

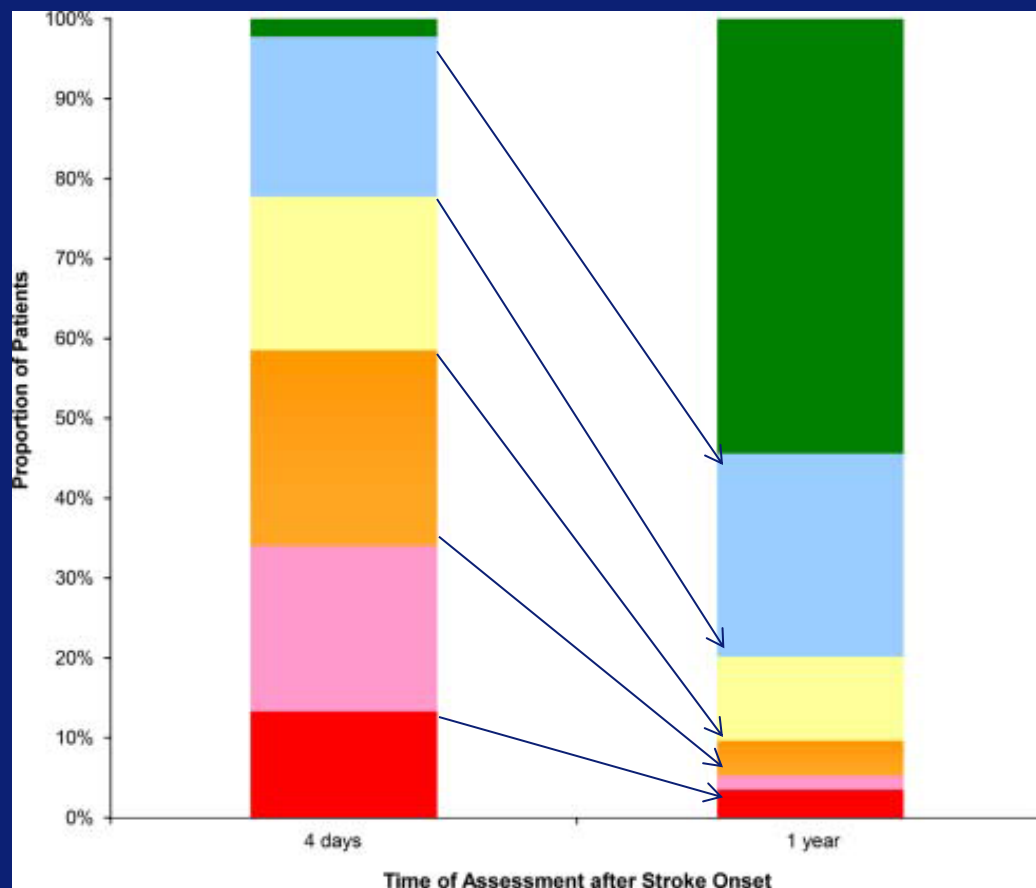
Post stroke aphasia: recovery and reorganization

Gerard M Ribbers

Context



Recovery of aphasia: a one year follow up



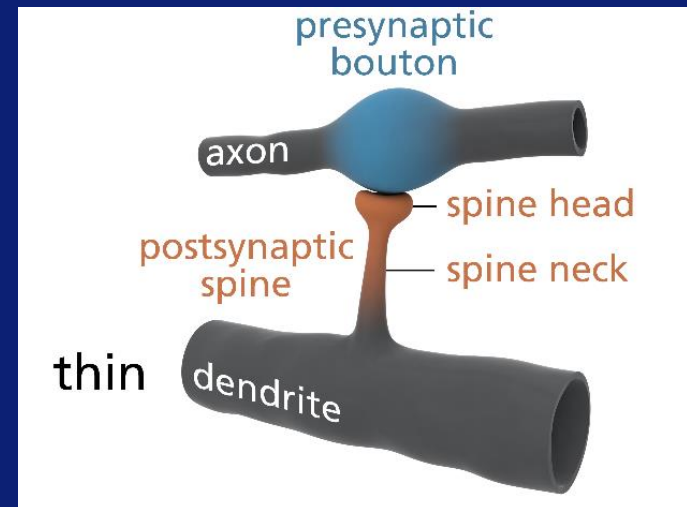
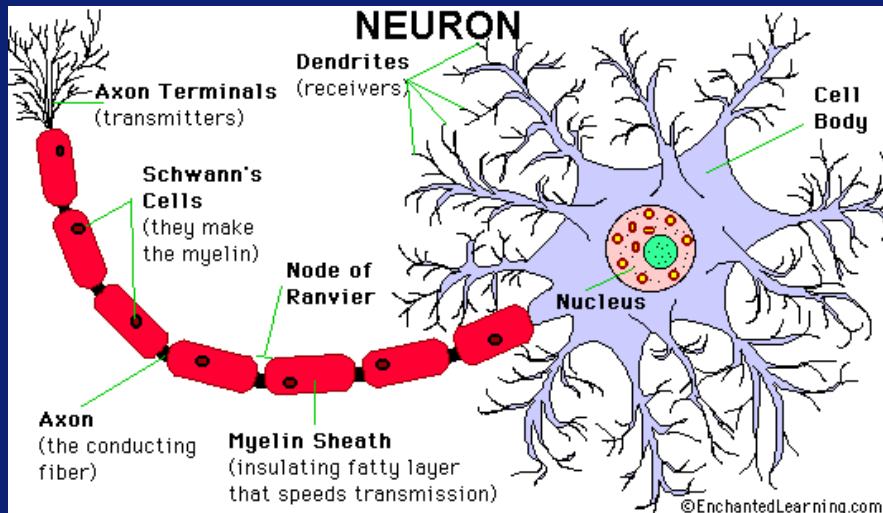
- 5** ASRS: minimal handicap
- 4** ASRS: loss fluency
- 3** ASRS: conversation +
- 2** ASRS: conversation +/-
- 1** ASRS: fragmentary
- 0** ASRS: very severe

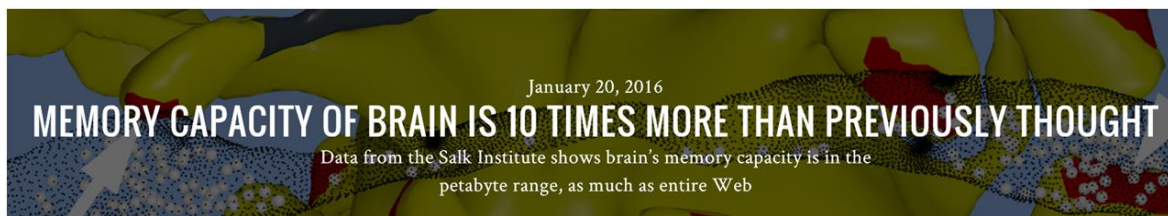
Hachioui, JNNP 2013, N=147

Mechanisms of functional recovery

- Restitution of non-infarcted penumbral areas
 - Tissue repair
 - 'Vicariation of function'
 - Unmasking
 - Sprouting
 - Synaptogenesis
- Resolution of diaschizis (von Monakow)
- Behavioural compensation (substitution)

About information, bits and synapses





RESEARCH ARTICLE



Nanoconnectomic upper bound on the variability of synaptic plasticity

Thomas M Bartol Jr^{1*}, Cailey Bromer¹, Justin Kinney^{1,2†}, Michael A Chirillo³, Jennifer N Bourne^{3‡}, Kristen M Harris^{3*}, Terrence J Sejnowski^{1,4*}

¹Howard Hughes Medical Institute, Salk Institute for Biological Studies, La Jolla, United States; ²McGovern Institute for Brain Research, Massachusetts Institute of Technology, Cambridge, United States; ³Center for Learning and Memory, Department of Neuroscience, The University of Texas at Austin, Austin, United States; ⁴Division of Biological Sciences, University of California, San Diego, San Diego, United States

“...the brain could store 1 petabyte (or a quadrillion bytes) of information.”

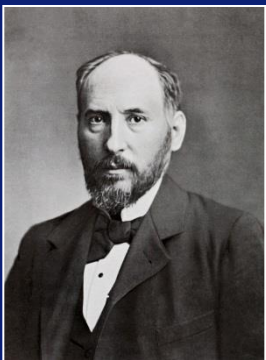
1 PB = 1000000000000000B = 10^{15} bytes = 1000 terabytes

Neuroplasticity: a recap

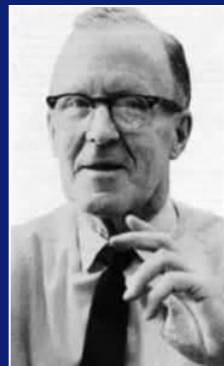
Neuroplasticity:

reorganization within (residual) neural tissue,

“Neurons That Fire Together Wire Together”



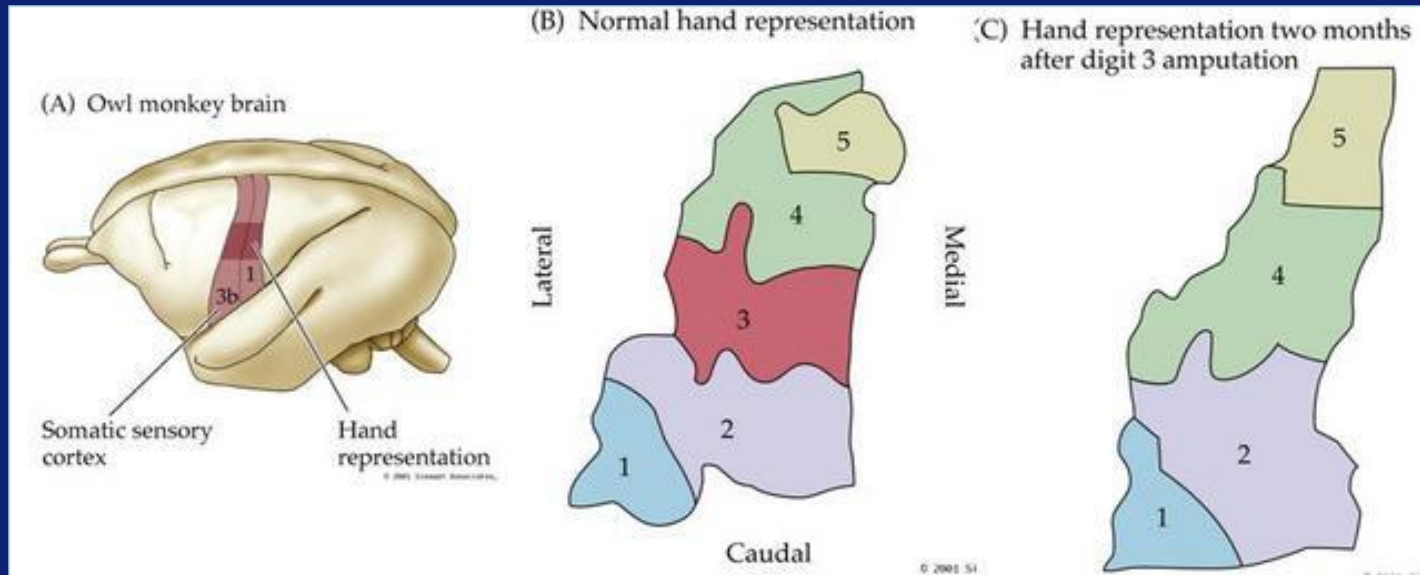
S.R. y Cajal, 1894



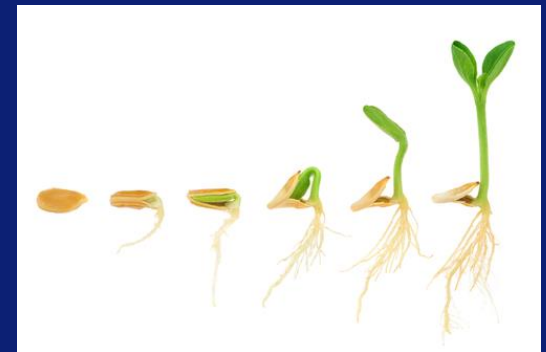
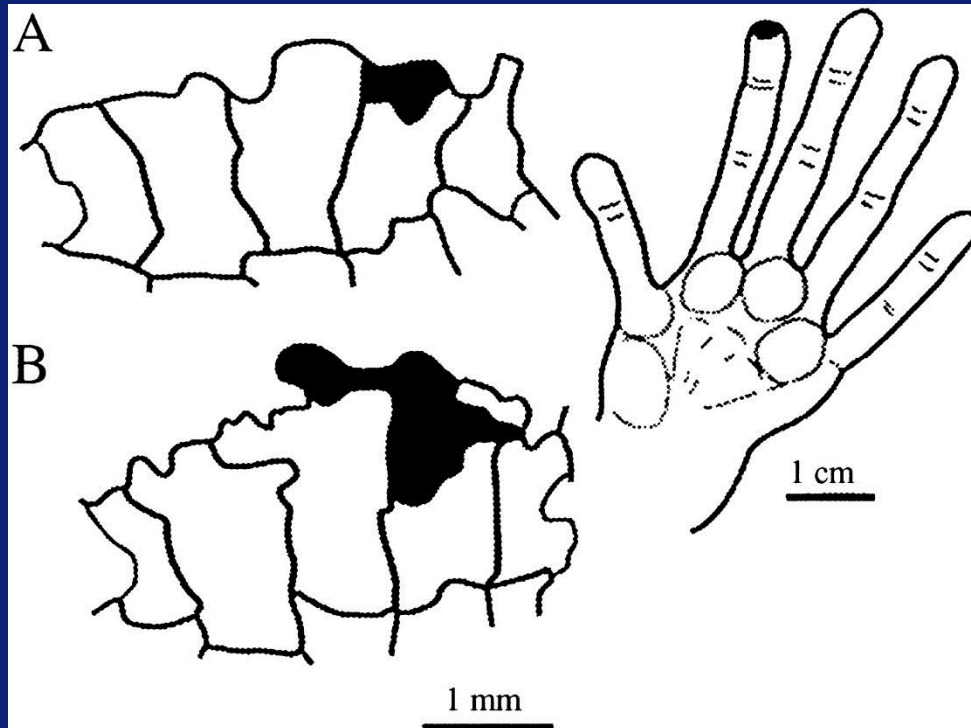
DO Hebb, 1949: Hebbian learning



Pruning: eliminating weaker contacts



Sprouting: to strengthen connections



Jenkins and Merzenich (1990):

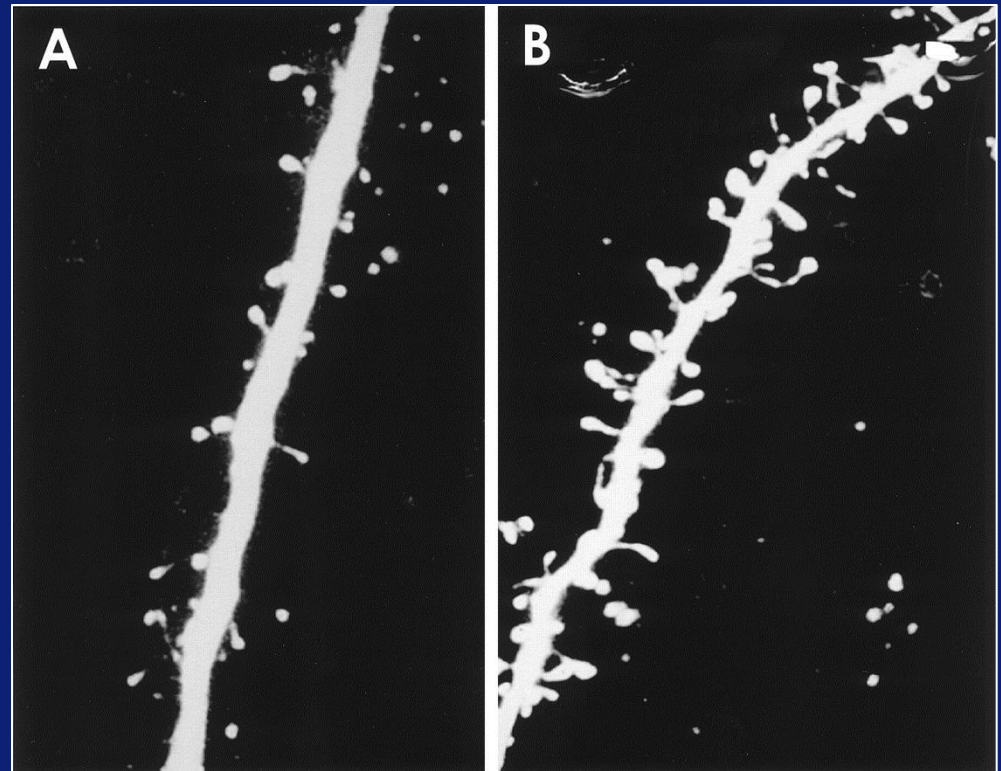
**somatosensory cortex before (A) and after
(B) tactile stimulation**

Synaps structure dendritic spines

1. Protrusions from dendrites
2. Very plastic
3. Spine levels determined by

- Activity
- BDNF
- AMPA receptors
- NMDA receptors

- Scaling
- Metaplasticity

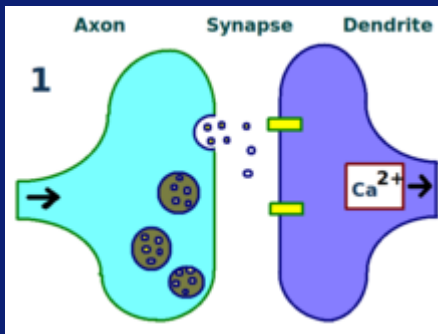


**dendritic spines of pyramidal neurons
standard cage (left) vs enriched environment (right)**

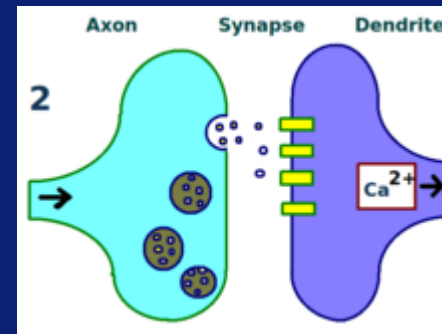
Johansson B B Stroke 2000;31:223-230

Synaps function:

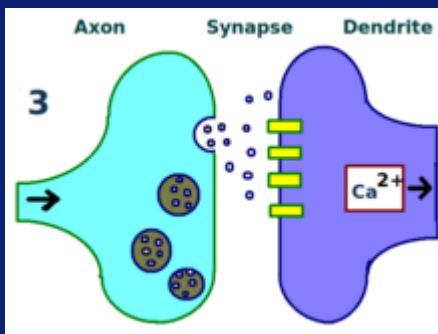
Long term potentiation / depression



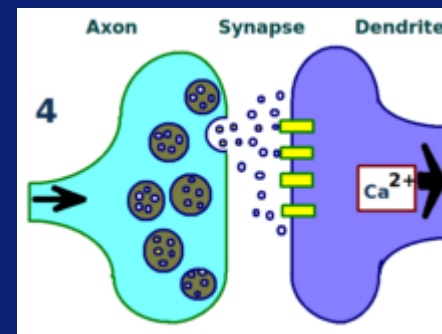
Repeated stimuli



Increased dendritic receptors



Increased neurotransmitters

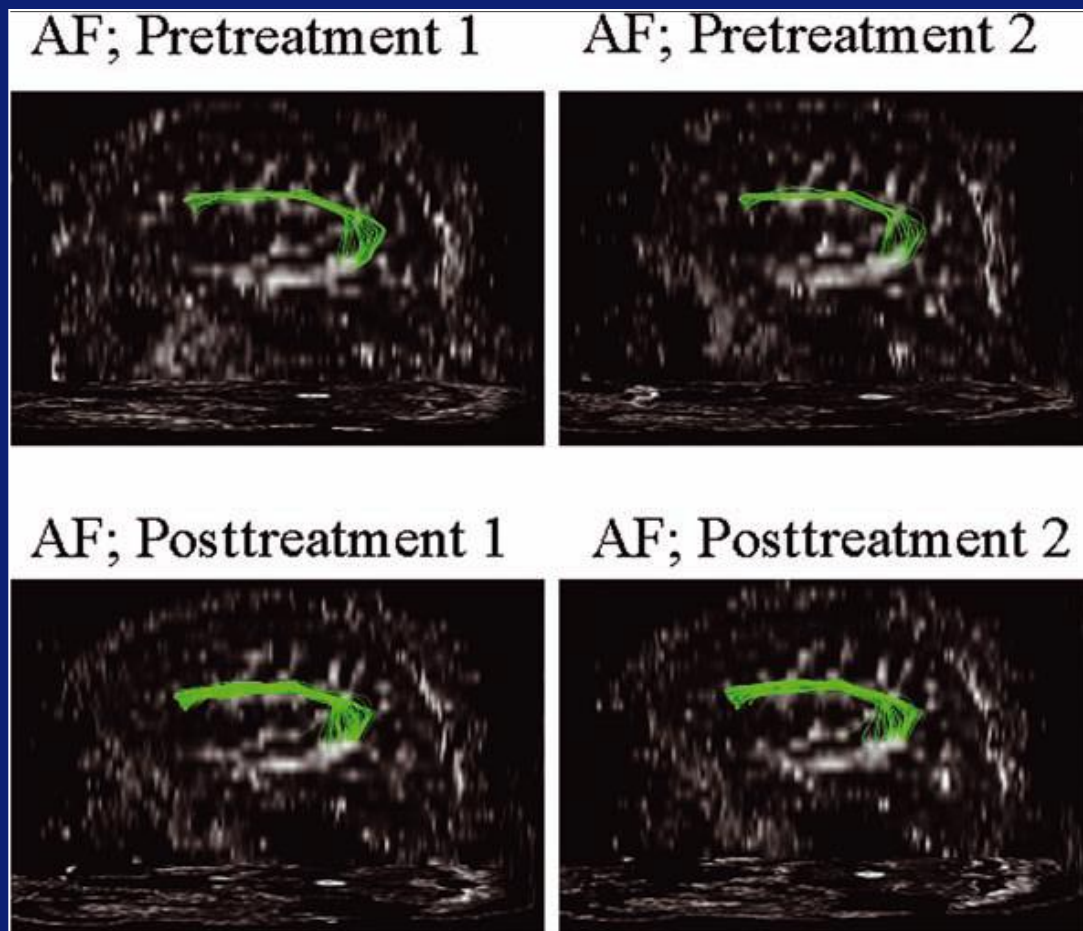


Increased synaptic strength

Neuroplasticity: overview

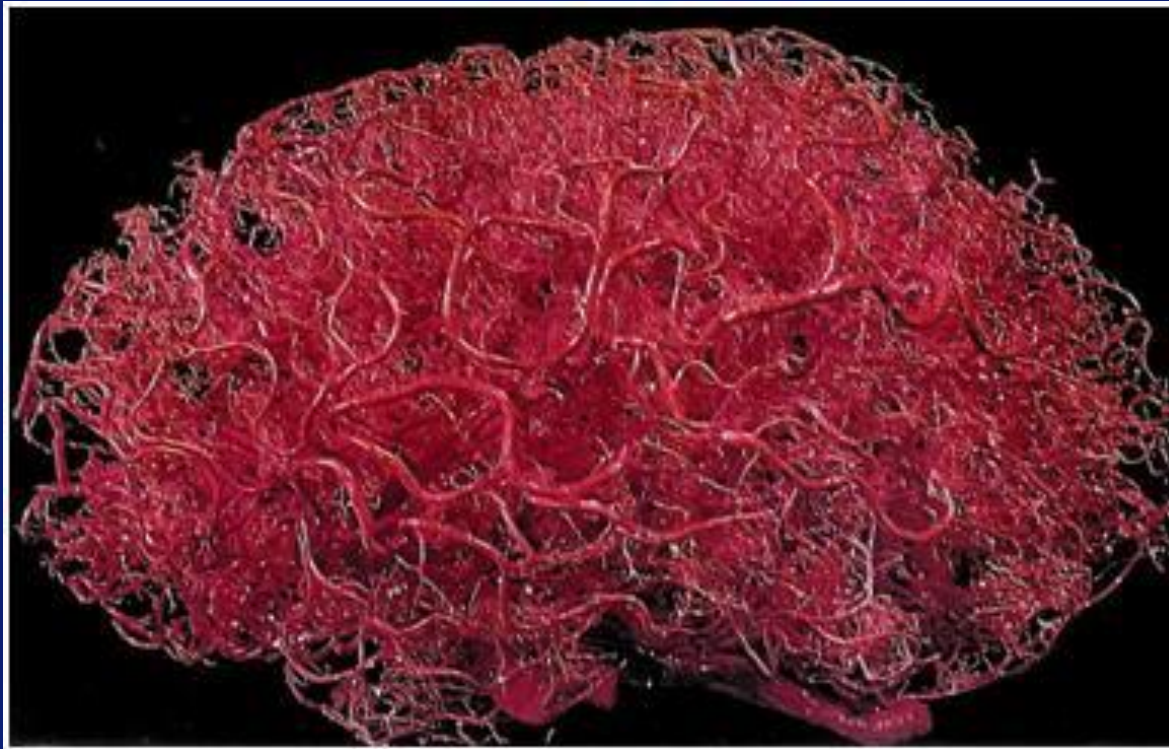
	Presynaptic	Postsynaptic	Effect
Synaps function	'release chance'	Number and characteristics of receptors	'Synaptic Strength' (LTP & LTD)
Synaps structure	'axonal boutons'	Number of 'dendritic spines'	Number of synapses
Neural networks	Sprouting / pruning	Growth / retraction dendrites	Rewiring of neural connections
Neuro-genesis	Stam/progenotor cells subventricular of hippocampus		New neurons

White matter plasticity

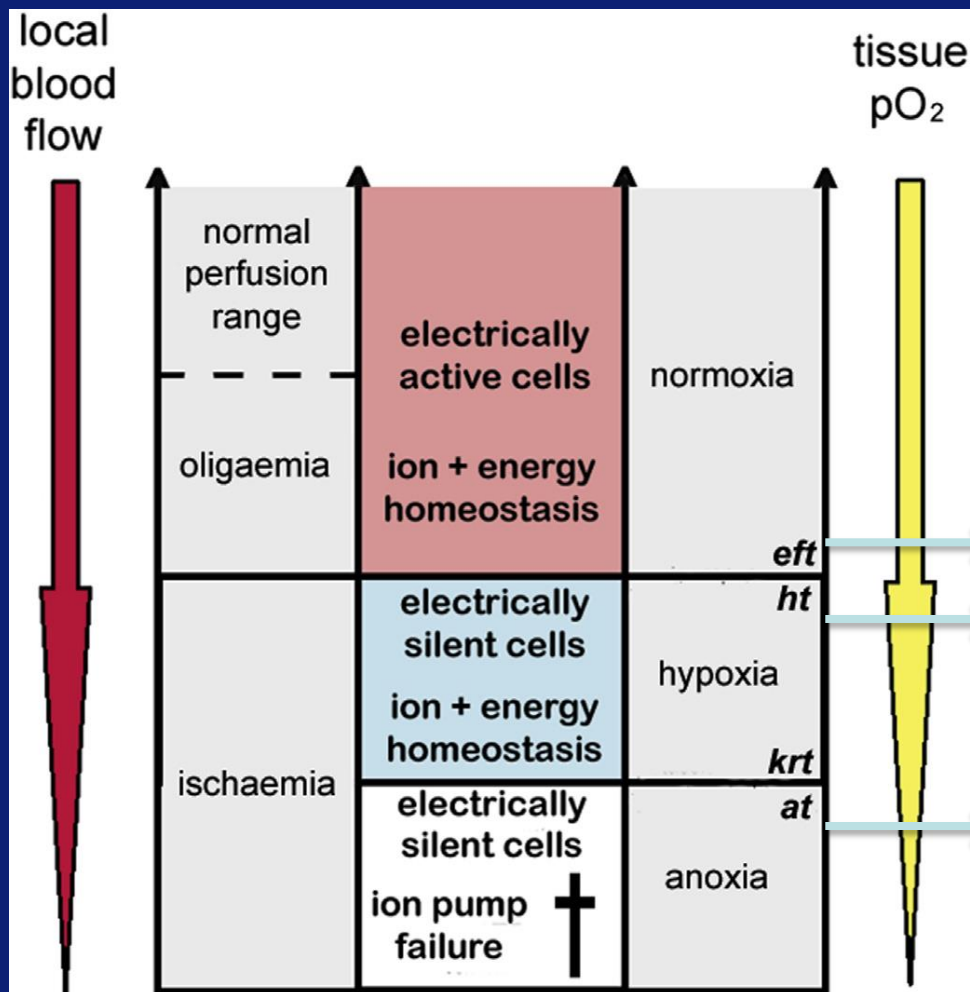


Schlaug et al: 2009

A stroke



Penumbra



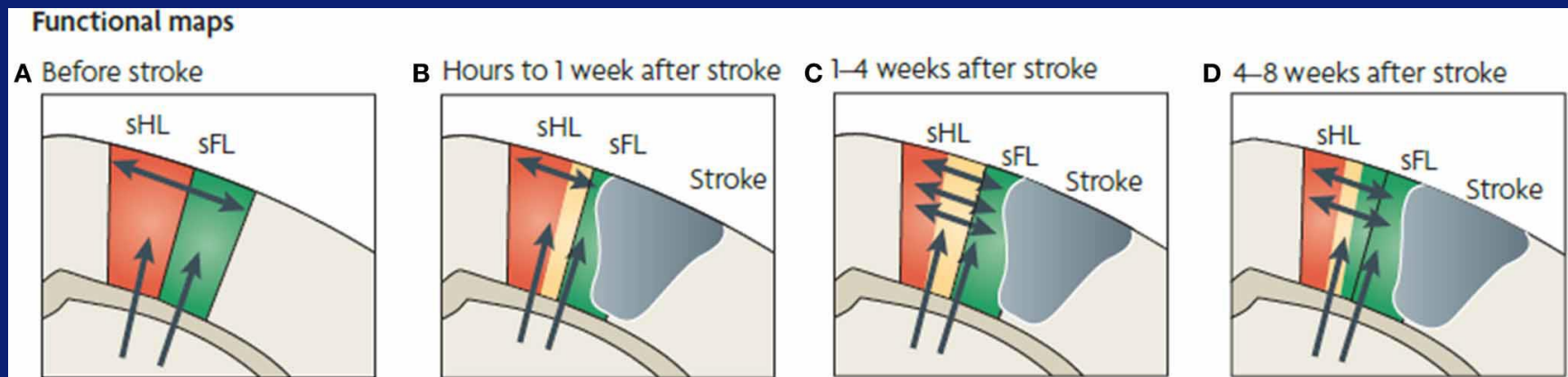
Penumbra

Electrical failure threshold

Hypoxic threshold

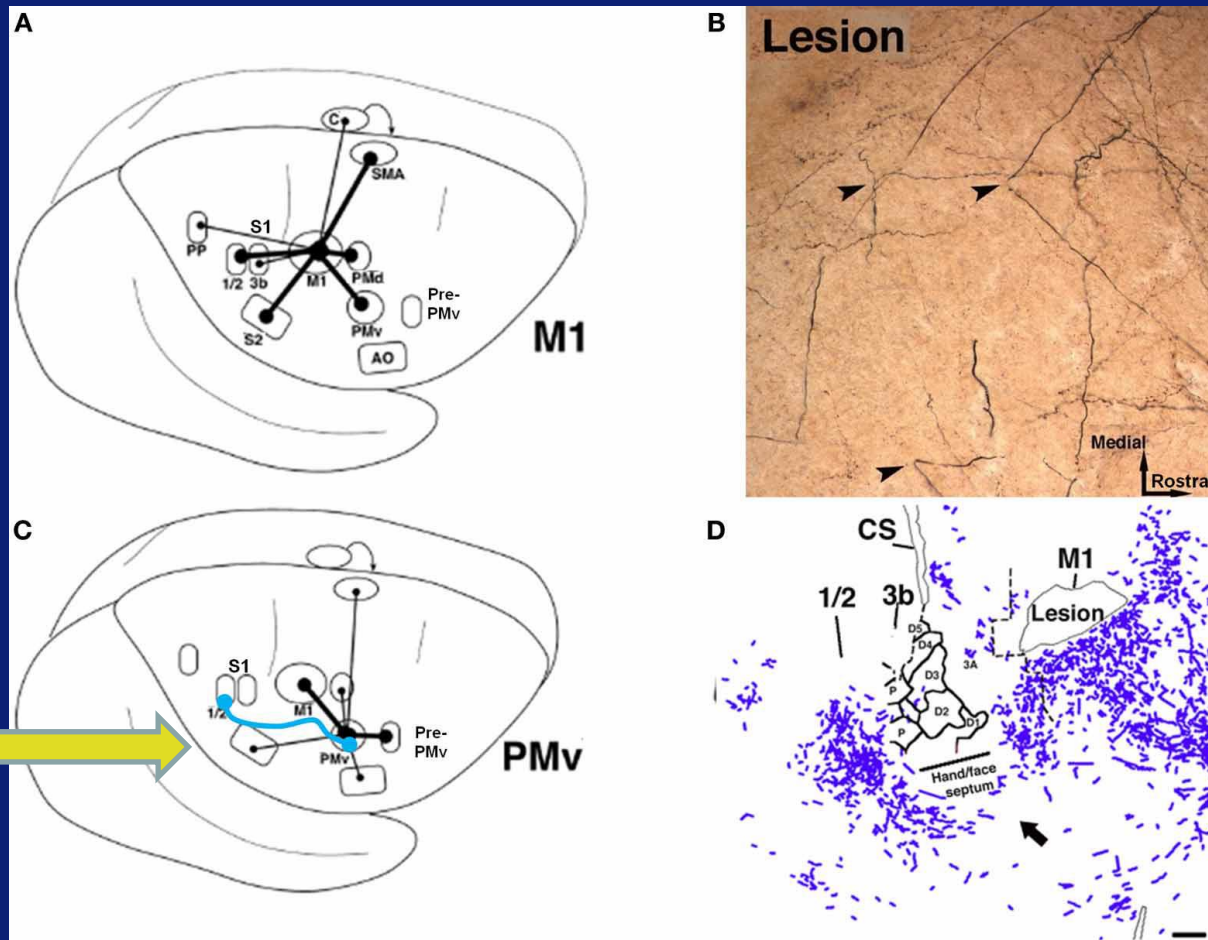
Anoxic threshold

PLASTICITY IN ADJACENT, INTACT CORTEX AFTER FOCAL INJURY



Murphy and Corbett, 2009

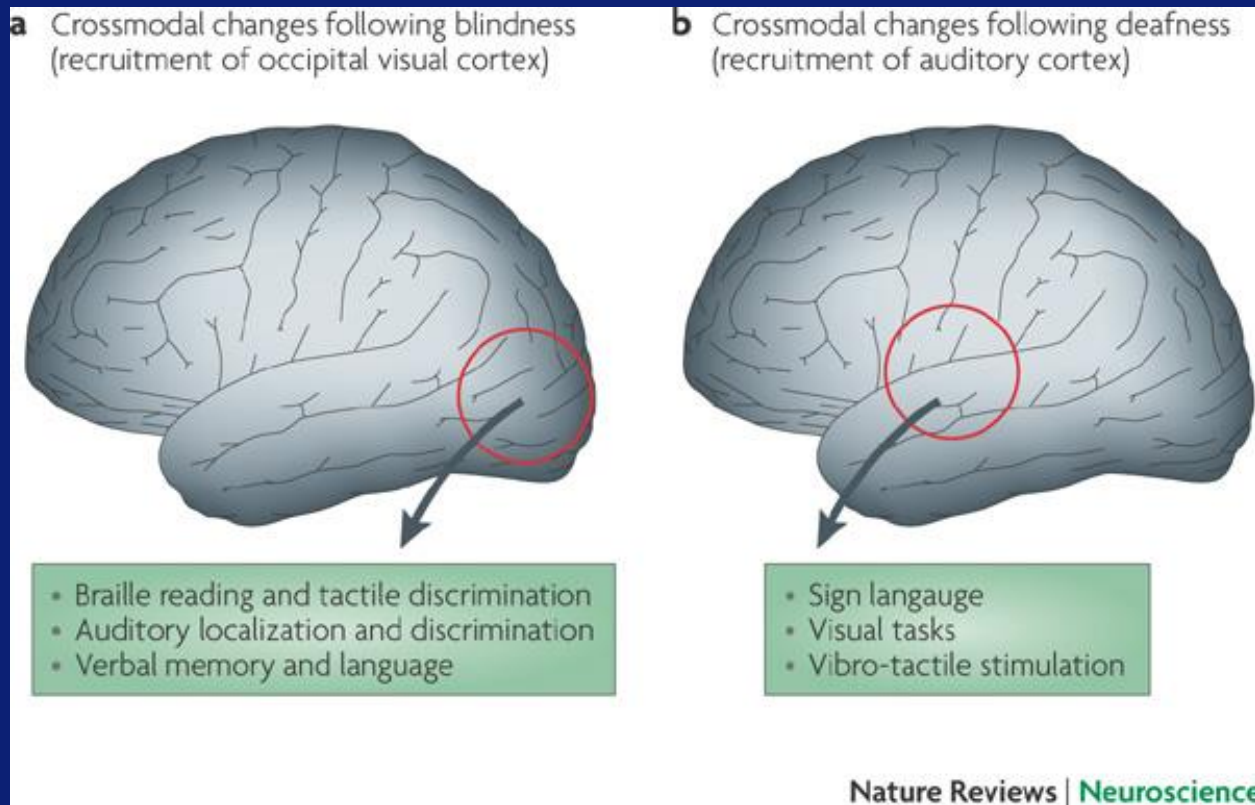
WHITE MATTER PLASTICITY IN REMOTE REGIONS AFTER FOCAL DAMAGE TO M1



Dancause et al., 2005

Neural networks

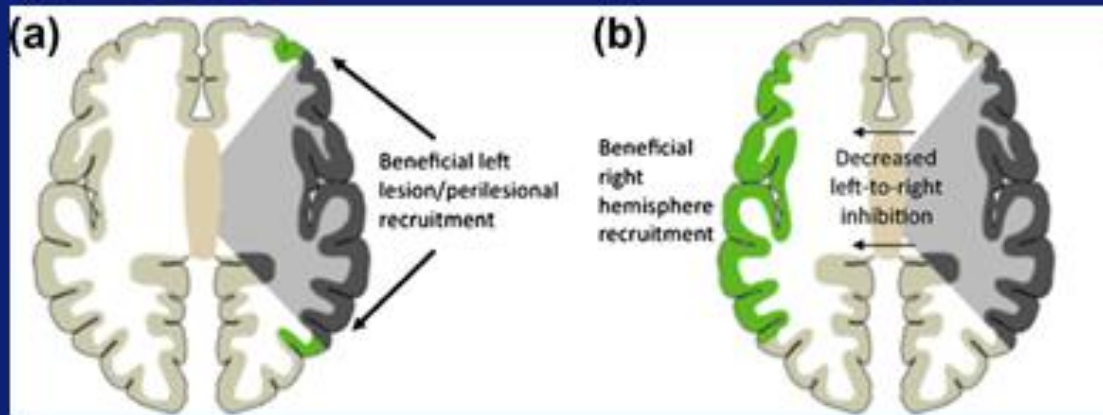
Inter- or crossmodal reorganisation



Merabet et al; Nat Rev neurosc: 2010

Neural networks

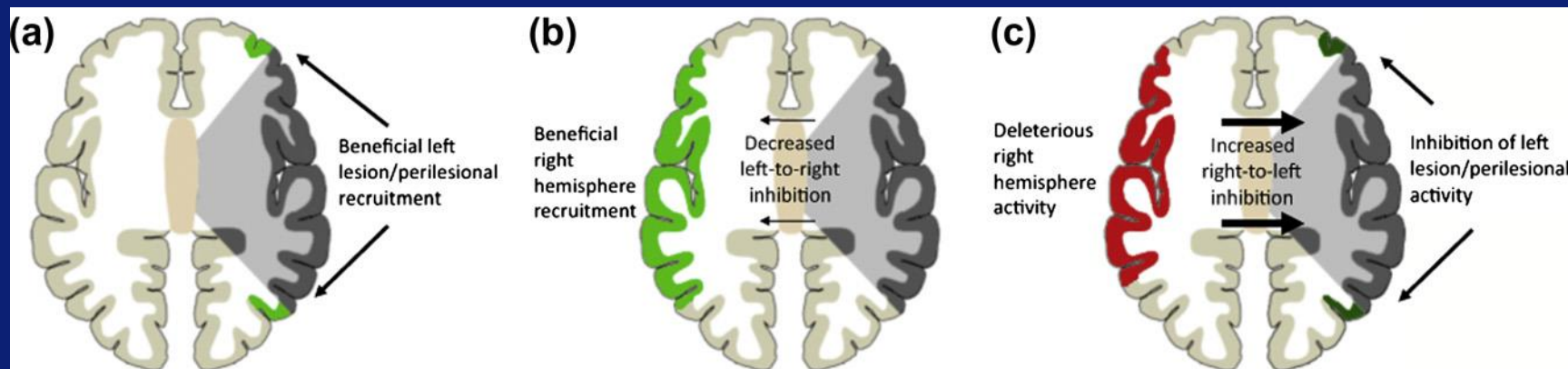
Intramodal reorganisation



Hamilton et al, Brain & Language 2011

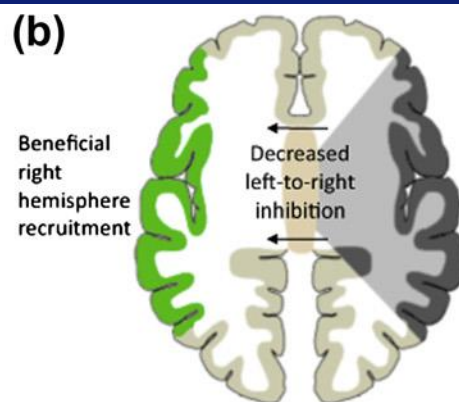
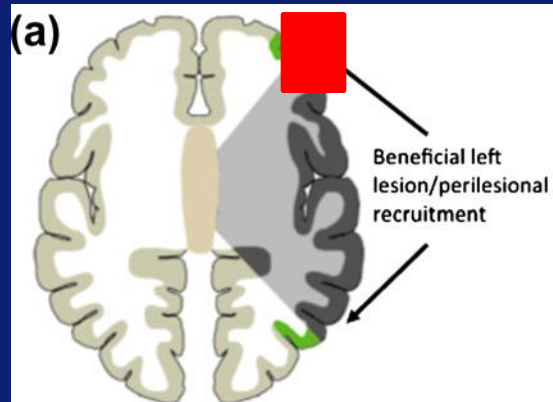
Neural networks

maladaptive intramodal reorganisation

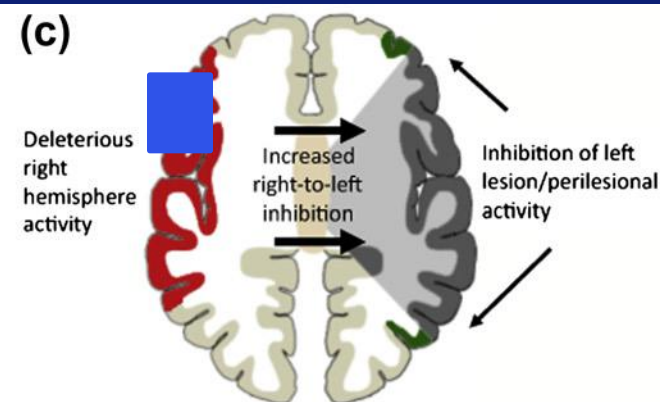


Hamilton et al, Brain & Language 2011

Anodal tDCS Left Hemisphere



Cathodal tDCS Left Hemisphere



Hamilton et al, Brain & Language 2011

Post stroke sequence of events $\pm < 1$ st week

- **Lesion**
 - Extracellular glutamate \uparrow m.a.g. local celldeath and remote neuroplaticity
 - Dysbalanced acivation/inhibition in neural networks
- **Penumbra**
 - Variable in size
 - Eather way: recovery or necrosis
 - Instabile phase with vulnarable braintissue,
- **Perilesional**
- **Remote**

Post stroke sequence of events $\pm < 1$ st week

- **Lesion**
- **Penumbra**
- **Perilesionaal**
 - Electrophysiological overactivity
 - Vicarisation (unmasking, increased in excitability en neuronal transmission)
- **Remote**
 - Increased excitability contralateral hemisphere (dysbalanced inhibition); size matters!

Post stroke sequence of events: subacute phase: 48 hrs – 3 weeks p.o.

- **Perilesional**
 - A state of hyperexcitability
 - Vicarisation
 - Intrinsic emergent capacity or activity driven?
- **Remote**
 - Hyperactivation of intra- and crossmodal neural networks in ipsi- and contralateral hemispheres (mal-adaptation?)
 - Diaschizis

Post stroke sequence of events: consolidation: \pm > 2-3 months

- Increased neuroplasticity
 - In case of good recovery in perilesion tissue
 - In case of poor recovery in contralesional neural networks



"I have to use this call button?! I'm too old to learn new technology. Why can't I just scream when I need you?"

Patterns of recovery

Phase Location	(hyper-)acute < 48 hrs	Subacute 48 h – 6 wks	Consolidation > 1.5 mths
Lesion	Cell death		
Penumbra	Instability Reperfusion	Instability Reperfusion	
Perilesional	Diachizis	Hyperexcitability Resolution of diaschizis	Plasticity
Remote	Diachizis	Hyperactivation of homo- and perilogue networks	(mal-)adaptive plasticity

Recovery and time post onset

Phase Location	(hyper-)acute < 48 hrs	Subacute 48 h – 6 wks	Consolidation > 1.5 mths
Lesion	Cell death		
Penumbra	Instability	Instability	
Perilesional	Diachizis	Hyperexcitability	Plasticity
Remote	Diachizis	Hyperactivation of homo- and perilogue networks	(mal-)adaptive plasticity

challenges

- Repairing the damaged brain by targetting the robust phase of growth, understanding its physiology, enhancing behavioral change.
- To target the right people with a specific treatment paradigm, with the right intensity, at the right time and with the right behavioral paradigm.
- Long term adherence to exercise on what ever domain requires a lifestyle chngement.

Personalized Therapy

- Tailoring of medical care to the particular traits (or circumstances or other characteristics) of a patient that influence response to a health care intervention.
- These may include genetic, sociodemographic, clinical, behavioral, environmental, and other personal traits, as well as personal preferences.
- PT does not refer to the creation of interventions that are unique to a patient, but to the ability to classify patients into subpopulations that differ in their responses to particular interventions.

gribbers@rijndam.nl



Rotterdam Neurorehabilitation Research