





Seven problems on the basal ganglia Atsushi Nambu

Our knowledge on the functions of the basal ganglia has increased enormously during the last two decades. However, we still do not completely understand the primary function of the basal ganglia. In this article, I review fundamental problems on the basal ganglia that have emerged from recent findings, and propose their solutions in the following seven topics: first, organization of the cortico–basal ganglia loop, second, limitations of the '*direct* and *indirect* pathways model', third, feedforward inhibition in the striatum, fourth, contribution of the basal ganglia to cortical activity through the thalamus, fifth, focused selection of movements and learning, sixth, firing rate model versus firing pattern model for the pathophysiology of movement disorders, and lastly mechanisms of stereotaxic surgery.

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Current Opinion in Neurobiology 2008, 18:595-604

This review comes from a themed issue on Motor systems Edited by Tadashi Isa and Andrew Schwartz

Available online 8th December 2008

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DOI 10.1016/j.conb.2008.11.001

Introduction

Since 1990, our understanding on the basal ganglia has changed substantially. The basal ganglia circuitry was simplified as represented by the *direct* and *indirect* pathways, and the pathophysiology of movement disorders was explained by firing rate changes through these two pathways. During the last two decades since then, our knowledge on the functions of the basal ganglia has increased tremendously. However, we still do not have a straight answer to the simple question, 'What is the primary function of the basal ganglia?'. This article will discuss the current problems on the basal ganglia that have emerged from recent findings. Trying to solve these problems will lead us to better understanding of their functions and better treatment for movement disorders.

Problem 1: how is the cortico-basal ganglia loop organized?

The basal ganglia receive inputs from wide areas of the cerebral cortex. The information processed in the basal

lar the frontal lobe, via the thalamus, to form a corticobasal ganglia loop [1,2]. Additional output from the basal ganglia descends to the brain stem. The cortico-basal ganglia loops are composed of several parallel, segregated, and functionally distinct, but homologous loops (Figure 1) [1,3]. The motor loop, which controls voluntary limb movements, originates from the motor cortices, such as the primary motor cortex (MI), supplementary motor area (SMA), and premotor cortex (PM), and projects to the somatomotor territories of the basal ganglia. The motor loop outputs from the basal ganglia terminate in the oral part of the ventral lateral nucleus (VLo) and the parvicellular part of the ventral anterior nucleus (VApc) of the thalamus, which then project to the MI, SMA, and PM. This loop has been confirmed by transneuronal transport of viruses [3–6]. In addition to the motor loop, the oculomotor, prefrontal, and limbic loops connect the cerebral cortical areas (the frontal/supplementary eye fields, prefrontal cortex, and limbic cortex, respectively) with the corresponding parts of the basal ganglia and thalamic nuclei. Through these multiple loops, the basal ganglia control eve movements, higher brain functions and emotions, as well as limb movements.

ganglia returns primarily to the cerebral cortex, in particu-

Despite their parallel organization, the cortico–basal ganglia loops should be viewed more as a continuum rather than subdivisions with strict boundaries. The projections from the MI, SMA, and PM partially overlap in the striatum [7–9], and a substantial number (around one-fourth) of striatal neurons receive convergent inputs from the MI and SMA. The functions of this convergence remain unknown. On the other hand, MI-receiving, SMA-receiving, and MI + SMA-receiving striatal neurons project to the segregated parts of the external (GPe) and internal (GPi) segments of the globus pallidus [10]. Thus, further convergence does not occur in the striato–GPe/GPi projections.

Another issue is the relationship between the basal ganglia and cerebellum, both of which control cortical activity through the thalamus. Anatomical and physiological studies have repeatedly shown that projections from the GPi, substantia nigra pars reticulata (SNr), and deep cerebellar nuclei (CN) terminate in different regions of the thalamus. The CN project to the oral part of the ventral posterolateral nucleus (VPLo), the caudal part of the ventral lateral nucleus (VLc), and area X of the thalamus, which then project to the MI, SMA, and PM [3,4,6,11]. The information from the basal ganglia and cerebellum reaches the motor cortices independently without interactions in the thalamus. However, local

interactions between the two inputs via thalamic interneurons and the thalamic reticular nucleus cannot be excluded. Interactions between the basal ganglia and cerebellum via the CN-thalamo-striatal pathway have also been suggested [12].

Problem 2: is the '*direct* and *indirect* pathways model' still reasonable?

The basal ganglia circuitry is considered to be composed of two major projection systems: the 'direct' and 'indirect' pathways (Figure 1) [2]. The *direct* pathway arises from GABAergic striatal neurons containing substance P and dynorphin, and projects monosynaptically to the GPi/ SNr. The *indirect* pathway arises from GABAergic striatal neurons containing enkephalin, and projects polysynaptically to the GPi/SNr by way of sequential connections with the GPe and subthalamic nucleus (STN). In addition, dopaminergic projections from the substantia nigra pars compacta (SNc) differentially modulate the activity of striatal projection neurons in the *direct* and indirect pathways. Dopamine excites striatal neurons in the direct pathway through dopamine D1 receptors (D1Rs), while it inhibits striatal neurons in the *indirect* pathway through dopamine D2 receptors (D2Rs) [2,13[•]]. This 'direct and indirect pathways model' has been widely accepted. However, it may be oversimplified, and has been questioned as a result of the following observations:

- (1) The STN receives direct cortical inputs, and is therefore considered another input station of the basal ganglia, in addition to the striatum. The cortico– STN–GPi/SNr 'hyperdirect' pathway conveys strong excitatory signals from the cortex to the GPi/SNr with faster conduction velocity than the direct and indirect pathways (Figures 1 and 2) [14,15]. Thus, GPi activity is influenced by signals through the hyperdirect, direct, and indirect pathways. The detailed information that each pathway conveys and its contribution to movement remain to be elucidated. The hyperdirect pathway seems to be important for inhibiting irrelevant motor programs and/or changing motor plans [15,16^{••},17^{••}].
- (2) This model assumes a clear distinction between the *direct* and *indirect* pathways. A recent study has shown that neurons in these two pathways exhibit different properties, such as a higher release probability for the excitatory synapses and larger *N*-methyl-D-aspartate (NMDA) receptor currents in striatal neurons in the *indirect* pathway than in the *direct* pathway [18[•]]. However, tracing studies have shown that some single neurons project to the both GPe and GPi [19]. Some striatal projection neurons express both D1Rs and D2Rs [20].
- (3) An important issue is whether striatal neurons in the *direct* and *indirect* pathways receive similar inputs from the cortex. Neurons in the *direct* pathway receive inputs from nonpyramidal tract neurons that

have intratelencephalic projections with en passant terminals, whereas neurons in the *indirect* pathway receive collateral inputs from pyramidal tract neurons [21]. Thus, striatal neurons in the direct and *indirect* pathways may receive different inputs, with the former receiving associative signals, and the latter receiving corollary discharges of descending motor commands. However, a recent study suggests that intratelencephalic neurons project to neurons in both pathways [22[•]]. According to electrophysiological experiments using monkeys, corticostriatal neurons originate from a population of neurons that is distinct from neurons projecting to the spinal cord and/or brain stem, and the activity of these corticostriatal neurons during behavior differs from that of other MI neurons [23]. Corticostriatal neurons are selective for specific movements, stimuli or context, whereas pyramidal tract and corticopontine neurons show muscle-like movement-related activity. Both corticostriatal neurons and pyramidal tract/corticopontine neurons change their activity well before the onset of movements, while corticostriatal neurons show later onset. To understand these distinctions, it is necessary to compare striatal neuronal activity in the *direct* and indirect pathways during behavior. The collaterals of pyramidal tract neurons project to the STN, and therefore, the *hyperdirect* pathway may transmit corollary discharges.

- (4) Thalamic neurons send dense projections to the striatum, suggesting a short striato-GPi-thalamostriatal circuit loop (Figure 1) [24]. The difference between the information conveyed by the thalamostriatal projections and that by the corticostriatal projections remains to be clarified.
- (5) The GPe sends GABAergic projections not only to the GPi/SNr, but also to the striatum and GPe itself through local axon collaterals [25]. Thus, the GPe may be viewed as a central nucleus projecting to multiple sites within the basal ganglia. On the other hand, GPe and GPi neurons show similar activity during behavior and in response to cortical stimulation [26,27^{••}]. Thus, the GPe–GPi projections might be weak.
- (6) The STN projects to the GPe, as well as to the GPi through axon collaterals. The STN and GPe have intimate interconnections via the STN–GPe excitatory and GPe–STN inhibitory projections, and the interconnected groups of neurons in the GPe and STN innervate the same population of neurons in the GPi [28,29]. Thus, the STN and GPe are coupled to each other and may work together.
- (7) Dopaminergic projections from the SNc terminate not only in the striatum, but also in the GPe, GPi, and STN. The basal ganglia also receive serotonergic projections from the dorsal raphe nucleus [30] that encode expected and received rewards [31].





Basic circuitry of the basal ganglia, including the Cx–STN–GPi/SNr *hyperdirect*, Cx–Str–GPi/SNr *direct*, and Cx–Str–GPe–STN–GPi/SNr *indirect* pathways. Open and filled arrows represent excitatory glutamatergic (glu) and inhibitory GABAergic (GABA) projections, respectively. The gray arrow represents dopaminergic (DA) projections. Cx, cerebral cortex; GPe, external segment of the globus pallidus; GPi, internal segment of the globus pallidus; SNc, substantia nigra pars compacta; SNr, substantia nigra pars reticulata; STN, subthalamic nucleus; Str, striatum; Th, thalamus (modified from Ref. [14]).

(8) In addition to fast ionotropic receptors, slow metabotropic receptors, such as GABA_B and metabotropic glutamate receptors (mGluRs) transmit signals through the basal ganglia circuitry [32,33]. The functions of metabotropic receptors have yet to be determined and quantitated.

Problem 3: what kind of computation does the striatum perform?

The striatum, one of the input nuclei of the basal ganglia, is composed primarily of projection neurons (80-95%) as well as a small population of interneurons [34]. The projection neurons are GABAergic medium spiny neurons that receive glutamatergic excitatory inputs from the cortex and thalamus, and dopaminergic inputs from the SNc. They send their axons to the GPe, GPi, and SNr. In addition, they have extensive local axon collaterals that form synapses with other neighboring projection neurons. They are usually silent and fire only when they receive inputs, and are therefore described as phasically active neurons (PANs) in behaving monkeys. They fire in a somatotopically organized manner. For example, PANs in the forelimb region fire in relation to forelimb movements. The interneurons, on the other hand, lack spines and are classified into at least four groups: first, cholinergic large aspiny neurons, second, parvalbumin (PV)-containing GABAergic aspiny neurons, third, somatostatin/nitric oxide synthase-containing GABAergic aspiny neurons, and fourth, calretinin-containing GABAergic aspiny neurons. The cholinergic large aspiny neurons fire spontaneously at 2–10 Hz, are described as tonically active neurons (TANs) in behaving monkeys, and show rewardrelated activity. The PV-containing interneurons are electrophysiologically characterized as fast-spiking interneurons that exhibit very narrow action potentials and repetitive firing following cortical stimulation *in vivo* [35]. The activity patterns, especially during behavior, of the other interneurons *in vivo* remain to be elucidated.

Interneurons, as well as projection neurons, receive inputs from the cerebral cortex, thalamus and SNc, and synapse on projection neurons, controlling their activity. Electrophysiological studies *in vitro* and computational models suggest that the activity of projection neurons is controlled by feedforward inhibition through GABAergic interneurons and feedback inhibition through the axon collaterals of projection neurons [36[•]]. PV-containing GABAergic interneurons receive a powerful excitatory input from the cortex [35] and send their axons to the cell bodies and proximal dendrites of projection neurons. Through these close contacts, they produce large GABA_A-mediated inhibitory postsynaptic potentials



Spatial and temporal distribution of basal ganglia activity during voluntary movements. Signals through the *direct* pathway inhibit GPi/SNr neurons in the center area, activate thalamic neurons by disinhibition, and finally release the selected motor program. On the other hand, signals through the *hyperdirect* and *indirect* pathways have broad excitatory effects on GPi/SNr neurons in temporal and spatial domains, making clear initiation and termination of the selected motor program and inhibiting other irrelevant motor programs. Open and filled neurons represent excitatory glutamatergic and inhibitory GABAergic neurons, respectively (modified from Ref. [89]).

(IPSPs) in projection neurons, which are strong enough to delay or inhibit action potential firings in the target neurons [36[•],37,38[•]]. Other GABAergic interneurons, including somatostatin-containing interneurons, also receive excitatory inputs from the cortex and potently inhibit projection neurons. On the other hand, projection neurons have extensive local axon collaterals that usually cover the dendritic arborization of the original neurons and other projection neurons. Most of the synapses are formed on the dendrites and spine necks, with a smaller portion on the somata. These connections are selectively distributed [39[•]]. D2R-containing neurons make synaptic connections both with other D2R-containing neurons and with D1R-containing neurons, whereas D1R-containing neurons form synaptic connections only with other D1Rcontaining neurons. However, electrophysiological studies have shown only weak functional synaptic connectivity through the collaterals of projection neurons [36[•],38[•]], probably because of a small number of release sites and distally located synapses. These electrophysiological studies suggest that collateral inhibition between projection neurons controls local dendritic events [36[•]]. The functions of feedforward and feedback inhibition in the striatum of behaving animals should be investigated. Several methods could be considered, including, firstly, recording neuronal activity of striatal projection neurons and behavior in awake monkeys before and after injection of GABA receptor antagonists, and secondly, ablation of PV-containing interneurons in transgenic mice that are genetically engineered to express a target molecule for recombinant immunotoxins (immunotoxin cell targeting) [40].

Although the striatum looks histologically homogeneous, it can be divided anatomically into the u opiate receptorrich 'patch' compartment ('striosome') and the surrounding 'matrix' compartment. The patch and matrix have different input and output connections. Dendritic fields of projection neurons in the patch or matrix are confined within each compartment and never cross the patch/ matrix border [41]. On the other hand, dendritic fields of interneurons do cross the border. Thus, information conveyed by projection neurons is processed within each patch/matrix compartment, while interneurons convey information between the patch and matrix. Projection neurons in the patch and those in the matrix are morphologically and electrophysiologically similar. The functional significance of the compartmentalization is not well understood.

Problem 4: how do the basal ganglia contribute to the cortical and thalamic activity?

The classical and widely accepted 'disinhibition theory' [42] states that inhibitory GABAergic neurons in the output nuclei of the basal ganglia fire spontaneously at high frequency, continuously inhibiting neurons in target structures, such as the thalamus (Figure 2). When striatal neurons are activated by cortical inputs, the striatal neurons inhibit GPi/SNr activity through the striato–GPi/SNr *direct* pathway. The continuous inhibition from the output nuclei to the target structures is temporarily removed (disinhibited), and neurons in the thalamus are activated. These mechanisms have been investigated in

saccadic eye movements. Indeed, SNr neurons decrease their activity in relation to saccadic eye movements, while many GPi neurons increase their activity in relation to forelimb movements. The increase-to-decrease ratio of GPi neurons, which is the number of neurons that increase their activity during movements divided by the number of neurons that decrease their activity, is larger than 1.0. The excitation of GPi neurons can be explained by the excitatory inputs from the STN, as described in the next section. The disinhibition theory predicts that a lesion of the GPi and thalamus induces involuntary movements and akinesia, respectively. However, such a lesion is not usually associated with severe motor deficits, except that hypometria [43,44] or reaction time changes are reported with a GPi inactivation. It has also been suggested that rebound excitation after IPSPs might be more important than inhibition [45].

The spontaneous activity of thalamic neurons in the area receiving input from the GPi is lower than that receiving input from the CN [46]. Continuous inhibition from the GPi on thalamic neurons might cause the lower activity. Microstimulation in the CN-receiving areas evokes movements, while no movements are evoked by stimulation in the GPi-receiving areas [47,48]. Both GPi-receiving and CN-receiving thalamic neurons show movementrelated activity [49]. It is a reasonable possibility that these thalamic activity changes are caused by input from the GPi and CN. Blockade of the GPi increases the tonic discharge rate of thalamic neurons in the GPi-receiving areas, but has little effect on movement-related activity [43]. The thalamic activity may reflect not only pallidal inputs, but also other inputs, such as cortical activity via corticothalamic projections.

Thalamic activity finally reaches the cortex through the thalamocortical projections. Electrophysiological experiments have suggested two types of thalamocortical projections: the superficial thalamocortical projections that terminate in the superficial layers of the cerebral cortex (layers I and II) and the deep thalamocortical projections that terminate in the deeper layers (layers III-V) [50]. Recent anatomical studies also support two types of thalamocortical projections. Neurons in the thalamus can be classified into calbindin-positive 'matrix' cells and PV-positive 'core' cells [51]. Matrix cells project to the superficial layers of the cerebral cortex, while core cells project to the middle layers. Electrophysiological studies have shown that thalamic neurons with basal ganglia inputs terminate in the superficial layers of the cerebral cortex [52]. On the other hand, thalamic neurons with cerebellar inputs terminate in the deeper layers. Cerebellar outputs have strong excitatory effects on cortical neurons through deep thalamocortical projections and may initiate movement. In contrast, basal ganglia outputs have modulatory effects on cortical neurons and control the overall level of cortical activity through the superficial thalamocortical projections. The difference in the synaptic strength of basal ganglia and cerebellar outputs on the cortex may explain the difference in microexcitability between the GPi-receiving and CNreceiving thalamus. The contribution of basal ganglia output to cortical activity should be investigated by recording neuronal activity in the MI before and after blocking GPi activity.

The timing of basal ganglia activity in relation to movement is another important issue. Activity changes in the basal ganglia begin at movement onset, and are too late for movement initiation [53,54]. Therefore, the basal ganglia contribute to the control of on-going movements, not to the initiation of movements. However, other studies have suggested that the activity changes are much earlier [55]. The timing in activity changes of GPi-receiving and CN-receiving thalamic neurons is comparable [49]. These data should be reinvestigated using modern techniques.

Problem 5: what is the function of the basal ganglia?

Focused selection of movements

Disinhibition via the striato-GPi/SNr direct pathway releases a selected motor program. On the other hand, signals through the *hyperdirect* and *indirect* pathways have excitatory effects on the GPi/SNr. and therefore, have inhibitory effects on thalamic and cortical neurons (Figure 2) [15,16^{••},56]. Considering the onset timing and conduction velocity of cortical neurons (Figure 1), signals through the *hyperdirect* pathway first actively inhibit thalamic neurons, then those through the *direct* pathway disinhibit them, and finally those through the *indirect* pathway inhibit thalamic neurons again. Thus, signals through the *hyperdirect* and *indirect* pathways make clear initiation and termination of the selected motor program. In addition to a temporal aspect, the enhancement by differential inputs through the hyperdirect, direct, and indirect pathways may work spatially as well (Figure 2). Anatomical studies have shown that STN-GPi fibers arborize more widely and terminate on more proximal neuronal elements than striato-GPi fibers. Signals through the *hyperdirect* and *indirect* pathways activate GPi/SNr neurons extensively, thereby inhibiting large areas of the thalamus. Signals through the *direct* pathway, however, disinhibit thalamic neurons only in the center area. Thus, signals through the hyperdirect and indirect pathways inhibit thalamic neurons in the surrounding area, which are involved in other unnecessary competing motor programs. By way of temporal and spatial inputs to the target structure through the *hyperdirect*, *direct*, and *indirect* pathways, only the selected motor program is executed at the selected time, and other competing motor programs are cancelled. The oculomotor, prefrontal, and limbic loops seem to control the activity of corresponding cortical areas in a similar manner to the motor loop.

Learning, especially motor learning

Accumulating evidence suggests a function for the basal ganglia in motor learning, especially procedural or habit learning [57,58]. Dopaminergic neurons in the SNc and striatal neurons (projection neurons and cholinergic interneurons) show activity changes in the course of motor learning. The activity of dopaminergic neurons in the SNc may reflect a difference between a real reward and a predicted reward, supporting a 'reinforcement learning' system [59], in which animals adjust their behavior to the goal of maximizing the frequency, magnitude or both of the reinforcing events they encounter over time. Dopaminergic inputs may induce plastic changes in the corticostriatal synapses [13[•],60[•]]. Origins of reward information to the SNc may include the striato-SNc projections from the patch compartment. Recently, the lateral habenular nucleus has been shown to transmit negative reward signals to the SNc [61[•]].

The above two major hypotheses may be complementary. Dopamine release from the SNc axon terminals changes the efficacy of corticostriatal synapses, that is, the synaptic weight of the *direct* and *indirect* pathways. Then, an appropriate movement is initiated by focused selection through the *hyperdirect*, *direct*, and *indirect* pathways $[62^{\bullet\bullet}, 63]$. It will be important to determine whether dopamine released from the SNc terminals changes corticostriatal neurotransmission and striatal activity, especially reward-related activity, and finally results in the selection of appropriate movements.

Problem 6: what is the pathophysiology of movement disorders? Firing rate model

Malfunctions of the basal ganglia cause movement disorders, such as Parkinson's disease, Huntington's disease, hemiballism, and dystonia, which are characterized by disturbances in the execution of voluntary movements (hyperkinetic-hypokinetic) and in muscle tone (hypertonic-hypotonic). DeLong [64] has proposed that activity imbalance between the *direct* and *indirect* pathways changes the mean firing rate of the output nuclei of the basal ganglia and induces hypokinetic or hyperkinetic disorders. For example, dopamine depletion reduces tonic excitation to striatal neurons in the *direct* pathway through D1Rs and tonic inhibition to striatal neurons in the *indirect* pathway through D2Rs [64,65^{••}]. These changes in the *direct* and *indirect* pathways induce increased activity in GPi/SNr neurons and decreased activity in thalamic and cortical neurons, which result in akinesia. However, recent electrophysiological studies using 1-methyl-4-phenyl-1,2,3,6-tetrahydropyridine (MPTP)-induced parkinsonian monkeys have failed to detect an expected increase in GPi activity [32,66,67,68[•]]. Morphological changes, including selective elimination of glutamatergic synapses on striatal neurons in the *indir*ect pathway [69[•]] and a loss of recurrent collateral connections between striatal projection neurons [39[•]], were reported. However, their significance remains unclear. On the other hand, decreased GPi activity has been reported in hyperkinetic disorders, such as dystonia and hemibal-lism [14,70,71,72^{••}], supporting the firing rate model.

By modifying the firing rate model, the dynamic changes in GPi activity may explain the pathophysiology of Parkinson's disease [73]. In Parkinson's disease, this model postulates that movement-related activity through the *direct* pathway decreases, and activity through the *indirect* pathway increases. These changes reduce movementrelated inhibition and enhance surrounding excitation in the GPi, with little change in the mean firing rate, leading to reduced movement-related disinhibition in the thalamus and cortex, resulting in akinesia. The increaseto-decrease ratio of GPi neurons during movements is increased after MPTP-treatment [74[•],75^{••}]. Dynamic changes in the hyperdirect, direct, and indirect pathways are also suggested in the parkinsonian state [68[•],76,77[•]]. On the other hand, in hyperkinetic disorders, excessive inhibition in the GPi through the *hyperdirect*, *direct*, and indirect pathways may induce uncontrollable disinhibition in the thalamus and cortex, leading to involuntary movements [14,72^{••}]. To test this model, it is essential to record movement-related activity in the basal ganglia in animal models of Parkinson's disease and hyperkinetic disorders.

Firing pattern model

Oscillatory and/or synchronized activity is observed in the basal ganglia of patients with movement disorders and animal models, and disturbance of information processing in the basal ganglia is suggested [78]. Unit activity and local field potentials recorded from parkinsonian animals and patients have shown oscillatory and synchronized activity in the GPe, GPi, and STN [67,78–80,81^{••}]. The frequency bands include the frequency of resting tremor (4–9 Hz) and the beta band (10–30 Hz). Beta band oscillation may contribute to akinesia, since treatment for akinesia with drugs or stereotaxic surgery suppresses the beta band oscillation. However, in the course of MPTP-treatment of monkeys, the appearance of parkinsonian motor symptoms precedes that of oscillatory activity [75^{••}], which does not support the firing pattern model.

The above two models can explain the pathophysiology of akinesia, but not the mechanisms of muscle tone disorders, such as the rigidity seen in Parkinson's disease and the hypotonia seen in hemiballism. The mechanism of parkinsonian tremor is also unresolved. Tremor-related activity is frequently recorded in the basal ganglia and the thalamus, particularly the ventrointermediate nucleus (Vim). A small lesion in the Vim completely abolishes parkinsonian tremor. However, the Vim receives input from the CN, not from the GPi. These data suggest that tremor-related activity may originate in the basal ganglia and be amplified by cerebro-cerebellar interactions to manifest tremor [82].

Problem 7: how does stereotaxic surgery work?

Recent developments in stereotaxic surgery have shown that lesions or high frequency stimulation, that is, deep brain stimulation (DBS), in the basal ganglia, ameliorates the motor disabilities of movement disorders. Nuclei that fire abnormally, such as with abnormally high or low frequency discharges or abnormal oscillatory firings, are the targets for surgery. Both small lesions and high frequency stimulation show similar clinical results. In Parkinson's disease, the GPi and STN exhibit increased firing rates, based on the firing rate model of movement disorders. Indeed, pallidotomy and subthalamotomy ameliorate parkinsonian symptoms. On the other hand, lesions in the anterior and posterior parts of the ventrooral nucleus (Voa/p) of the thalamus, which are GPi-receiving areas whose decreased activity is predicted by the model, ameliorate parkinsonian symptoms. Thus, the firing rate model by itself cannot explain the mechanism of stereotaxic surgery.

Mechanism of DBS: inhibition versus excitation

The mechanism of the effectiveness of DBS is still unclear: DBS may inhibit or excite local neuronal elements [83]. The inhibition theory is based on the observation that DBS shows similar effects as lesions. This mechanism could include: firstly, silencing neuronal activity by a depolarization block or activation of specific ion channels, and/or secondly, activation of inhibitory pathways, such as afferent inhibitory inputs and local inhibitory interneurons. GPi stimulation induces inhibitory responses in neighboring GPi neurons in human patients by the stimulation of GABAergic inhibitory afferent fibers from the striatum and/or the GPe [84]. The excitation theory is based on the fact that high frequency stimulation excites local neuronal elements as single stimulation does. This mechanism could include: firstly, 'jamming' of the conduction of abnormal activity or normalization of the neuronal activity pattern [76,85-87], and/or secondly, inhibition of output nuclei through the basal ganglia circuitry. Indeed, STN-DBS increases GPi activity through the excitatory STN-GPi projections, and GPi-DBS decreases thalamic activity through the inhibitory GPi-thalamic projections [85,86]. However, other reports show different results [88]. Repetitive stimulation of the STN produces inhibition in the GPi, while a single stimulation pulse produces excitation. Repetitive stimulation of the STN excites the GPe, which inhibits GPi activity through the GABAergic inhibitory GPe-GPi pathway, overcoming the excitatory STN-GPi pathway. Taken together, these data suggest that the mechanism of stereotaxic surgery may be an interruption in abnormal information flow through the basal ganglia circuitry in movement disorders, not a simple increase or decrease in firing rates.

Bilateral GPi-DBS has a dramatic effect on idiopathic torsion dystonia including DYT1. The GPi neurons in dystonia show low firing rates and burst and oscillatory firings. We do not know whether GPi-DBS excites or inhibits GPi activity, or whether the mechanism of DBS for dystonia is the same as that for Parkinson's disease. Benefits take weeks to months to occur. Thus, some plastic changes may occur, such as normalization of GPi activity. These questions will be answered by recording neuronal activity after using GPi-DBS in dystonia models.

Conclusions

This article has discussed current problems regarding the basal ganglia. To solve these problems, we should focus on the information flow through the basal ganglia rather than the information representation. The following experiments will be important.

- (1) Neuronal activity should be recorded from behaving animals, especially from monkeys. In addition to wellestablished chronic experiments, we should combine electrical stimulation and/or local drug injection into the vicinity of recording neurons in order to identify the afferent inputs to recording neurons.
- (2) Recording neuronal activity from animal models of movement disorders and using stereotaxic surgery in these models will be important. Many genetic mouse models of movement disorders that have been developed recently should be analyzed.
- (3) Recording neuronal activity during stereotaxic surgery of human patients will also provide important clues in understanding the pathophysiology of the movement disorders.

Acknowledgments

Our work was supported by Grants-in-Aid for Scientific Research from the Ministry of Education, Culture, Sports, Science and Technology of Japan and the Uehara Memorial Foundation.

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