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A METHOD FOR ELECTRIC FIELD SIMULATIONS AND ACCELERATION MEASUREMENT FOR INTRAOPERATIVE TEST SIMULATION IN DBS

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Background
Despite an increasing use of deep brain stimulation (DBS) the fundamental mechanisms underlying therapeutic and adverse effects as well as the optimal stimulation site remain largely unknown. So far no group has considered simulations of electric entities for intraoperatively obtained test stimulation data to identify the stimulated volume around intraoperative DBS electrodes. The aim of the present paper is to introduce a method allowing patient-specific electric field simulations for stimulation amplitudes at different anatomical positions and taking into account the obtained clinical results objectively evaluated by acceleration measurements [1].

Methods

PATIENTS
- 2 patients with Essential tremor (ET)
- bilateral implantation of DBS electrodes in the VIM (University Hospital in Clermont-Ferrand, France (Clinical study 2011-A00774-37 / AU905))

SURGICAL PROTOCOL
- Preoperative anatomical planning: manual outlining of VIM and its anatomic neighbors (Fig. 1) using iPlan (Brainlab, Feldkirchen, Germany) and choice of target and trajectory
- Intraoperative microelectrode recording (MER) and test stimulations
  - in 22 (patient 1) and 28 positions (patient 2) (4 traj. per patient)
  - clinically evaluated using 3-axis accelerometer (Shah, 2013)

DATA ANALYSIS
- Extraction of the statistical parameters
- Determination of the objective clinical improvement [%] for each stimulation amplitude
- Choice of the stimulation amplitudes for simulations

E-field simulation
- Input: patient specific T1 MRI dataset, target coordinates, stimulation position and amplitude
- Output: Electrical-field isosurface for 0.2V/mm (Åström, 2009)

Results
- 115 electric field simulations performed for the eight trajectories
- Data can be visualized in 3D and together with the anatomical images (Fig. 3)
- E-field maps show that not always best intraoperative clinical results can be observed in the VIM but in the surrounding regions (Fig. 4)
- The visual representation for all performed simulations (Fig.4) of the structures and structure combinations touched by the isoelectrical field and in relation to the corresponding clinical improvement shows:
  - VO and VCM often appear together with the VIM
  - In several cases, FF or PLR are touched by the isoelectrical field when the improvement is higher
  - LaCM and VCL especially appear for lower improvements

Discussion
- Workflow and methodology for electrical field simulations on manually outlined anatomical structures have been designed and successfully applied to two patients.
- First results seem to confirm published data hypothesizing that the stimulation of other structures than the VIM might at least partially be responsible for good clinical effects: Vassal et al. (Vassal, 2012) already suggested that parts of the ventro-oral nucleus (VO) could be appropriate targets as well.
- New concept including a detailed analysis of the isofield maps will allow the analysis of a high amount of intraoperative data which might help to elucidate the mechanism of action of DBS.
- New successful methodology for the interpretation of multiple patients’ intraoperative data in relation to the anatomical structures and the objective clinical improvements.

References