Resting State Network Disruptions in Kainic Acid Model of Temporal Lobe Epilepsy

Ravnoor Gill^{1,3}, Seyed Mirsattari², Stan Leung³

¹Graduate Program in Neuroscience, Schulich School of Medicine and Dentistry, Western University, London, Canada ²Clinical Neurological Sciences, University Hospital, London Health Sciences Centre, London, Canada ³Department of Physiology & Pharmacology, Western University, London, Canada



Isoflurane anaesthetic dose-dependently affects functional connectivity



Figure 1: Connectivity graph (KA-treated > controls) for A: Isoflurane 1.5%, B: Isoflurane 2.0%, C: Approximate coronal location for the ROI (color coded). The circles with labels represent brain regions (nodes) and the line represents a significant connection between the two nodes. This sub-network was thresholded at t \geq 3.5, with P < 0.05. Scan embedded QR code for node abbreviations; left and right pairs of a region are illustrated.

Introduction

- Temporal lobe epilepsy (TLE) is a common type of focal epilepsy. It is characterized by spontaneously recurring focal dyscognitive seizures that originates from the temporal lobe, often from mesial structures such as the hippocampus and amygdala.
- Resting-state networks (RSNs) have been shown in awake/anaesthetized rats [1].
- Graph theoretical measures like clustering coefficient, centrality, modularity, and path lengths have been shown to be altered in TLE patients.
- We studied the graph topological properties of brain networks [2] derived from resting-state fMRI in a kainic acid induced model of TLE in rats.
- Ethical concerns prevent experimental studies in humans, although these studies are necessary to elucidate the underlying mechanisms. Thus, we used an animal model of TLE in an attempt to study the RSN disruptions in human TLE.

Methods

- Icong-Evans rats were injected with kainic acid (KA) according to induce spontaneous seizures [3].
- 24-5 weeks following the KA injections, rats were anaesthetized using isoflurane, and structural and functional (10 mins each at 1.5% and 2.0%) isoflurane end-tidal concentration) scans were acquired.
- ③Functional connectivity was determined by temporal correlation of the resting-state Blood Oxygen Level Dependent (BOLD) signals between 33 pairs of regions of interest (ROIs) during 1.5% and 2% isoflurane, and analyzed as networks in epileptic and control rats.
- Graph theoretical approach was implemented using Brain Connectivity Toolbox [4], and network comparison using Network-based Statistic (NBS) [5] toolbox in Matlab 2014a.

NETWORK ANALYSIS

- **GRAPH ANALYSIS**

HISTOLOGY







Figure 2: Hippocampal slices (top and middle row) and coronal structural scans (bottom row) in representative kainate-treated (left panel) and saline-treated (right panel) rats. CA3c lesion (*) was found in all kainate-treated rats, with less uniform CA3b (arrow) and CA1 lesion; V: lateral ventricle. Compared with saline-treated rats.

Results

• At 1.5% isoflurane, the analysis revealed a single sub-network comprising of 23 nodes and 78 edges that was significantly higher in the kainate than the control group (Figure 1A). The network comprised of the limbic/subcortical system, the sensorimotor system and the default-mode system along with the mesiotemporal system.

• At 2% isoflurane, the analysis revealed a single sub-network comprising of 7 nodes and 6 edges that was significantly higher in the kainate than the control group (Figure 1B). The network is relatively sparse compared to 1.5% isoflurane concentration.

• At 1.5% and 2% isoflurane, clustering coefficient (C_w) , global efficiency (E_{qlob}), and local efficiency (E_{loc}) were significantly higher in the kainate than the control group (Figure 3).

• Figure 2 demonstrates the kainic acid induced damage in hippocampal slices (extended ventricles) and structural MRI (hyper-intensity).



Figure 3: Statistical comparison of the global graph topology parameters C_w (clustering coefficient), L_w (path length), E_{qlob} (global efficiency), E_{loc} (local efficiency) of the functional networks. Results are expressed as mean \pm SEM. ** signifies P < 0.002, *** signifies P < 0.0001 and NS – not statistically significant.

These results suggest extensive disruptions in the functional brain networks and its organization, which may be the basis of altered cognitive, emotional and psychiatric symptoms in TLE.

References & Acknowledgements

- Neurophysiology **103**, 3398–3406 (2010).
- *Neuroscience* **10**, 186–198 (2009).
- Neuroscience Supplement, 1–12 (2005).
- (2010).
- (2010).





Conclusion

1. Hutchison, R. M., Mirsattari, S. M., Jones, C. K., Gati, J. S. & Leung, L. S. Functional networks in the anesthetized rat brain revealed by independent component analysis of resting-state FMRI. Journal of

2. Bullmore, E. & Sporns, O. Complex brain networks: graph theoretical analysis of structural and functional systems. Nature reviews.

3. Dudek, J. L. H. & Edward, F. Chemoconvulsant Model of Chronic Spontaneous Seizures - Kainic Acid Protocol. Current Protocols in

Rubinov, M. & Sporns, O. Complex network measures of brain connectivity: uses and interpretations. *NeuroImage* **52**, 1059–1069

5. Zalesky, A., Fornito, A. & Bullmore, E. T. Network-based statistic: Identifying differences in brain networks. NeuroImage 53, 1197–1207

Contact Information

