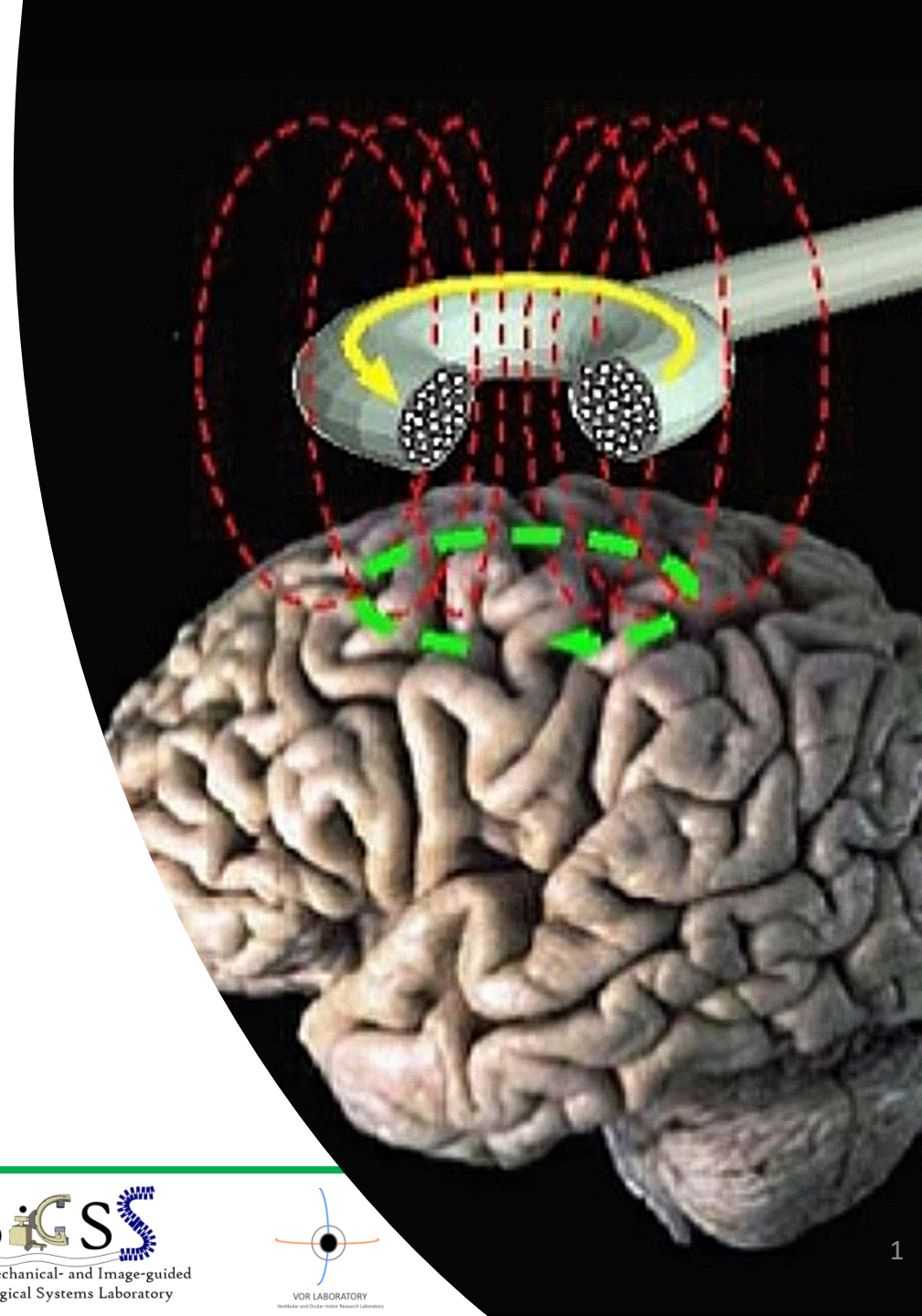


Transcranial Magnetic Stimulation (TMS) of the Supramarginal Gyrus: A Window to Perception of Upright

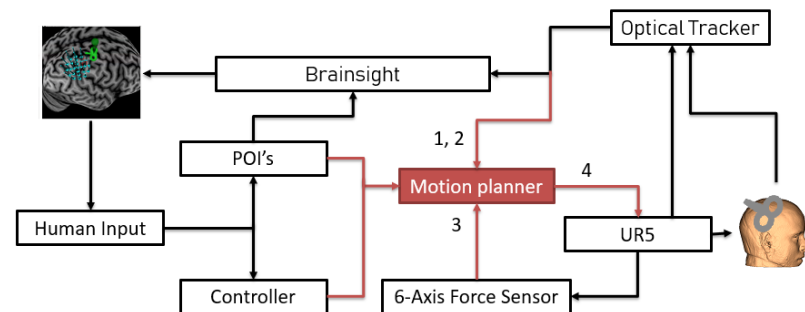
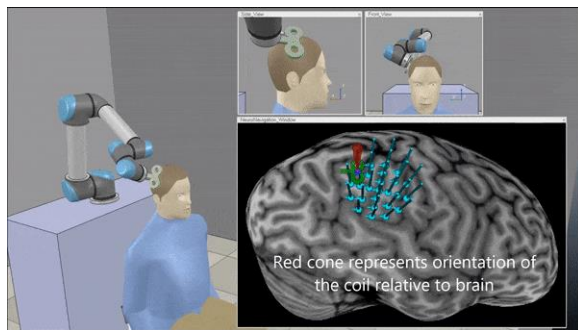
- Name: Ganesh Arvapalli
- Mentors: VOR lab: Dr. Amir Kheradmand, Dr. David S. Zee, BIGSS lab: Farshid Alambeigi, Dr. Mehran Armand



Robot-Assisted Transcranial Magnetic Stimulation (RA-TMS)

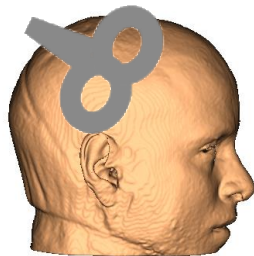
Topic: Assess subjective visual vertical (SVV) perception via eye tracking and relationship between SVV and the SMGp.

Solution: Create a robotic tool that can perform transcranial magnetic stimulation (TMS) automatically to measure areas of activity around the brain.

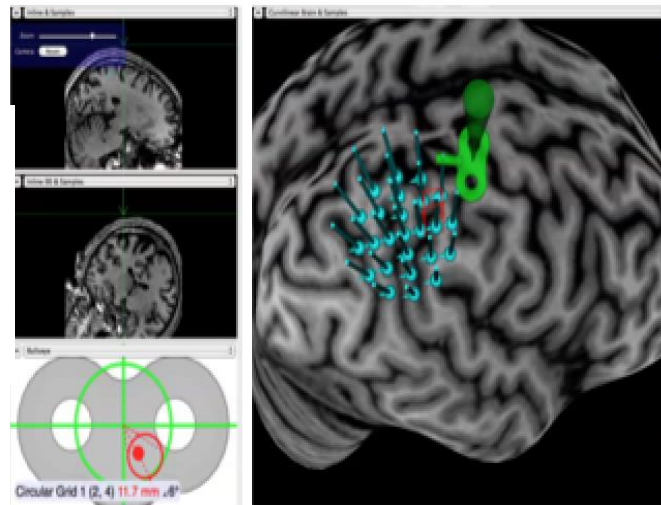


Paper Selection

- Transcranial Magnetic Stimulation (TMS) of the Supramarginal Gyrus: A Window to Perception of Upright
 - Explanation of TMS
 - Outlines need for robotic tool
 - Specifies durations and site



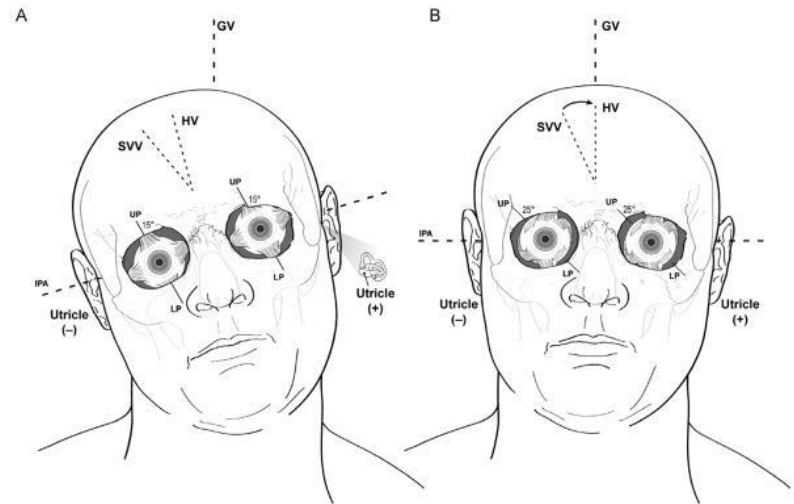
A



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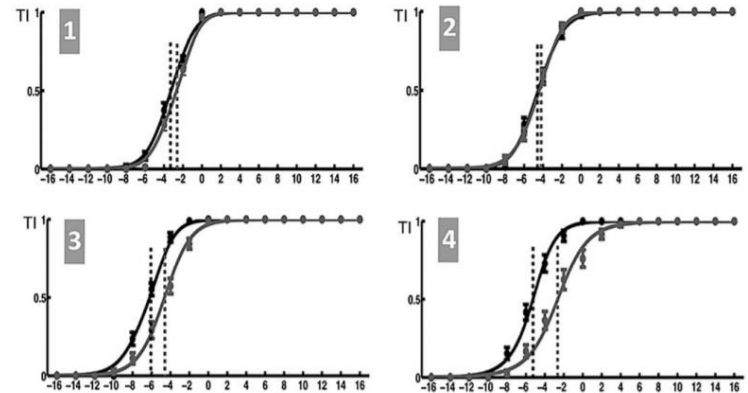
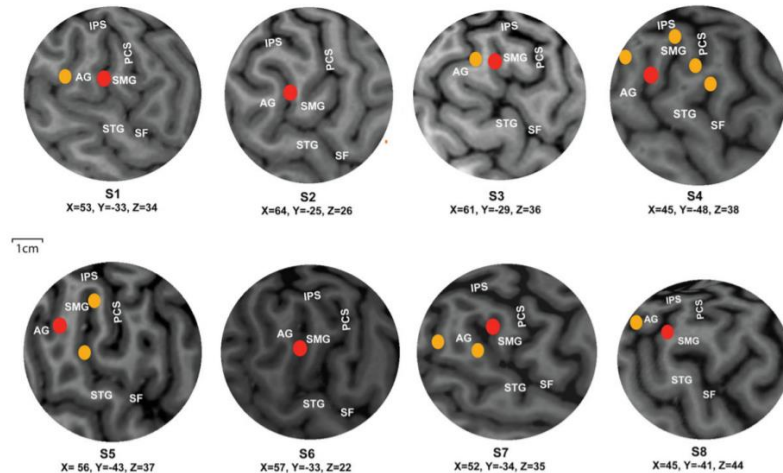
Problem Summary

- Perception of upright
 - Vestibular feedback
 - Subjective Visual Vertical (SVV)
- Localization of activity
 - Supramarginal Gyrus (SMGp)
 - Pathway?
- Eye torsion and link to SMGp



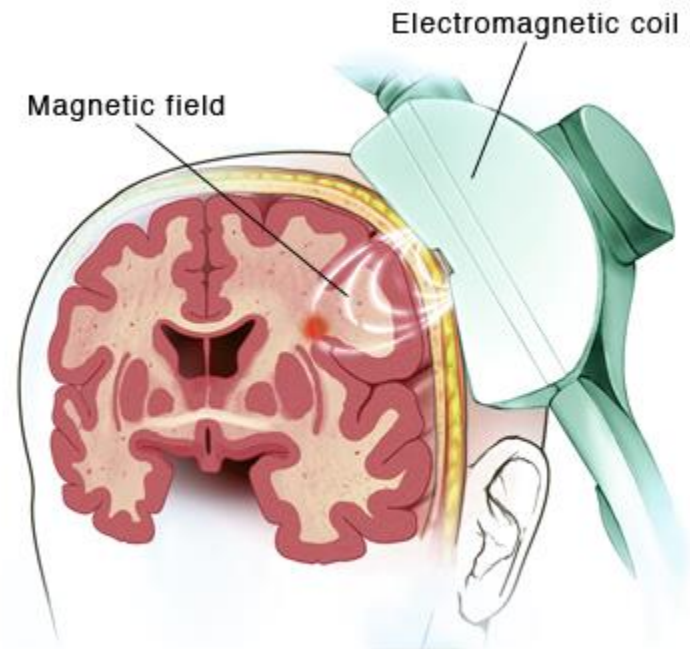
Key Results and Significance

- Spatial reference frame integration
 - Vestibular pathway elements
- SMGp linked to SVV tilt post-TMS application ($p = 0.0039$)
 - $+2.7^\circ$ when head tilted left
 - -3.6° when head tilted right



Background

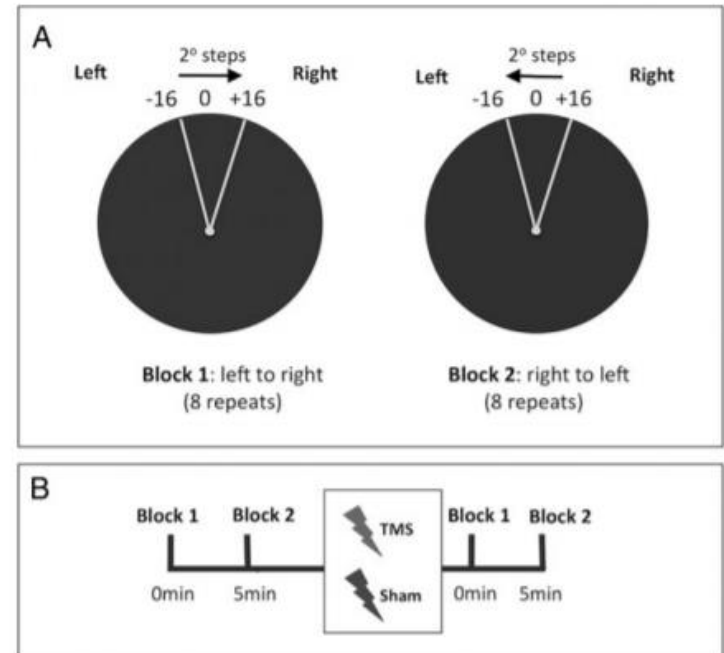
- Vestibular information
 - Spatial orientation
 - Navigation
- Supramarginal gyrus (SMGp)
 - Functional neuroimaging studies
 - Cortical lesions + behavior analysis
- Subjective Visual Vertical (SVV)
 - “Earth vertical”
- Transcranial Magnetic Stimulation (TMS)
 - Disruptive effect on cortex



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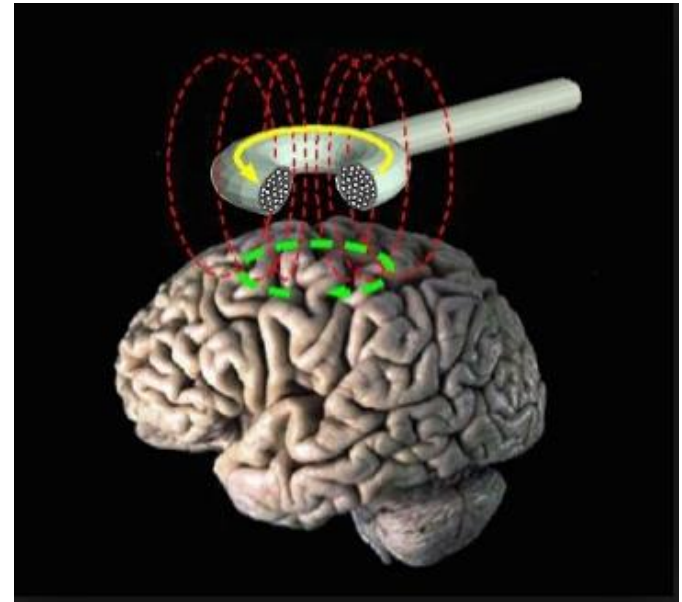
Methodology

- Forced-choice paradigm
- 2 blocks pre and post-TMS
- Rotation of laser
 - Projected on screen far away
 - Rotated $\pm 16^\circ$ w/ 2° increments
- Rotation of dial
 - Subjects align with laser
 - Weights: Left = 0, middle = 0.5, right = 1
 - Logistic regression to fit data, then where 0.5 reached is overall angle



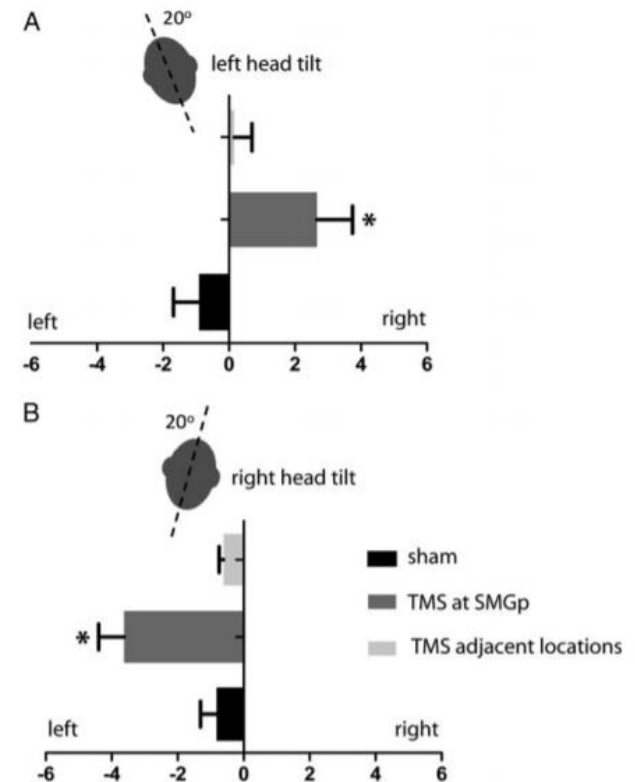
Experimental Setup

- 8 healthy (5 m, 3 f) volunteers
- Bite bar
- Training = 1 block
- TMS Application
 - Figure-eight coil held tangent to head
 - Continuous theta burst stimulation (cTBS)
 - 200 bursts every 200 ms
 - Each burst had 3 pulses at 50 Hz
 - Site of application monitored using external software (Brainsight)
- Previously mentioned block setup



Assessment

- Importance
 - Demonstrates significance of TMS
 - Highlights complexity of vestibular information processing
- Relevance
 - Tangency to head (safety)
 - Model of TMS coil being used
 - Duration of exposure
 - Length of time spent at each location
 - Visualization software



Assessment (cont.)

| Pros | Cons |
|--|--|
| <ul style="list-style-type: none">• Clear methodology and setup• Described application of TMS well• Effects clearly demonstrated impact of SMGp inhibition• Vestibular processing pathway was well researched | <ul style="list-style-type: none">• Too few subjects• Pre-TMS SVV not zeroed• Few important figures• Could always use more data analysis and graphs |



Conclusions

- Solid foundation
- Linked SMGp to eye torsion successfully
- Demonstrated need for robotic tool to conduct experiment
- Next steps:
 - Functional mapping of SMGp (current project)
 - Eye torsion tracking (current project)
 - Repeat for left cerebral hemisphere

Questions?

References

1. Brodsky, M. C., & Holmes, J. M. (2012). Torsional augmentation for the treatment of lateropulsion and torticollis in partial ocular tilt reaction. *Journal of American Association for Pediatric Ophthalmology and Strabismus*, 16(2), 141–144. <https://doi.org/10.1016/j.jaapos.2011.11.009>
2. Kheradmand, A., Lasker, A., & Zee, D. S. (2015). Transcranial Magnetic Stimulation (TMS) of the Supramarginal Gyrus: A Window to Perception of Upright. *Cerebral Cortex*, 25(3), 765–771. <https://doi.org/10.1093/cercor/bht267>
3. Pereira, C. B., Kanashiro, A. K., Maia, F. M., & Barbosa, E. R. (2014). Correlation of impaired subjective visual vertical and postural instability in Parkinson's disease. *Journal of the Neurological Sciences*, 346(1–2), 60–65. <https://doi.org/10.1016/j.jns.2014.07.057>

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