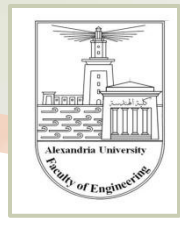


Transduction of a Complex Signal Through the Normal Cochlea and Through the Cochlear Implant

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Introduction & Reasoning

CI device → Brain → Audition

- Acoustic signals reaching CI → derived electrical signal → stimulates the auditory system bypassing sensory receptors
- The ascending auditory system will reprocess the electrical signals generated by the CI.
- An assumed final outcome = signal detection, discrimination, recognition & comprehension.

Auditory Sensory Stimulation	Auditory electrical Stimulation
Auditory exposure	Auditory exposure
Auditory experience	Auditory experience
Auditory learning	Auditory learning

Auditory Sensory Stimulation

- Is initiated by a normal cochlea
- Is accomplished by an impaired cochlea through amplification

Auditory stimulation through cochlear implants

- Initiate auditory neural stimulation bypassing the auditory sensory system.
- Subsequently bypassing all cochlear active mechanisms: sensory afferent and sensory efferent controls as well as middle and external ears delay times.

Acoustic versus electrical stimulation

- Shift from the natural sequence of acoustic signal processing:
- External ear - middle ear - cochlear excitation patterns and sensory transduction → neural firings:

A derived electrical signal that directly excites the ganglia of the auditory nerve

What brain functions are linked to learning?

- Precision with which the brain processes phonological structure of spoken language.
- The neural signatures corresponding to timing and spectral variants in speech → neural encoding or representation
- Ability to pick speech in background noise (skill learned with time, improves with age)
- Central auditory processing abilities robust/ vulnerable/ poor to challenged listening.

Conclusions

- The growth function of the biological signal (cABR), measured by RMS amplitude, that parallels signal intensity may be an indication of:
 - Well Developed auditory pathway with increased neural density and consequently increased voltage capacity. This may reflect the importance of early stimulation and its organizing factors
 - Decreased RMS may indicate decreased surviving neural population which will influence the performance with the cochlear implant.
- The biological signal in cochlear implantees follows the acoustics of the signal and presents a heterogeneous latency shift which is less than norms due to absence of acoustic delay of external and middle ear transfer times and cochlear travelling wave.
- Variation of response reproducibility may reflect a low fidelity neural system affected by the etiology of hearing loss.

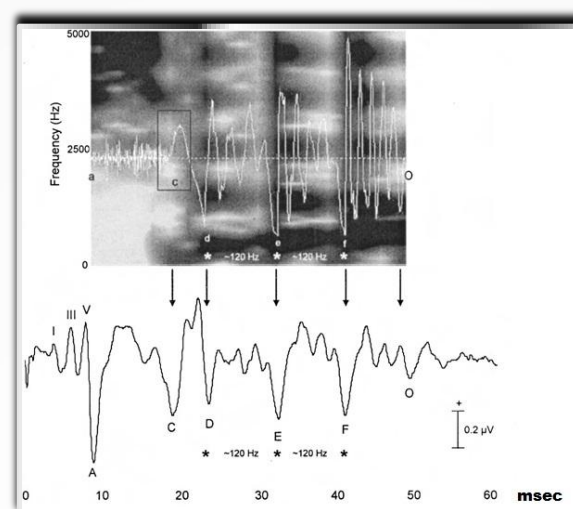
Study of CI transduction by speech ABR

The cABR a measure of CI transduction hypothesis

- Response correlation to speech stimulus reflects on:
 - Fidelity of CI processing of that signal.
 - Integrity and fidelity of brainstem processing.

The speech ABR (cABR)

- cABR is a tool to assess brainstem representation of a complex response.
- The stimulus is a CV syllable and consists of a transient consonant and a sustained vowel parts.
- The response consists of an onset response (waves I, III and V) followed by the frequency following response.
- Normal cABR indicates normal brainstem encoding of a complex signal presented to the brain which will subsequently influence speech understanding and communication.



(Johnson et al., 2005)

- It infers discrimination of spectro-temporal fluctuations in speech signal.
- It infers discrimination of sounds with rapid acoustic transitions that are easily confused e.g stop consonants (momentary stop/ rapid release of airflow).

Methods and participants

Implantees

- n= 10, 5.6- 10.92 years old, 5 males and 5 females.
- Implanted with right Med-EL standard electrode array, full insertion depth.
- Coding strategy (FS4 temporal weighting).
- Subjects with abnormal CT findings due to malformed cochlea or meningitis were excluded.

Norms

- n=2, 11 years old, males.
- Normal hearing age-matched controls.
- Normal click ABR responses.

- Speech syllable 40 msec /da/ was used to elicit speech ABR
- Stimulus delivered at a repetition rate of 2.1/sec with alternating polarity.
- Biologic navigator pro® and contralateral vertical electrode montage were used.
- A loudspeaker for CI monitored through Radioshack sound level meter at the subject's head and right TDH headphones for norms.
- Responses were online bandpass filtered by a 30-500 Hz. I/O Latency and RMS-intensity functions were done.
- Non-contrast multislice CT of the petrous bones was performed to affirm full electrode insertion depth.

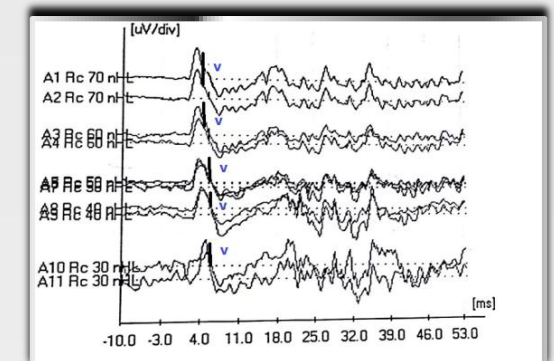
Acknowledgments

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To Dr. Nina Kraus lab for providing the brainstem toolbox

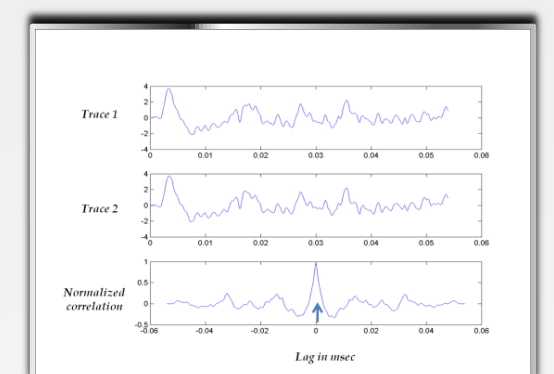
Results

cABR intensity I/O function /da/ syllable through loudspeaker for a CI patient



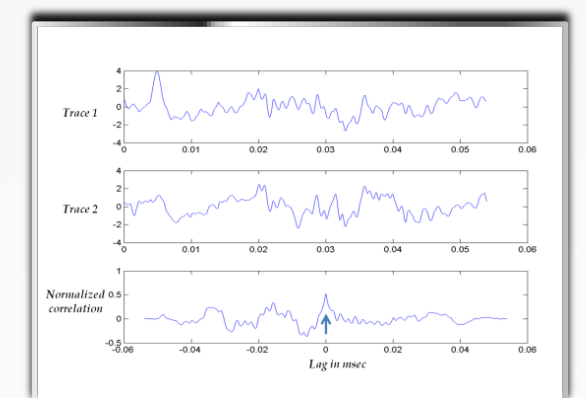
cABR Wave V latency: range 1.81 - 4.82 msec at 70 dBHL with a mean = 2.77± 1.06

cABR trace reproducibility at 70 dBHL

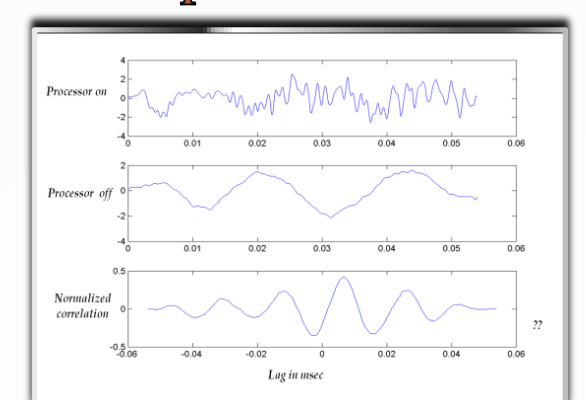


cABR Trace reproducibility: was maximal at moderate and high intensities (up to 99.65%) at 60 dB HL

cABR trace reproducibility at 30 dBHL



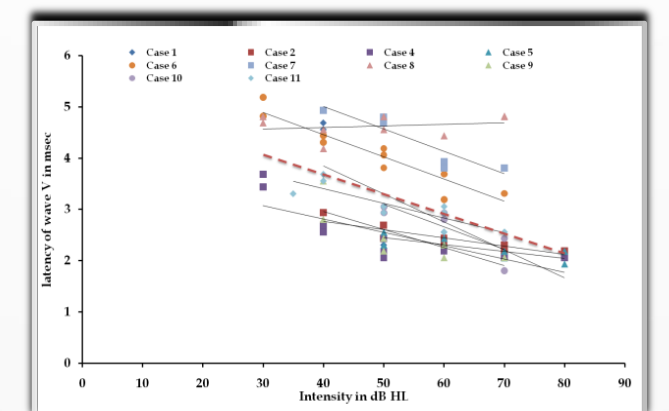
Correlating a trace at 60 dB HL with CI processor off



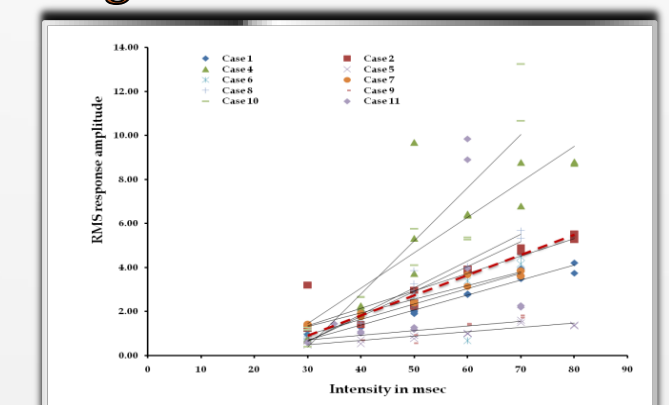
Criteria of trace repro

Lag between traces in msec: ideally= zero	Percentage correlation, ideally almost 100%
Study Lag range	Study trace correlation
- 18.875- 21.625 msec (threshold included)	17.64% - 99.65% (threshold included)
- 0.375 - 0.375 msec	31.58%- 99.65%

Latency-intensity function scatter diagram with best fit lines



RMS- intensity function scatter diagram with best fit lines



/da/- cABR correlation results

- cABR - stimulus /da/ correlation: range 4.55% -27.74% with a \bar{X} = 16.62 ± 0.05
- cABR FFR- vowel correlation: range 14.22% -29.39% at 60 and 70 dB HL with a \bar{X} = 19.90% ± 7.62%
- cABR FFR- vowel correlation in norms ranged from 20-30% at a delay range of 5.6 and 8.1 ms. (Cunningham et al., 2001)

Stenver View : Oblique Coronal Reconstruction showing full electrode insertion

