

# Contribution of neuroimaging studies to the physiopathology and diagnosis of patients with disorders of consciousness

Mélanie Boly, MD, PhD



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and University of Liège, Belgium**

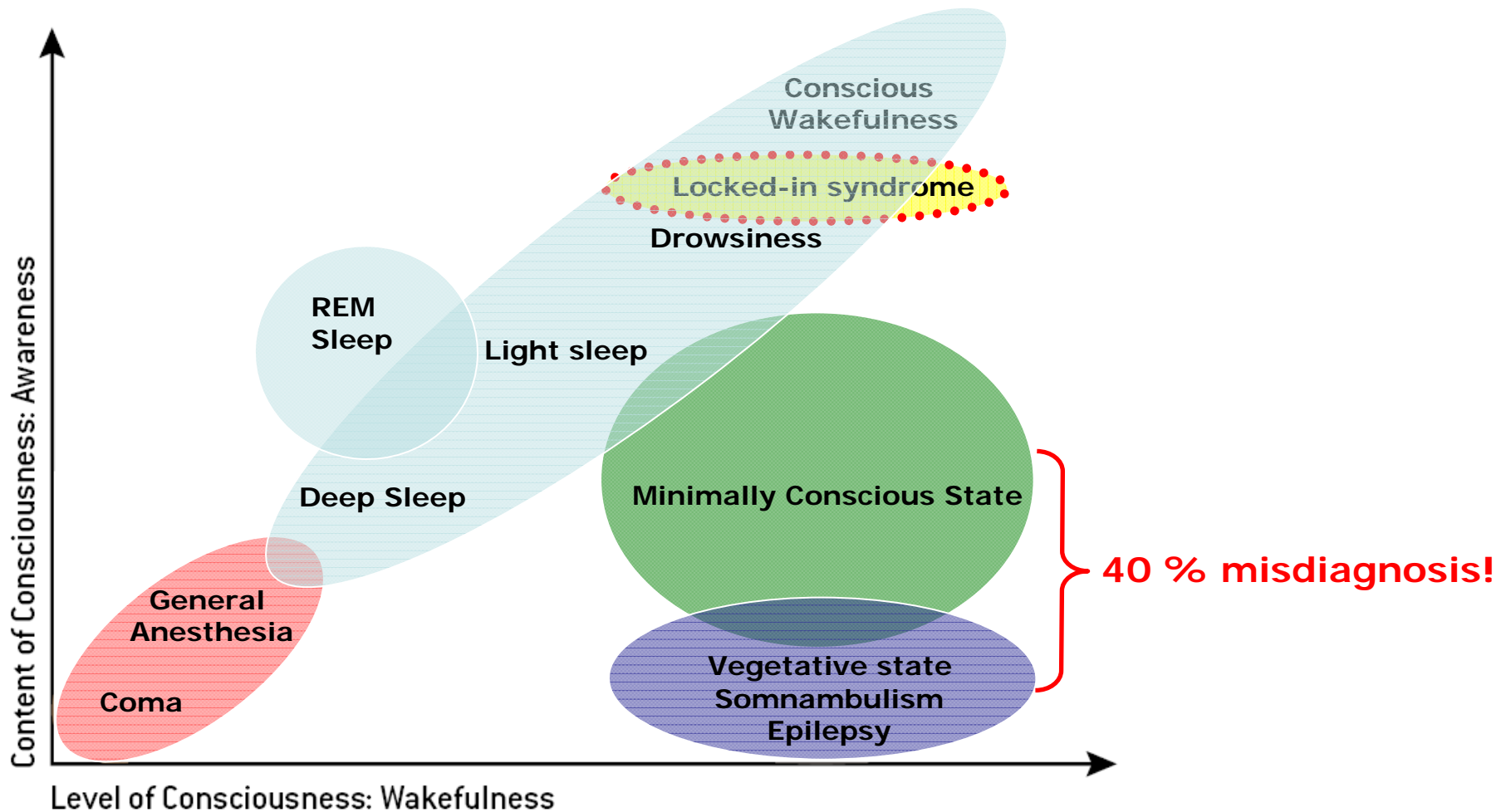
**Functional Imaging Laboratory,  
Wellcome Trust Centre for Neuroimaging,  
University College London, UK**



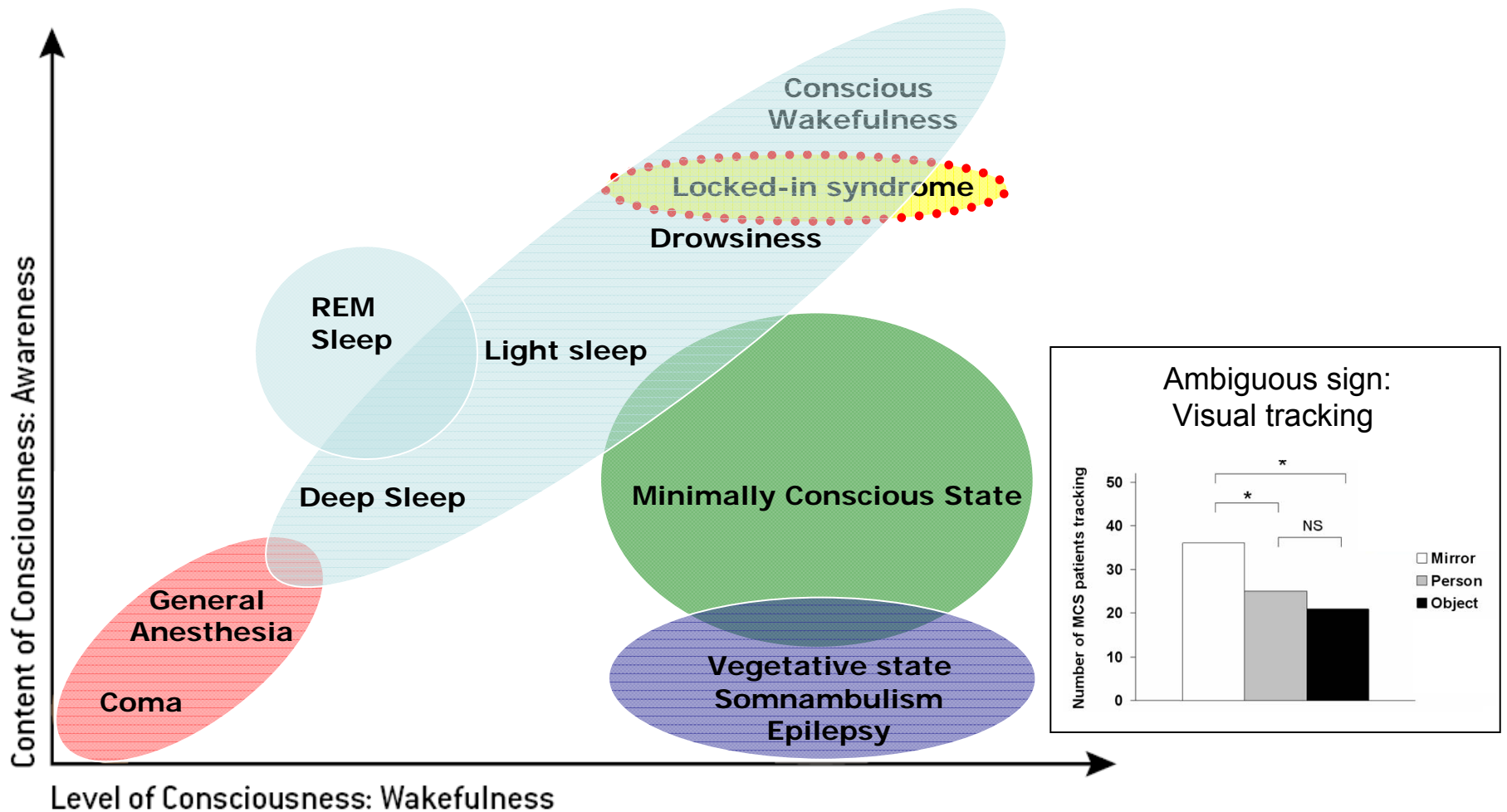
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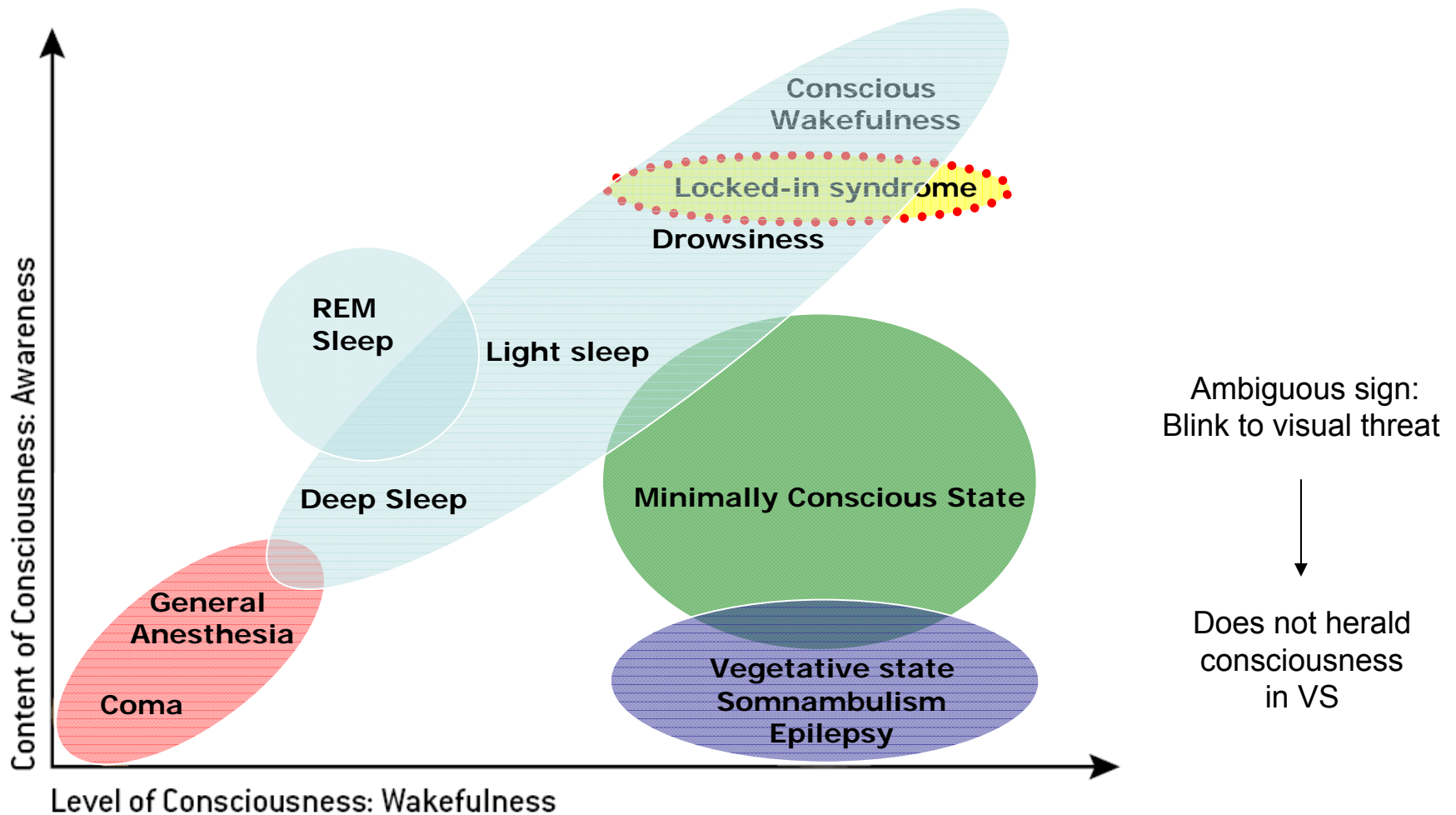
# Altered states of consciousness



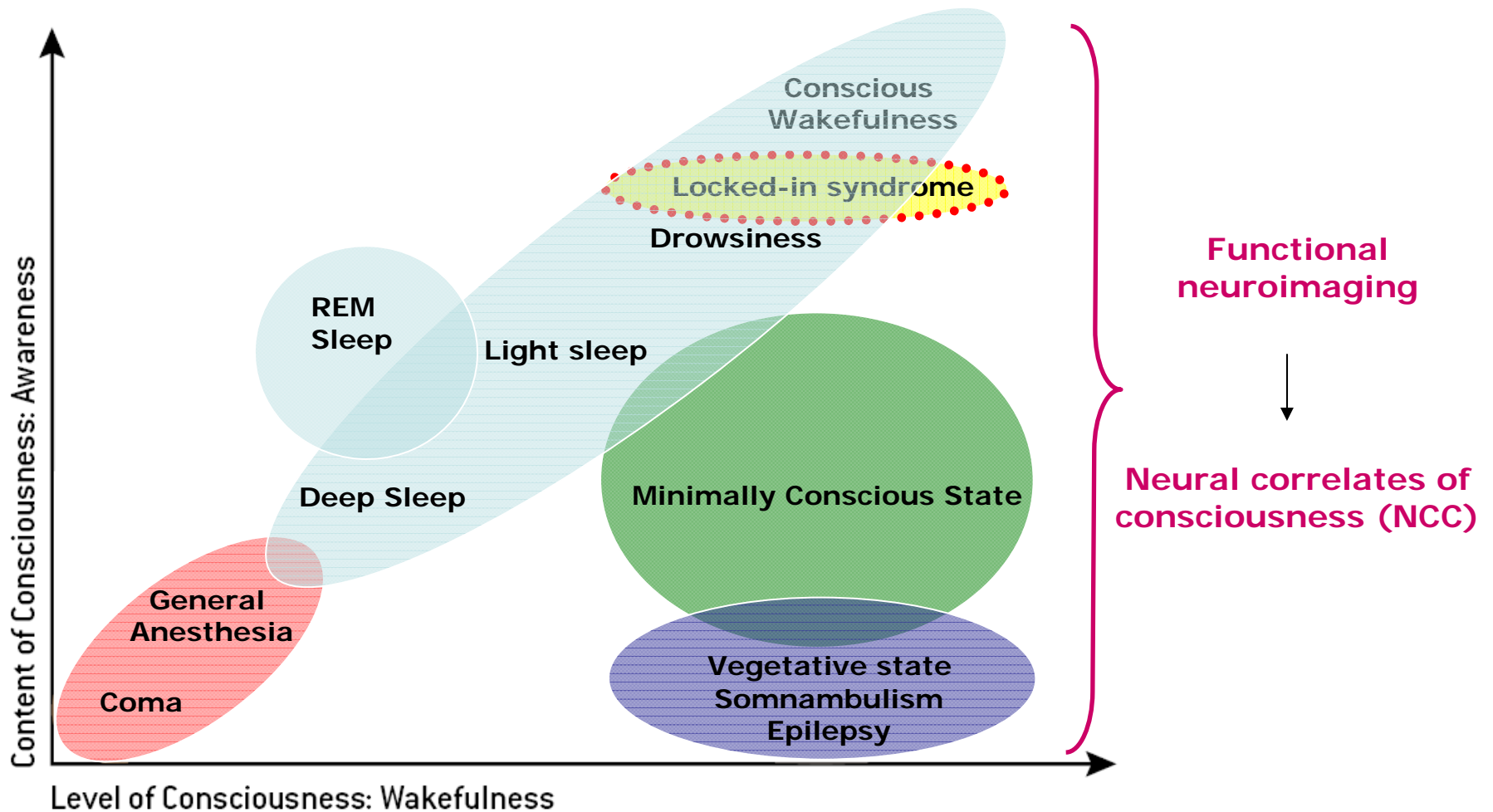
# Altered states of consciousness



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# Altered states of consciousness



# Brain metabolism studies



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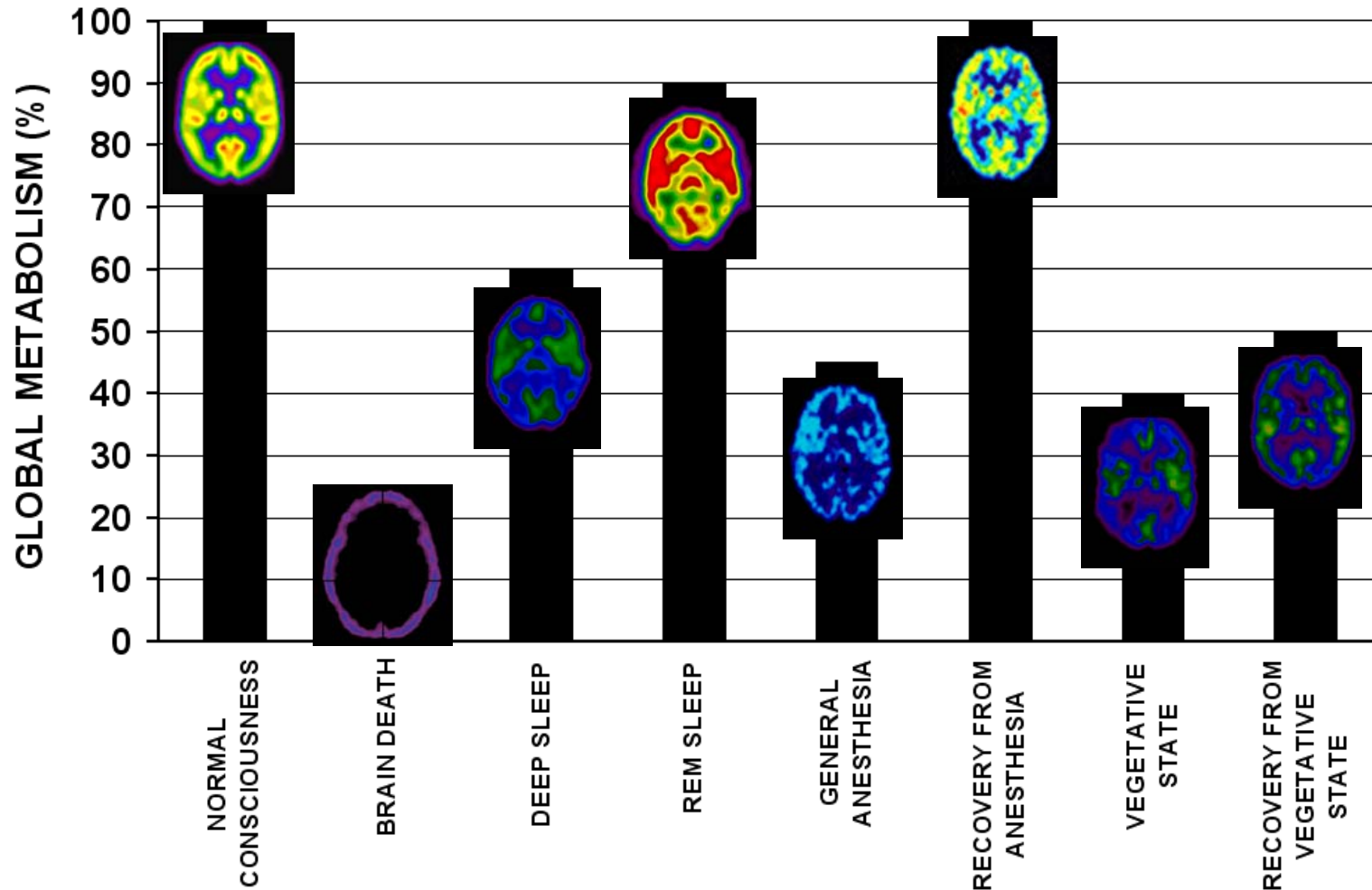


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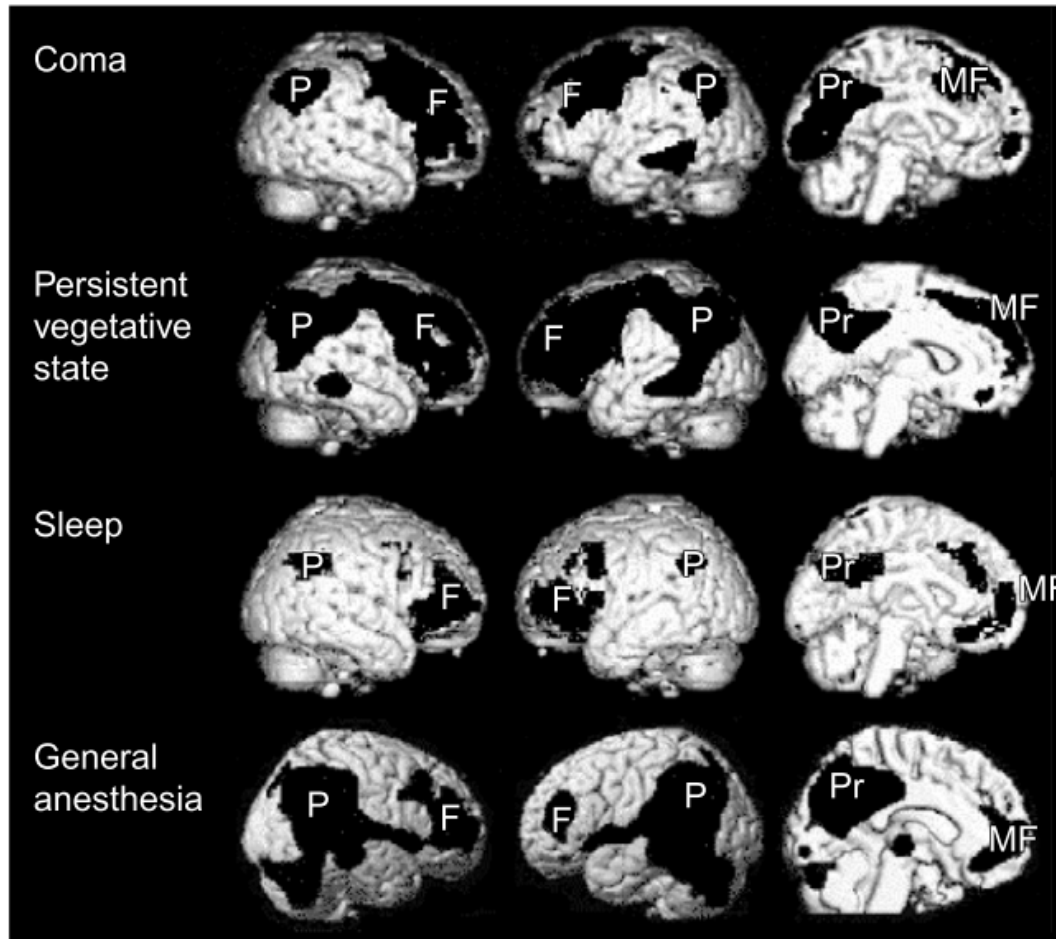




# Global brain metabolism $\neq$ consciousness

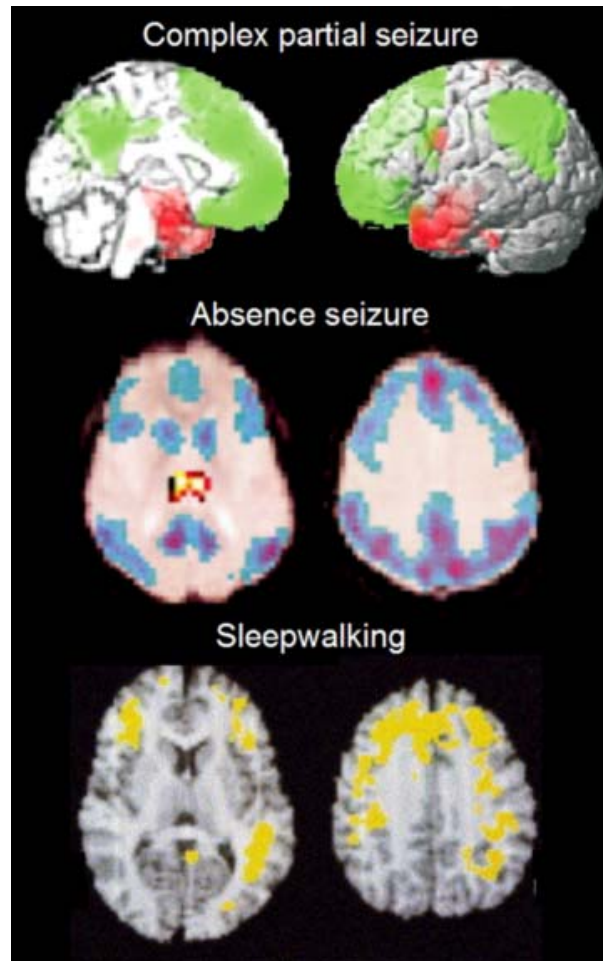


# Regional brain metabolism and consciousness





# Transient “vegetative” states



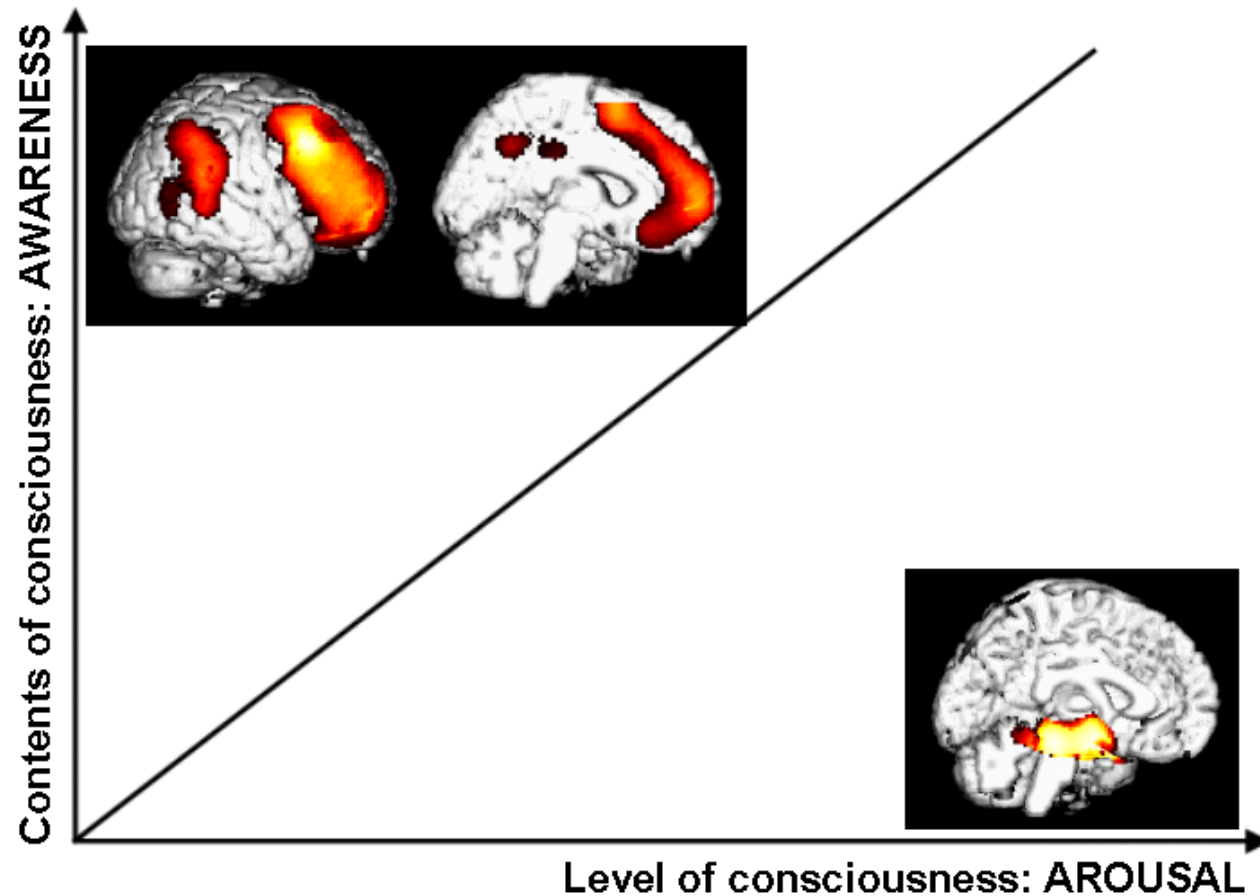
*SPECT data from  
Hal Blumenfeld (n=6)*

*fMRI data from  
Salek-Haddadi (n=1)*

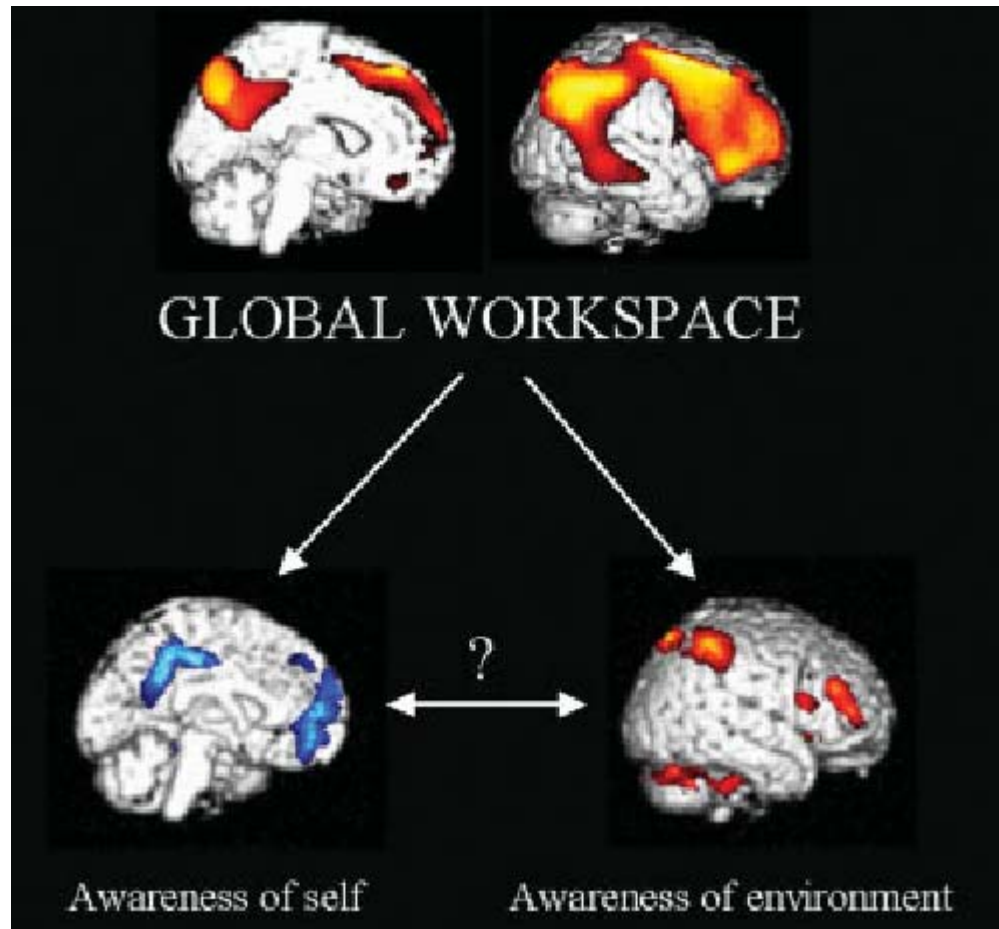
*SPECT data from  
Claudio Bassetti (n=1)*



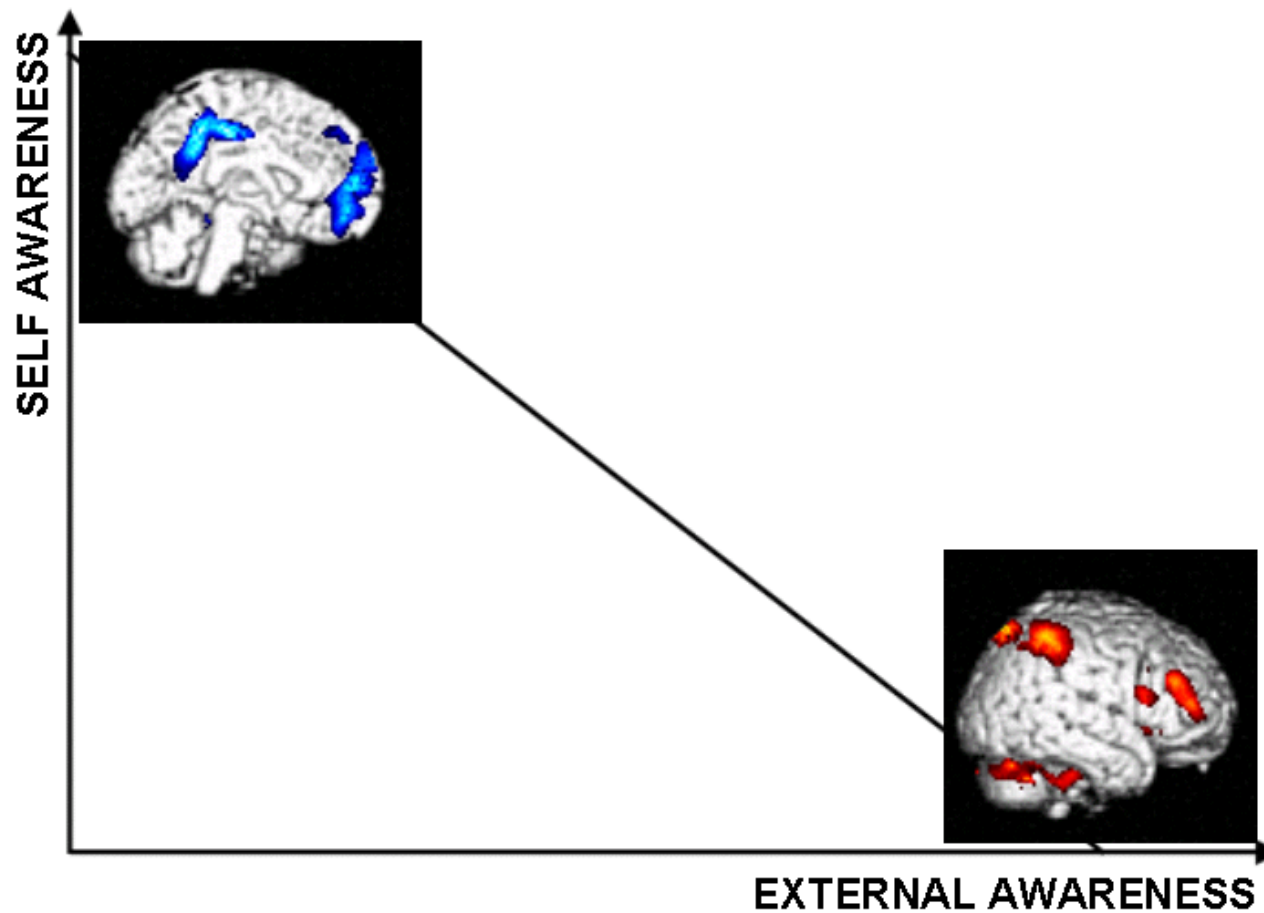
# Neuroanatomy of consciousness



# "Awareness network"



# "Awareness network"



# External awareness:

## Brain responses to sensory stimuli



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# DO THEY FEEL PAIN ?



THE LANCET

**Seminar**

Vol 350 • September 13, 1997

## **Persistent vegetative state**

### *Lingering doubt*

Adam Zeman

Can we be absolutely certain that patients in a vegetative state cannot experience anything? Might a grimace in response to pain not indicate a glimmer of awareness?





# Noxious processing



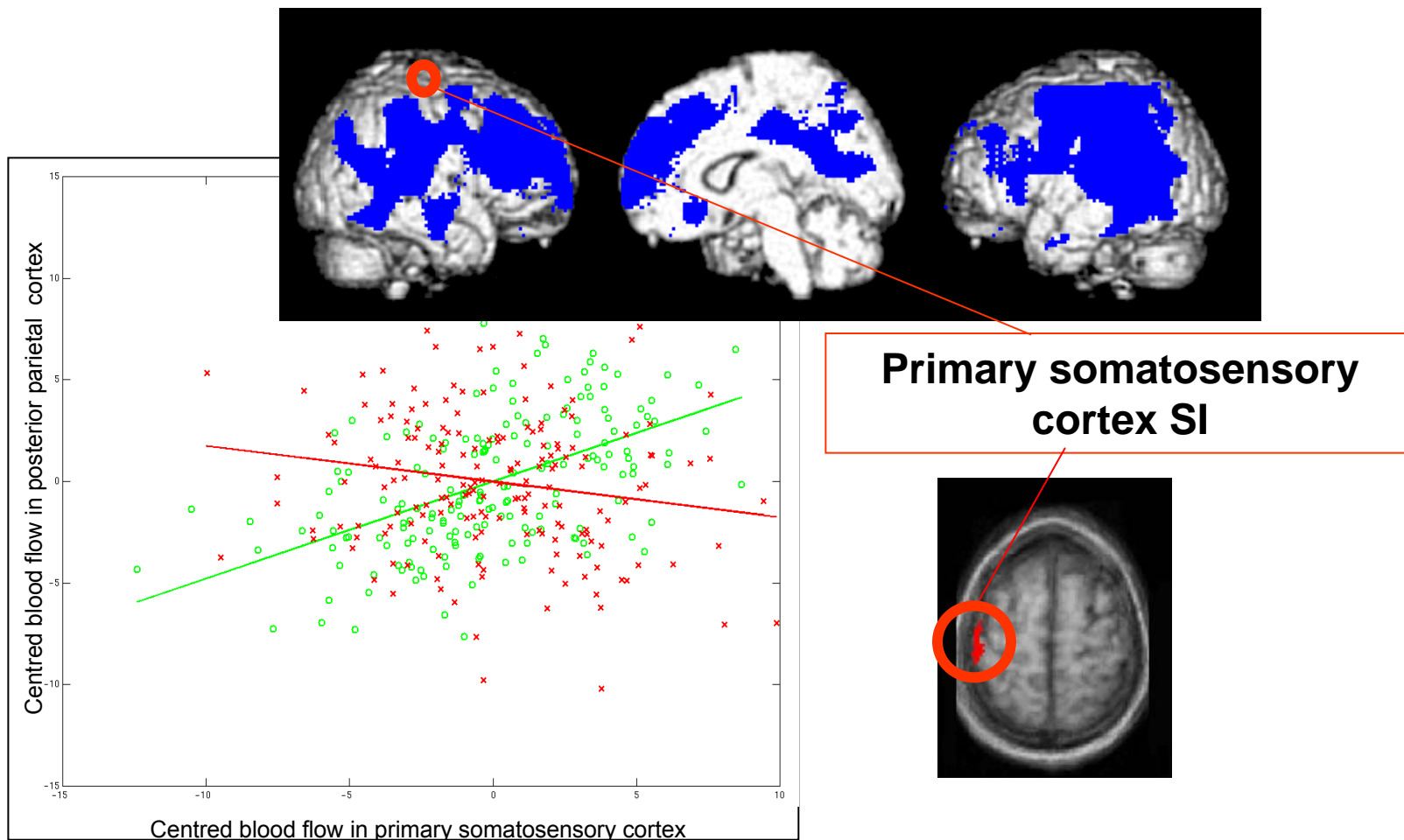
PET scan



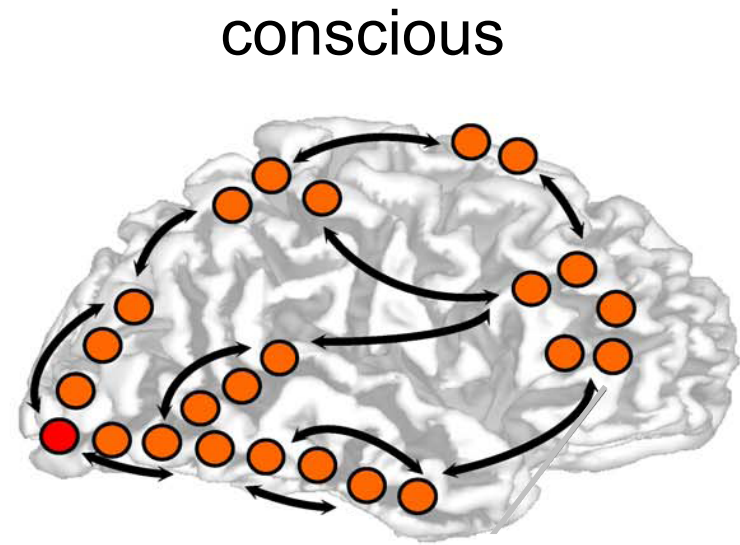
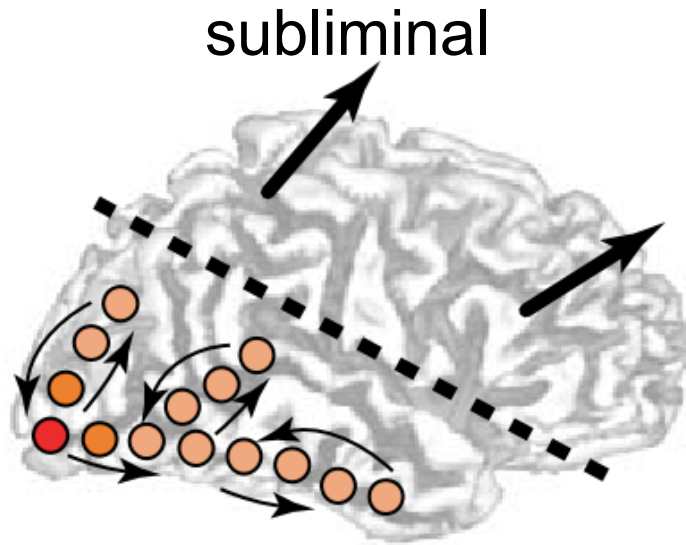
Median nerve electrical stimulation



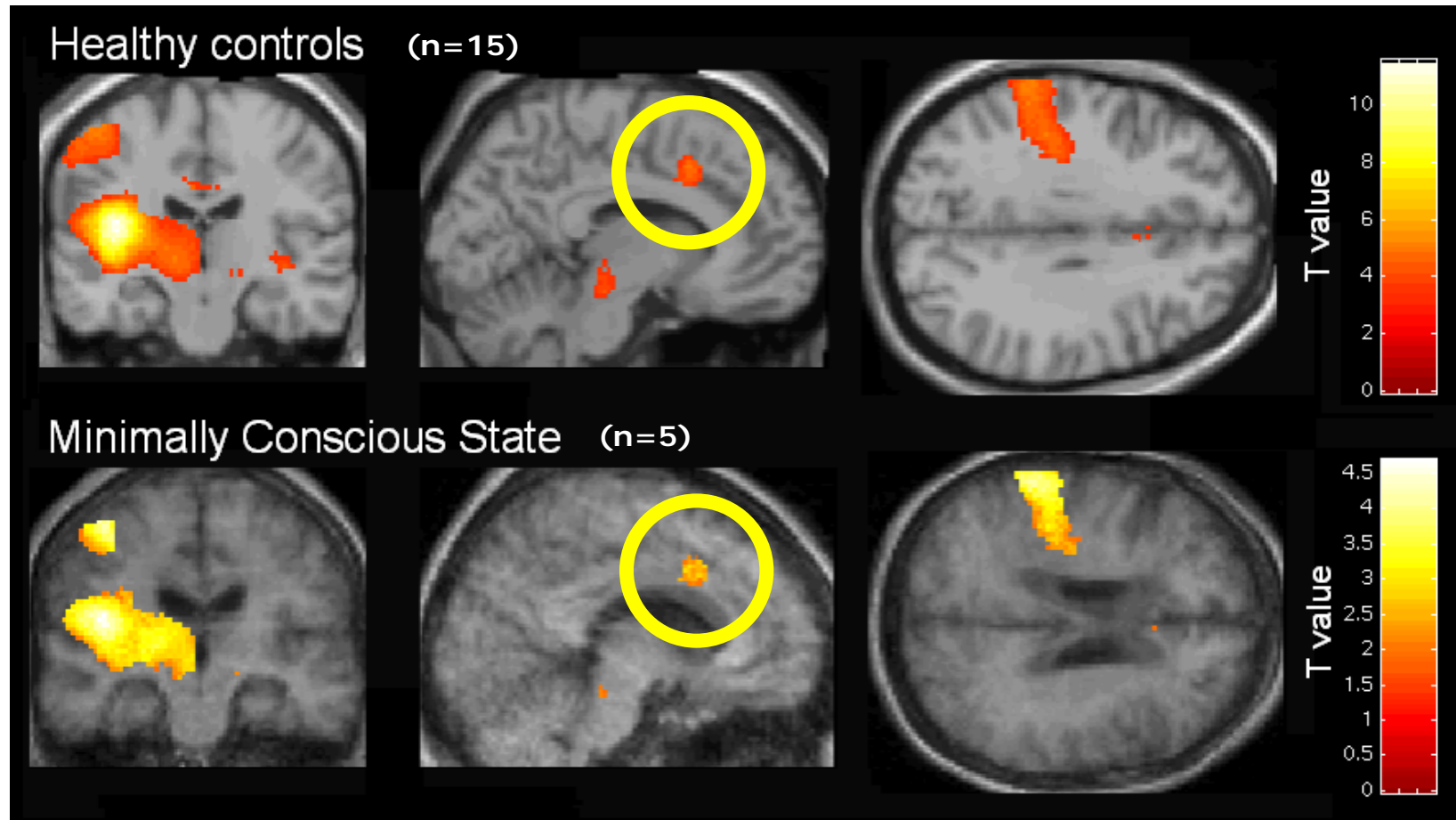
# Pain perception in VS



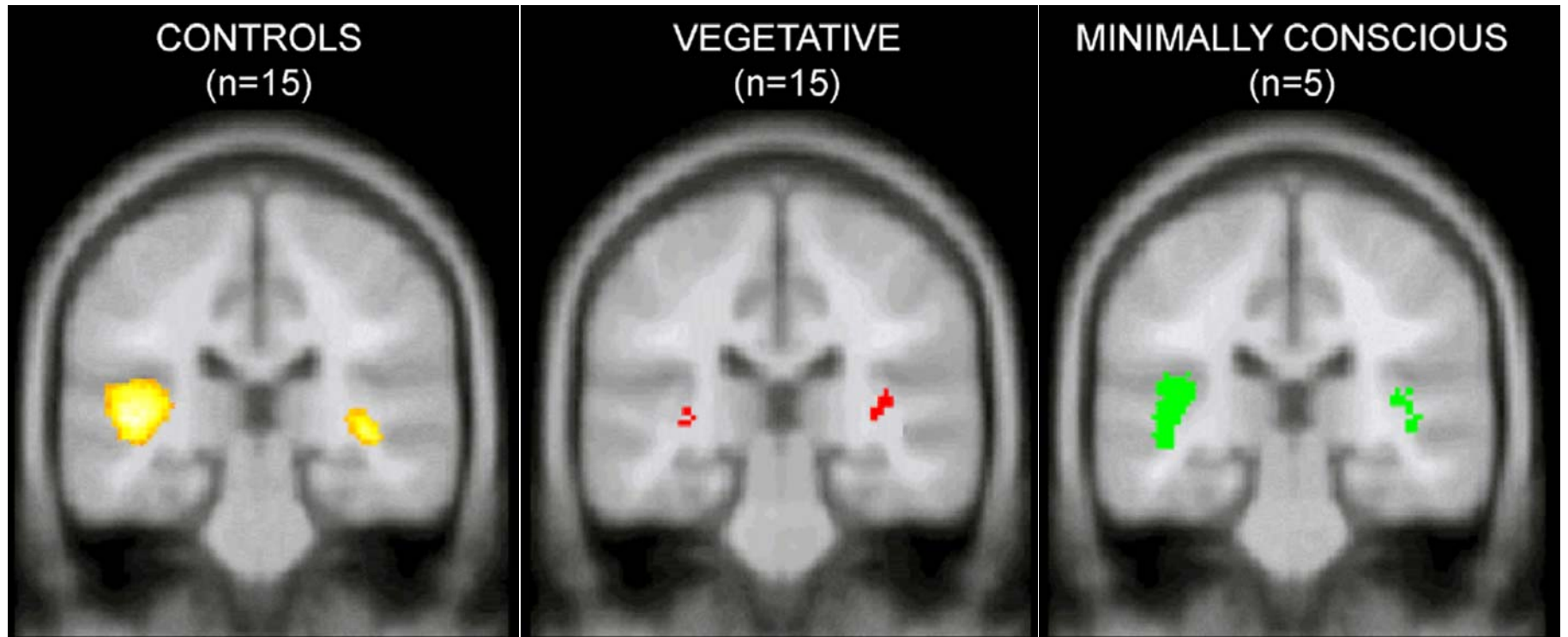
# External awareness correlates in healthy volunteers



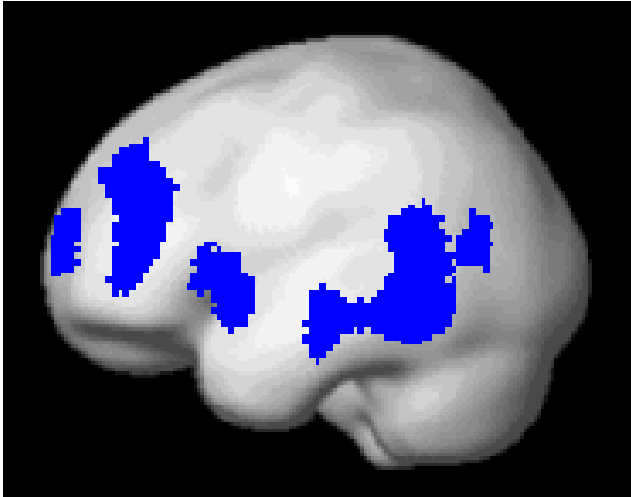
# Pain perception in MCS



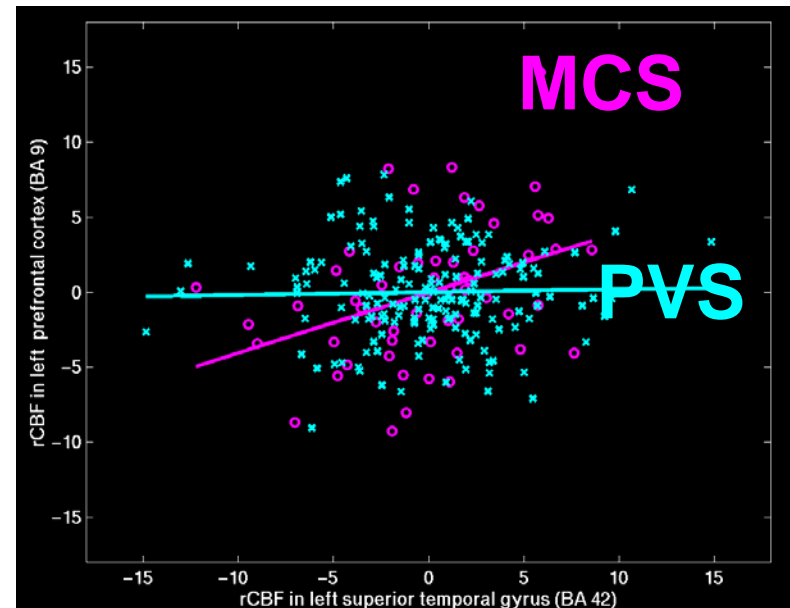
# Auditory perception



# Auditory perception



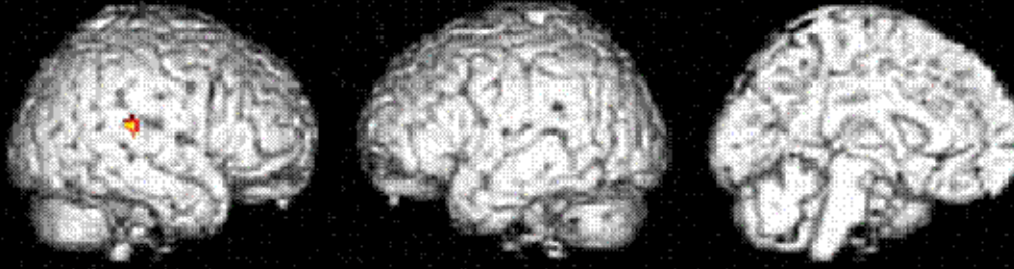
**Areas with more efficient connectivity with auditory cortex in MCS compared to PVS**



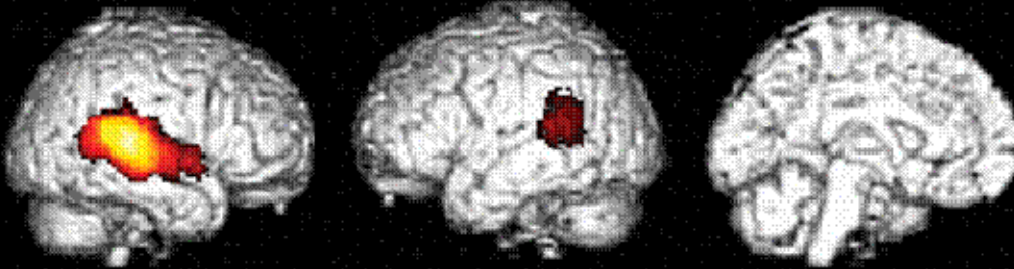


# Emotional processing

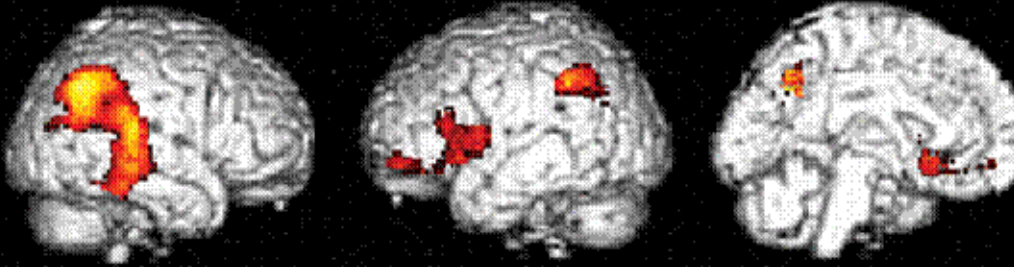
**Meaningless  
Noise**



**Acoustically  
Matched Cries**

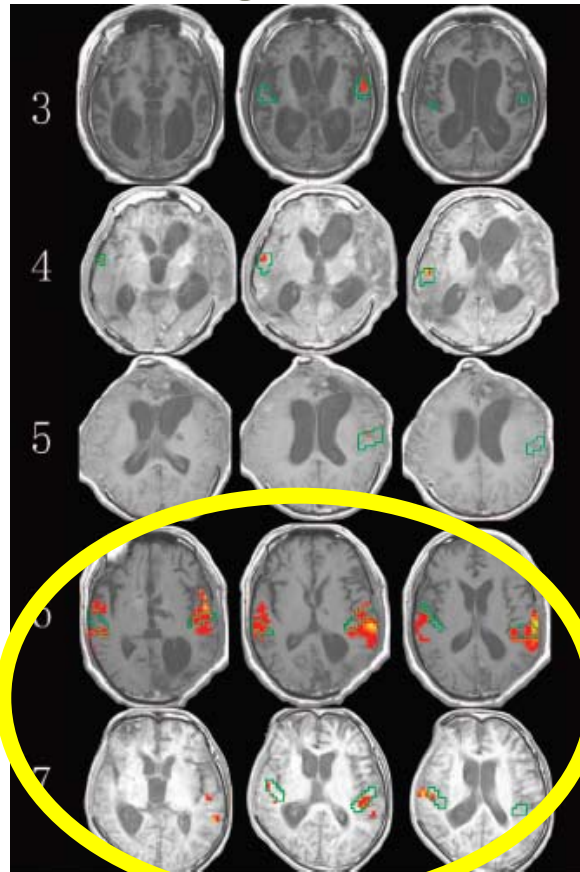


**Patient's  
Own Name**

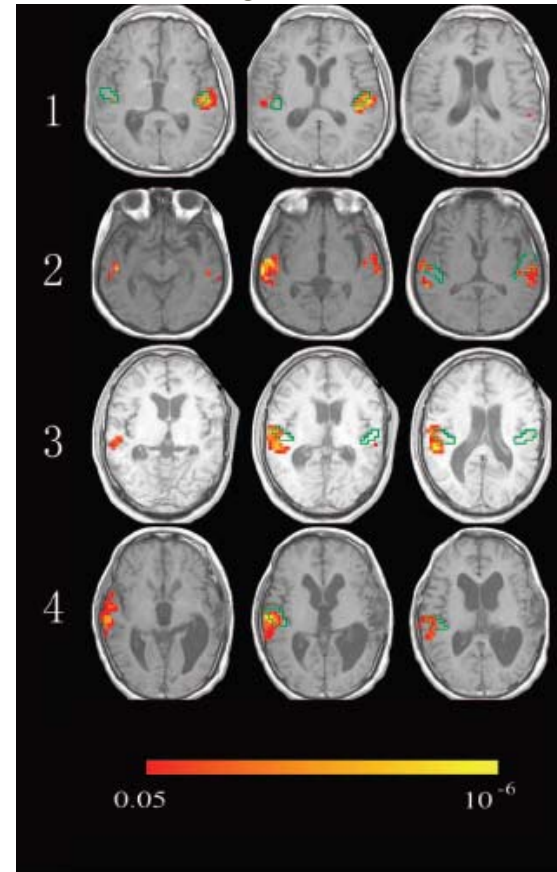


# fMRI precedes the clinic

vegetative



minimally conscious



# Self awareness:

## Functional connectivity studies



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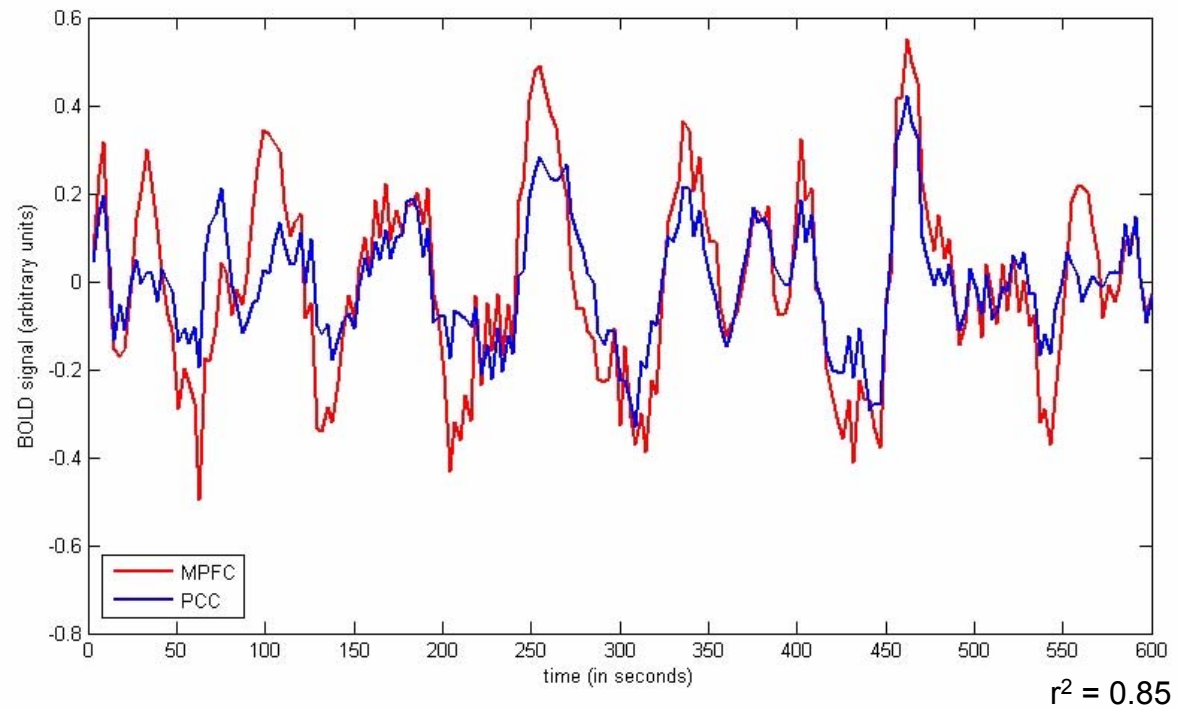
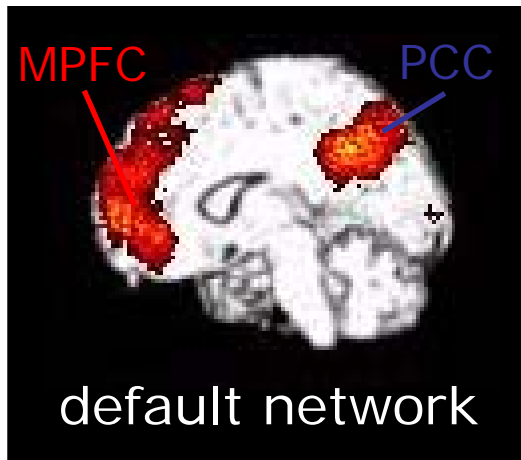
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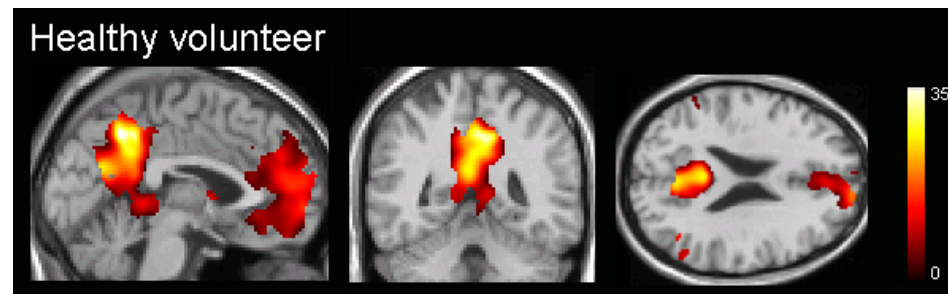
# "Awareness network"



# Coherent spontaneous brain activity fluctuations

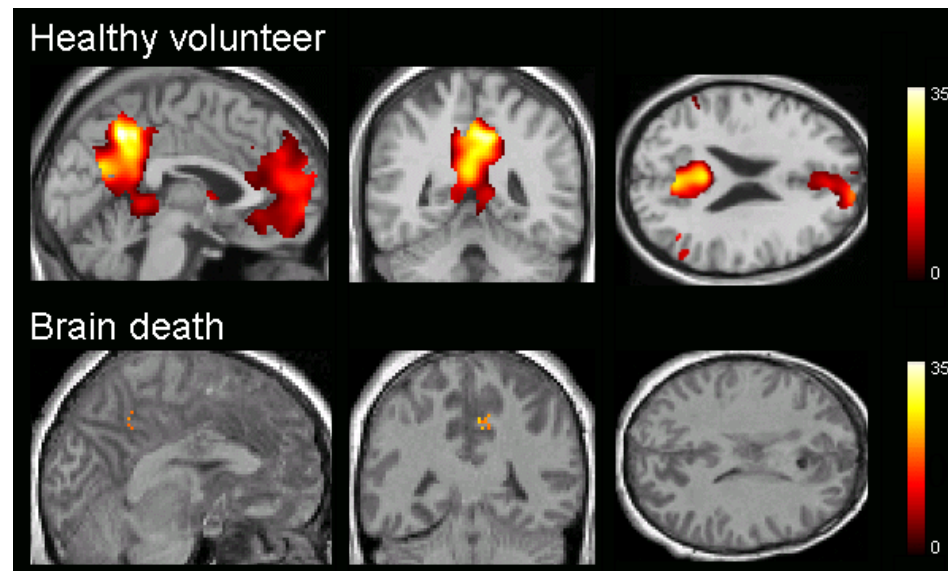


# Default network in VS and brain death

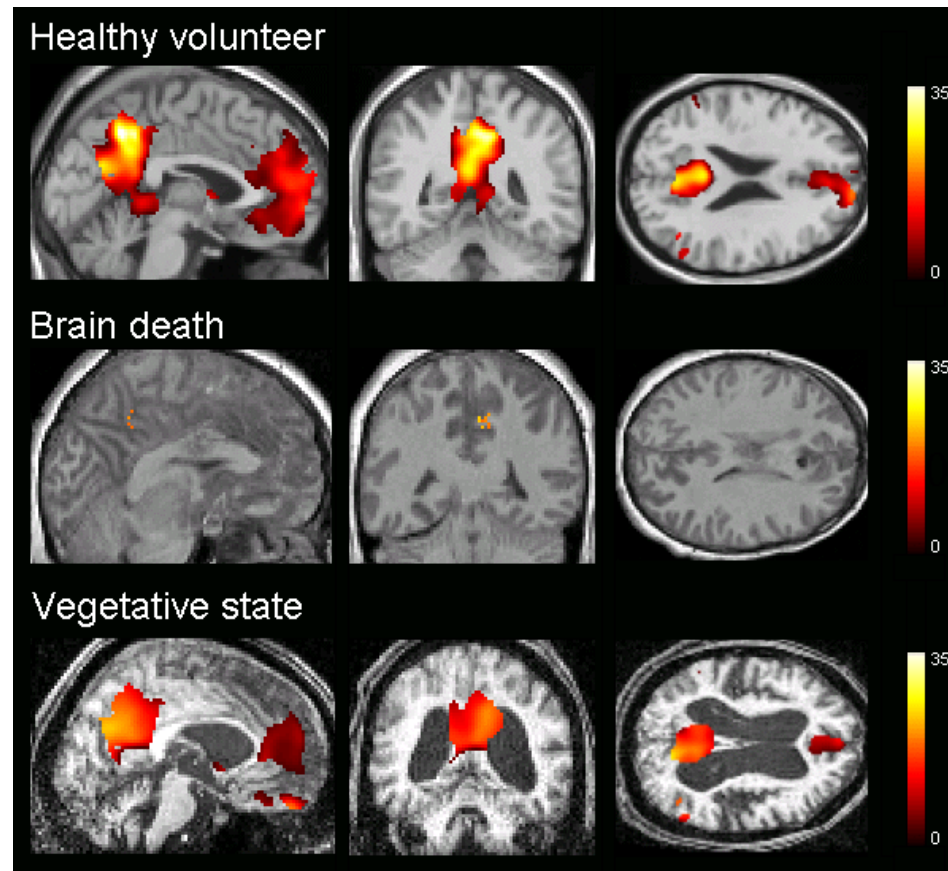




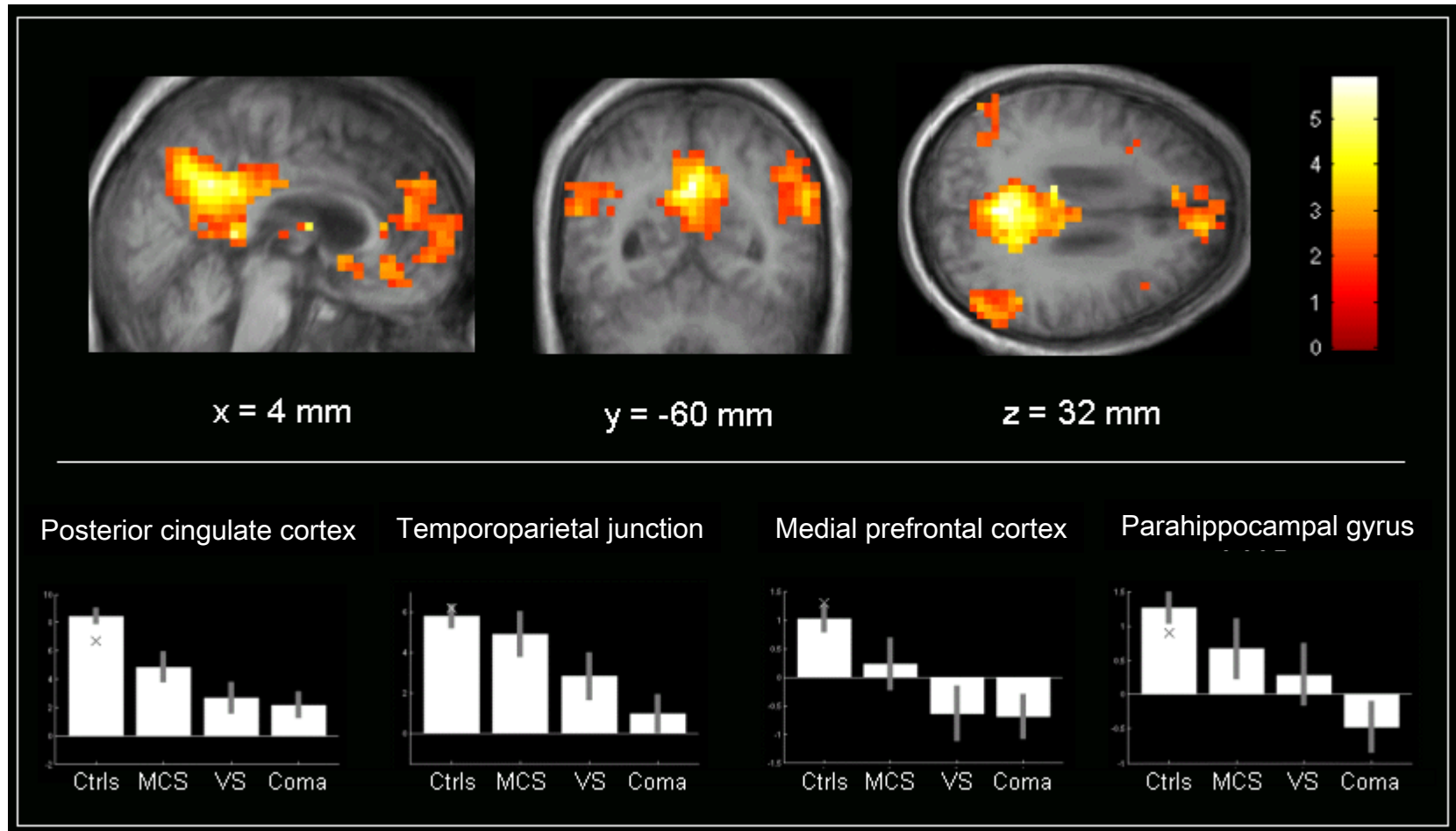
# Default network in VS and brain death



# Default network in VS and brain death

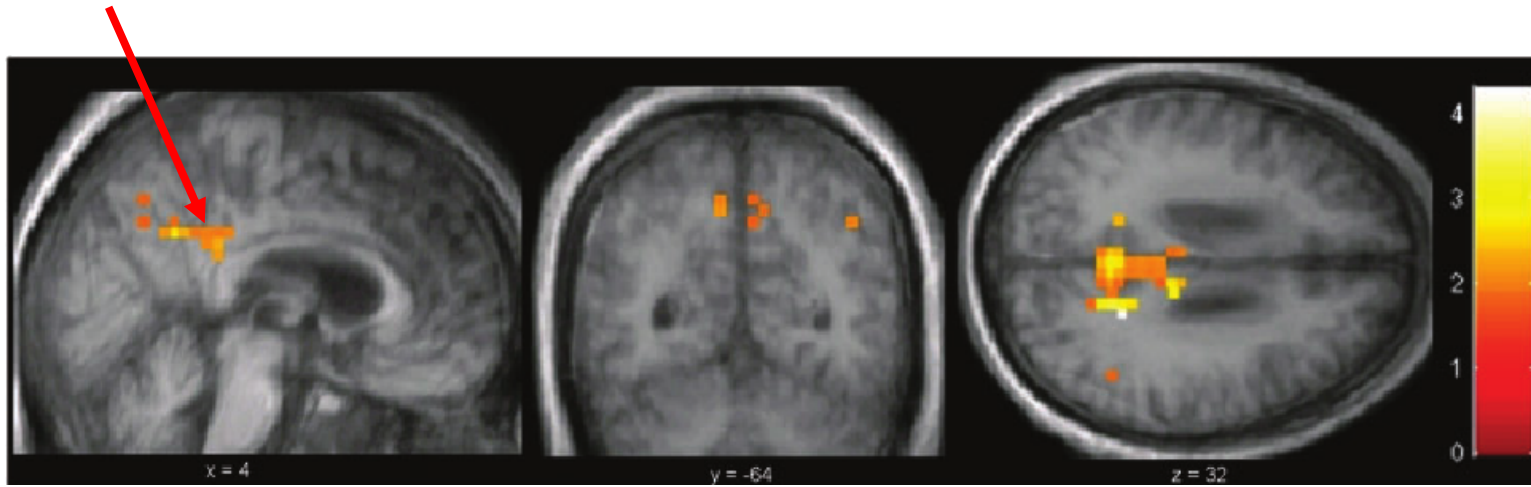


# Default network in coma, VS, MCS and locked-in syndrome



## Self awareness in the minimally conscious state?

Precuneus

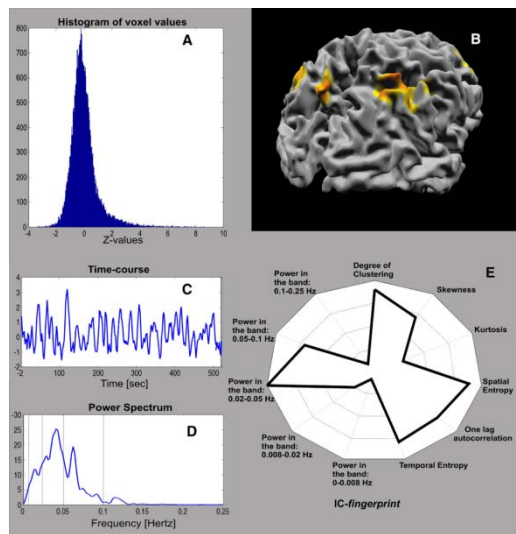


Default network connectivity is higher in MCS compared to coma and vegetative state

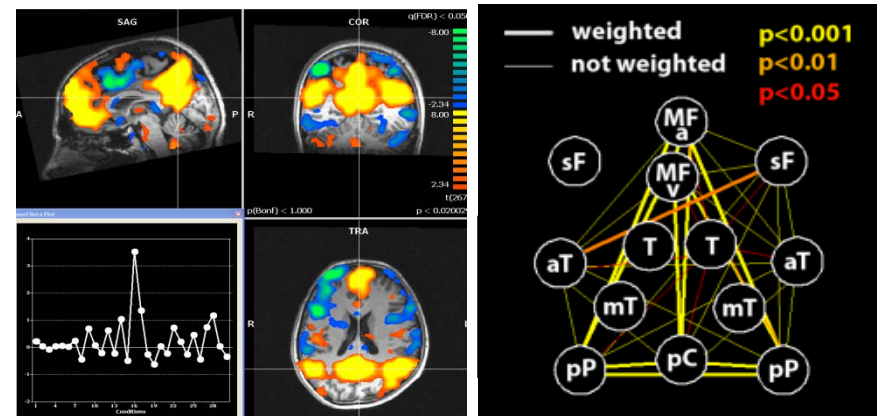


# Improving single subject measures in patients

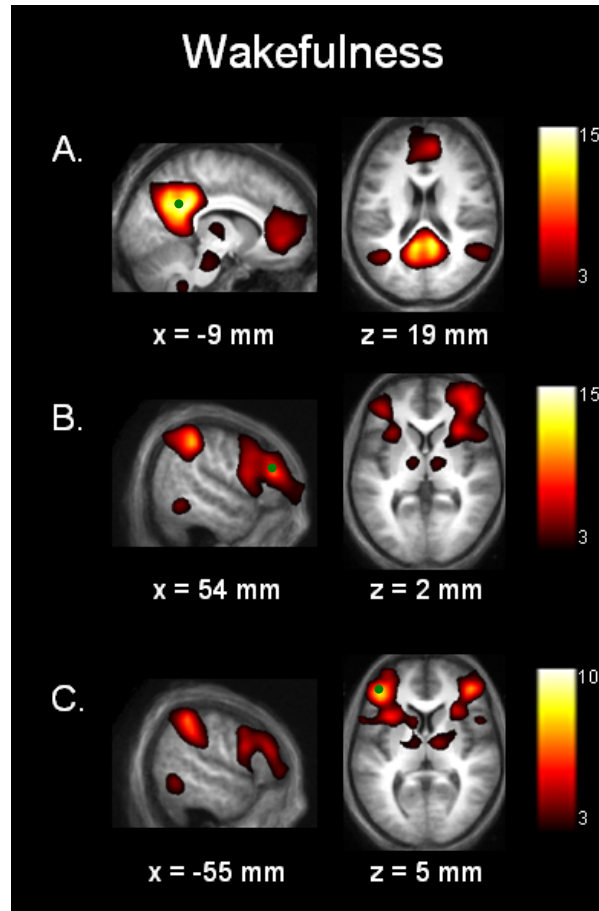
## Component selection – ICA fingerprints



## Global indexes - Connectivity graphs

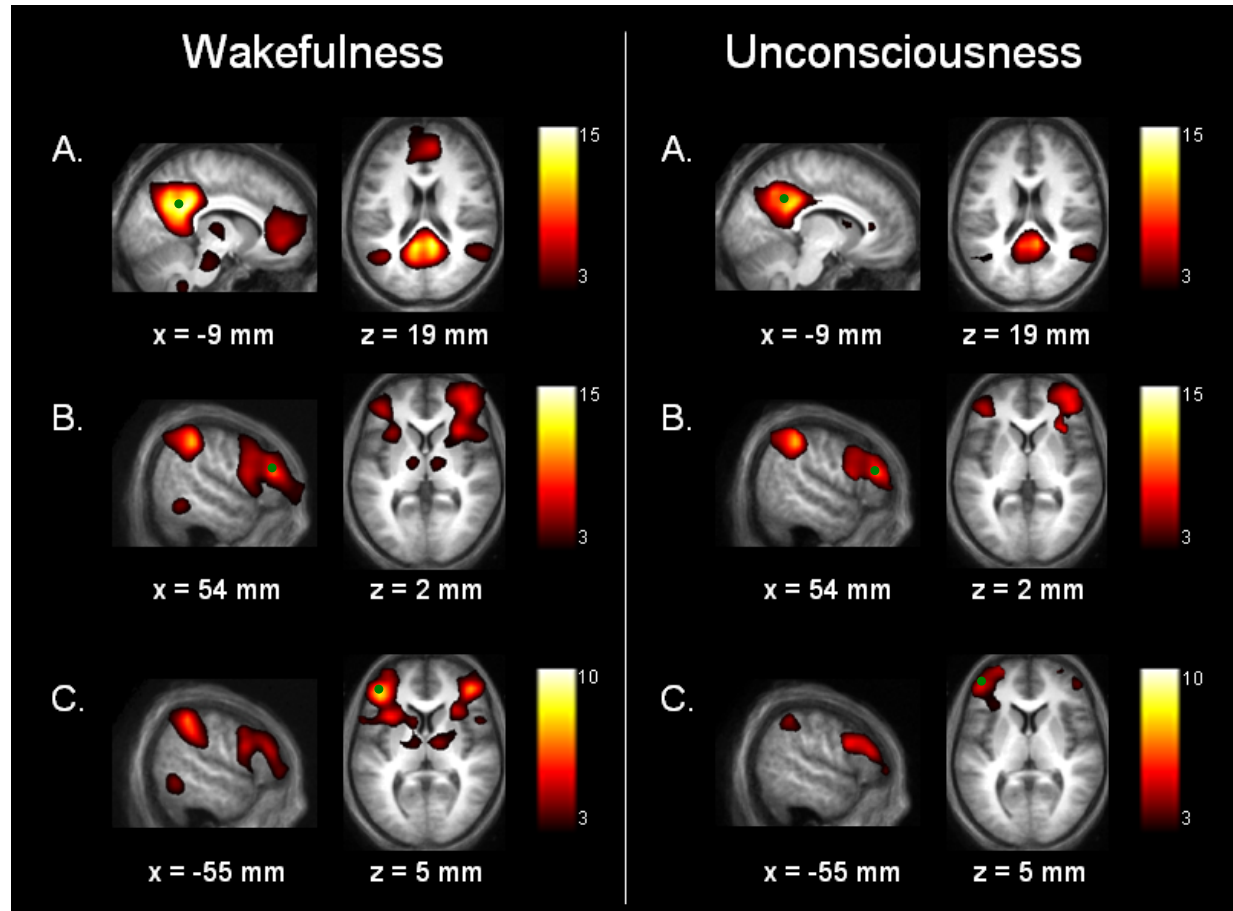


# Functional connectivity during propofol-induced loss of consciousness

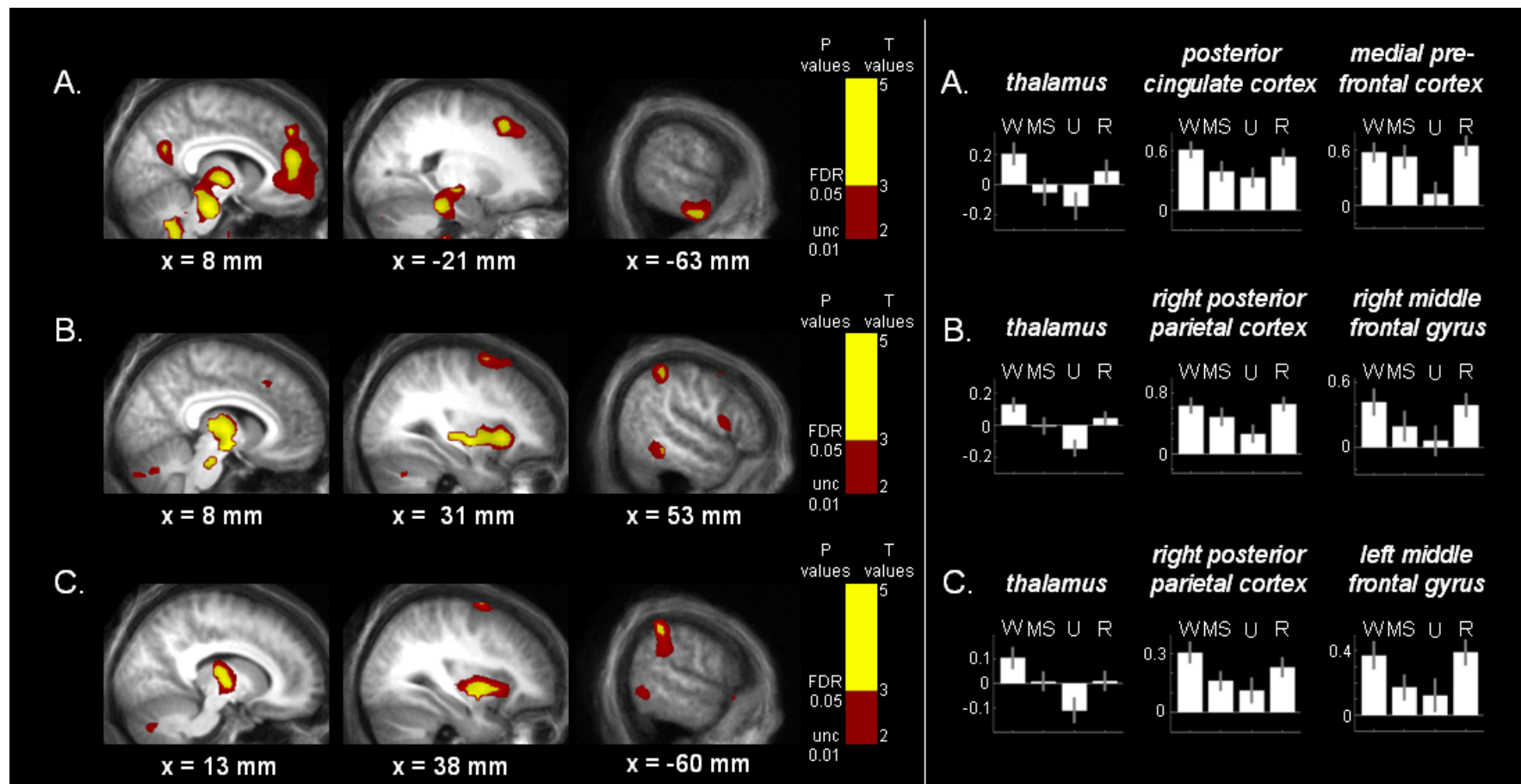




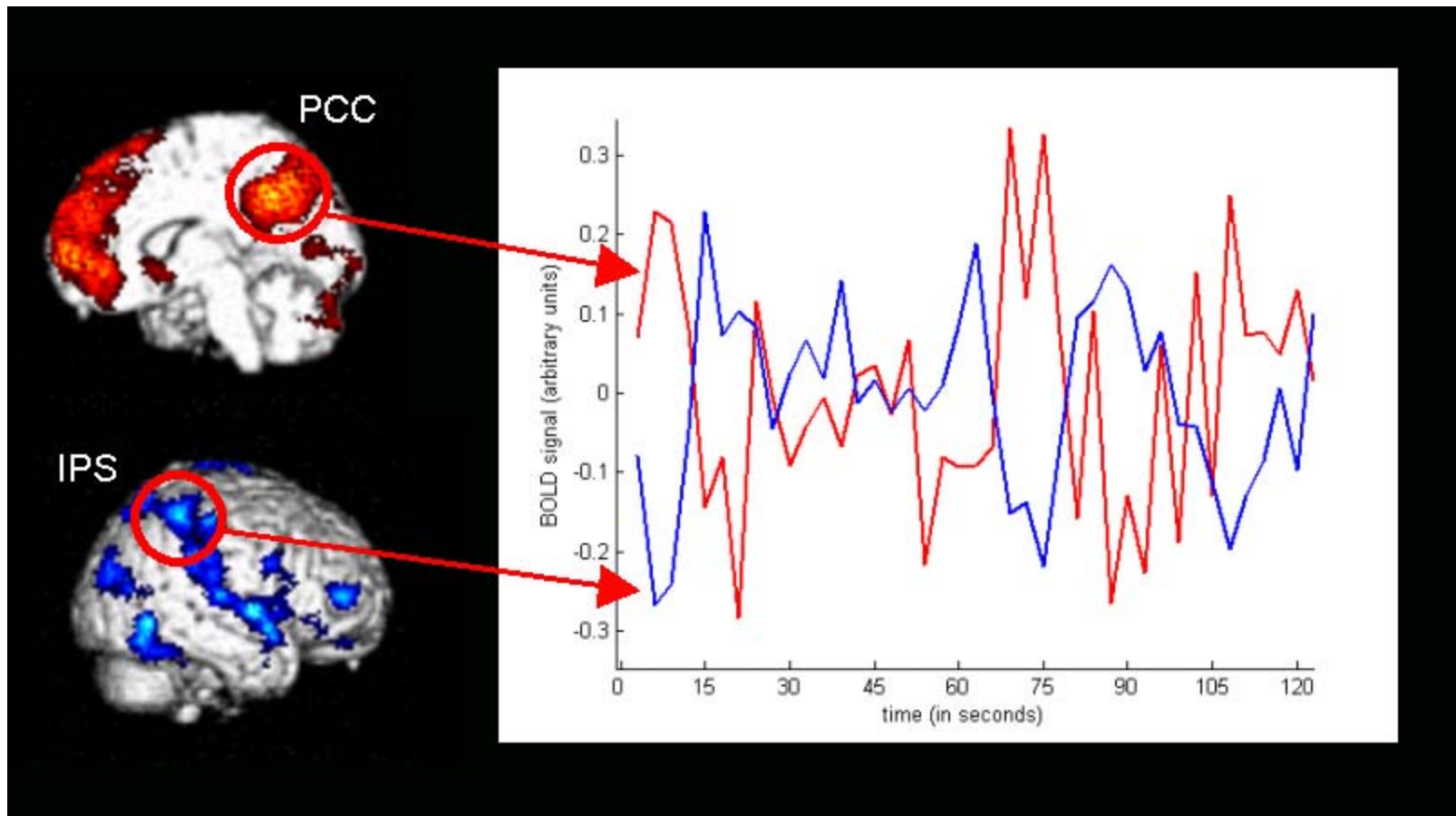
# Functional connectivity during propofol-induced loss of consciousness



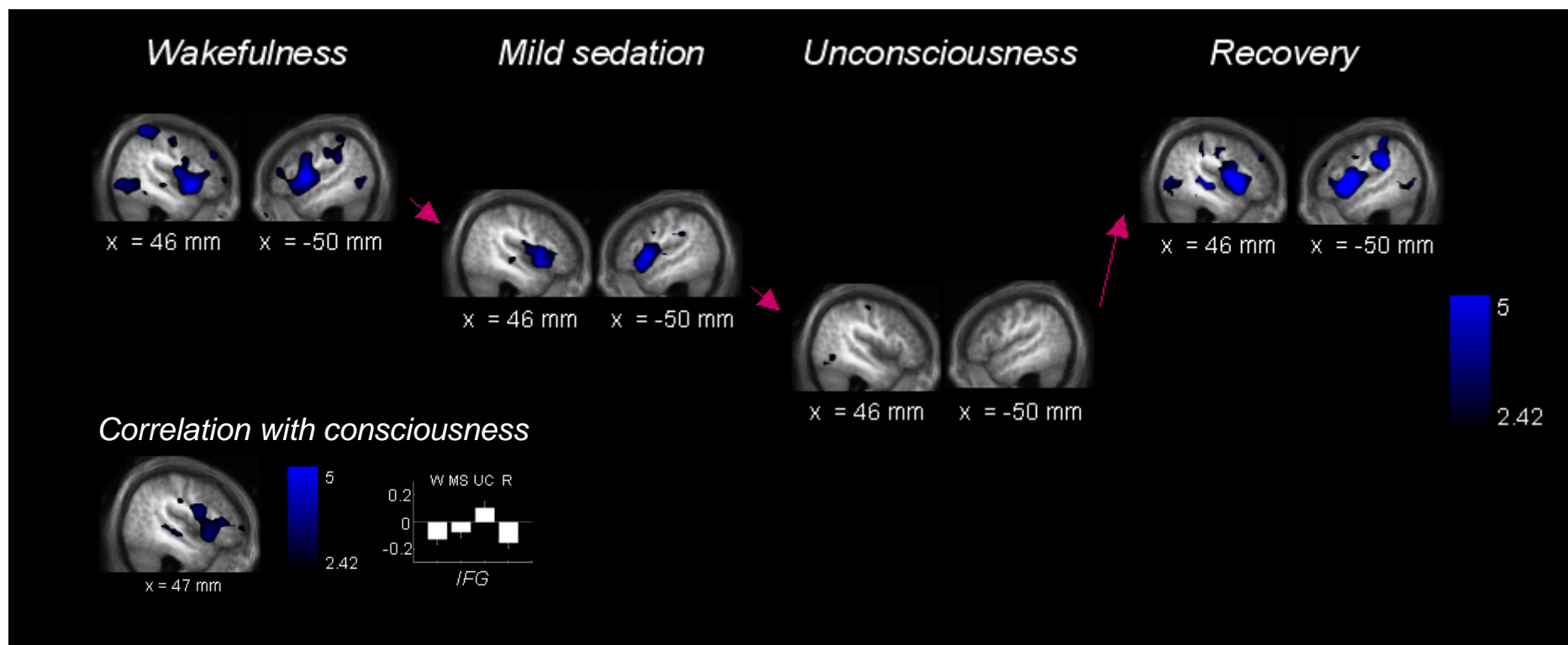
# Consciousness // connectivity in default network and in lateral frontoparietal cortices



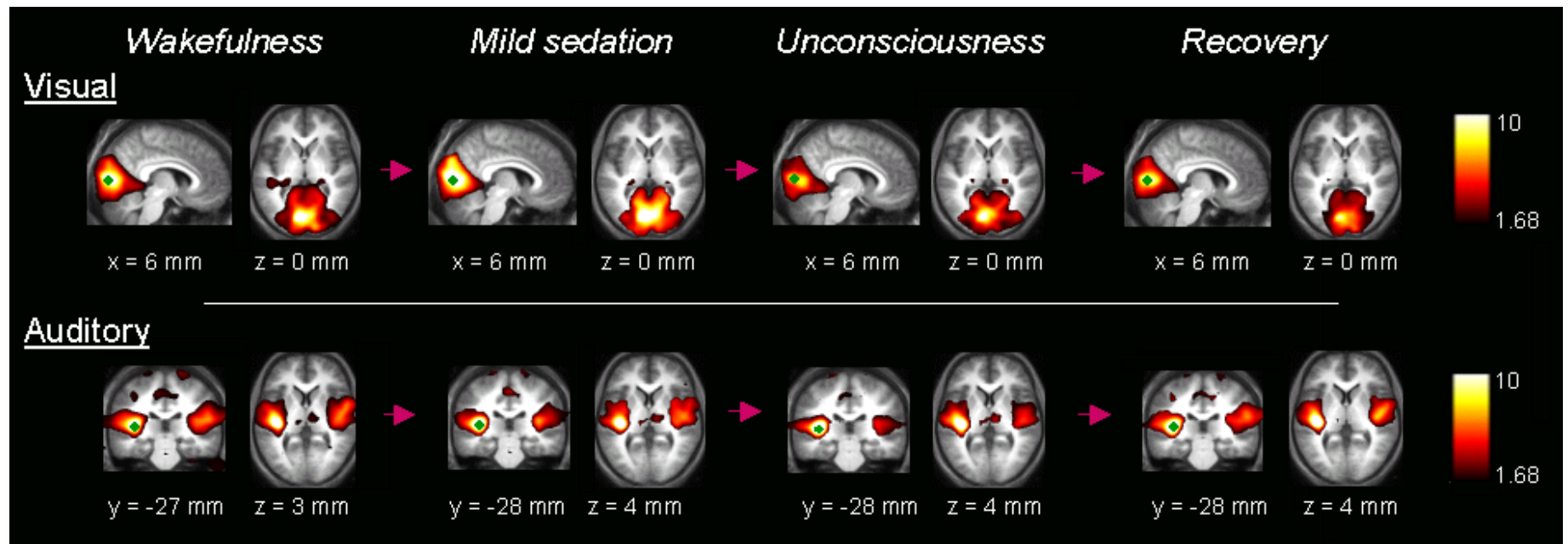
## Anticorrelations between default network and lateral frontoparietal cortices



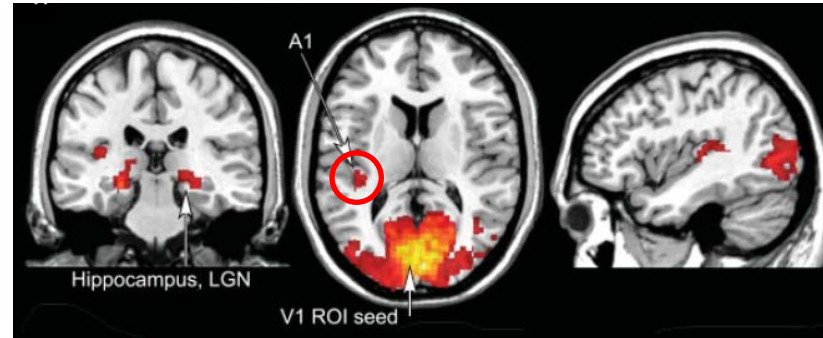
# Anticorrelations between frontoparietal networks vanish with unconsciousness



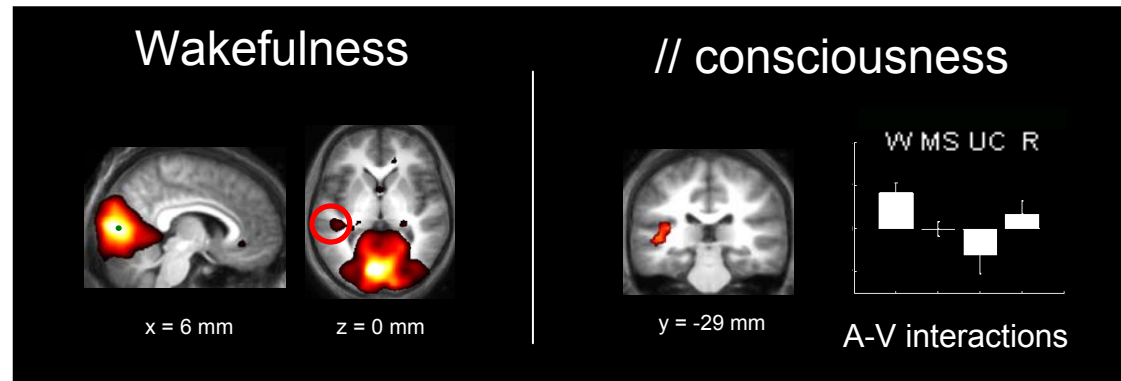
# Visual and auditory networks connectivity remain stable across sedation stages



# Cross-modal auditory-visual interactions vanish with unconsciousness

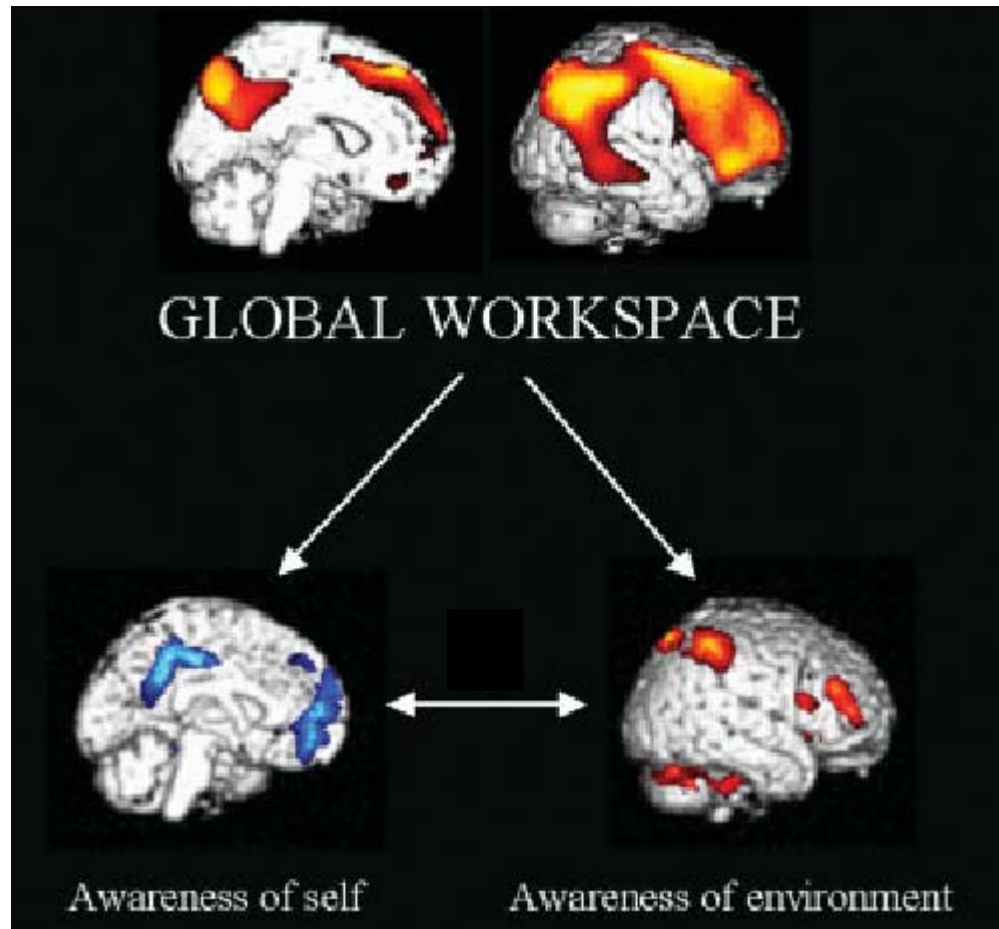


*Eckert et al., Hum Br Map 2008*

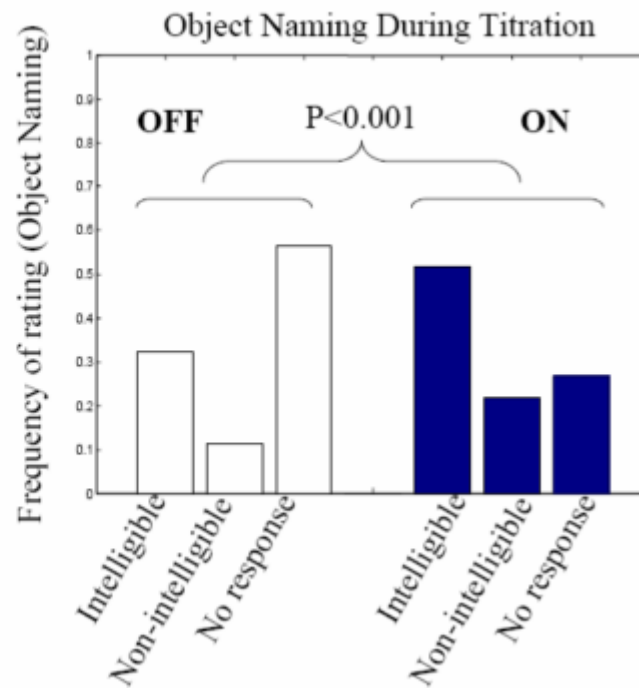
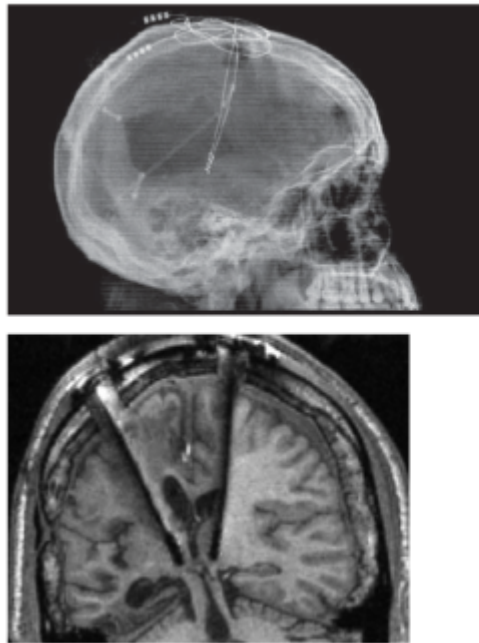




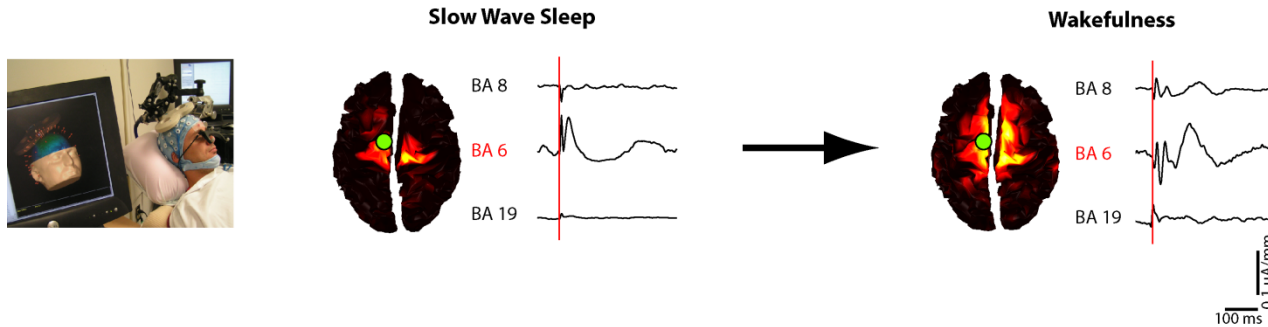
# "Awareness network"



# Thalamo-cortical connectivity



# TMS-EEG during sleep, coma and anesthesia



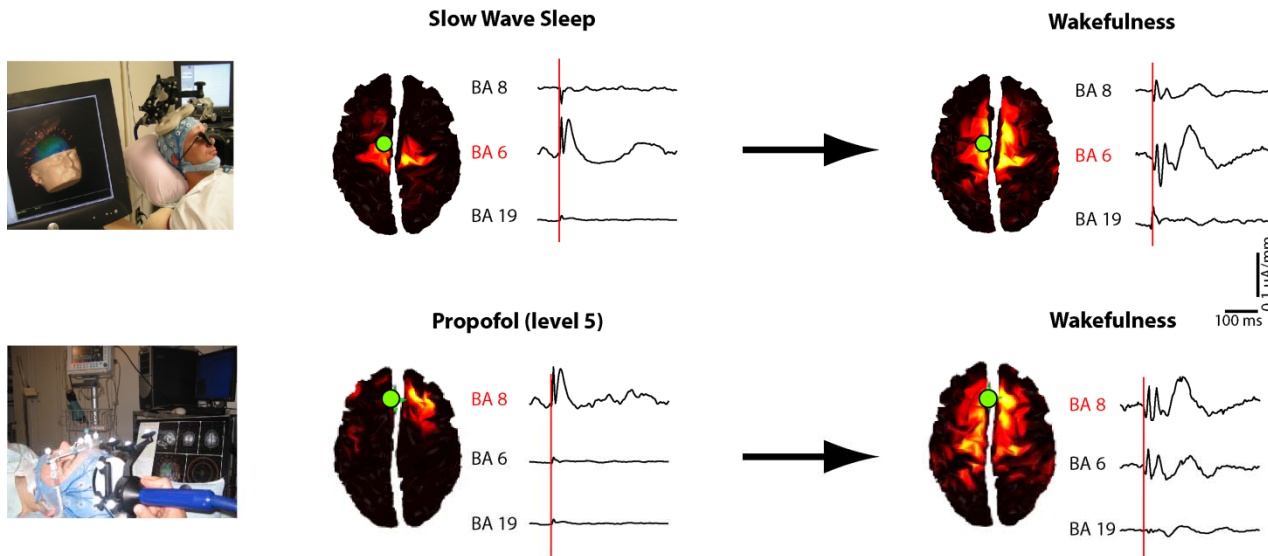
Massimini et al., Science 2005

Ferrarelli et al., PNAS 2009

Boly, Rosanova et al., in preparation; Rosanova, Gosseries et al., in preparation



# TMS-EEG during sleep, coma and anesthesia



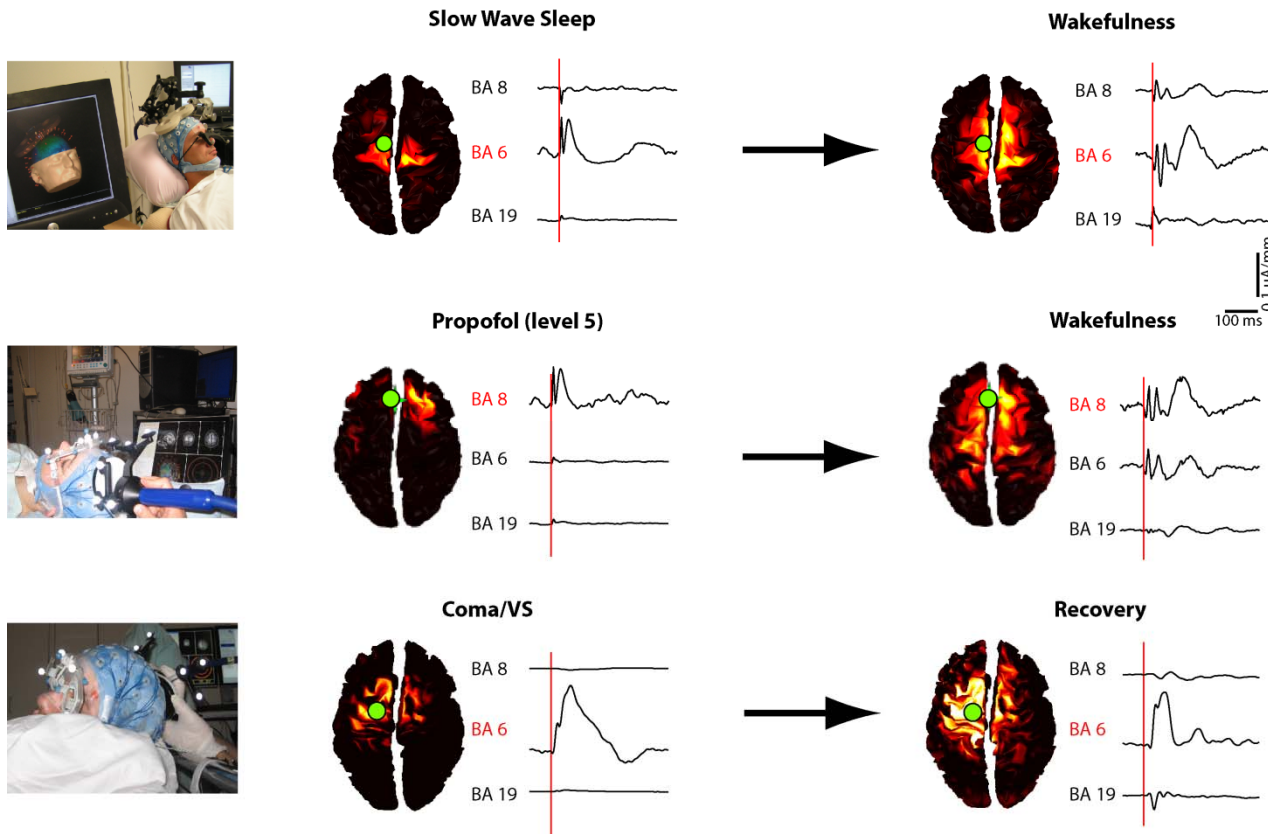
Massimini et al., Science 2005

Ferrarelli et al., PNAS 2009

Boly, Rosanova et al., in preparation; Rosanova, Gosseries et al., in preparation



# TMS-EEG during sleep, coma and anesthesia



Massimini et al., Science 2005

Ferrarelli et al., PNAS 2009

Boly, Rosanova et al., in preparation; Rosanova, Gosseries et al., in preparation



# Searching for voluntary brain activity:

‘Tennis playing’



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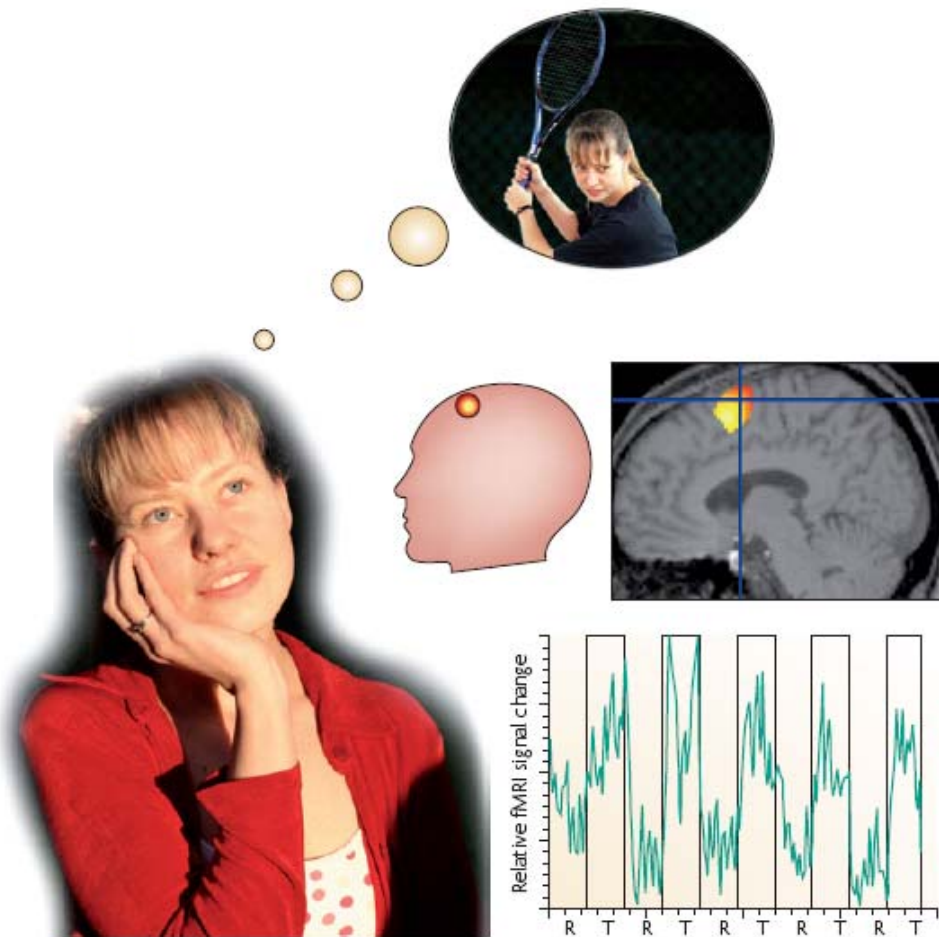




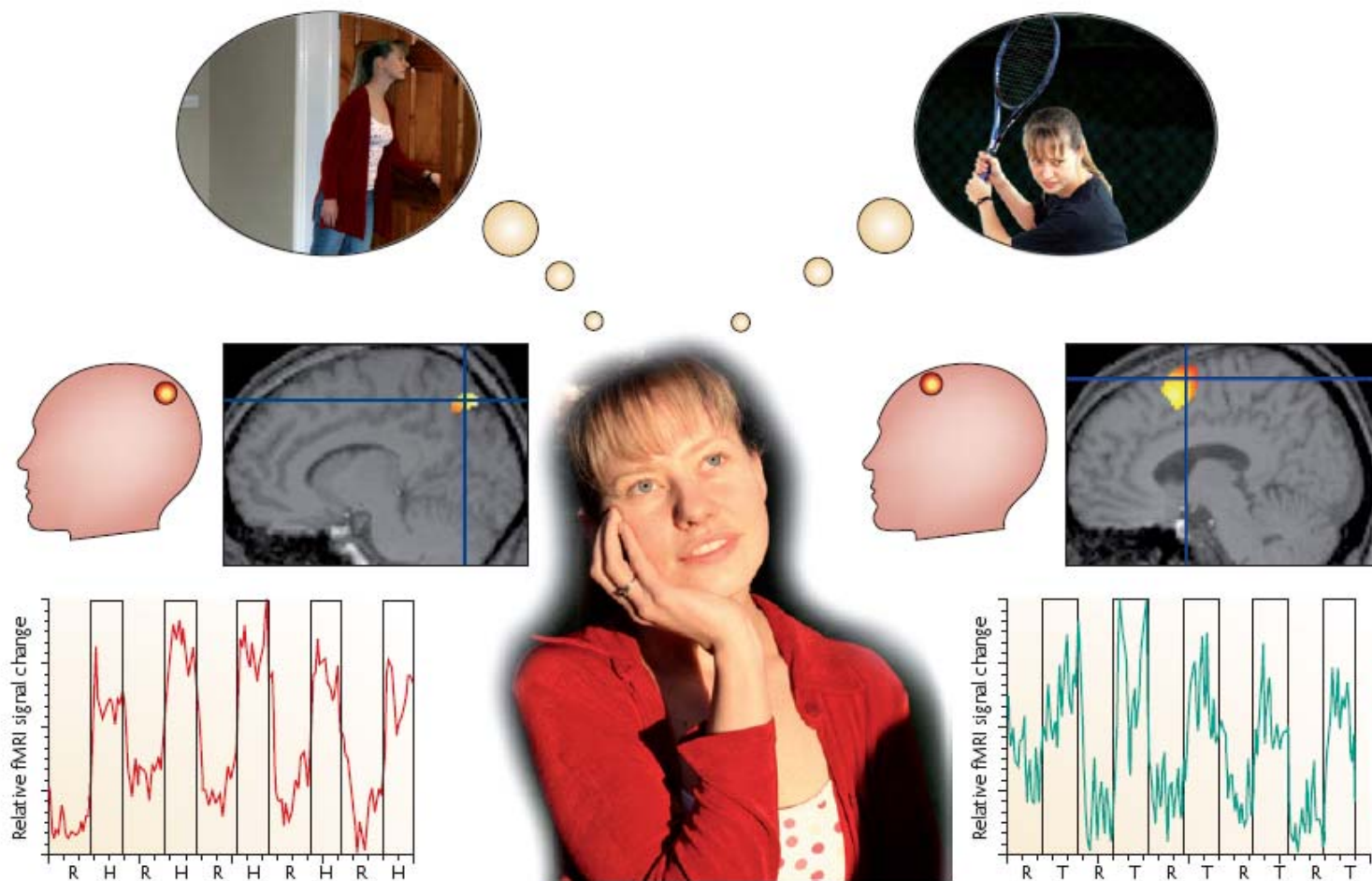
# Mental imagery tasks



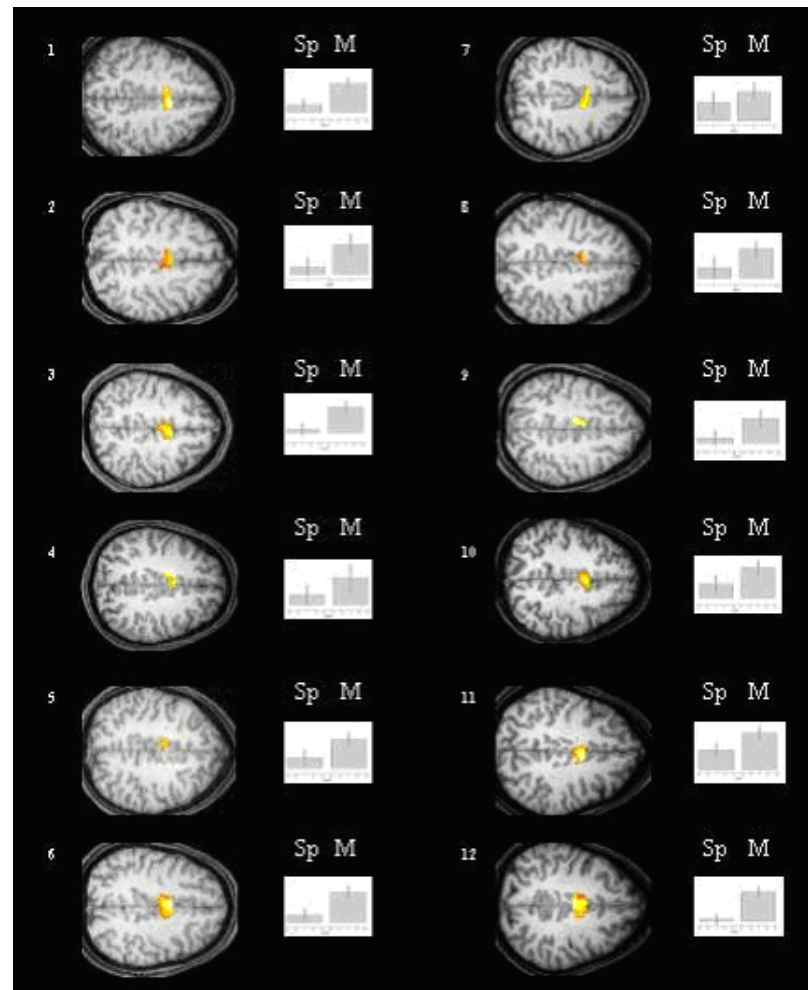
# Mental imagery tasks



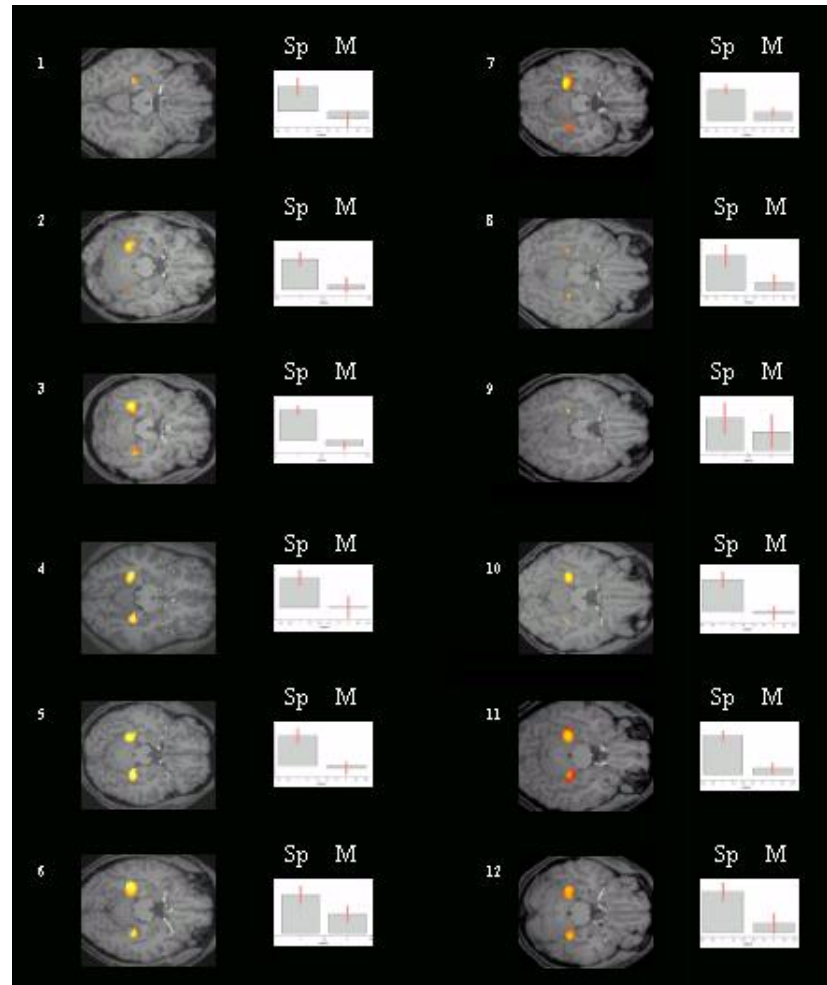
# Mental imagery tasks



# Mental imagery: tennis



# Mental imagery: spatial navigation



# Detecting awareness in vegetative state

23 year-old woman

Severe traumatic brain injury in July 2005

CT scan: brain swelling and frontal-lobe contusions

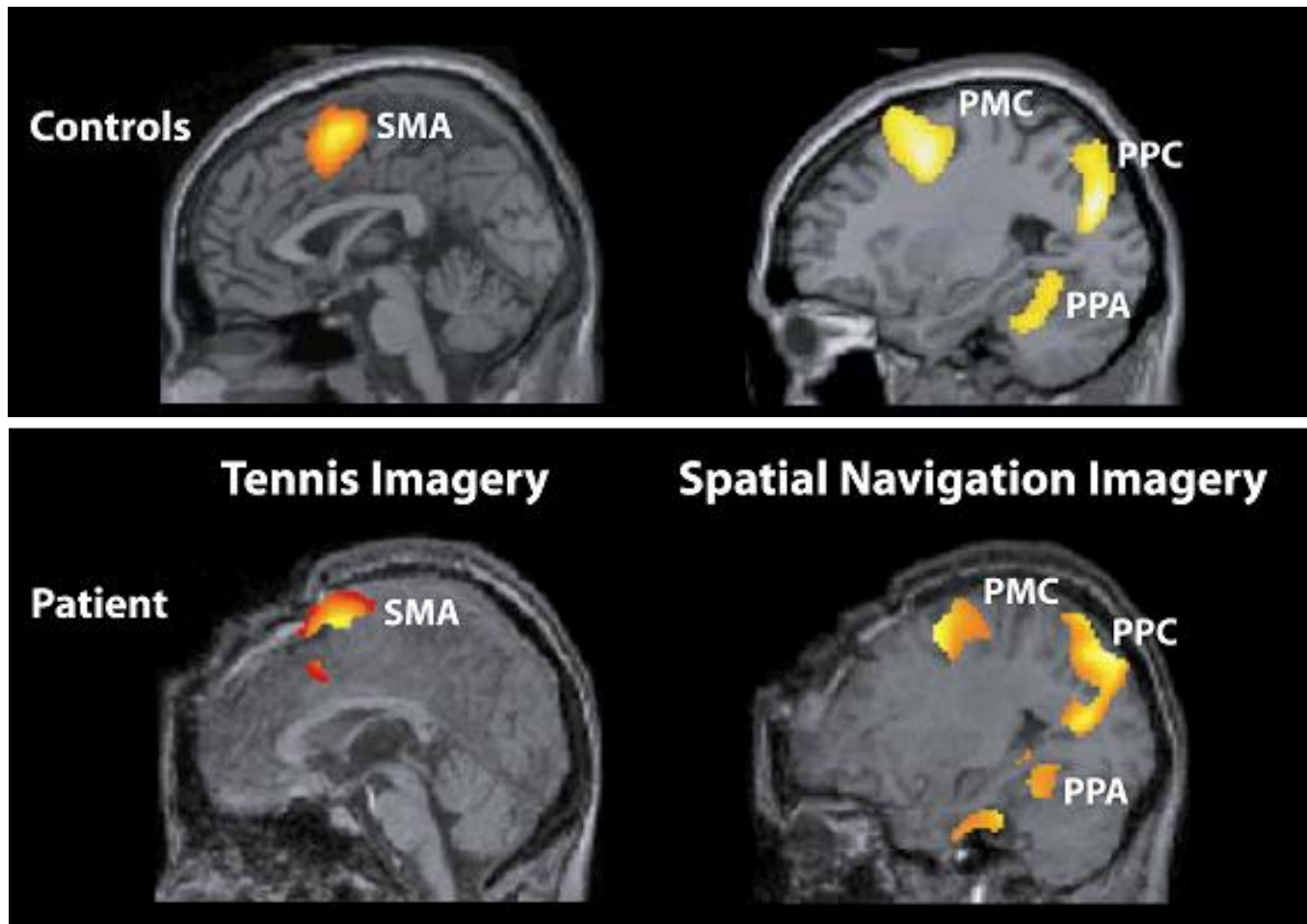
Between the time of the accident and the fMRI scan in January 2006, the patient's behaviour was consistent with international guidelines defining the vegetative state:

- Open her eyes spontaneously
  - Sleep/wake cycles preserved
  - Preserved reflexive behaviour (startle, noxious, threat, tactile, olfactory)
  - No evidence of orientation, fixation more than 5 seconds or tracking to visual or auditory stimuli
  - No overt motor responses to command





# Detecting awareness in vegetative state



# Real time fMRI communication

22 year-old man

Severe traumatic brain injury in July 2003

CT scan: severe and diffuse cortico-sous-cortical atrophy predominant in the left hemisphere

Admitted to the CHU Sart Tilman (Liège) in September 2008 with a diagnosis of persistent vegetative state present since 5 years.

Repeated clinical assessment evidenced the presence of inconsistent response to command => clinical diagnosis of minimally conscious state

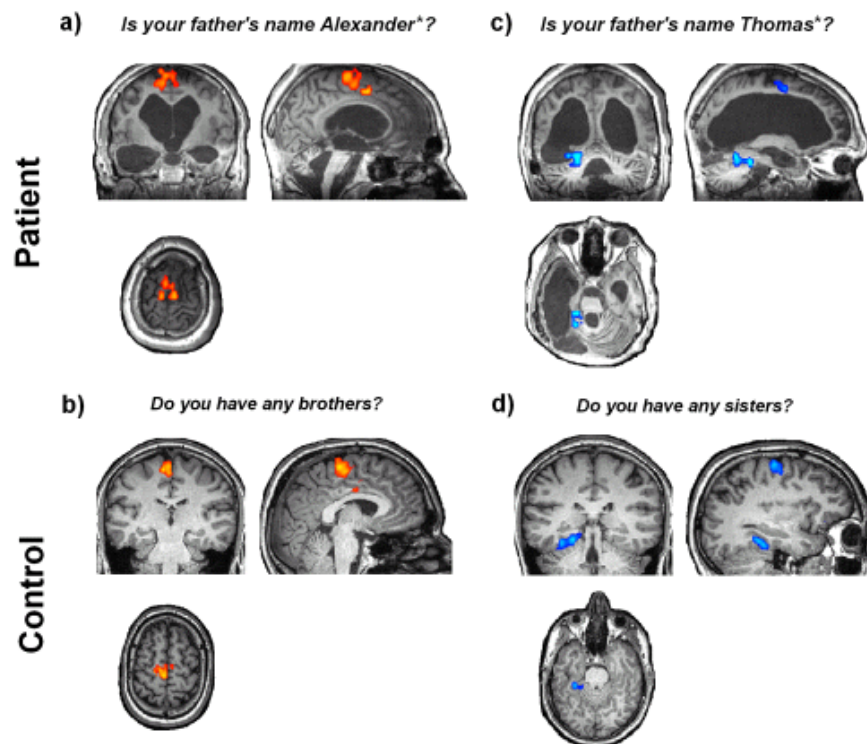
No possibility of communication of any kind at the bedside



# Real time fMRI communication

## Sample Question Scans

Imagine **Tennis** to answer 'YES'  
Imagine **Navigating** to answer 'NO'



# Active paradigms at the population level

Works only in a minority of patients:

54 patients scanned between 2005 and 2009  
in Liège and Cambridge

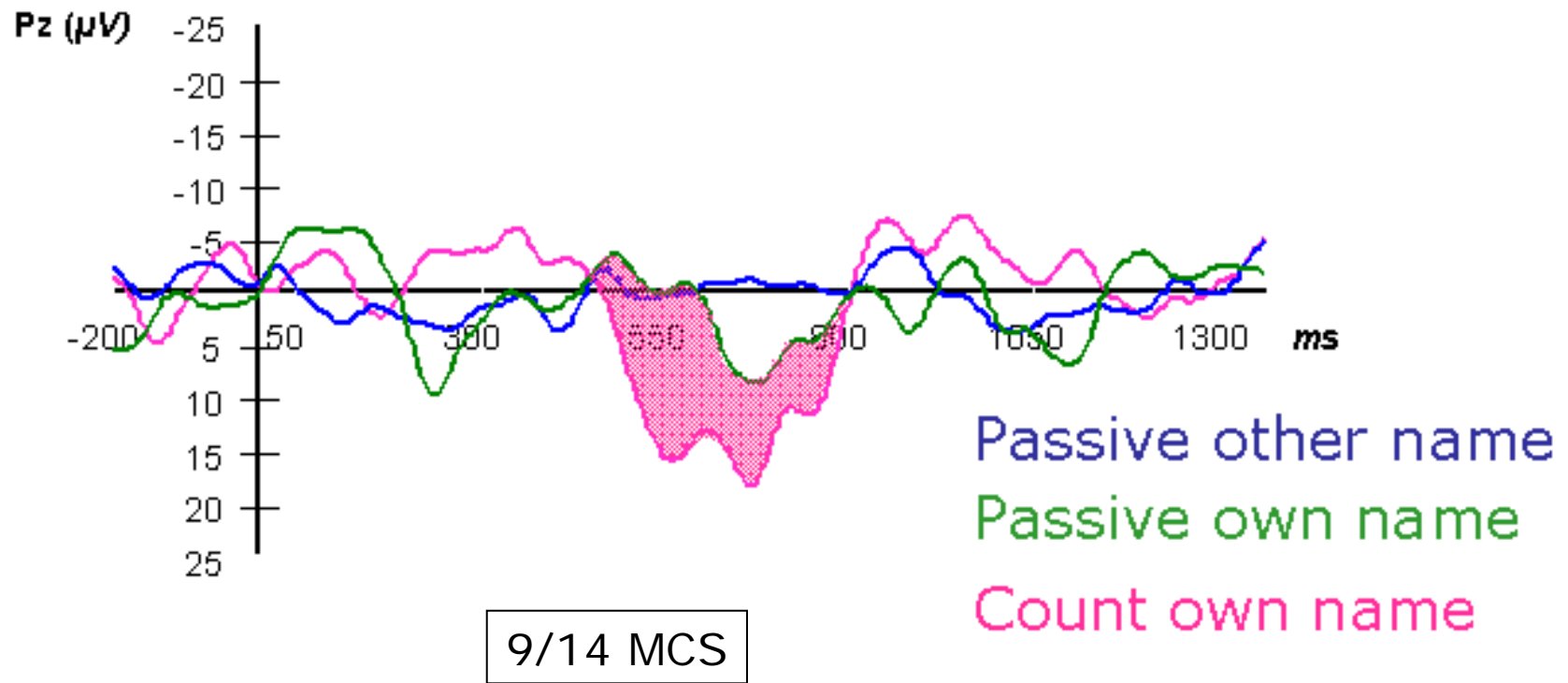
In 10%, a significant response was detected:

2/20 patients in a vegetative state

3/31 patients in a minimally conscious state



# ERP active paradigms



# Imaging consciousness:

## Perspectives



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# Imaging consciousness: perspectives

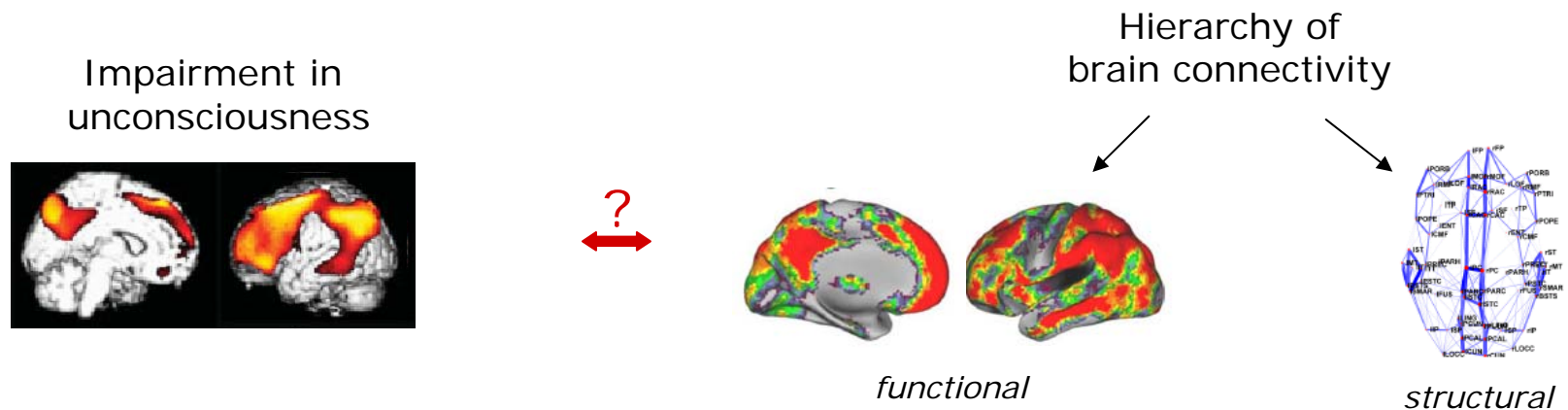
- Active paradigms:

- direct applicability – further develop (EEG-based) brain computer interfaces
- but helpful in only a minority of patients (5/54 or ~10%)

- Passive paradigms:

There is a need to integrate current knowledge about current neural correlates of consciousness into a unifying diagnostic framework

⇒ Explanatory correlates of consciousness: bring theoretical neuroscience closer to the patient's bedside (Boly et al., Progress in Brain Research 2009)



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Andrea Soddu  
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Victor Cologan  
Athena Demertzi  
Pierre Boveroux  
Didier Ledoux  
Rémy Lehembre  
Gregory Hans  
Evelyne Balteau  
Christophe Phillips  
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Vincent Perlberg  
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Cornell University

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JFK Rehabilitation Center

Joseph Giacino

Stanford University

Michael Greicius

University College London

Marta Garrido  
Vladimir Litvak  
Karl Friston

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