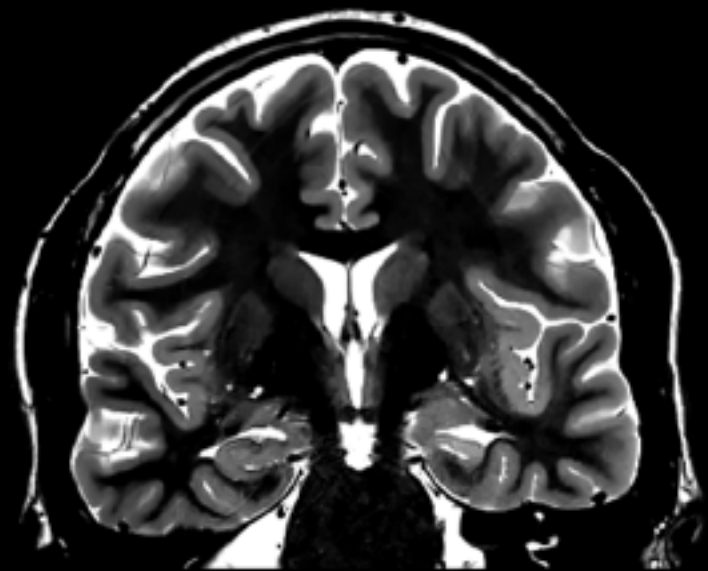
Atrophy and T2w increases can lateralize seizure focus in patients with HS

In the clinics: most frequently done visually

Increasing proportions of patients with less remarkable anomalies



T1-weighted



T2-weighted

STUDY PURPOSE

IDENTIFY MRI SIGNATURES OF TLE-HS AND TLE-G

DESIGN:

Consecutive series of 39 unilateral TLE patients who had high resolution preoperative MRI, no mass lesions, surgical treatment, and ILAE HS scoring

20 TLE-HS (10 HS-1, 6 HS-2, 4 HS-3), 19 TLE-G

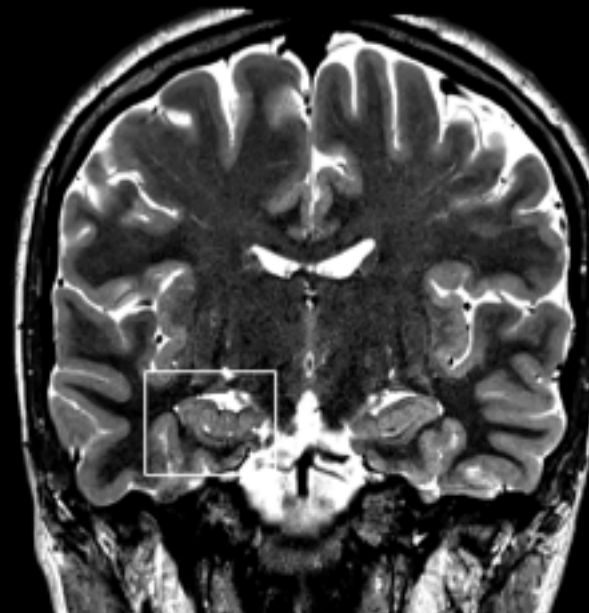
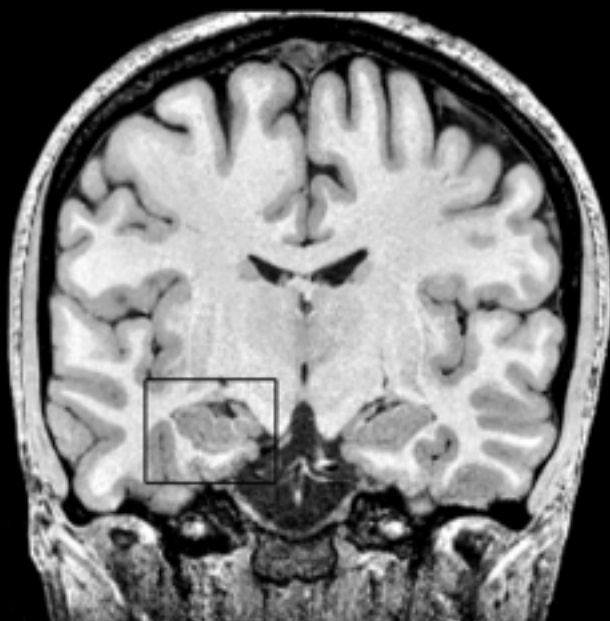
25 age- and sex-matched controls

Multi-modal 3T MRI in all, in addition to clinical imaging

high-resolution T1w (0.6 mm, 2 averages), T2w (0.4×0.4×2.0 mm)

standard DWI and RS-fMRI

Hippocampal subfield segmentations in all



<https://www.nitrc.org/projects/mni-hisub25/>

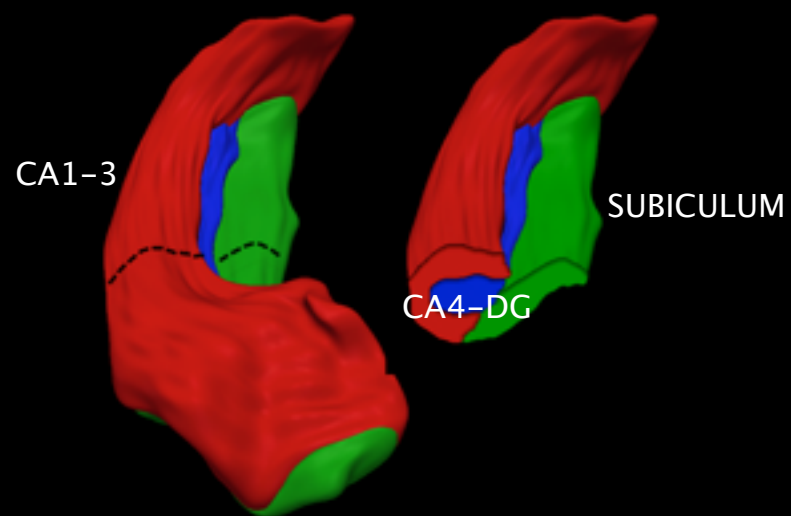
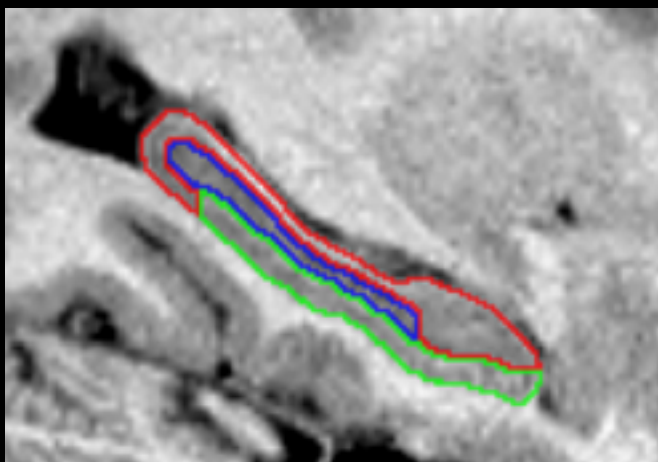
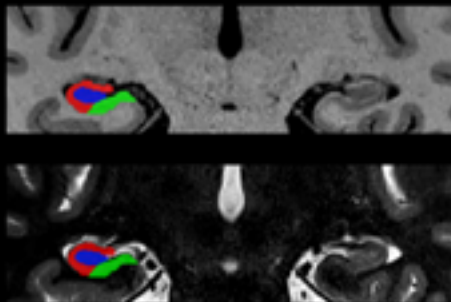
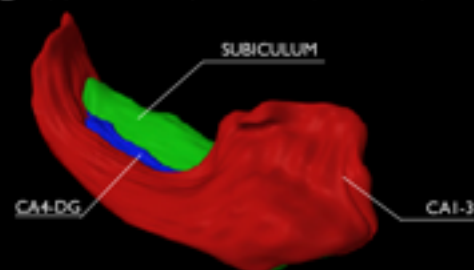


IMAGE PROCESSING

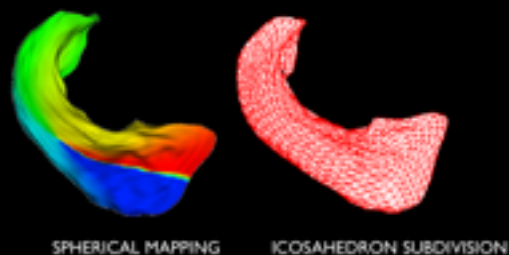
A SUBFIELD LABEL



B SUBFIELD HULL REPRESENTATION



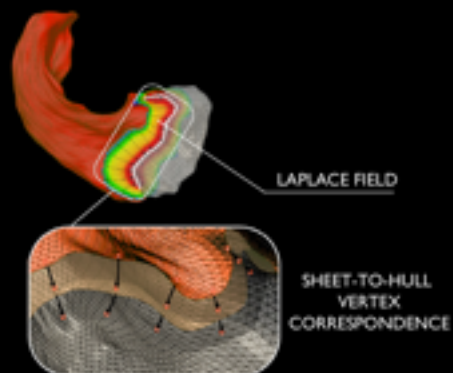
C SPHARM-PDM PARAMETRIZATION OF OUTER HULL



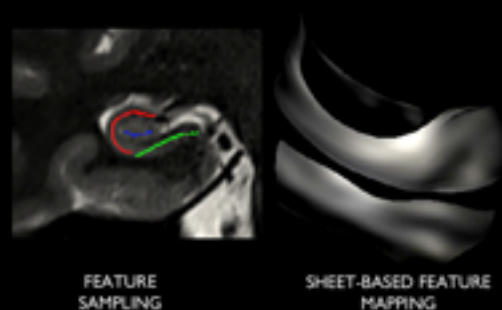
D GENERATION OF MEDIAL SHEET



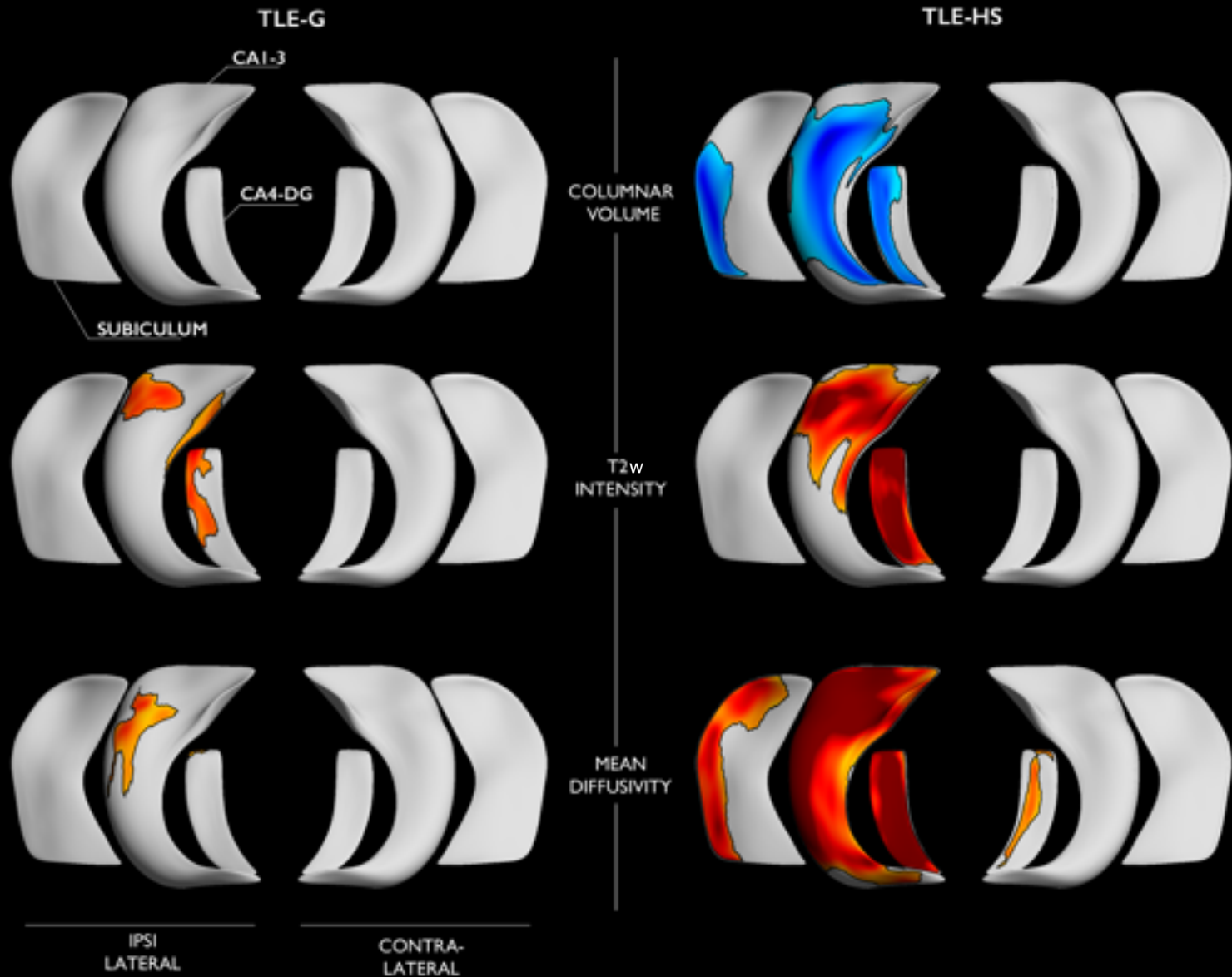
E PROPAGATING PARAMETRIZATION TO SHEET



F SHEET-BASED MEASURES



FEATURE-SPECIFIC COMPARISON TO CONTROLS



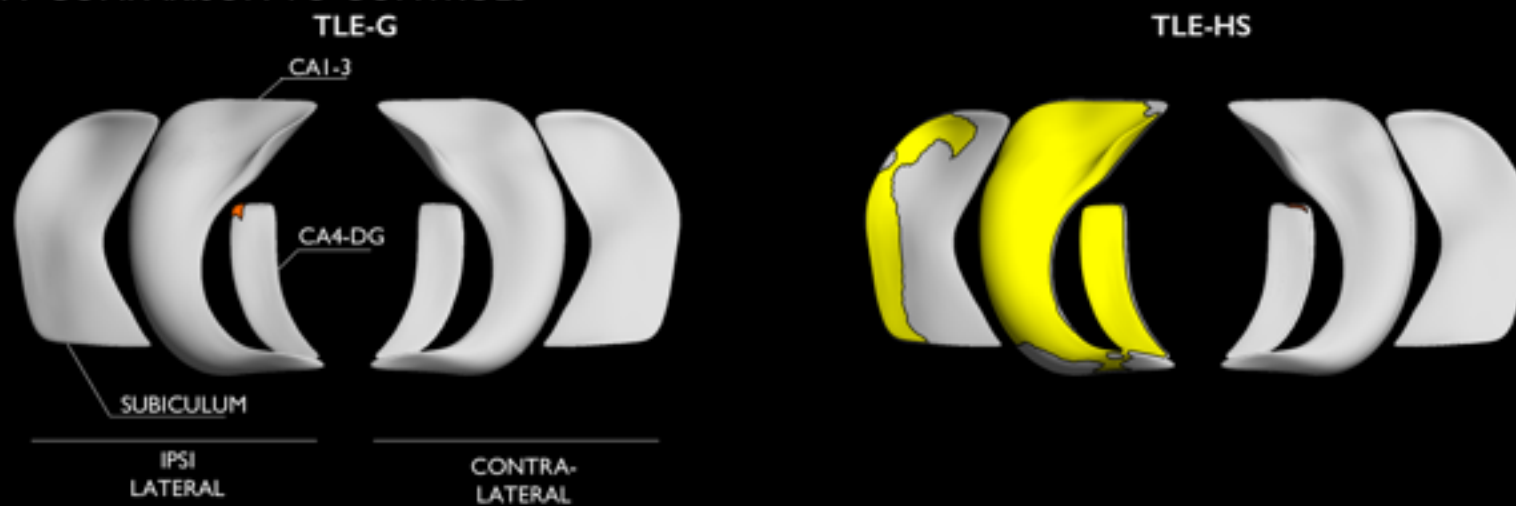
DIRECT CONTRASTS

B DIRECT CONTRAST: TLE-HS vs TLE-G



MULTIVARIATE SYNTHESIS

A COMPARISON TO CONTROLS



B DIRECT CONTRAST: TLE-HS vs TLE-G



LDA-classification:

90% accuracy in subtype discrimination

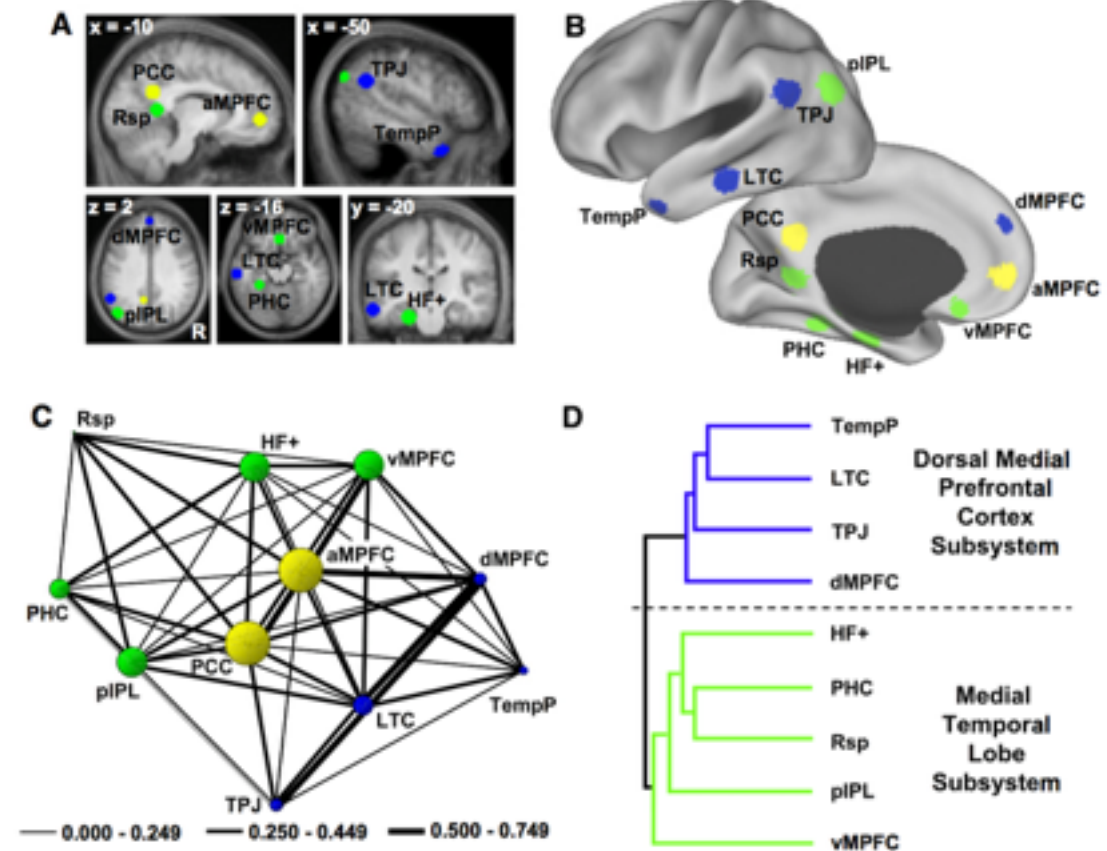
85% in focus lateralization

FUNCTION

RESTING-STATE FMRI ANALYSIS
PROVIDE INFORMATION ON
INTRINSIC FUNCTIONAL NETWORKS

HIPPOCAMPUS HIGHLY INTEGRATED
WITH DMN

TLE-HS vs TLE-G:
DISEASE MODEL TO PROBE
STRUCTURE-FUNCTION RELATIONS



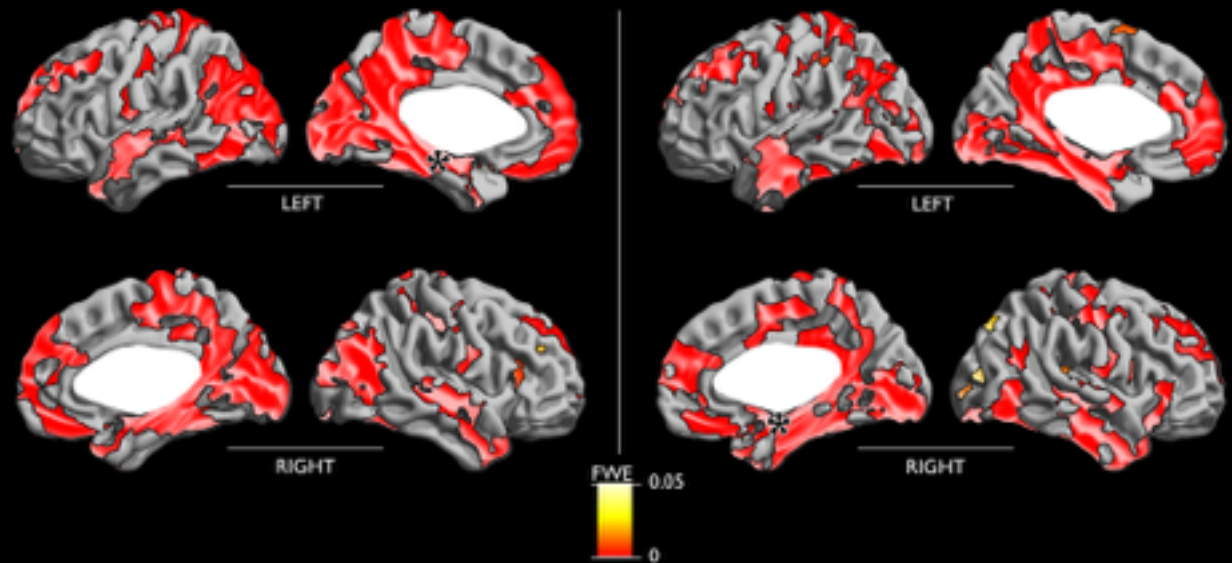
FUNCTION

rs-fMRI ANALYSIS
PROVIDE INFORMATION ON
INTRINSIC FUNCTIONAL NETWORKS

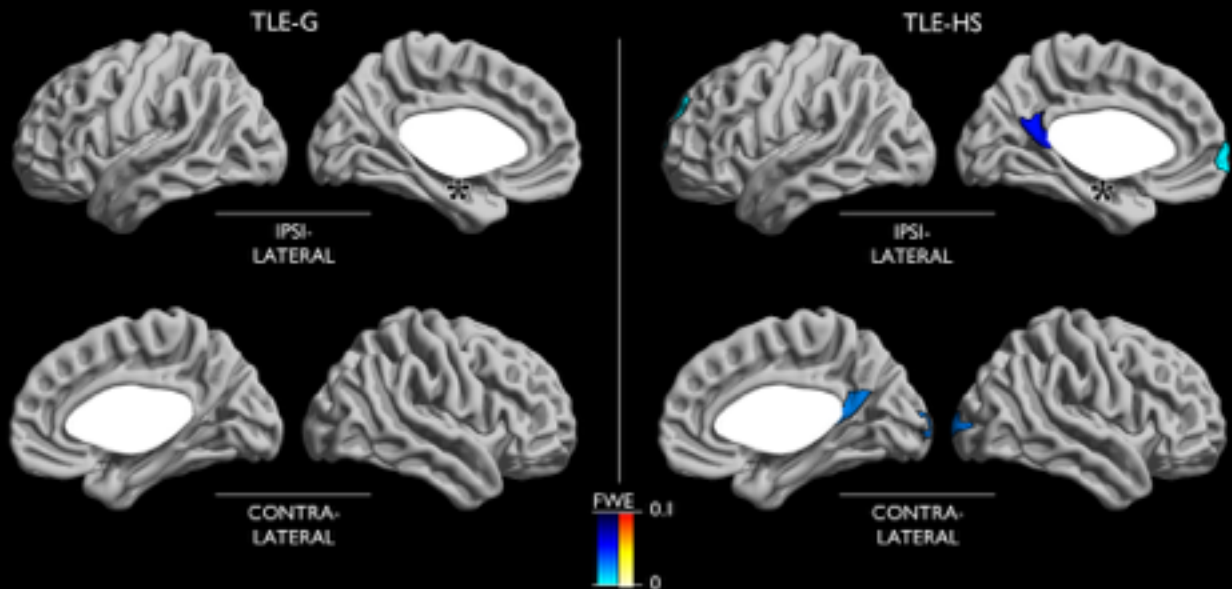
HIPPOCAMPUS HIGHLY INTEGRATED
WITH DMN

TLE-HS vs TLE-G:
DISEASE MODEL TO PROBE
STRUCTURE-FUNCTION RELATIONS

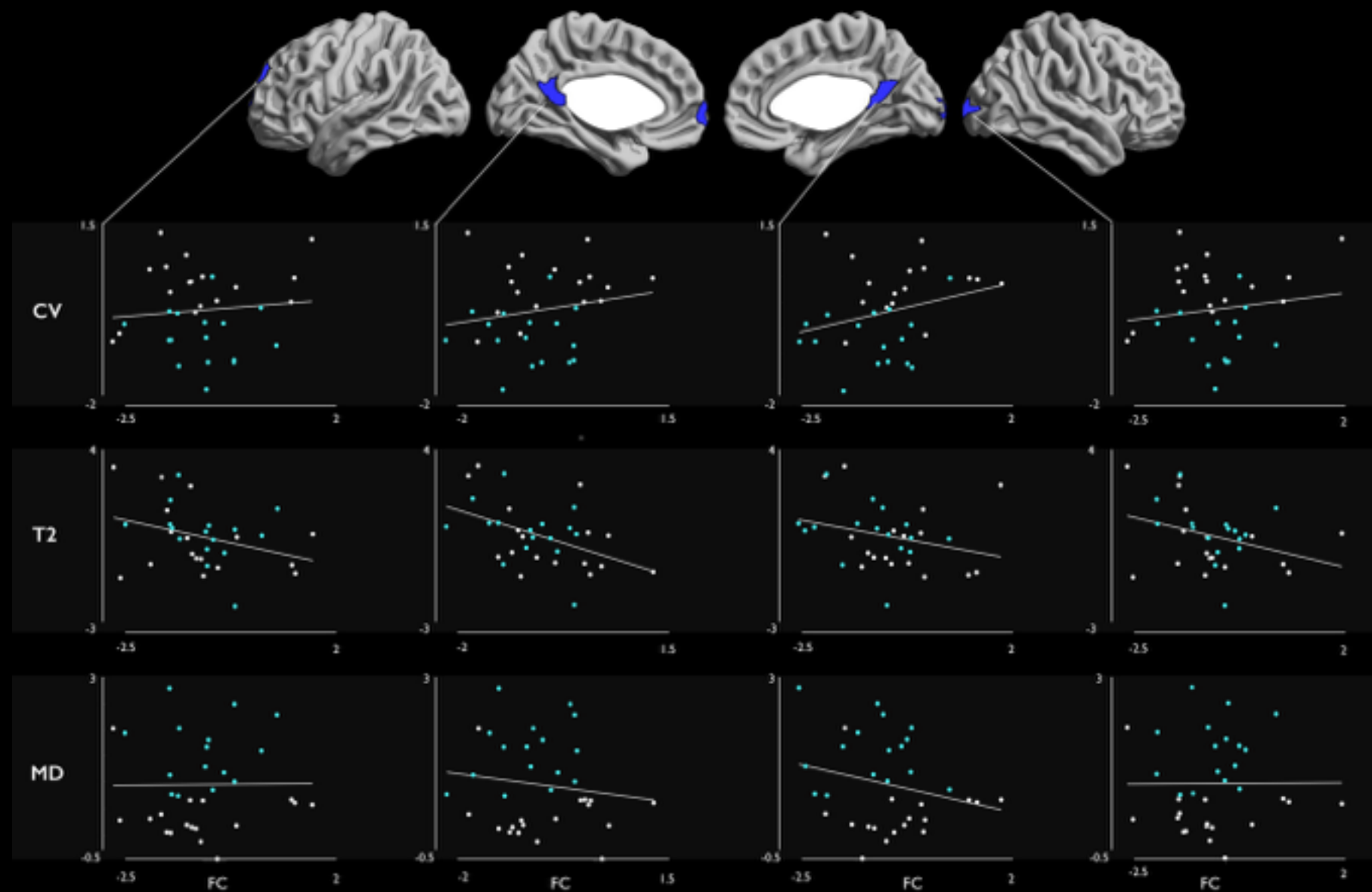
A CONNECTIVITY IN CONTROLS



B CONNECTIVITY ALTERATIONS IN TLE



STRUCTURE FUNCTION RELATIONSHIPS IN TLE



SUMMARY

MRI can probe and predict histopathology

Dissociation between pathologically defined patient subgroups at the level of

Structural profiles

Functional embedding within DMN

Degree of structural anomalies relates to functional network markers

Neuroimaging of Epilepsy Lab

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