

Background and Aim

- **Electric and magnetic source imaging (ESI/MSI)** play a critical role in the presurgical evaluation of patients with focal drug resistant epilepsy (DRE).
- A growing body of in-vivo studies^{1,2} has investigated **ESI/MSI** in the presurgical evaluation of patients with DRE by evaluating their **clinical utility** and **localization accuracy**.
- In-vivo studies lack a **solid ground truth** for the exact location of the epileptic focus since scalp electroencephalography (EEG) and magnetoencephalography (MEG) recordings are rarely performed **simultaneously** with intracranial EEG (iEEG), and thus may capture different underlying sources.
- An effective way to validate the **localization accuracy** of ESI/MSI is through **head-shaped phantoms** resembling the **electromagnetic properties** of human head.
- Here, we report the **design, fabrication, and testing** of a **three-layer human head phantom**. The phantom can produce realistic **interictal epileptiform discharges (IEDs)** recorded from drug resistant epilepsy patients and assess the ability of **ESI/MSI** to localize **cortical** and **deep** brain sources.

Methods

- The 3-layer phantom was created by molding the brain layer with embedded dipoles, then sequentially overmolding the skull and scalp layers with silicone/chopped carbon fiber (CCF) mixtures of different conductivities.
- The concept behind the phantom's design was to pour these materials inside molds, which had the shape of the brain, skull, and scalp.
- **10 dipolar sources** embedded in **each hemisphere** represent conditions of varying source localization difficulty (e.g., cortical, subcortical, and deep brain sources).
- We recorded **simultaneous MEG and HD-EEG** (1 KHz sampling rate) while dipolar sources were activated through a waveform generator.
- Using computed tomography of the phantom, we marked the locations of the embedded sources.
- Finally, we performed source localization at the peak of each spike using equivalent current dipole (ECD) (Goodness of Fit > 90%) using Brainstorm.
- Source localization errors were calculated as the average distance of Brainstorm-calculated dipole positions from the CT-derived embedded source positions.

Results

- **Realistic IEDs** in terms of **amplitude, duration, and morphology** were obtained in both **MEG** and **HD-EEG** recordings.
- For MEG data, two dipolar sources placed close to the **left insula** and **right brainstem** had a localization error of 8.6 ± 0 mm and 8.6 ± 2.9 mm, respectively.
- For HD-EEG data, the dipolar source placed close to the **right brainstem** had a localization error of 11.4 ± 0 mm.

Conclusion

- Based on advances in **3D printing** technology and bioengineering concepts, we present here for the first time a three-layer human head phantom that resembles the **electromagnetic properties** of the **human head**.
- The phantom is capable of generating artificial signals that have the morphological characteristics of actual IEDs.
- Other types of brain signals such as **epileptic seizures, ripples, and fast ripples** can be fed to the phantom.
- Such technology can allow the reliable assessment of the localization abilities of **MEG** and **HD-EEG** in different clinical scenarios.

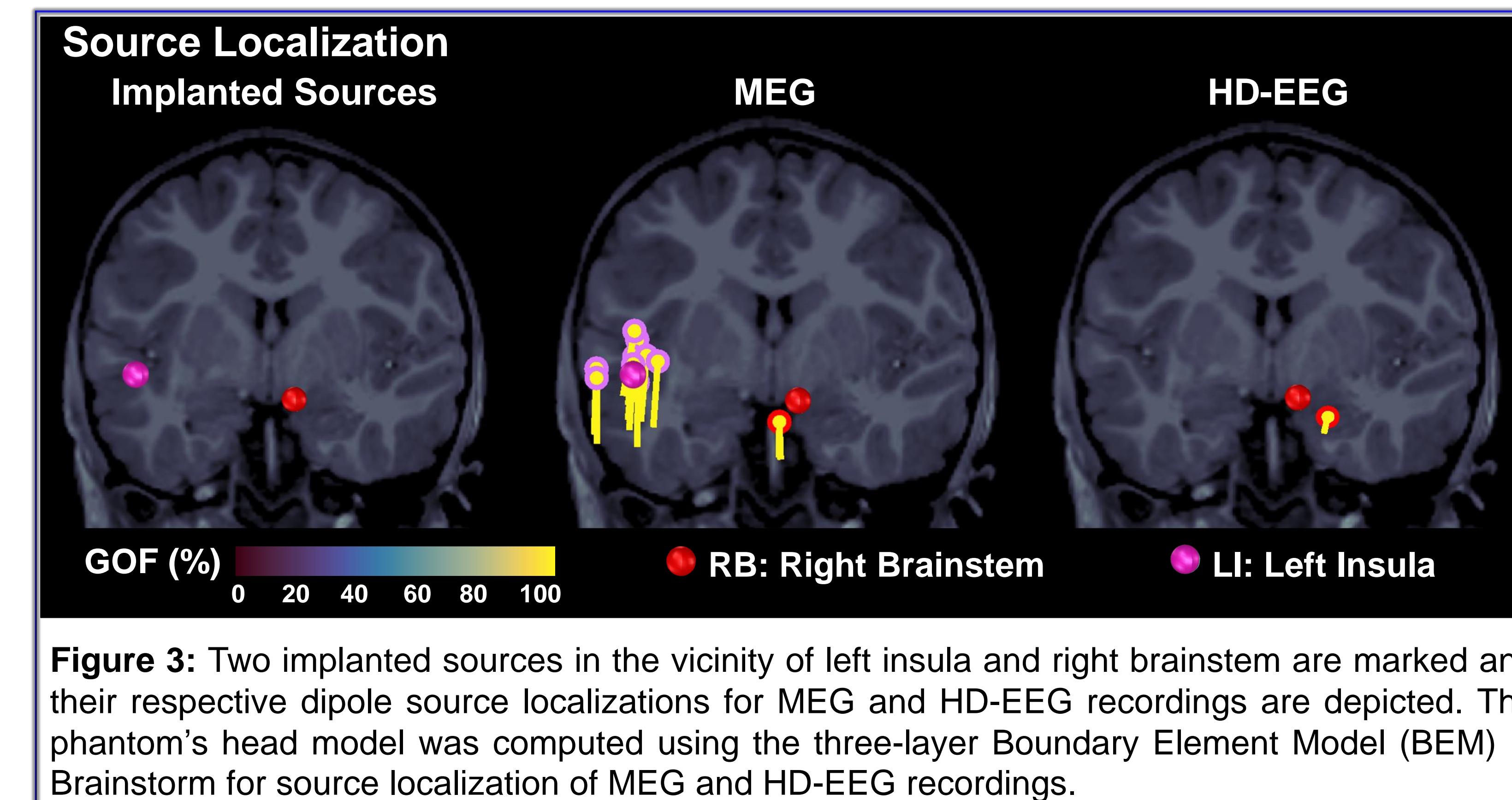
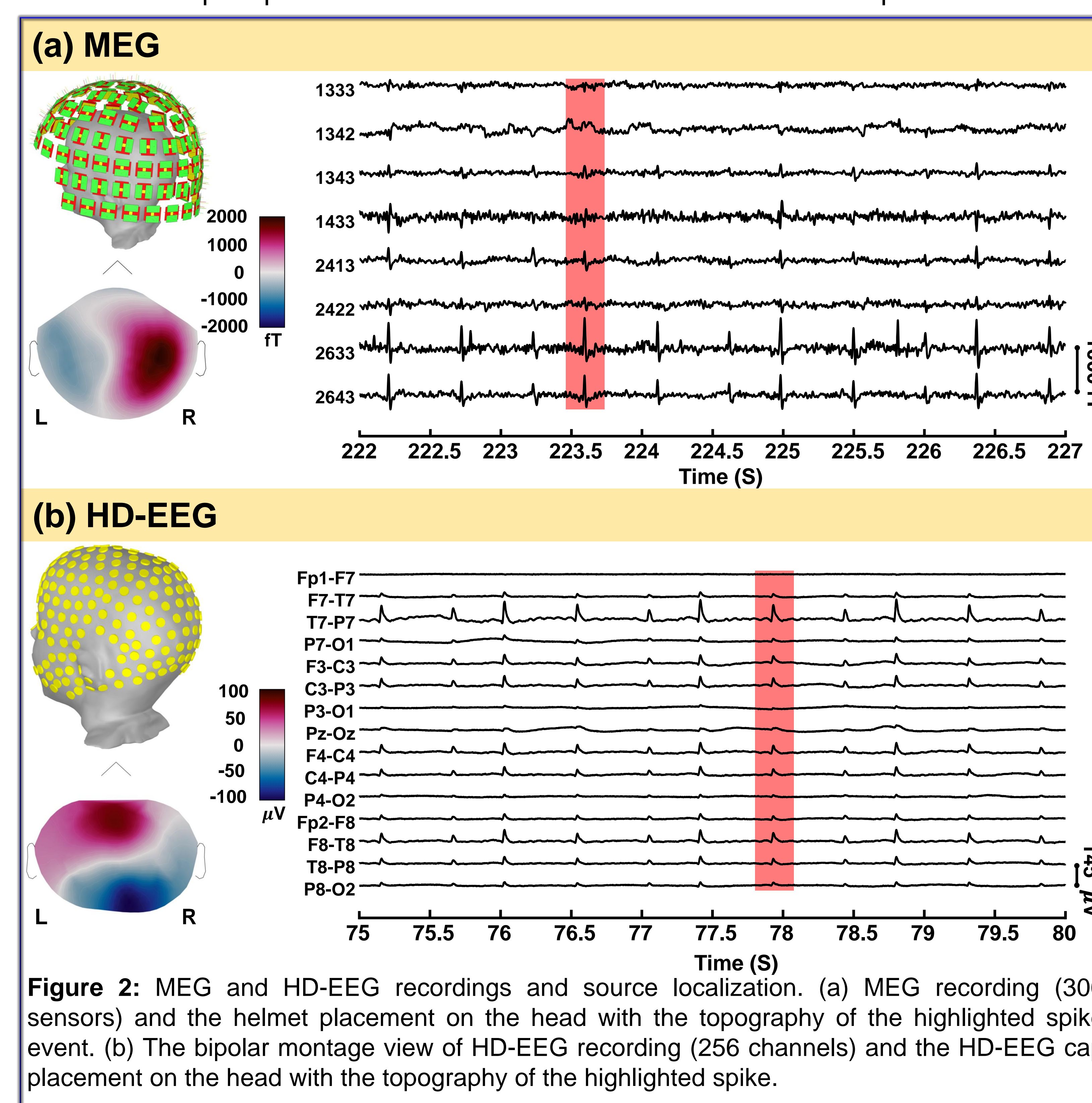
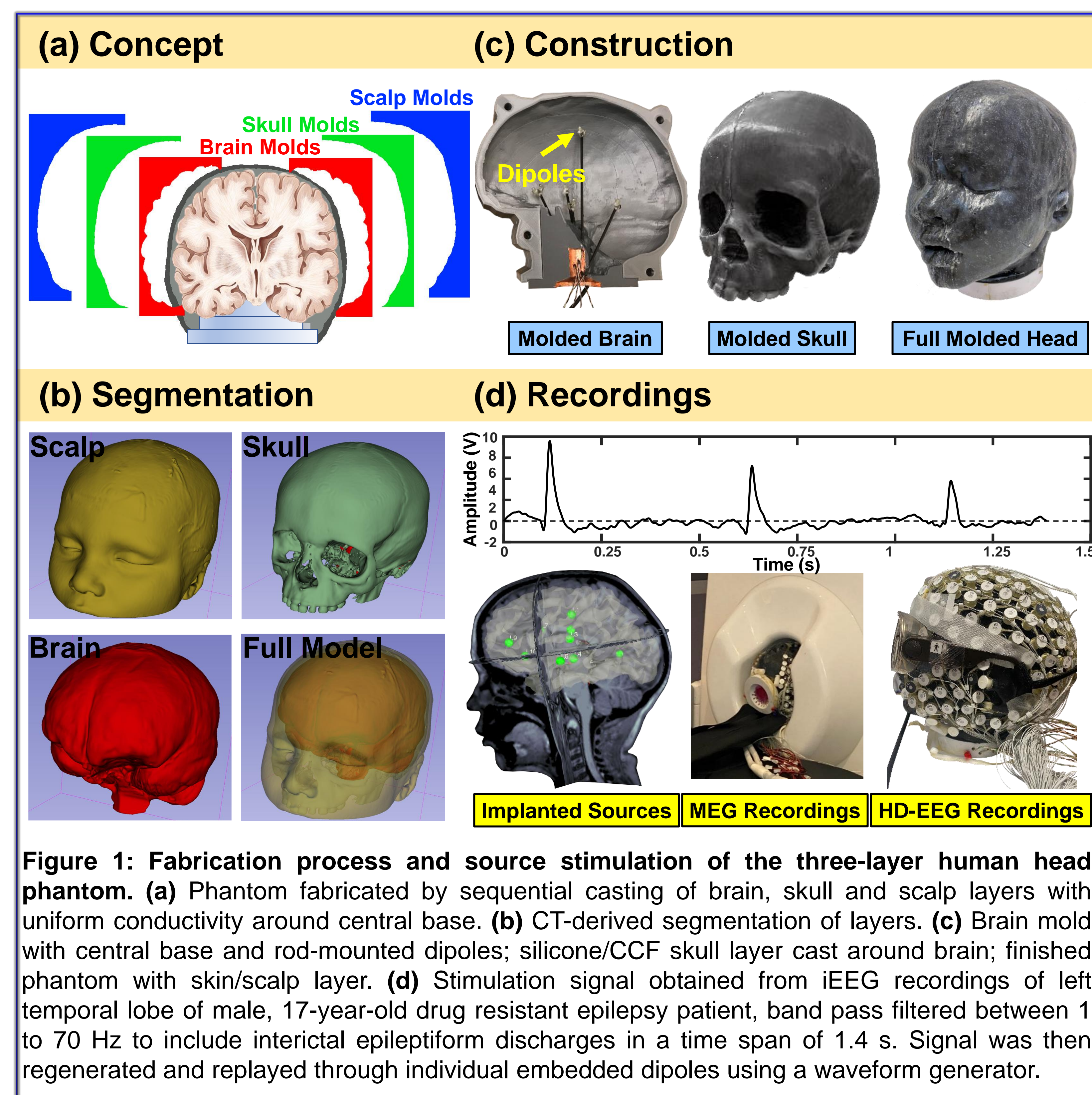


Figure 3: Two implanted sources in the vicinity of left insula and right brainstem are marked and their respective dipole source localizations for MEG and HD-EEG recordings are depicted. The phantom's head model was computed using the three-layer Boundary Element Model (BEM) in Brainstorm for source localization of MEG and HD-EEG recordings.

Funding

This study was supported by the National Institute of Neurological Disorders & Stroke (RO1NS104116-01A1, PI: C. Papadelis).

References

1. D. Oyama et al., "Dry phantom for magnetoencephalography -Configuration, calibration, and contribution," J. Neurosci. Methods, vol. 251, pp. 24–36, 2015, doi: 10.1016/j.jneumeth.2015.05.004.
2. C. Papadelis et al., "MEG's ability to localise accurately weak transient neural sources," Clin. Neurophysiol., vol. 120, no. 11, pp. 1958–1970, 2009, doi: 10.1016/j.clinph.2009.08.018.