BOLD responses to trigeminal nerve stimulation
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Abstract

The current study investigates a new model of barrel cortex activation using stimulation of the infraorbital branch of the trigeminal nerve. A robust and reproducible activation of the rat barrel cortex was obtained following trigeminal nerve stimulation. Blood oxygen level-dependent (BOLD) effects were obtained in the primary somatosensory barrel cortex (S1BF), the secondary somatosensory cortex (S2) and the motor cortex. These cortical areas were reached from afferent pathways from the trigeminal ganglion, the trigeminal nuclei and thalamic nuclei from which neurons project their axons upon whisker stimulation. The maximum BOLD responses were obtained for a stimulus frequency of 1 Hz, a stimulus pulse width of 100 μs and for current intensities between 1.5 and 3 mA. The BOLD response was nonlinear as a function of frequency and current intensity. Additionally, modeling BOLD responses in the rat barrel cortex from separate cerebral blood flow (CBF) and cerebral metabolic rate of oxygen (CMRO2) measurements showed good agreement with the shape and amplitude of measured BOLD responses as a function of stimulus frequency and will potentially allow to identify the sources of BOLD nonlinearities. Activation of the rat barrel cortex using trigeminal nerve stimulation will contribute to the interpretation of the BOLD signals from functional magnetic resonance imaging studies.

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Keywords: Trigeminal nerve; Barrel cortex; BOLD; Neurovascular coupling; Modeling

1. Introduction

Because of the functional and morphological correlation between the vibrissae and the barrels, the whisker sensory system is an attractive model for studying structure, function, development and plasticity within the somatosensory cortex. The functional organization of the barrel cortex has a well-defined pathway between the whiskers and the cortex and allows the exploration of the link between molecular mechanisms, synaptic circuits and behavior (for a recent review see [1]). The signals travel by way of the infraorbital branch of the trigeminal nerve from the receptor cells in the whisker follicle to the trigeminal brainstem complex and eventually to the thalamus and the primary somatosensory cortex. In the thalamus, the ventral posterior medial nucleus projects the majority of its axons to the barrels in layer IV of the somatosensory cortex which is arranged identically to the layout of the whiskers on the snout of the rodent. Following whisker stimulation, other cortical activations have been identified through cortico-cortical synaptic connections from primary to secondary somatosensory cortex and also from the somatosensory cortex to the motor cortex [1]. Contralateral connections have also been identified [1].

Sensory processing in the barrel cortex after deflection of one or more whiskers has been widely explored both in mice and rats [1–4]. Electrophysiological recordings [5] and optical imaging techniques have been developed through various experiments in order to obtain fast and spatially reliable functional mapping of the barrel cortex [6,7]. Intrinsic optical imaging has been used to map sensory processing in the mouse neocortex and relies on blood flow changes through coupling with neuronal activity [8]. This technique is widely used since it allows rapid and reliable measurements. Functional magnetic resonance imaging (fMRI) is a noninvasive method for mapping brain
functional activity based on the blood oxygen level-dependent (BOLD) image contrast. BOLD contrast depends on localized decreases in cerebral deoxyhemoglobin (deoxy-Hb) content upon stimulation. While fMRI is widely used as an investigative tool to study human brain function [9], applications in rat brain are less frequent and most studies have focused on forepaw stimulation [10]. Only a handful of studies have investigated whisker stimulation using fMRI [11–14]. The relationship between barrels and whiskers represents an interesting model to investigate neuronal activation, plasticity and neurovascular coupling. Nielsen and Lauritzen [15] used infraorbital nerve stimulation and found a non-linear relationship between cerebral blood flow (CBF) measured by laser Doppler flowmetry and the sum of local field potentials suggesting a nonlinear relationship between synaptic activity and CBF under specific experimental conditions [15,16].

In the present work, we proposed to investigate the possibilities of obtaining optimal BOLD fMRI responses to electrical stimulation of the infraorbital branch of the trigeminal nerve in the rat barrel cortex at 9.4T. It is shown that (a) BOLD responses can be reliably detected in specific rat cortical areas such as the rat primary somatosensory barrel field cortex, (b) trigeminal nerve stimulation for barrel cortex activation is validated for fMRI studies in the rat and (c) BOLD responses can be deduced from CBF and cerebral metabolic rate of oxygen (CMRO2) data and are in agreement with measured BOLD responses as a function of stimulus frequency both in magnitude and shape. The optimization and determination of optimal stimulation parameters of the trigeminal nerve stimulation model instead of the widely used forepaw stimulation model may allow collecting more information about the still unsolved question about neurovascular coupling.

2. Materials and methods

2.1. Animal preparation

All animal procedures were performed according to the federal guidelines of the Animal Care and approved by the local authority. Male adult Sprague–Dawley rats (n=15, 250–350 g) were initially anaesthetized with isoflurane in a mixture of O2. Each rat was orally intubated. A femoral artery and a femoral vein were catheterized for α-chloralose administration and blood gas sampling. After fixing the rat head using ear and bite bars, the rat was positioned in a dedicated holder. The breathing rate was monitored simultaneously with body temperature throughout the experiment with a rectal probe (Model 1025, SA Instruments, Stony Brook, NY, USA). Body temperature was maintained at 37.5°C±0.5°C with temperature-controlled circulating water placed under the rat. The blood pressure was monitored through a transducer attached to the cannulated femoral artery (SA Instruments).

Blood gases were sampled every 30 min, and blood parameters were maintained at physiological levels...
(pH=7.35–7.4, pCO2=39–45 mmHg and mean arterial blood pressure=90–130 mmHg) throughout the experiment.

After surgery, anesthesia was switched from isoflurane to α-chloralose; an initial intravenous dose of 80 mg/kg was administered followed by a continuous intravenous infusion of 27 mg/kg per hour at a rate of 2 ml/h.

2.2. Trigeminal nerve stimulation

A few experimental sessions were dedicated to the accurate localization of the infraorbital nerve. An anterior-posterior skin incision was made 2 mm above the left eye following the frontal bone. The skin, muscle and orbital content were retracted laterally to expose the edge of the frontal bone and the infraorbital nerve (ION) respectively. The ION was exposed down to the eye corner where it lies approximately 1–2 mm deep (hiatus infraorbitalis) (Fig. 1A).

For further studies and to avoid damaging other nerves and creating further susceptibility effects, experiments were then performed without surgery. Two stainless steel electrodes were percutaneously inserted either in the left or right trigeminal nerve. The cathode was inserted in the hiatus infraorbitalis as described in [15] and the anode was inserted either in the masticatory muscles or the neck muscles. Electrical stimulation of one trigeminal nerve was performed by delivering square pulses using an external stimulator (WPI, Stevenage, UK). Within one fMRI experiment, all the stimulus parameters were kept constant (Current, pulse width and frequency). The paradigm used was 60 s OFF and 30 s ON repeated during 10–12 min.

fMRI All the experiments were performed on an actively shielded 9.4T/31 cm bore magnet (Magnex, Varian, Abingdon, UK) with 12 cm gradients (400 mT/m in 120 μs) with a quadrature transmit/receive 17 mm surface coil. First and second order shims were adjusted using FAST™AP [17] resulting in water linewidths of 13–15 Hz in a 216-ul volume. The BOLD response was assessed using single shot gradient echo planar imaging (EPI) (TR/TE=2500–2000/25 ms; FOV=20×20 mm; matrix=64×64; slice thickness=1 mm; 10 slices, bandwidth=325 K Hz, 300 volumes). The echo realignment was performed using a reference scan [18]. In a first set of experiments (n=8), the following frequencies were used: 0.25, 0.5, 1.0, 2.0, 3.0, 5, 8, 10 and 12 Hz with a pulse duration of 100 μs and a current amplitude of 2 mA.

In a second set of experiments (n=13), currents were varied from 1 up to 6 mA with pulse duration of 100 μs at a frequency of 1 Hz.

A rest period of 10–12 min was introduced before increasing the pulse width, stimulus frequency or current intensity.

Data Analysis Data were processed using STIMULATE (University of Minnesota, Minneapolis, MN, USA) [19] and MATLAB routines (The MathWorks, Natick, MA, USA). Stimulation induced activation t value maps, and cross-correlation maps were calculated on a pixel by pixel basis from the comparison between the experimental fMRI data acquired during the control periods and the stimulation periods and the cross-correlation of the motion-corrected and 3×3×3 Gaussian smoothed time series with a boxcar waveform representing the stimulation period, respectively. The minimal cross-correlation activation threshold was set to 0.3. Only clusters comprising at least five pixels were considered significant (P<.05). Regions of interest (ROIs) encompassing the activated primary somatosensory barrel field cortex (S1BF) were drawn. ROIs were on average 16±10 pixels. An average time-course was recorded for each animal. For each rat and each condition investigated, six to eight successive BOLD responses were averaged per time course. No baseline correction was performed.

Cross-correlation maps were overlaid on single shot gradient echo EPI images [18]. Data are presented as means ±S.E.M. Mean BOLD responses were defined as averages between 25 and 55 s during the stimulation period. One-way analysis of variance (ANOVA) tests were performed to assess significance between means of BOLD responses. P<.05 was considered significant.

2.3. Modeling BOLD responses from CBF and CMRO2 data in the barrel cortex

In order to model the BOLD response in the barrel cortex based on CBF and CMRO2 data, the following equation was used [20,21]:

\[
\frac{\Delta \text{BOLD}}{\text{BOLD}} = M \left( 1 - \left( \frac{\text{CMRO2}}{\text{CMRO2}_0} \right)^\beta \left( \frac{\text{CBF}}{\text{CBF}_0} \right)^{\alpha-\beta} \right)
\]

\[\text{(1)}\]

\(M\) is a proportionality constant; the parameters with subscripts 0 indicate baseline values. \(\alpha\) and \(\beta\) reflect the

### Table 1

Cross-laboratory comparisons of baseline CBF values

<table>
<thead>
<tr>
<th>CBF0</th>
<th>Anaesthesia</th>
<th>Magnetic field strength</th>
<th>Brain regions</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.4±0.9</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.69±0.17 &lt;0.41—0.95</td>
<td>Morphine</td>
<td>9.4T</td>
<td>Rat somatosensory cortex</td>
<td>Hyder et al. [24]</td>
</tr>
<tr>
<td>0.72±0.19</td>
<td>α-chloralose</td>
<td>7T</td>
<td>Rat somatosensory cortex</td>
<td>Duong et al. [25]</td>
</tr>
<tr>
<td>0.85±0.24</td>
<td>α-Chloralose</td>
<td>9.4T</td>
<td>Rat somatosensory cortex</td>
<td>Ueki et al. [26]</td>
</tr>
<tr>
<td>0.91±0.31</td>
<td>Acetpromazin+Xylasine+</td>
<td>Autoradiography</td>
<td>Rat Brain</td>
<td>Tsekos et al. [27]</td>
</tr>
</tbody>
</table>

\(a\) All values are in ml.g\(^{-1}\) min\(^{-1}\).

\(b\) Range of values Ref. [25].
effect of blood volume and deoxyhemoglobin concentration to the BOLD signals, respectively. $\alpha=29$ [22] and $\beta=1.5$ [20] were used. We used CMRO$_2$=256.9±11.5 $\mu$mol/100 g/min [23] and CBF=0.4, 0.69 and 0.91 ml/g per minute (Table 1). $M$ reflects the baseline deoxyHb content and is also defined as the maximum BOLD change for the baseline state in the region of interest. $M$ values were 0.05, 0.079 and 0.16 (Table 2) for the modeling procedure.

CBF and CMRO$_2$ changes as a function of stimulus frequency measured in the rat barrel cortex following trigeminal nerve stimulation as described in [23] were used to model BOLD responses.

3. Results

As depicted in Fig. 1B, activation was detected on three to six consecutive slices in an area corresponding to the barrel cortex of the rat following trigeminal nerve stimulation and while varying stimulus frequency and current intensity. No changes in BOLD were found while varying the stimulus pulse width from 50 $\mu$s to 10 ms. For further experiments, a pulse width of 100 $\mu$s was chosen at it demonstrated the most stable BOLD response during 30-s stimulation.

3.1. Effect of stimulus frequency

Strong and robust activation was detected in the primary somatosensory barrel field cortex (S1BF) in all the rats when the stimulus frequency was above 0.5 Hz (Fig. 1B, Fig. 2A). Activation was also detected in the secondary somatosensory cortex (S2) at 0.5 ($n=5$), 1 ($n=7$), 2 ($n=6$), 3 ($n=7$) and 5 Hz ($n=4$) (Fig. 2A) and in the motor cortex at 1, 2 and 3 Hz and up to 12 Hz in all the rats. The mean temporal profiles of the BOLD responses showed reproducible 30-s responses at stimulus frequencies of 0.5 and 1 Hz (Fig. 2B). At stimulus frequencies of 0.25 and 2 Hz, the BOLD response decreased during the stimulation period. At 3 Hz, an overshoot after stimulus onset was seen in each rat of the study ($n=8$). At 1 and 2 Hz, a post-stimulus BOLD undershoot was observed in each animal.

Fig. 2C shows that the magnitude of the BOLD response varied as a function of stimulus frequency. The mean BOLD response reached a maximum (4.6±0.5%, $n=7$) for a stimulus frequency of 1 Hz. At 0.5 (3.4±0.5%), 1 (4.6±0.5%) and 2 (3.4±0.5%, $n=7$), no significant differences were found between the BOLD amplitudes (ANOVA, $P>0.05$). At 1 Hz, BOLD amplitudes were significantly higher than at 0.25 and 3 Hz (ANOVA: $P=0.0008$ and $P=0.009$ respectively) but not than at 0.5 and 2 Hz (ANOVA, $P>0.05$). Above 1 Hz and up to 12 Hz, the BOLD responses declined continuously to a magnitude of 1.37%±0.8% at 12 Hz.

3.2. Effect of stimulation intensity

Based on the robustness, reproducibility and BOLD amplitude responses, the stimulus frequency was fixed at 1 Hz, while the current intensity was varied from 0.75 to 6 mA. Blood pressure was not affected while increasing the stimulation strength up to a current intensity of 3 mA. Above 3 mA, the blood pressure dropped (from 100–120 to 80 mmHg, $n=6$), and significant fluctuations in the BOLD amplitudes were observed between rats: (between 4 and 6 mA, the BOLD amplitude response varied between 3.4 and 9.6%; $n=6$).

The activation extended to the secondary somatosensory cortex (S2) in all the rats at current intensities above 1.3 mA and to the motor cortex in all the rats for current intensities above 2 mA. Activation was also detected in the contralateral secondary somatosensory cortex.

The temporal profile of the BOLD response showed a tendency to decrease during the course of stimulation (Fig. 3A). However, the average BOLD response increased as a function of current intensity up to 1.3 mA. Significant differences were found between BOLD responses at 0.75 and 1 mA (ANOVA test, $P<0.01$) and between BOLD responses at 1 and 1.3 mA (ANOVA test, $P<0.0001$). Above 1.3 mA, the BOLD response plateaued and no significant differences were observed (ANOVA test, $P>0.05$).

Fig. 3B shows the mean BOLD percentage change as a function of current intensity up to an intensity of 3 mA. Below 0.75 mA, discriminating between BOLD responses and signal fluctuations became difficult leading to low BOLD responses of 0.15±0.2%. From 0.75 to 1.3 mA, the mean BOLD signal amplitude increased from 1.3% to 2.6% (ANOVA, $P=0.00024$) demonstrating a threshold above 1 mA. From 2 to 3 mA, the BOLD amplitude remained constant with mean amplitude 2.4±0.1%.

The BOLD response as a function of current intensity was characterized by an early decrease in BOLD responses that peaked around 2–2.5 s after the onset of trigeminal nerve stimulation followed by a BOLD increase reaching a maximum in 8–10 s post stimulation onset for current intensities above 1 mA. The magnitude of this pre-BOLD

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**Table 2**

Cross-laboratory comparisons of $M$ values

<table>
<thead>
<tr>
<th>$M$</th>
<th>Anaesthesia</th>
<th>Magnetic field strength</th>
<th>Brain regions</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.05±0.01</td>
<td>Isoflurane</td>
<td>4.7 T</td>
<td>Rat Forepaw somatosensory cortex</td>
<td>Liu et al. [28]</td>
</tr>
<tr>
<td>0.079±0.007&lt;0.053-0.12$^a$</td>
<td>None</td>
<td>1.5 T</td>
<td>Humans - primary visual cortex</td>
<td>Davis et al. [20]</td>
</tr>
<tr>
<td>0.16±0.02</td>
<td>Urethane</td>
<td>3 T</td>
<td>Rat Brain</td>
<td>Wu et al. [29]</td>
</tr>
<tr>
<td>0.15±0.06-0.22±0.06</td>
<td>None</td>
<td>1.5 T</td>
<td>Human visual cortex</td>
<td>Hoge et al. [21]</td>
</tr>
<tr>
<td>0.12±0.03</td>
<td>Isoflurane</td>
<td>4.7 T</td>
<td>Rat Forepaw somatosensory cortex</td>
<td>Shen et al. [30]</td>
</tr>
</tbody>
</table>

$^a$ Range of values given in Ref. [20].
decrease or “initial dip” was more pronounced for current intensities above 2 mA. The initial dip was consistently detected among 13 animals at all current intensities above 1.3 mA (Fig. 3C). Between 0.75 and 1 mA, the “initial dip” was more difficult to detect and could only be seen in 2–3 rats.

3.3. Comparison between measured BOLD responses and modeled BOLD responses in the rat barrel cortex

Fig. 4A presents the modeled BOLD responses as a function of stimulus frequency up to 40 Hz under three gradually increasing CBF baseline values taken from the literature (Table 1) and for an assumed $M=0.079$. Modeled BOLD responses as a function of stimulus frequency were non-linear and demonstrated increased magnitudes as $\text{CBF}_0$ decreased. Maximum modeled BOLD responses were 5.23%, 4% and 3.3% for baseline CBF values of 0.4, 0.69 and 0.91 ml.g$^{-1}$ min$^{-1}$, respectively. The measured BOLD responses demonstrated a sharpest evolution as a function of stimulus frequency compared to the modeled BOLD and a fast decline for frequencies above 1 Hz.

As $M$ was increased, the BOLD magnitude was also significantly increased ranging from 3.3%, 5.2% and 10.6% at 1 Hz and CBF$_0=0.4$ ml/g per minute. For each given $M$ value, BOLD amplitudes were increased as baseline CBF decreased (Fig. 4B).
The largest measured BOLD response was 4.6%±0.5% (1 Hz) while the smallest was 1.37%±0.8% (12 Hz). BOLD estimates using Eq. (1) were closest to experimental findings for $M=0.079$ independently of the baseline CBF values.

4. Discussion

4.1. Localization of BOLD activation following trigeminal nerve stimulation

The BOLD response upon trigeminal nerve stimulation using electrodes and under α-chloralose anesthesia was measured as a function of stimulus frequency and current intensity. We found robust and reproducible BOLD responses in the barrel field primary somatosensory cortex (S1BF). In addition to evoking responses in S1BF, we also found prominent evoked responses in S2 and motor cortex in excellent agreement with a previous voltage-sensitive dye imaging study [7] and an EEG imaging study [31].

The locations of the center of the BOLD activation maps were in excellent agreement with the coordinates of the barrel cortex, the secondary somatosensory cortex and the
motor cortex areas [32]. These activations resulted from the afferent signals transported from the trigeminal nuclei to the thalamus and finally to the barrel field of the somatosensory cortex in agreement with the established pathways of the whisker sensory system [7,33].

4.2. Nonlinearities of the BOLD response to trigeminal nerve stimulation

The understanding of the physiological basis of the BOLD contrast and in particular, the relationship between neural activity and the hemodynamic response are important for an appropriate interpretation of functional imaging signals. Several recent studies evaluated the effect of stimulus frequency and current intensity on neuronal activity and BOLD under different anesthesia conditions using forepaw stimulation [10,34,35] and the more complex whisker stimulation [36]. In our study, the BOLD response increased linearly as a function of frequency up to 1 Hz and decreased for stimulus frequencies up to 12 Hz demonstrating an overall nonlinear response.

For stimulation frequencies above 5 Hz, barrel cortex BOLD responses were not reproducibly detected in all rats. In α-chloralose studies, the highest stimulus frequencies for which BOLD signal changes were still detected ranged between 3 and 5 Hz [15,35,37,38]. However, it is likely that the type of anesthesia may affect the relationship between the neural activity and hemodynamic response. Linear coupling between neural and hemodynamic responses (CBF) was observed up to a frequency of 40 Hz in conscious animals undergoing electrical stimulation of the whisker pad [39], whereas uncoupling was shown above 5 Hz in urethane-anesthetized rats. These results showed that anesthesia may affect the mechanism of coupling of CBF and BOLD to functional neural activity. Maximal neuronal and hemodynamic responses were obtained at low frequency stimulation under α-chloralose anesthesia [15,35]. Under α-chloralose anesthesia, decreases in neural and hemodynamic activities have been attributed to increases in synaptic inhibition or deactivation of glutamatergic transmission [35]. Therefore, the decrease in neuronal activity and BOLD response at frequencies higher than 5 Hz for forepaw stimulation and 2 Hz for trigeminal stimulation may be related to increased synaptic inhibition in the primary somatosensory cortex caused by decreased activity in a projecting brain region such as the thalamus.

α-Chloralose anesthesia is known to be a minimal depressant of neural functions [40]. Moreover, it was shown that α-chloralose anesthesia during functional activation showed similar patterns of metabolic activation in the primary somatosensory cortex of rats to that in conscious animals [26]. Nonetheless, Nakao et al. [41] showed that α-chloralose reduced local cerebral blood flow and glucose utilization in the barrel cortex as well as in the thalamic ventral posterior medial nucleus. Reduced cerebral blood flow due to α-chloralose anesthesia may therefore explain why we did not detect activation in the thalamus as would be expected from the established pathways to the barrel cortex [32]. In addition, the pattern of activation may be spatially frequency-dependent [23,42]. Therefore thalamic activation may not be detectable at the frequencies used in the present study. This result is interesting for further connectivity studies using the model of trigeminal nerve stimulation.

4.3. Neurovascular coupling in the rat barrel cortex

A linear correlation between neuronal activity and BOLD response both measured with various methods was suggested by a large number of studies [43–47]. In some cases, this proportionality between neuronal activity and hemodynamic response was restricted to specific conditions [15,48] with several studies demonstrating nonlinear effects [49].

In the present work, a sigmoidal behavior of the BOLD response was found between 0.4 mA and 3 mA as a function of current intensity and demonstrated a BOLD threshold above a current intensity of 1 mA. Nielsen and Lauritzen [15] also suggested, a CBF threshold since no CBF changes were detected at low current intensities (0–0.5 mA) but neuronal activity was still present with low field potential (FP) amplitudes up to 2.0–2.5 mV. If the neuronal activity must reach a threshold before any BOLD can be detected, it would imply that a threshold level for energy demand or release of neurotransmitters is needed before the neurovascular signaling results in a hemodynamic response [42,49]. Following trigeminal nerve stimulation, CMRO2 changes as a function of field potentials were constant as a function of low field potentials [23] while small CBF and FP increases were detected. This result indicates that other mechanisms such as glycolysis or mitochondrial oxygen buffer [50] may be involved during low neural activity until a threshold is reached triggering a decrease in the oxygen extraction fraction and an increased hemodynamic response. The “threshold model” remains a controversial issue as the sensitivity of BOLD and CBF techniques are still questioned for small changes in neural activities [49]. Based on the present study and the CBF measurements using laser Doppler flowmetry which demonstrated a threshold was needed for CBF changes to be detected, we propose that a physiological threshold is necessary to elicit a hemodynamic response.

The “initial dip” was defined as an initial deoxygenation peak attributed to an early focal increase in oxygen consumption triggered by an increase of oxygen extraction fraction followed by flow increase [50]. The presence of an initial dip was found in the whisker barrel cortex for current intensities above 1 mA following Jones’s findings [22] but opposing Lindauer et al. [40] who did not find evidence of an early deoxyhemoglobin increase during barrel cortex activation. This issue is of particular interest as the initial dip presence may allow in the future a more spatially accurate activation mapping. The initial dip may be more localized and specific to activated barrels in the layers of the
barrel cortex than the later BOLD response [50]. It may also help understand nonlinearities since it provides means to probe the link between oxygen consumption and hemodynamic response.

4.4. Modeling of the BOLD effect

The BOLD effect can be estimated using either models of intravascular susceptibility differences [51,52] or models of CBF, CBV, CMRO2 changes during activation [20,52]. In the present study, the measured BOLD during trigeminal nerve stimulation was compared to the modeled BOLD using Davis’s model [20] and CBF and CMRO2 measurements performed with the same paradigm of stimulation [23]. Although a number of assumptions were made regarding M, \(\alpha\) and baseline CBF values (Tables 1 and 2) and although BOLD, CBF and CMRO2 measurements were separate, measured and modeled BOLD responses as a function of stimulus frequency were in agreement in both magnitude and shape. Moreover, the modeling process showed evidence that baseline CBF can have a strong effect on the magnitude of the BOLD response to the same stimulus. As CBF0 was increased modeled BOLD amplitudes decreased showing agreement with the measured BOLD for \(M=0.079\). M plays an important role in the modeling which was accurately described in several studies [20,52]. As M represents the baseline deoxyHb concentration scaled in terms of BOLD signal which is dependent on the washout of this deoxyHb, we may hypothesize that M as well as CBF0 vary between changes in stimulus frequency although differences between measured and modeled BOLD responses may be attributed to experimental changes between BOLD and CBF and CMRO2 measurements.

In the present study, we showed that the combination of non-linear CBF changes and linear CMRO2 changes both as a function of stimulus frequency resulted in non-linear BOLD estimates as a function of stimulus frequency in the rat barrel cortex in accordance with predictions by Buxton et al. [52] suggesting that a large part of the non-linearity of the BOLD response arises from the CBF response. This method provides a way to investigate the sources of nonlinearities in BOLD responses.

In conclusion, stimulation of trigeminal nerve can be used to investigate the mechanism of vascular coupling as well as the organization of the whisker sensory system using fMRI.

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