

Predicting the Outcome of Cochlear Implantation: *Structural Constraints on Speech Functional Plasticity.*

**Laboratoire de Neurosciences Cognitives
Inserm U960**



Paris, France

Anne-Lise Giraud
Diane Lazard

Lyon, France

Eric Truy

Seoul, South Korea

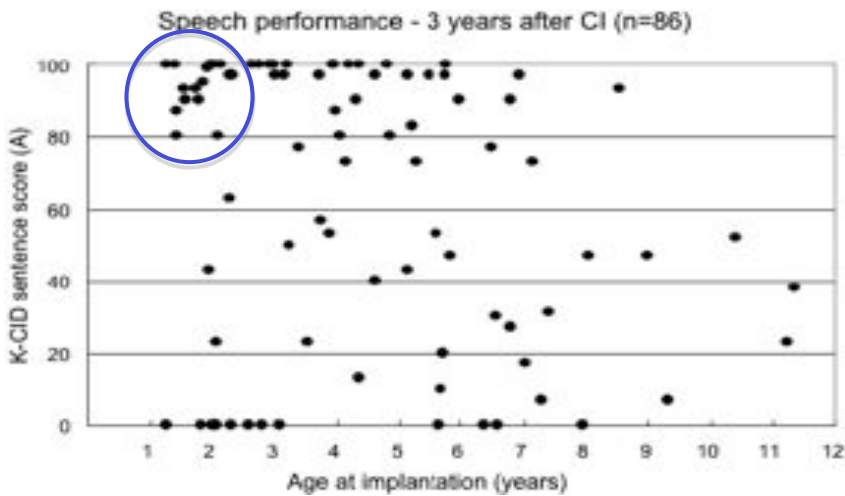
Hyo-Jeong Lee
Eunjoo Kang
Chong-Sun Kim

London, UK

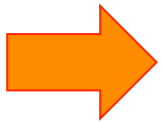
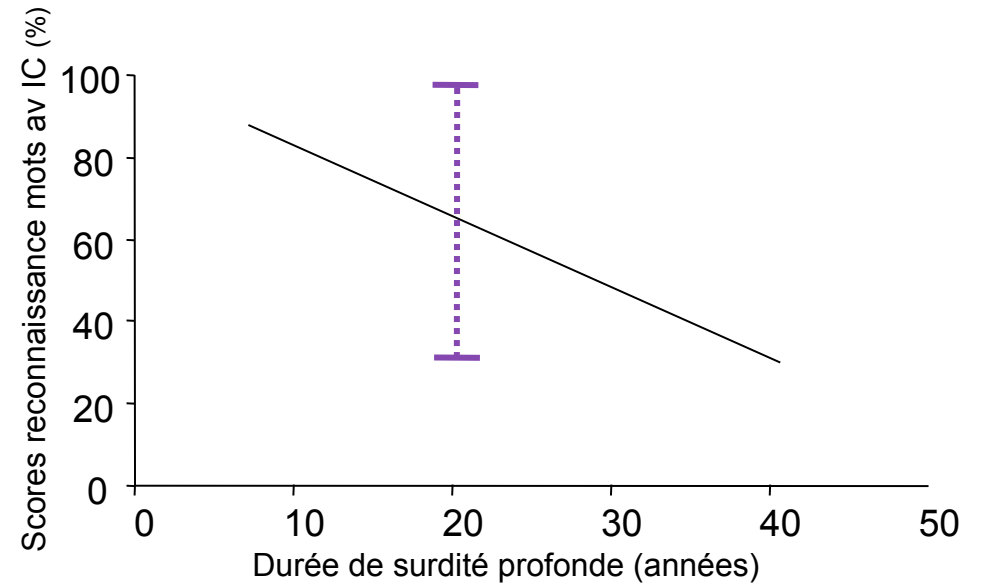
Richard Frackowiak
John Graham
Cathy Price

Facteurs prédictifs connus de la performance post-implant

- ✓ Âge d'implantation chez enfant sourd congénital



- ✓ Durée de privation auditive chez sourd post lingual



Recherche de facteurs d'ordre neurofonctionnels

Crossmodal reorganisation and implantation outcome

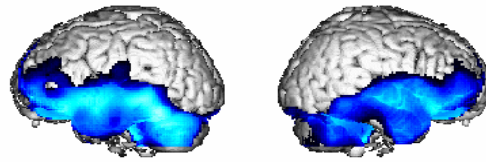
FDG-PET at rest before implantation and speech perception scores after CI.

Normal-hearing adults (n=12) > Prelingual deafs (n=10, age: 2.2 to 23.3)

**Score in auditory
sentence recognition
(years of training)**

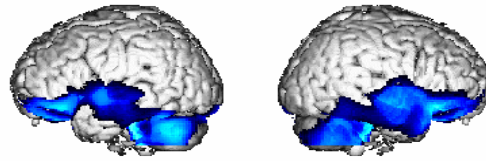
**Deafness duration
= age at implantation**

90 % (3.8 y)



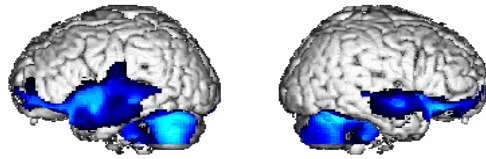
6.5 y

67 % (1.1 y)



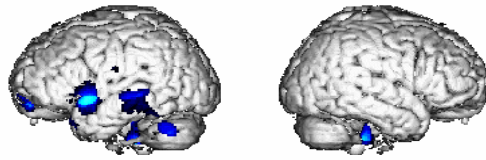
6.5 y

7 % (1.4 y)



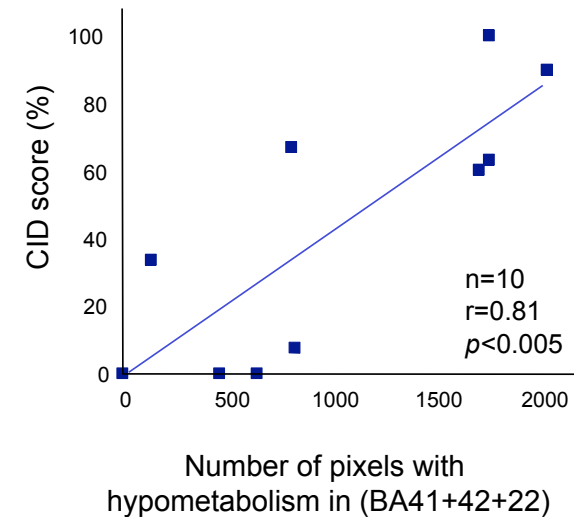
11.2 y

0 % (1.9 y)



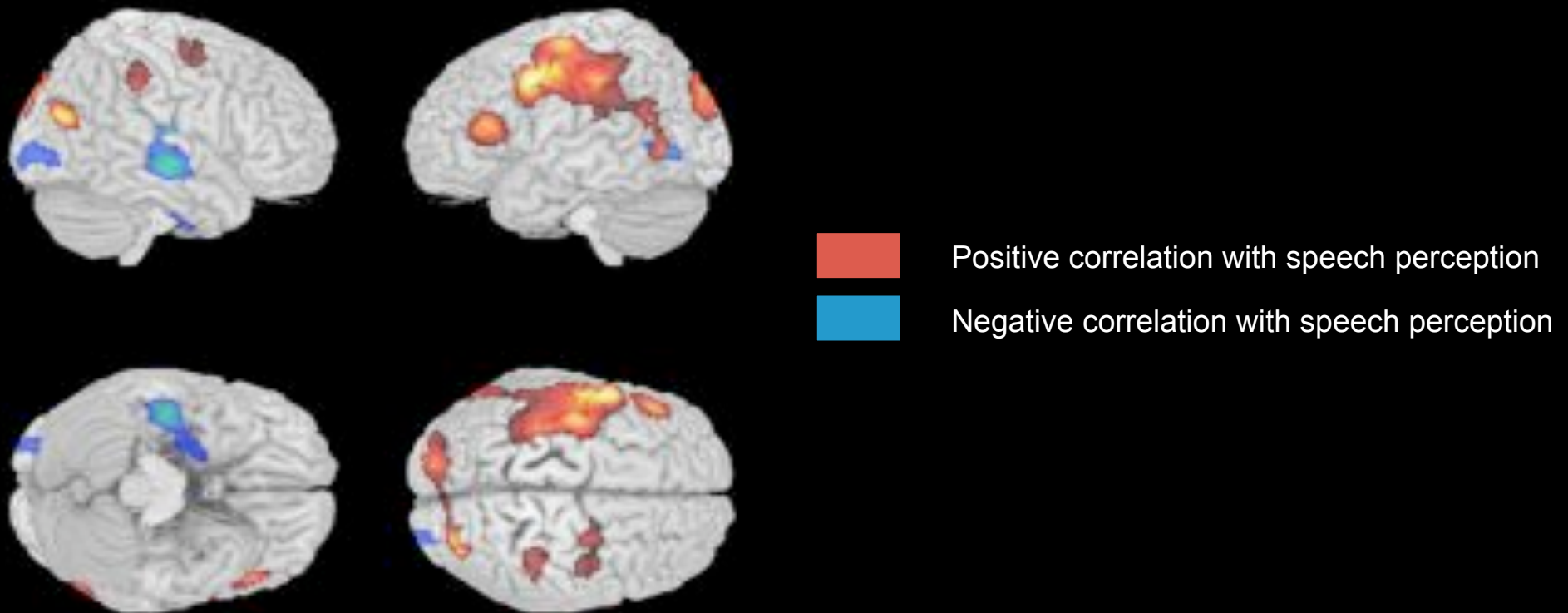
20.3 y

**Extent of Hypometabolism
in superior temporal gyrus**



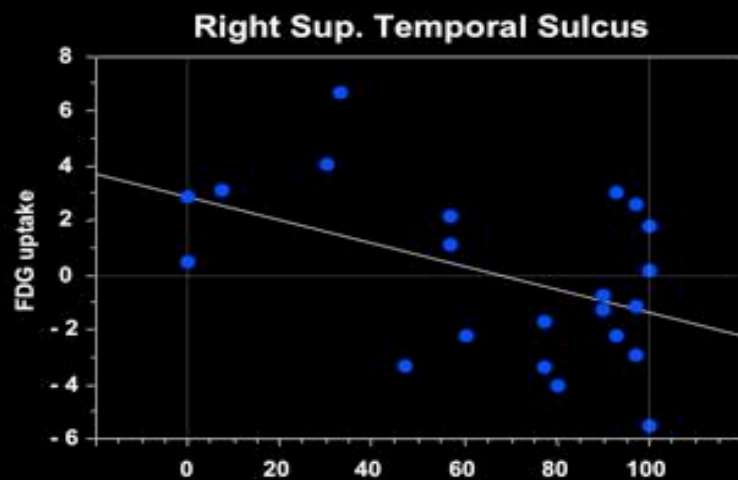
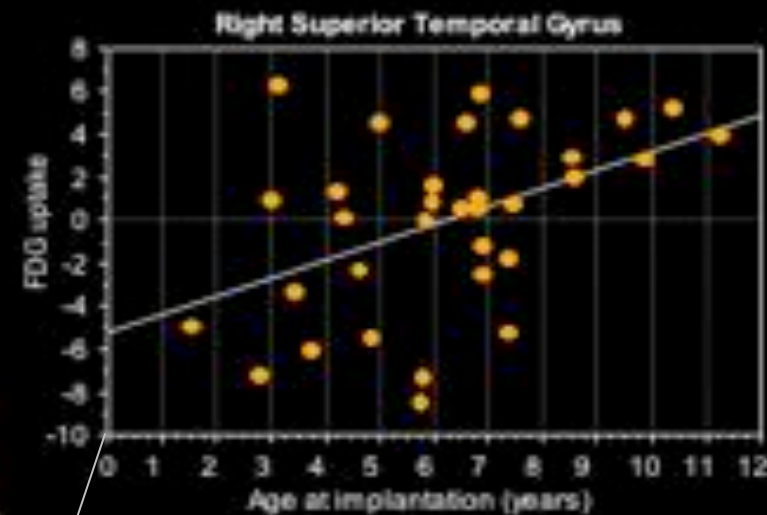
Neurometabolic profiles (FDG-PET): Correlation with speech comprehension measured 3 years after cochlear implantation, irrespective of age at implantation (deafness duration)

33 congenitally deaf children, age : 1.5 to 11 years

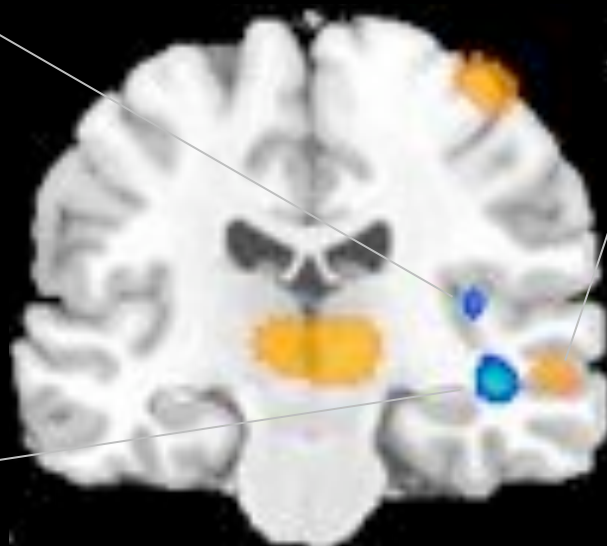




% correctly perceived sentences
3 years after implantation



% correctly perceived sentences
3 years after implantation



Negative correlation with **speech perception**

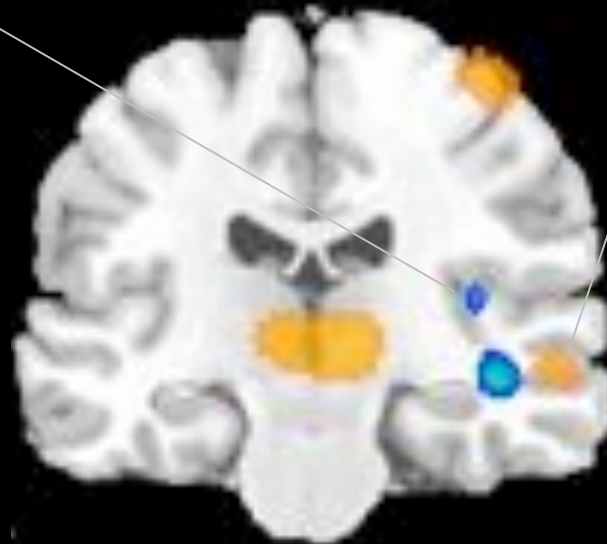


Positive correlation with **deafness duration**

Auditory cortex (BA41/42):
plasticity that took place
before birth

- 1- stabilized prenatal cross-modal plasticity, hard (re-) wiring?
- 2- embryonic synaesthesia in some children, which cannot regress due to auditory deprivation

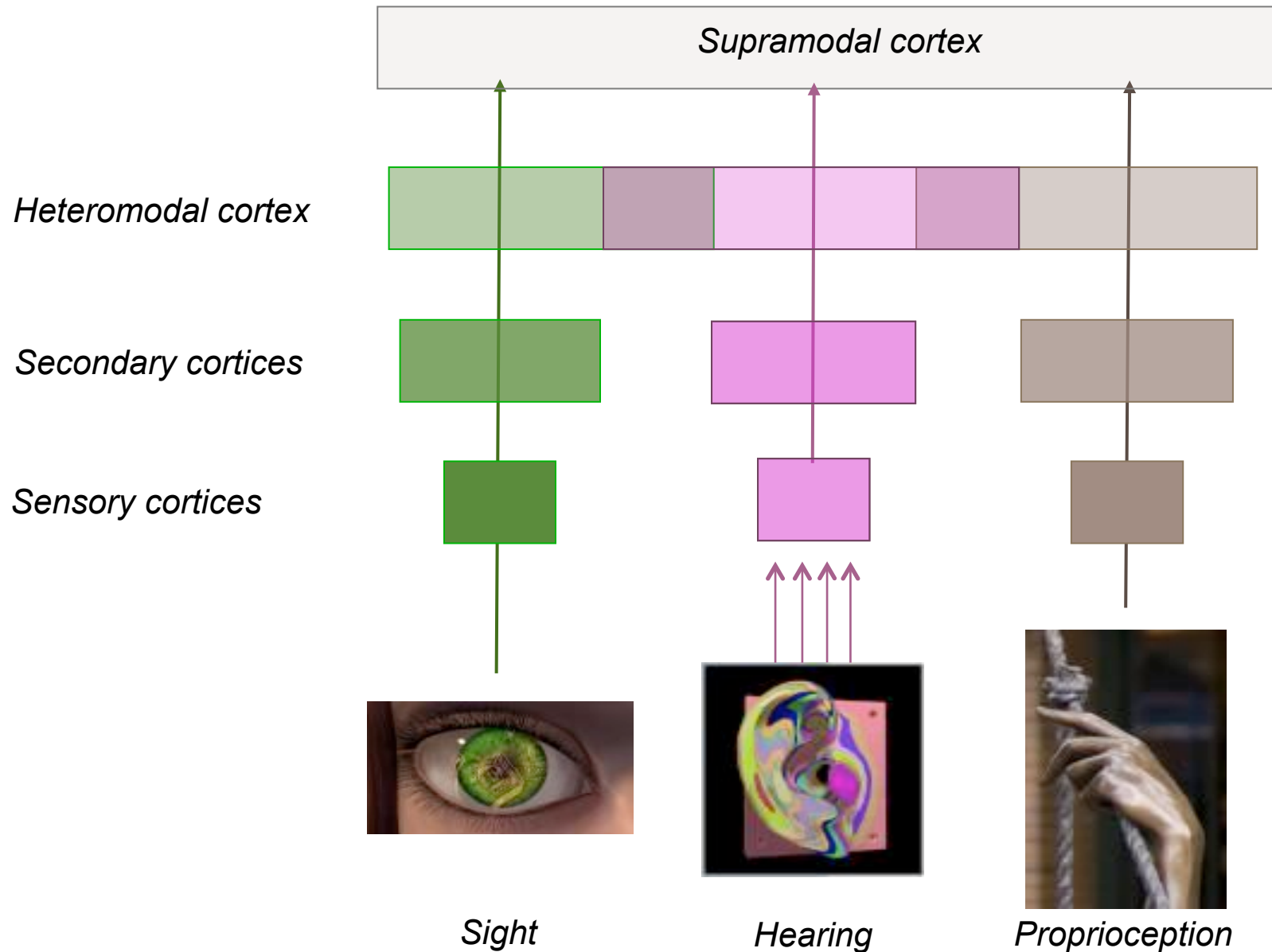
In some children, auditory cortex is not strictly auditorily tagged.



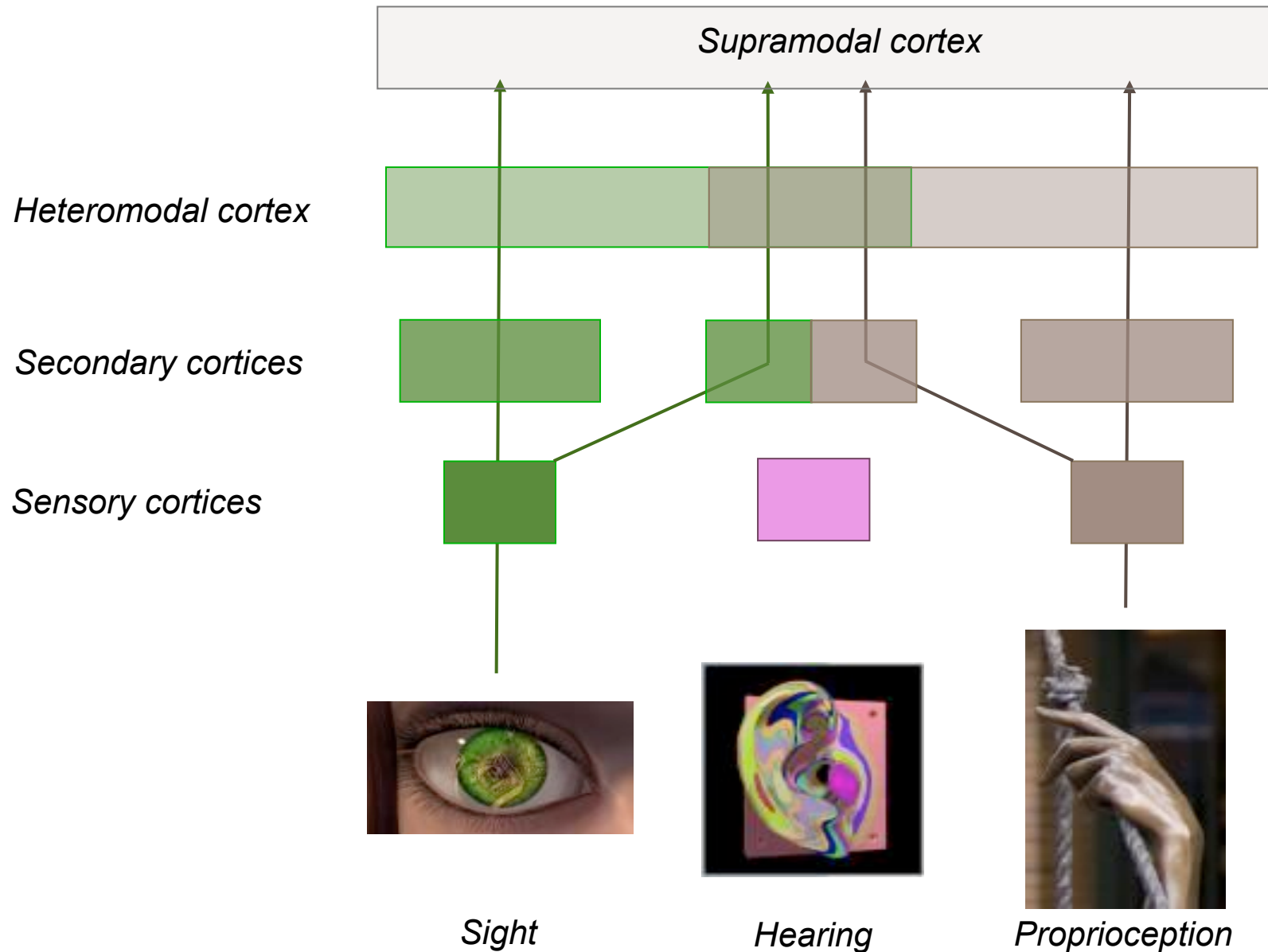
Heteromodal cortex:
cross-modal takeover by
other sensory modalities
or cognitive networks during
prolonged deafness

- Age-independent effect
(high metabolism = low speech scores)
- Age-dependent plasticity
(high metabolism = older children)

Case 1: Auditory cortex correctly afferented

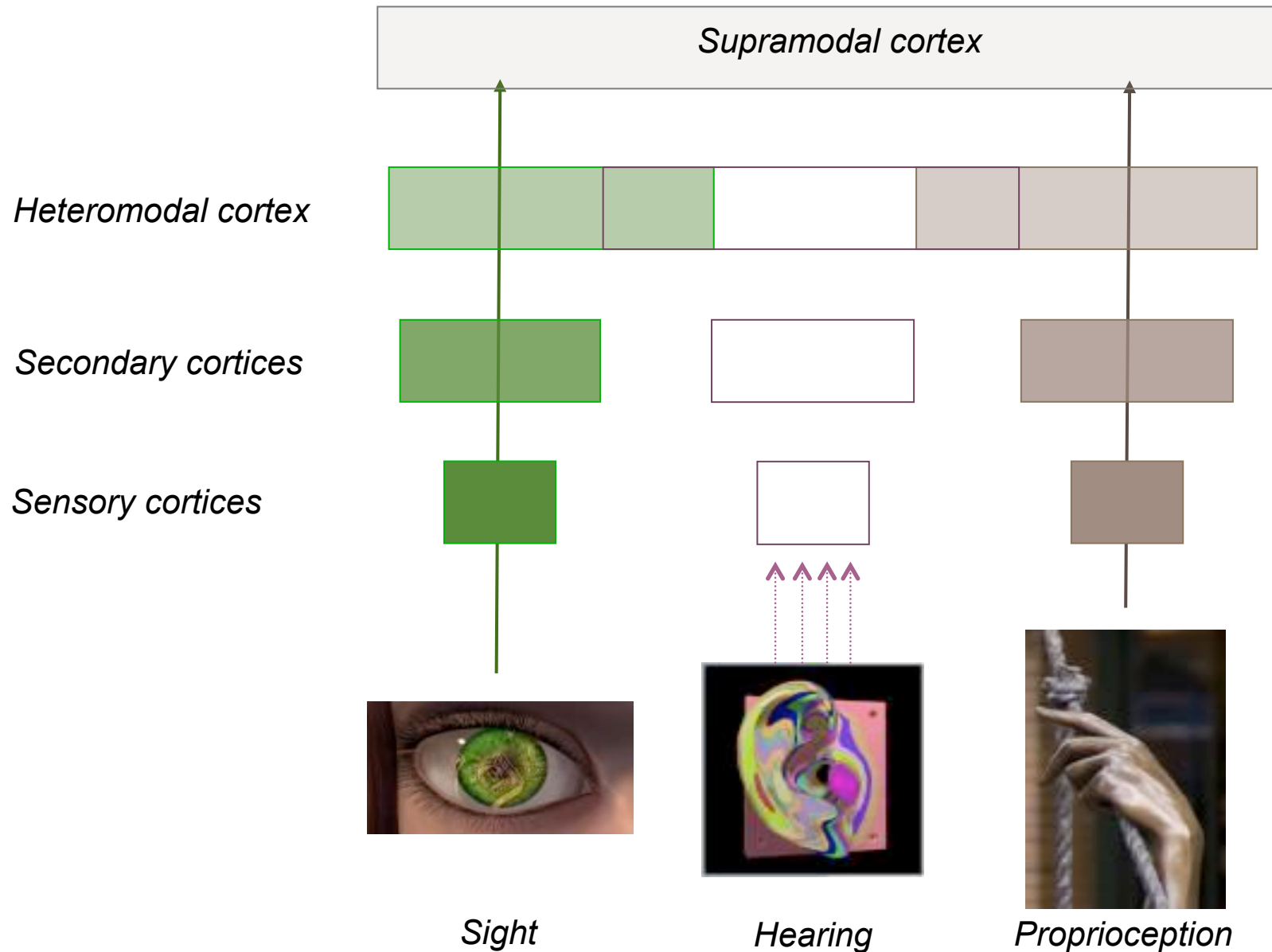


Case 1: Auditory cortex correctly afferented

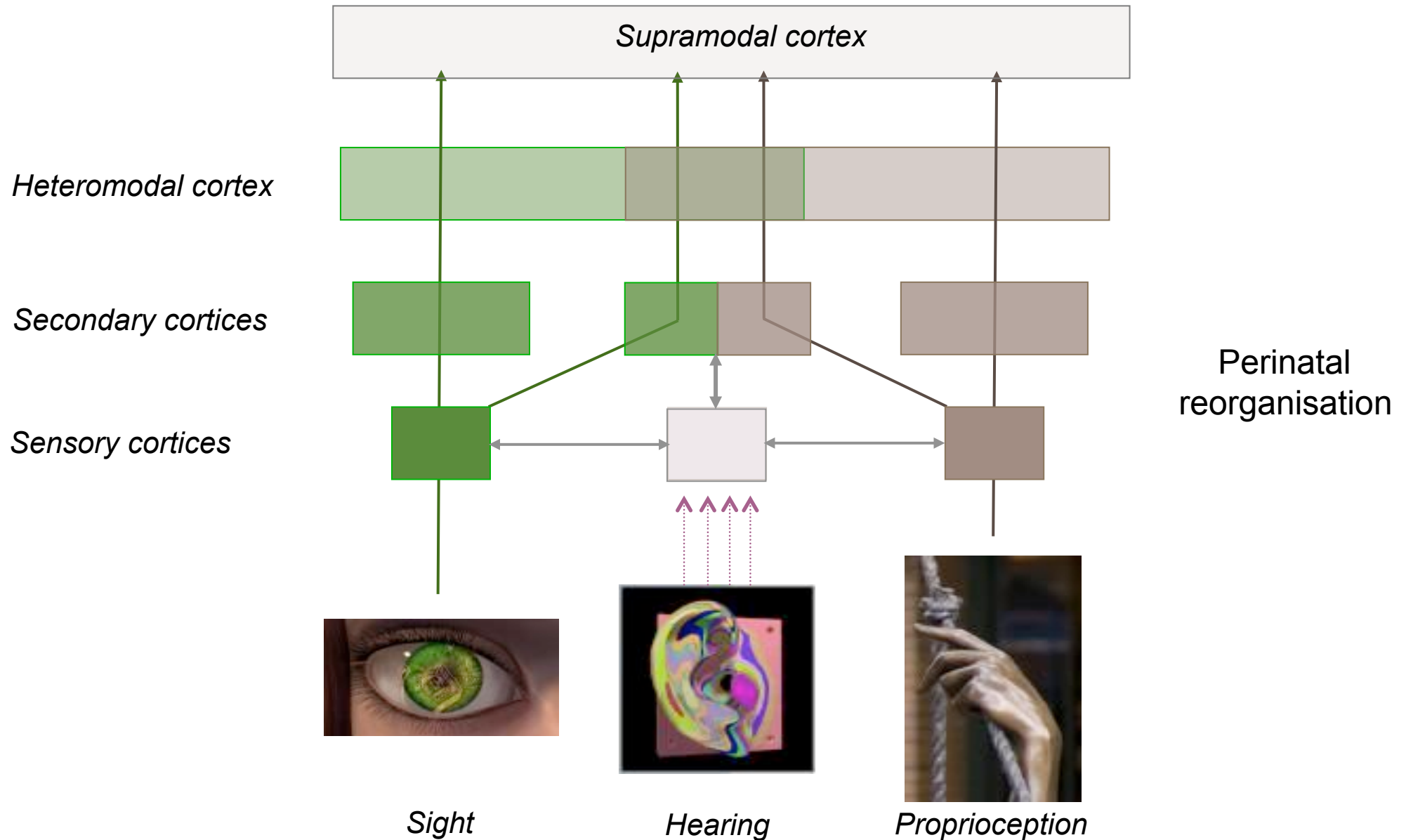


*Kral et al.,
Prog. Brain Res.,
2006*

Case 2: Auditory cortex insufficiently afferented



Case 2: Auditory cortex insufficiently afferented



Conclusion

Children with poor speech perception after implantation show signs of irreversible pre/peri-natal cross-modal plasticity.

The degree of this effect varies between individuals, and does not depend on post-natal deafness duration.

Until it becomes possible to assess the amount of cross-modal plasticity in all deaf babies, it seems advisable to provide them with auditory input as early as possible, even before language development, to ensure (the maintenance of) correct labelling of the auditory cortex.

Cooperation between the senses for speech processing

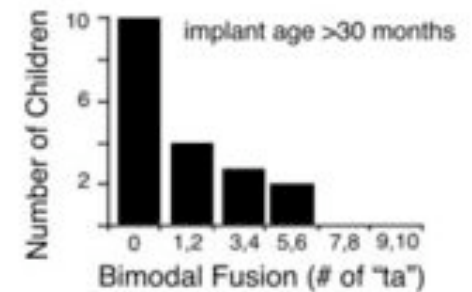
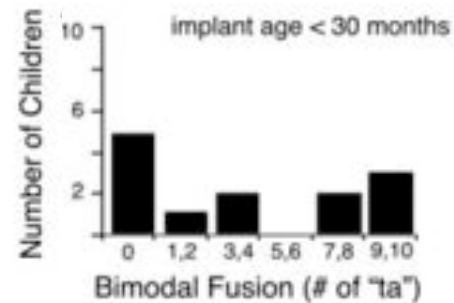
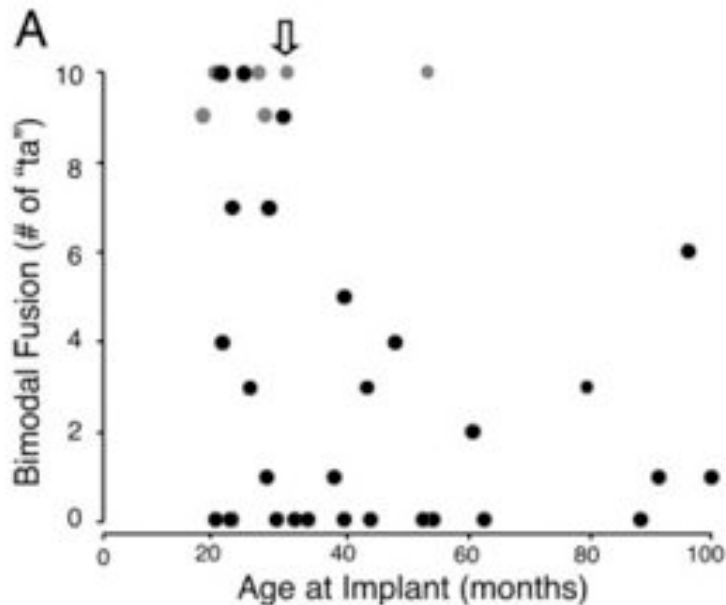
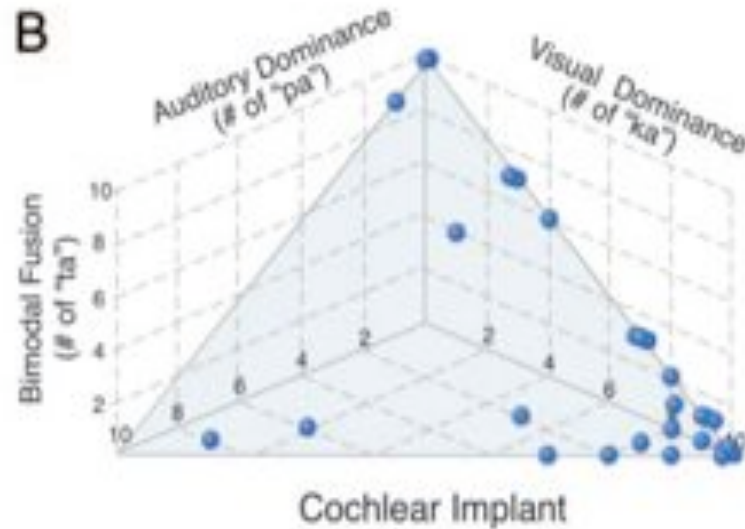
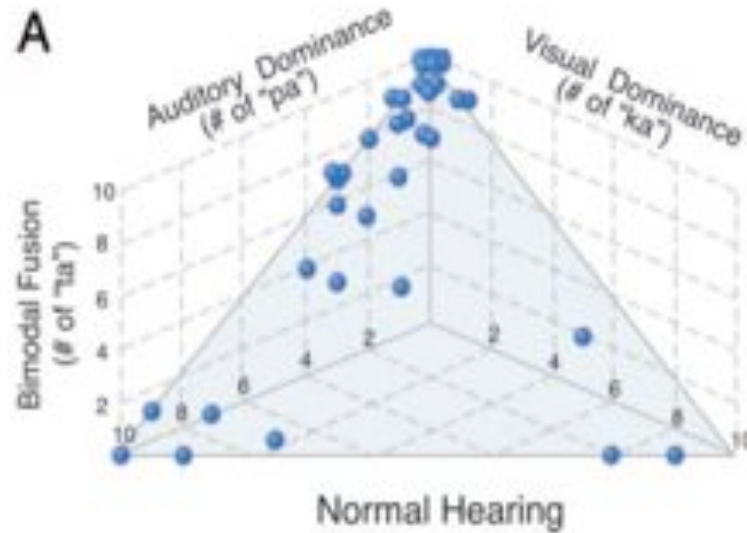
How do vision and hearing complement each other after implantation?
Is cooperation between vision and hearing subject to plasticity?

McGurk effect (*Nature*, 1976)

Audio (ba) + Visual (ga) = da

Audio (pa) + Visual (ka) = ta

McGurk effect in congenitally deaf implanted children



Schorr et al., PNAS 2005

Conclusion

2.5 years appears to be a critical upper age limit for plasticity of audio-visual cooperation.

After this age, vision becomes predominant in phonological processing (lip-reading).

How does deafness duration affect speech visual processing ability in deafened adults?

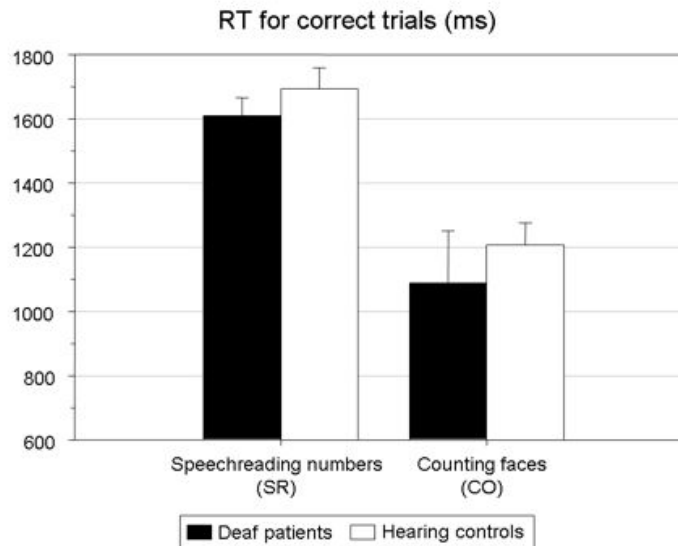
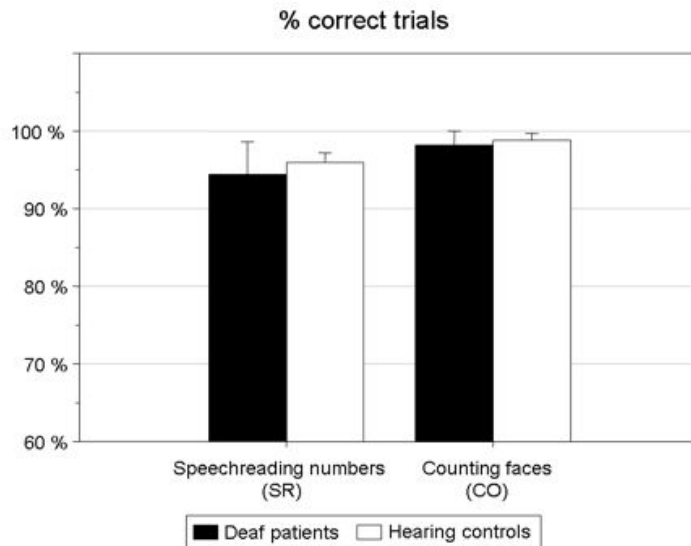
fMRI study of speechreading in 13 post-lingual deaf adults and 13 controls

Speaking vs.
gurning face

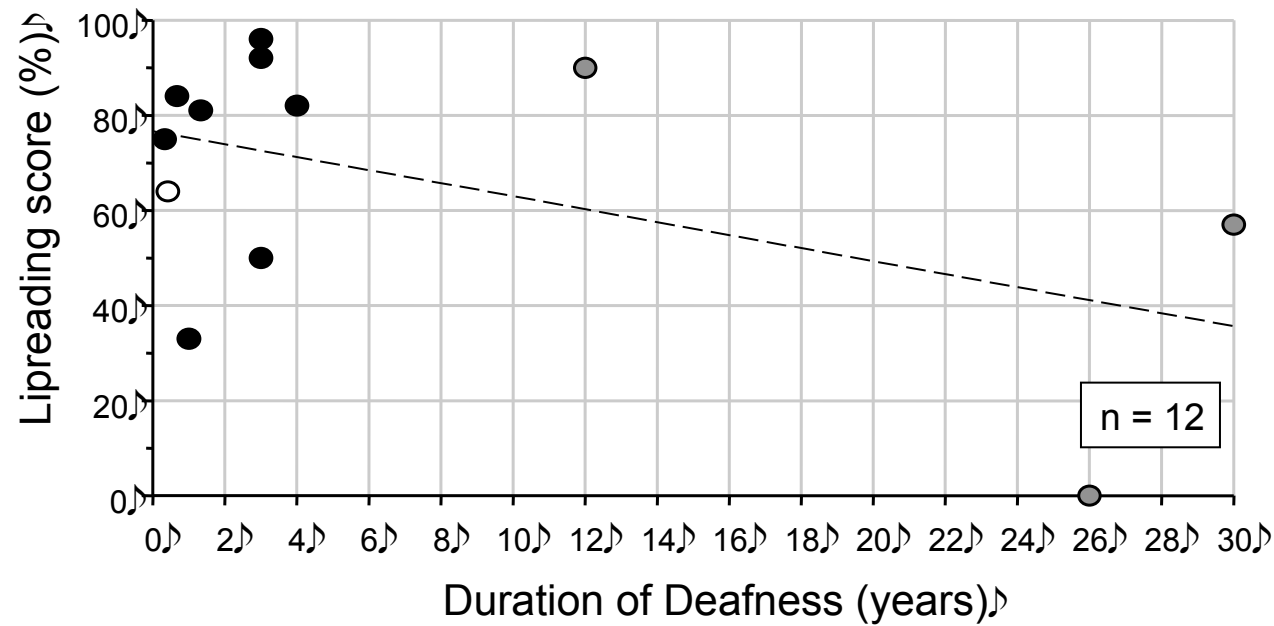


Closed set of stimuli:
Numbers from 1 to 10
Face gurning 10 different movements

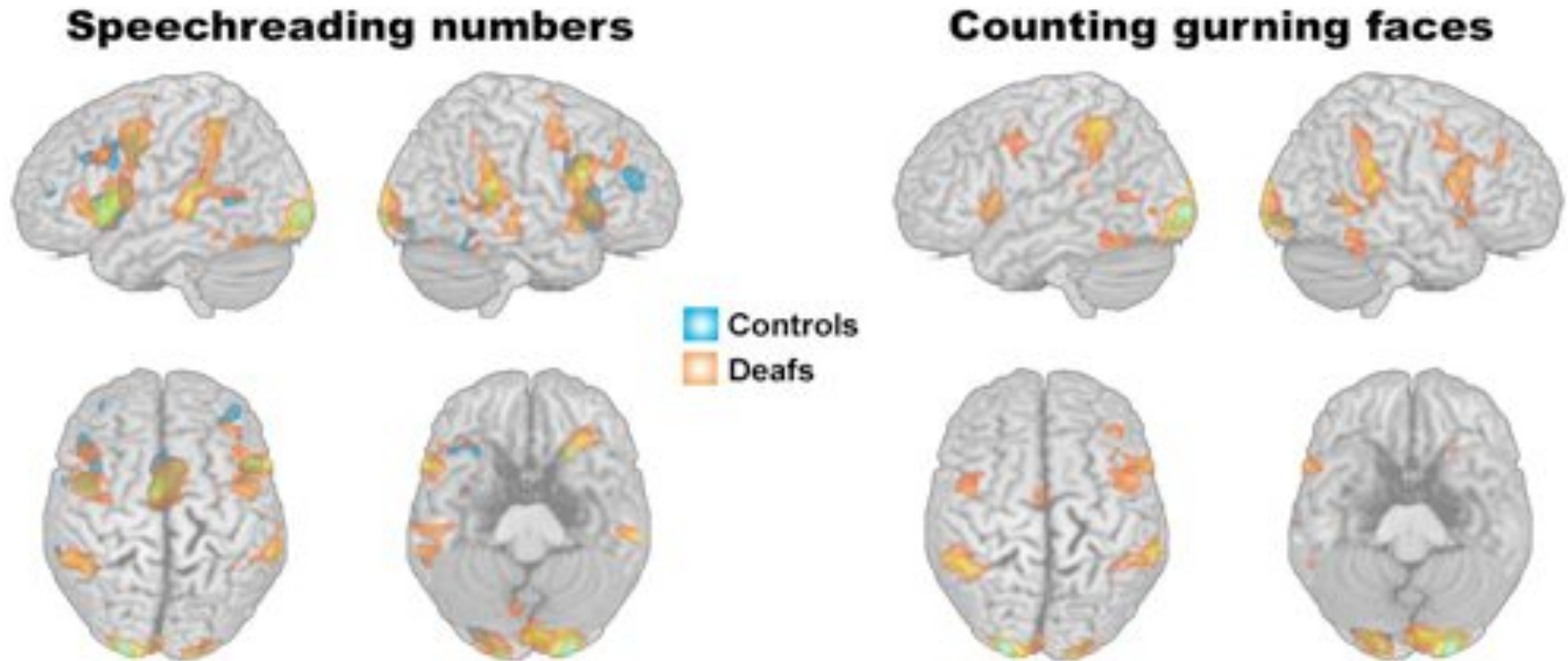
Task:
Reporting by buttonpress every even number / event



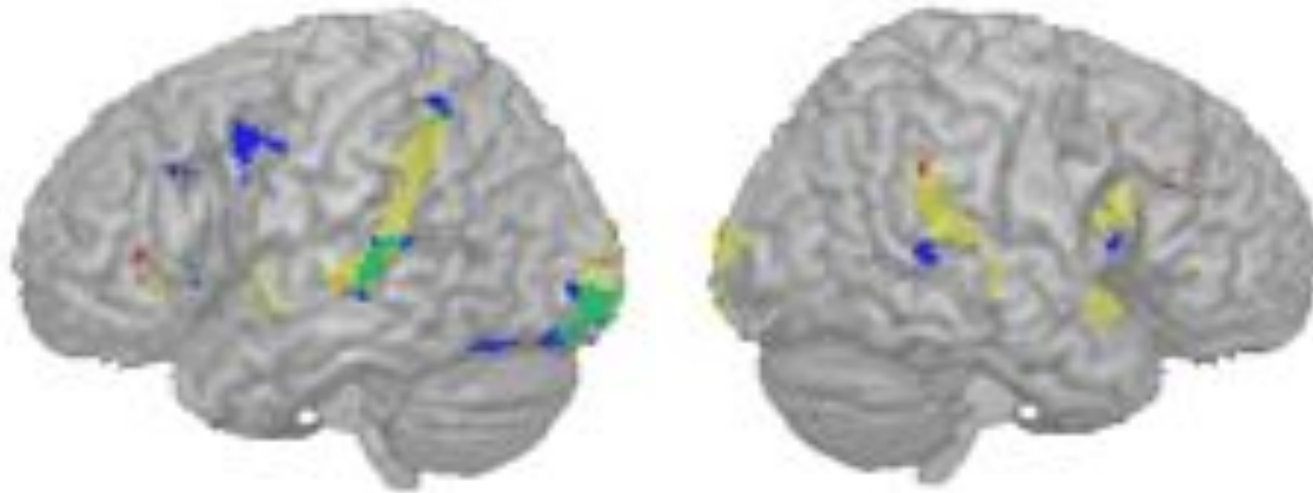
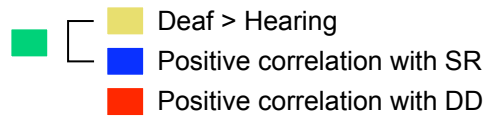
How does speechreading fluency evolve with deafness duration?



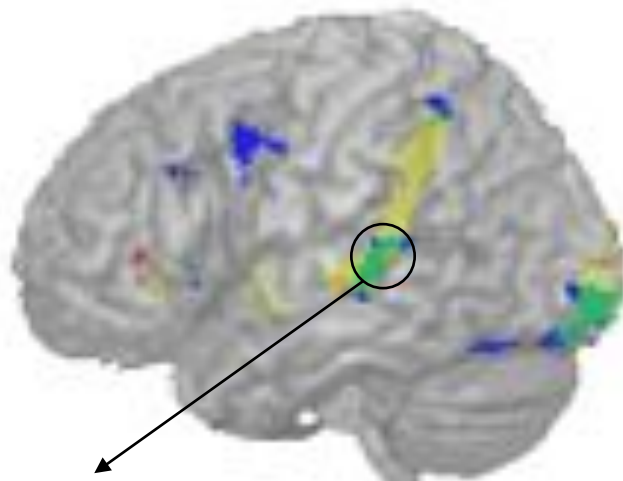
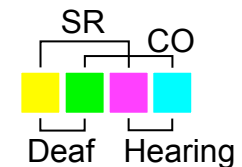
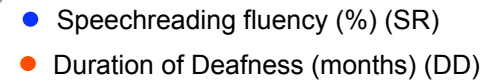
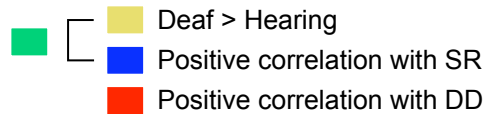
Effect of speechreading vs. watching gurning faces



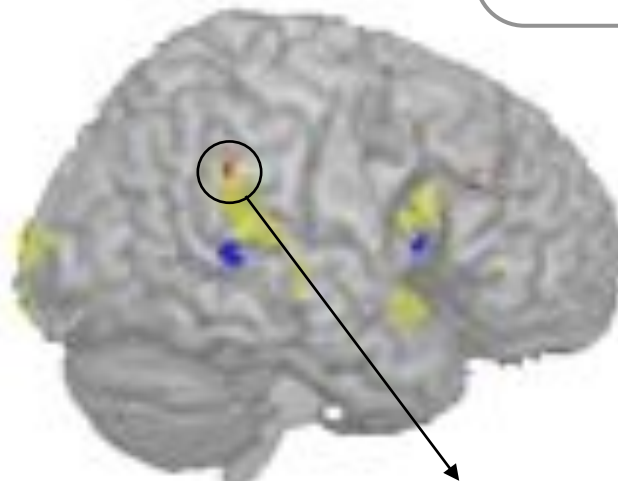
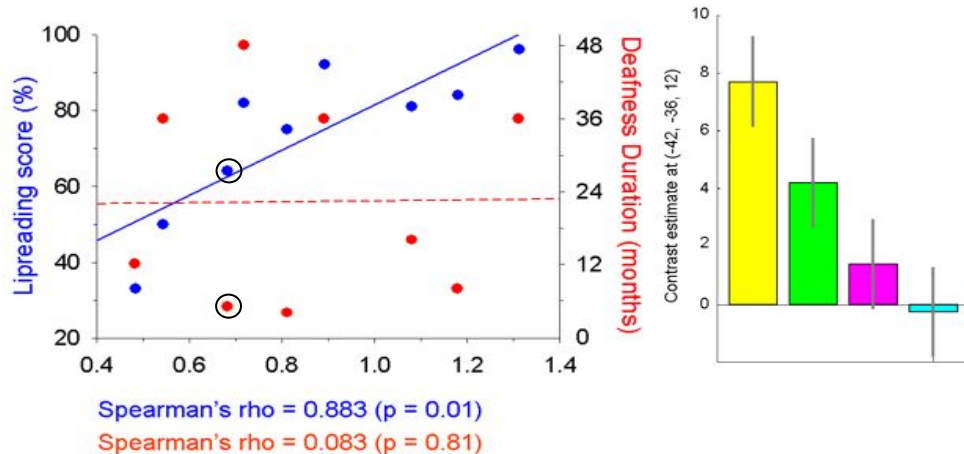
Effect of deafness duration (DD) and speechreading fluency (SR)



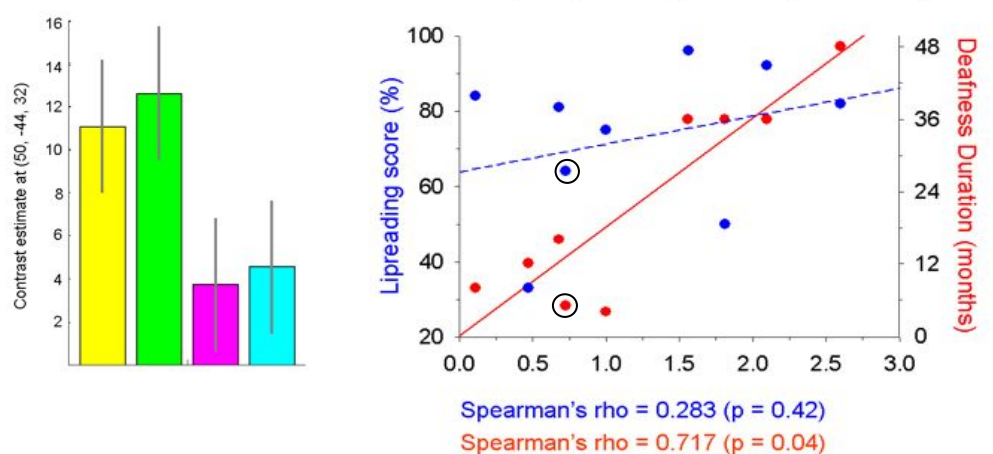
Effect of deafness duration (DD) and speechreading fluency (SR) on brain activity



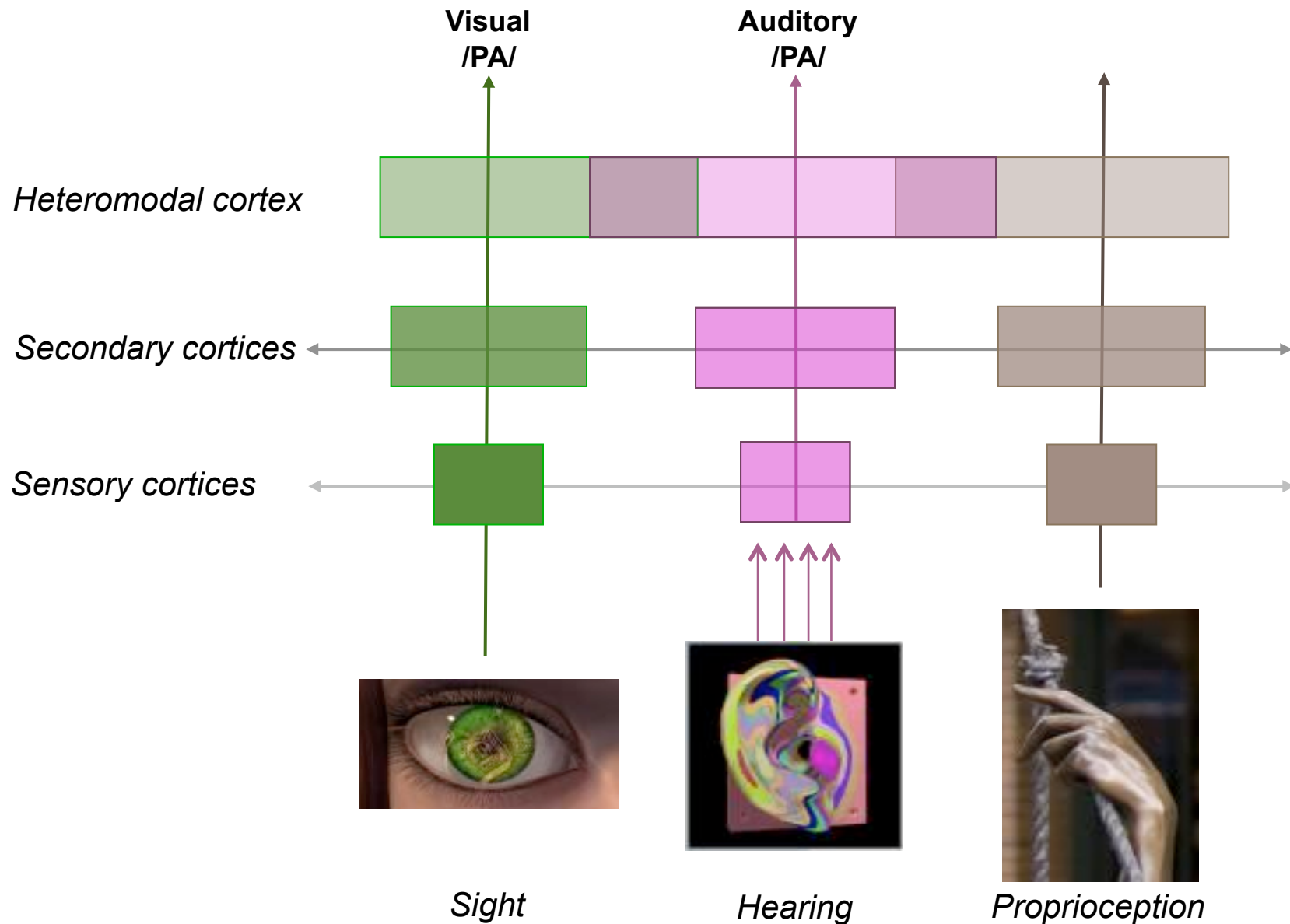
Lt Planum temporale (-42 -36 12)



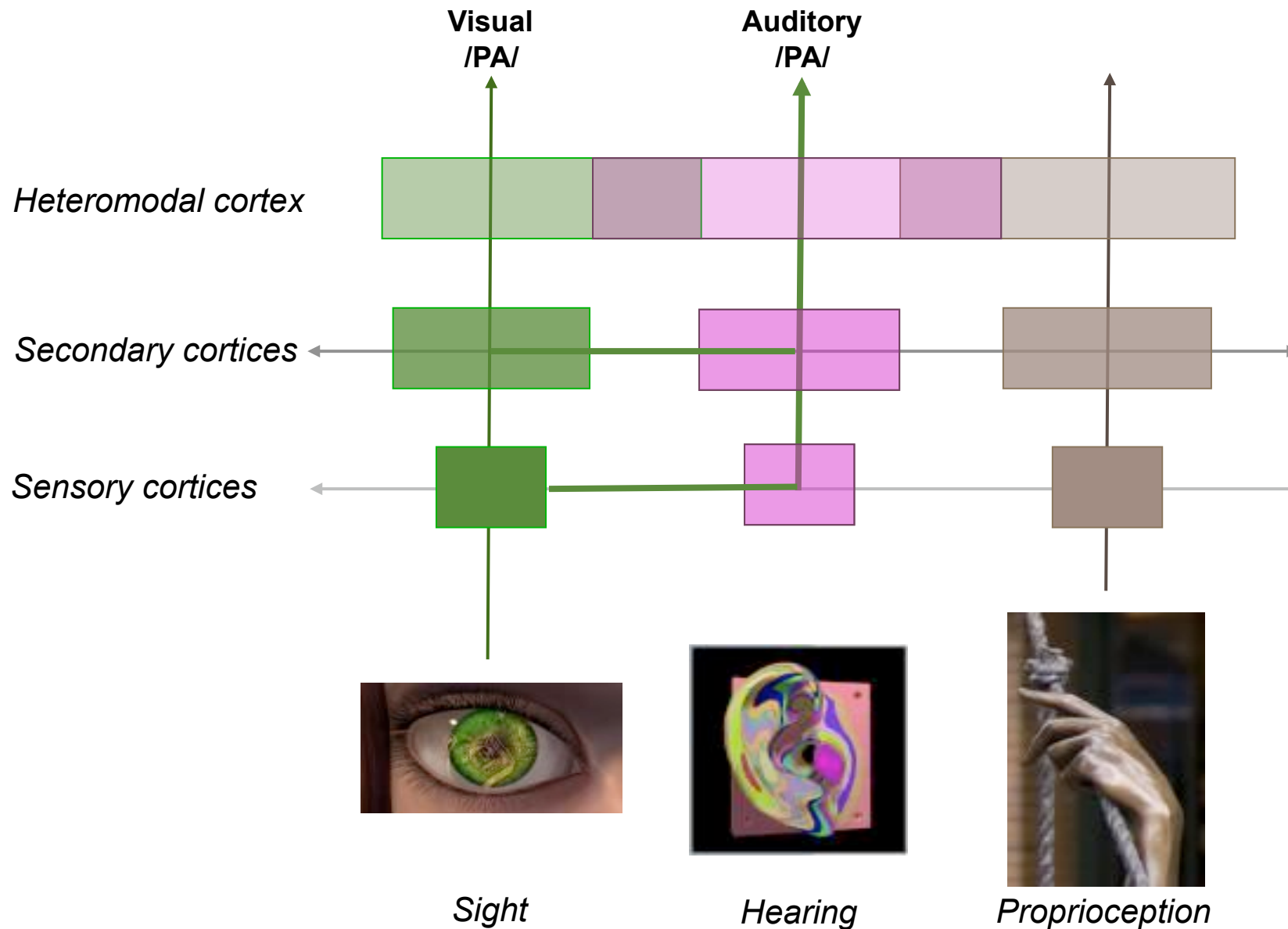
Rt Temporoparietal junction (50 -44 32)



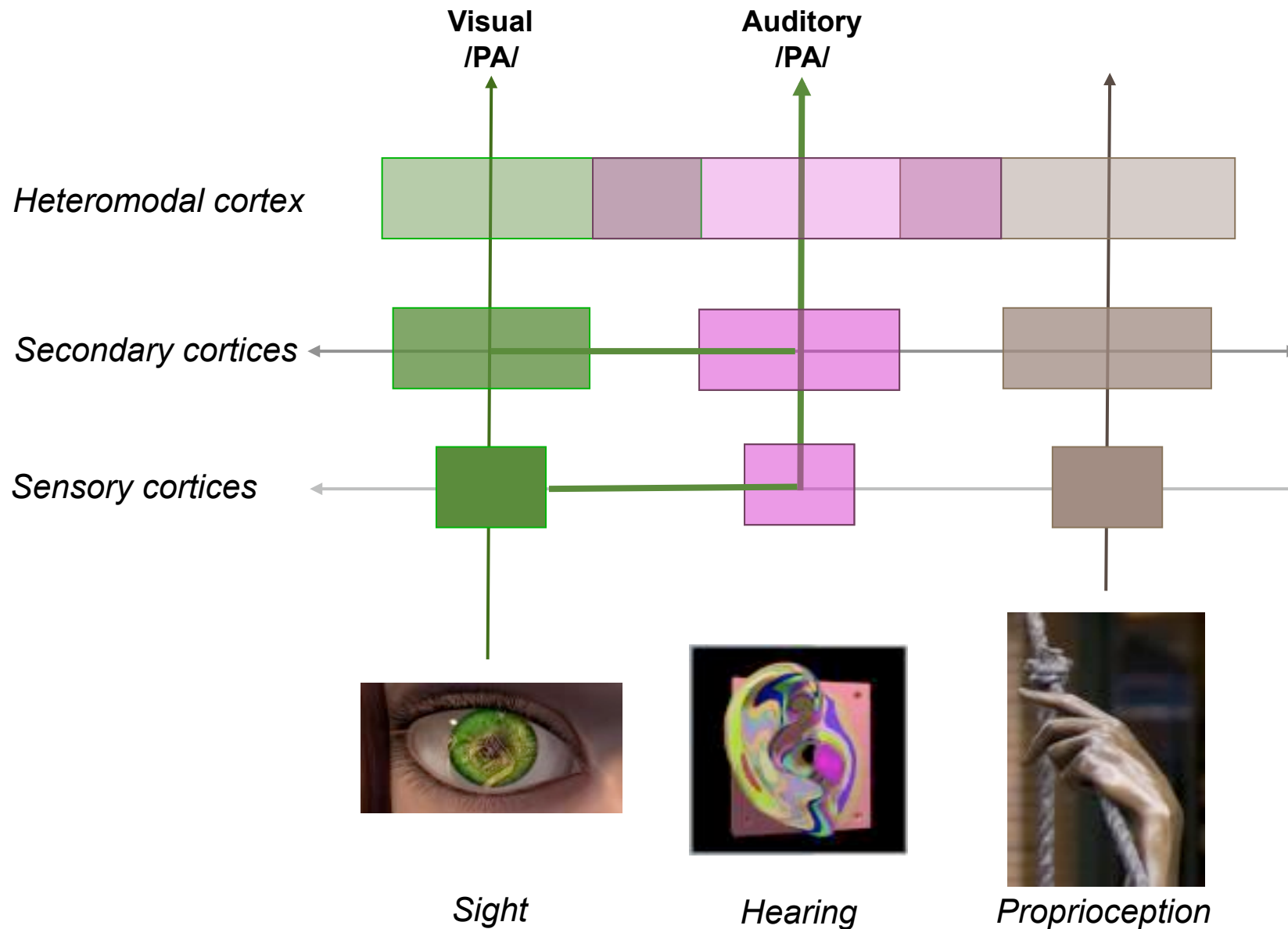
Pre-existing crossmodal connections ...



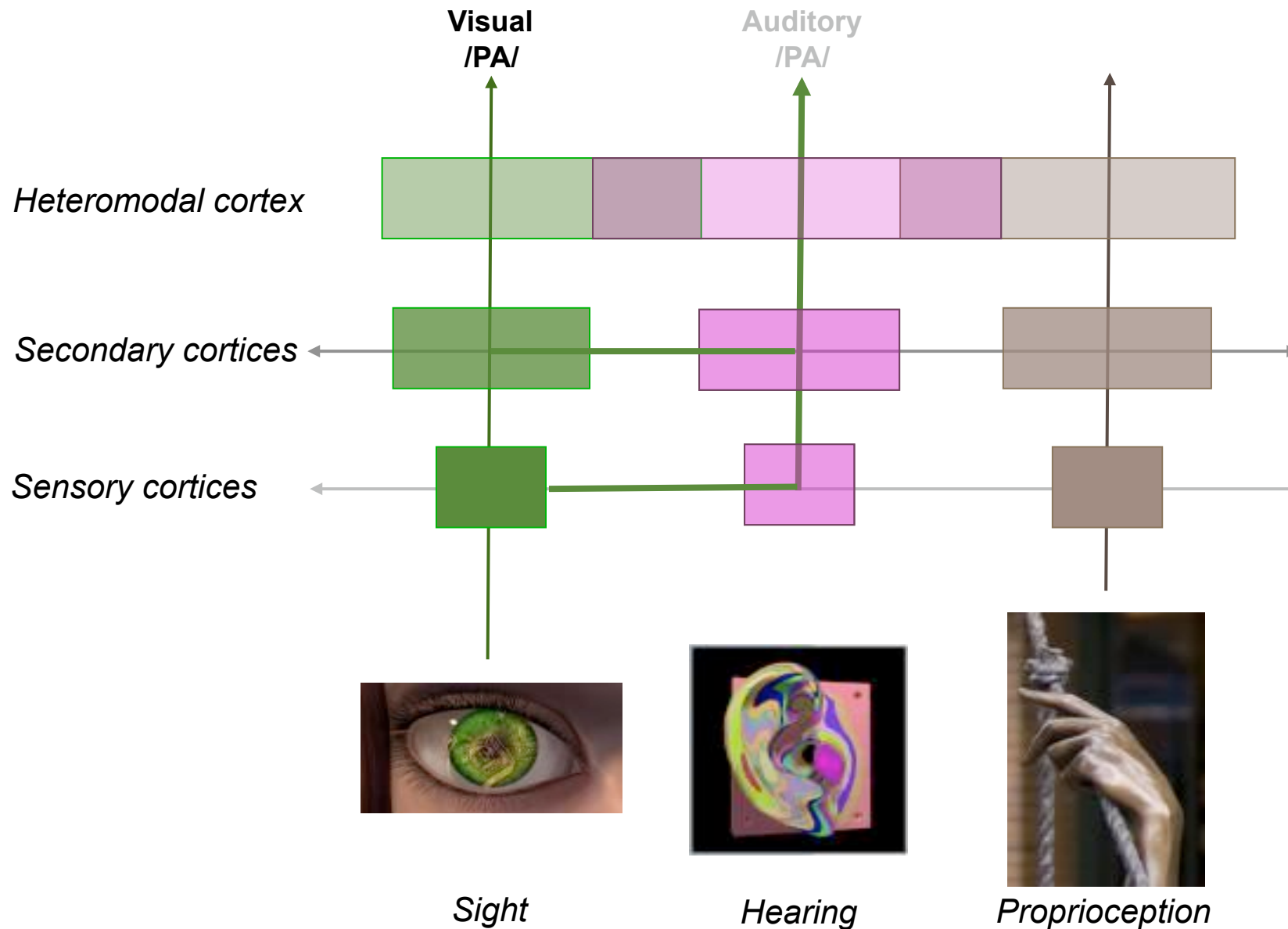
... are readily available after deafness ...



... but phonological memory fades out



... but phonological memory fades out (?)



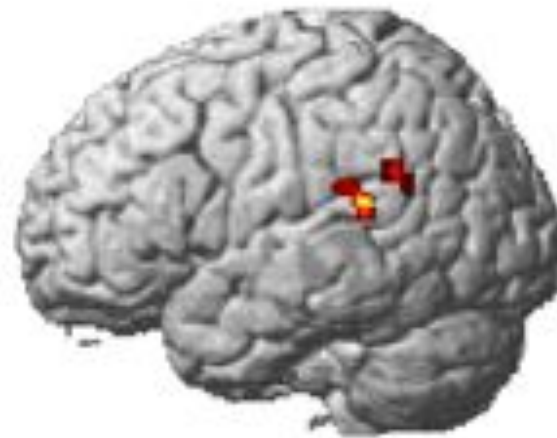
A phonological (rhyming) task in 8 deaf patients

Correlation with deafness duration

Do words rhyme irrespective of spelling?

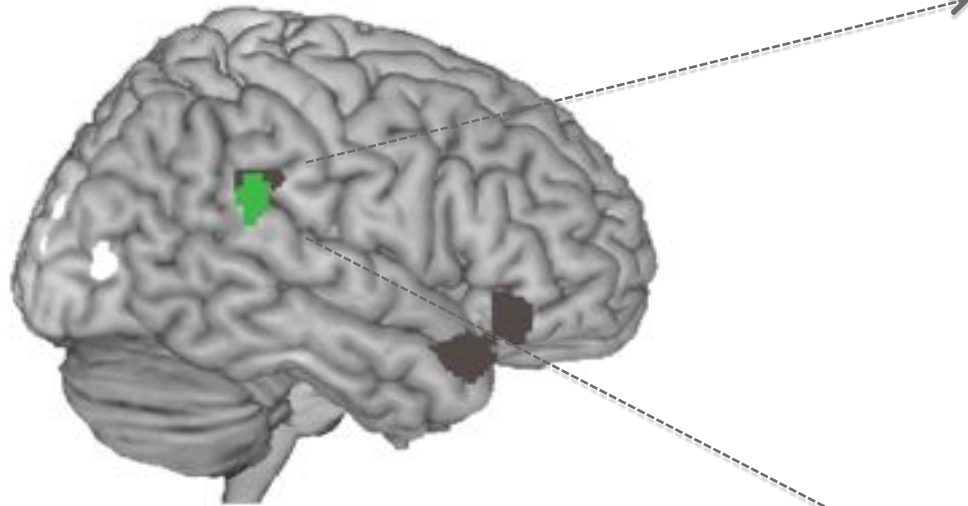


**Negative correlation with duration of deafness
during a phonological (rhyming) task**

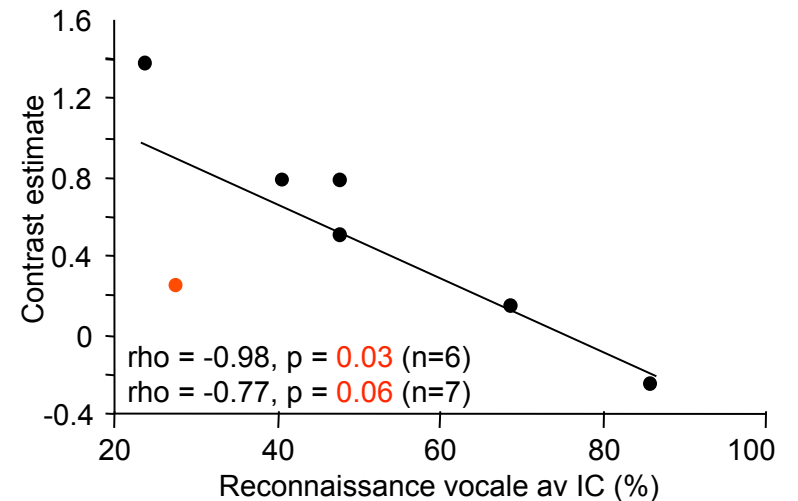
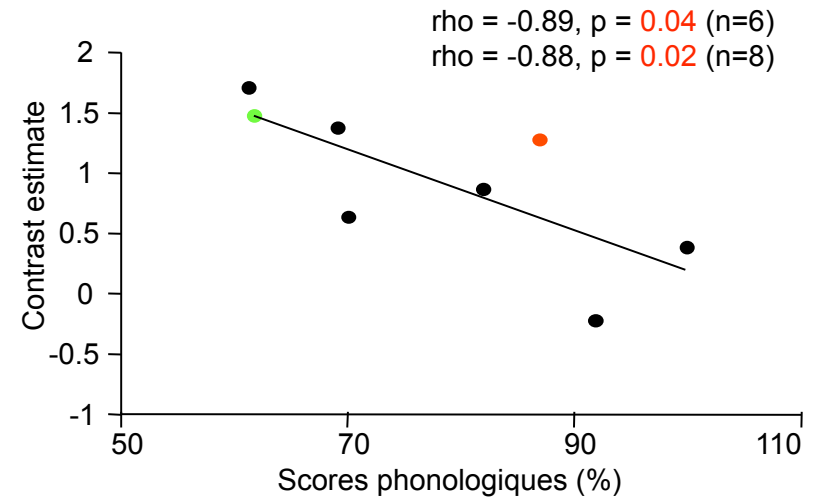


Deleterious adaptation to deafness in the right temporo-parietal junction = speech reading?

■ Patients > Controls



- Patients 1-6
- Patient 7
- Patient 8



Conclusion

Speechreading does not gain from long-term cortical plasticity (audio-visual connections are established once for all during development and early childhood).

Deafness prompts rapid unmasking of latent visual speech networks.

Once audio-visual networks are established they remain latently available for vision in case of auditory deprivation or other situation where only vision is available.

Early audio-visual exposure is crucial for the development of audio-visual speech networks

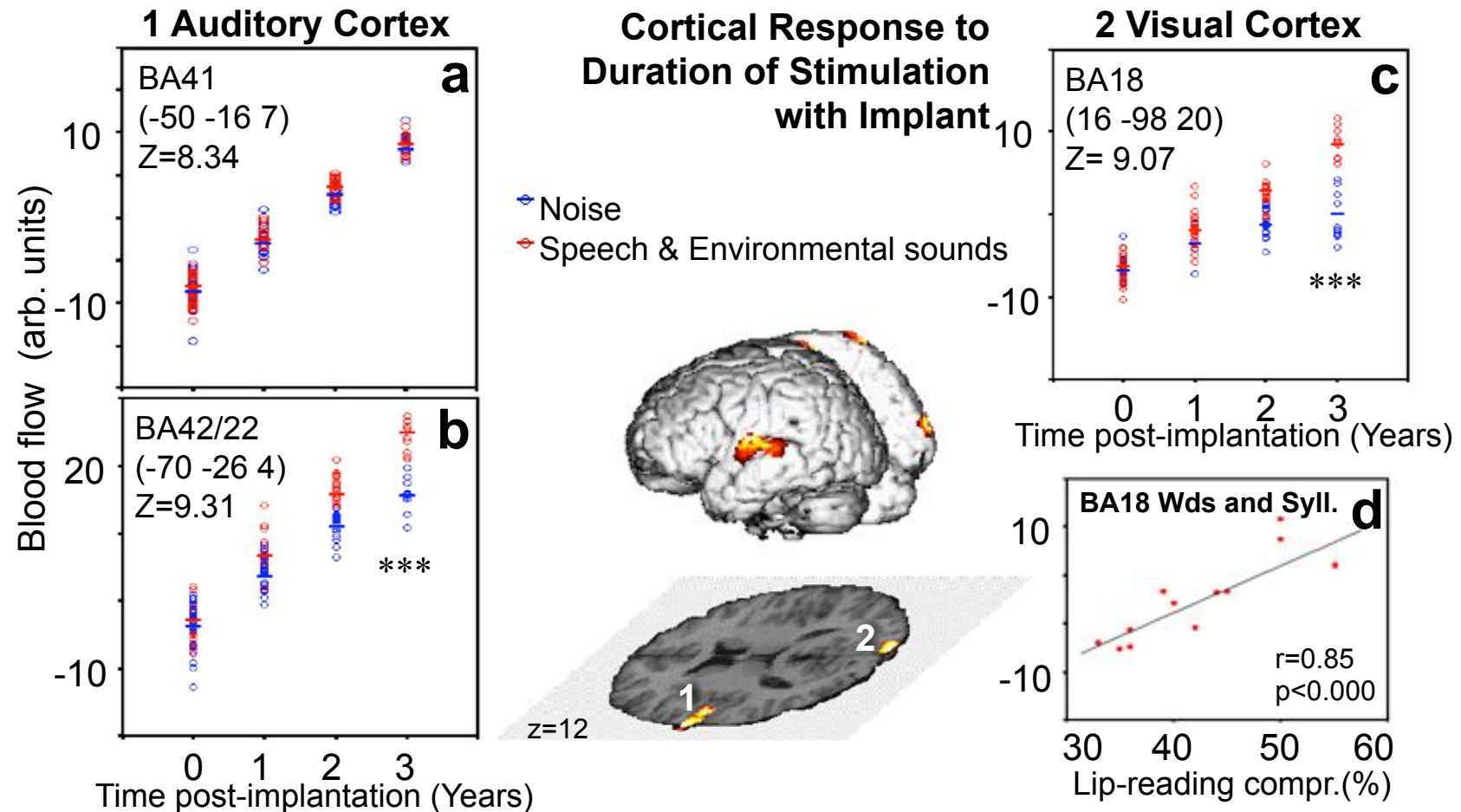
What happens to audio-visual
phonological representations
after cochlear implantation?

Audio-visual cooperation in adult post-lingual CI users

Brain regions where responses to speech and noise increase with time elapsed since implantation

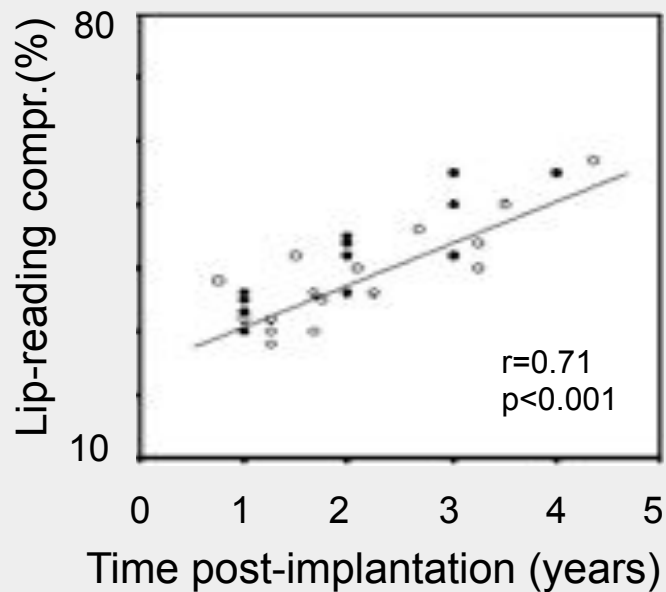


Audio-visual cooperation in adult post-lingual CI users



Audio-visual cooperation in 24 post-lingual CI users

Evolution of lip-reading after implantation
in 24 « star » implant users

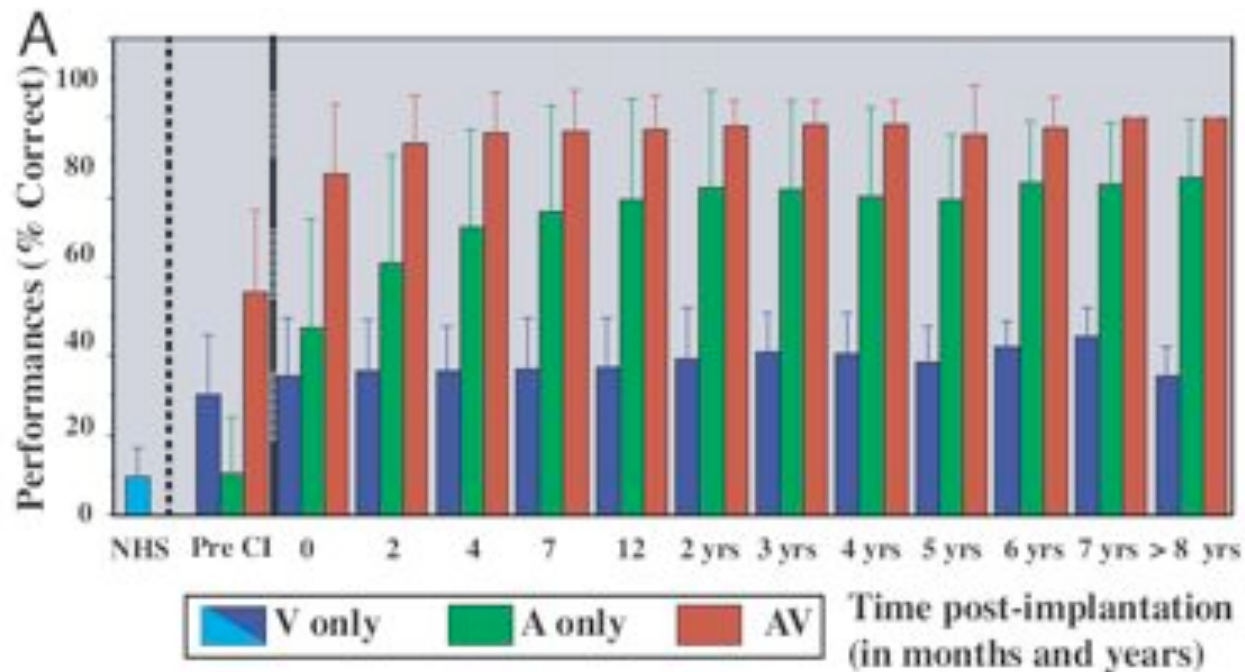


Utilization of visual cues
= speechreading

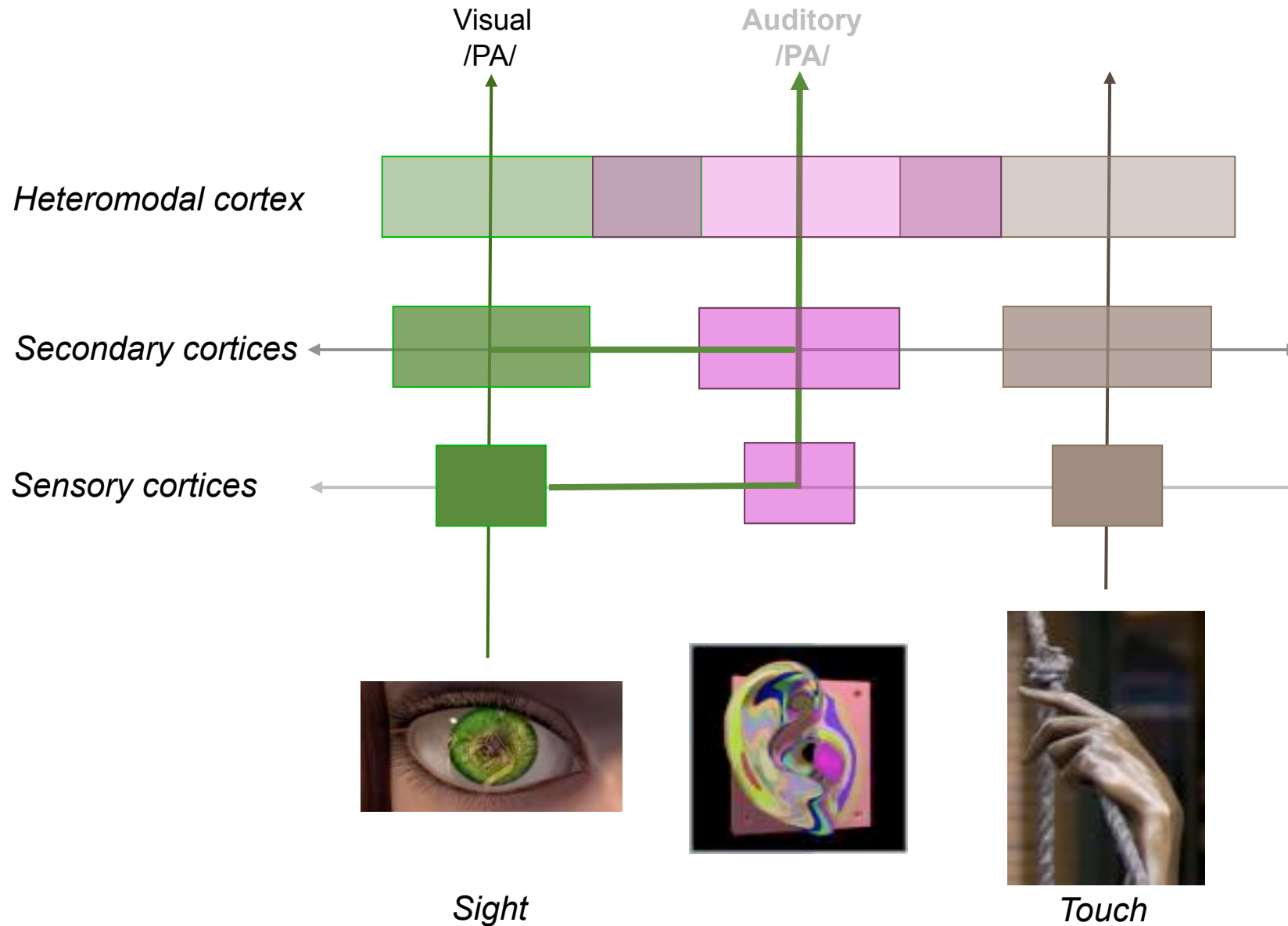
Cooperation between vision and hearing associated with
learning new audio-visual relationships in speech.

Audio-visual cooperation in 97 post-lingual CI users

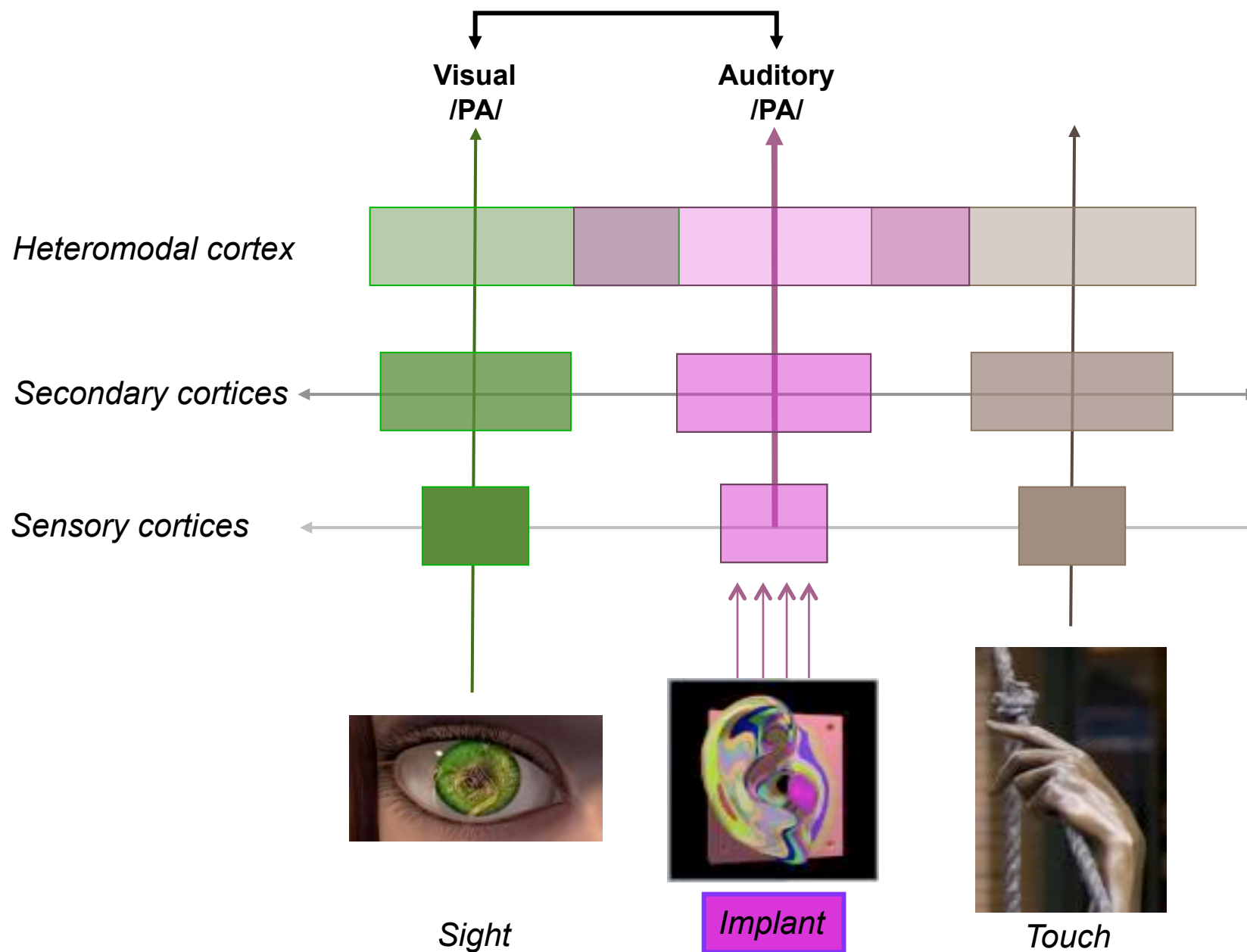
This sample includes patients who are unable to gain from visual input to improve phonology, i.e. those with already poor phonological representations before deafness, or due to progressive deafness



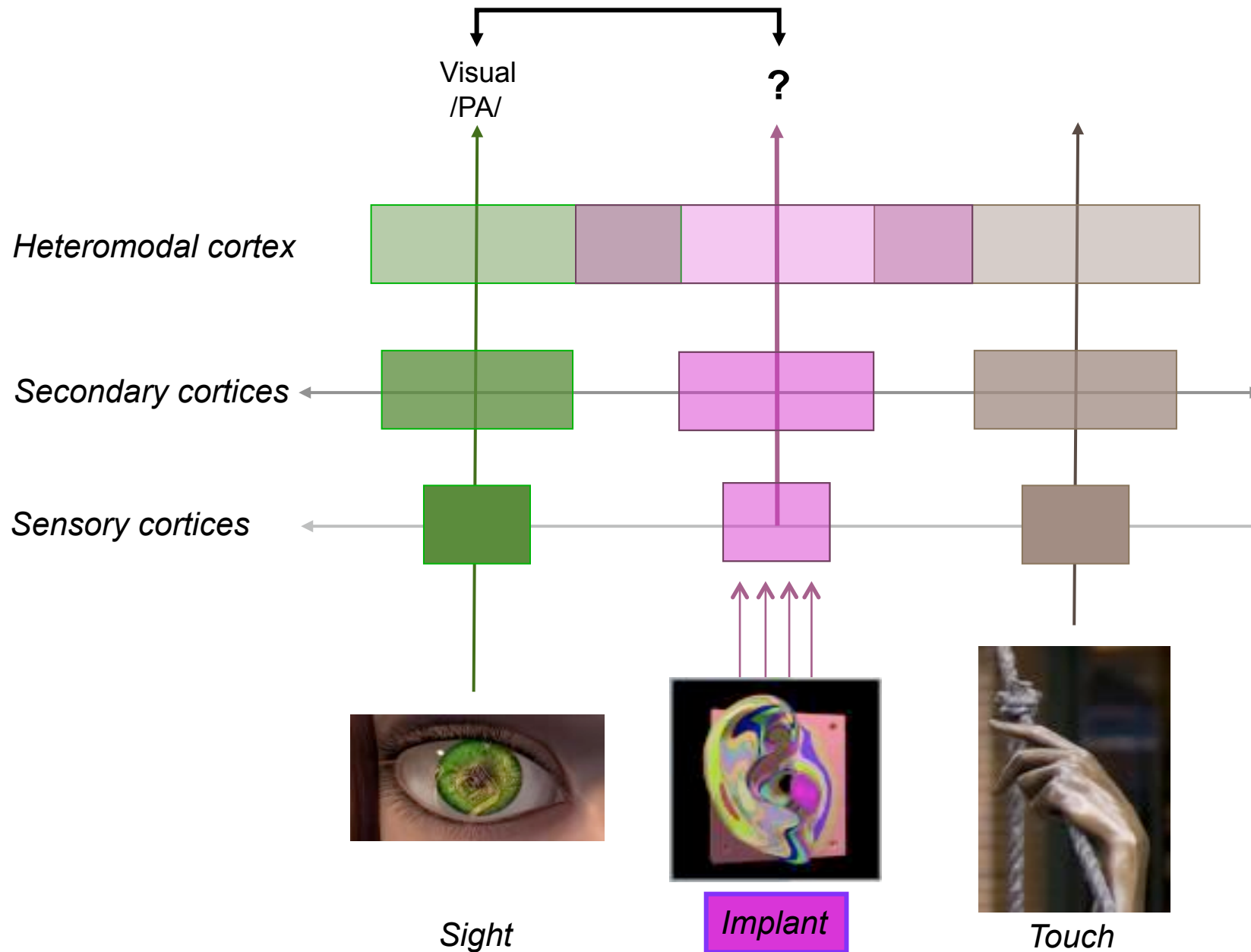
Weakened phonological representations during deafness ...



... restored audio-visual phonological matching



... yet, only possible in the presence of phonological remains



Conclusion

Audio-visual speech **and visual speech alone** improve after implantation, suggesting that rehabilitation training should emphasize audio-visual coupling.

The pre-existence of solid audio-visual phonological representations is essential for the use of visual phonology during deafness and for the success of subsequent implantation.

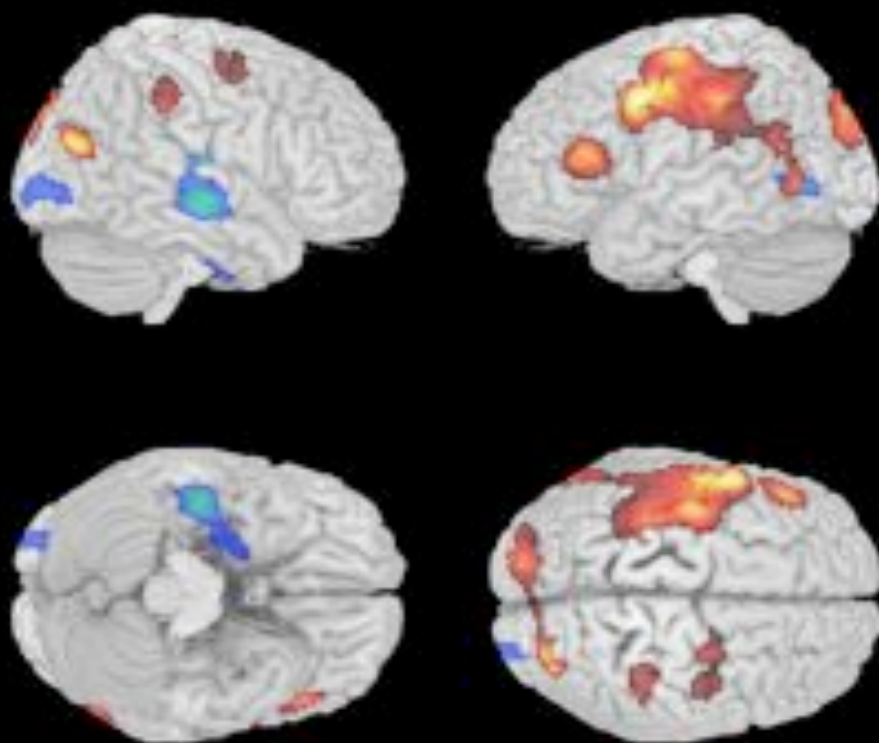
In congenitally deaf children, only very early exposure to audio-visual input can assure optimal speech perception.

General cognitive abilities...

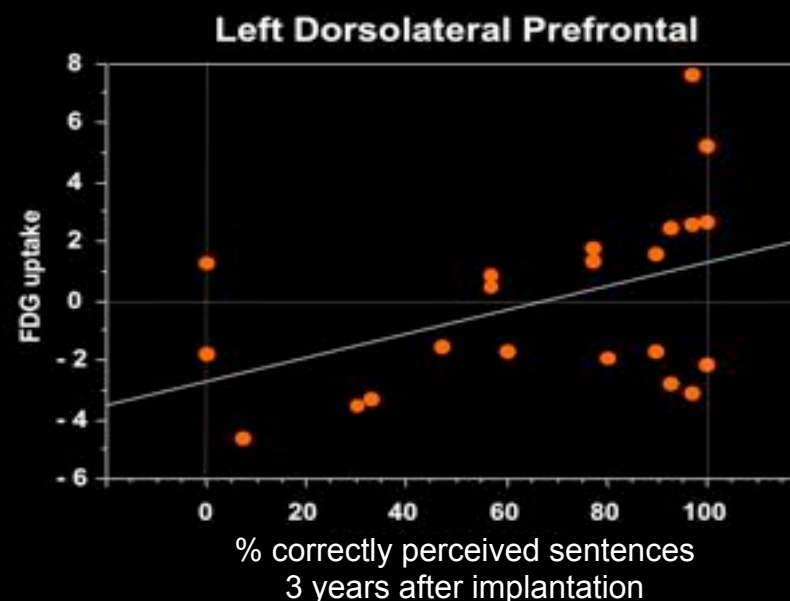
Do higher cognitive functions play a role in speech outcome?

Neurometabolic profiles (FDG-PET): Correlation with speech comprehension measured 3 years after cochlear implantation irrespective of age at implantation (deafness duration)

33 congenitally deaf children, age : 1.5 to 11 years



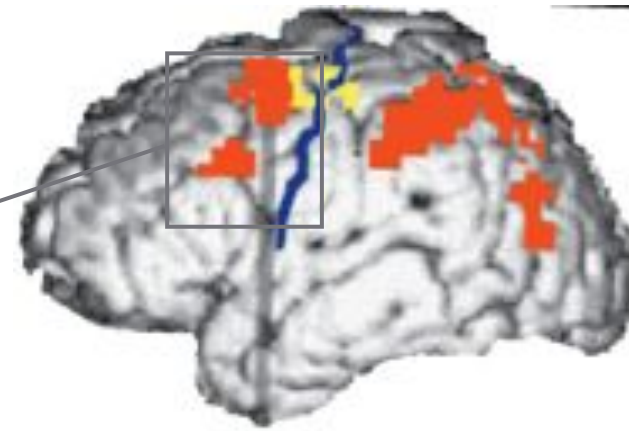
Lee HJ et al., Cerebral Cortex 2006



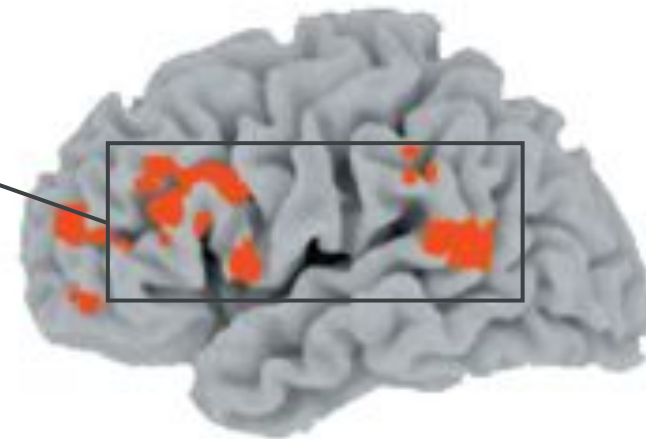
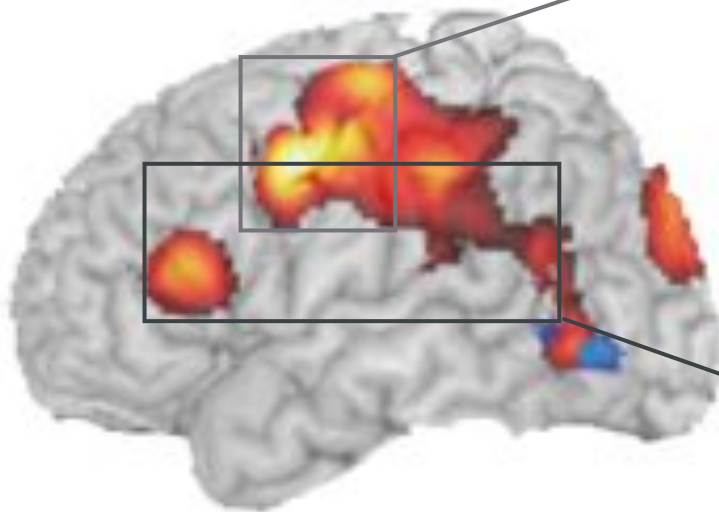
Positive correlation with speech perception



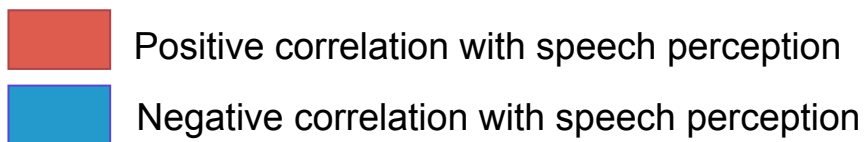
Negative correlation with speech perception



Attention and Memory
adapted from Simon et al. J. Neurophysiol. 2002



General Intelligence
(where gF predict activity during a 3-back task)
adapted from Gray et al. Nature Neuroscience 2003

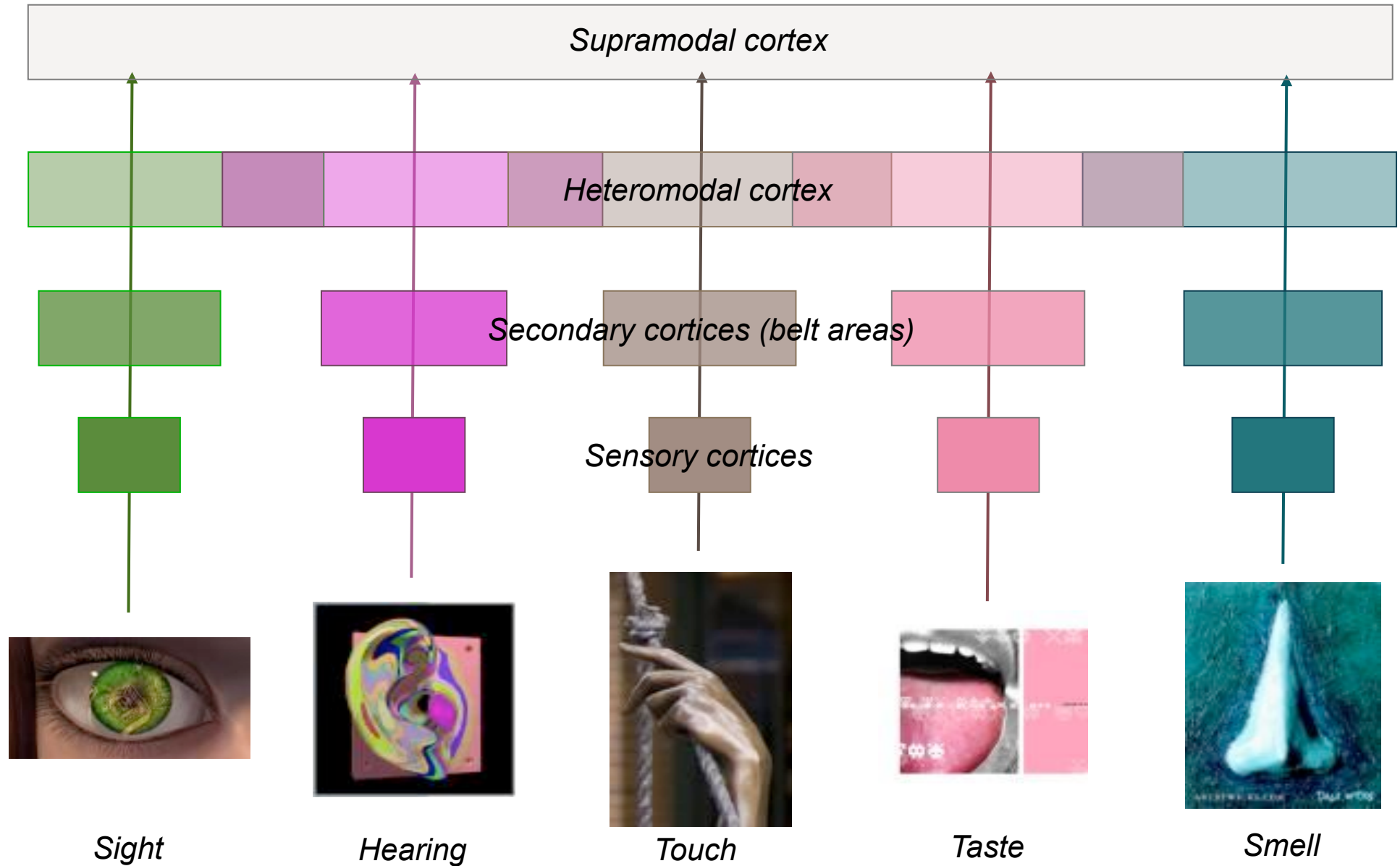


Conclusion

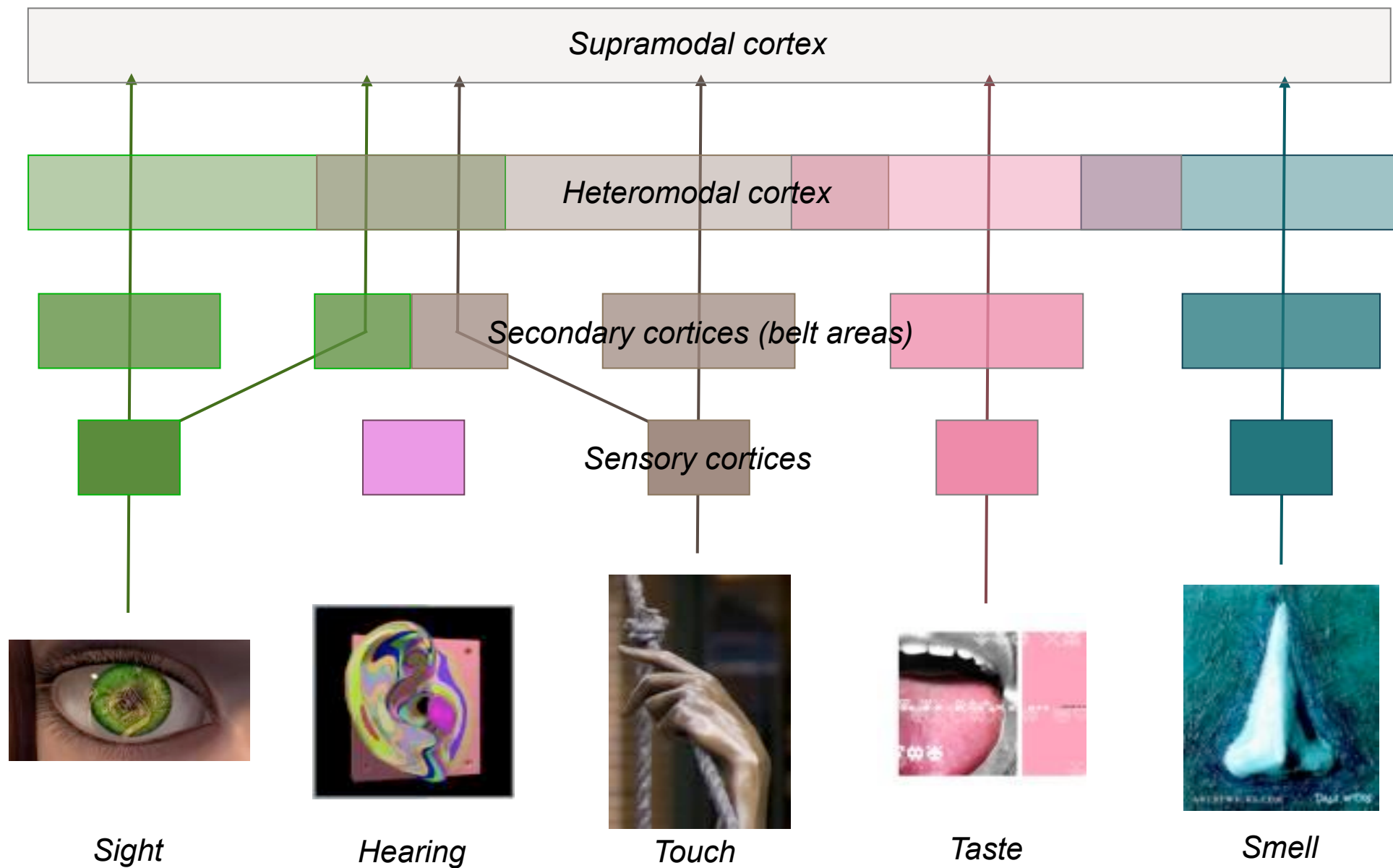
Good speech performance in children and adults are observed in those patients with high spontaneous activity during deafness in dorsal brain regions (fronto-parietal) involved in higher cognitive functions, attention, memory, and non-specific functions requiring on-line manipulation of sensory stimuli.

Rehabilitation strategies after implantation may be more efficient if they capitalize on general cognitive abilities & attention mechanisms over auditory patterns recognition.

Hierarchical multimodal processing

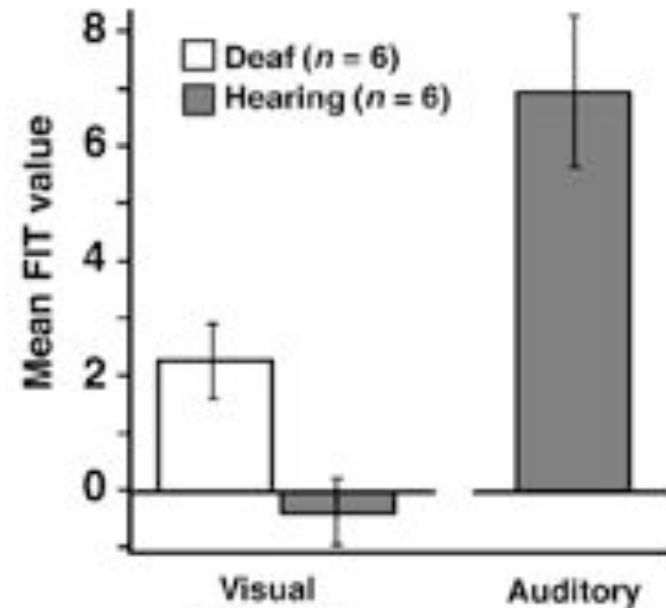


Hierarchical multimodal processing

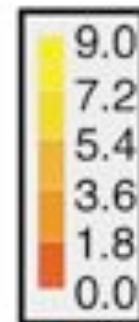
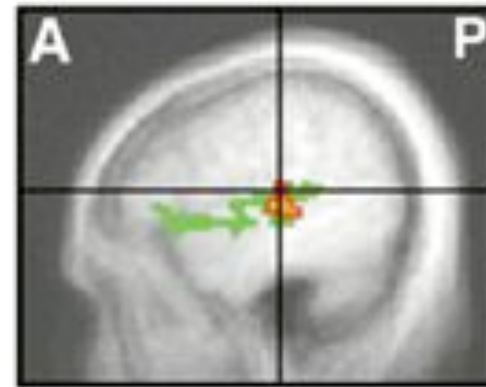
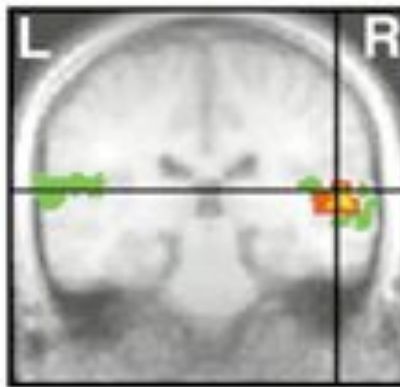


Visual responses in deaf auditory cortex

Finney et al., Nature Neuroscience 2001



Response to visual stimuli (moving dots) in BA areas 42/22



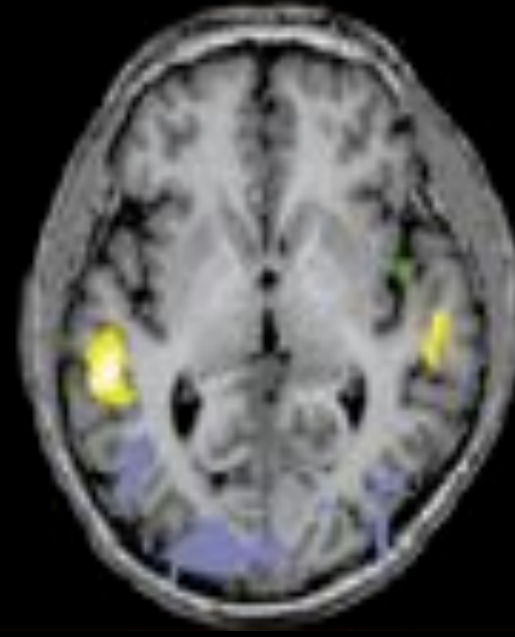
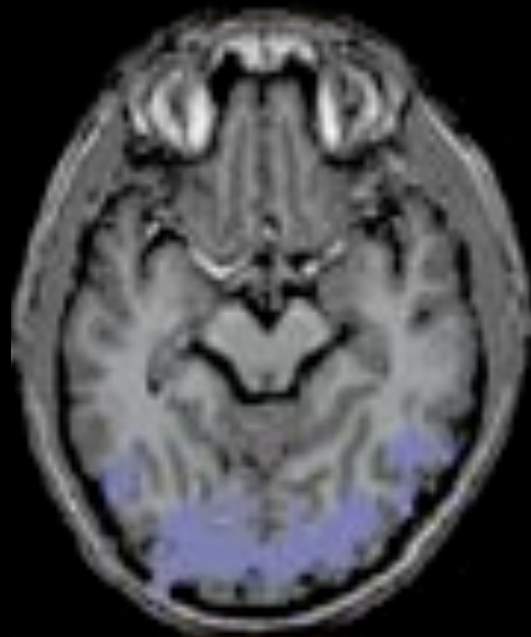
auditory responsive regions

Competition between the senses for the occupation of cortical space

One sense disappears... the others take over the free space

How much is spared?

Visual and auditory activation in implanted congenitally deaf adults (H₂O-PET)



Visual areas activated by meaningless hand movements

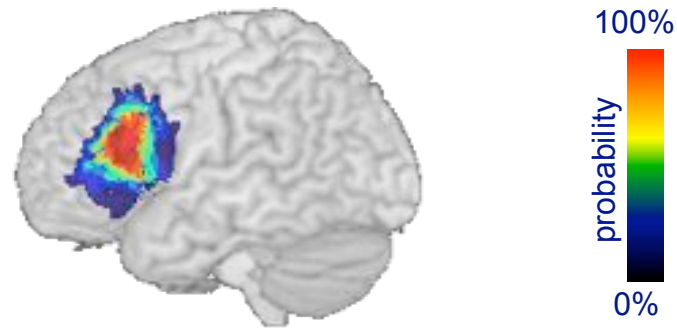
Primary auditory area activated by auditory words after cochlear implantation

Auditory association areas activated by sign language

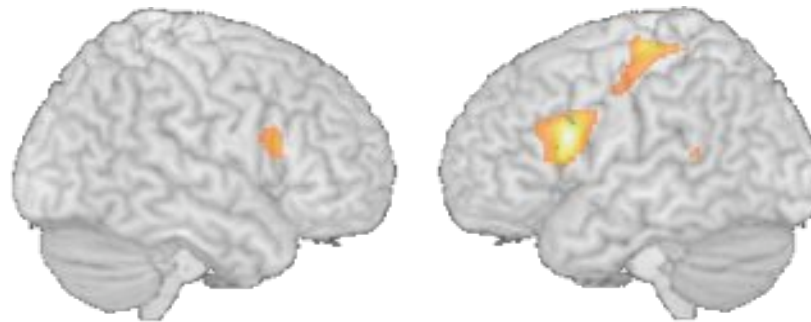
Cross-modal reorganisation
in congenital deaf children before implantation?

Interregional correlation of brain metabolism (FDG-PET, functional networks)

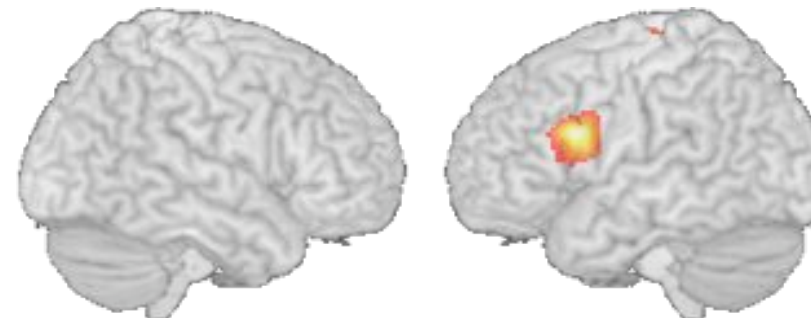
Seed Region



GOOD performers



POOR performers



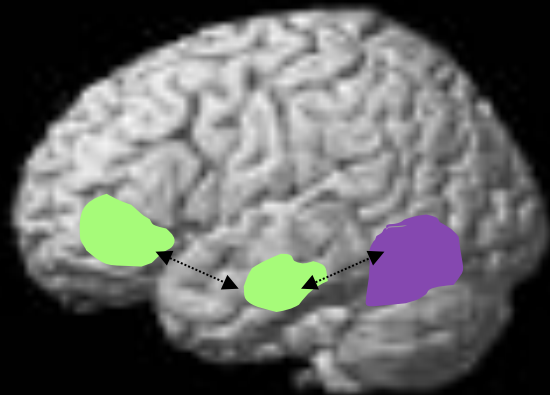
Stratégie de lecture

Approche visuelle des mots

Occipito-temporal

Reconnaissance globale

Voie ventrale



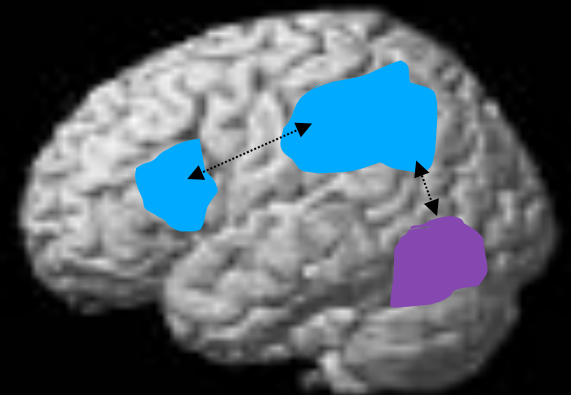
Route directe
voie sémantique



Hémisphère
gauche

Graphème →
phonème

Voie dorsale

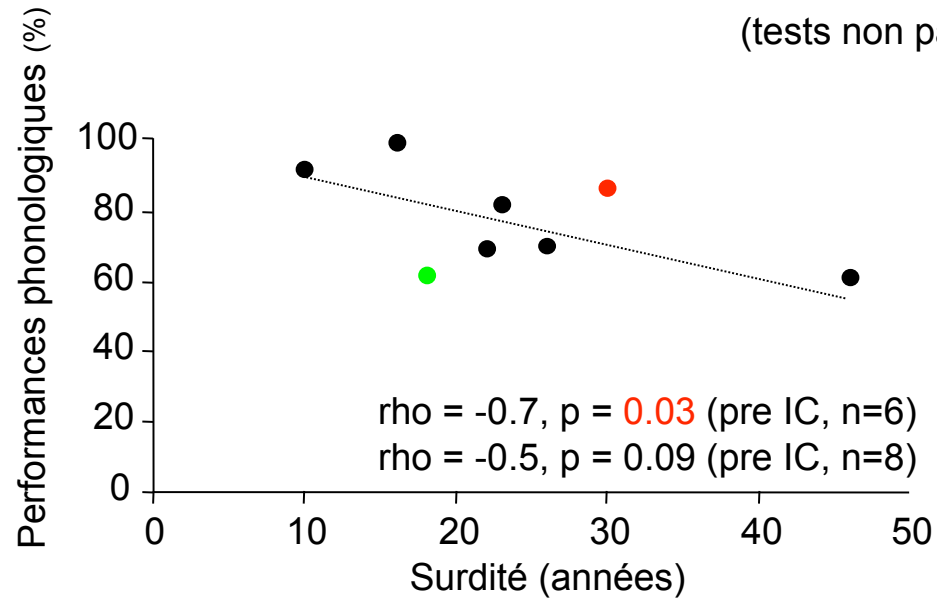


Route indirecte
voie phonologique

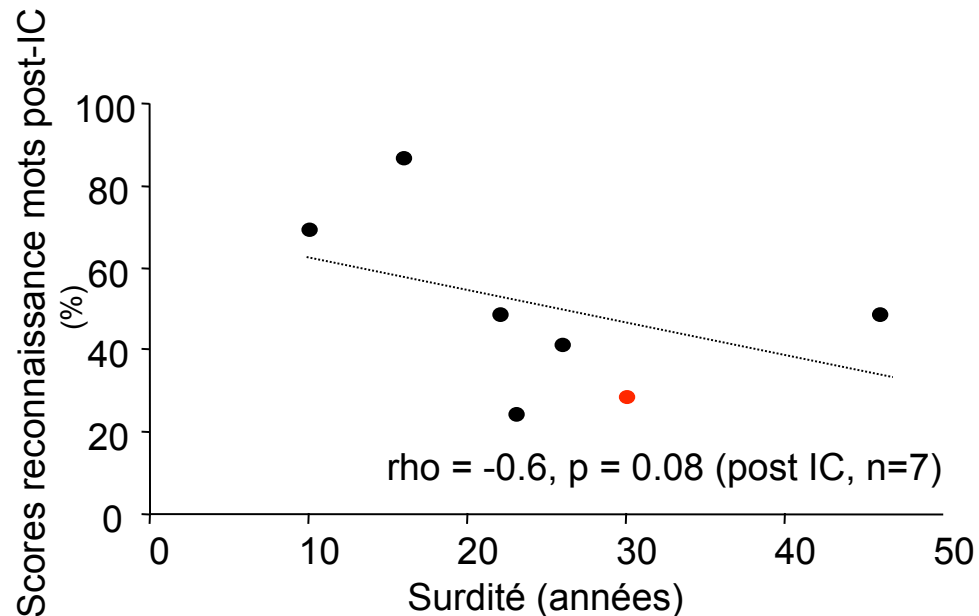
Aparicio *et al.* Neuroimage 2007; Ziegler *et al.* Cognition 2008.

Corrélations cliniques

(tests non paramétriques)



Les performances phonologiques se d t riorent avec l'augmentation de la dur e de la surdit 

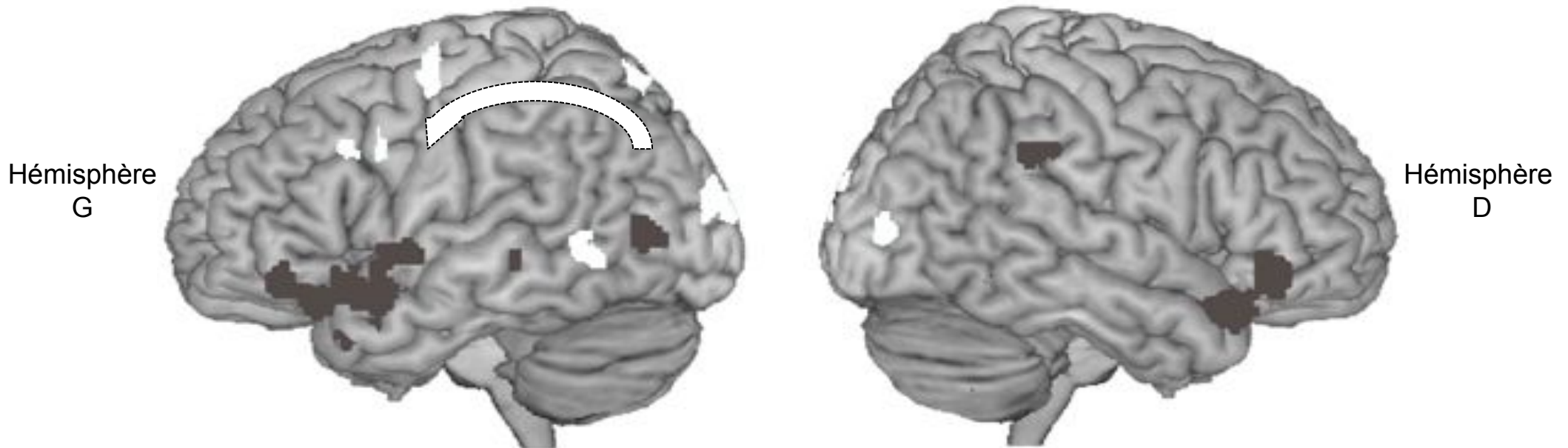


La dur e de la surdit  a tendance   diminuer les capacit s de reconnaissance av. IC

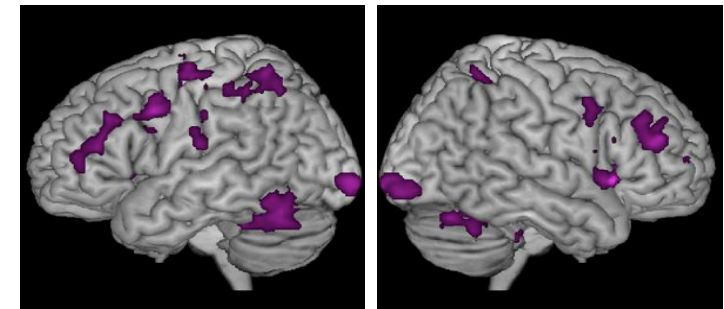
Les performances av. IC sont corrélées aux réseaux de lecture dominants

Réseau dorsal $\Leftrightarrow$ bonnes performances IC

Corr Positive
Corr Negative



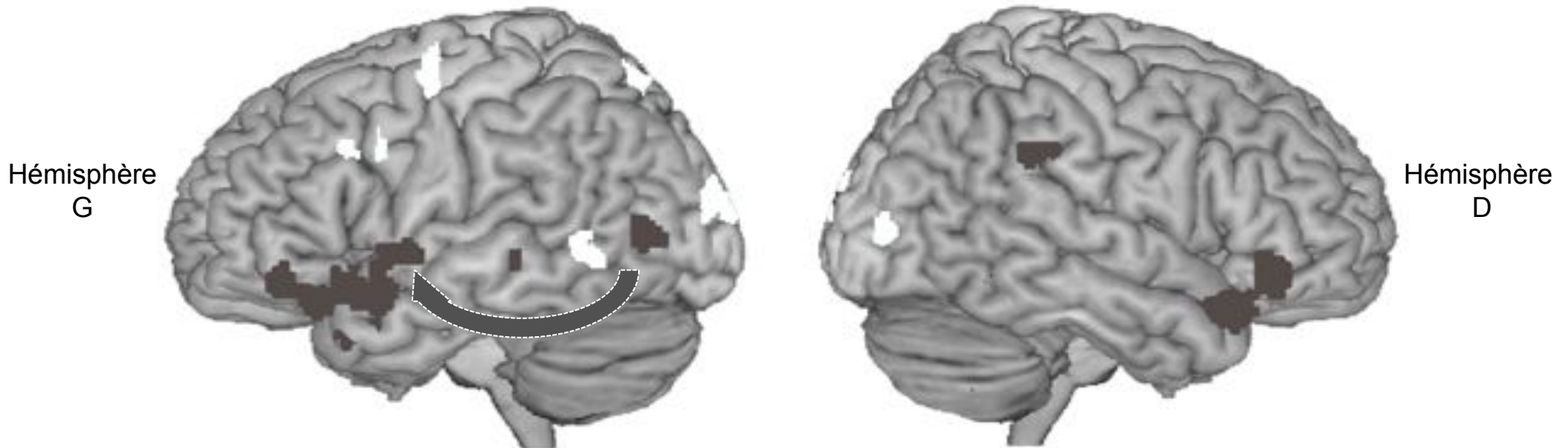
Sujets contrôles pdt la tâche :
réseau dorsal



Les performances post-IC sont corrélées aux réseaux de lecture dominants

Réseau dorsal $\Leftrightarrow$ bonnes performances IC

Corr Positive
Corr Negative



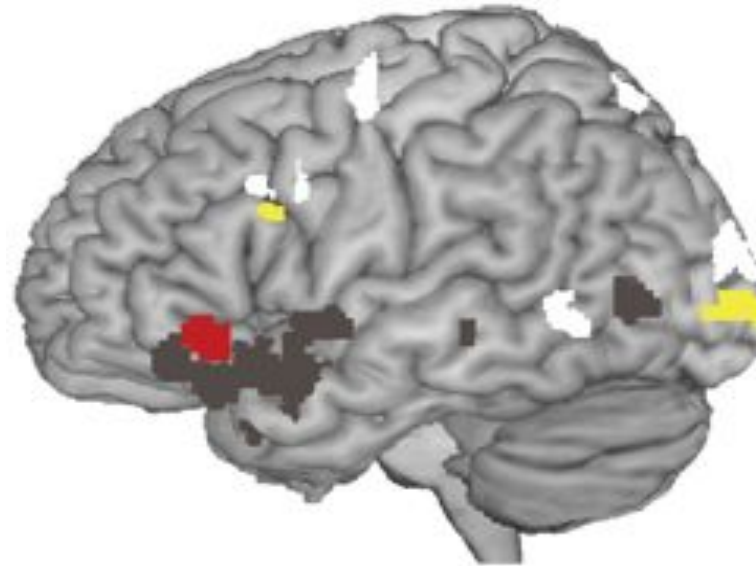
Réseau ventral et région surpa-marginale D $\Leftrightarrow$ mauvaises performances IC

Corrélations IRMf et :

Durée de la surdité

L'utilisation du **réseau dorsal diminue** avec la durée de la surdité.

■ Corr Negative
■ Corr Positive

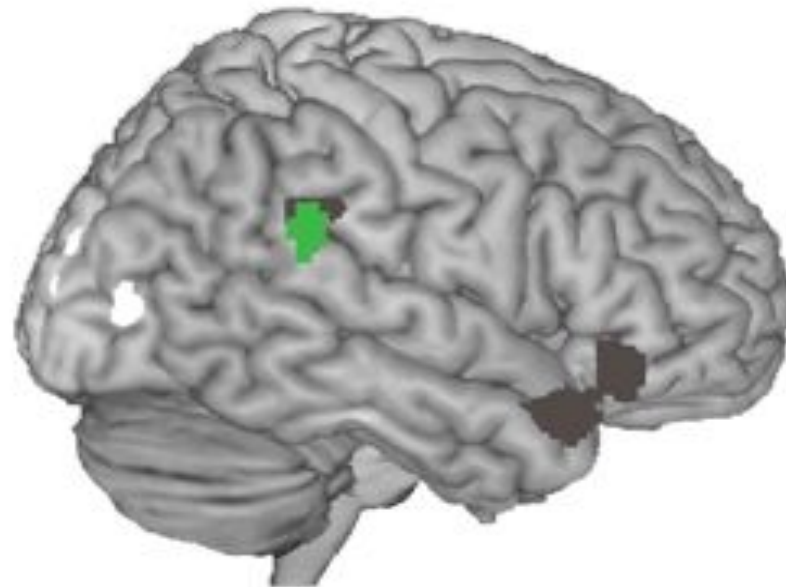


Hémisphère
G

■ L'utilisation de la **région frontale inférieure augmente** avec la durée de la surdité.

Zone cérébrale recrutée par **les patients**
comparativement aux contrôles pour réaliser
la tâche phonologique

Région Supra Marginale droite



■ patients > contrôles

Hémisphère
D

Stratégie **d'adaptation** à la surdité

Language comprehension 3 years after implantation as a function of age at implantation (deafness duration)

33 congenitally deaf children, age : 1.5 to 11 years

