Connectivity of the centromedian nucleus of the thalamus: Insights from brain stimulation and intracranial electroencephalography

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At-a-glance

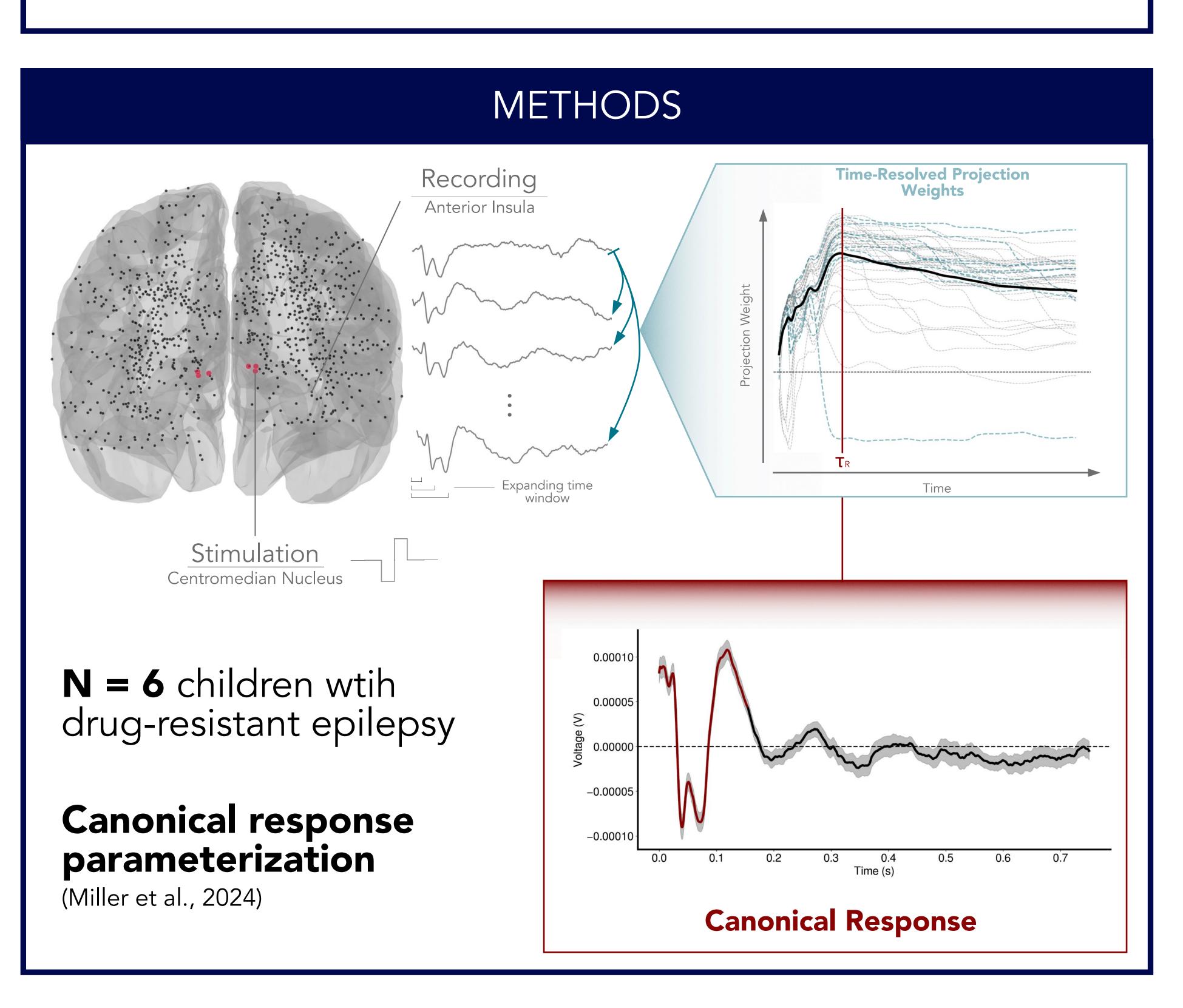
We analyzed rare intracranial electroencephalographic recordings from children undergoing epilepsy monitoring to map the connectivity of the centromedian nucleus of the thalamus. This represents a pivotal advancement towards developing precise, targeted neurotherapies for the treatment of drug-resistant epilepsy in children.

BACKGROUND

The bilaterally paired centromedian nuclei of the thalamus (CM) are critical nodes of the mammalian brain, with extensive projections subserving a range of neurocognitive functions.

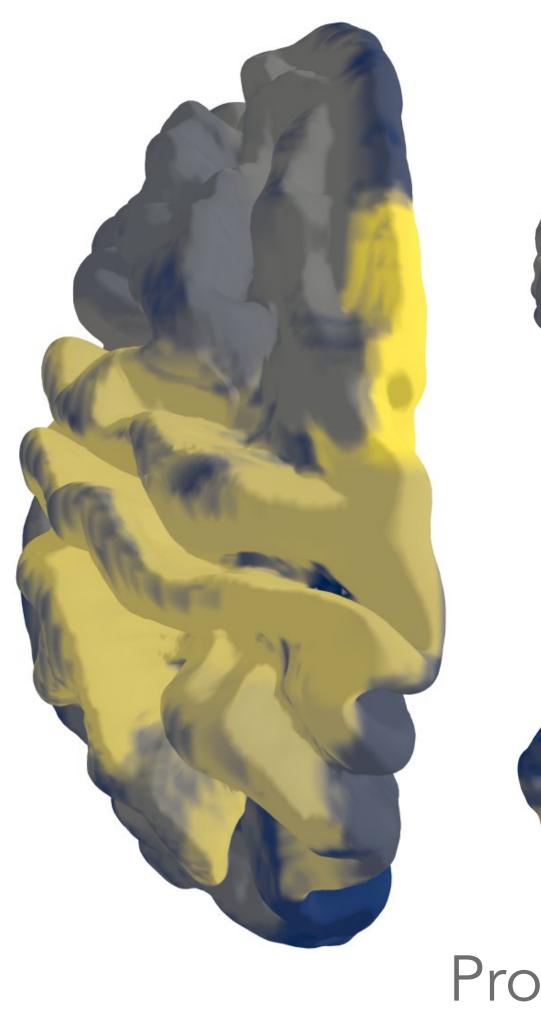
In rodents and non-human primates, CM deep brain stimulation was found to result in in widespread cortical desychnronization, leading to its eventual use as a **potential** treatment for drug-resistant epilepsy.

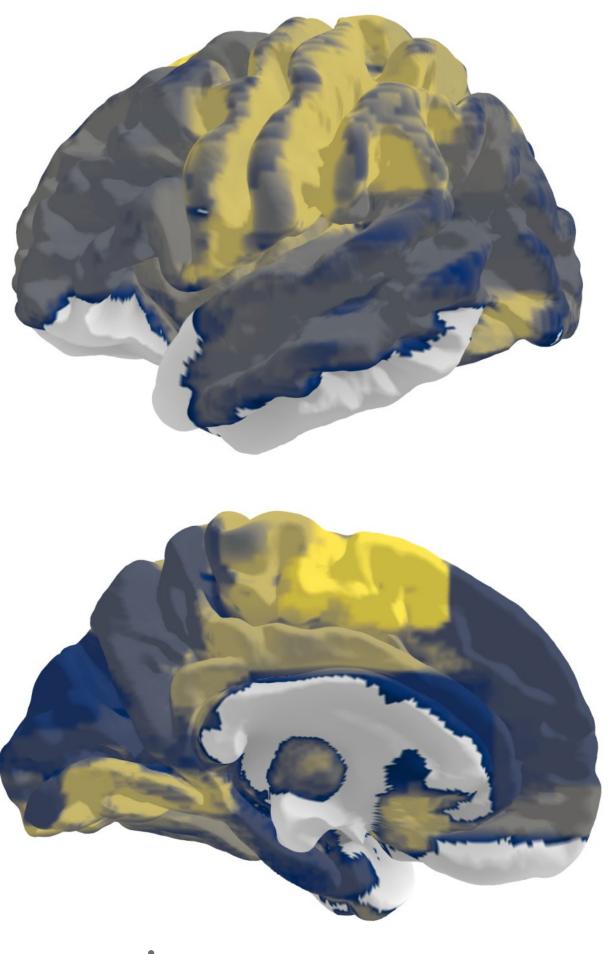
Despite the increasing use of CM deep brain stimulation (DBS) to treat drug-resistant epilepsy, the connectivity of the CM in humans remains largely unknown.



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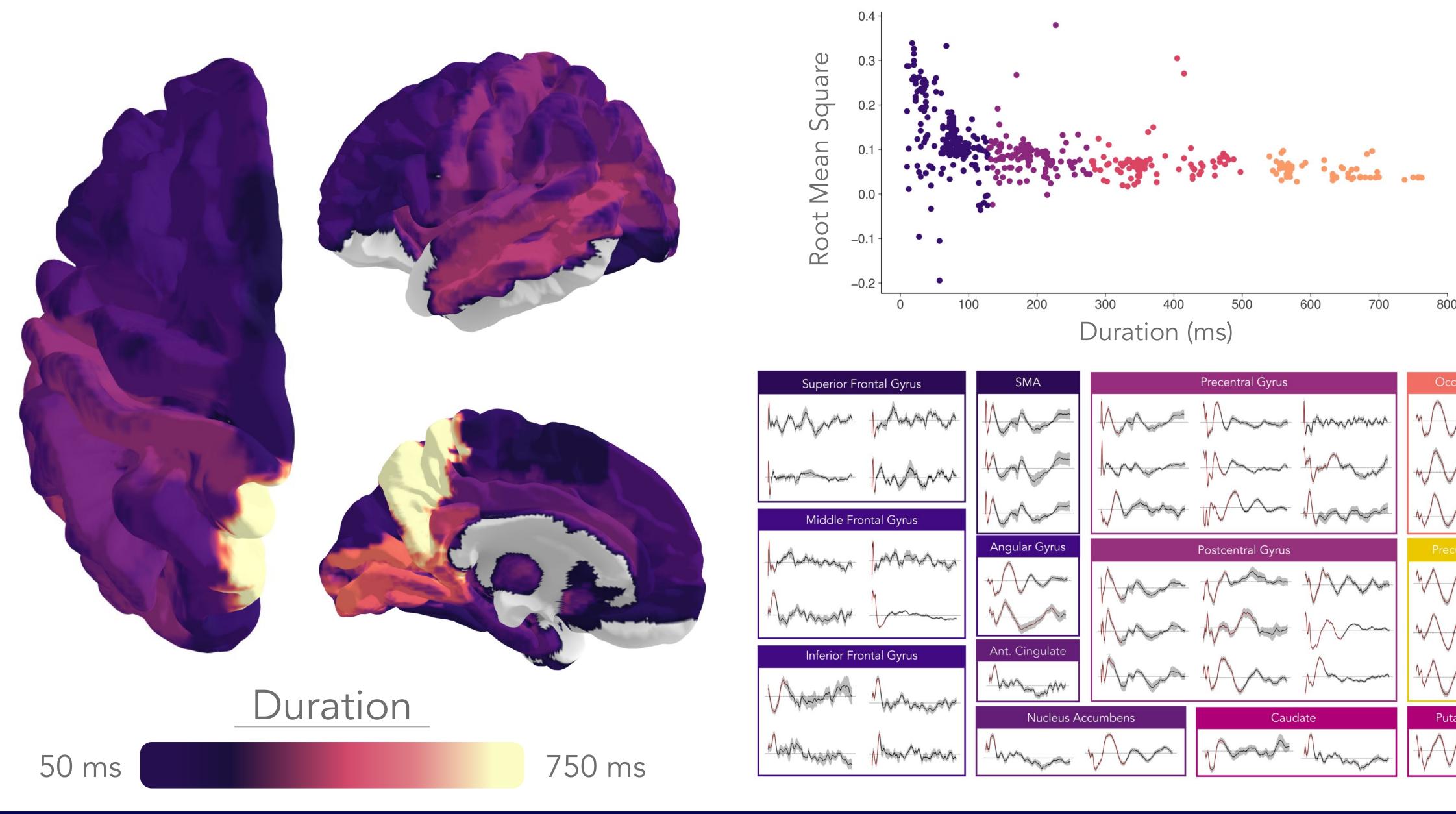
striatum subcortically





Proportion





RESULTS

Centromedian nucleus stimulation engages a large-scale, distributed network, centered on the Rolandic cortex cortically and the dorsal

Region

Supplementary Motor Area 100% Supramarginal gyrus Postcentral Gyrus 80% Precentral Gyrus Middle Cingulate Gyrus 75% Posterior Cingulate Gyrus 70% 16 Striatum 68% 28 Fusiform Gyrus 56% 53% Insula 109 Lateral Prefrontal Cortex 62 50% Lateral Temporal Cortex 48% 53 26% Hippocampus Anterior Cingulate Gyrus 23% 13

The centromedian nucleus engages dissociable sensorimotor, limbic, and associative subnetworks based on the duration of evoked activity



Proportio

Significan

Count

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DISCUSSION

Despite being central to many critical cognitive and behavioural functions, the connectivity of the CM in humans has remained largely unexplored.

Using intracranial electroencephalography and in vivo brain stimulation, we causally mapped the connectivity of the CM in children with drug-resistant epilepsy.

CM-DBS may exert its effects by modulating activity within these circuits. Ongoing efforts are directed at investigating whether seizure propagation to the CM occurs through this network, and whether selective engagement of this network is associated with **outcomes** after DBS.

CONCLUSION

CM stimulation engages a largescale cortico-subcortical network, with dissociable sensorimotor, limbic, and associative subnetworks. This widespread connectivity makes it a suitable target for stimulation-based treatments of drug-resistant epilepsy, and may underlie its diverse role in mediating cognition and behaviour in humans.

REFERENCES & ACKNOWLEDGMENTS

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