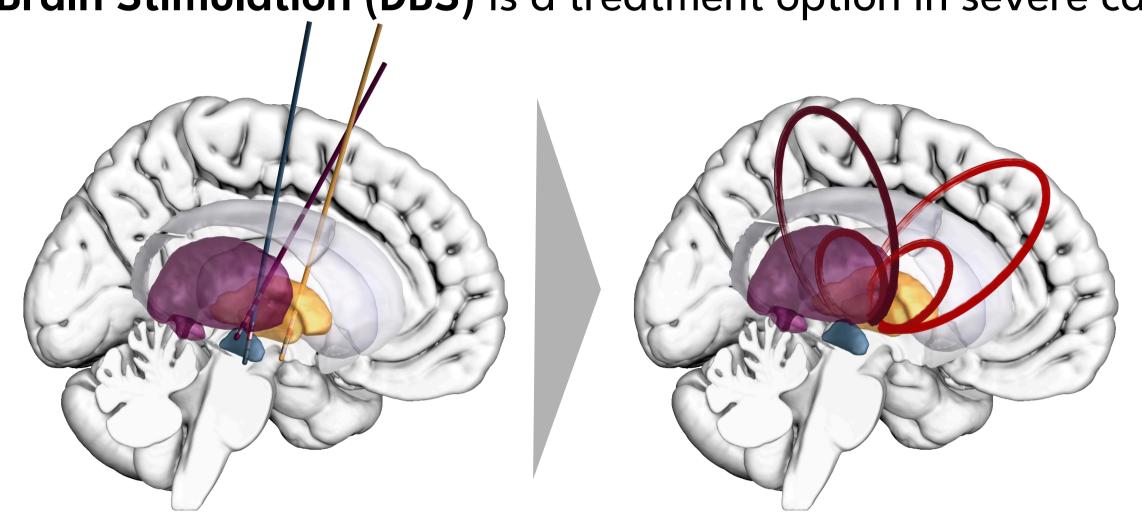
BASAL GANGLIA PATHWAYS ASSOCIATED WITH CLINICAL IMPROVEMENT FOLLOWING DEEP BRAIN STIMULATION FOR TOURETTE SYNDROME

Ilkem Aysu Sahin^{1,2}, Simón Oxenford¹, Ningfei Li¹, Patricia Zvarova^{1,2}, Nanditha Rajamani¹, Barbara Hollunder^{1,2,3}, Konstantin Butenko⁴, Helen Friedrich^{4,21}, Veerle Visser-Vandewalle⁵, Juan Carlos Baldermann^{6,7}, Christina Hennen^{6,7}, Yulia Worbe⁸, Nadya Pyatigorskaya⁹, Linda Ackermans¹⁰, Albert F.G. Leentjens¹¹, Chencheng Zhang¹², Bomin Sun¹², Luigi M. Romito¹³, Matteo Vissani^{14,15,16}, Alberto Mazzoni^{14,15}, Osvaldo Vilela-Filho¹⁷, Kara A. Johnson^{18,19}, Michael S. Okun^{18,19}, Christopher R. Butson^{18,19}, Andreas Horn^{1,4,22}

INTRODUCTION

Tourette Syndrome

- Childhood onset, characterized by motor and phonic tics
- Deep Brain Stimulation (DBS) is a treatment option in severe cases

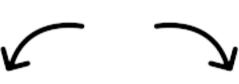


What are the networks associated with clinical improvement for Tourette Syndrome following deep brain stimulation in thalamus, pallidum and subthalamic nucleus?

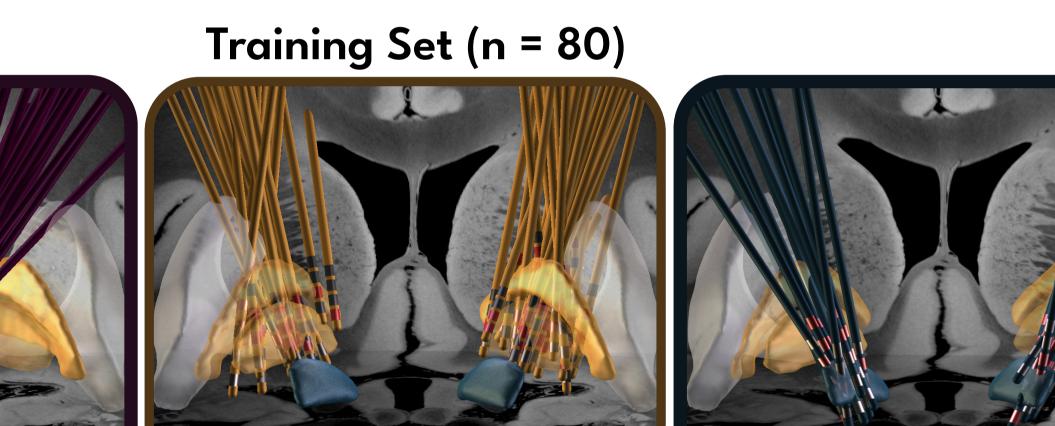
METHODS



115 Tourette-DBS patients from 12 centers world-wide



Split into training and test sets

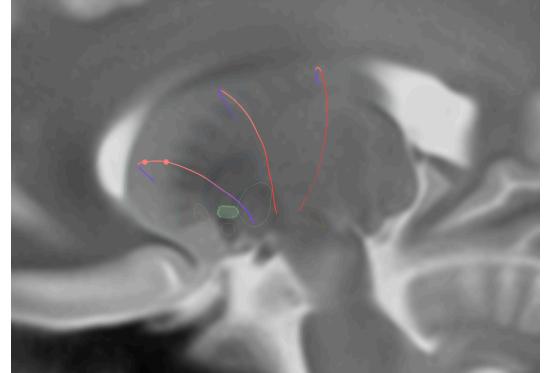


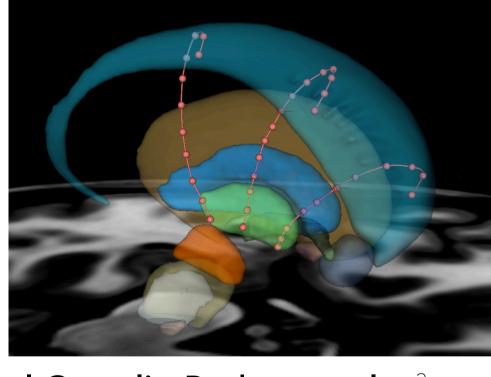
Thalamus DBS (n = 33)

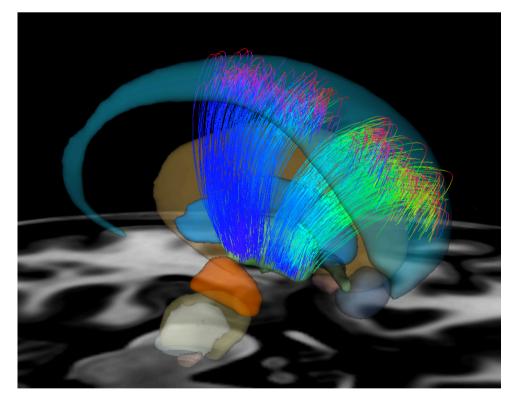
Pallidum DBS (n = 33)

STN-DBS

2. Modeling the anatomy using CurveToBundle module in 3D Slicer².



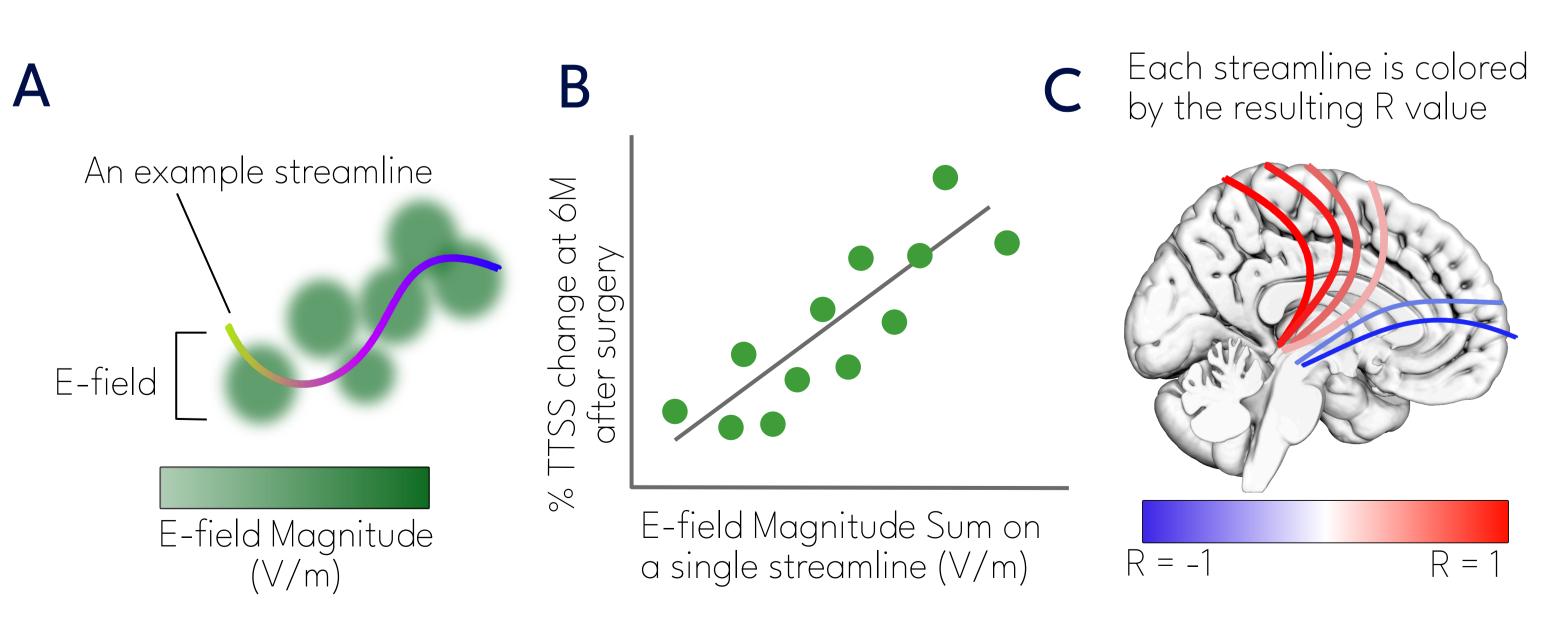




(n = 14)

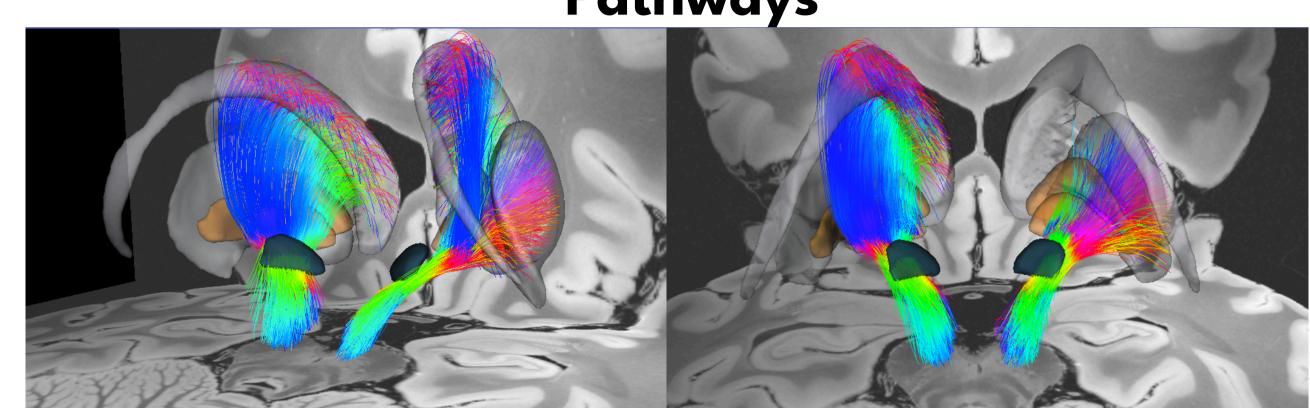
Combined with Human Basal Ganglia Pathway atlas³

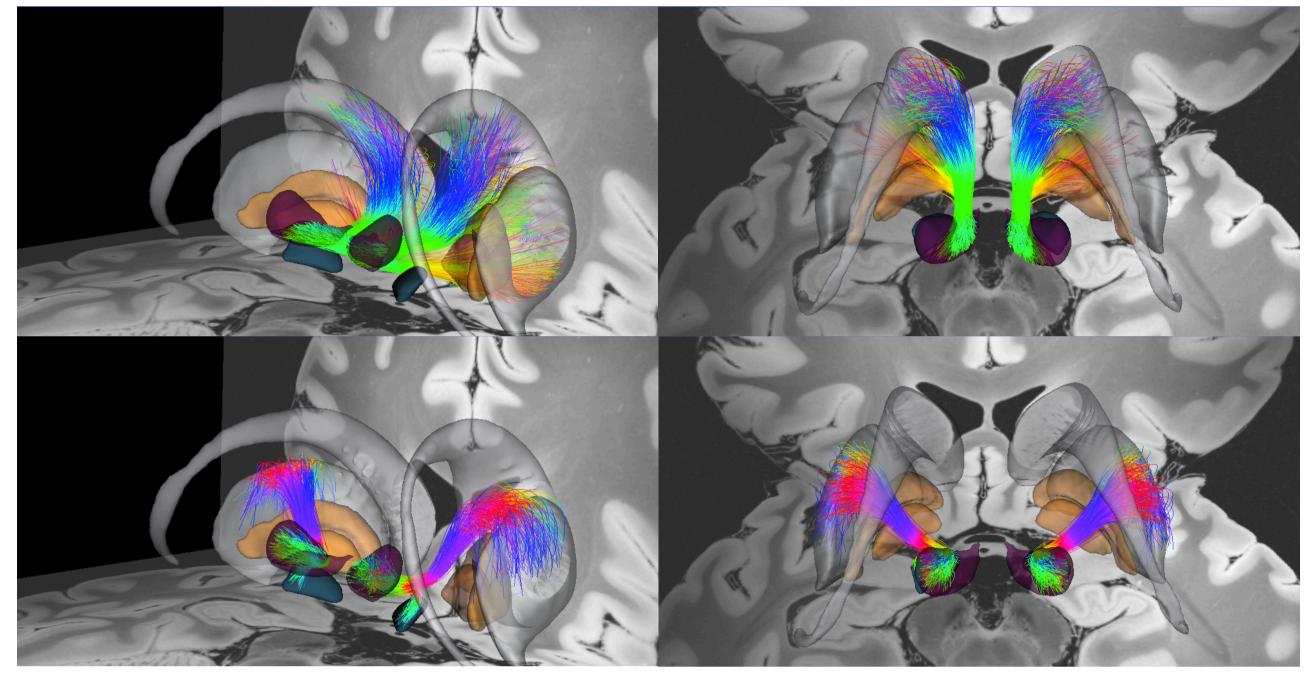
3. Correlating the clinical outcomes with e-field magnitudes on each streamline

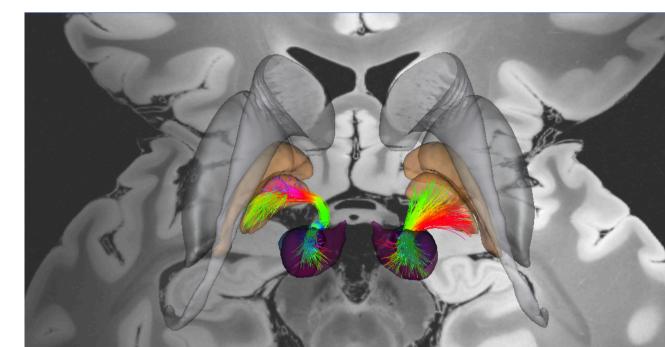


RESULTS

1. Architectonic Tract Models of Basal Ganglia **Pathways**







Ansa and Fasciculus Lenticulares: Collaterals to CM-Pf

2. Basal Ganglia Pathways Associated with Clinical Improvement in Tourette Syndrome

