

Structural MRI profiling in TLE

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Temporal lobe epilepsy (TLE)

- associated with mesiotemporal sclerosis (MTS)
- MRI hippocampal atrophy (HA) reliable marker of MTS (Cascino 1991)
- ▶ lateralizes focus in ~70% of patients
- better chances of seizure-free surgical outcome in HA patients
- hippocampal assessment has influenced clinical evaluation in TLE for decades
- patients dichotomized into those with HA and NV

Is it appropriate to reduce TLE to the hippocampus?

Challenge 1

variable hippocampal damage across patients and subfields (Blumcke 2013)

Challenge 2

changes in adjacent amygdala and EC in significant proportions of patients (Bernasconi 2003)

Challenge 3

lateralization in cases without HA often requires invasive studies

Challenge 4

outcome prediction patients inaccurate (30-50% show seizure recurrence)

biomarkers

Novel prognostic biomarkers are needed

refine clinical subpopulations of TLE

aim 1: extend spectrum of TLE-HA vs TLE-NV

improve patient-specific assessment

• aim 2: lateralize focus and predict outcome

Methods: participants

134 consecutive unilateral TLE patients referred to MNH from 1996-2006

64 LTLE / 70 RTLE

72 HA/62 NV

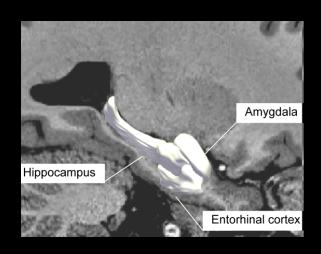
92 patients operated: 65% Engel I at 4.4±3.1 years of follow up (>1 year)

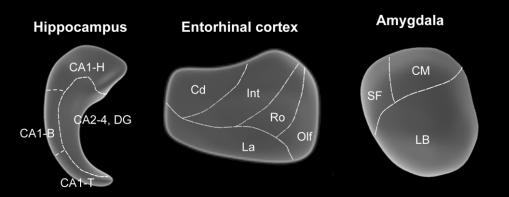
70 specimens available: 60% HS+gliosis, 40% isolated gliosis

scanned at 1.5 Tesla MRI with 1mm isotropic voxels

Manual volumetry of hippocampus, entorhinal cortex, amygdala in all patients

mesiotemporal surface-shape mapping

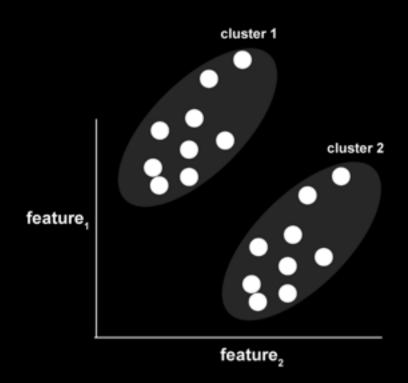




Kim et al. 2008 MICCAI, Bernhardt et al. 2013 Neurology

Each patient is represented as a feature vector of 24 subfield volumes

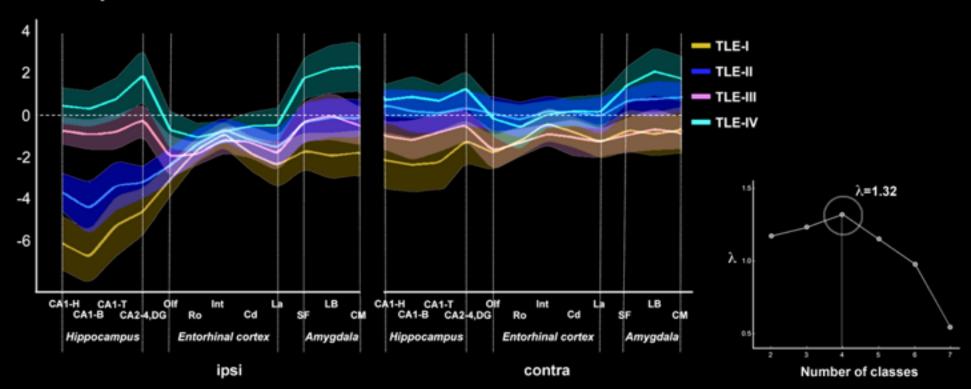
Aim 1: extend patient spectrum



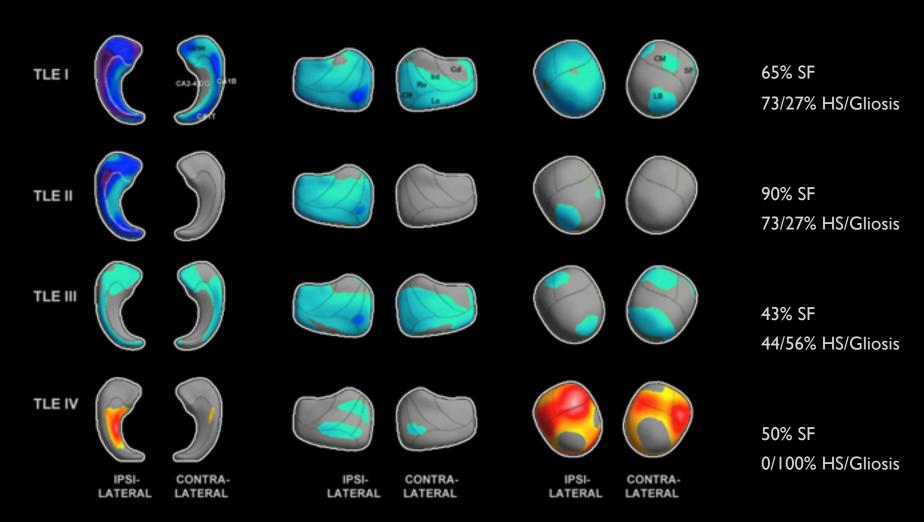
k-means = grouping of patients with similar feature profiles

Patient spectrum partitioning

Feature profiles

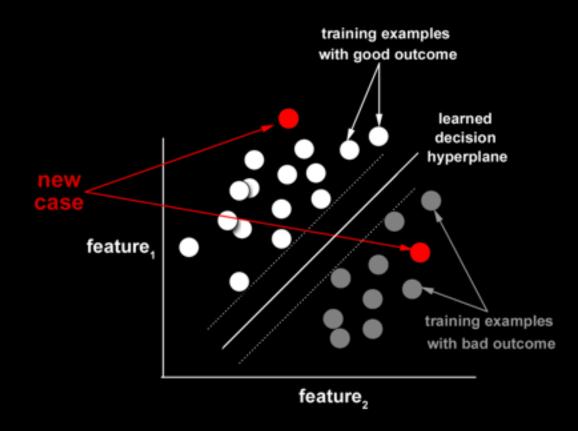


Patient spectrum partitioning



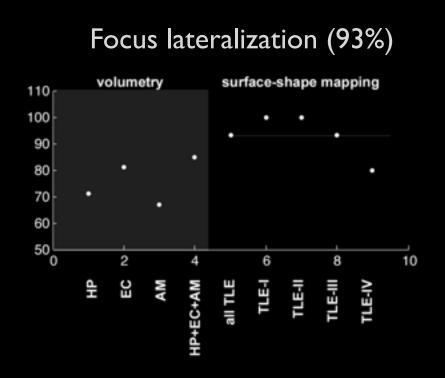
compared to 46 healthy controls, FDR<0.05 corrected

Aim 2: diagnostics in individual case

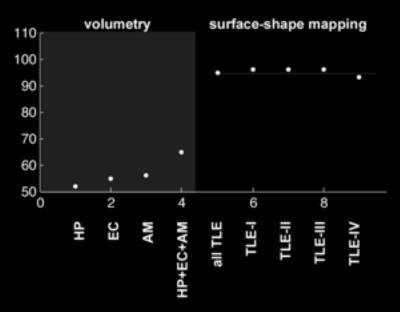


linear discriminant analysis = prediction of outcome based on similarity to training examples

Outcome prediction and focus lateralization







conclusions

MRI profiling provides nuanced characterization of TLE spectrum

- gradation of hippocampal-amygdala changes (atrophy >> hypertrophy)
- consistent anterior entorhinal subfield atrophy

high clinical validity

- > 95% accurate prediction of outcome (conventional volumetry: 52%)
- 93% accurate lateralization (conventional volumetry: 71%)

promising non-invasive biomarkers for drug-resistant TLE

merci!

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