

Progresses of MRI on different dimension couplings of brain in patients with cognitive dysfunction related to cerebral small vessel disease

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[Abstract] The onset of cognitive dysfunction related to cerebral small vessel disease (CSVD) is often occult, with unclear pathogenesis and diverse clinical manifestations, which is difficult to be early diagnosed. The changes of brain structure-function coupling and neurovascular coupling in CSVD patients play an important role in the occurrence of related cognitive dysfunction. The progresses of MRI researches on different dimension couplings of brain in patients with cognitive dysfunction related to CSVD were reviewed in this article.

[Keywords] cerebrovascular disorders; cognition disorders; neurovascular coupling; magnetic resonance imaging; functional connectivity

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MRI 研究脑小血管病相关认知功能障碍患者不同维度脑耦合进展

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[摘要] 脑小血管病(CSVD)相关认知功能障碍起病隐匿,发病机制尚不明确,临床表现多样,早期诊断困难。脑结构-功能耦合、神经-血管耦合关系改变对于 CSVD 相关认知功能障碍的发生具有重要作用。本文就 MRI 研究 CSVD 相关认知功能障碍患者不同维度脑耦合进展进行综述。

[关键词] 脑血管疾病; 认知障碍; 神经血管耦合; 磁共振成像; 功能连接

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脑小血管病(cerebral small vessel disease, CSVD)指各种原因影响脑内小动脉及其远端分支、微动脉、毛细血管、微静脉和小静脉所致的一系列临床、影像学、病理综合征^[1],临床异质性较大,可表现为认知障碍、运动障碍、情感障碍及排便障碍等,相关认知功能障碍在痴呆中约占 50%^[2];其主要影像学表现包括近期皮质下小梗死、假定血管源性血管周围间隙、假

定血管源性腔隙、假定血管源性脑白质高信号(white matter hyperintensity, WMH)、脑微出血及脑萎缩等^[3]。MRI 是评估 CSVD 的首选影像学方法,但传统 MRI 无法显示其大脑微结构和功能改变。近年来,弥散张量成像(diffusion tensor imaging, DTI)、静息态功能 MRI(resting-state functional MRI, rs-fMRI)和动脉自旋标记(arterial spin labeling, ASL)等 MR 技

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术及图像后处理及分析方法不断发展;其中,DTI 可通过各向异性分数(fractional anisotropy, FA)和平均弥散率(mean diffusivity, MD)等指标定量分析神经纤维束微结构损伤^[4],rs-fMRI 可基于低频振幅(amplitude of low frequency fluctuation, ALFF)、分数 ALFF (fractional ALFF, fALFF)、局部一致性(regional homogeneity, ReHo)、度中心性(positive degree centrality, DCP)、功能连接强度(functional connectivity strength, FCS)及功能脑网络属性等反映大脑神经元活动及各脑区间内在连接^[5],ASL 则能将血液磁标记为“内源性示踪剂”而定量脑血流量(cerebral blood flow, CBF)^[6]。CSVD 相关认知功能障碍患者存在脑部结构及功能改变^[7-10],而脑结构与功能相互依赖、相互影响、相互制约,即存在结构-功能耦合^[11-14];神经血管单元中,神经元及星形胶质细胞等亦存在神经-血管耦合(neurovascular coupling, NVC)^[15]。多参数 MRI 所示脑结构-功能耦合及 NVC 可反映大脑细微变化^[14-18],且已有研究^[19-23]发现多种神经精神疾病存在上述 2 种耦合关系异常。本文就 MRI 研究 CSVD 相关认知功能障碍患者脑结构-功能耦合及 NVC 关系进展进行综述。

1 脑结构-功能耦合

1.1 基于体素研究 CSVD 较为典型的 4 种 MRI 表现包括假定血管源性腔隙、WMH、血管周围间隙及脑微出血,据此建立的评分标准^[24]已广泛用于评价 CSVD 负荷。ZHANG 等^[25]针对不同 CSVD 负荷患者采集脑高分辨率 3D-T1WI,以获取基于体素的形态学分析(voxel-based morphometry, VBM)指标——大脑灰质体积(gray matter volume, GMV)和白质体积(white matter volume, WMV),通过对 rs-fMRI 进行处理得到不同体素的 ALFF 值并计算耦合值——ALFF/GMV 和 ALFF/WMV 比值;结果显示,相比健康对照组,重度 CSVD 负荷组双侧尾状核耦合显著减弱、右侧颞下回耦合增强,而相比轻度 CSVD 负荷组,该组双侧尾状核及右侧壳核和额下回耦合显著减弱、左侧额中回和额上回内侧耦合增强,且尾状核、额下回和颞下回耦合关系改变与 CSVD 伴认知功能障碍患者注意力和执行功能显著相关,提示 ALFF/VBM 耦合值可能与 CSVD 病理生理机制存在关联。在针对其他疾病的相关研究中,KANG 等^[26]观察 62 例鼻咽癌患者,发现相比放射治疗(放疗)前,放疗后患者双侧颞叶内侧 ReHo/VBM 耦合值降低,且颞中回 ReHo/VBM 耦合值与同侧颞叶最大放疗剂量呈负相

关,提示 ReHo/VBM 耦合值可能成为评估鼻咽癌患者放疗后脑损伤的影像学指标;JIANG 等^[27]将精神分裂症患者脑 rs-fMRI 信号投射至基于 DTI 构建的白质纤维骨架上,以基于体素评估其脑结构-功能耦合,结果显示其额颞束区域存在结构-功能耦合紊乱,表现为基于白质纤维骨架的 FA 降低和 ALFF 增加,并认为这可能是精神分裂症导致脑连接受损的潜在机制之一。上述研究结果提示,未来可在 CSVD 相关认知功能障碍研究中尝试联合应用多种 rs-fMRI 参数和形态学特征,并结合基于弥散 MRI 的白质微结构参数进行综合分析,以获取更多信息,进一步观察脑结构-功能耦合关系改变。

1.2 基于脑网络 人脑是功能和结构领域的大规模集成网络^[28]。脑网络图论将大脑概念化为带有节点和边的图,每个节点代表 1 个相对独立脑区,每条边则代表 2 个脑区间的结构或功能连接,为定量评估复杂脑网络提供了新框架^[29]。CSVD 可能破坏网络中的节点的完整性和节点间连接而影响脑区间连接,从而破坏全脑网络的有效沟通并致不同程度认知功能障碍^[30-31]。

近年部分学者^[32-33]联合应用 DTI 与 rs-fMRI,采用图论方法构建脑结构和功能网络,观察 CSVD 伴认知功能障碍患者脑结构-功能耦合关系改变,但已有报道较少,且研究结论不一致。MA 等^[32]采用 DTI 联合 rs-fMRI 对皮层下血管性轻度认知功能障碍患者(病变组)和健康人(对照组)行脑结构和功能成像,发现相比对照组,病变组脑结构-功能耦合关系在全脑水平未见明显变化而在模块水平呈选择性异常,表现为背侧注意模块耦合增强和腹侧注意模块耦合减弱,但均与认知功能无明显相关。另一项大样本前瞻性队列研究^[33]采用纤维追踪技术和 rs-fMRI 根据 CSVD 伴认知功能障碍患者 4 年间的 2 次 MRI 数据构建结构和功能网络,发现全脑网络结构-功能耦合减弱与其信息处理速度降低和情绪冷漠有关;其中,视觉网络结构-功能耦合减弱与认知功能障碍、信息处理速度降低、情绪冷漠和抑郁有关,认知控制网络结构-功能耦合关系改变与认知改变均有关,而记忆网络、突显网络及默认模式网络结构-功能耦合关系改变与认知改变无明显相关。基于脑网络的脑结构-功能耦合关系研究可为更好地理解 CSVD 相关认知功能障碍的病理生理机制提供重要方向,但对于耦合关系与认知功能的相关性尚待进一步研究。

2 NVC

神经活动可通过调节局部 CBF (regional CBF,

rCBF)以满足大脑能量供应需求,从而维持其结构和功能的完整性^[34-35]。NVC 去耦合是多种缺血性中枢神经系统疾病的重要发病机制之一^[36]。研究^[37-38]发现,CSVD 早期即可出现 NVC 受损,导致 CBF 减少,影响营养物质和氧气运输,造成局部脑组织缺血、缺氧,最终使认知功能下降。MRI 有助于探索 CSVD 伴认知功能障碍的神经病理机制。LIU 等^[39]基于 rs-fMRI 获得 ReHo 值,基于 ASL 测量 rCBF,并通过 ReHo/rCBF 耦合值及 ReHo-rCBF 跨体素耦合评估皮层下缺血性血管病伴认知功能障碍患者 NVC 改变,发现其左侧岛叶、右侧颞中回、右侧楔前叶、左侧中央前回和左侧顶下缘角回 ReHo/rCBF 改变,且左侧中央前回 ReHo/rCBF 与简易智能量表评分呈正相关;且随疾病进展,ReHo-rCBF 跨体素耦合逐渐减弱。有学者^[40]采用基于 rs-fMRI 的 ALFF 联合基于 ASL 的 CBF 评价脑血管病伴认知功能障碍患者 NVC 改变,发现其全脑水平和脑区水平 NVC 均明显降低且与 WMH 负荷和认知功能相关,提示通过观察 NVC 可能有助于影像学评估认知功能障碍严重程度、识别 WMH 负荷损伤的特定神经回路。HUANG 等^[41]采用基于 rs-fMRI 的 FCS 联合基于 ASL 的 CBF 评估不同 WMH 负荷 CSVD 不伴痴呆患者 NVC,结果显示 CBF-FCS 耦合强度随 WMH 负荷增加而呈降低趋势,且仅重度 WMH 负荷组丘脑区域 CBF-FCS 耦合与整体认知表现存在相关性,而轻、中、重度 WMH 负荷组间耦合关系降低程度无显著差异。

上述研究结果表明,rs-fMRI 与 ASL 联合有助于揭示 CSVD 伴认知功能障碍患者脑功能及血流灌注相关 NVC 改变,且 NVC 或可成为早期诊断 CSVD 相关认知功能障碍及评估预后的客观影像学标志物;但目前相关研究较少,且基于 ASL 测量的 rCBF 变异度较大,有待后续进一步探讨。

3 小结与展望

CSVD 相关认知功能障碍的发病机制尚不清楚,脑结构-功能耦合及 NVC 关系改变可能在其发生、发展中具有重要作用。目前相关多参数 MRI 研究尚处于起步阶段,且多为小样本、横断面观察,未能阐释 CSVD 相关认知功能障碍的神经机制。未来可将多种功能分析方法与形态学特征、白质微结构参数、脑血流改变相结合,开展多中心、大样本、前瞻性研究,进一步分析不同维度脑耦合关系与认知功能的相关性,为临床早期诊断和评估 CSVD 相关认知功能障碍提供可靠的影像学依据,并进一步通过机器学习、深度学习等

人工智能方法建立模型,以个体化预测疾病进展。

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