



Basis of the MEG/EEG Signal

19BMB301
DIAGNOSTIC AND THERAPEUTIC EQUIPMENT
UNIT - 1



Overview

EEG basics

MEG basics

EEG vs. MEG

Advantages & Disadvantages

Summary



EEG: introduction

- **Electroencephalogram (EEG) electrodes**
- Scalp recording of **electrical activity** of cortex => waveform signals
- **Microvolts (μV)** – small!
- Role of EEG in neuroimaging:
 - Identify **neural correlates**
 - **Diagnose** epilepsy, sleep disorders, anaesthesia, coma, brain death

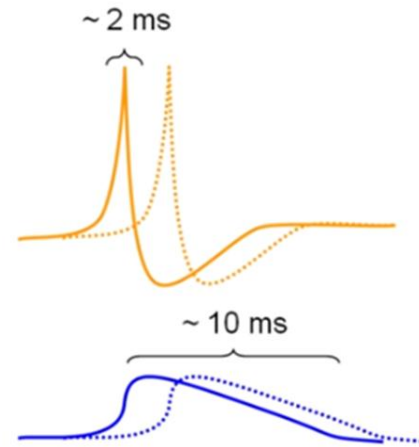


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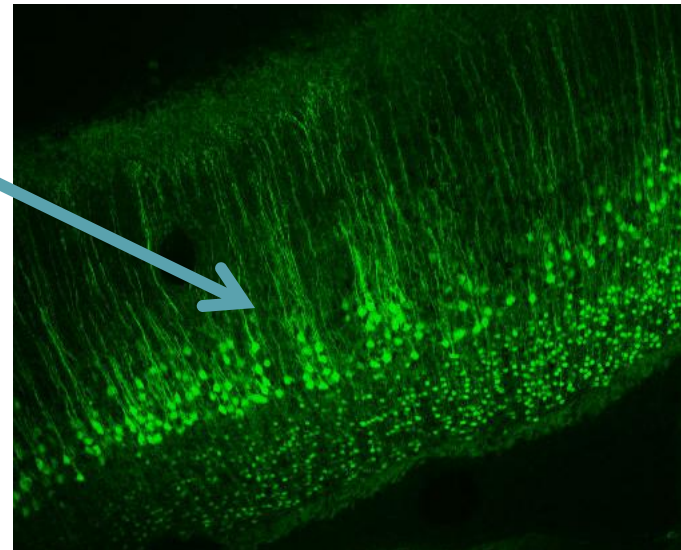
EEG: basis of the signal

- PSPs can be excitatory or inhibitory
- MEG/EEG reflects the **summation of synchronous PSPs** across a population of cells, at a point in time.
- **Large pyramidal neurons** in cortex layer V are:
 - ✓ arranged in parallel
 - ✓ similarly-oriented
 - ✓ perpendicular to surface
 - ✓ receive synchronous inputs



Action potentials are biphasic – do not summate

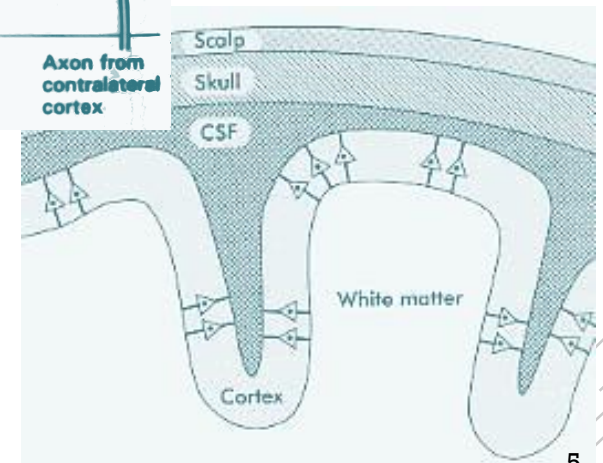
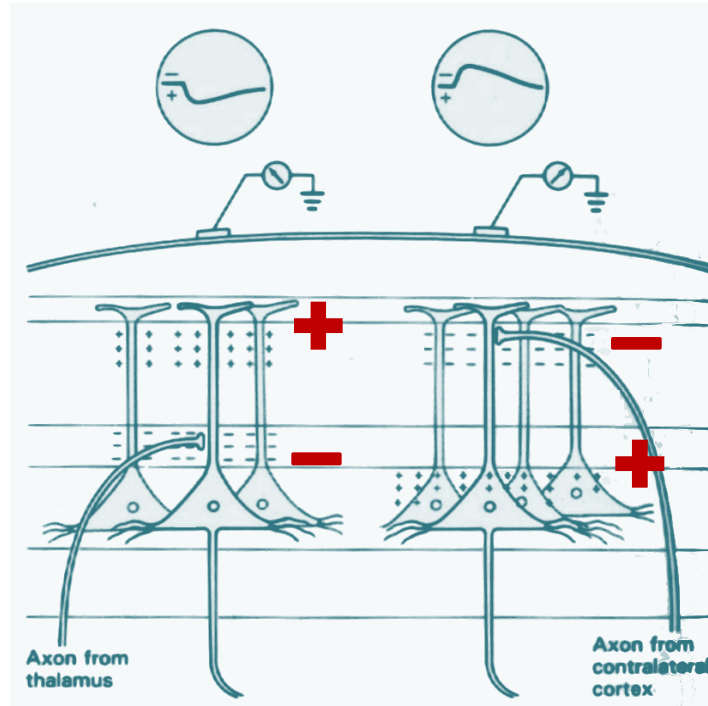
Postsynaptic potentials (PSPs) are monophasic – ideal for summation





EEG: basis of the signal

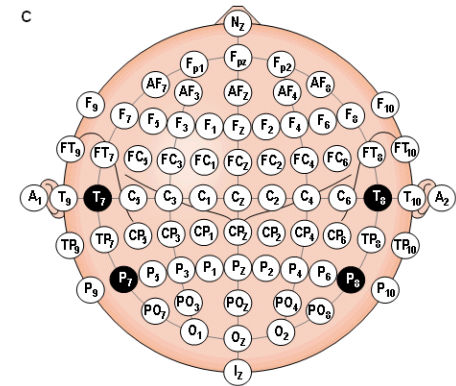
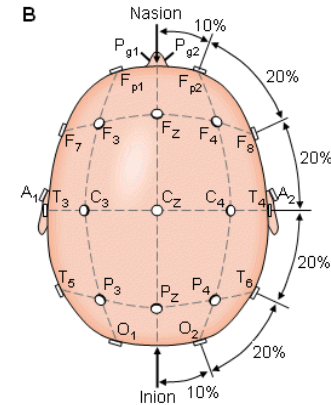
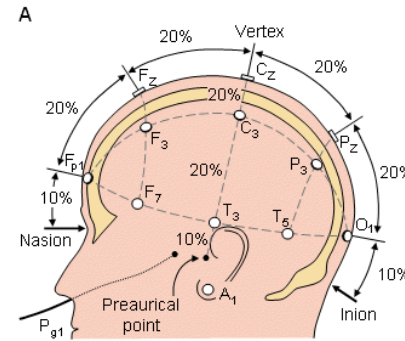
- Dipole exists between soma and apical dendrites
- Potential behaves as if a **current flow**
- EEG electrodes on scalp detects net **positive** or net **negative** current flow from cortical neurons in both sulci and gyri





EEG: surface recordings

- **International 10/20 or 10/10 system for placing electrodes:**
A: earlobes, **C:** central, **P:** parietal, **F:** frontal, **O:** occipital
- Low impedance 5-10k Ω
- Record montages:
 - **Bipolar** (electrodes connected to each other)
 - **Referential** (electrodes connected to one reference)

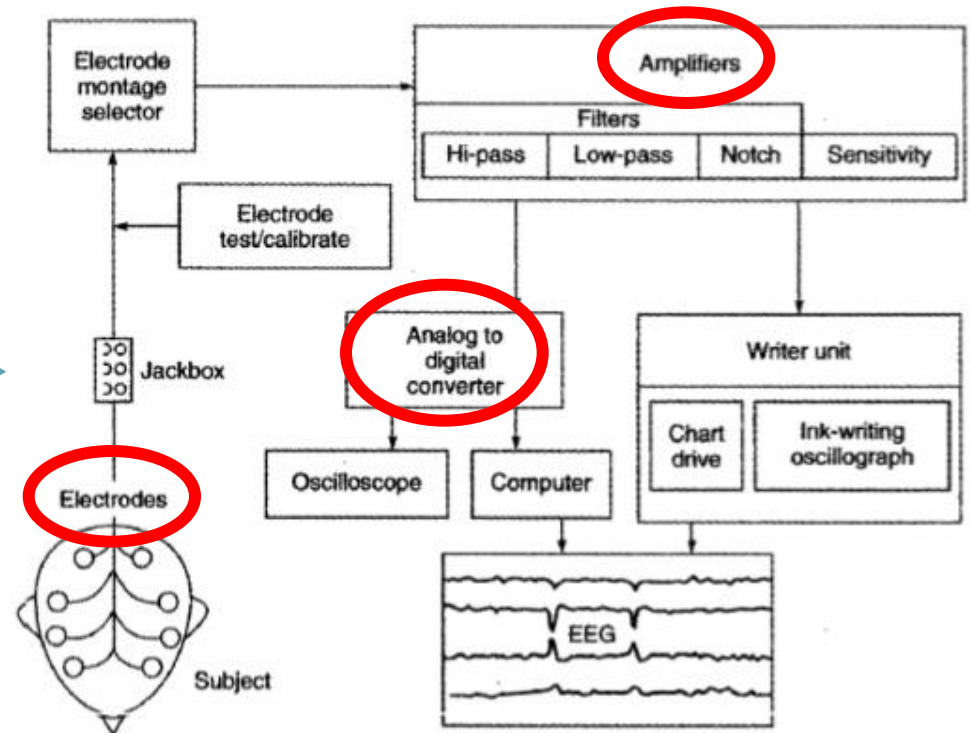




EEG: conducting studies

▪ Digital

- **Electrode array** (32-256)
- **Amplifier** (1 per pair of electrodes)
- **Analogue-Digital Converter:** waveform into numerical values
- Most digital systems sample at 240Hz
- (Sampling rate should be 2.5x your frequency of interest)





EEG: frequency spectrum

- **5-50 μV** , mostly below 30 μV
- Sharp spike-waves, **light sleep stages**
- **5-120 μV** , mostly below 50 μV
- **Awake**, eyes closed, mental inactivity, physical relaxation
- **20-200 μV**
- Strictly rhythmic or highly irregular
- Awake & drowsiness, **light sleep stages**
 - LTP and phase-encoding
- **5-250 μV**
- Abnormality in waking adults, accompaniment of **deep sleep**

+ Gamma waves?
31-100 Hz, 10 μV
'binding of consciousness', unity of perception

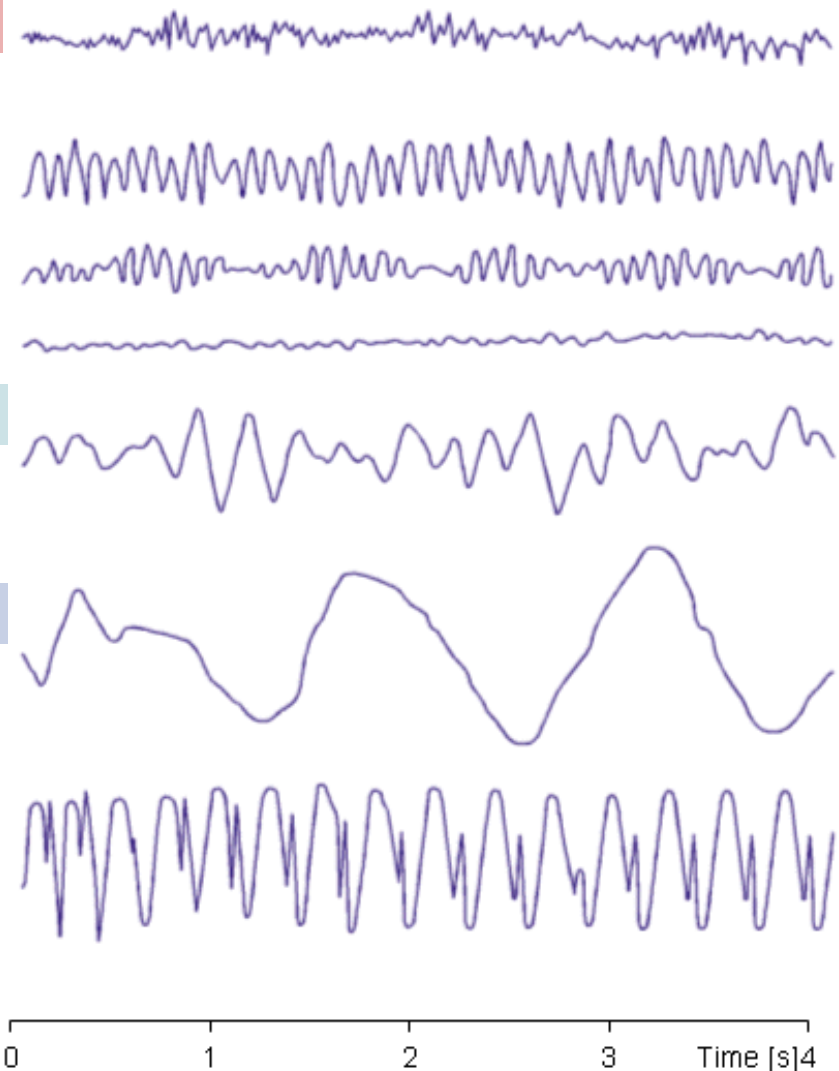
Beta (β) 13-30 Hz
Frontally and parietally

Alpha (α) 8-13 Hz
Occipitally

Theta (θ) 4-8 Hz
Children, sleeping adults

Delta (δ) 0.5-4 Hz
Infants, sleeping adults

Spikes 3 Hz
Epilepsy - petit mal
V [μV]
100
200
0



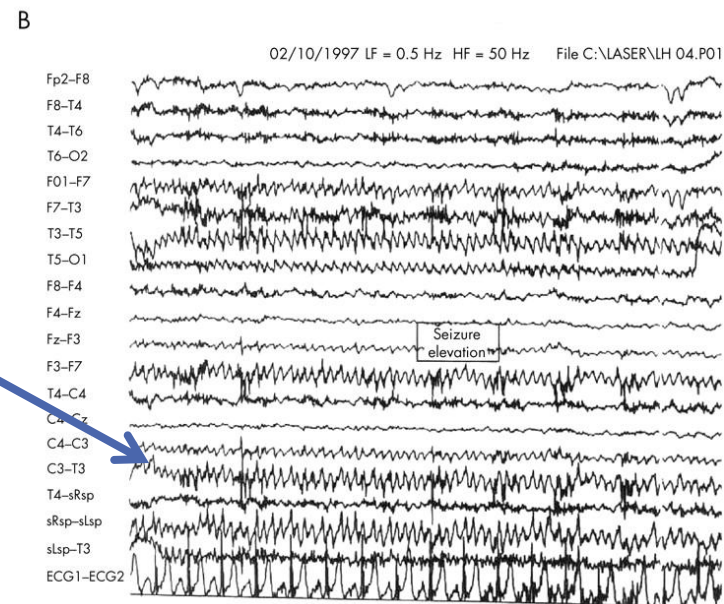
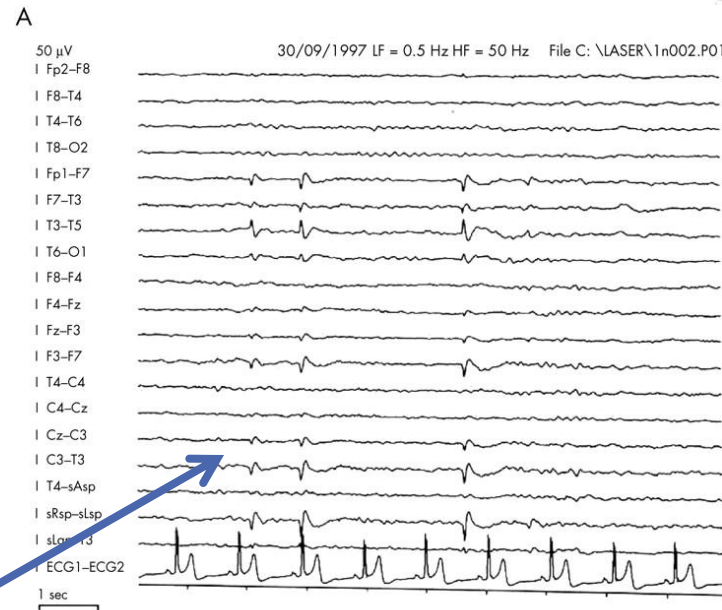


EEG studies

Smith (2005) "EEG in the diagnosis, classification, and management of patients with epilepsy" *BMJ*

■ **Fig. 2:** mesial temporal lobe epilepsy associated with hippocampal sclerosis

- **A:** interictal spikes over temporal lobe
- **B:** characteristic rhythmic ictal discharges (theta, 5-7Hz) accompanying seizure





MEG: introduction

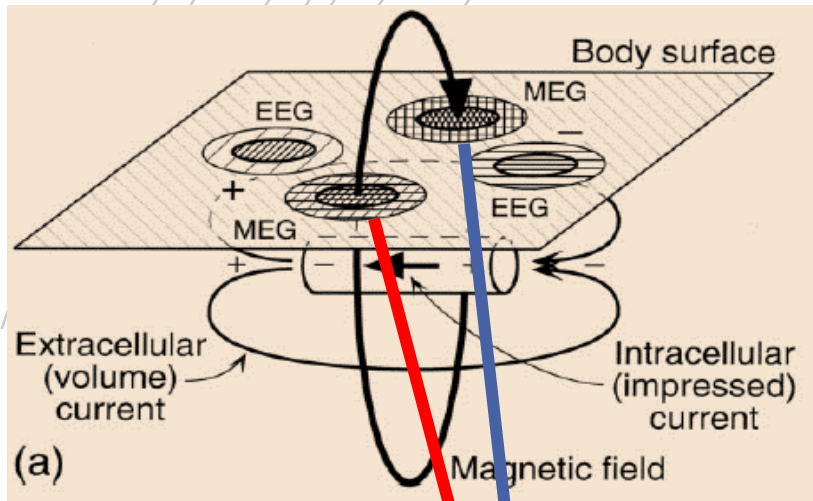


<http://www.admin.ox.ac.uk/estates/capitalprojects/previouscapitalprojects/megscanner/>

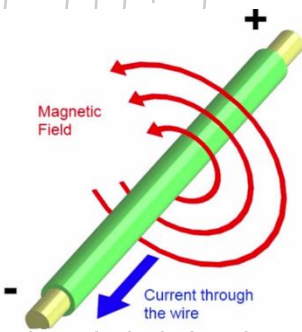
- **Magnetoencephalography**
- Direct external recordings of **magnetic fields** created by electrical currents in cortex
- Measured in **fT** to **pT**
- Role of MEG in neuroimaging:
 - **Neural correlates** of cognitive/perceptual processes
 - **Localise** affected regions before surgery(?), determine regional and network functionality



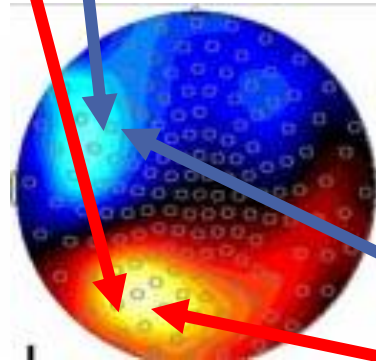
MEG: basis of the signal



Tiege & Zlobinski, 2006



<http://www.youtube.com/watch?v=CPj4jACeIs>

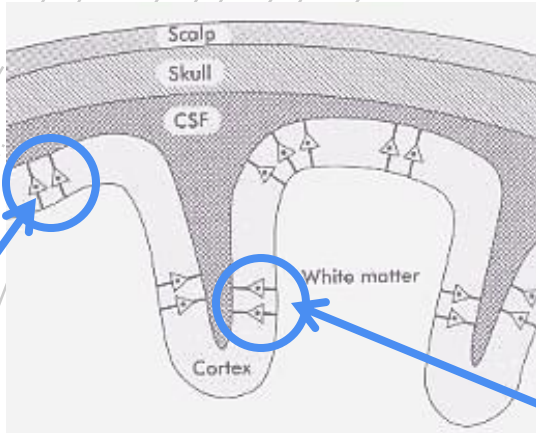


Ochi et al. 2011

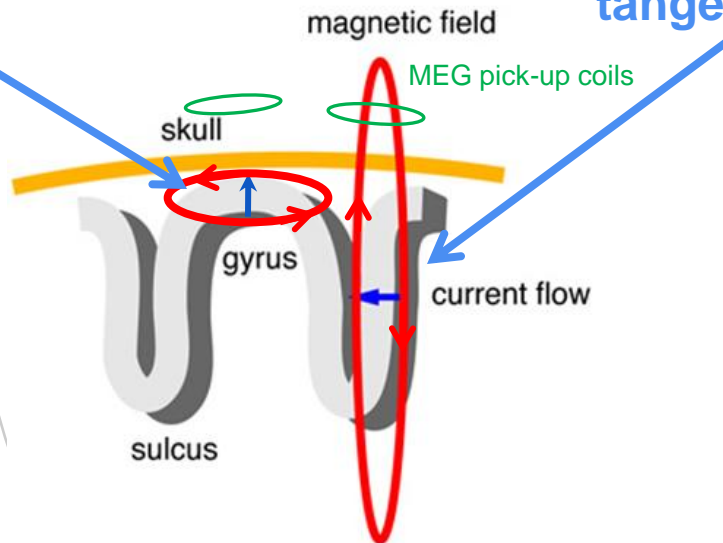
- Recall: **large pyramidal neurons** in layer V of cortex, arranged in parallel, similarly-oriented, perpendicular to surface, fire synchronously
- Dipolar current flow generates a **magnetic field**.
TRY IT: 'Right hand grip'!
- **10,000 to 50,000** active neurons required for detectable signal
- **Scalp topography:**
 - **Influx maxima** 'source'
 - **Efflux maxima** 'sink'



MEG: tangential vs. radial



- MEG magnetic field **not distorted** by conductive properties of scalp/head
- MEG coil not sensitive to **perfectly radial sources**
- But in practice, only a **small proportion (<1%)** of cell populations are perfectly radial – i.e. on top of gyri





MEG: scale of magnetic field

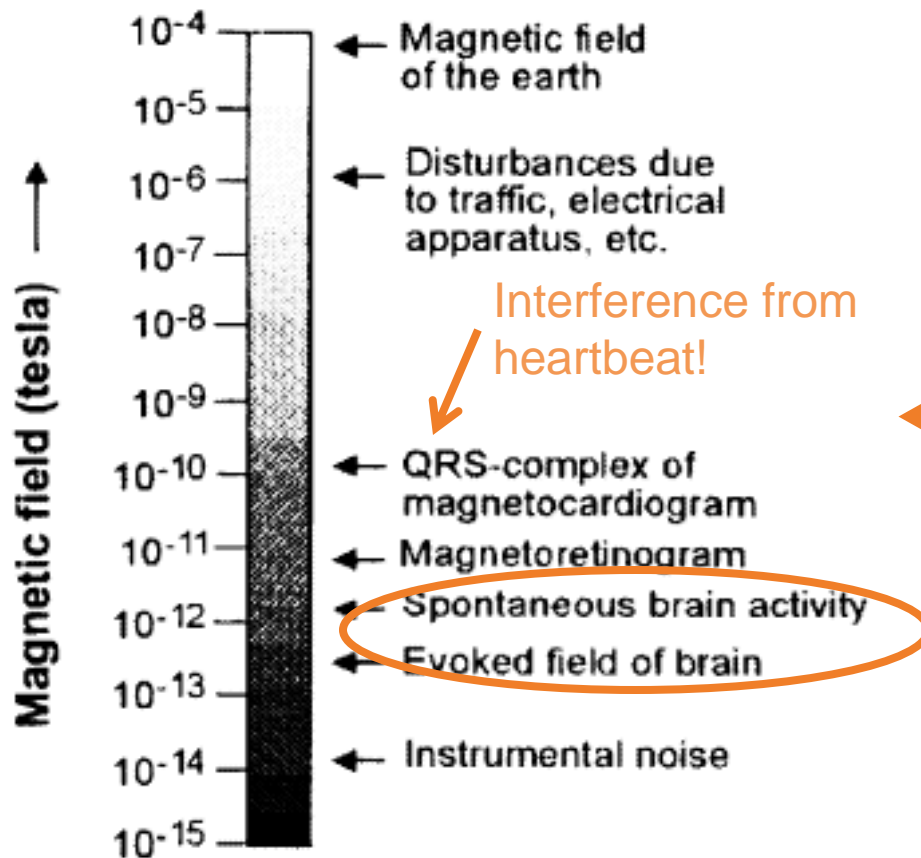


Figure 1.3: Comparison of field strengths

- MEG signal is **tiny!**
- **Interference** from electrical equipment, traffic, the earth, participant's heartbeat etc.
- Requires **magnetically shield rooms** and **supersensitive magnetometers**



MEG: magnetically shielded room (MSR)

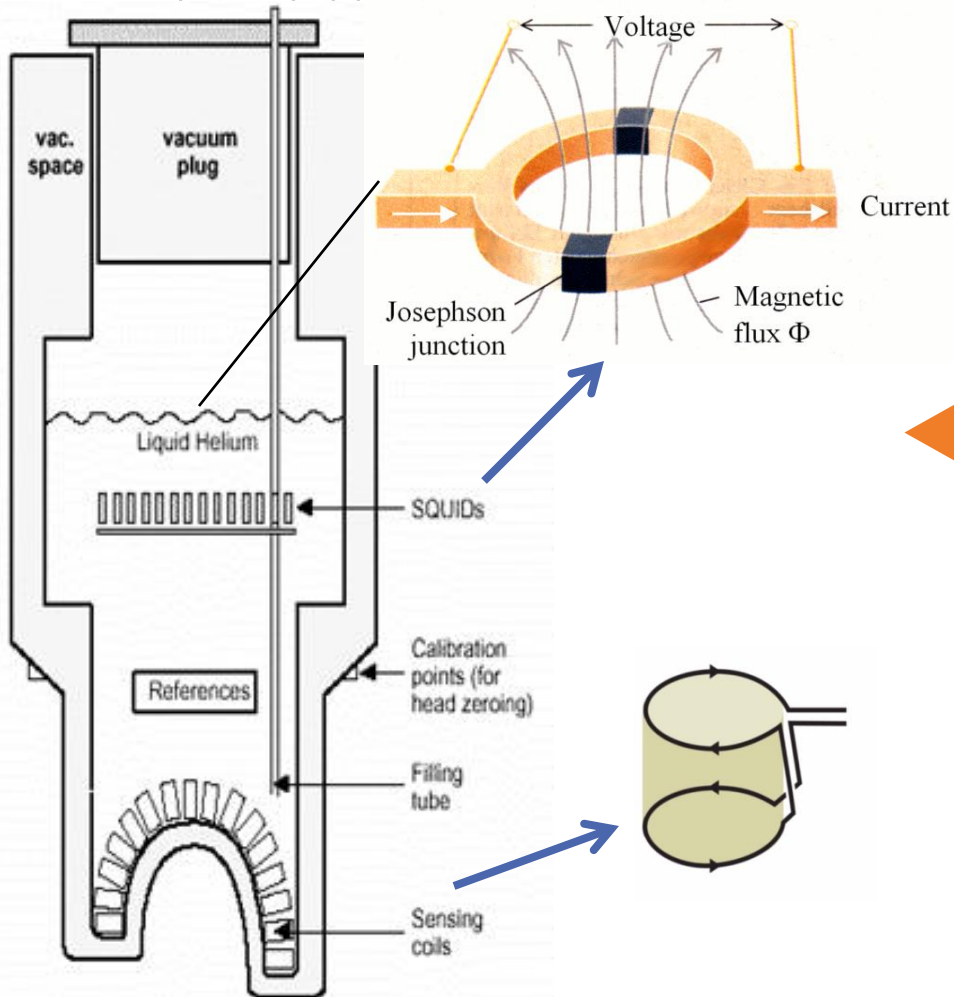


Brock & Sowman (2014)

- 3, 5 or 6 layers with different magnetic properties to protect from different frequencies of magnetic interference



MEG is super-cool

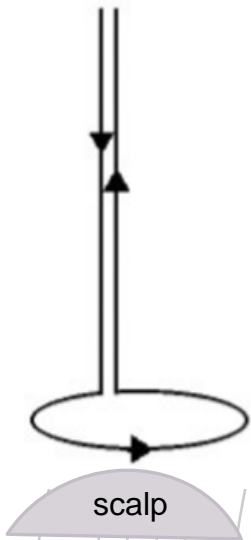


▪ SQUID

- Superconducting QUantum Interference Device, immersed in super-cool liquid helium
- Sensitive to field changes in order of **femto-Tesla** (10^{-15})
- Superconductive ring with two **Josephson junctions**
- **Flux transformers** (coils)
 - Magnetometers
 - Gradiometers (planar/axial)

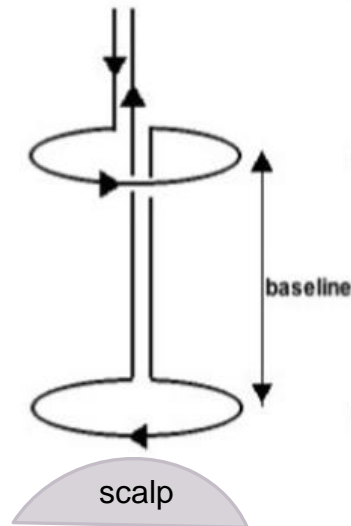
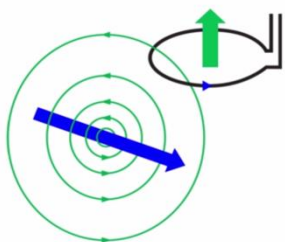


MEG: flux transformers



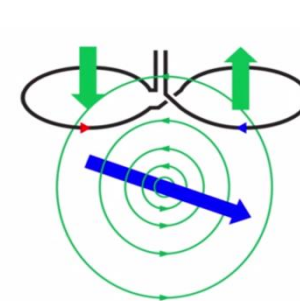
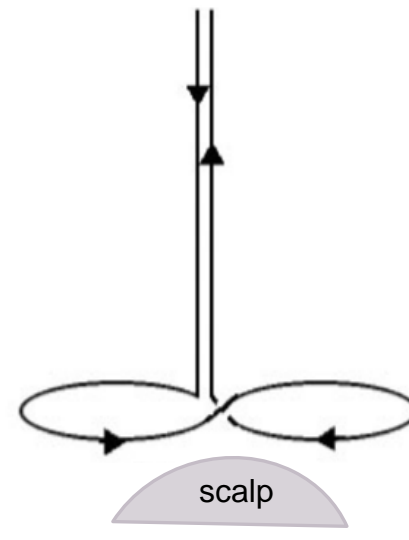
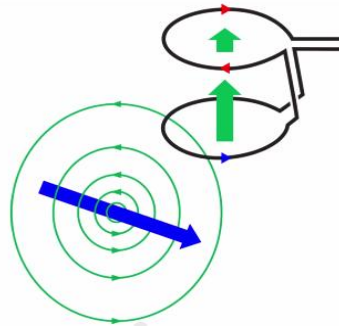
Axial magnetometer

Single superconducting coil – highly sensitive but affected by environmental noise



Axial/planar gradiometers (1st order)

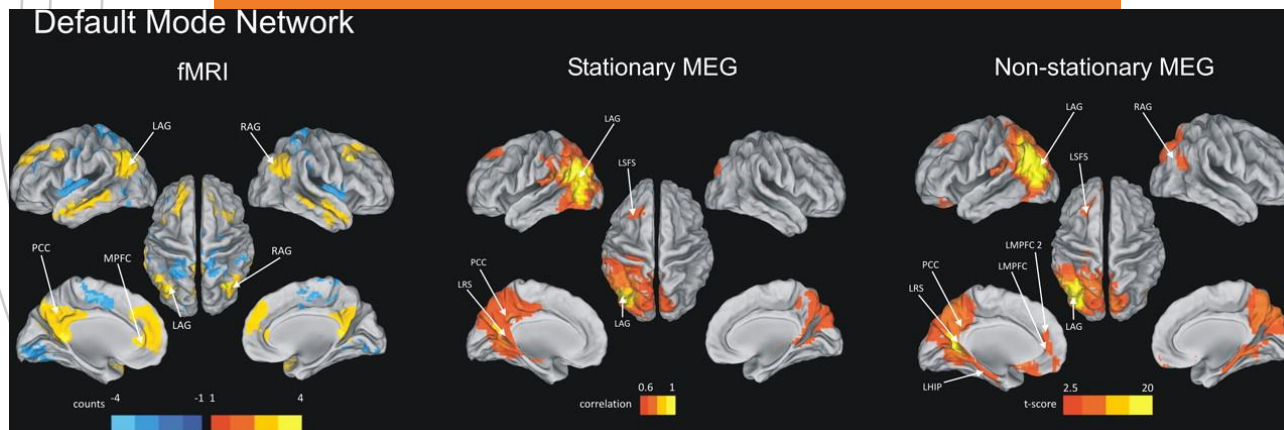
Two oppositely-wound coils – environmental noise affects both electrodes : **no net noise**. Sources from cortex affect coils **differentially**





MEG: applications

- **Excellent spatial resolution**
good for functional mapping of specific cortex (M1, V1) during behavioural, cognitive, perceptive tasks
- **Surgical planning (?)** in patients with brain tumours or intractable epilepsy
- **Research** into whole-brain network connectivity
Millisecond temporal resolution





EEG vs. MEG

	EEG	MEG
Signal magnitude	10 mV (easily detectable) ✓	10 fT (magnetic shielding required)
Measurement	Secondary currents	Primary currents ✓
Signal purity	Distortion by skull/scalp	Little effect by skull/scalp ✓
Temporal resolution	~1ms	~1ms
Spatial resolution	~1cm	<1cm ✓
Experimental flexibility	Moves with subject ✓	Subject must remain stationary
Dipole orientation	Tangential and radial ✓	Tangential better



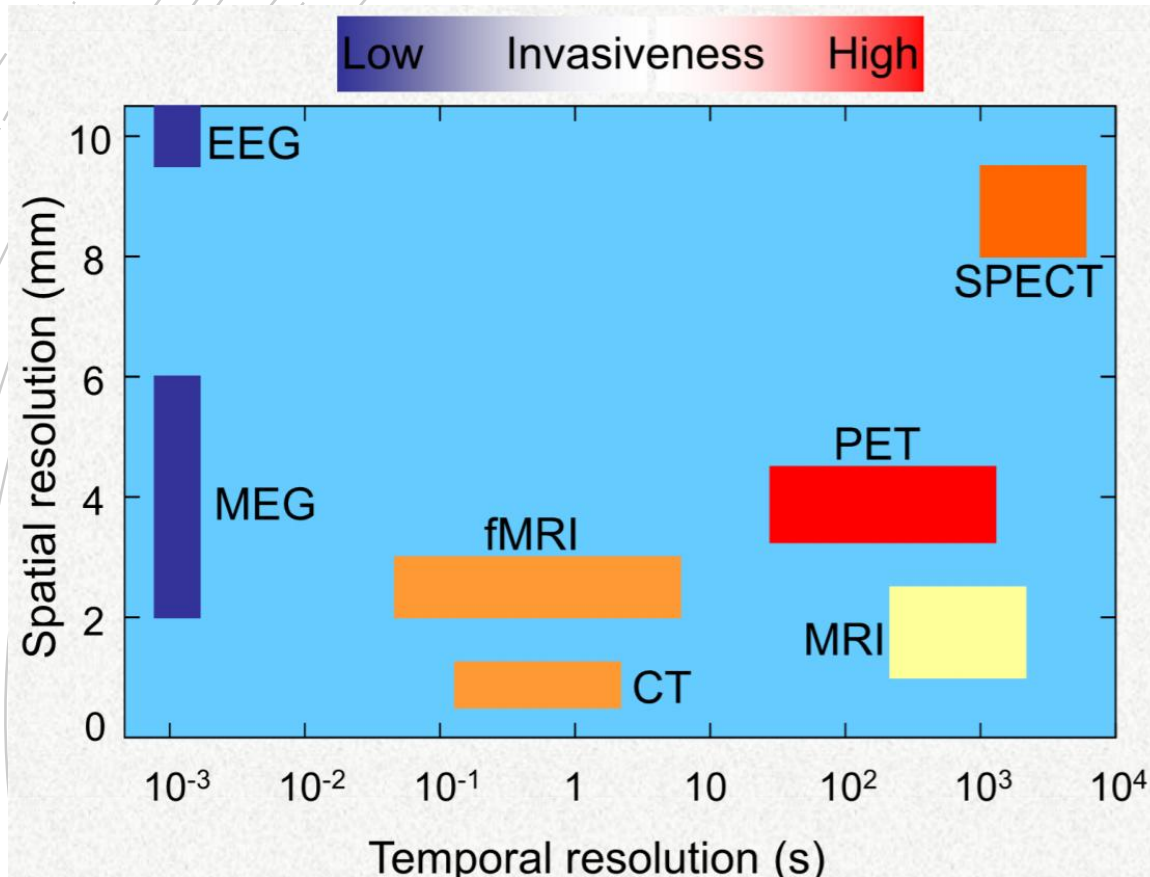
EEG/MEG advantages



- ✓ **Non-invasive**
- ✓ **Direct** measurements of neuronal function (unlike fMRI)
- ✓ High **temporal resolution** (1ms or less, 1000x better than fMRI)
- ✓ Easy to use **clinically** (adults, children)
- ✓ **Quiet!** (can study auditory processing)
- ✓ **Affordable**, EEG is portable
- ✓ Subjects can perform tasks **sitting up** (more natural than MRI scanner)



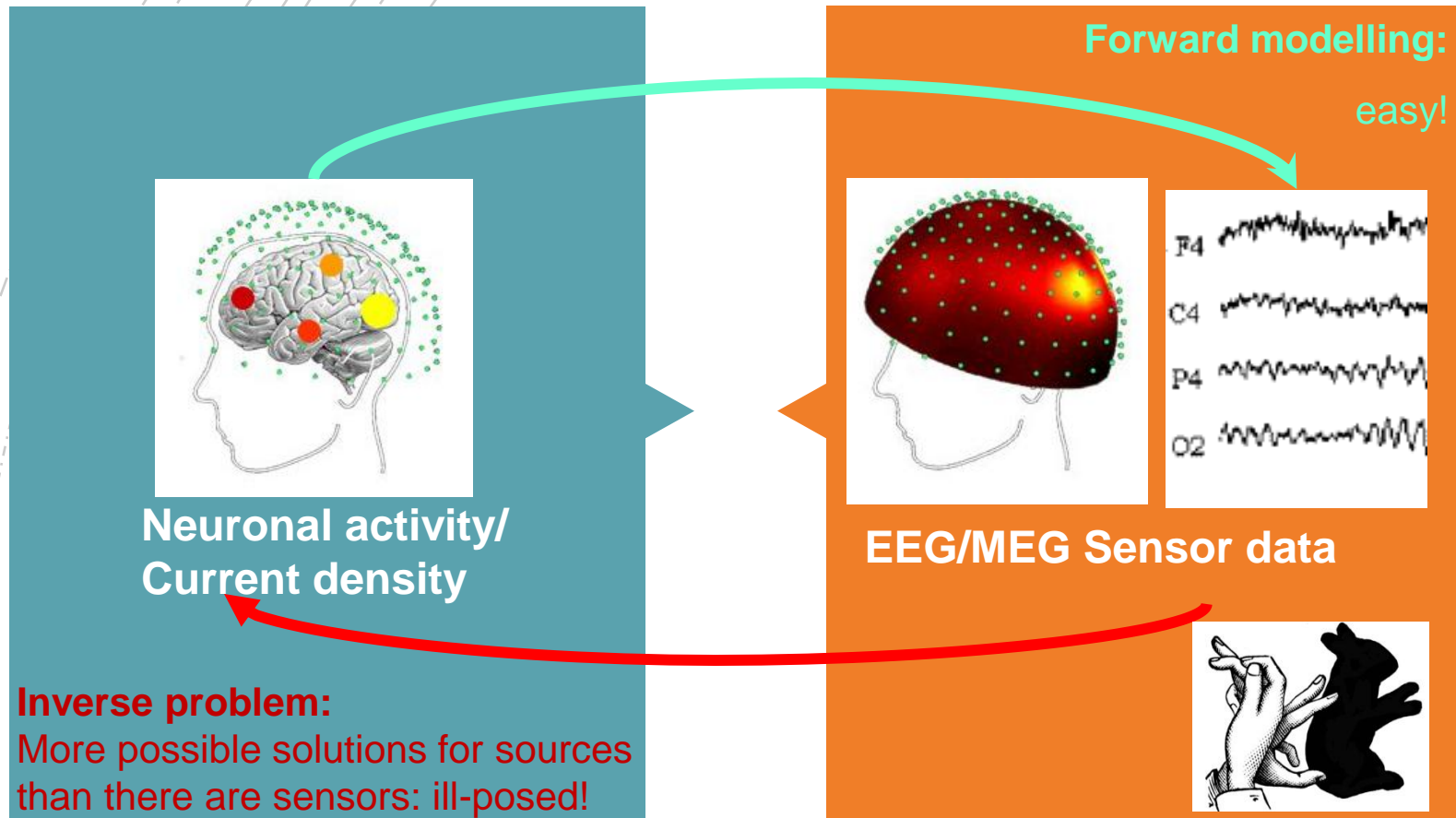
EEG/MEG disadvantages



- × Not as good **spatial localisation** as fMRI, MRI, CT
- × **Sensitivity depth** only ~4cm (c.f. whole brain sensitivity of fMRI)
 - Sensitivity loss proportional to square of distance from sensor
- × 3D Source reconstruction is ill-posed? **forward** and **inverse problems**



Forward & inverse problems



<https://www.youtube.com/watch?v=AogBOXtXk1s>

→ **SOLUTION:** Use forward models for inverse problem. Source localisation models and algorithms; iterative source reconstruction



Summary

- **Direct**, non-invasive measures of cortical electrical activity
 - EEG: secondary currents,
 - MEG: magnetic fields
- Good **spatial & temporal** resolution
- **Depth sensitivity?**
 - Add thalamus, hippocampus, amygdala to MEG source reconstruction models (!)
- **Spontaneous** or **evoked** neural activity;
- **Applications** in epilepsy, sleep, Alzheimer's disease biomarkers(?), schizophrenia(?), autism(?), whole-brain functional networks



Thank you for
listening!

Any questions?



Sources

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- (and Dr. Sofie Meyer)



Sources (cont)

Images from:

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