

Robotic transcranial magnetic stimulation mapping of the motor cortex in the intact developing brain

Grab JG, Zewdie E, Kuo HC, Giuffre A, Carlson H, Kirton A

Calgary Pediatric Stroke Program, Alberta Children's Hospital; Alberta Children's Hospital Research Institute (ACHRI), Calgary, AB; Department of Pediatrics, University of Calgary, Calgary, AB; Department of Neurosciences, University of Calgary, Calgary, AB

ROBOTIC TMS INTRODUCTION

- Wilder Penfield first described the motor and sensory homunculus in 1950 that showcased the topographic arrangement of muscle representations of the human cortex
- New robot transcranial magnetic stimulation (TMS) technology has been developed to non-invasively assess functional cortical topography *in vivo* (Axilum robotics, Strasbourg, France)
- The robot corrects for potential head movement in 3-dimensional space to enhance precision and reproducibility of procedures by eliminating human error – the robot arm features 7 moving joints for improved accuracy
- Here, a study using robotic TMS is undertaken to understand the primary motor cortical M1 representations in healthy pediatric participants

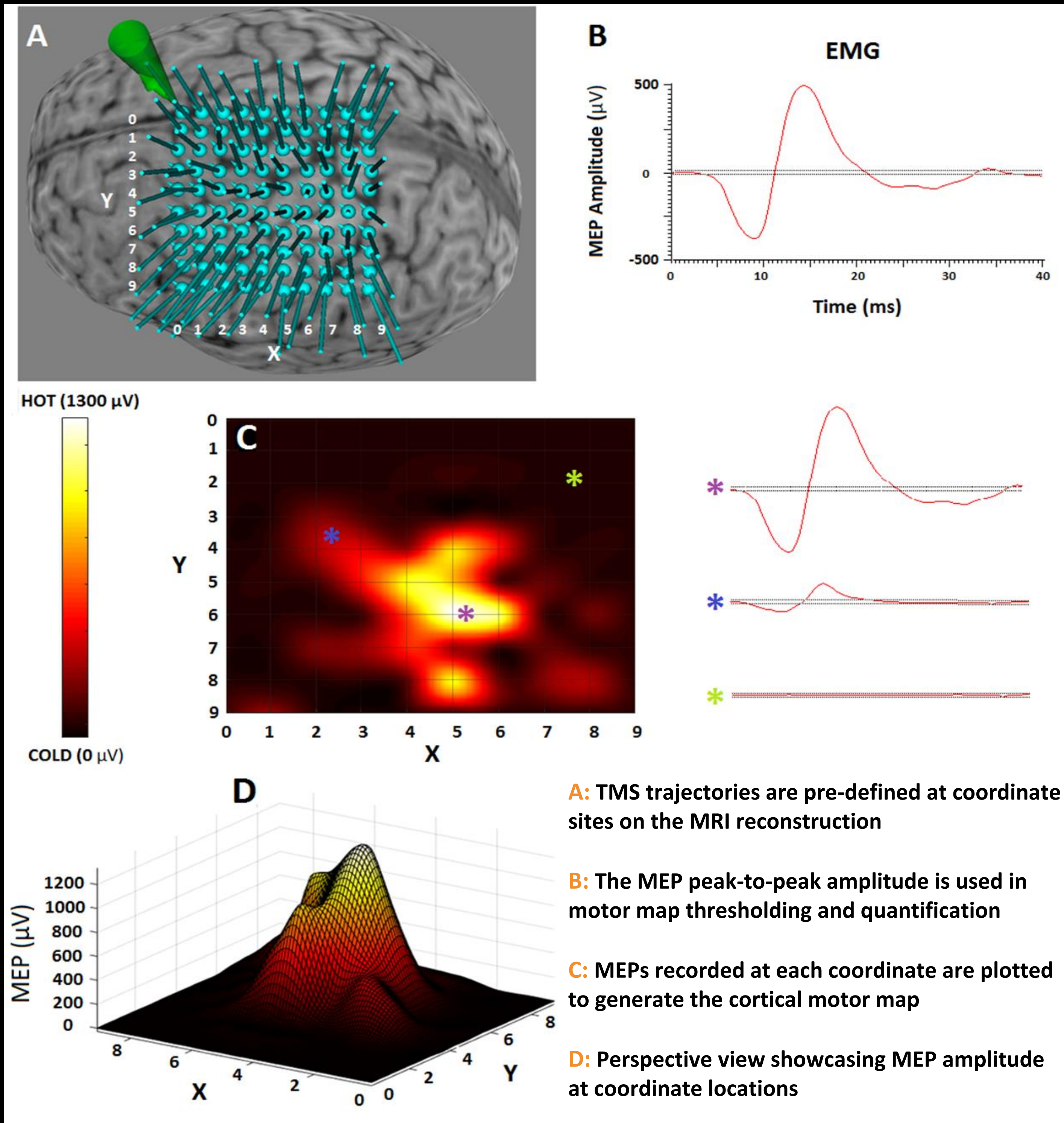
OBJECTIVES

Primary Aim: Determine the feasibility of robotic TMS in a pediatric population and characterize the cortical motor maps in typically developing children

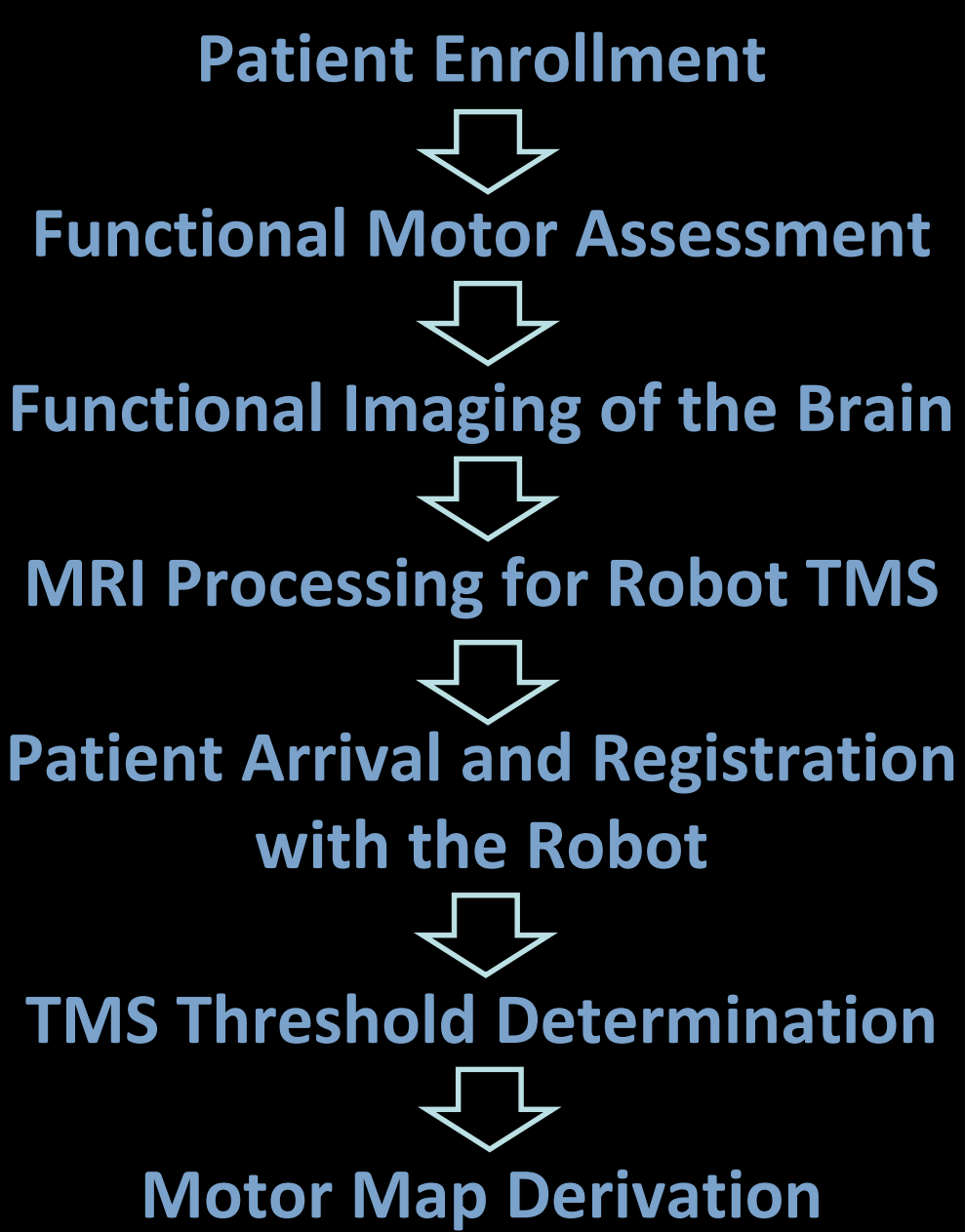
Additional aims:

Localize the mean coordinate of maximal activation (hotspot) and centre of gravity (CoG)
Quantify typical cortical motor map area and volume

METHODS



METHODS



Demographics	Healthy Participants
Recruited Participants	12 (4F)
Excluded Participants	2 (0F, age 8)
Mean Age	14.3 ± 1.0

- Surface EMG simultaneously recorded 4 distal forelimb muscles bilaterally, including:
 - first dorsal interosseous (FDI)
 - abductor pollicis brevis (APB)
 - abductor digiti minimi (ADM)
 - abductor pollicis longus (APL)
- The site generating an MEP of maximal amplitude $\geq 50 \mu V$ on $\geq 5/10$ single pulses was used to find the resting motor threshold (RMT)
- Motor mapping involved delivering 4, 1 Hz single pulses at 120% RMT at each site
- A responsive site was defined as a site generating an MEP $\geq 50 \mu V$ on $\geq 2/4$ pulses
- Motor map bordering consisted of surrounding the hotspot and all responsive sites entirely by non-responsive sites
- The CoG is an MEP amplitude weighted mean coordinate position of the map, calculated as follows:

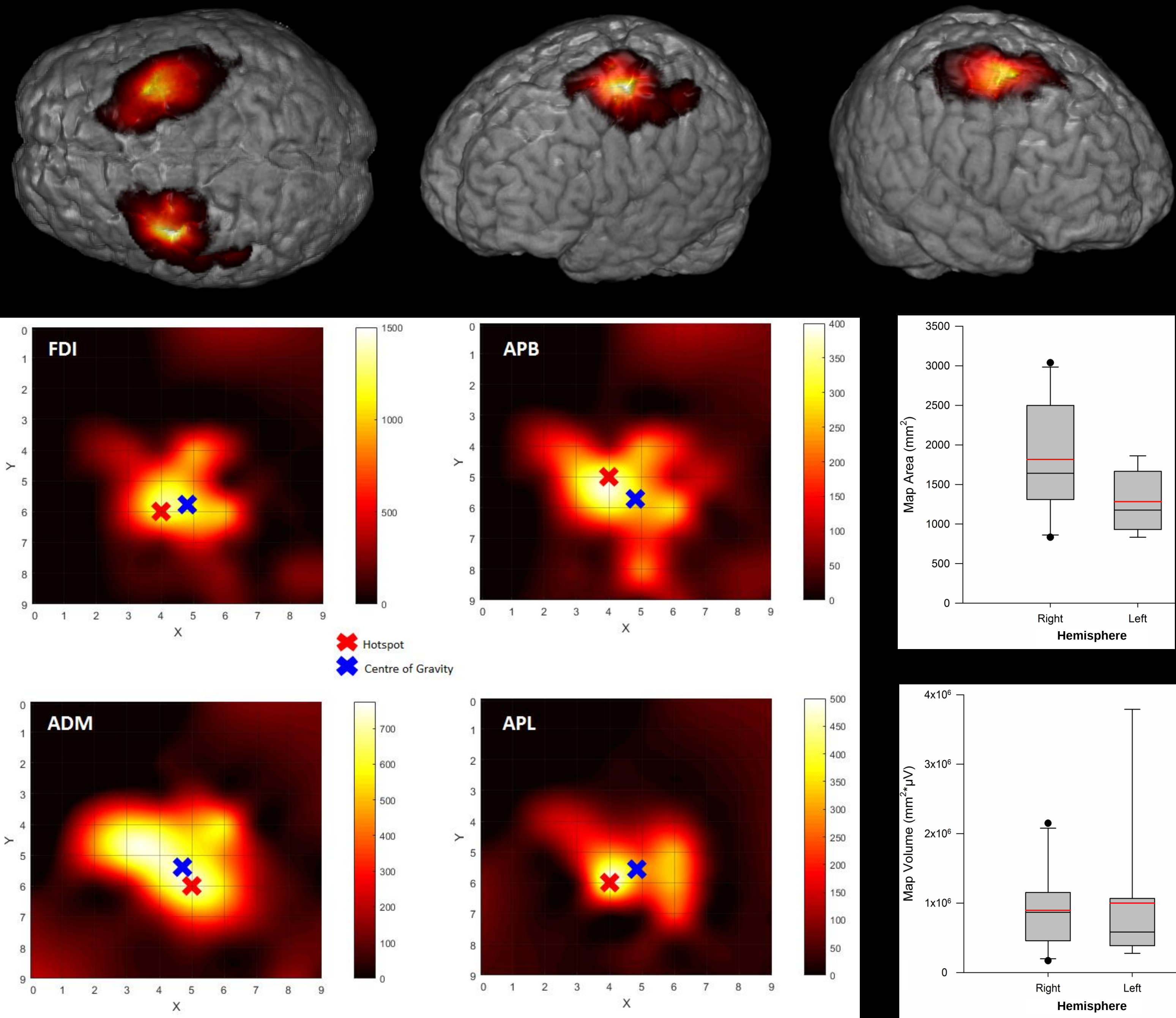
$$xCoG = \frac{\sum(x \cdot aMEP)}{\sum aMEP}, \quad yCoG = \frac{\sum(y \cdot aMEP)}{\sum aMEP}$$



RESULTS

Mean TMS Coordinate Localizations of the FDI Muscle Warped to MNI Space

		X	Y	Z
Left Hemisphere	Hotspot	-37	-12	58
(n=8)	Centre of Gravity	-35	-16	61
Right Hemisphere	Hotspot	43	-15	57
(n=8)	Centre of Gravity	43	-15	58



- No significant correlation between functional motor assessment score on the Perdue Pegboard Test and map area or volume for both hemispheres.

SIGNIFICANCE

- High resolution cortical motor maps can be generated in pediatric participants using robotic TMS
- Localization of the primary motor cortex in individual children will enable personalized precision targeting for neuromodulation
- Motor map quantification in children with brain injury will better inform clinicians of plastic reorganization and regions of altered excitability

FUTURE DIRECTIONS

- Robotic TMS motor maps will be co-registered with fMRI-derived activation maps to understand the spatial congruency between modalities
- Robotic TMS motor maps will be used as an outcome measure for motor neuromodulation interventions in both normal and hemiparetic children