



Functional Near Infrared Spectroscopy



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Genova, 22 Febbraio 2017



REPORTS

Noninvasive, infrared monitoring of cerebral and myocardial oxygen sufficiency and circulatory parameters

FF Jobsis

Science 23 Dec 1977:
Vol. 198, Issue 4323, pp. 1264-1267
DOI: 10.1126/science.929199

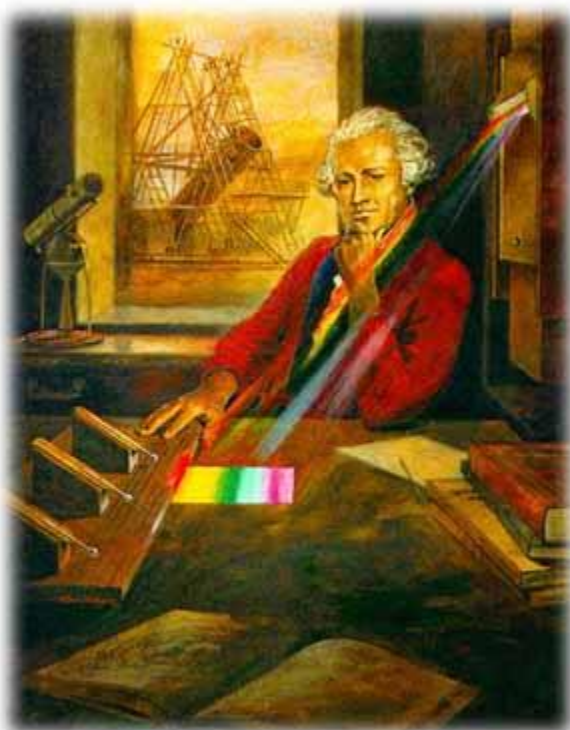
Review

A brief review on the history of human functional near-infrared spectroscopy (fNIRS) development

Marco Ferrari*, Valentina Quaresima

Department of Health Sciences, University of L'Aquila, L'Aquila, Italy

Un pò di storia



1800 by Sir Frederick William Herschel

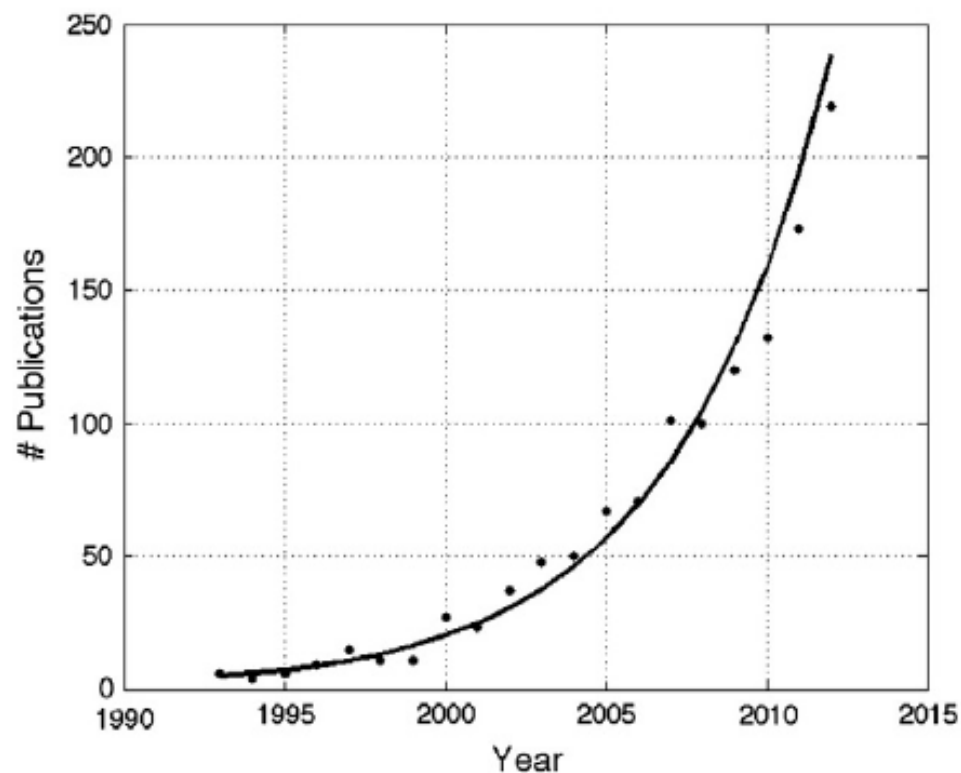


Fig. 1. Number of fNIRS publications per year.



Outline

Part 1

Physical principles of Functional Near InfraRed Spectroscopy (fNIRS)

Part 2

Application of fNIRS to clinical Neurology



Outline

Part 1

Physical principles of Functional Near InfraRed Spectroscopy (fNIRS)

Part 2

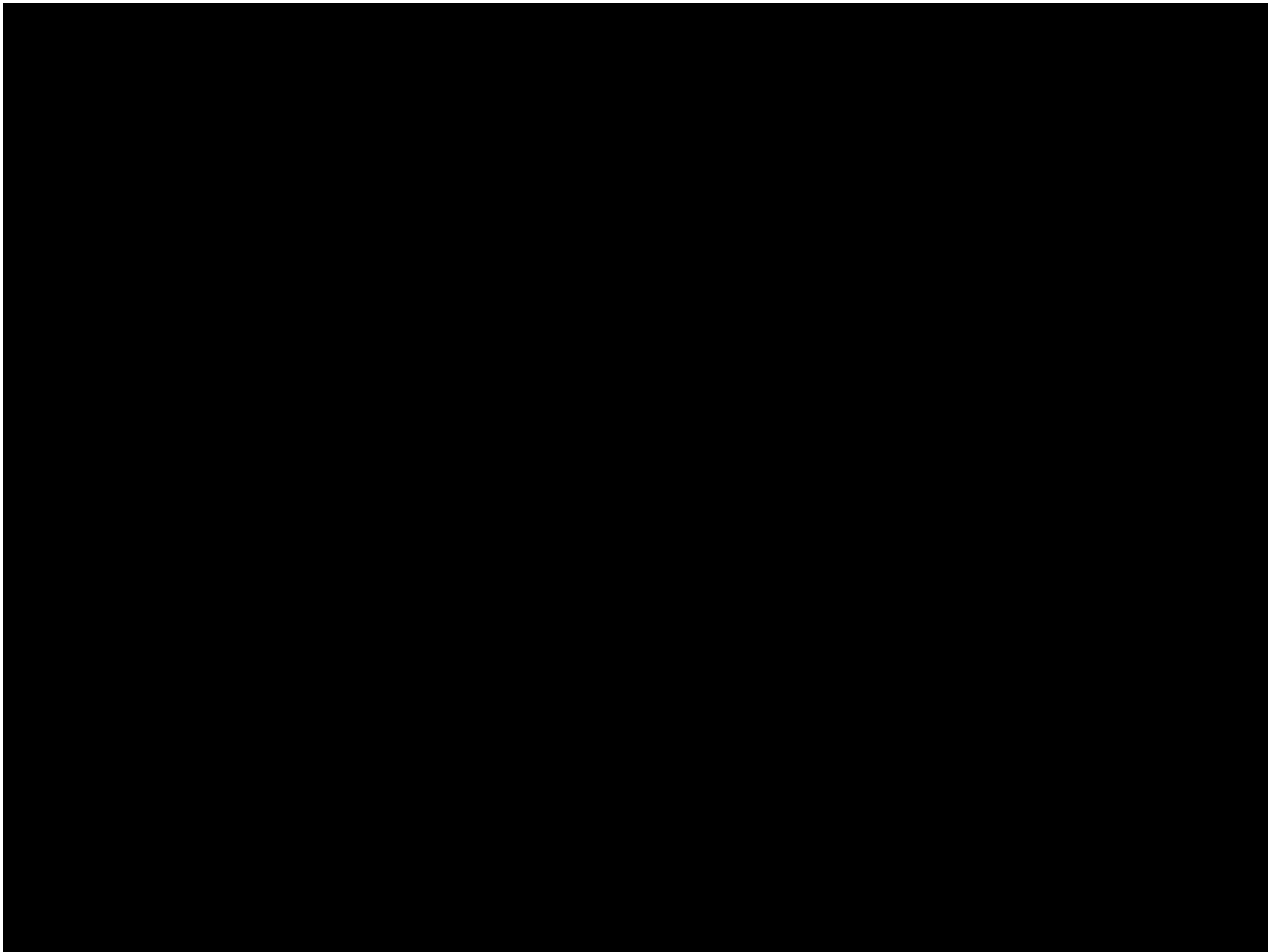
Application of fNIRS to clinical Neurology

Why near infrared light

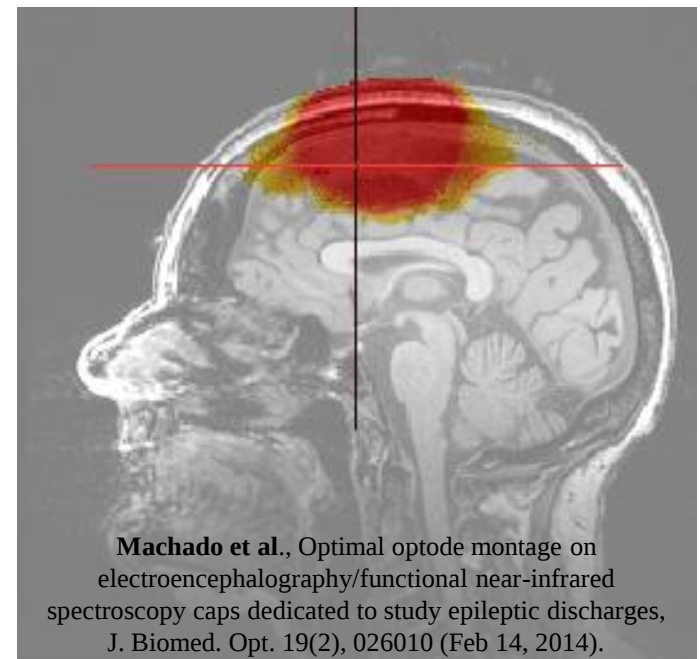
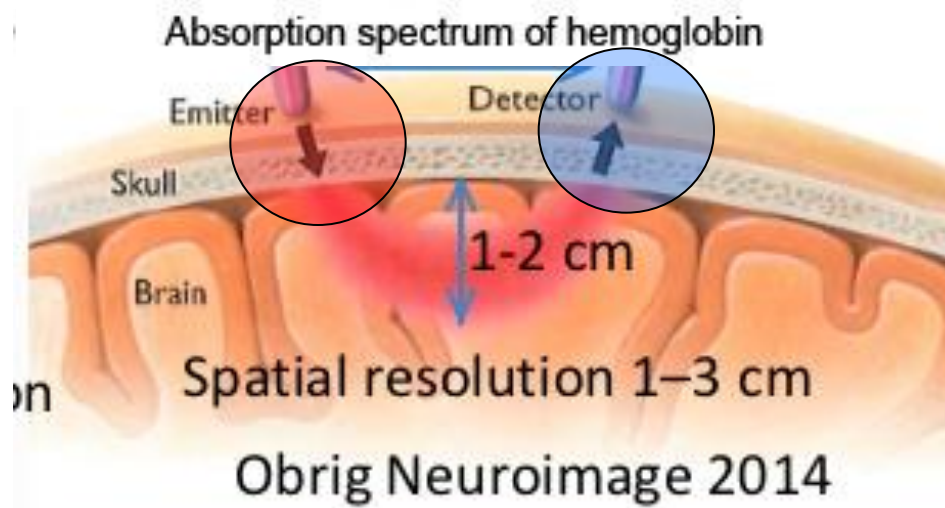
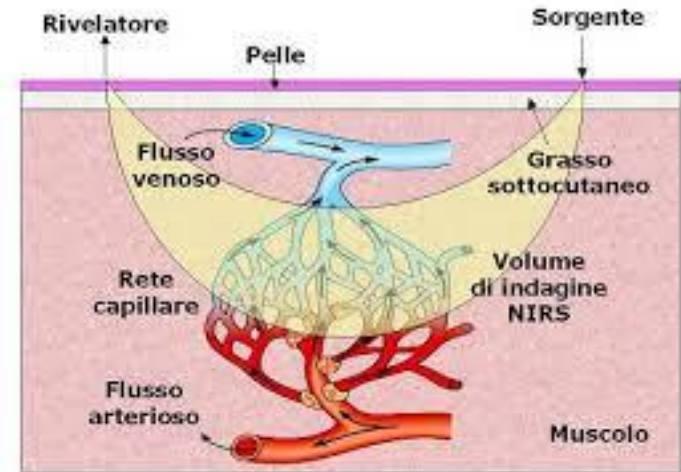
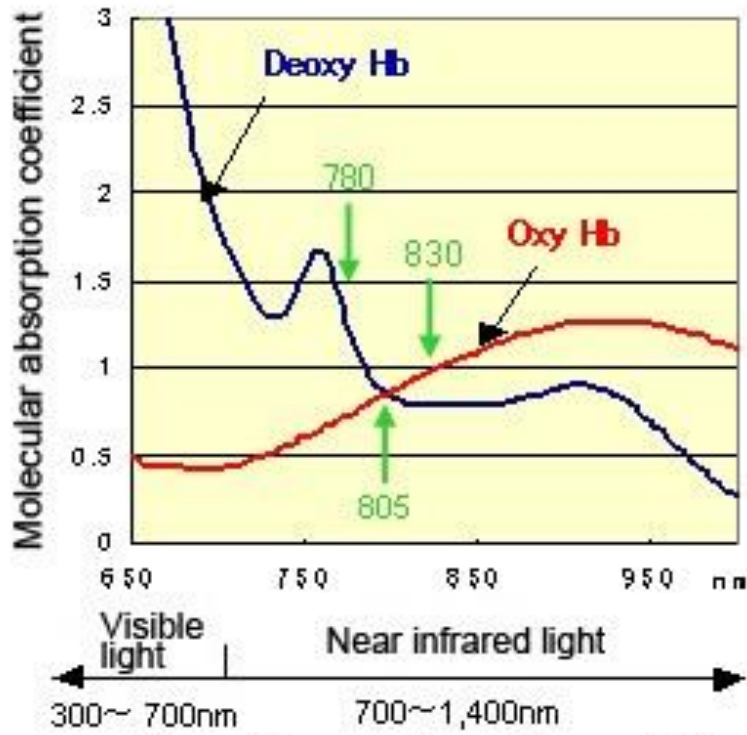
Because the near infrared light is relatively poorly absorbed by biological tissues.



...but it is absorbed by the hemoglobin in a consistent way



The propagation model of light in tissues



Hemodynamic time course plot during a motor task



Finger tapping task

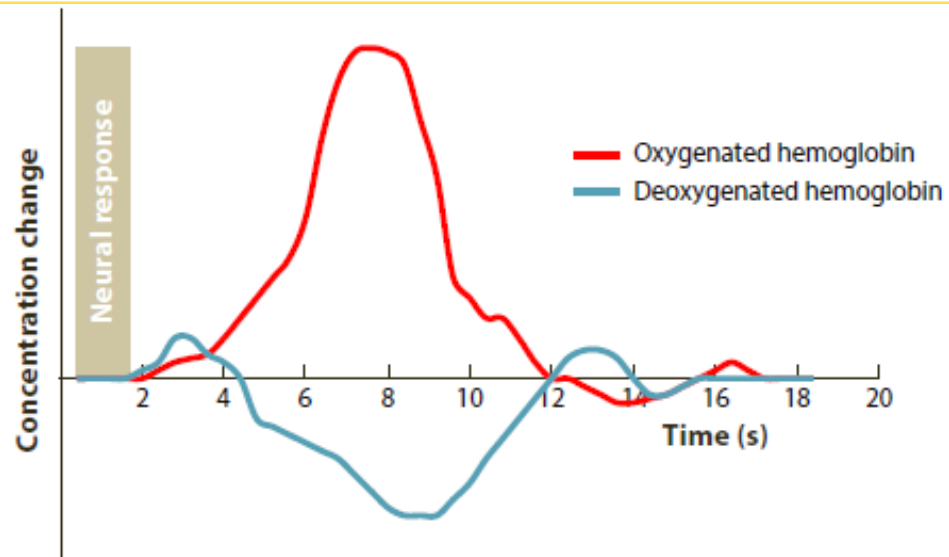
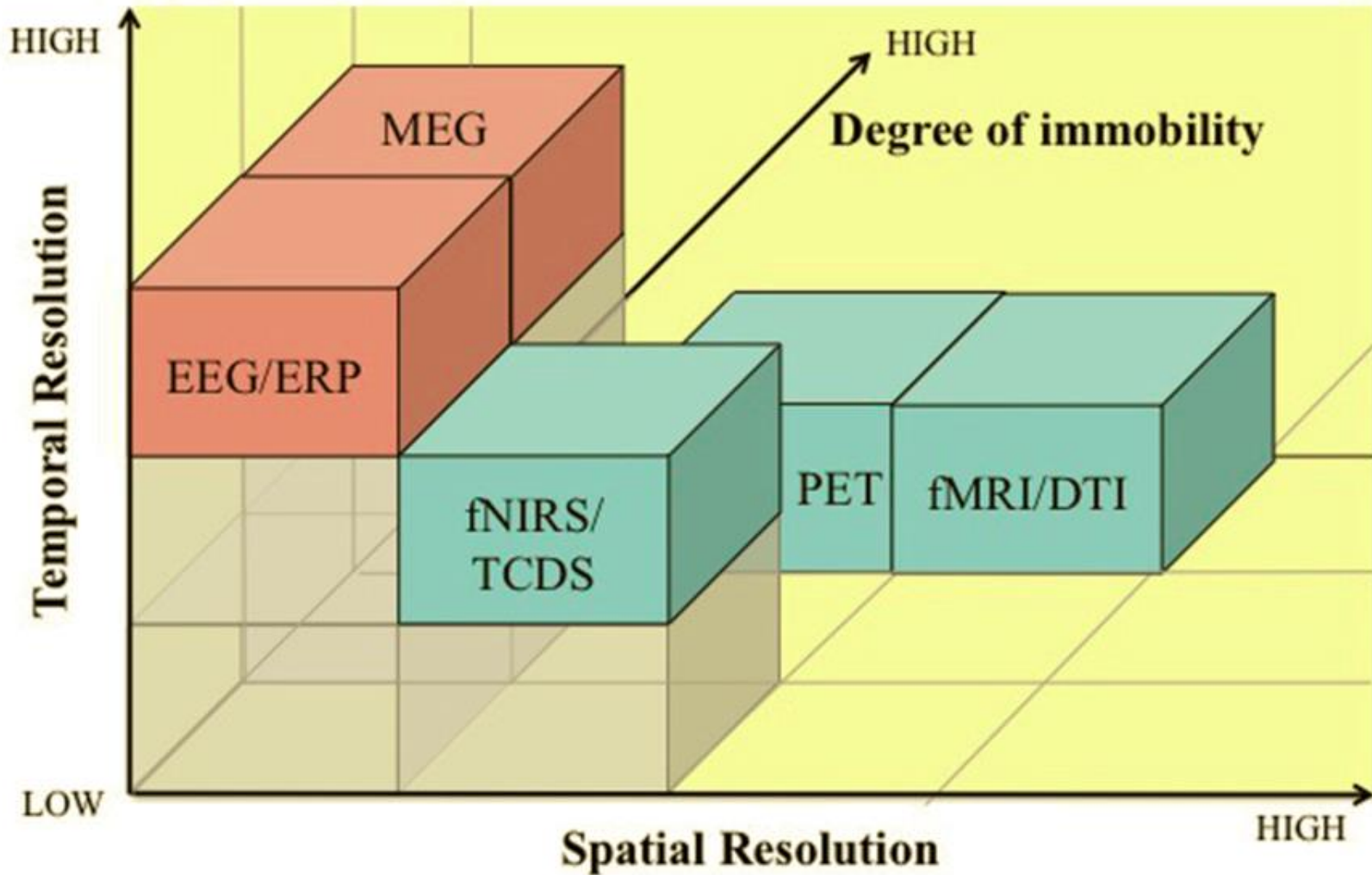


Figure 1

Depiction of the canonical hemodynamic response, with decreases in deoxygenated hemoglobin and increases in oxygenated hemoglobin that are delayed by several seconds after a brief stimulus and its elicited neural activity (*shaded region*). Adapted from Gervain et al. (2011) with permission.

fNirs and conventional imaging modalities comparison



fNIRS instrumentation





- **Strengths**

- 1) long-term, noninvasive monitoring
- 2) high temporal resolution (0.1 sec)
- 3) compact, portable, and potentially wireless design
- 4) less susceptible to movement artifacts
- 5) relatively inexpensive
- 6) **natural settings** (e.g. real human interactions)



- **Weaknesses**

- 1) stable contact between source/detector and skin is critical
- 2) **low spatial resolution**
- 3) no standardization is available for NIRS signal processing analysis and statistics procedures





Outline

Part 1

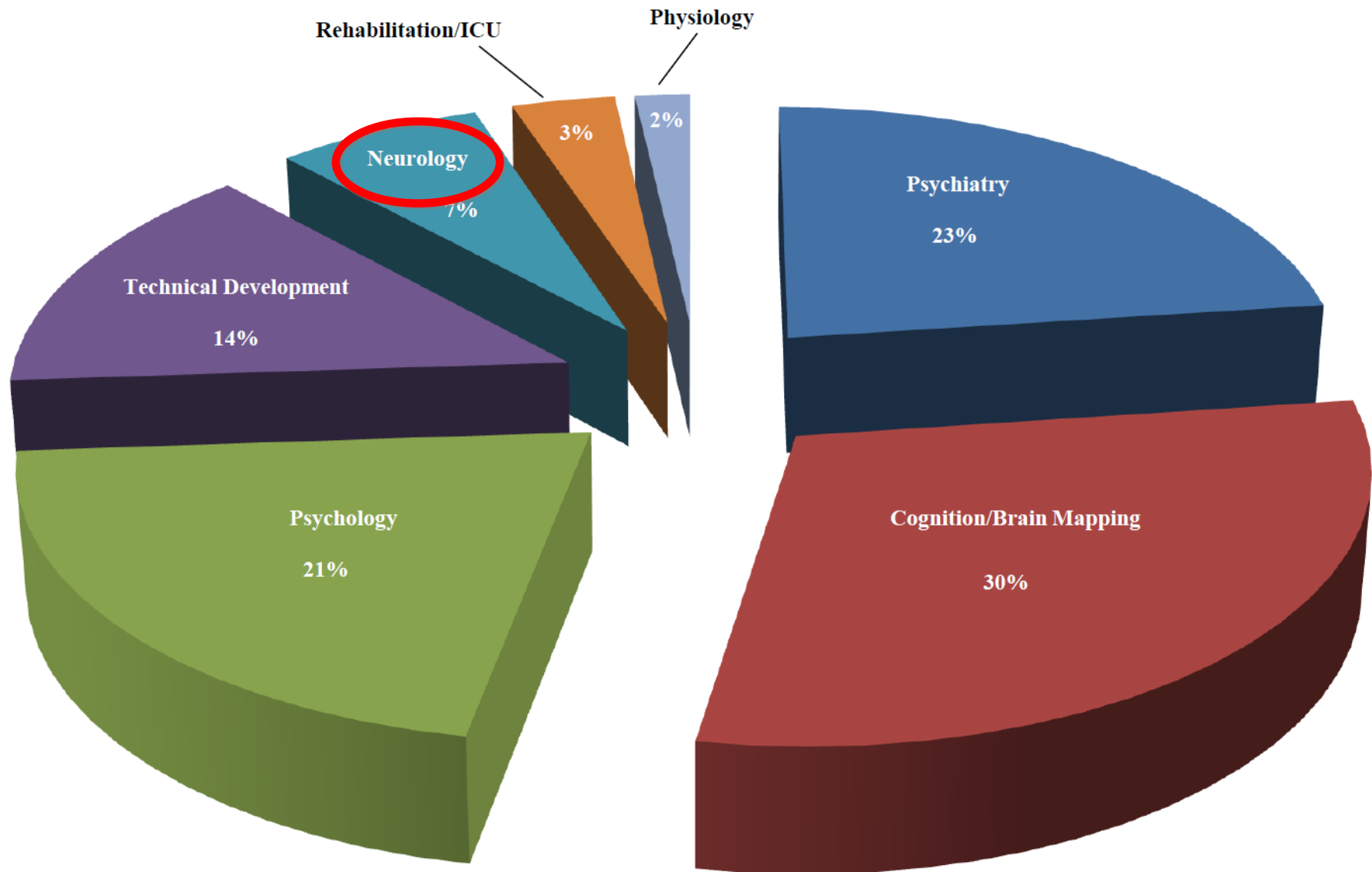
Physical principles of Functional Near InfraRed Spectroscopy (fNIRS)

Part 2

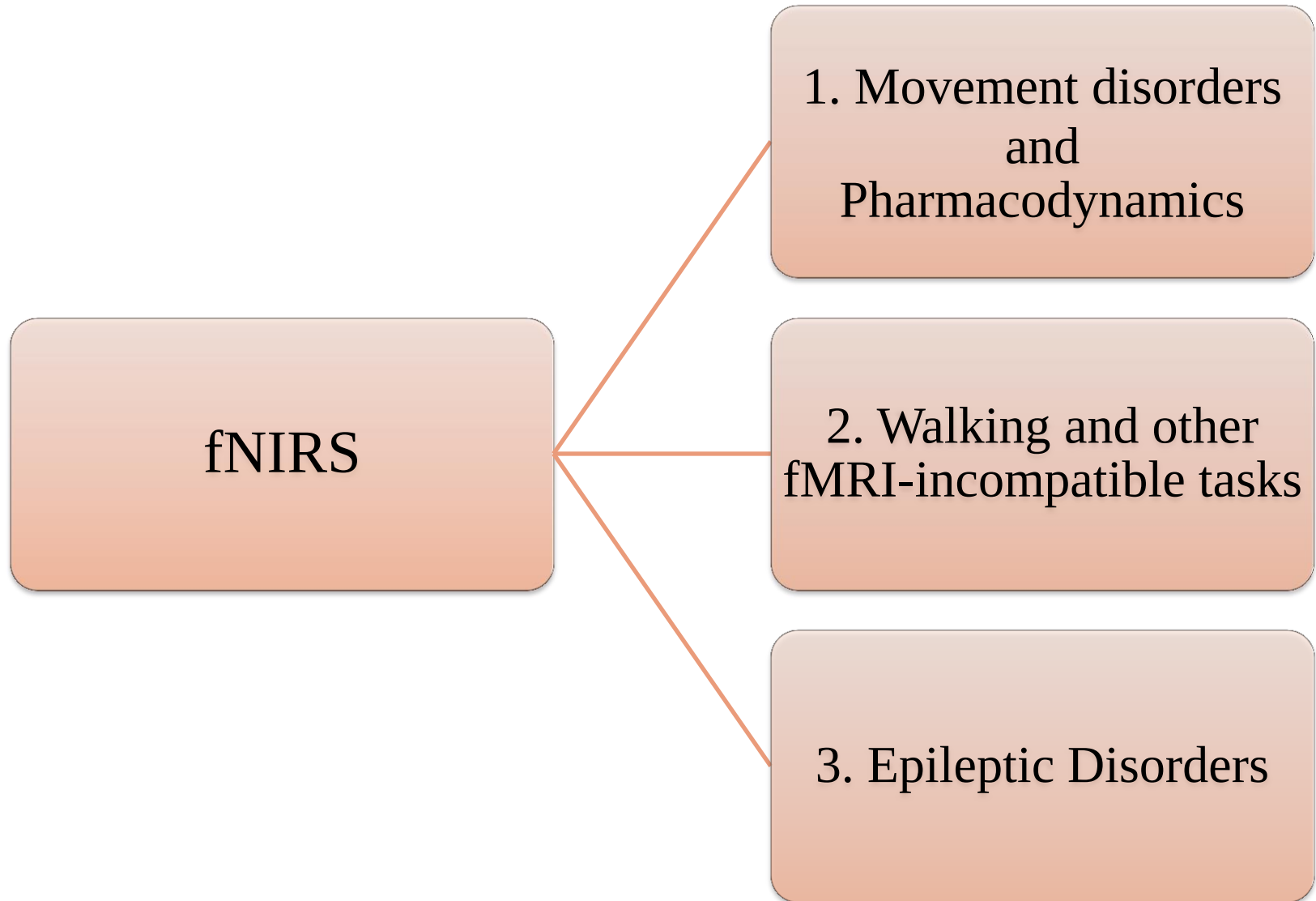
Application of fNIRS to clinical Neurology



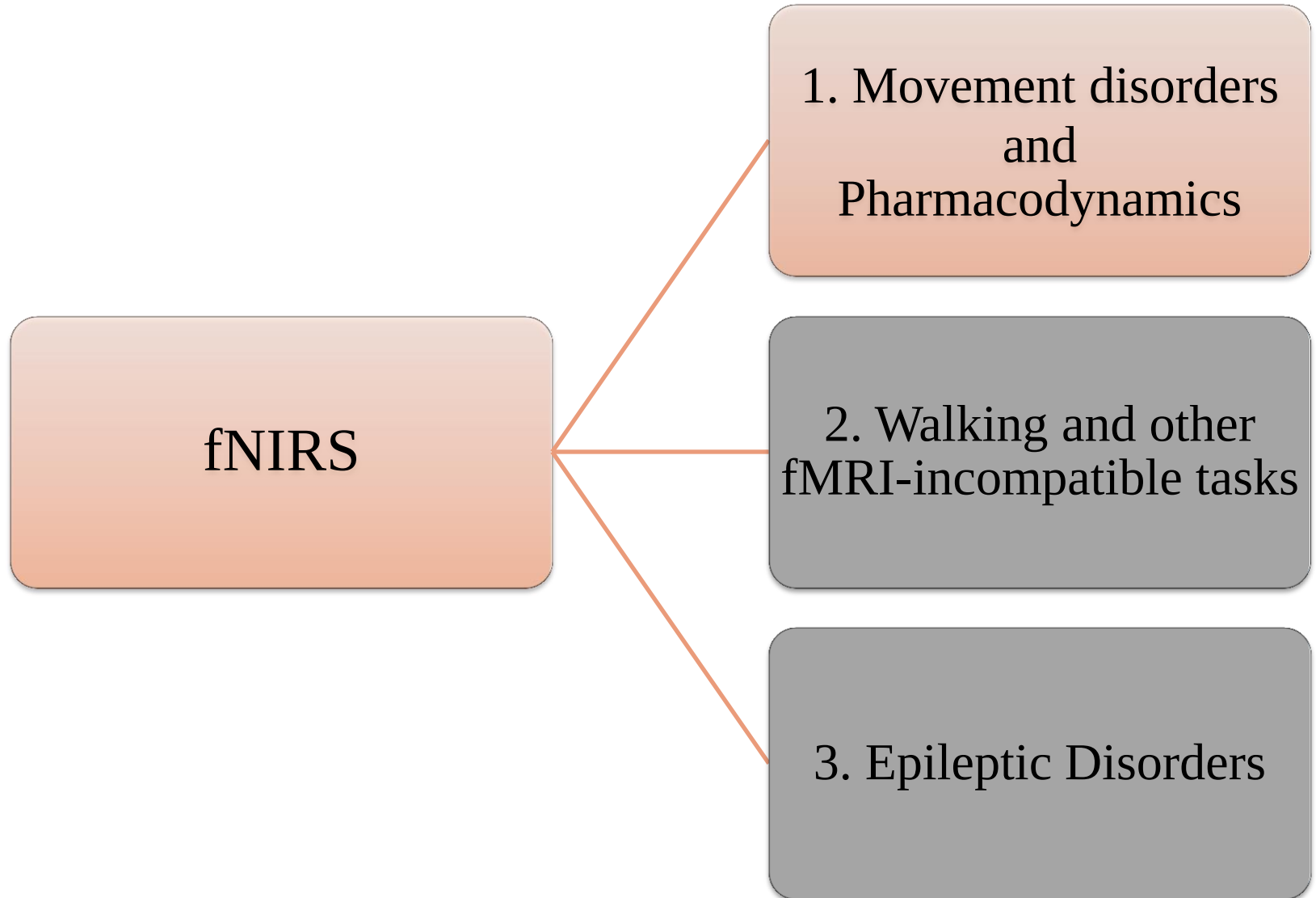
fNIRS applications



When fNIRS can go beyond fMRI...

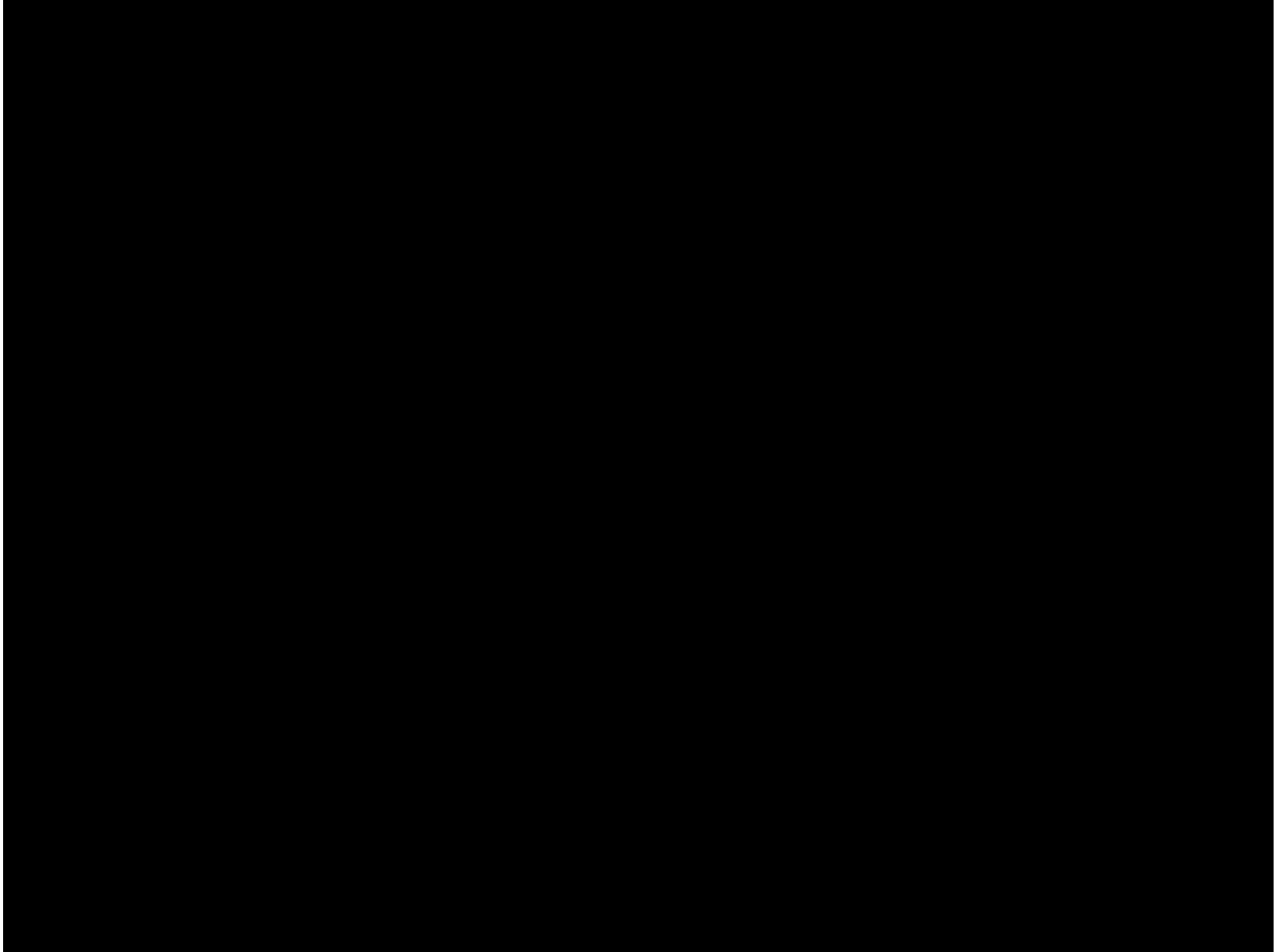


When fNIRS can go beyond fMRI...



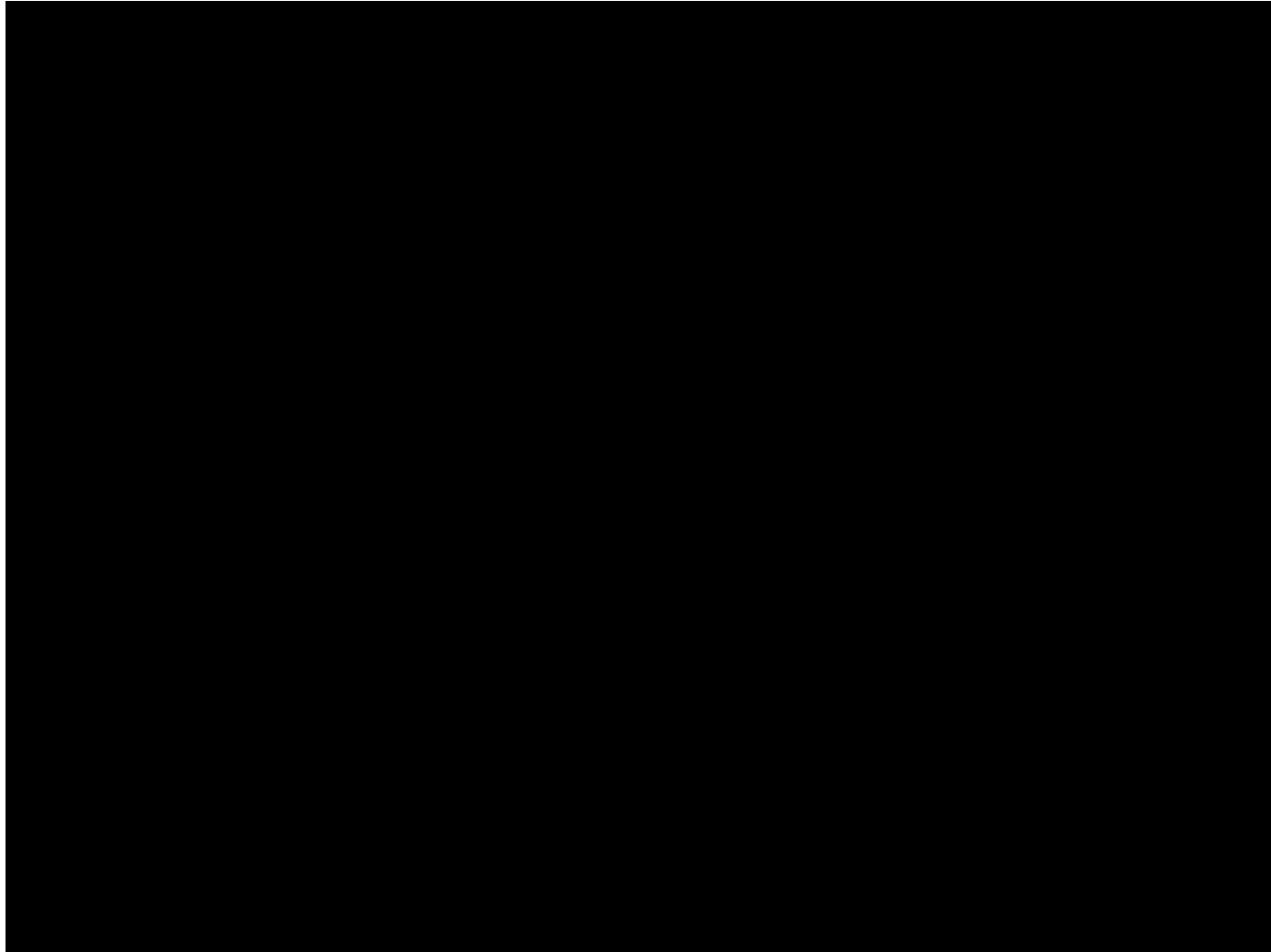
Motor Disorders:

Parkinson's Disease & Essential Tremor



Motor Disorders:

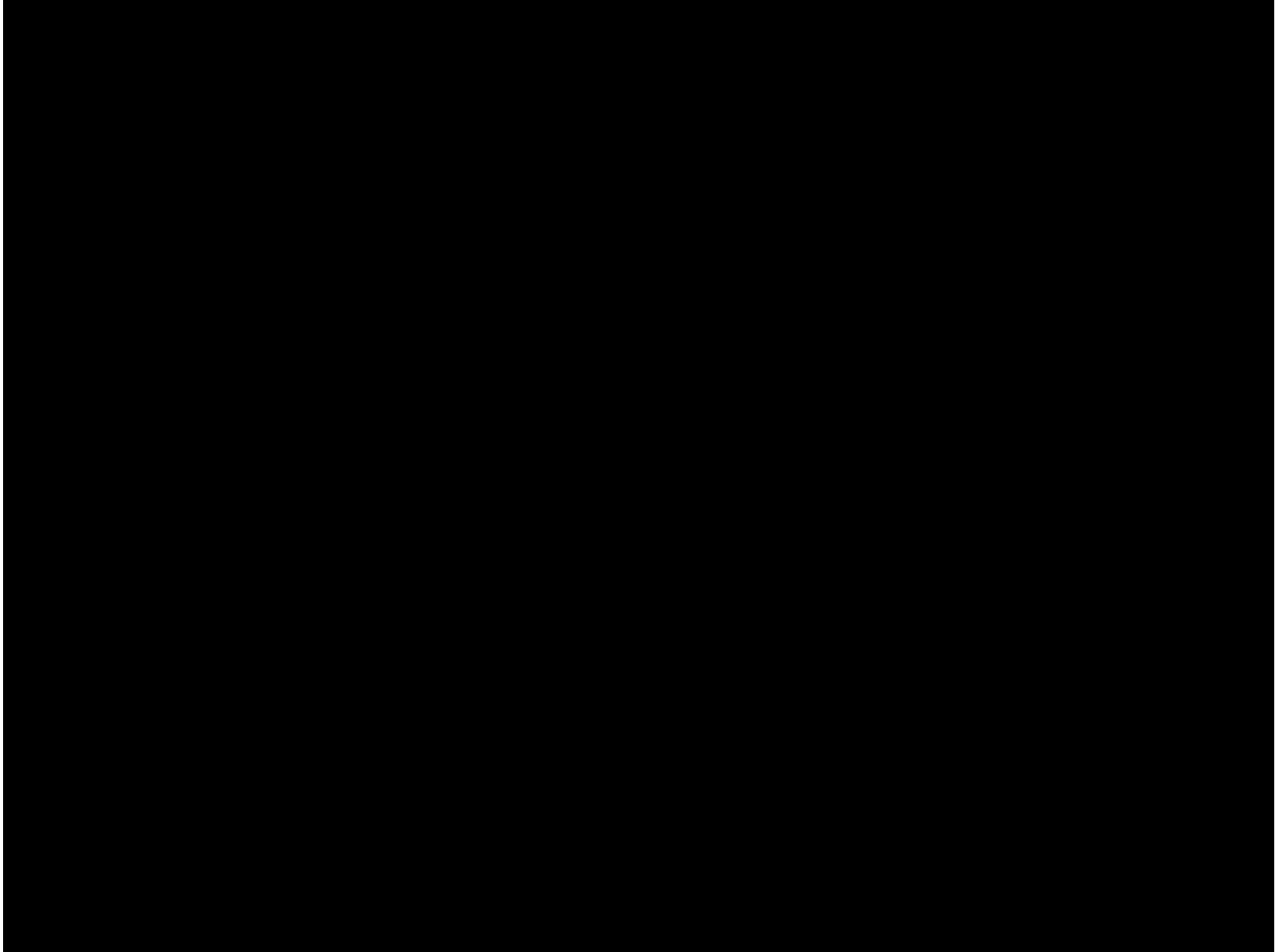
Pharmacodynamics- fMRI



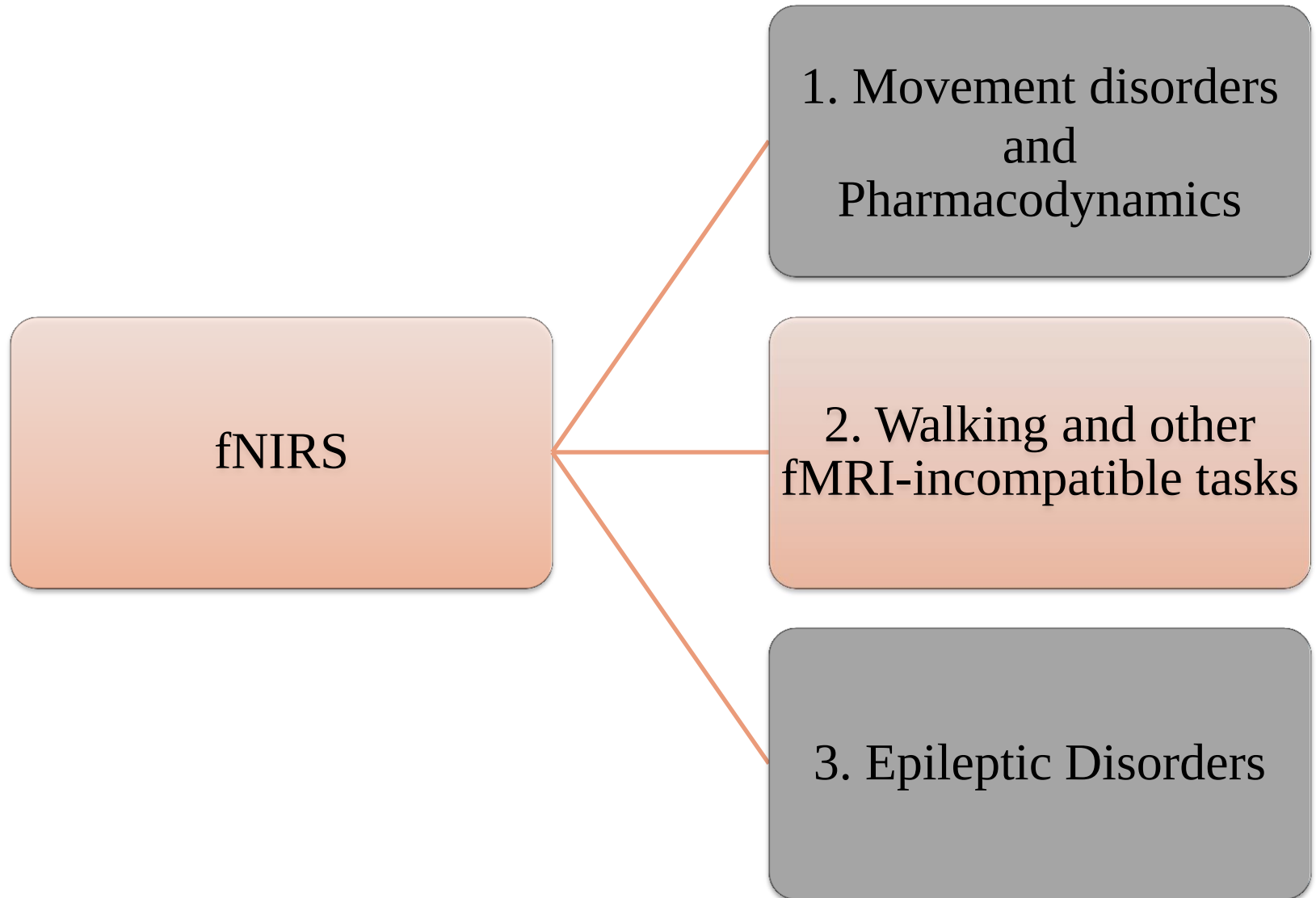
Cerasa et al., Brain, 2015: 138; 414–427.

Motor Disorders:

Pharmacodynamics-fNIRS



When fNIRS can go beyond fMRI...



Near-Infrared Spectroscopy in Gait Disorders: Is It Time to Begin?

Vera Gramigna^{1,†}, Giovanni Pellegrino^{2,†}, Antonio Cerasa^{1,3},
Simone Cutini⁴, Roberta Vasta¹, Giuseppe Olivadese³, Iolanda Martino¹,
and Aldo Quattrone^{1,3}

Neurorehabilitation and
Neural Repair
1–11

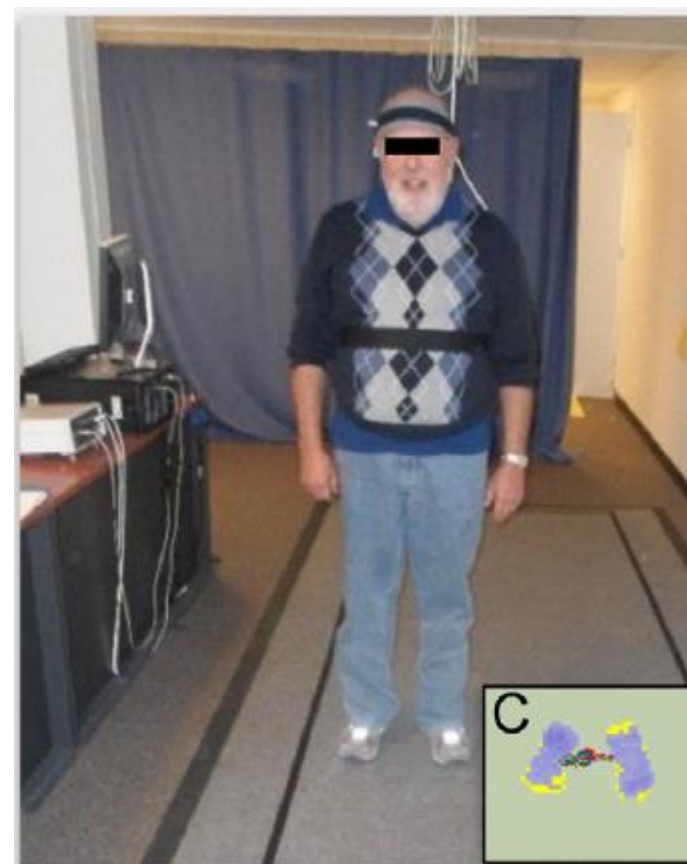
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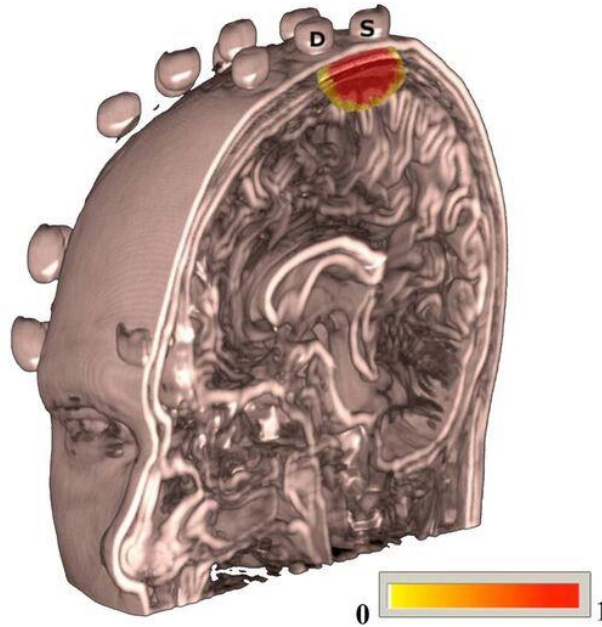
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DOI: 10.1177/1545968317693304

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Examples of **fNIRS experimental device** used for assessing brain activity during real walking tasks.



What fNIRS Teaches Us About Gait Control in Neurological Patients

HC:

Compensatory activities in the **prefrontal** and **premotor cortices** as a response to task complexity or aging, is observed.

STROKE:

Both **PFC** and **bilateral frontoparietal cortices** are involved in real bipedal walking, as well as in active cycling.

PD:

PFC is involved either during postural control or during the emergency of FOG symptoms.

A)



(NIRx; Germany)

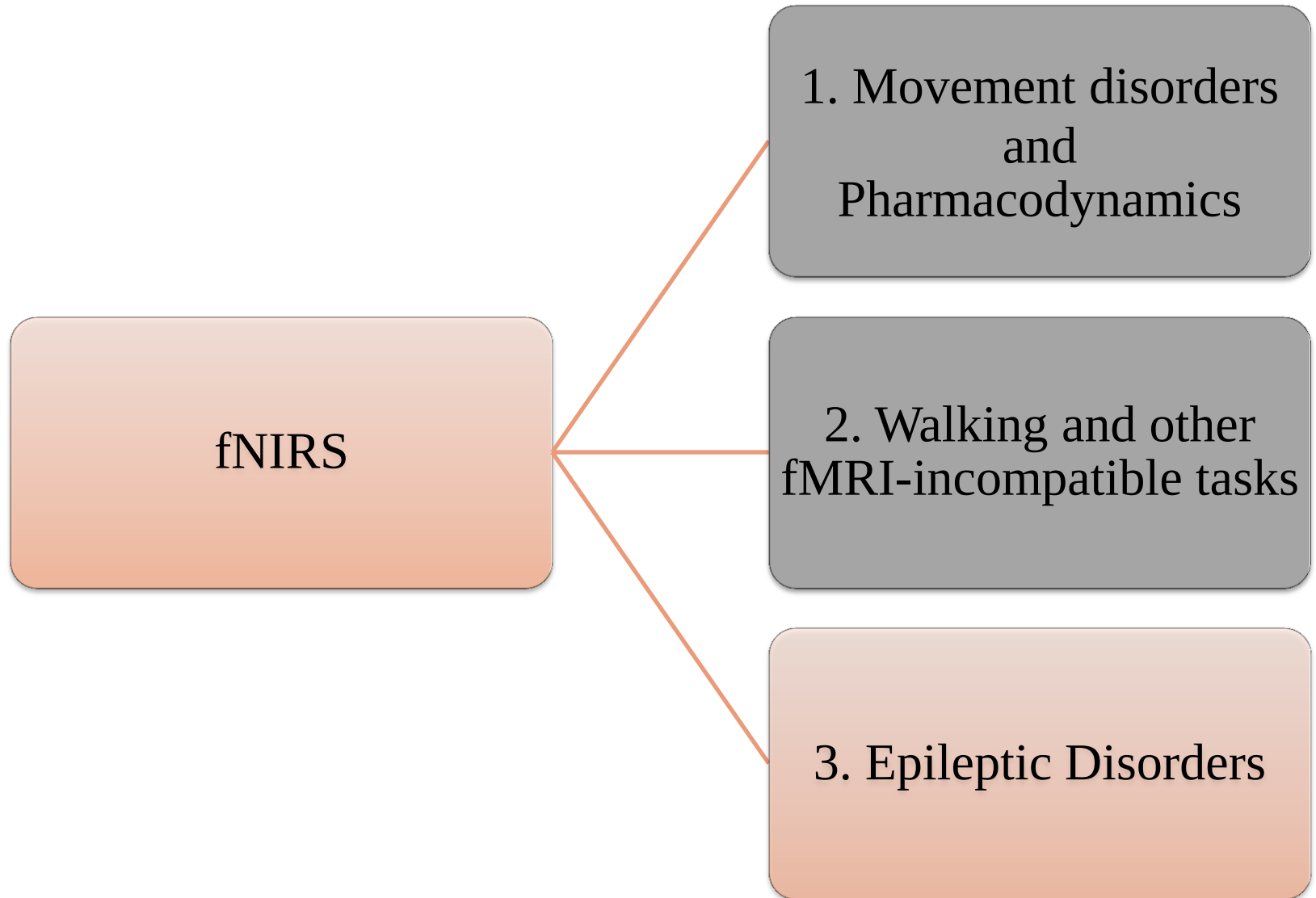
B)



C)



When fNIRS can go beyond fMRI...



fNIRS in clinical neurology...

H. Obrig / NeuroImage 85 (2014) 535–546

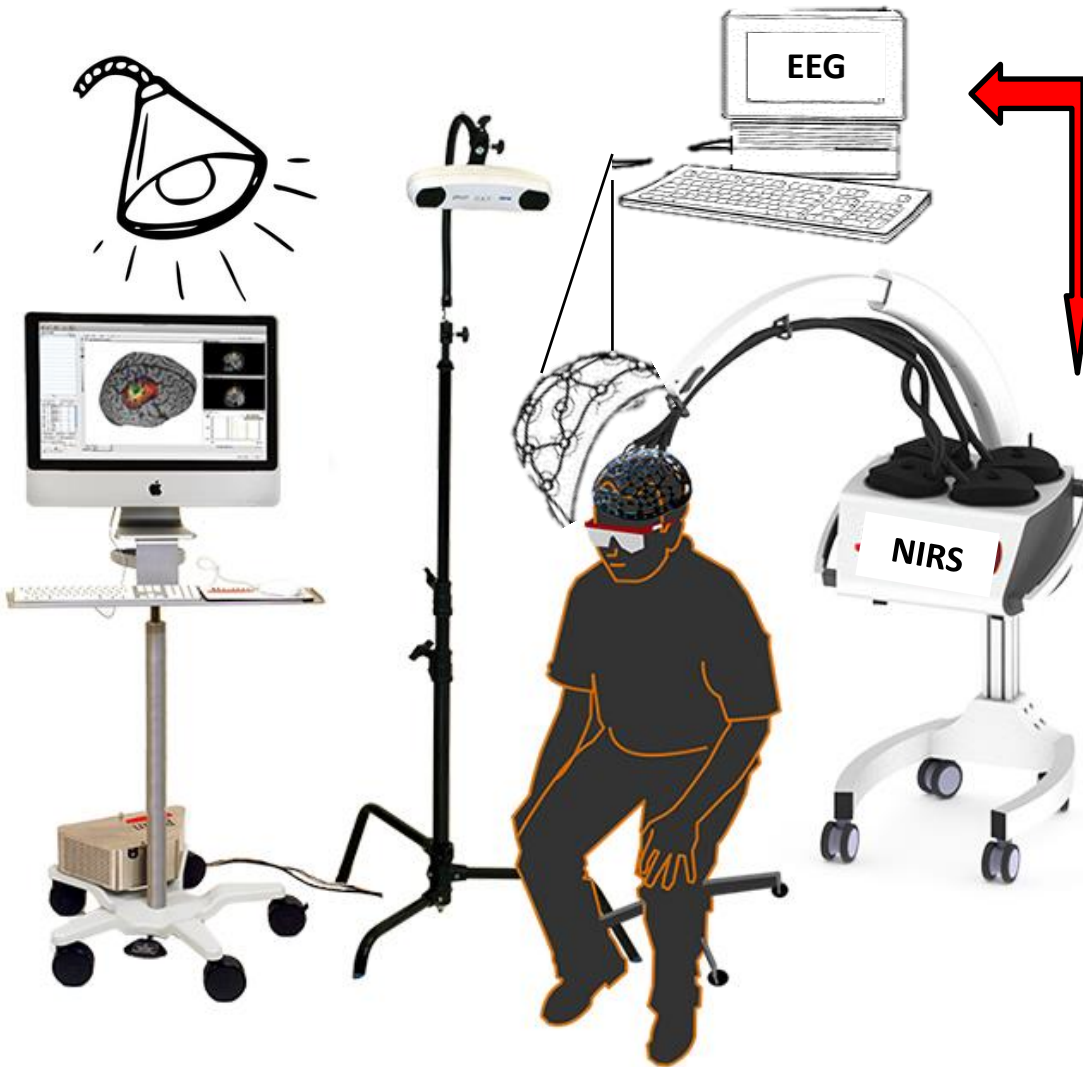


Table 2

Methodologies routinely used in clinical neurology. Methods are roughly differentiated with regard to their relevance for the respective diagnosis. ++: high, +: some relevance in the diagnostic algorithm. (+) indicates that procedure is warranted in subgroups of patients. MRI: magnetic resonance imaging; CT: computed tomography; PET: positron emission tomography; SPECT: single photon emission tomography; EEG: electroencephalography; EP: evoked potentials; TCD/ECD: transcranial/extracranial Doppler sonography; LP: lumbar puncture.

	MRI	CT	PET/ SPECT	EEG	EP	TCD/ ECD	LP	Potential of NIRS	
Cerebrovascular disease	++	++	(+)			+	(+)	High	Monitoring: oxygenation/ perfusion/ autoreg.; prim. & secondary prevention
Epileptic disorders	+			++			(+)	High	Second. hypoxic injury; focus and preoperative function localization
Severe brain injury	++	++		+	+			High	Monitoring: oxygenation/ perfusion/autoregulation
Headache	+			+			+	Med.	Neurovascular alterations
Dementia	+		++	(+)			(+)	Low	Vascular dementia, cognitive function
Parkinson's disease	(+)		++					Low	Cortical activation in response to DBS
Multiple sclerosis	++				++		++	Low	Cognitive function /fatigue
CNS tumors	++	+	(+)	(+)			(+)	Med.	Preoperative function localization
CNS infections	+			(+)			++	Low	Neuro-intensive care monitoring
Functional activation in brain disease	+		+	+	+	(+)		High	Assesment in 'natural' setting; plasticity in response to rehabilitation.

fNIRS alone?



Multimodal approach

Features

- non-invasiveness
- portability**
- prolonged acquisitions**
- excellent time-resolution
- three-dimensional image reconstruction
- potential for continuous bedside monitoring**
- patients are not constrained**

Recruitment

Spatial Priors
and ROI

Montage
Planning

Neuronav
and Montage

EEG-NIRS

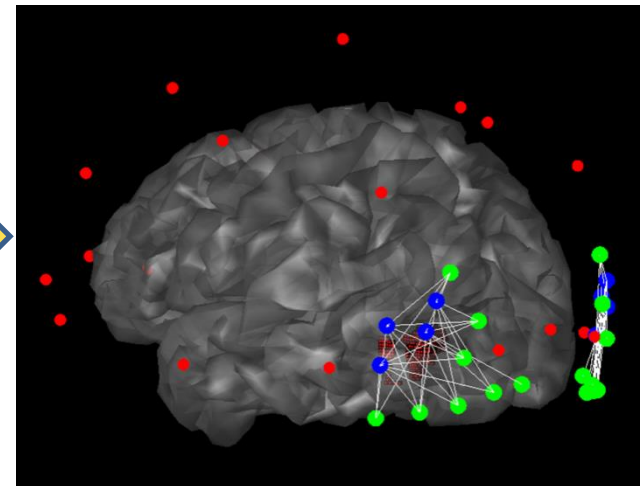
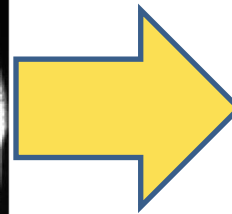
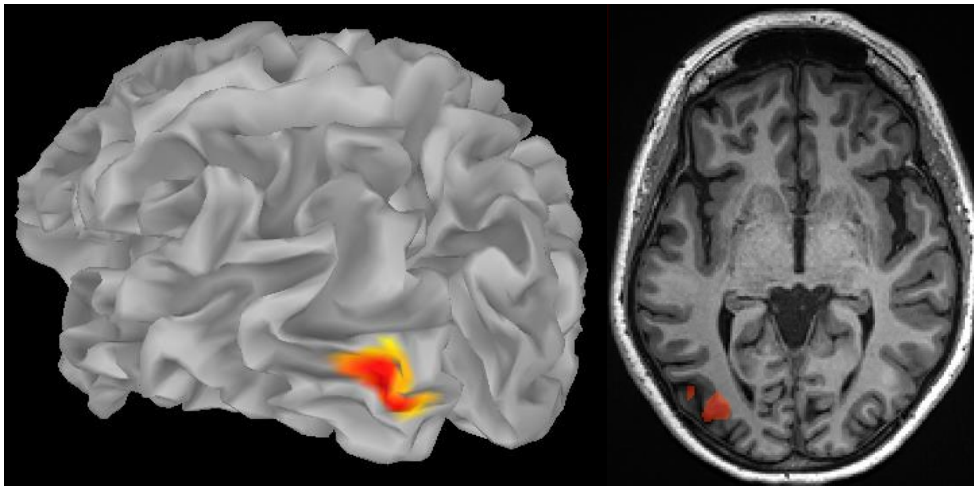
Data Analysis



MEG

EEG

Montage



Hemodynamic Response to Interictal Epileptiform Discharges Addressed by Personalized EEG-fNIRS Recordings

Giovanni Pellegrino^{1*†}, Alexis Machado^{1†}, Nicolas von Ellenrieder¹, Satsuki Watanabe², Jeffery A. Hall², Jean-Marc Lina^{3,4,5}, Eliane Kobayashi² and Christophe Grova^{1,2,5,6}



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