



脑白质功能——来自BOLD-fMRI的证据*

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摘要 白质是组成大脑神经网络不可缺少的部分, 对白质的探索多采用解剖形态学方法. 血氧水平依赖功能性磁共振成像 (blood oxygen level dependent functional magnetic resonance imaging, BOLD-fMRI) 作为一种研究大脑功能的非侵入性工具已得到了广泛的应用, 但是大多数 BOLD-fMRI 研究集中在大脑灰质, 将白质 BOLD 信号作为噪声处理. 事实上, 白质的 BOLD 信号允许我们探索其动态功能特性, 构建白质的功能连接网络, 进而从功能角度来评估白质的完整性. 因此, 在已有研究基础上, 我们对白质功能研究相对较少的原因以及 BOLD 信号可能的神经生理基础进行探讨, 并概述了近年来已经发表的相关证据. 最后, 我们梳理了白质 BOLD-fMRI 研究存在的问题以及未来研究方向.

关键词 白质, BOLD-fMRI, DTI, 功能网络, 胼胝体

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白质与脑皮层中的灰质比重相当^[1-2], 在大脑皮层区域之间的交流中起着至关重要的作用^[3]. 白质发育 (突触和髓鞘形成) 的关键时期在生命的最初几年^[4], 遵循从后到前、从中心到外周的发育模式^[5-6], 在 20~42 岁达到高峰^[7]. 而中年期 (42~59 岁) 可能是白质纤维从发育到退化的过渡期^[8].

白质在发育和退化的过程中结构轻微受损都有可能引起脑功能异常, 即其完整性对大脑功能尤为重要^[9]. 例如, 穹窿 (fornix) 的损伤会产生记忆缺陷^[10], 额叶区域的白质束完整性降低预示着执行功能障碍^[11]. 对于白质的探索多数基于解剖形态学方法, 比如基于扩散张量成像 (diffusion tensor imaging, DTI) 得到的各向异性分数 (fraction anisotropy, FA), 它与反应时间^[12]、阅读能力^[13]、认知老化^[14]等都紧密关联. 虽然 DTI 的研究可以揭示白质的微结构信息, 但无法探索白质的动态功能特性, 即白质内的神经活动过程. 而理解白质功能对认知心理、脑科学研究 (如功能连接性研究) 和临床实践 (如白质疾病评估) 方面的应用是很重要的.

血氧水平依赖功能性磁共振成像 (blood oxygen level dependent functional magnetic resonance imaging, BOLD-fMRI) 恰好能够揭示大脑的动态

功能^[15-16]. 它作为一种无创的脑研究工具, 在临床实践、认知神经科学、精神疾病等方面有着深远的影响^[17]. 但是, 以往的研究多数关注脑灰质, 白质很少被考虑. 其中一个可能原因是由于白质拥有更少的致密血管^[18]和更小的血流量, 导致白质中 BOLD 信号是否有生理意义仍存在争议^[19]. 另外, 白质和灰质血流动力学响应函数 (hemodynamic response function, HRF) 的差异也是导致白质 BOLD 激活缺乏报道的原因之一^[20]. 尽管有这些争论, 越来越多的 fMRI 研究显示白质中的 BOLD 信号极可能反映了神经活动, 且可以通过适当敏感的成像和分析技术检测到^[21-22]. 因此, 本文对白质的 BOLD-fMRI 功能神经生理基础、白质功能研究, 以及在临床疾病中的应用进行系统阐述.

1 白质的BOLD-fMRI功能神经生理基础

1.1 生理学基础

组织学^[23]和 MRI 技术能够系统地描绘出白质中血管系统的密度. 尽管白质中静脉血管密度约为

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灰质的一半,但白质中静脉血管的大小与灰质中静脉血管的大小基本一致^[24].Jensen等^[25]用MRI技术估计了白质的微血管密度,范围为10~192/mm²,而灰质微血管密度的范围为99~761/mm².由于白质的血管密度较低,白质相对于灰质具有较低的脑血流量(cerebral blood flow, CBF)和脑血容量(cerebral blood volume, CBV)^[26-27].

既往的研究认为BOLD-fMRI只对灰质敏感^[19].然而,在屏气任务或高碳酸血症下,可以在白质中检测到血流动力学变化^[26-28].尽管白质中血流动力学信号的改变可能会受到灰质信号影响,但在控制部分容积效应后,仍然能在白质中检测到相应的血流动力学变化^[21-22].

1.2 神经血管和神经代谢耦合

是否引起血流动力学响应是BOLD-fMRI探测出神经活动的必要前提.电生理研究将BOLD-fMRI信号与突触后电位联系起来,但突触后电位主要位于灰质.虽然白质中也存在一些突触和细胞体^[29-30],其能量需求中突触后电位所占比例不足1%^[2].因此,突触后电位不太可能解释白质的BOLD-fMRI信号变化.白质中的神经活动主要类型是锋放电(spiking,反映了动作电位),Smith等^[31]的研究显示锋放电与BOLD-fMRI活动是有联系的.而锋放电与能量依赖性离子泵的增加有关^[32-33].因此,任何与锋放电相关的能量需求都可能导致血液动力学反应.

白质与灰质中的星形胶质细胞扮演了类似的功能,比如钾虹吸(K⁺ siphoning),与锋放电活动相关的细胞外钾浓度的增加导致星形胶质细胞对钾的吸收增加^[34].钾扩散由电化梯度驱动,它不是一个耗能过程,却可能是连接动作电位和血流动力学响应的重要途径.

一氧化氮是一种强大的血管扩张剂,Barbaresi等^[35]研究发现胼胝体(corpus callosum)中神经元产生的一氧化氮主要密集分布在外侧和尾部区域.他们认为,一氧化氮合酶阳性神经元(nitric oxide synthase positive neuron)将神经信号传递到血管反应中,从而检测到血流动力学的变化.

以上研究从神经血管和神经代谢耦合等不同角度阐述了白质的BOLD信号与神经活动有关.

2 基于BOLD-fMRI的脑白质功能研究

2.1 特定白质通路的脑功能活动

迄今为止,已经有不少研究使用专门的范式和

数据分析方法报告了白质区域脑激活的证据^[36-46].

胼胝体作为最大的白质纤维束,在两个大脑半球的同源区域之间传递感觉、运动和认知信息方面起着至关重要的作用^[47].因此大多数白质BOLD-fMRI报告都采用了利用视觉和运动系统的偏侧化性质的任务来研究大脑半球间转移和相关的信息处理现象.D'Arcy等^[36]使用1.5 T的BOLD-fMRI研究发现交叉条件(面孔出现在右侧视野(用于右半球加工)、单词出现在左侧视野(用于左半球加工))与胼胝体压部(splenium)附近区域激活的体素数量增加有关.Mazerolle等^[37]通过4T BOLD-fMRI用视觉Sperry任务(单词/面孔)在群体水平和20%的个体中检测到胼胝体峡部(isthmus)的激活($n=24$, $P<0.005$,未校正).Gawryluk等^[38]使用Poffenberger任务(视觉/运动),通过增加功能图像的T2权重来提高对白质BOLD-fMRI激活的敏感性,报告了所有个体的胼胝体前部的脑激活.在随后的被试内研究中,他们在100%个体中观察到胼胝体峡部和中部激活(Sperry任务),在94%的参与者中显示了胼胝体膝部(genu)和中部的激活(Poffenberger任务)^[39].激活位置和程度因任务类型的不同而不同,也再次验证了之前的研究结果.除了胼胝体以外,在内囊后肢(posterior limb of internal capsule, PLIC)中也检测到了白质BOLD-fMRI的激活^[40-41].这些发现是确立白质BOLD-fMRI功能意义的重要一步.

此外,有的研究利用DTI技术确定了胼胝体的激活区域在结构上与参与任务的灰质区域(如运动前区、顶叶区)的功能网络相连^[48].有的研究开创性地在静息状态下构建白质功能相关张量,即通过使用基于每个体素局部时空BOLD信号相关性的张量模型来量化白质中的功能信息,发现与绝大多数白质或灰质体素相比,视辐射(optic radiation)内部体素间的时间相关性要高得多.这些高相关性延伸了很长的距离,达到白质-灰质界面,但仅限于特定的结构(比如视辐射已知的解剖范围),提示只有这些结构内部存在同步的时间变化^[44].进一步结合任务,比如视觉刺激,观察到视辐射体素的相关各向异性增加^[45].

近来的研究显示,白质BOLD信号的频谱受到不同任务的调节^[46, 49-51].比如, Ji等^[49]从能量消耗的角度,对静息态下白质BOLD信号的可调控性以及结构基础进行探讨.他们追踪了22名被试的视辐射通路,对视觉刺激和静息态下视辐射的能量进

行对比,发现视觉刺激下视辐射的能量更高,这可能与视觉信息的传递能量消耗有关;而白质的能量与体积和FA具有显著的正相关性.这些结果都支持了静息态下脑白质的BOLD信号是有生理意义的,为白质的功能研究奠定了理论基础.随后,Ding等^[46]再次证实双侧视觉辐射的低频波动振幅(amplitude of low frequency fluctuations, ALFF)在视觉刺激下特异性增加,并且与特定的灰质皮层(如视觉皮层)存在同步的神经活动,它们在静息状态下也可以被BOLD-fMRI检测到.

上述发现表明神经活动的BOLD-fMRI信号在白质中可以通过适当敏感的成像、分析技术以及创新的方法检测到.

2.2 白质的功能网络

许多研究旨在描述神经连接网络的结构如何在功能区之间传递信息.比如,研究者采用DTI结合图论(graph theory)分析发现,全脑结构网络(平均年龄为2周、1岁和2岁的纵向数据)^[52]和每个大脑半球(新生儿数据)^[53]均表现出小世界性(small world),也就是说大脑倾向于局部密集的交流.在成人的全脑结构网络中也观察到了类似的拓扑属性^[54].但是这些研究只能揭示白质结构网络连接的模式,无法解析其中的动态功能交互过程.

近年越来越多的学者开始关注白质BOLD信号与全脑白质功能网络或者灰质网络之间的对应关系.有研究表明在静息态BOLD-fMRI信号构建的白质功能网络不仅具有对称性,与灰质功能网络和白质纤维束也密切相关^[55].还有研究表明颞额叶、枕叶和感觉运动表层的白质功能网络分别与灰质的默认网络(default mode network, DMN)、视觉网络(visual network)和感觉运动网络(sensorimotor network)具有较高的功能连接性($r > 0.9$)^[56].他们认为,白质功能网络和灰质功能网络之间的相互作用有助于解释这些空间网络是如何连接的.Wang等^[56]对白质功能网络和胼胝体亚区的相关性进行了更详细的探索,发现10个大脑白质功能网络中的8个与胼胝体的亚区具有不同程度的相关,比如枕部白质功能网络与胼胝体压部具有相关性.但是白质功能网络和胼胝体之间的关系还需要结合DTI数据做进一步研究.上述研究主要集中在白质现有的功能模块和大规模网络.Li等^[57]利用BOLD-fMRI结合图论分析发现,白质功能网络连接网络表现出稳定可靠的小世界性和非随机模块

化,白质的功能连接不是简单的噪声相关.此外,该研究还发现基于白质网络的预测模型在不同的群体和不同的评估量表中预测个体的一般流体智力的能力,显示了白质功能连接作为脑影像标志物的潜力.除目前的研究结果外,白质的全脑功能连接性预测模型可用于研究精神疾病的其他认知能力和临床症状^[58].

3 白质异常的精神疾病fMRI研究

对许多脑部疾病,包括轻度认知障碍(mild cognitive impairment, MCI)^[59]、帕金森病(Parkinson disease, PD)^[60]、阿尔茨海默病^[61]、精神分裂症^[62]的研究集中于白质纤维束结构或者白质结构网络发生的改变.然而有研究发现大脑功能连接对病理变化的敏感性高于结构连接^[63],那么白质BOLD信号可以为理解这些精神疾病连接性提供新的途径.

Chen等^[64]通过构建白质的动态功能相关张量(dynamic functional correlation tensors)发现,虽然白质BOLD信号弱于灰质中观察到的信号,但是可以为MCI分类提供补充信息.

在精神分裂症患者中,Jiang等^[65]发现白质网络和灰质网络之间近距离的信息交流减少,但是远距离的信息交流增加,由此提出了白质网络功能连接的补偿机制,即中深层白质网络与知觉-运动系统中的灰质和表层白质网络的连通性增强.但是Fan等^[66]却发现白质功能网络之间的相互作用普遍受损.患者类型、药物使用以及研究方法等方面的区别可能导致了结论的不一致,还需要更进一步的研究.

Ji等^[67]基于图论分析,探讨了PD患者静息态白质功能网络的变化,发现在全局水平上,PD患者的聚类系数(clustering coefficient)和小世界性异常增加.该研究首次刻画了白质功能网络也存在小世界属性,增进了我们对PD患者大脑结构变化的理解^[68],同时也有助于对健康对照组或患有其他神经退行性疾病患者进行分类^[69].

4 问题与前景

以上研究总结了近年来在白质BOLD-fMRI基础研究和精神疾病研究方面取得的进展,但是白质的BOLD-fMRI研究仍存在一些争议.研究白质BOLD-fMRI激活的神经生理学基础是推动该领域向前发展的关键一步.此外,评估白质fMRI激活

的可靠性也是很重要的,特别是考虑到已知的白质与灰质在血管系统、CBF和CBV方面的差异^[23, 26-27]。

白质BOLD-fMRI分析技术有待改进,需要进一步优化检测白质fMRI激活的灵敏度,例如可以通过使用白质特异性HRF来增加对白质激活的敏感性。另外,超高场强扫描仪(7T及以上)的普及将使研究具有更高的空间分辨率,提高信噪比,增强对白质信号的检测和表征能力。此外,其他神经成像方法的新发展能够让我们进行白质功能的多模态研究^[70-71],比如,脑磁成像可以对视觉通路中神经传导过程进行可视化新技术(如高密度线圈设计、多层同步成像),已经突破了先前功能性神经成像方面的限制^[72-73],将对白质信号的研究产生巨大的影响。

评估白质结构变化与功能变化的相关性至关重要,因为大脑功能连接在本质上依赖于结构连接,以实现快速高效的信息传递。有的研究表明结构连接和功能连接与年龄的相关性并不完全一致,两者的变化中度相关^[74]。还有的研究发现结构-功能耦合的区域变异性与特定脑区所负责的功能复杂性成反比,也就是说结构-功能耦合程度越低,负责的行为就越抽象、越灵活、越复杂^[75]。强功能连接虽然通常存在于没有直接结构连接的区域之间,但仍然受到人类大脑皮层大规模解剖结构的限制^[76]。最近有研究只基于白质和灰质的BOLD信号,通过白质的参与强度来量化白质体素对灰质节点网络的功能重要性,更好地反应了结构-功能之间的关系^[77]。此外,许多精神疾病的研究也表明,患病大脑结构的异常往往伴随着相应功能退化,例如如有研究者在帕金森病患者的研究中发现白质结构-白质功能耦合的改变^[67]。因此,重视功能和结构的融合分析可能有助于了解发育过程中大脑结构和功能的变化以及揭示精神疾病的病理改变。

目前,大多数功能网络研究还是基于无向网络,如果想构建出更加接近真实的大脑,深入了解大脑的功能活动规律,有必要进一步考虑功能网络的方向性。有研究者利用格兰杰因果关系(Granger causality)分析对白质功能网络连接的有向性进行研究^[66]。但对于没有进行血液动力学解卷积(deconvolution)的有向功能连接的分析结果应该谨慎对待,因为具有区域特异性的血液动力学延时将对时间优先性分析产生干扰^[22, 78]。另外,对于大脑网络的BOLD-fMRI研究多是基于图论分

析,虽然已有研究发现不同神经精神疾病下大脑白质功能网络的拓扑结构会发生异常变化,但对于各种疾病下脑网络拓扑参数的变化趋势和幅度仍然没有统一的结论。未来结合新的方法以及多模态成像技术可能会构建出更符合大脑功能机制的网络,有助于进一步了解心理现象的神经机制以及精神疾病的病理机制。

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White Matter Function—Evidences From BOLD-fMRI Studies*

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Abstract White matter, which constituted the anatomical connections between brain regions, accounted for approximately 50% of the human brain. The crucial role of the intact white matter connections for normal brain function has been described by extensive lesion and anatomic studies. Although traditional structural techniques, such as diffusion tensor imaging (DTI), can successfully explore the white matter architecture, they failed to uncover neural activity and dynamics occurring in white matter. Blood oxygen level dependent functional magnetic resonance imaging (BOLD-fMRI) is a noninvasive technique to map brain activation and connectivity. Previous BOLD-fMRI studies primarily focused on spontaneous activity in gray matter rather than that in white matter, since white matter fMRI activation remained controversial. However, the evidence is accumulating for fMRI activation in white matter. This paper reviewed former researches on spontaneous activity in white matter, including physiological bases, neurovascular and neurometabolic coupling, brain activation, and brain connectivity. Despite the differences observed in vascular density between gray matter and white matter, BOLD effects in white matter were reported to be related to neural activity. Robust BOLD activations were detected in the posterior limb of internal capsule, anterior corpus callosum, etc. The power spectrum of resting-state white matter BOLD signals was associated with white matter density and fraction anisotropy (FA) rather than random distribution as noise. Besides, regarding to the functional connectivity of white matter, it was well established that white matter manifested an intrinsic functional organization as interacting networks of functional modules. Moreover, the functional networks of white matter were closely related to that of gray matter and white matter tracts. Several brain disorders, such as mild cognitive impairment, schizophrenia, Alzheimer's and Parkinson disease, were characterized by functional connectivity abnormalities of white matter. Finally, the recommendations and suggestions for future study were included on the neurophysiological basis of white matter BOLD-fMRI signal using multimode imaging data and the common abnormalities in white matter across multiple psychiatric disorders.

Key words white matter, BOLD-fMRI, DTI, functional networks, corpus callosum

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