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

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### **ROBOTIC TMS INTRODUCTION**

- Wilder Penfield first described the motor and sensory homunculus in 1950 that showcased the  $\bullet$ topographic arrangement of muscle representations of the human cortex
- New robot transcranial magnetic stimulation (TMS) technology has been developed to non- $\bullet$ 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  $\bullet$ 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**



#### RESULTS

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

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



FDI

APB



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- A: TMS trajectories are pre-defined at coordinate sites on the MRI reconstruction
- **B:** The MEP peak-to-peak amplitude is used in motor map thresholding and quantification
- : MEPs recorded at each coordinate are plotted to generate the cortical motor map
- **D:** Perspective view showcasing MEP amplitude at coordinate locations

**METHODS** 

D

**Patient Enrollment Functional Motor Assessment** Functional Imaging of the Brain **MRI Processing for Robot TMS**  $\overline{\mathbf{y}}$ **Patient Arrival and Registration** with the Robot  $\overline{\mathbf{y}}$ **TMS Threshold Determination**  $\checkmark$ **Motor Map Derivation** 

• 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)



**Top:** Mean TMS coordinate localizations of the FDI muscle and representative anatomical MRI reconstructions with derived cortical motor map representations of left and right hemisphere FDI muscles. **Bottom Left:** Same representative participant's four left hemisphere motor map representations with the hotspot and CoG plotted (MEP amplitude in  $\mu$ V).

**Bottom Right:** Quantification of cortical motor map area (mm<sup>2</sup>) and volume (mm<sup>2</sup>·μV) of the right (n=9) and left (n=10) hemisphere (red lines indicate means).

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

Demographics	Healthy Participants	
<b>Recruited Participants</b>	12 (4F)	
<b>Excluded</b> Participants	2 (OF, age 8)	
Mean Age	$14.3 \pm 1.0$	

- 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:



#### 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  $\bullet$ 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

