



Multimodal EEG/fMRI Imaging for Neuroscientists

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Cognitive 2015

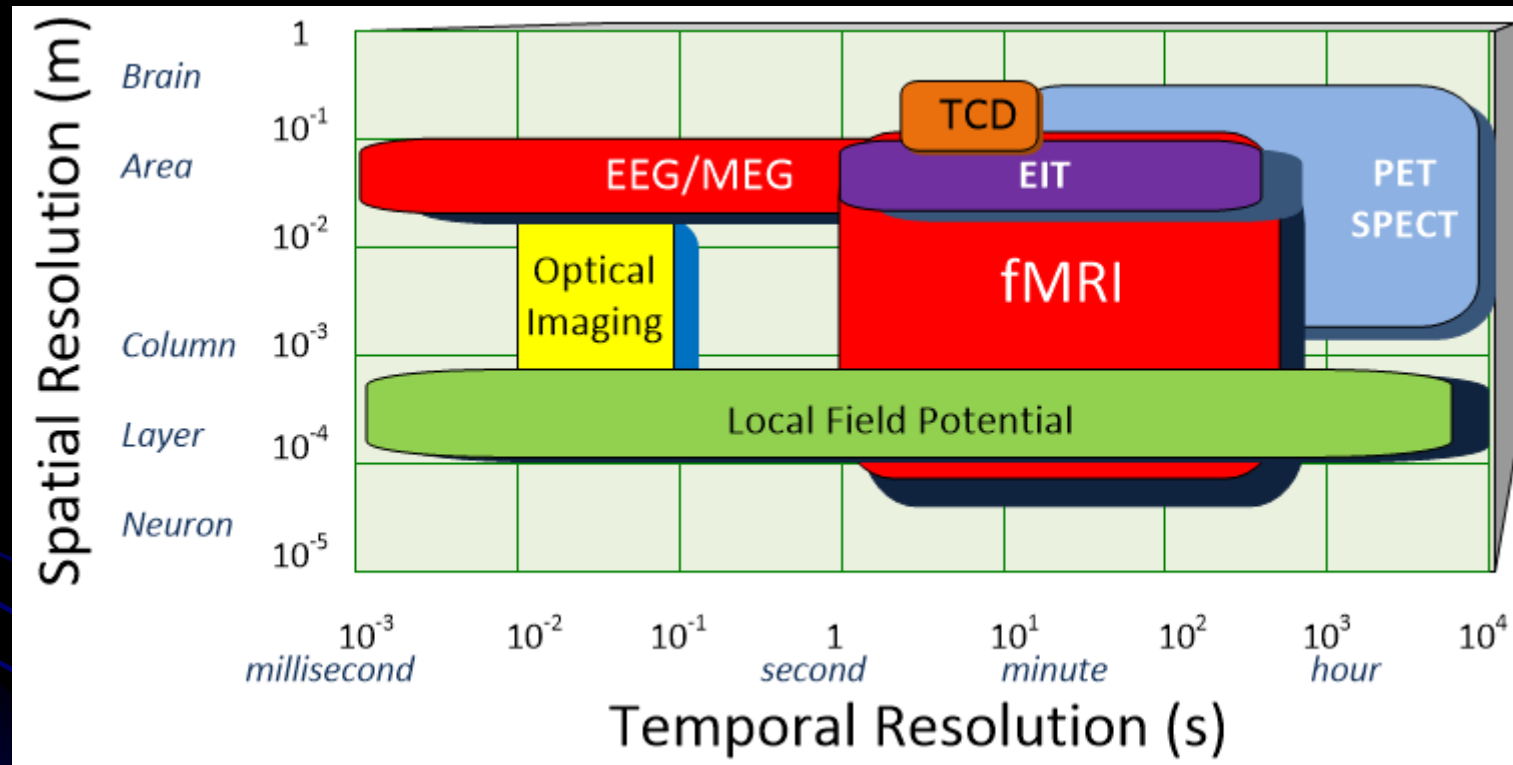
Nice, March 2015



Non-invasive Brain Functional Imaging Methods

Method	Physical Principle
Positron Emission Tomography (PET)	Emission/Detection of Positrons
Single-Photon Emission Computed Tomography (SPECT)	Emission/Detection of Gamma Rays
Magnetic Resonance Imaging (MRI)	Nuclear Magnetic Resonance (NMR)
Electroencephalography (EEG)	Electrical Potentials
Magnetoencephalography (MEG)	Magnetic Fields
Electrical Impedance Tomography (EIT)	Changes in Tissue Complex Dielectric Constant
Optical Imaging (NIRS)	Light Absorption/Scattering
Transcranial Doppler Sonography (TCD)	Ultrasound Doppler Effect

Space Vs. Time



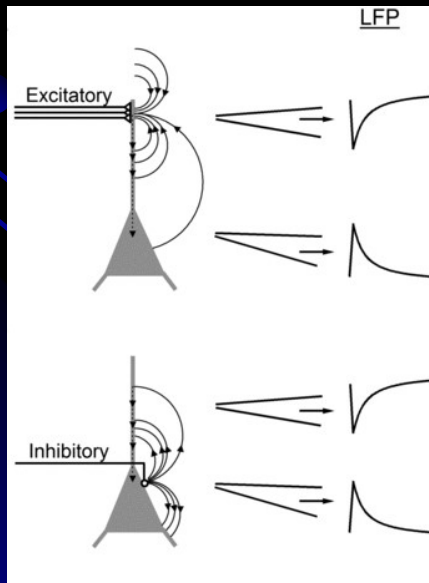
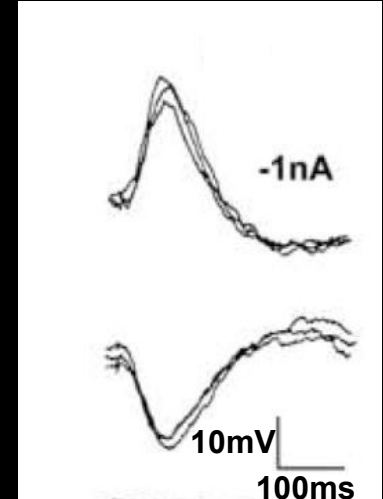
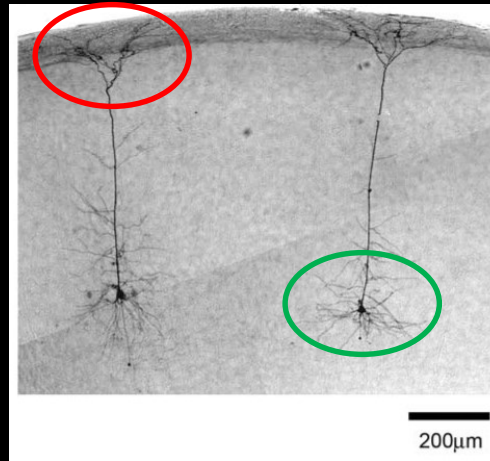


Post-synaptic Extra-Cellular Potentials



Excitatory (EPSP)

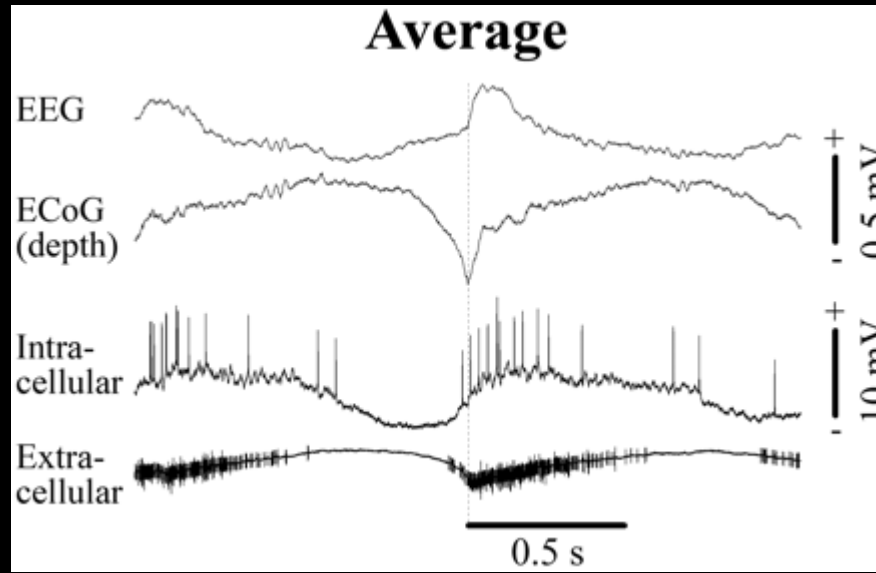
Inhibitory (IPSP)



Synaptic input generates current sinks and sources along dendritic axis (Oren 2010 J.Physiol.)



PSP vs. EEG signals



Amizica, Science 2010

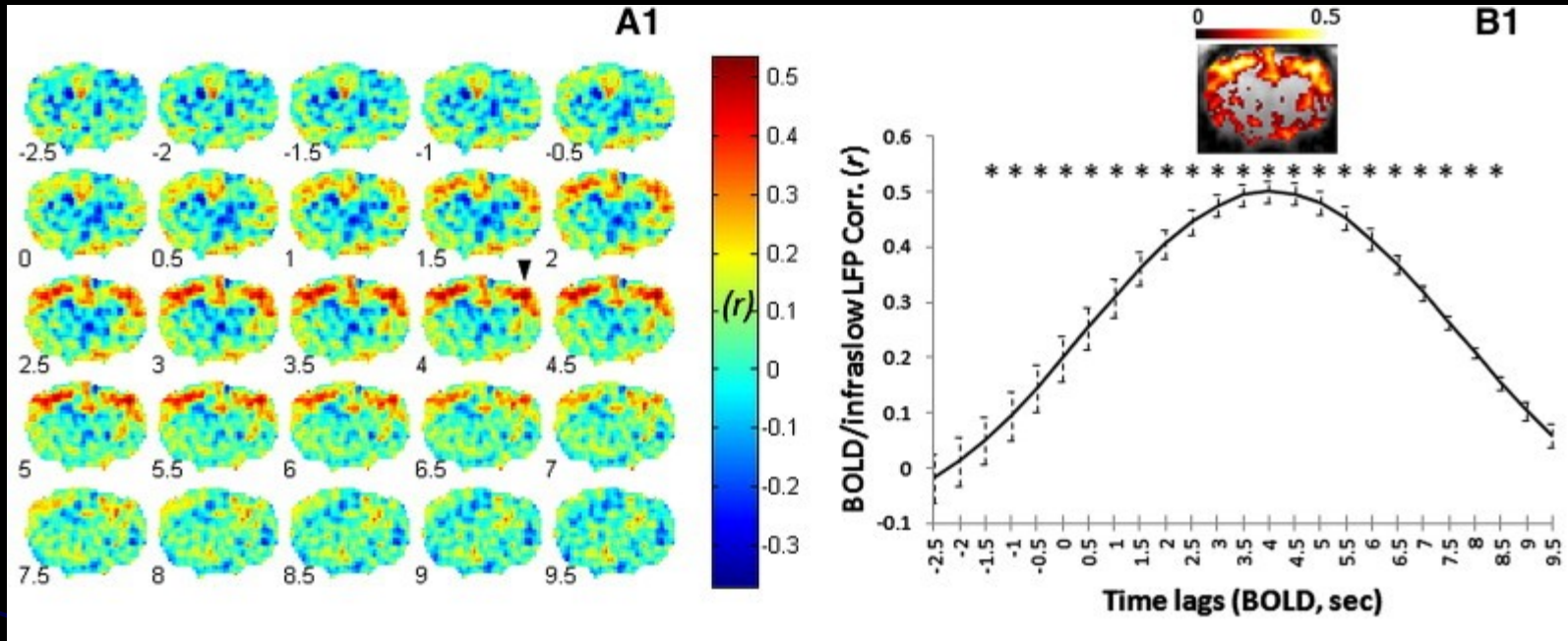
Likelihood of PSP to be visible in the EEG depends on:

- Population size/type (e.g., cortex patch size/stellate cells)
- Synchronicity (e.g., null phase)
- Depth (e.g. brain stem evoked potentials)
- Orientation (e.g. radial)
- Cancellation/shielding (e.g., two opposite sulcus dipoles/thalamic)
- SNR issues (e.g., statistical processing)

Missing Sources:



PSP vs. fMRI signals



Pan, Neuroimage 2013

Likelihood of EPSP to be visible in the fMRI depends on:

- SNR issues (e.g., statistical processing)
- Presence of artifacts (e.g., temporal areas)
- Paradigm/Sequence (e.g. auditory studies)
- Random events in time (e.g., epileptic interictal spikes)
- BOLD washout/CO₂ (e.g., hypercapnia)
- Small modification of cortical metabolic consumption

Missing Sources:



What are the advantages of EEG/fMRI?

- ✓ High spatial (MRI – mm and sub mm resolution) and temporal (EEG - ms resolution).
- ✓ Better chances to capture intrinsic brain states using multimodality (missing sources).
- ✓ Allow to study brain network connections by combining sophisticated electrical source imaging and causal dynamic analysis.
- ✓ Allow for studying BOLD synchronized neuronal firing, such as high frequency gamma oscillations.



Why Concurrent EEG/fMRI?



- Clinical
 - ✓ Epilepsy.
 - ✓ Intraoperative imaging (e.g., BIS).
- Neurophysiology
 - ✓ Sleep fMRI Studies (e.g., NREM studies)
 - ✓ Anesthesia and other drug research (e.g., Halothane's sites of action)
 - ✓ Neuro vascular coupling between hemodynamic and electrodynamic .
 - ✓ Data Fusion: high temporal resolution of EEG with high spatial resolution of fMRI



Concurrent ERP/fMRI vs. recording separately



- ✓ Identical sensory stimulation, neurophysiologic events, subjective and behavioral experience (replicating the setup inside/outside the MRI can be very challenging).
- ✓ Long-term priming or learning (e.g., direction of motion – any limited number of novel stimuli).
- ✓ Monitoring ERPs as a prior for fMRI statistical analysis (e.g., VEPs and during migraine attack).
- ✓ Scanner noise (EPI) or MRI environment can influence the timing and amplitude of ERPs (auditory and auditory/visual).



Advantages of Ultra High MRI

- High-spatial resolution and high signal-to-noise ratio (SNR) BOLD signal (Gati et al. 1997; Van der Zwaag et al. 2009; Yacoub et al. 2001)
- Magnetic Resonance Spectroscopy (MRS):
 1. energy metabolism like glucose and creatine.
 2. neurotransmitters like glutamate and gamma-aminobutyric acid (GABA).
 3. compounds involved in cell growth like choline or in axon growth like N-acetylaspartate.
 4. compounds involved in osmoregulation like taurine and inositol.
 5. molecules that are antioxidants, like glutathione and vitamin C.



Outline

1. Devices & MRI Safety
 - ✓ No additional risks to the subjects
 - ✓ No effect on the quality of the diagnostic information
2. fMRI Image quality
3. EEG Signal Quality
 - ✓ Kalman filtering
4. Experimental Data
5. Electroocorticogram (ECoG)



1. SAR Recommendations

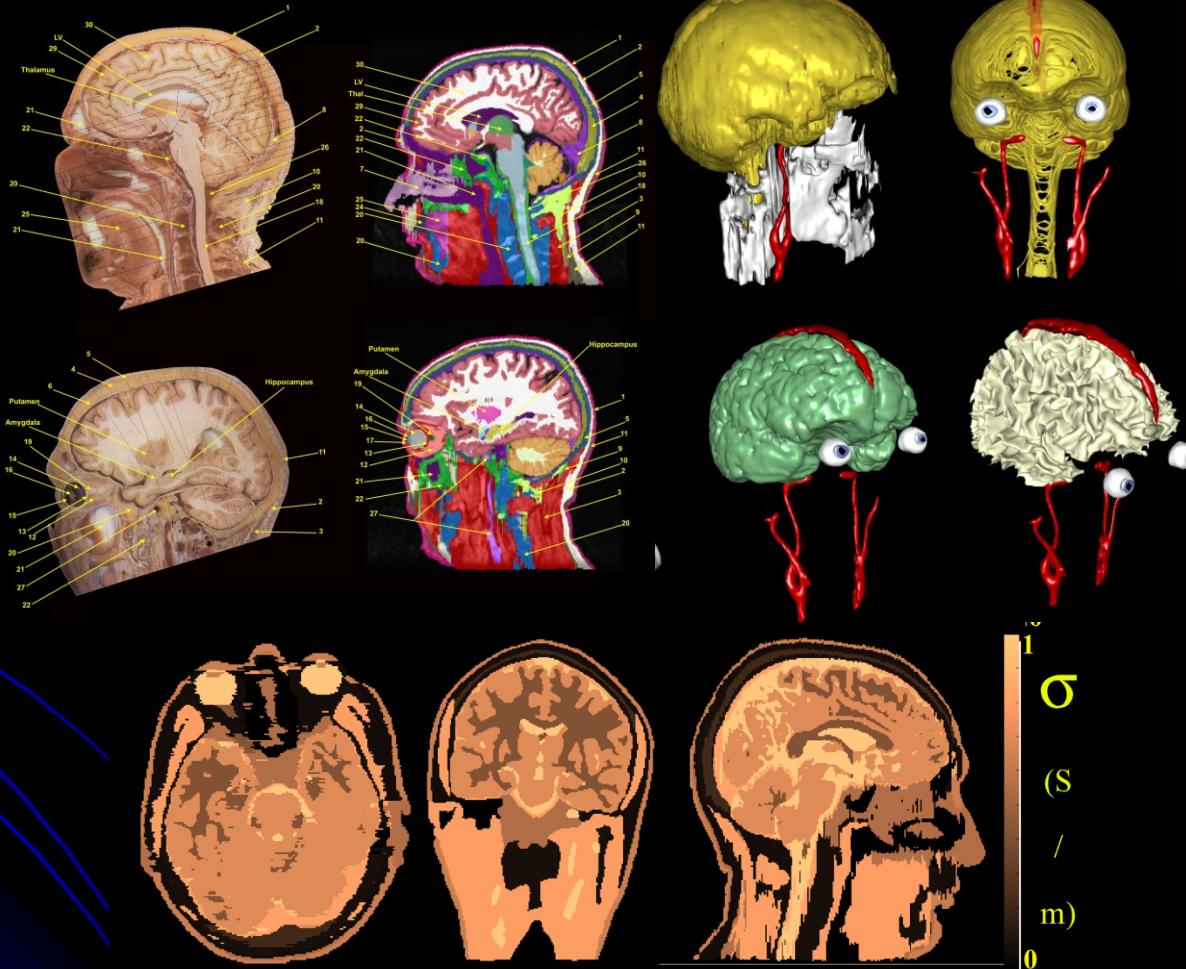
- ✓ The United States Food and Drug Administration (USFDA) limits the exposure to RF energy SAR < 3.2 W/kg (Head)

$$SAR = \frac{\sigma_c}{2\rho} |\vec{E}|^2$$

- ✓ Any pulse sequence must not raise the temperature by more than 1° Celsius



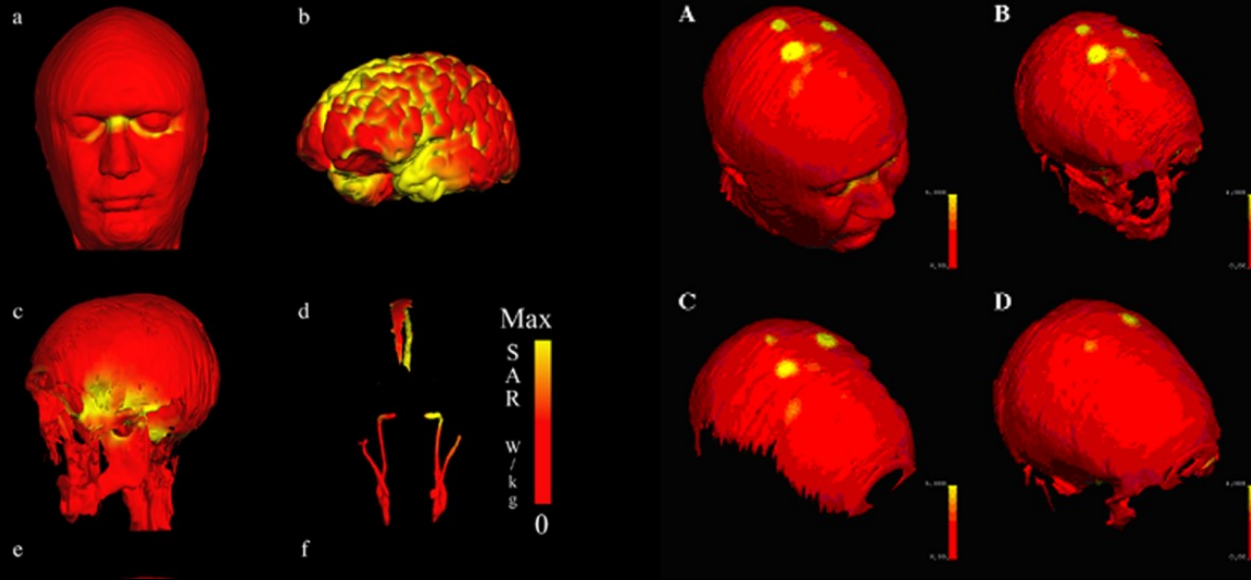
Human Head Models for EM forward solution



- Human Head Model Anatomically accurate with 44-tissues, $1 \times 1 \times 1 \text{ mm}^3$ resolution (Makris et al., MBEC 2009)



SAR simulations



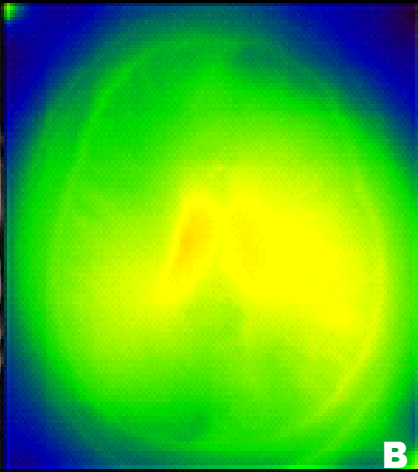
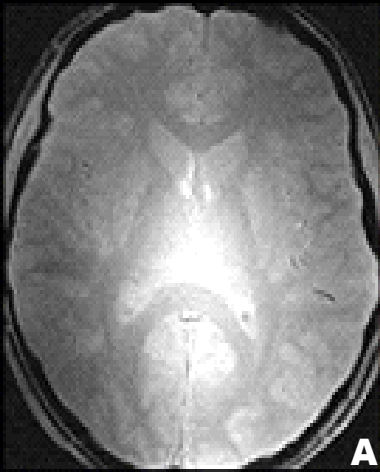
- FDTD algorithm
- Sinusoidal sources at different frequencies
- 32 electrodes + leads
- Birdcage, surface and TEM coil



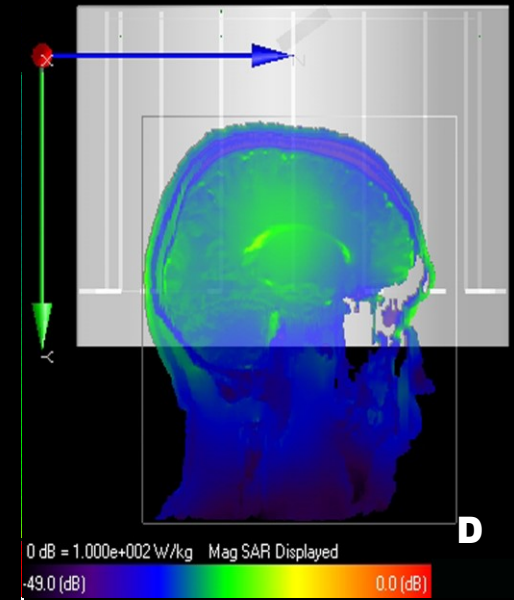
Dielectric Resonance

7T MRI IMAGE

29 Tissues model



-49.0 [dB]





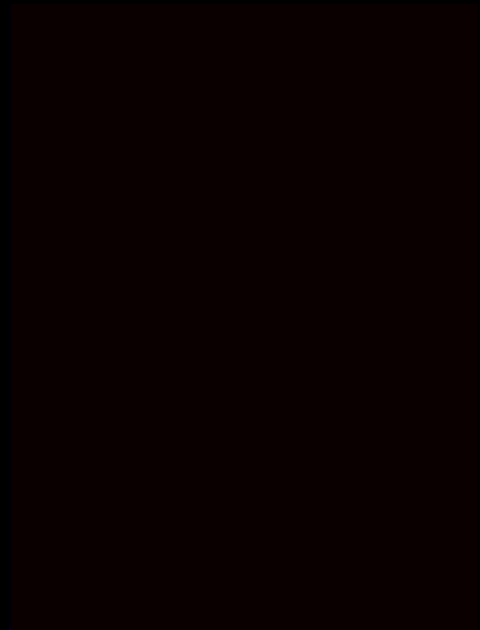
The SAR % Change with/without EEG electrodes (Birdcage)



1.5T



3T



6T

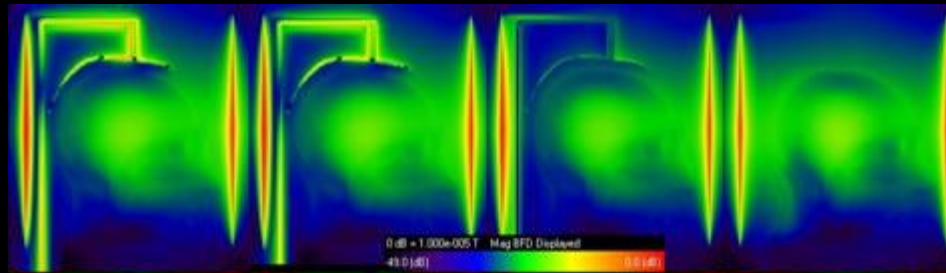


Variable leads resistivity

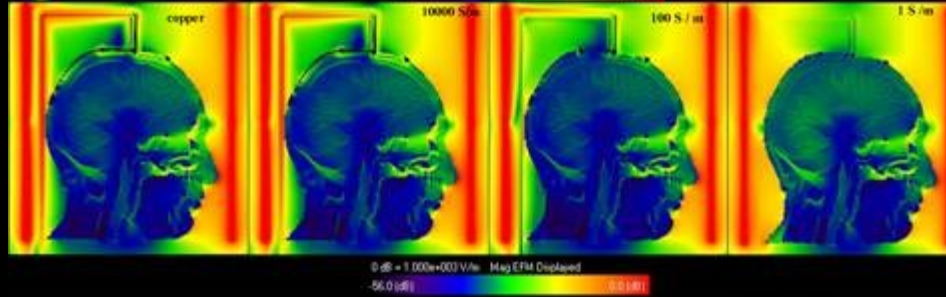


Copper Carbon-fiber Conductive Ink

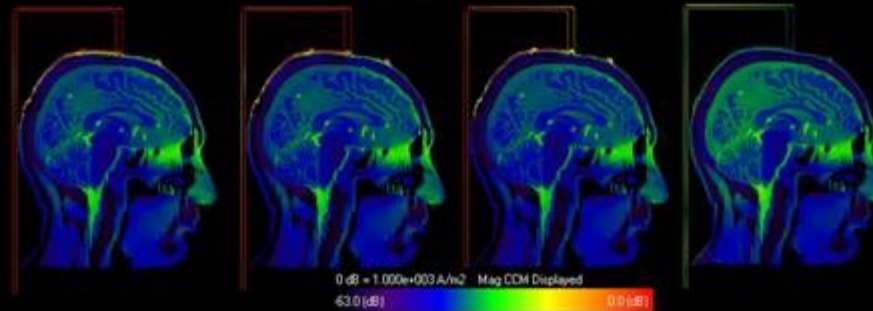
B field



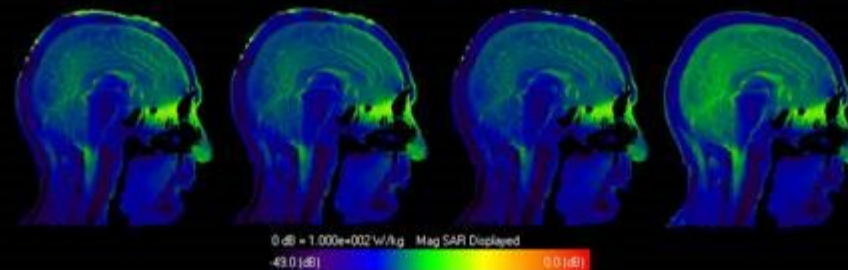
E field



Induced
Currents



SAR



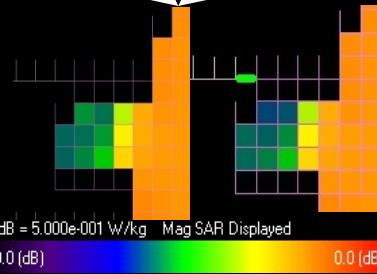
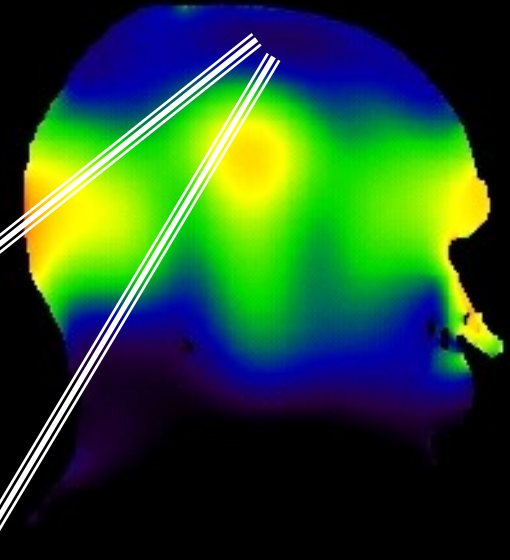
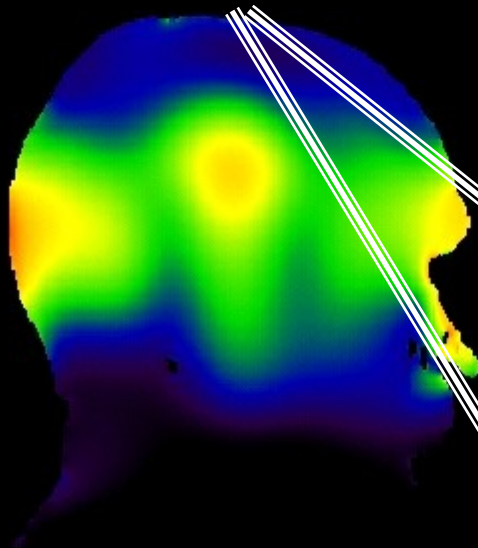


Simulations Results: effects of resistors



EEG electrodes/leads

EEG electrodes/leads +10K

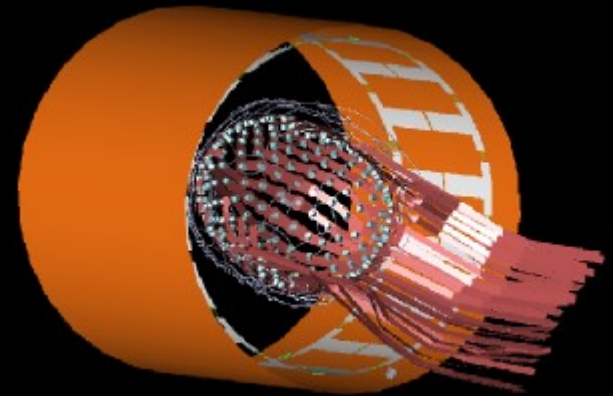


σ (S/m)	MAX	Avg.	Efficiency
EEG elec/leads	0.84	0.09	49.21%
EEG elec/leads +10K	0.84	0.09	49.21%



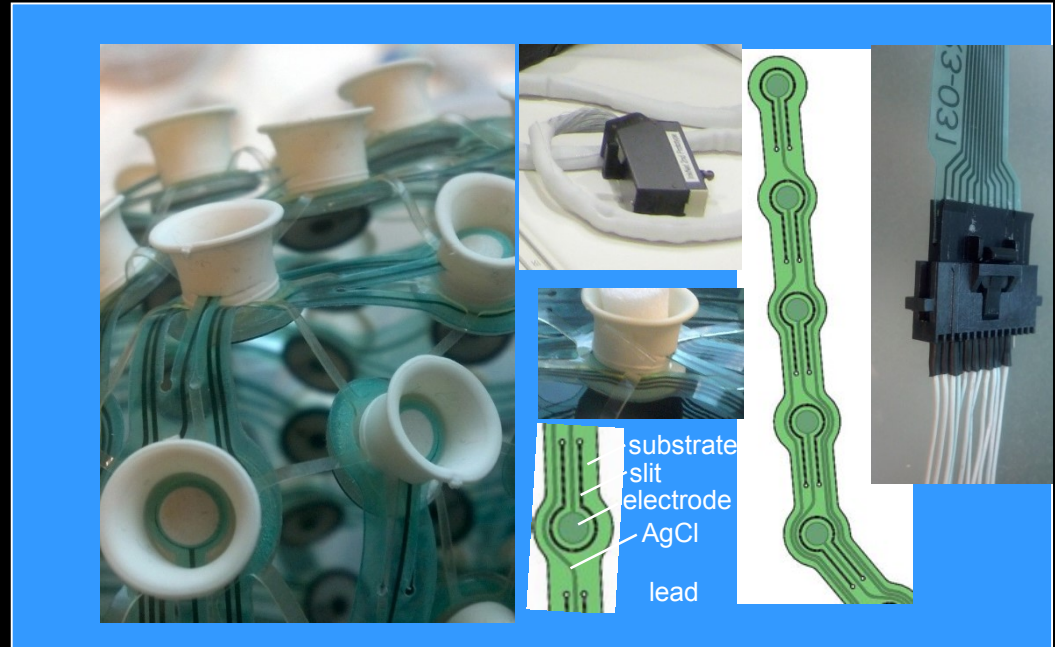
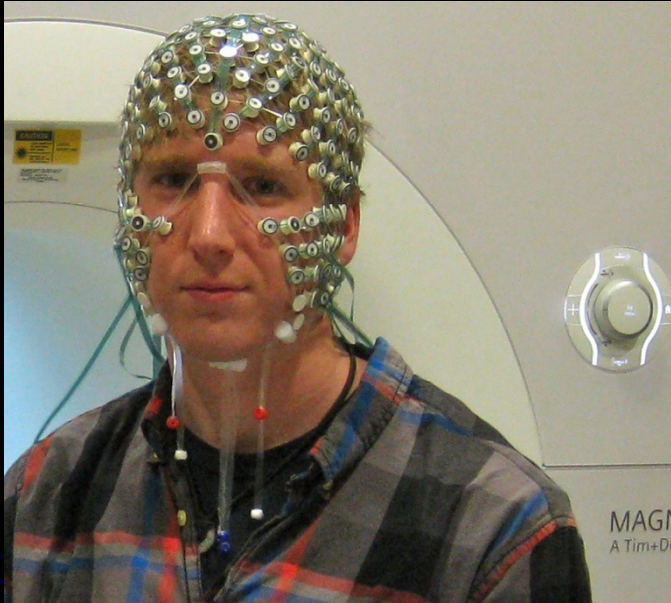
Temperature Measurements at 7T

- 7T whole body system retrofitted with a Siemens Sonata console
- High power TSE sequences
- Luxtron 3100 Fluoroptic Thermometer device with 4 MRI compatible probes (0.5 °C resolution)
- C.HE.M.A: Conductive HEad Mannequin Anthropomorphic Phantom
 - Anatomically accurate with head model
 - Composition: 4.5lt. water, 135gr. agarose, 40.5gr NaCl





The “InkNet”

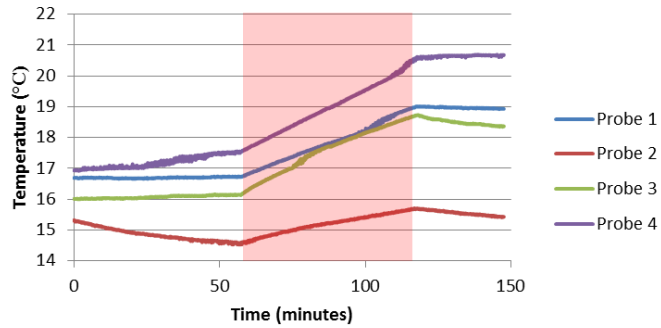


- 32 flexible circuit boards
- 256 electrodes + REF + GND
- Cup electrode design
- PTF traces for RF transparency

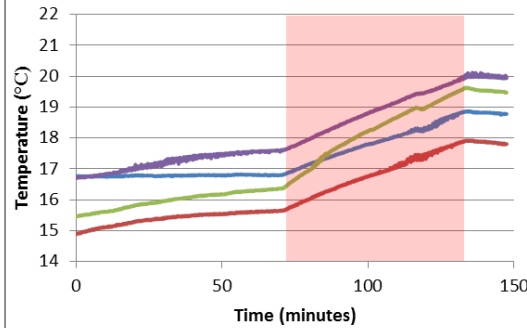


No Electrodes vs. InkNet vs. Standard Net

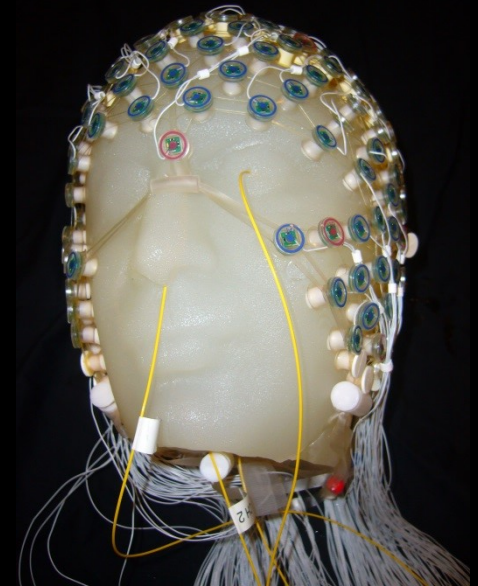
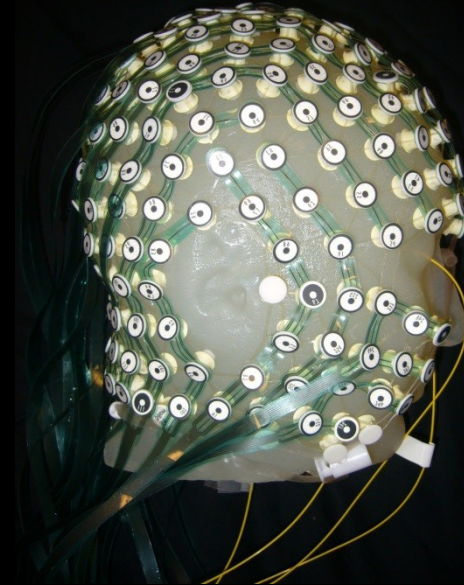
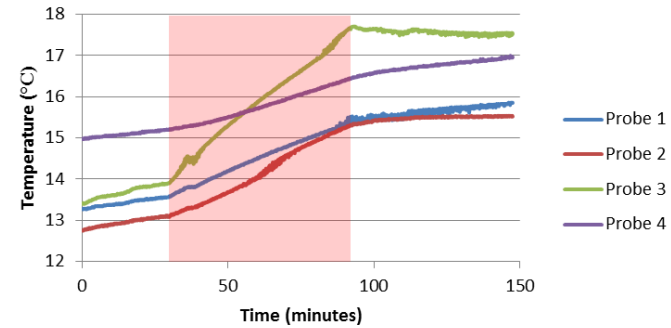
No Electrodes



InkNet



Standard Net

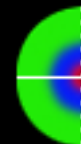
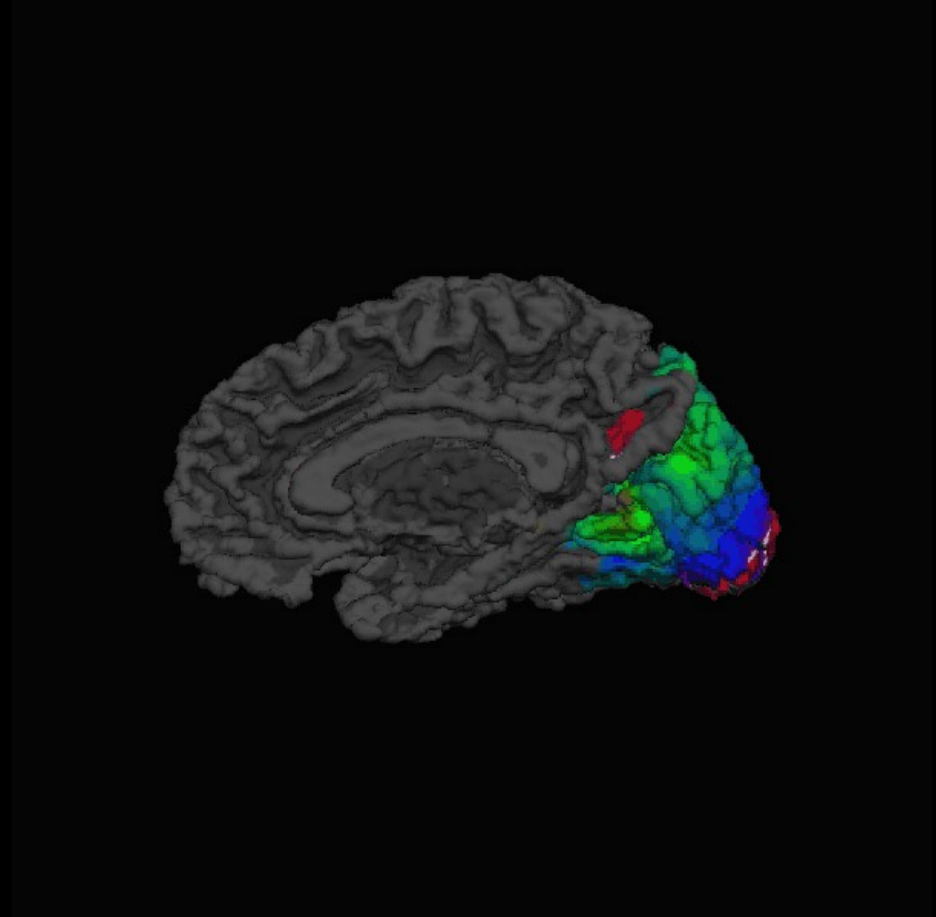
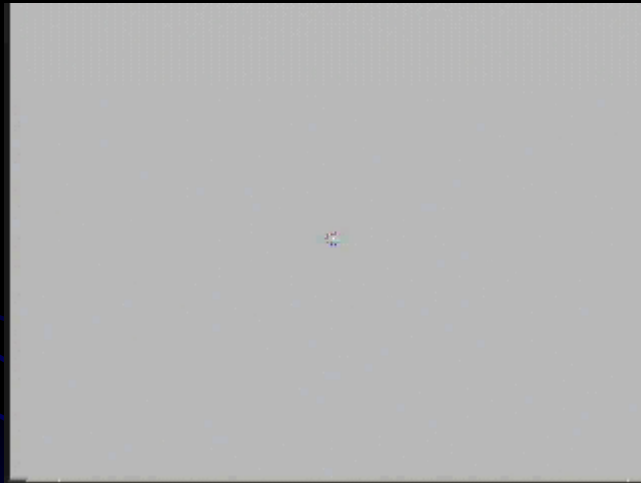




2. fMRI quality:

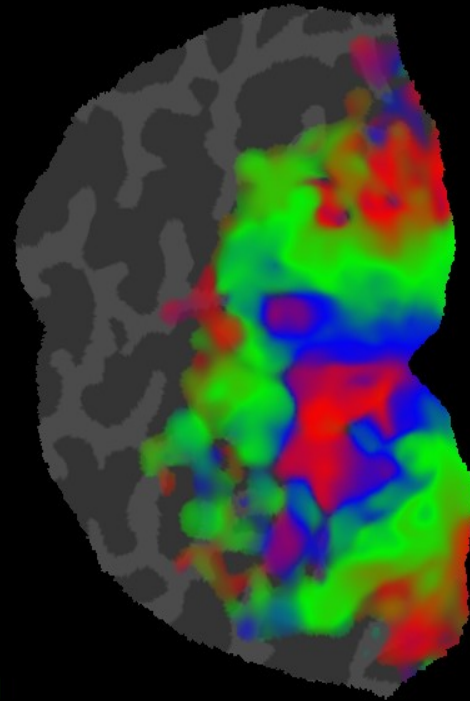
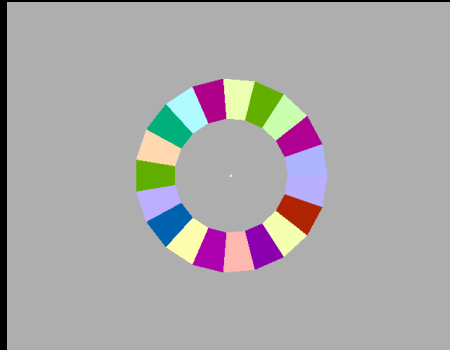


Testing the EEG cap on the BOLD signal with the Eccentricity Map





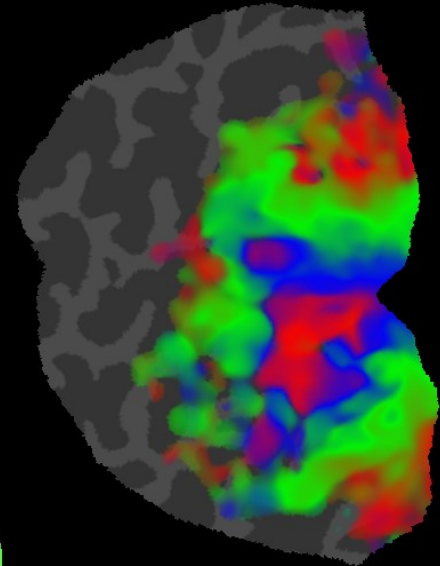
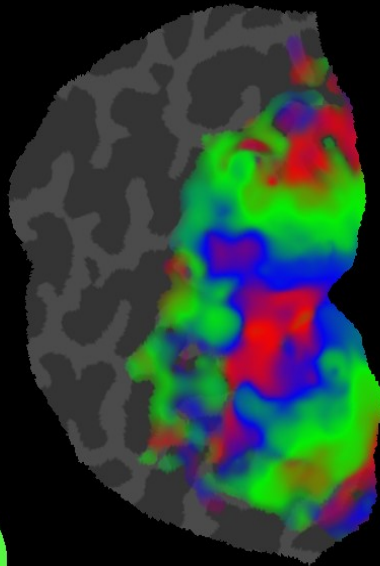
Visual Field Eccentricity Mapping on Cortex



Sereno et al., 1995

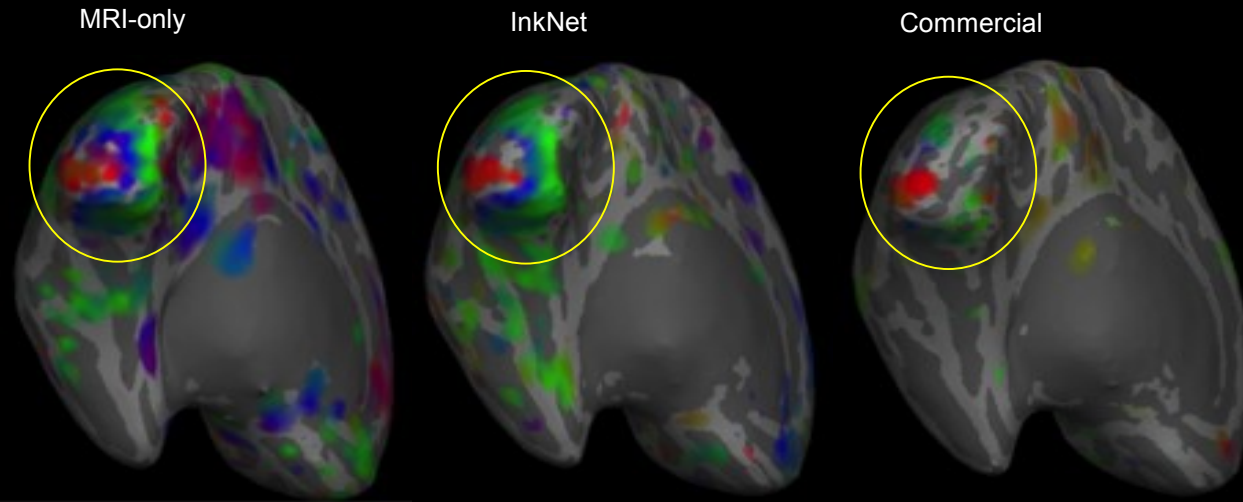


Retinotopy with/without electrodes





Retinotopy with/without electrodes



Eccentricity maps displayed on inflated medial occipital cortex surface reveal considerably greater signal loss from presence of commercial net than InkNet when compared to MRI-only (red, blue, green palette indicates BOLD response to increasing stimulus eccentricity).



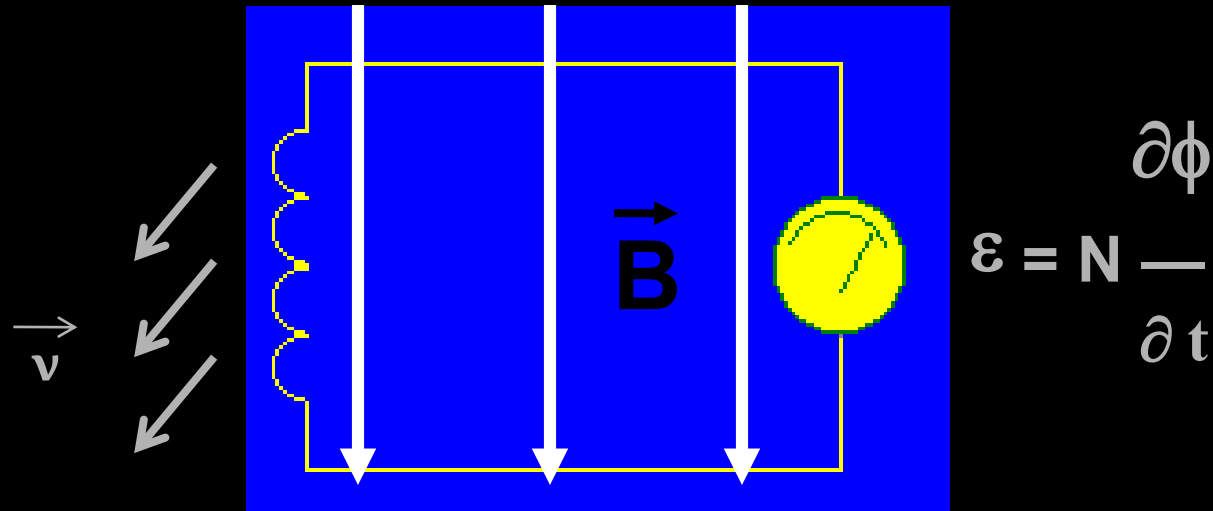
3. Noise induced on the EEG recordings



- Static Magnetic Field:
 - ✓ Physiological noise (heart, breathing, muscular, etc.)
 - ✓ Room vibration noise (helium pump, sounds, etc.)
- ☰ Switching Magnetic Gradient Field
- ☰ RF interference



Faraday's Induced Noise

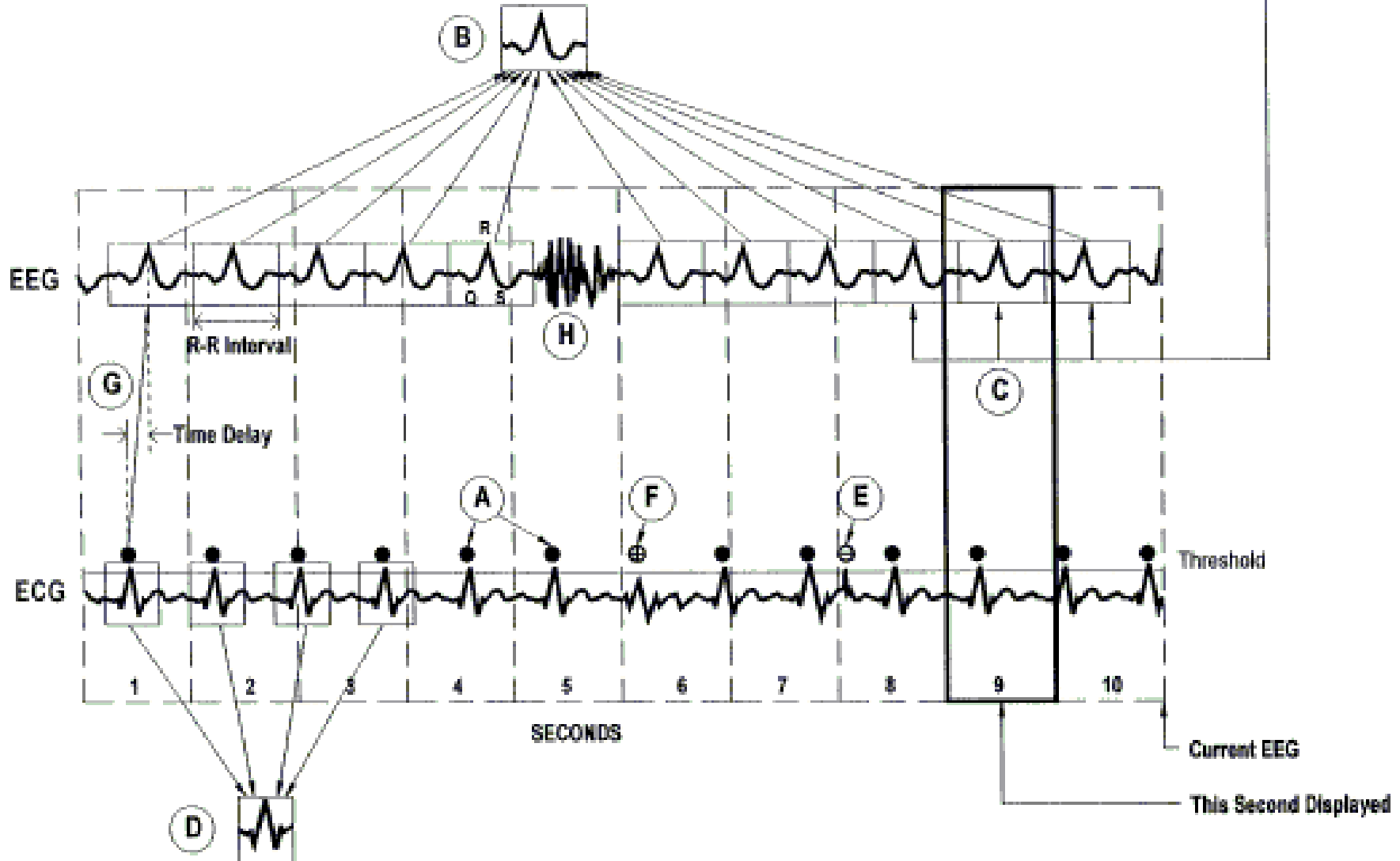


- Faraday's induced noise:
 - Motion of the EEG electrodes and leads generates noise
- Physiological Motion is Primary Noise Source
 - heart beat (ballistocardiogram), breathing, subject motion

Pulse Artifact Subtraction (Allen, 1998)



Averaged Pulse Artifact : subtracted from here





Other Noise Cancellation Techniques



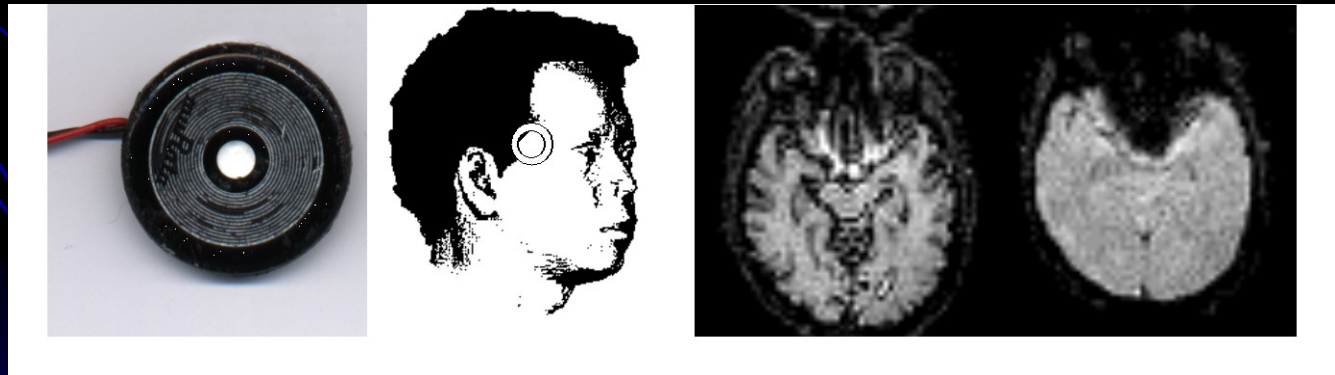
- Synchronization of the EEG sampling with gradient switching (Goldman et al., 2000; Anami et al., 2003; Mandelkow et al).
- ICA cancellation methods (Mantini et al., 2007)
- Optimal basis set (Niazy et al., 2005)
- Frequency based methods (Zakharov et al., 2007)
- Adaptive filtering methods (Sijbers et al., 1999 and Wan et al., 2006)



Software solution: Adaptive Noise Cancellation



- Use a *motion sensor* signal to remove noise
 - Exogenous reference signal uncorrelated with underlying EEG signal
- Time-varying algorithm
 - e.g., track changes in changes in impedance, electrode position, etc.
- Implementable in real-time





Adaptive Filter Algorithm



- Observed signal

$$y(t) = s(t) + n(t)$$

True underlying
EEG

Induced noise

- Linear time-varying FIR model for induced noise

$$n(t) = \sum_{k=0}^{N-1} w_k(t) m(t-k)$$

Motion sensor
signal

FIR kernel



Adaptive Filtering Algorithm

- Estimate filter taps $w_h(t)$ recursively using Kalman filter algorithm

$$\hat{w}_h(t+1) = \hat{w}_h(t) + k_h(t) \left(y(t) - \sum_{k=0}^{N-1} \hat{w}_k(t) m(t-k) \right)$$

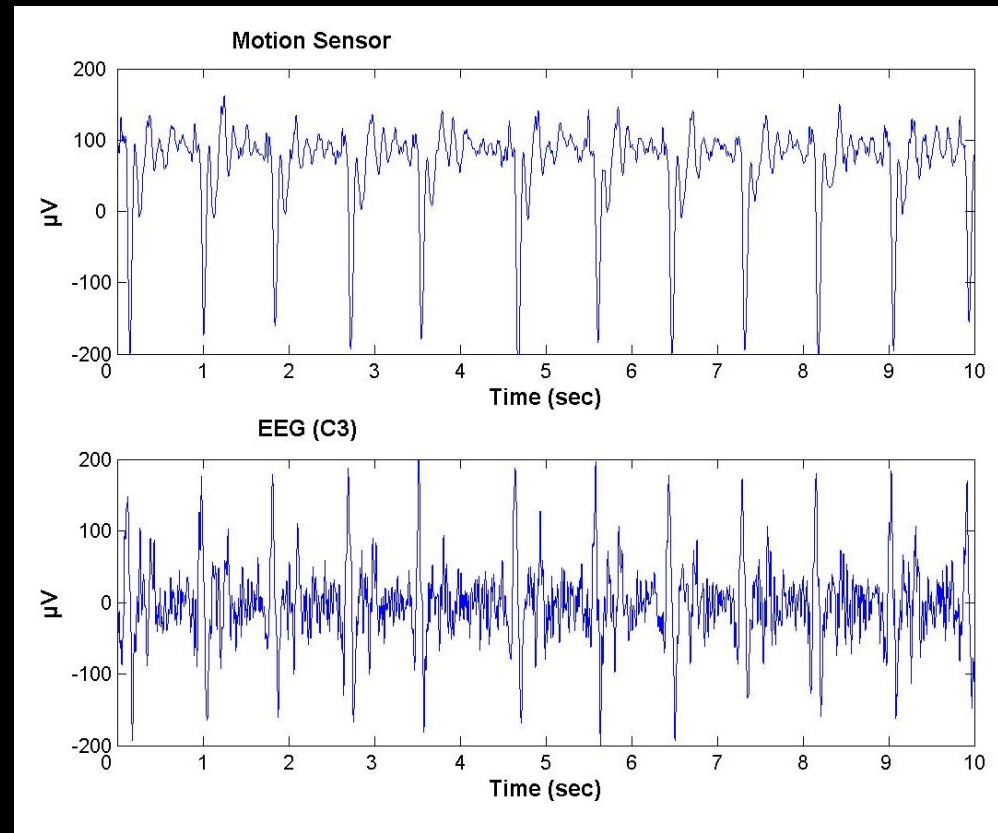
- Remove estimated noise signal, yielding clean EEG

$$\hat{s}(t) = y(t) - \sum_{k=0}^{N-1} \hat{w}_k(t) m(t-k)$$



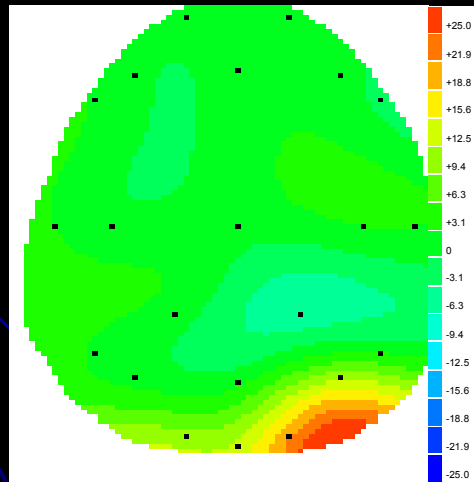
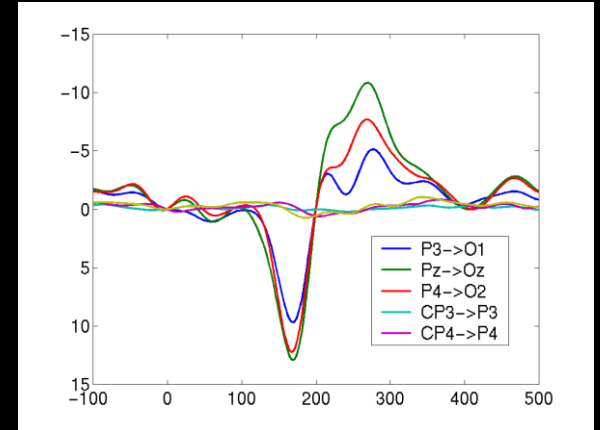
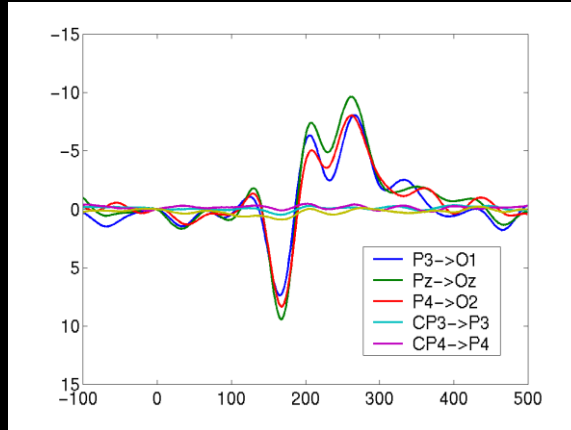
Piezoelectric Motion Sensor

- Adaptive ballistocardiogram noise filtering (Bonmassar et al., NeuroImage 16, 1127–1141, 2002)
- Position: Temporal Artery

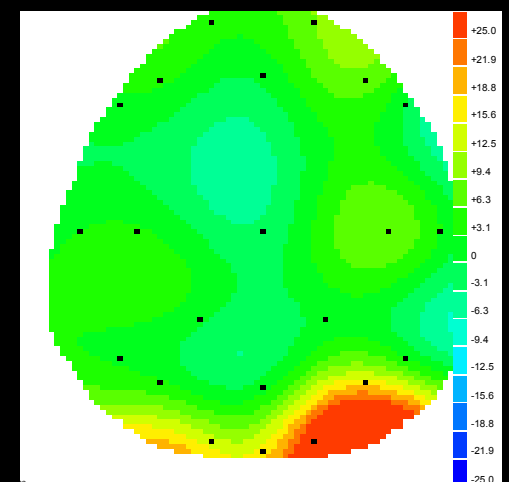




Results: VEPs



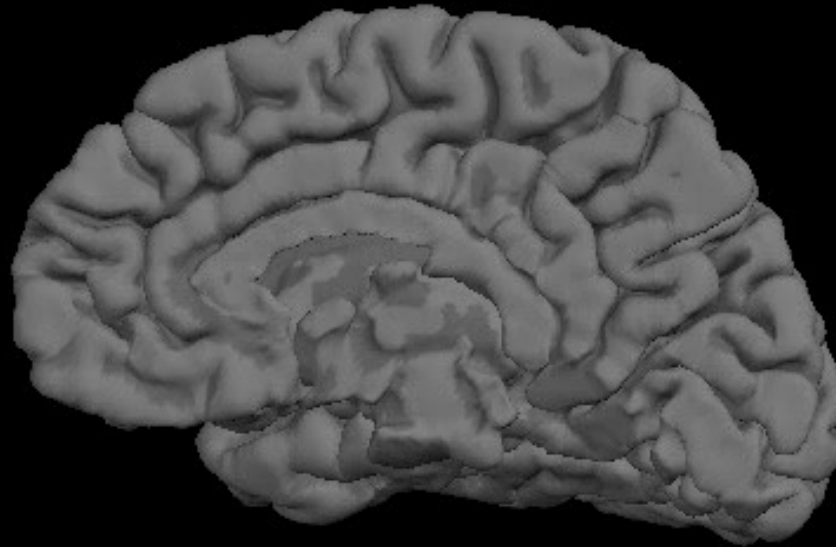
Outside Magnet



Inside Magnet



Spatiotemporal Dynamics of Brain Activity following visual stimulation

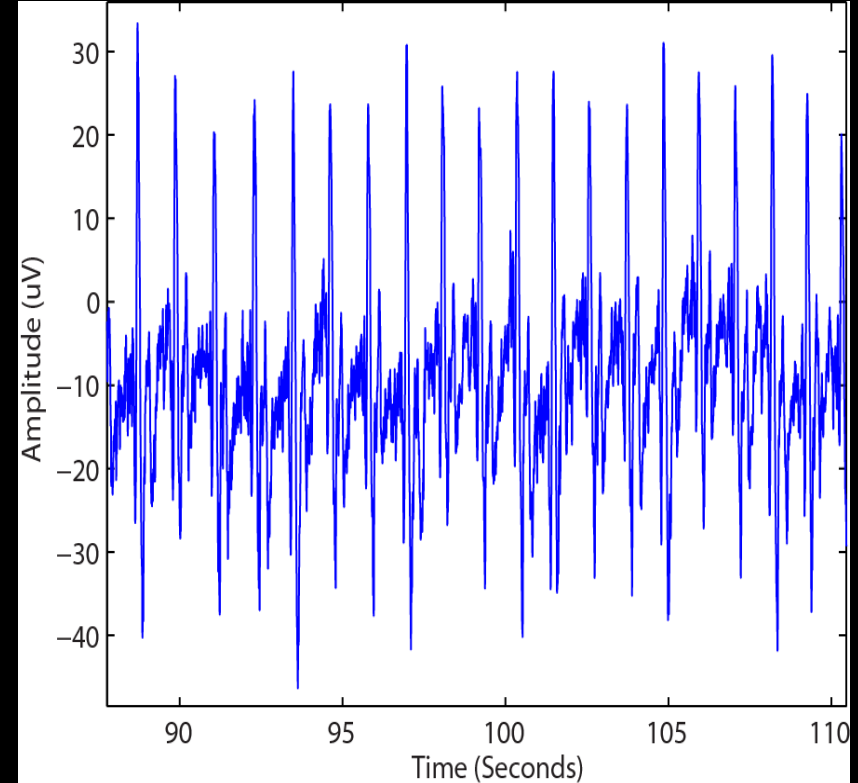
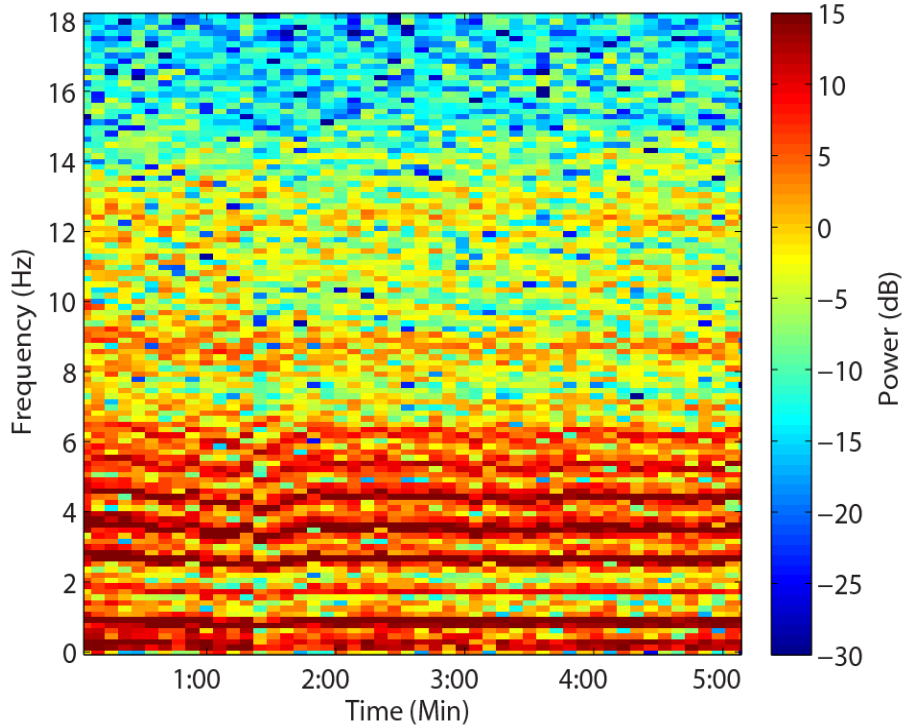


001 msec



Any natural basis for artifact?

Record BCG artifacts in scanner with subjects at rest, awake, eyes open



Posit that BCG has a Harmonic Basis
Approach: Model this Template and Regress out Artifact



Model and Approach



$$\text{Observation } y_t = s_t + v_t$$

Harmonic BCG Artifact

$$s_t = \mu_0 + \mu_1 t + \sum_{r=1}^R A_r \sin(\omega r t) + B_r \cos(\omega r t)$$

$$\boldsymbol{\beta} = [\mu_0 \ \mu_1 \ A_1 \ \dots A_N \ B_1 \ \dots B_N]$$

Unknowns:

Fundamental Frequency, Harmonic Amplitudes

Oscillatory Brain EEG:
Autoregressive Model

$$v_t = \sum_{k=1}^P a_k v_{t-k} + \epsilon_t$$

$$\epsilon_t \sim N(0, \sigma_\epsilon^2)$$

$$\boldsymbol{\alpha} = [a_1 \ \dots a_P]$$

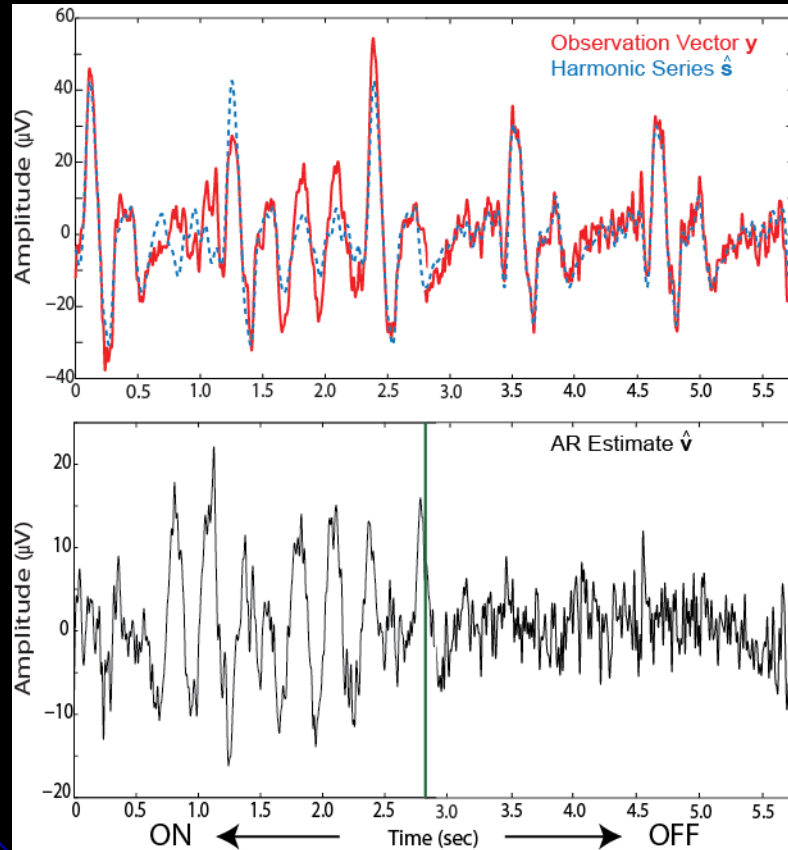
Unknowns:

AR Coefficients, Residual Variance

BCG Removal Problem Becomes Parametric Estimation Problem
Solve for parameters in real-time with local maximum likelihood methods



Delta Band On/Off Pattern

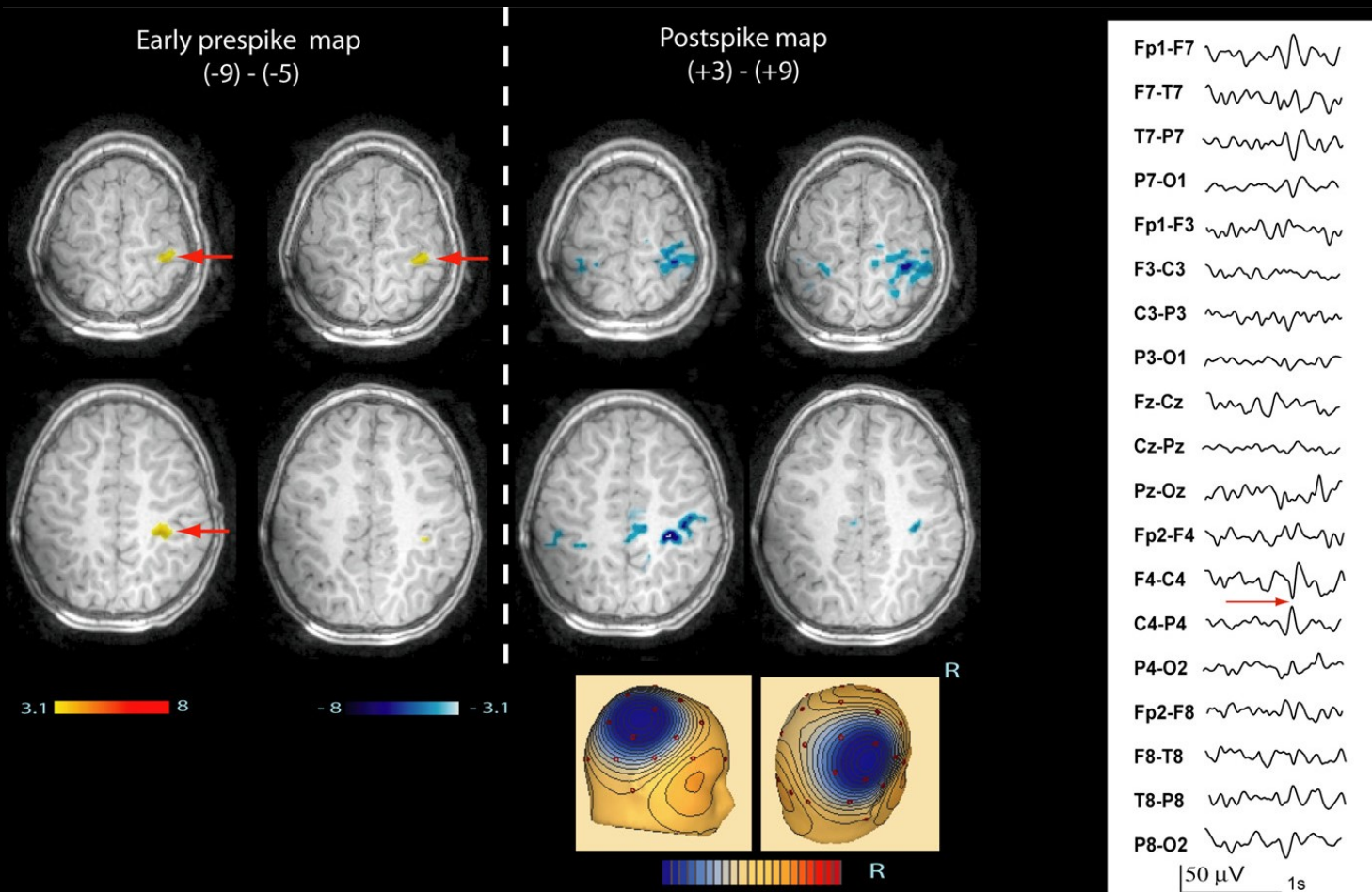


Observation Vector
And Harmonic Fit

Estimate of
True Brain
Generated EEG

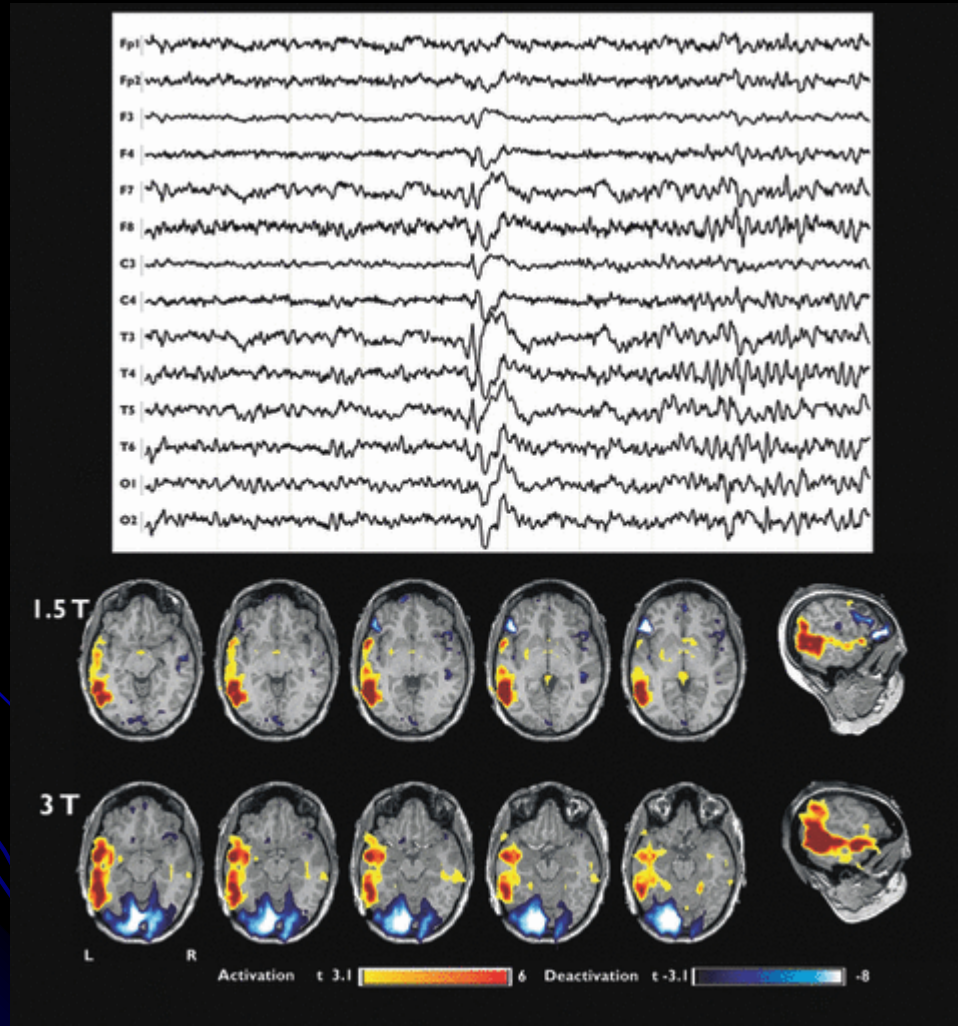
Estimated EEG has correct 3-4 Hz ON/OFF pattern

4. Early BOLD spike response





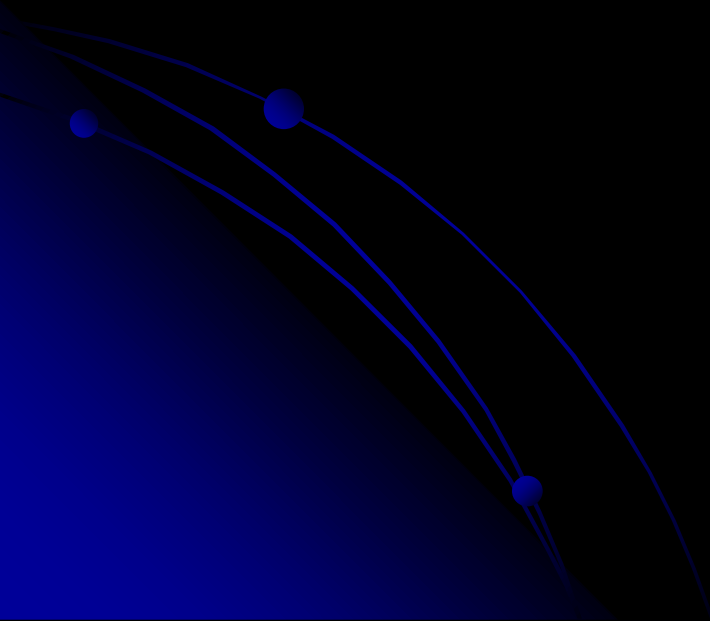
BOLD Response to Epileptic Spikes at 1.5T and 3T





BOLD Signal at 7T

Jon Polimeni, MGH.



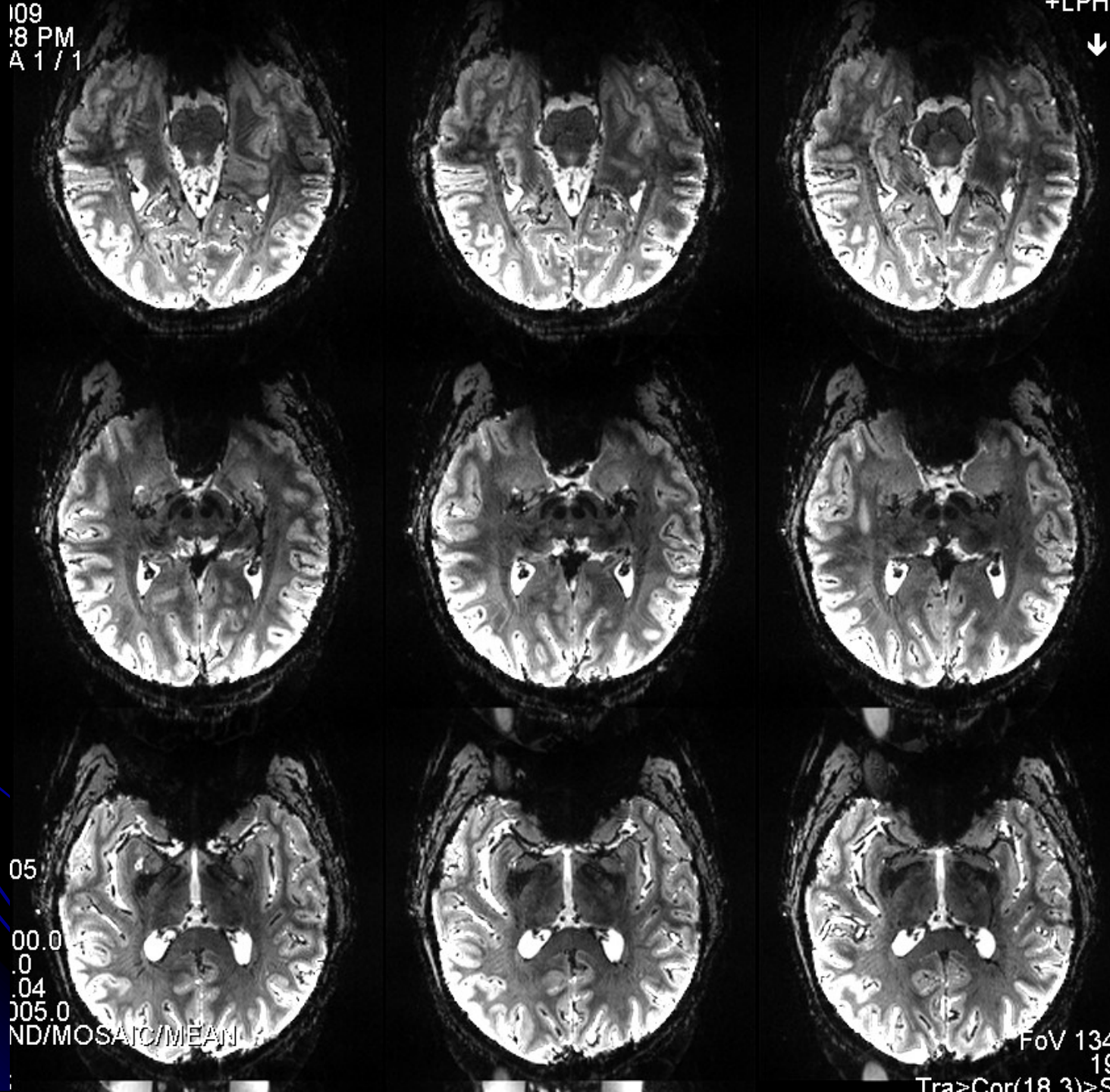


109
:8 PM
A 1 / 1

+LPH
↓

7T
0.75mm isotropic
Single shot EPI
32ch
R=3 Grappa

*Average of
10 shots shown*



0.75mm
7T

05
00.0
.0
.04
005.0
ND/MOSAIC/MEAN

FoV 134
19
Tra>Cor(18 3)>S



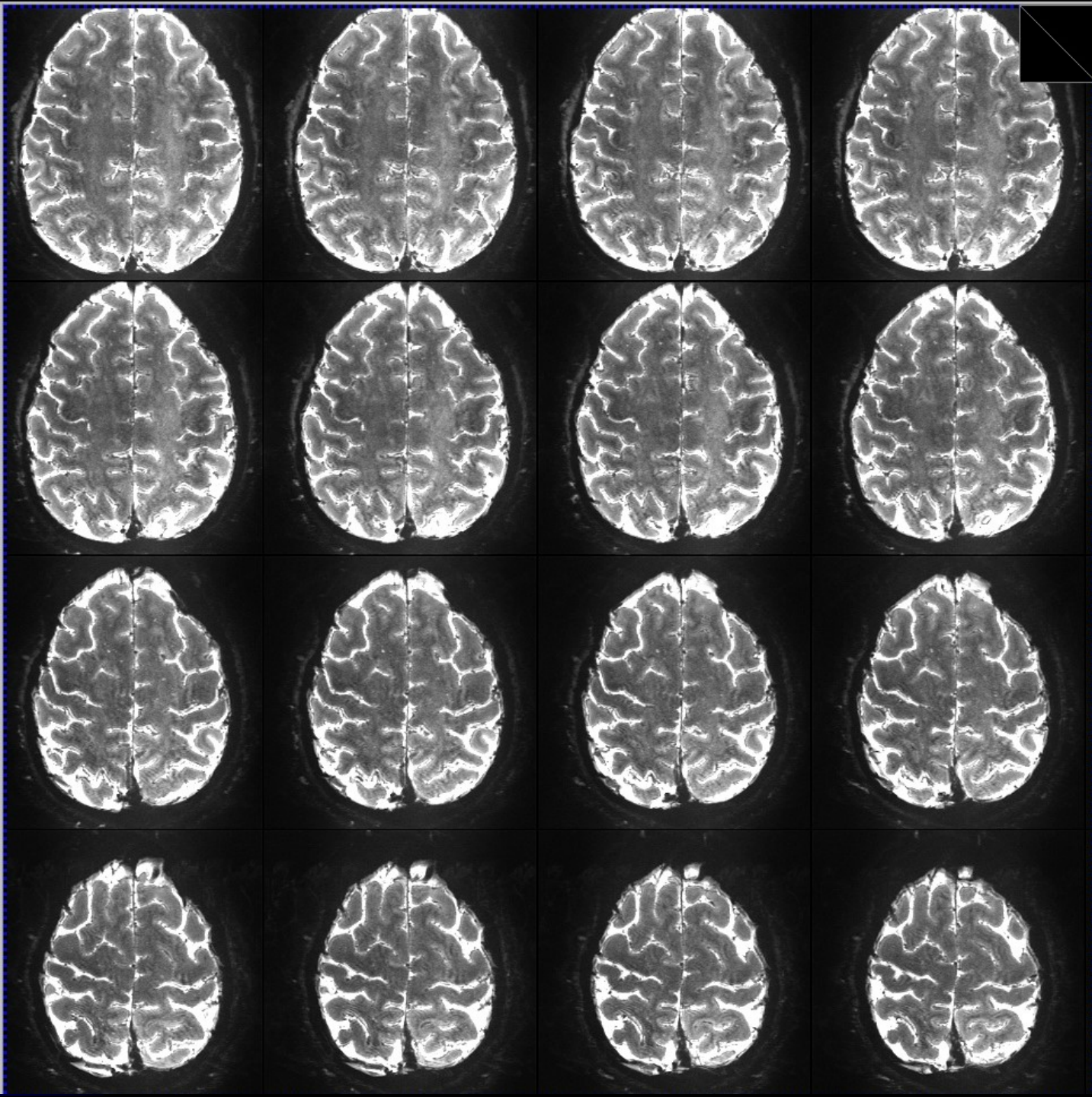
0.5mm isotropic

Single shot EPI

32ch
R=4 Grappa

*Average of
10 shots shown*

0.5mm
7T



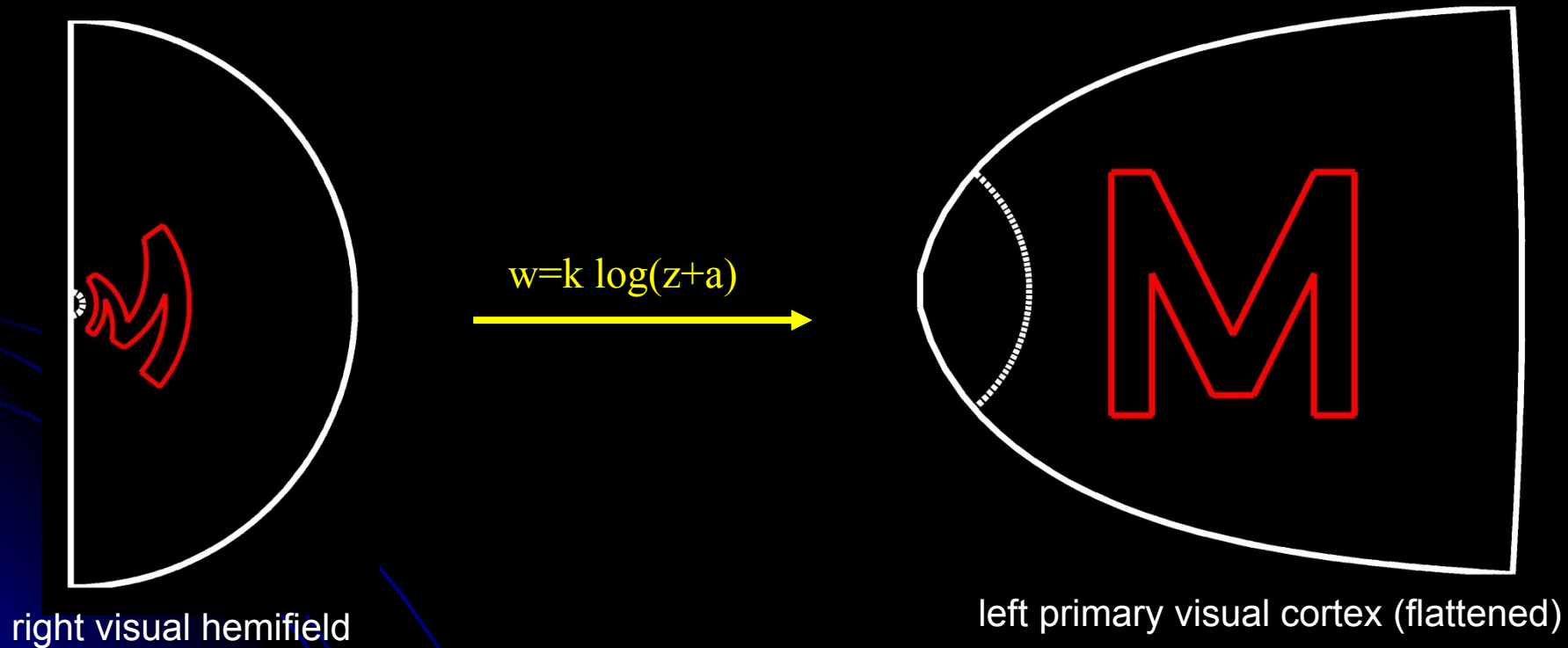


Resolution Stimulus



goal: imposed desired activity pattern on V1 surface

Jon Polimeni, MGH.

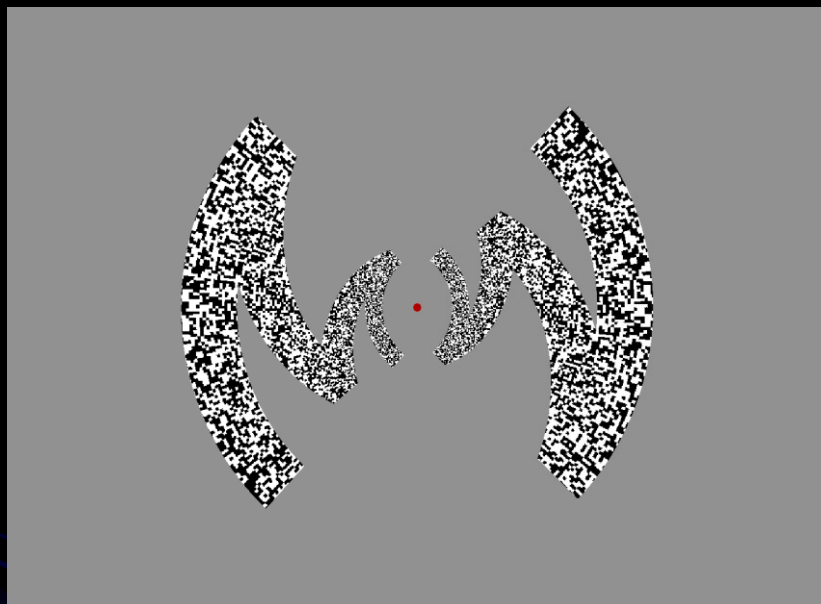




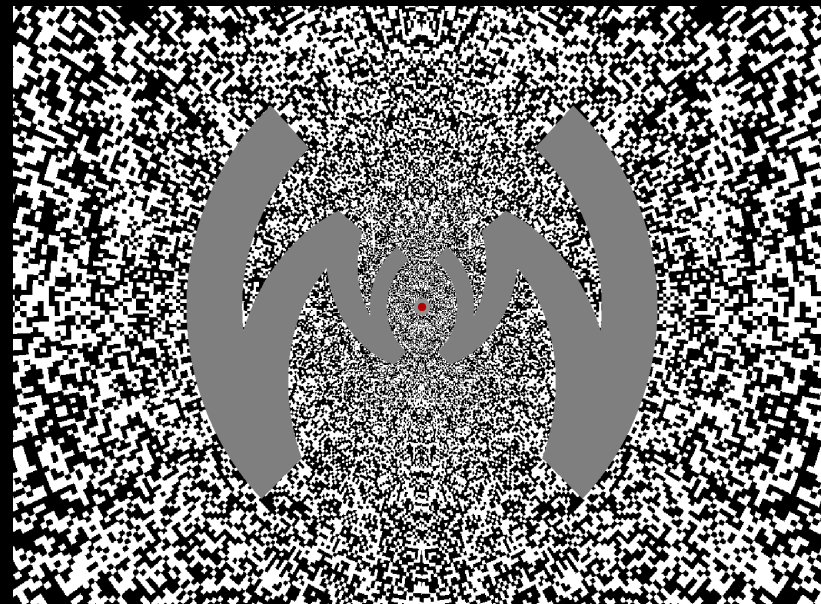
resolution stimulus



stimulus condition A



stimulus condition B



Jon Polimeni, MGH

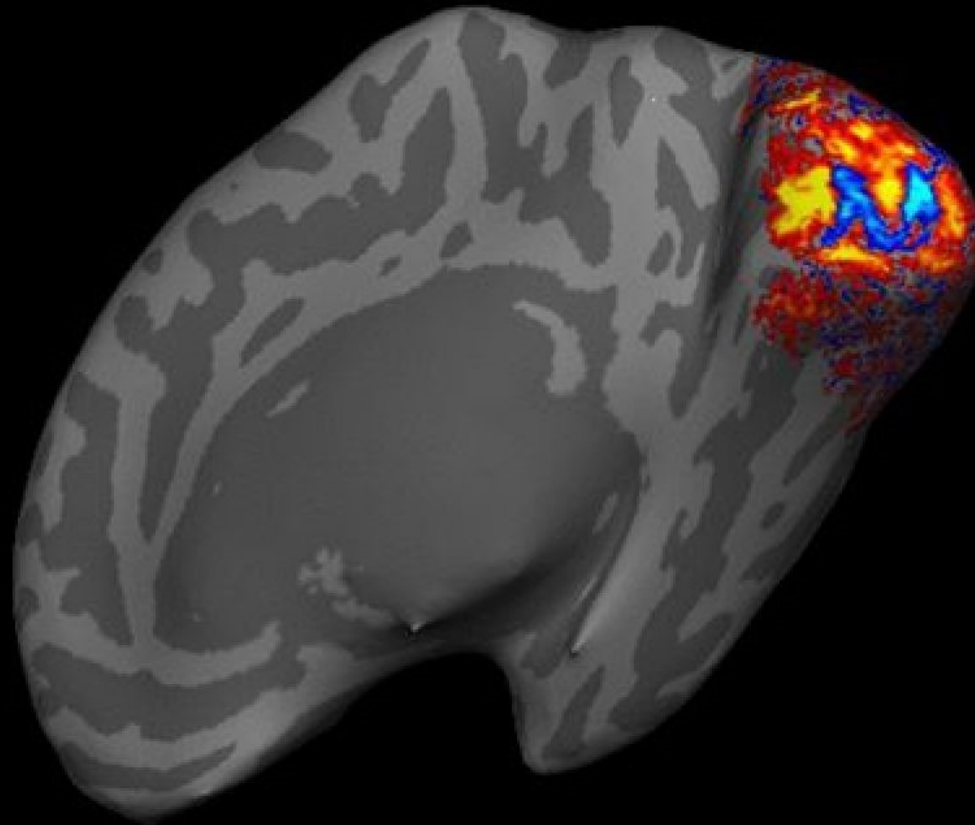
- counterphase flickering (8 Hz) scaled spatial noise pattern
- fixation task to minimize blurring due to eye movements
- block design presentation: two stimulus conditions plus rest, 5min total



View activation on inflated surface

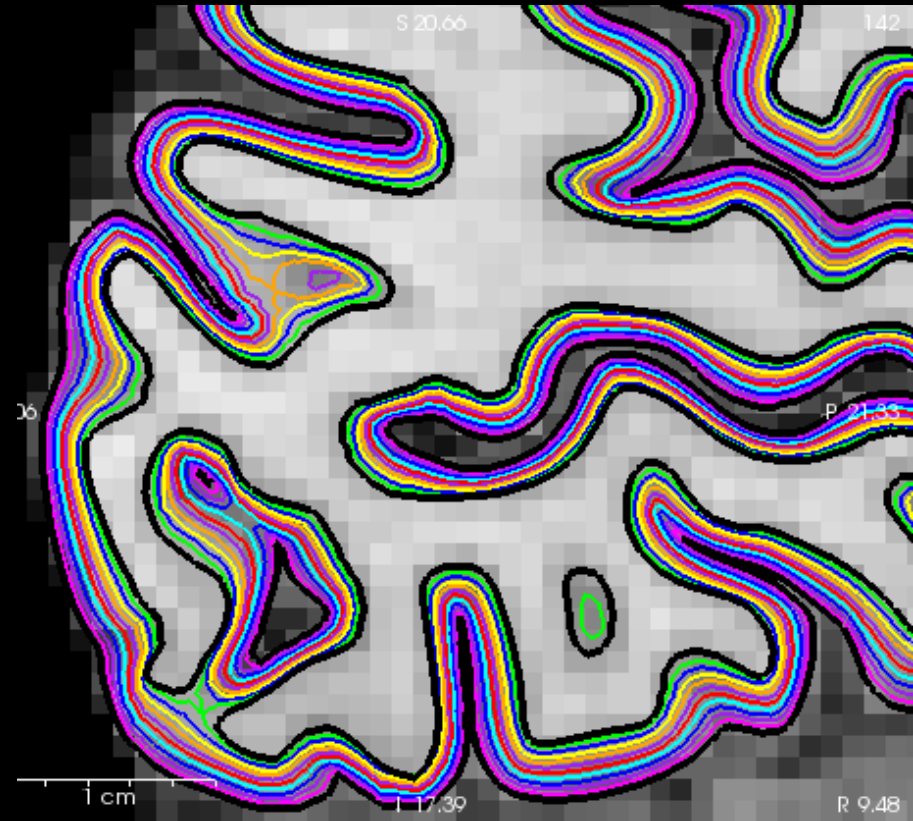
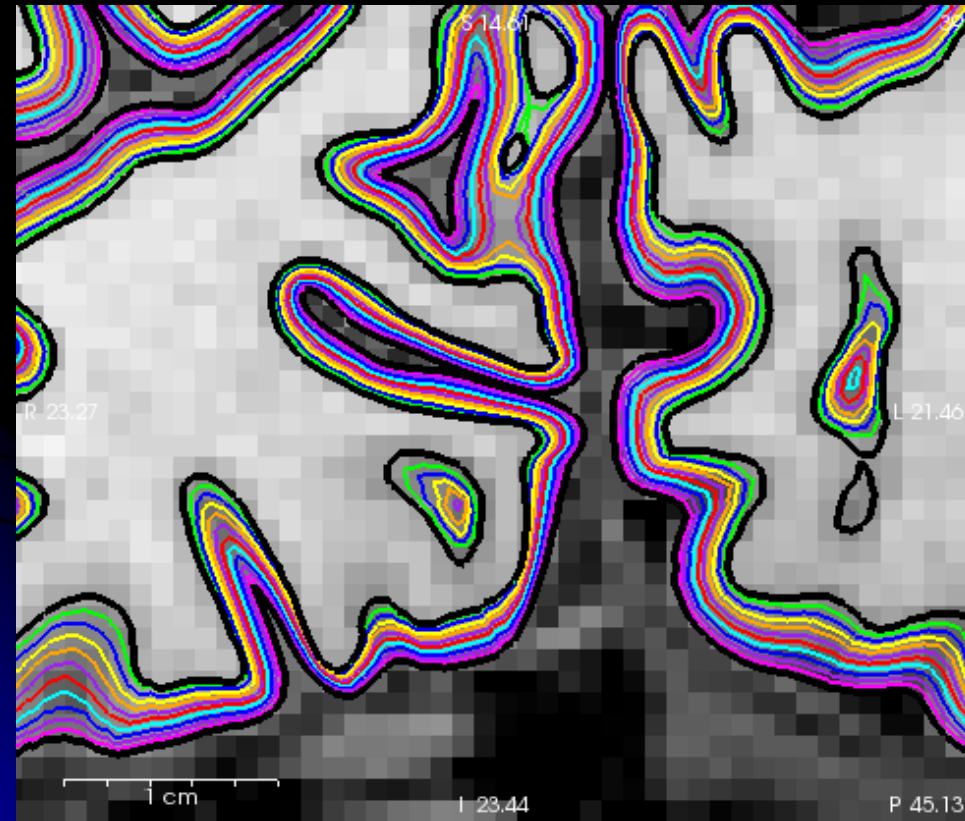


5 Minute block design



Jon Polimeni, MGH

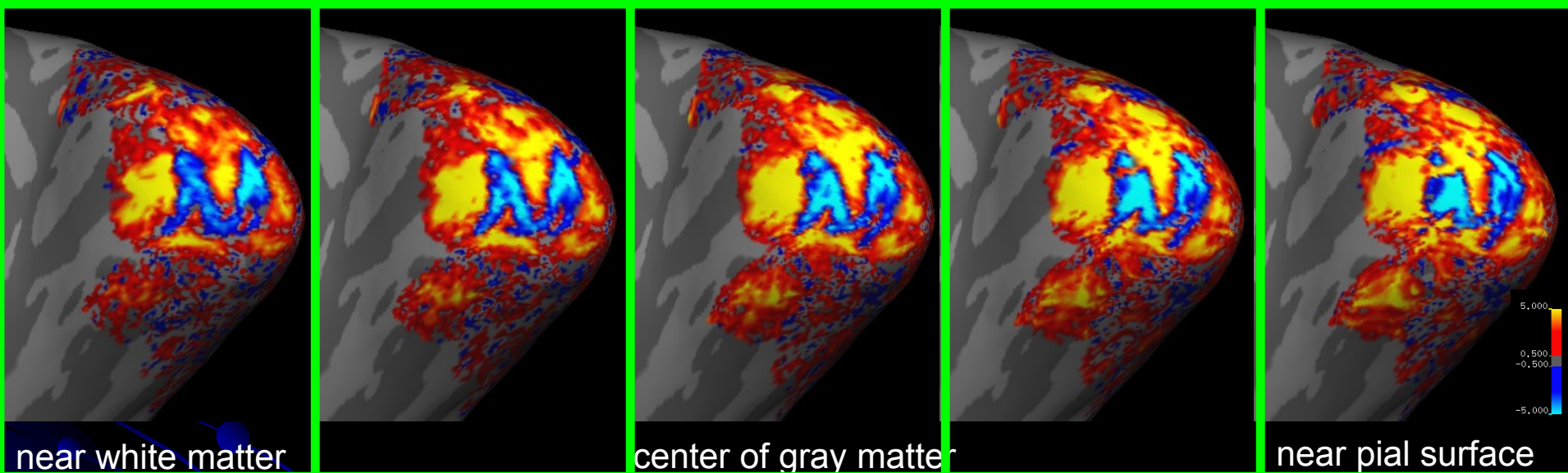
Generate a cortical surface at each depth...





View activation pattern from voxels through each of the many cortical surfaces.

TA: 5 min, 24 sec

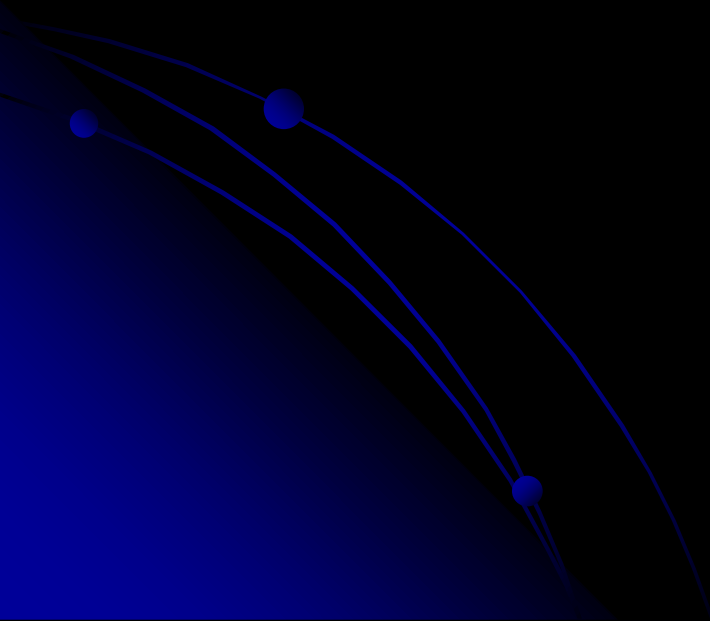


Resolution Pattern Degrades with Proximity to Pial Vessels



EEG/fMRI to study Anesthesia

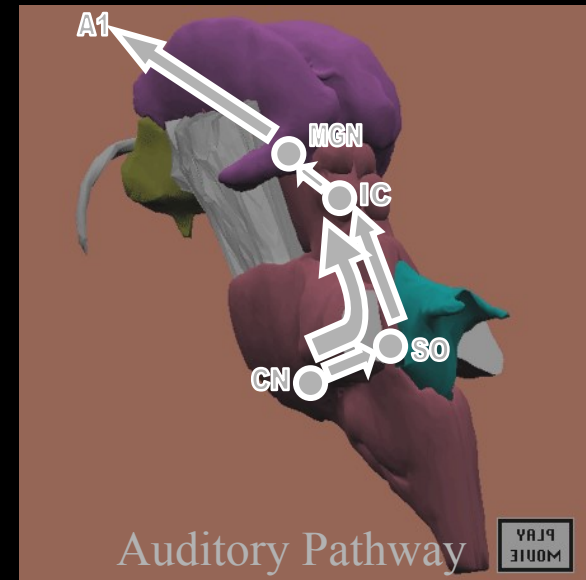
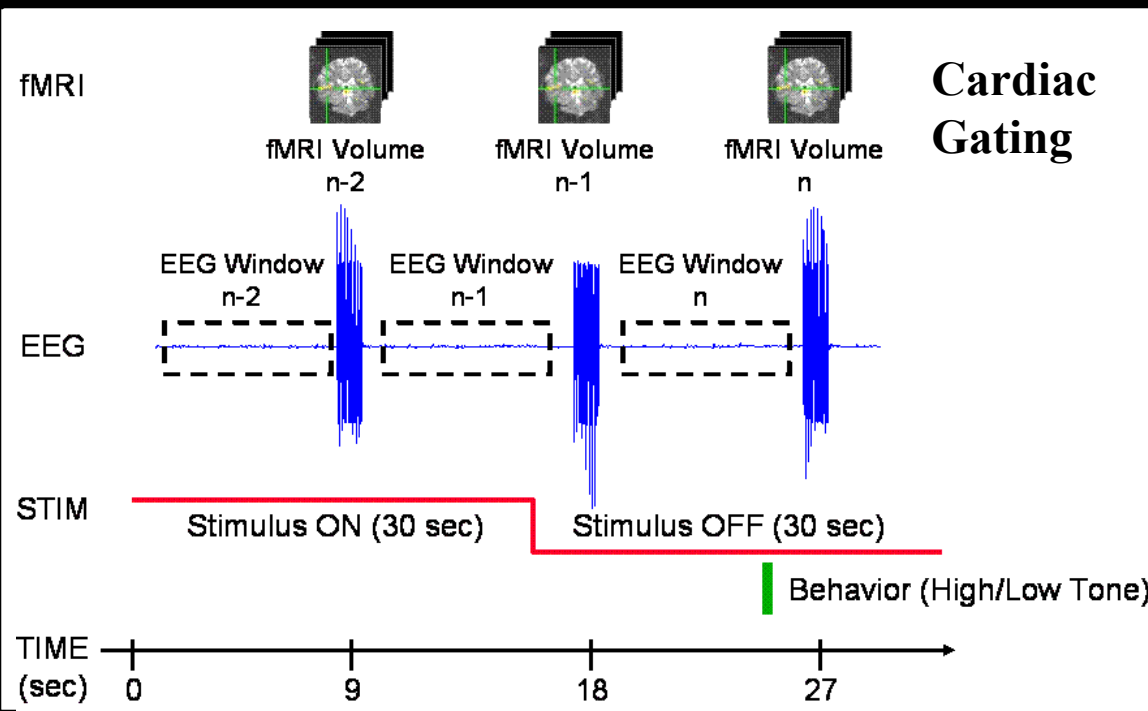
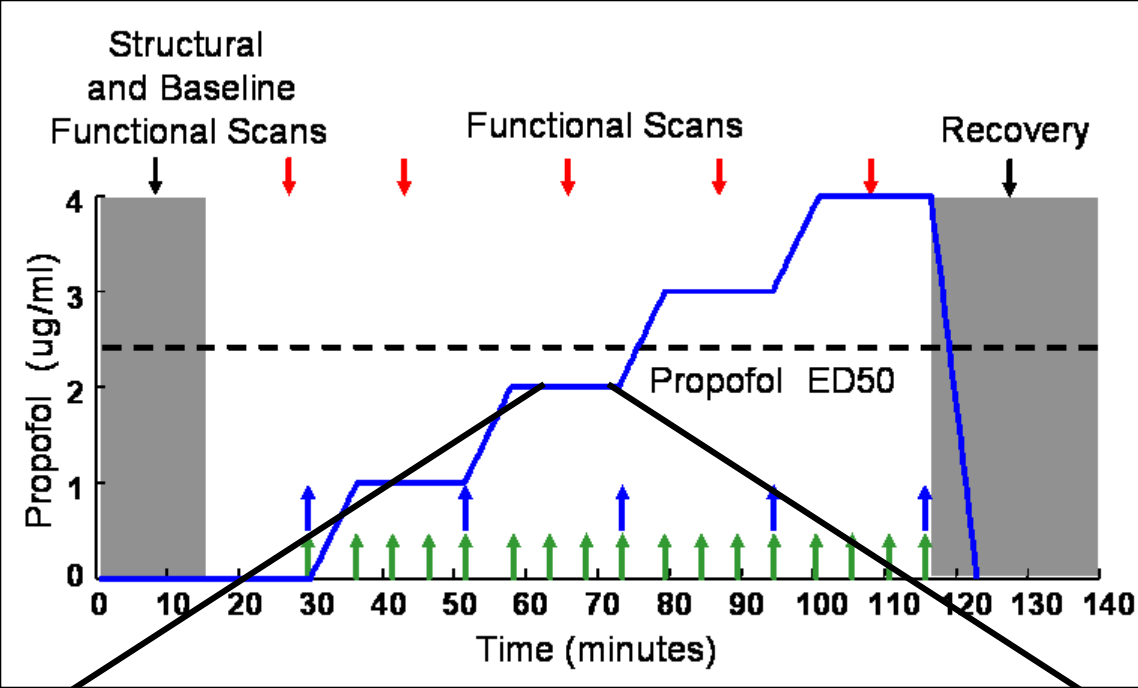
Purdon et al. 2009 MGH





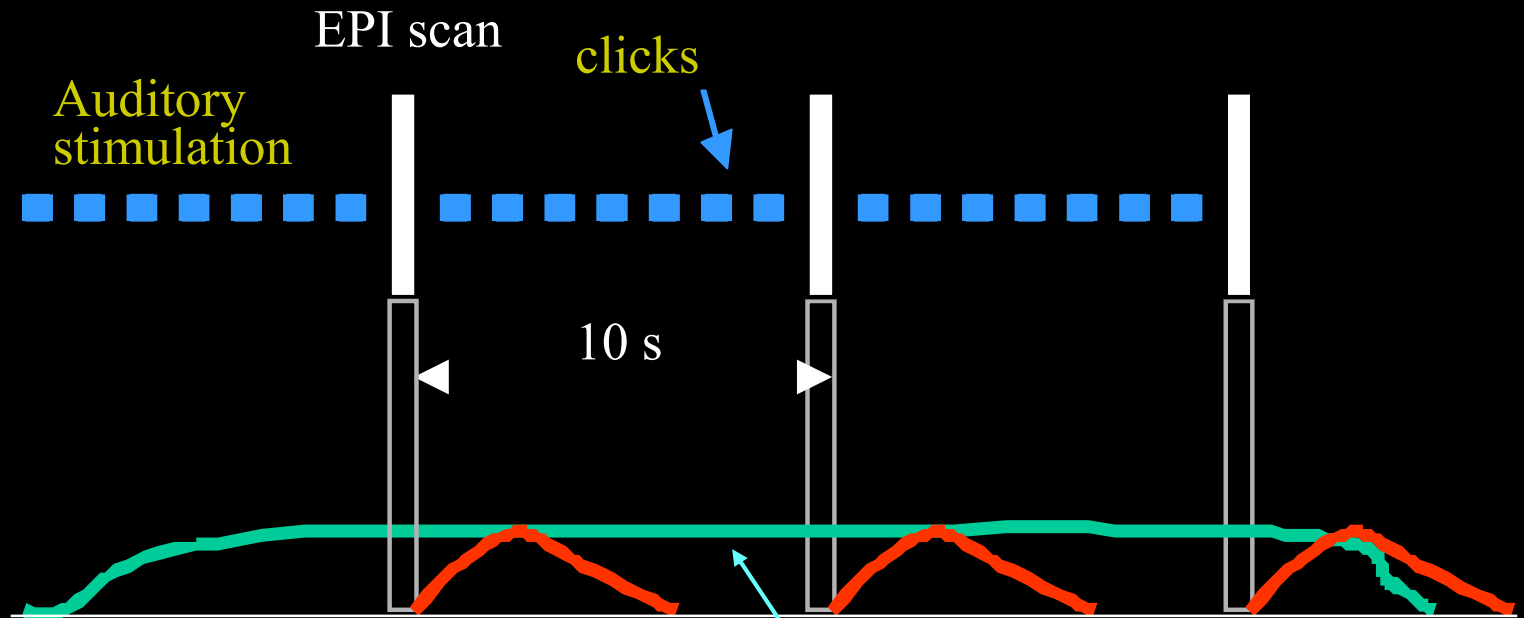
EEG/fMRI/Propofol

- Graded Propofol Infusion
- Cardiac-Gated fMRI (Brainstem)
- EEG (40 Hz ASSR)
- Behavioral Task (Consciousness)
- Blood Gas (CO₂)
- Blood Propofol Level
- Physiological Data (EtCO₂, ECG, BP, SpO₂)





Auditory Evoked Potentials and fMRI



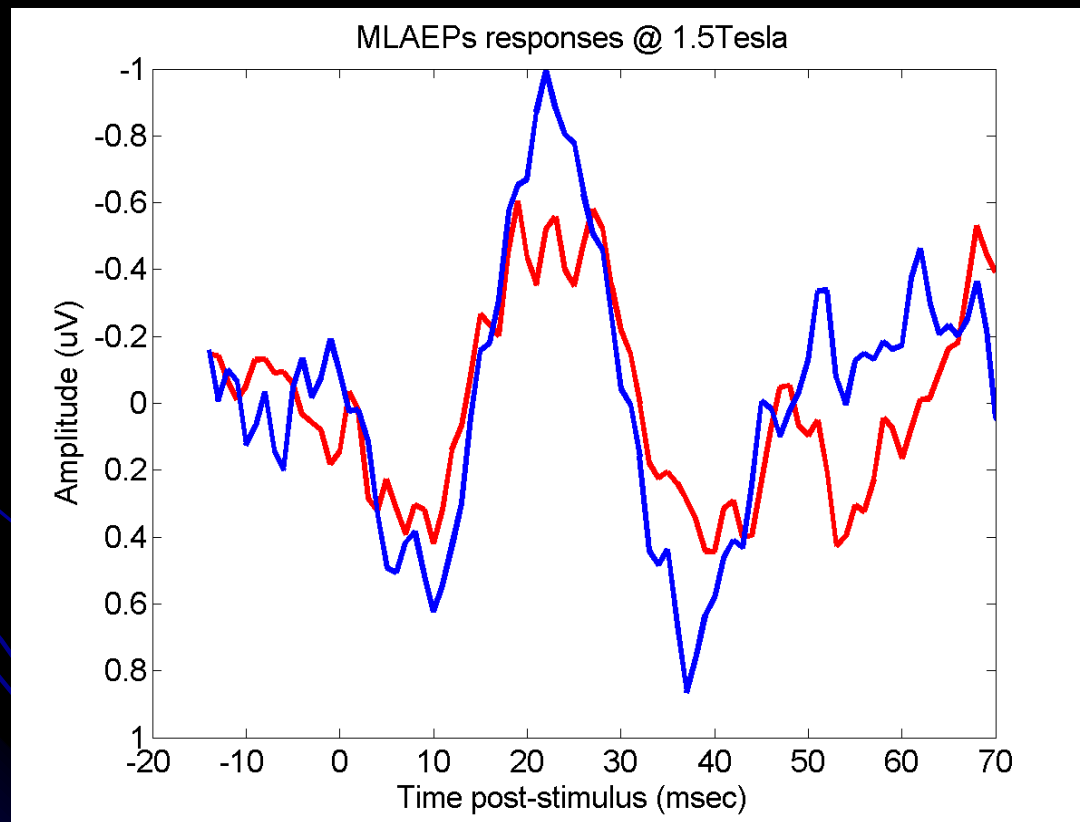
- ✓ ISI = 220ms with 65 ms jitter
- ✓ Clicks with 0.1 rarefaction
- ✓ TR = 10 s
- ✓ 30s/30s ON/OFF (block paradigm)
- ✓ 180 fMRI time points (30 minutes scans)
- ✓ 1,000 averages per condition

Hemodynamic response to clicks

Hemodynamic response to EPI



AEPS 0÷3s after EPI (RED) and 3÷6s after EPI (BLUE) 3 Tesla

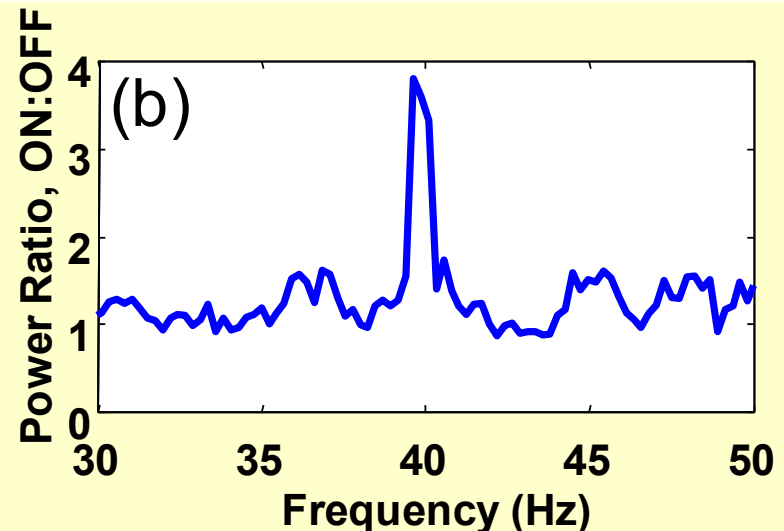
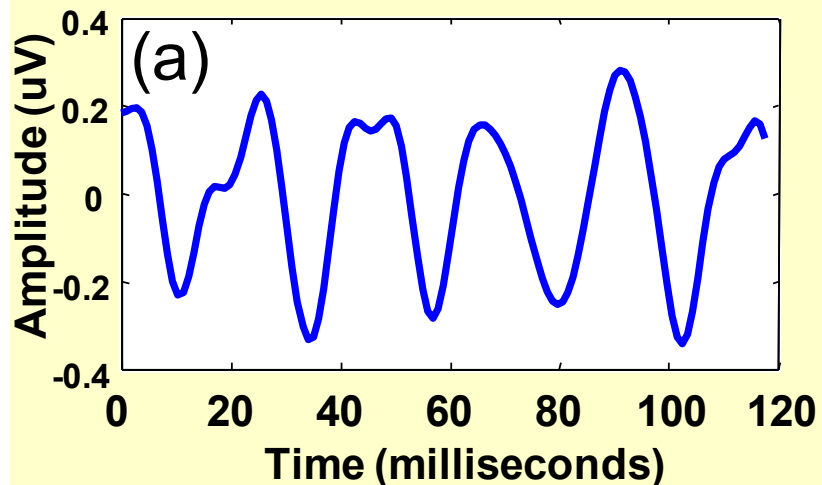




40 Hz Auditory Steady-State Response (ASSR)



- ERP from periodic click, tone, or noise-burst stimuli delivered at 40 Hz
- Compared to other frequencies, response greatest at 40 Hz (Galambos 1981)
- Abolished during loss of consciousness under general anesthesia (Plourde 1996, Meuret 2001)
- Gamma-band oscillations (~ 40 Hz) are related to binding and consciousness



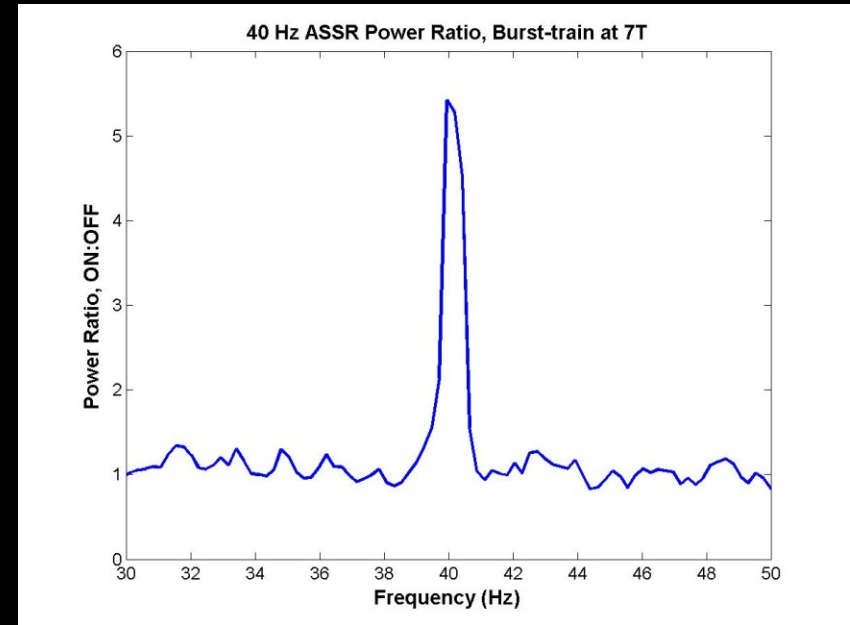
40-Hz ASSR in (a) time domain, (b) frequency domain



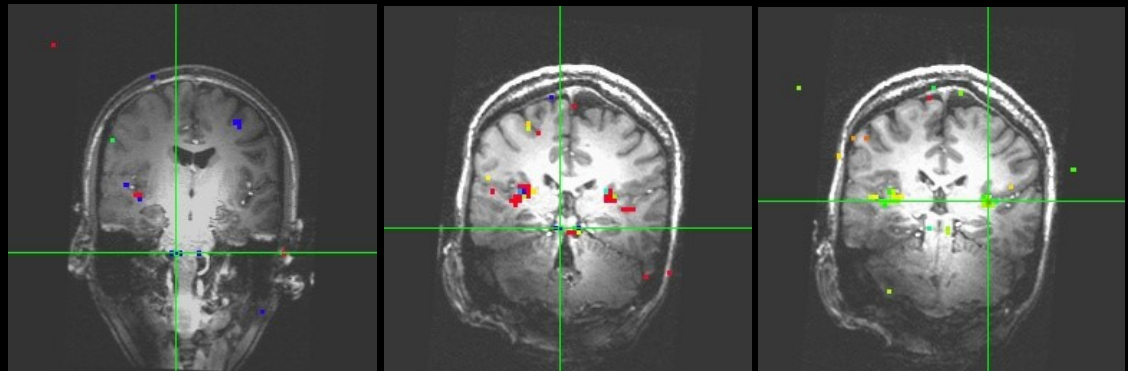
Concurrent Recording of 40-Hz Auditory Steady State Response (ASSR) and fMRI at 7T



- Noise bursts (40 Hz) of 30 sec followed by 30 sec break
- ASSRs are related to thalamo-cortical function and loss of consciousness.



- BOLD activation map for 40Hz noise burst stimulus



Results: Loss of Consciousness

Propofol



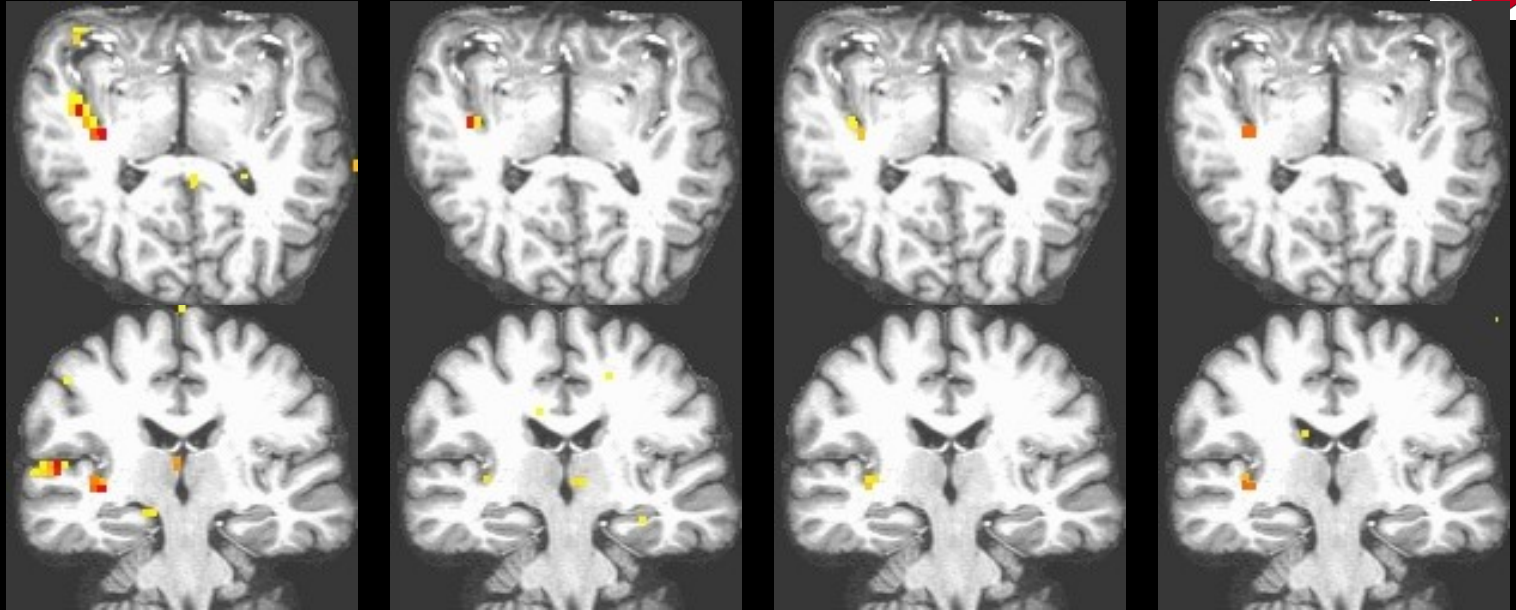
0.0 ug/ml

1.0 ug/ml

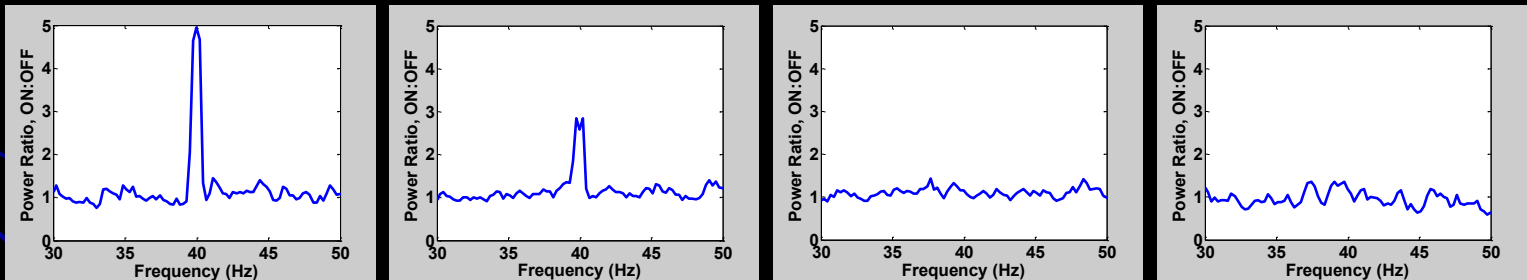
2.0 ug/ml

3.0 ug/ml

fMRI

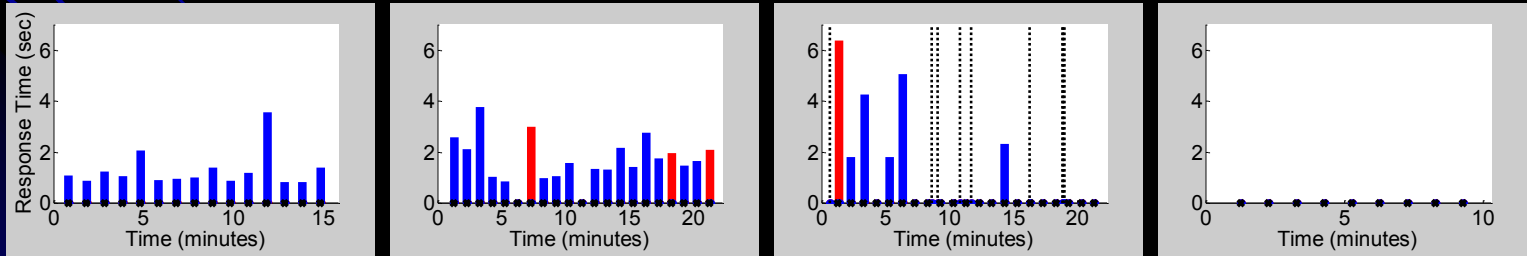


ASSR



Behavior

■ Resp. Time, Incorrect
■ Resp. Time, Correct
⋯ Stray Resp.
* Tone Stim.



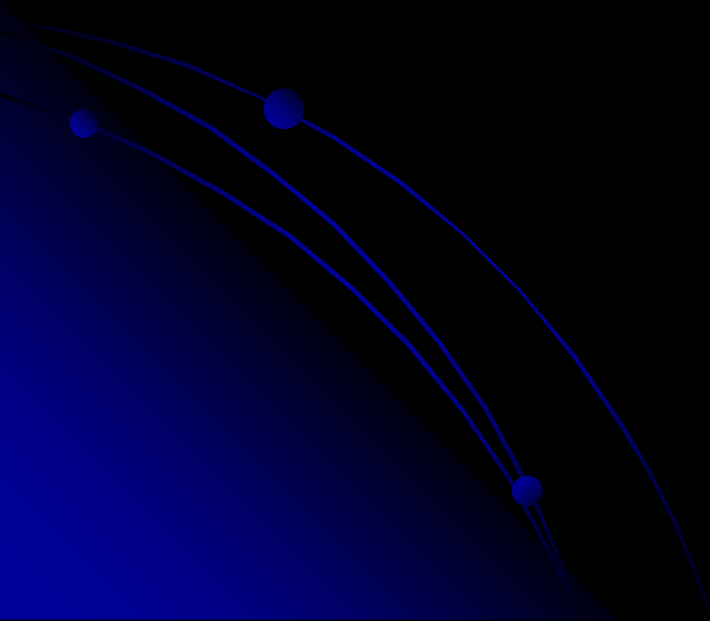
Primary auditory cortex remains active after Loss of Consciousness (LOC)

Purdon et al. 2009 MGH



EEG/fMRI to study Sleep

Yotsumoto et al., 2009





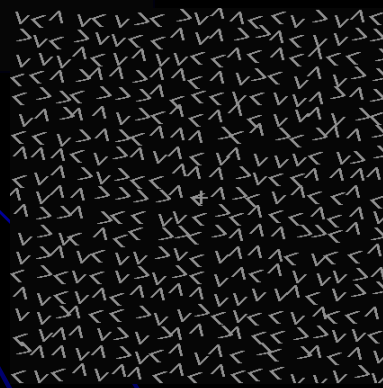
Intensive training of TDT

Target



(13ms)

(SOA)



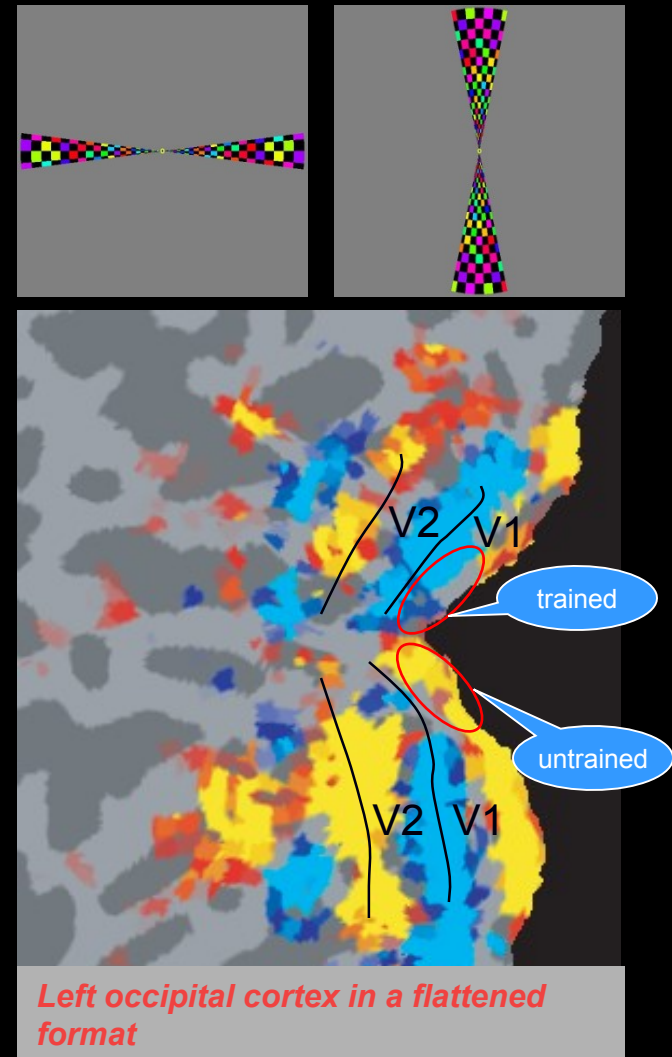
(100 ms)

- Tasks (~90 min)
 - To report which of “T” or “L” is presented at the fixation
 - To report an orientation of the triplet
 - Always presented in a constant quadrant of the visual field
 - Trained visual field was counterbalanced across the subjects
- Stimulus-to-mask onset asynchrony (SOA) interval
 - The shorter SOA, the more difficult the orientation task
- To estimate subjects performance
 - Correct response ratio in a given SOA
 - A threshold SOA (80% correct discrimination)



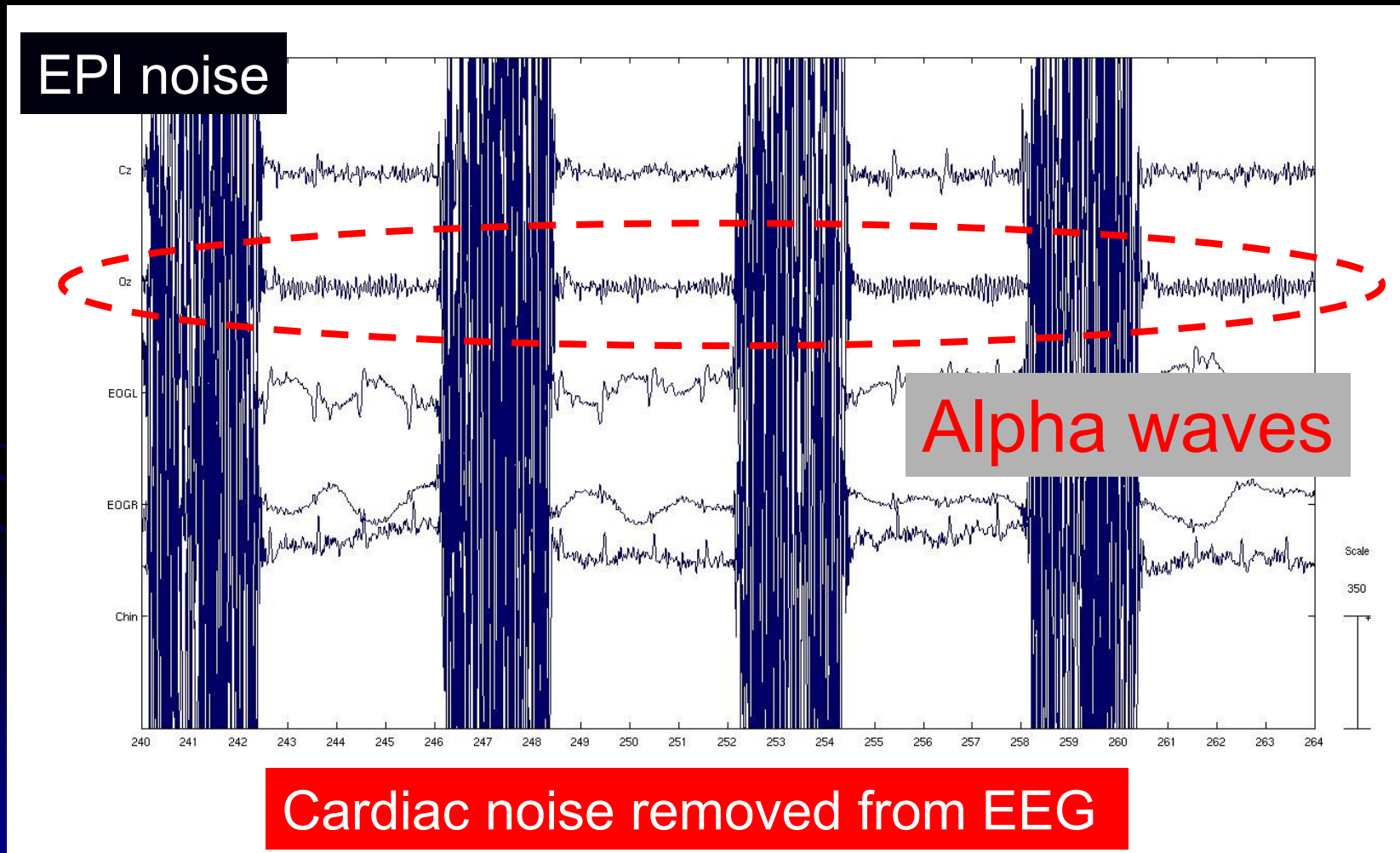
Precise V1 localization

- Retinotopic mapping
 - To localize boundaries between V1, V2 (secondary visual area) etc.
 - Engel et al., 1994; Sereno 1995; Fize et al., 2003
 - Upper and lower visual fields
 - Eccentricity
- V1
 - Trained and untrained regions
 - If the trained visual field is the lower right visual field quadrant, then the corresponding trained V1 is the left dorsal part





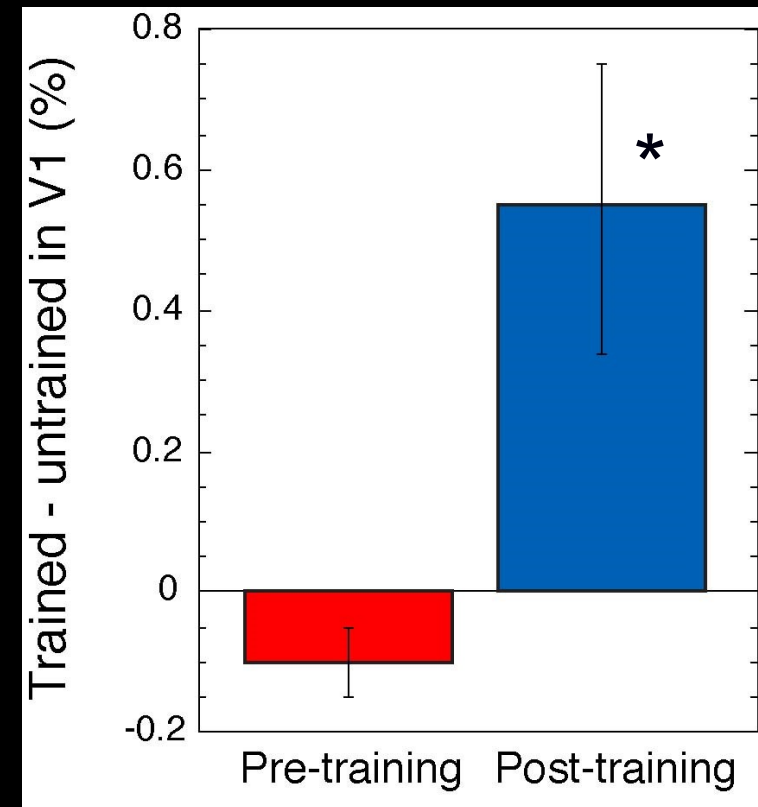
PSG in 3T magnetic field Wakefulness





Sleep activity increased in the trained region during sleep periods

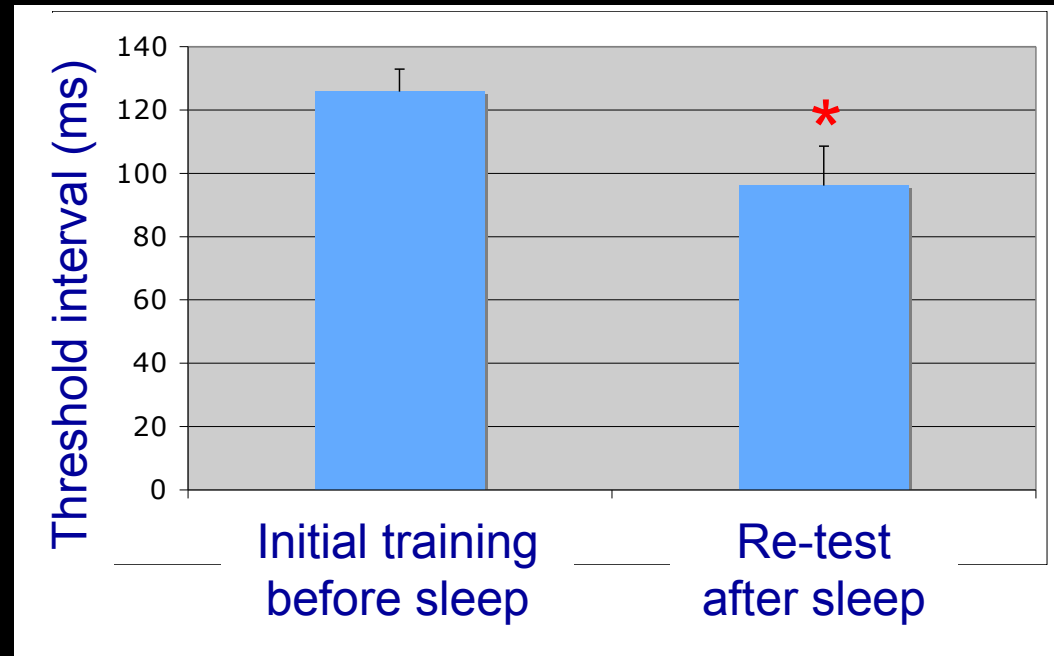
- Comparison of sleep activity
 - in the trained and untrained V1
 - in pre-training and post-training sleep sessions
- Subtraction of sleep activity in the untrained region from that in the trained regions (trained - untrained)
 - Nearly zero before training
 - The difference became larger after the training
 - BOLD signal increased in the trained region of V1





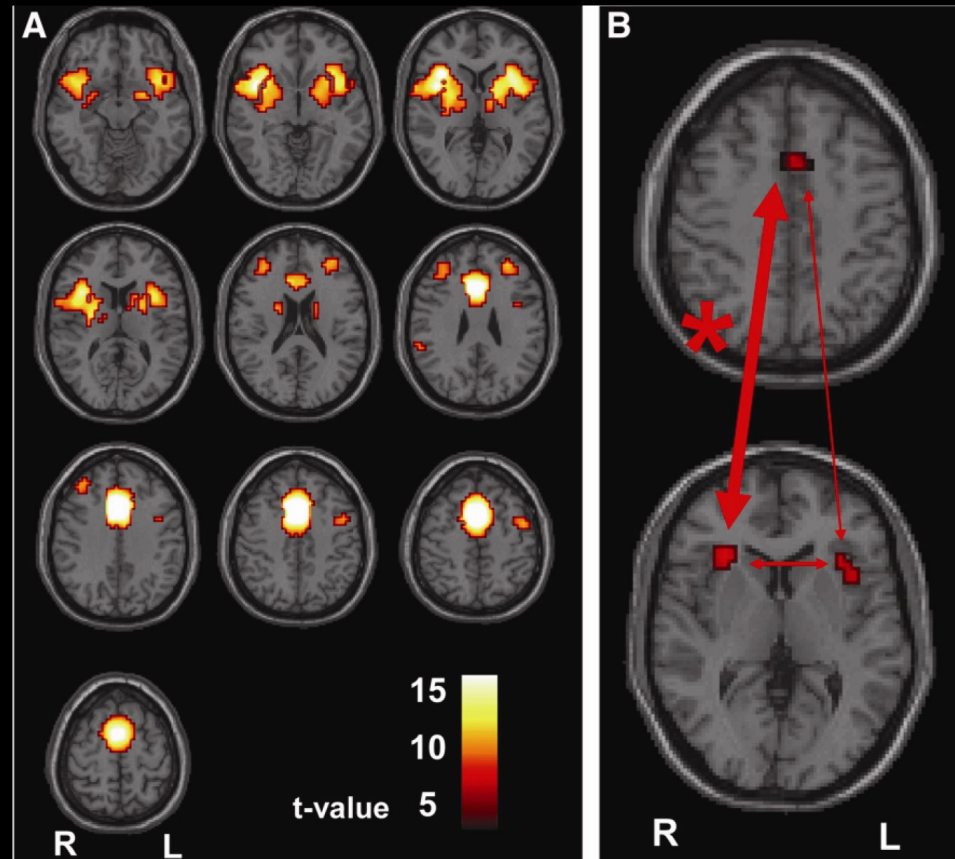
TDT performance was improved after the sleep period

- A threshold SOA (80%-SOA) was calculated in both the first training session and the re-test session
- In the re-test session, 80%-SOA became shorter by ~35 ms
- Performance was improved in the re-test





Resting State EEG/fMRI in Epilepsy



Resting functional connectivity analysis. A. Medial frontal ROI seed region shows maximal connectivity with bilateral anterior insula/frontal operculum, Mean z-score for connectivity between right In/FO



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