# DEPTH SENSITIVITY IN MULTI-DISTANCE NIRS MEASUREMENTS IN HUMANS

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## Abstract

We review different high-resolution diffuse optical tomography (HR-DOT) experiments monitoring functional activation [1] or brain perfusion in humans [2]. We demonstrate the demand of an objective depth correction algorithm especially for weak (i.e., intrinsic) signals.

# Background

- HR-DOT is a 3D modality of near infrared spectroscopy (NIRS) Forward Problem: light propagation in tissue has to be simulated with uses overlapping photon paths and image reconstruction
  - procedure
  - result is a time series of changes of interior optical properties in 3D volumes
- I) finite-element-method solution of the diffusion equation or II) Monte Carlo simulation of photon migration • The resulting Jaccobian assigns the highest sensitivity to optical changes in the outermost voxels (i.e., scalp) and has a strongly decreasing sensitivity

toward deeper layers (i.e. brain tissue).

When solving the inverse problem this leads to a distortion of the reconstructed results in a way that contrast features are pulled toward the surface.





## Discussion and Conclusion

- We are able to localize and map in 3D both weak functional neuroactivation patterns as well as strong exogenic contrast features with statistical significance.
- Weak signals are grossly misplaced and projected outside the brain.

finger. A high lateral resolution is achieved. (b) The coronal view reveals a strong depth localization error.

- For strong signals such as caused by exogenic contrast agents, the depth localization improves greatly. In most studies, especially in functional NIRS, changes of intrinsic
- chromophores are measured. Comparing this to exogenic signals may affords a way of benchmarking the depth localization quality of HR-DOT algorithms in vivo.
- Various methods have been proposed to correct depth-profiling errors in DOT, e.g. [4, 5]. Comparing intrinsic and extrinsic contrast features in vivo may serve to compare the effectiveness such methods.

### References

[1.] C. Habermehl, S. Holtze, J. Steinbrink, Koch SP, Obrig H, Mehnert J, and C. H. Schmitz, "Somatosensory activation of two fingers can be discriminated with ultrahigh-density diffuse optical tomography," NeuroImage 5915 3201-3211 (2012). [2.] C. Habermehl, C. H. Schmitz, and J. Steinbrink, "Contrast enhanced high-resolution diffuse optical tomography of the human brain using ICG," Optics express 19, 18636-18644 (2011). [3.] Y. Pei, H. Graber, and R. Barbour, "Normalized-constraint algorithm for minimizing inter-parameter crosstalk in DC optical tomography," Optics express 9, 97-109 (2001) [4] H. Niu, F. Tian, Z. I. Lin, and H. Liu, "Development of a compensation algorithm for accurate depth localization in diffuse ontical tomography," Ont Lett 35, 429-431 (2010) [5.] Y. Xu, H. L. Graber, and R. L. Barbour, "Image correction algorithm for functional three-dimensional diffuse optical tomography brain imaging," Appl Opt 46, 1693-1704 (2007).

# Methods

by 20\_sec rest, pseudo randomized order

Cortical activation causes hemodynamic

response with an increased HbO concentration

and decreased HbR concentration.

HbO and HbR serve as intrinsic contrast agents

Anatomic MR scans for mapping







Measuring the arriving time of the absorber allows separation of brain and scalp voxels: EARLY increase in absorption  $\rightarrow$  BRAIN LATE increase in absorption  $\rightarrow$  SCALP

ICG serves as an exogenic contrast agent.