

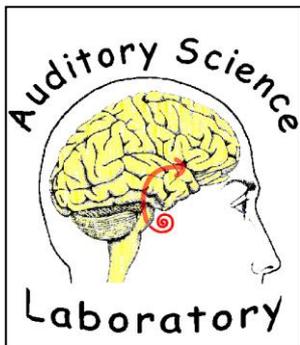
Sound Wave Symposium, San Diego, 2018

Developmental Plasticity and Progressive Hearing Loss

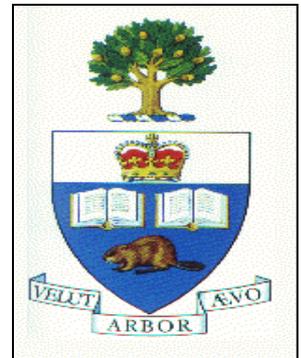
Robert V. Harrison

**Professor and Vice-Chair - Research,
Department of Otolaryngology – Head & Neck Surgery
University of Toronto**

**Director, Auditory Science Laboratory,
Program in Neuroscience and Mental Health
The Hospital for Sick Children, Toronto**



SickKids®



Developmental Plasticity and Progressive Hearing Loss

[1] Developmental plasticity in the auditory system:

Knowledge from basic science (animal) models.

General principles e.g.: age related plasticity, critical or sensitive developmental periods.

Clinical perspectives from cochlear implantation in children.

[2] Some perspectives on progressive hearing loss:

The peripheral “cascade” effect.

Timing of progressive hearing loss in relation to age related plasticity.

[3] Novel perspectives on progressive hearing loss in children after CI.

Speech and language improvement can be like a progressive hearing loss.

Developmental Plasticity and Progressive Hearing Loss

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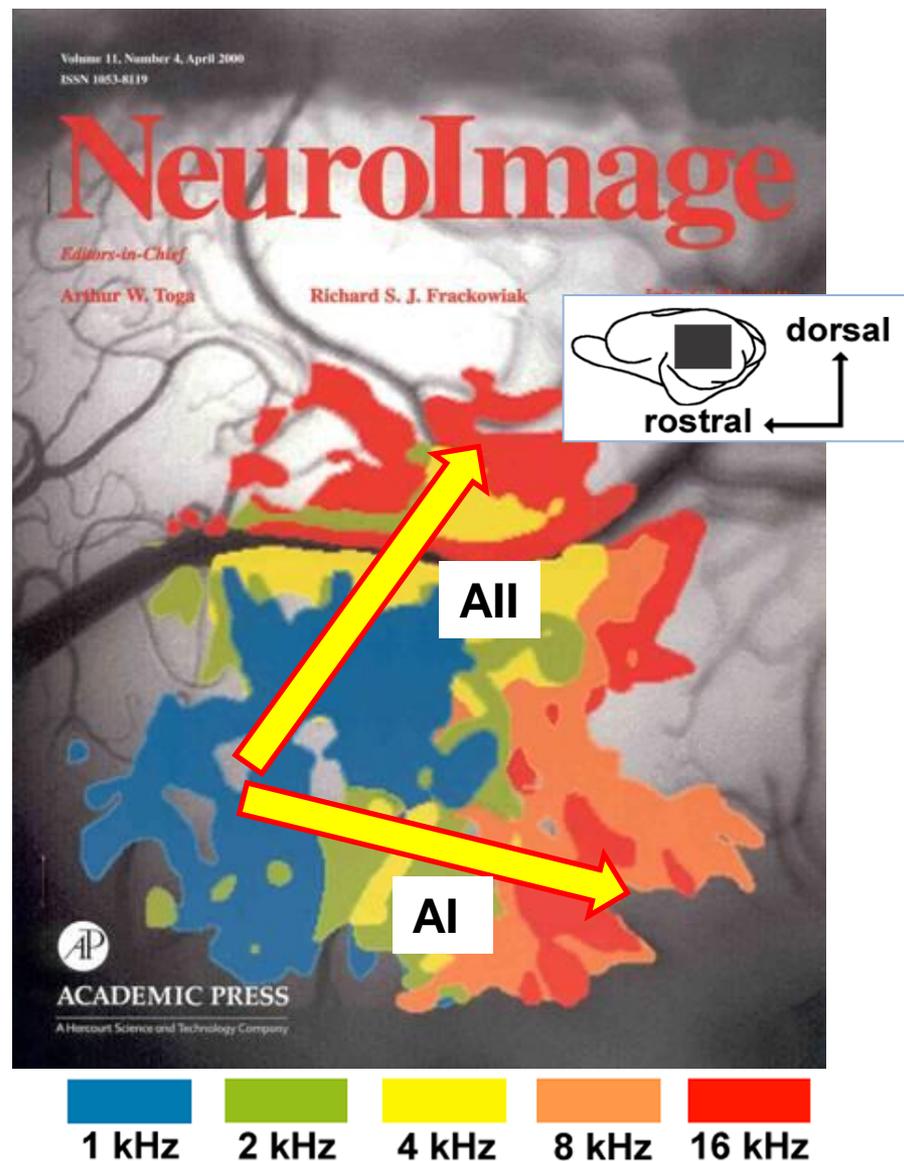
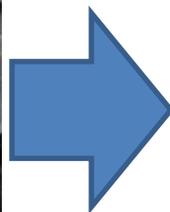
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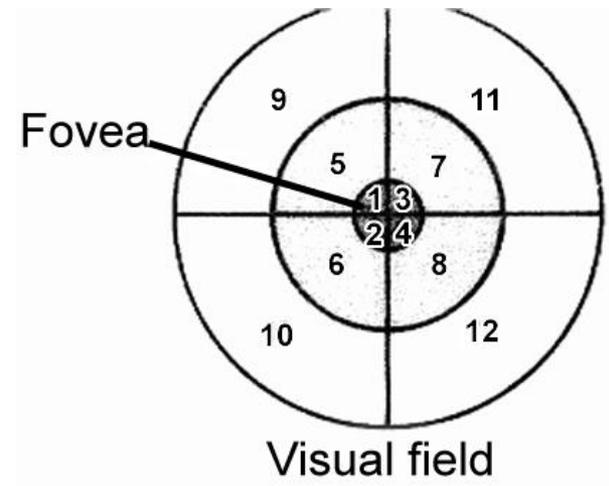
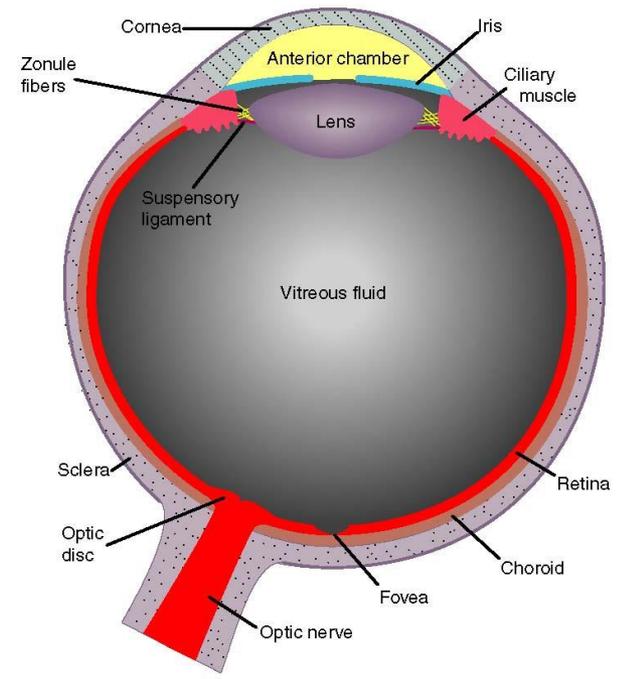
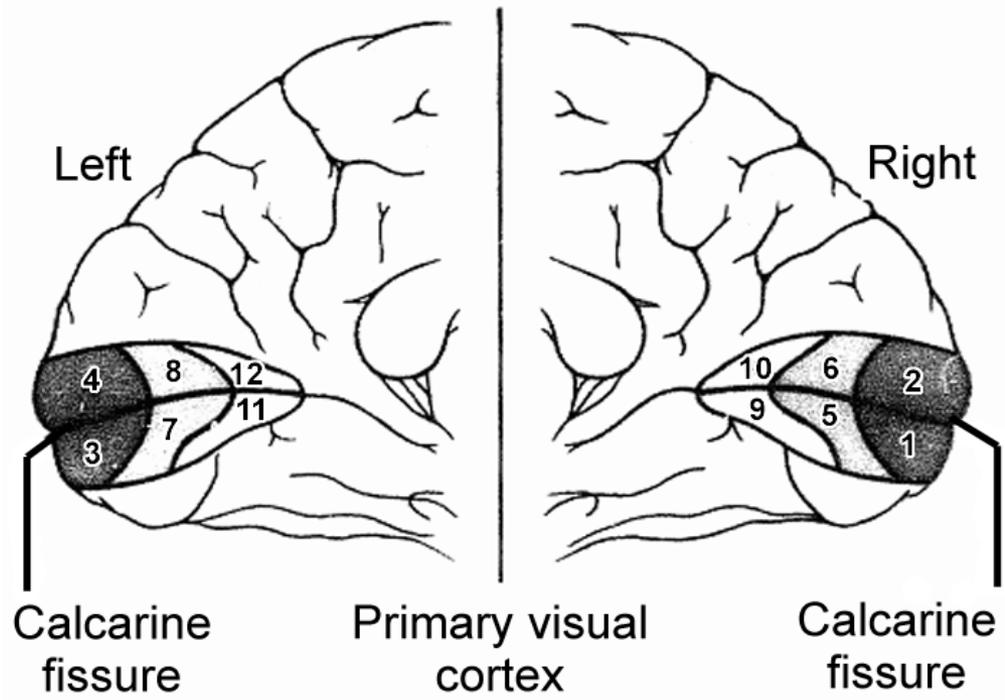
Speech and language improvement can be like a progressive hearing loss.

The sensory epithelium of the cochlea projects in organized way to auditory cortex.
(tonotopic / cochleotopic organization)

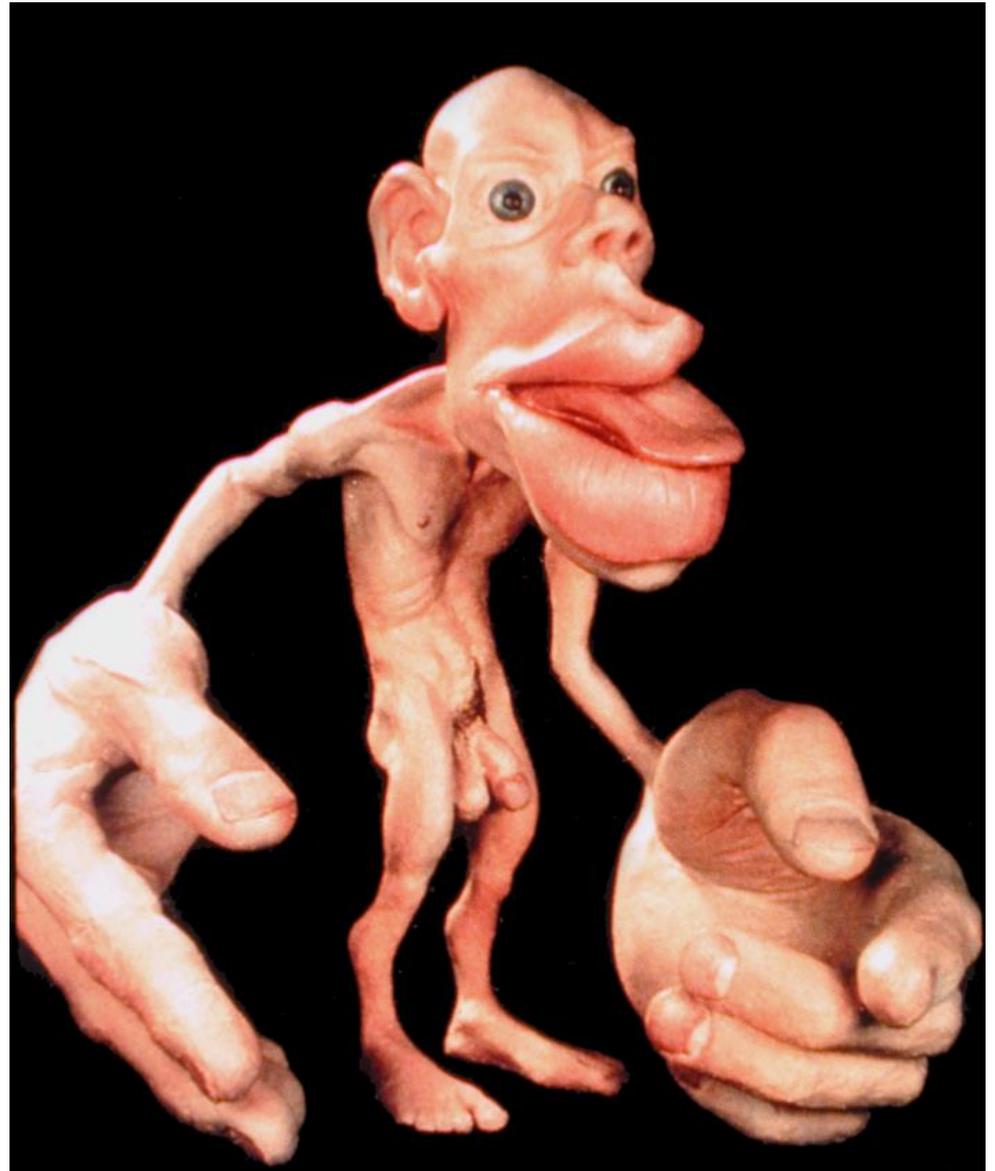
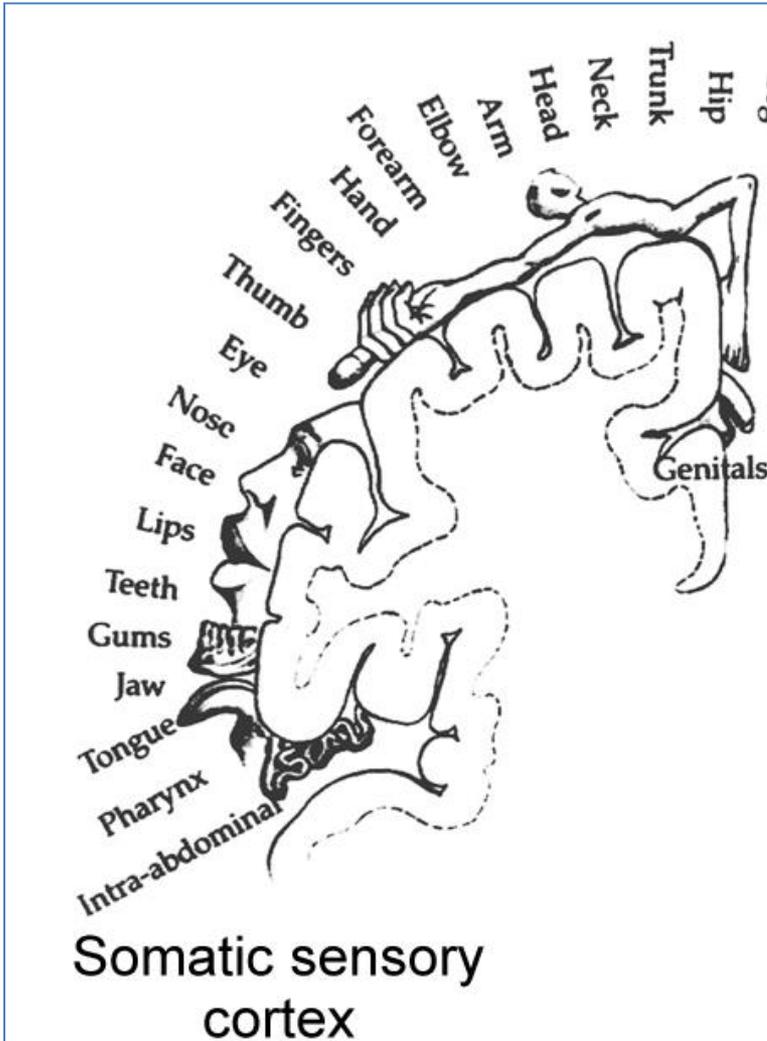


HAREL N, MORI N, SAWADA S, MOUNT RJ, HARRISON, R.V. (2000):
Three distinct auditory areas of cortex (AI, AII, AAF) defined by
optical imaging of intrinsic signals. NeuroImage 11:302-312

The RETINOTOPIC organization of the visual system



Somatotopic representation of the sensory surface of the skin

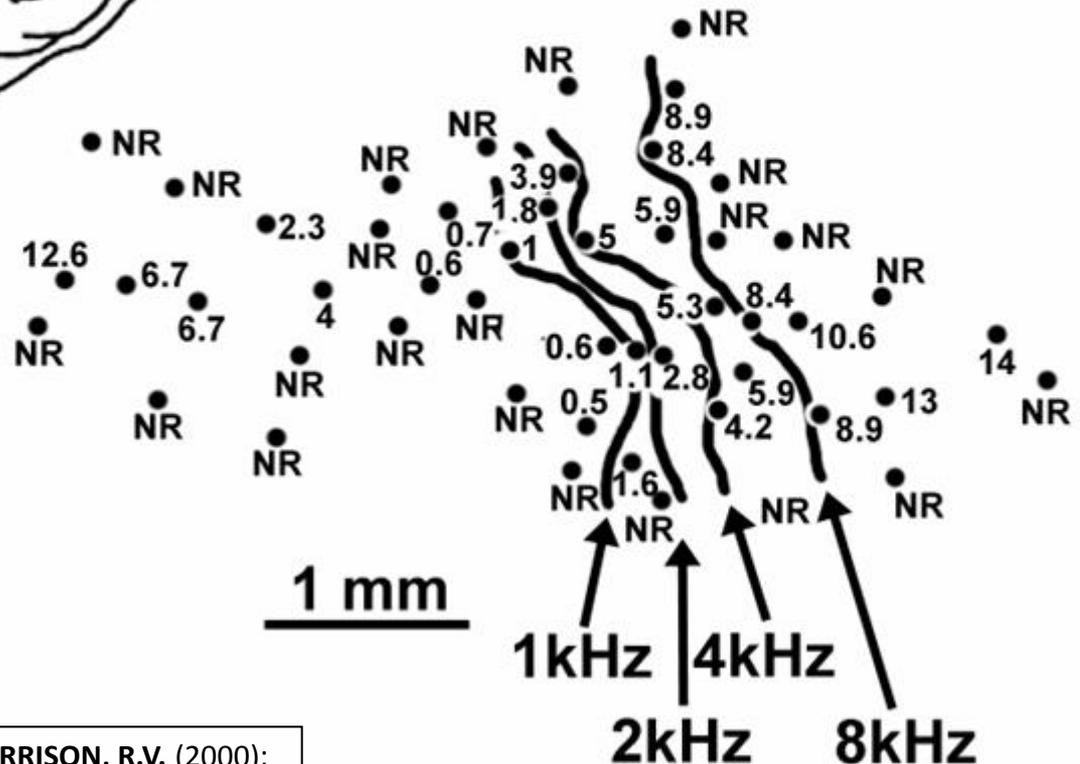


Mapping the tonotopic organization of auditory cortex using single unit electrophysiology

Anterior ← → Posterior



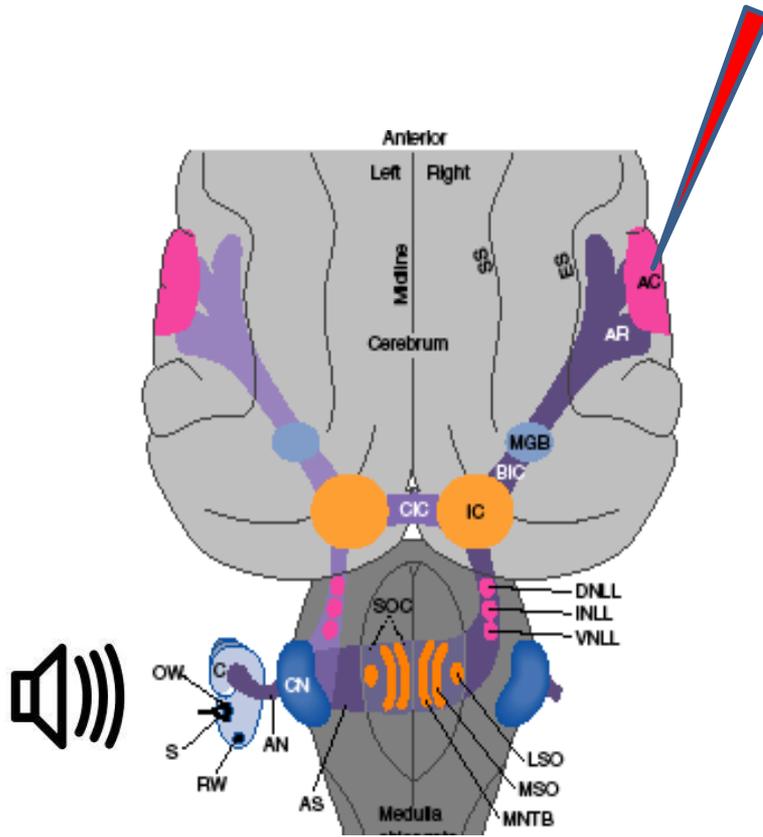
(chinchilla)



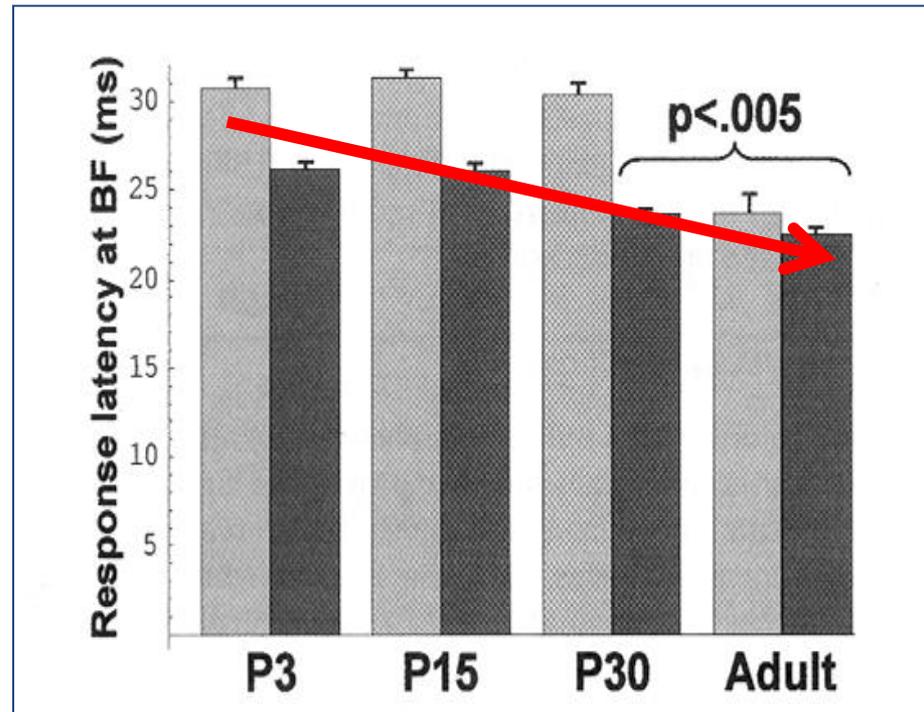
KAKIGI A, HIRAKAWA H, HAREL N, MOUNT RJ, HARRISON, R.V. (2000):
Tonotopic mapping in auditory cortex of the adult chinchilla with
amikacin induced cochlear lesions. *Audiology* 39:153-160

Neural “connectivity” improves with age

cortical neuron onset response latencies (chinchilla) at different ages

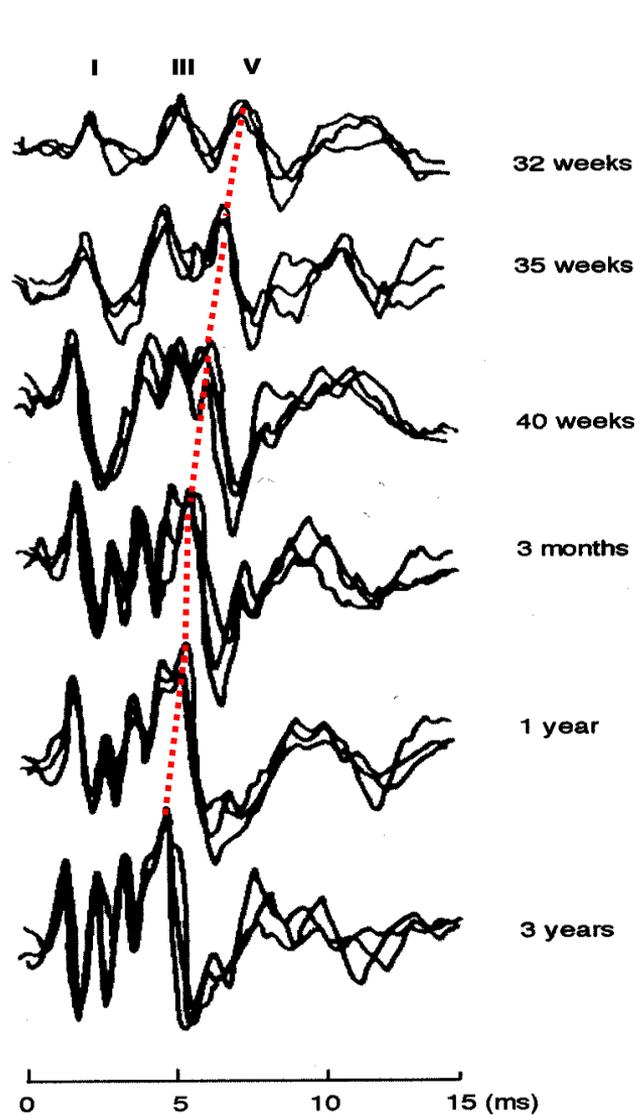


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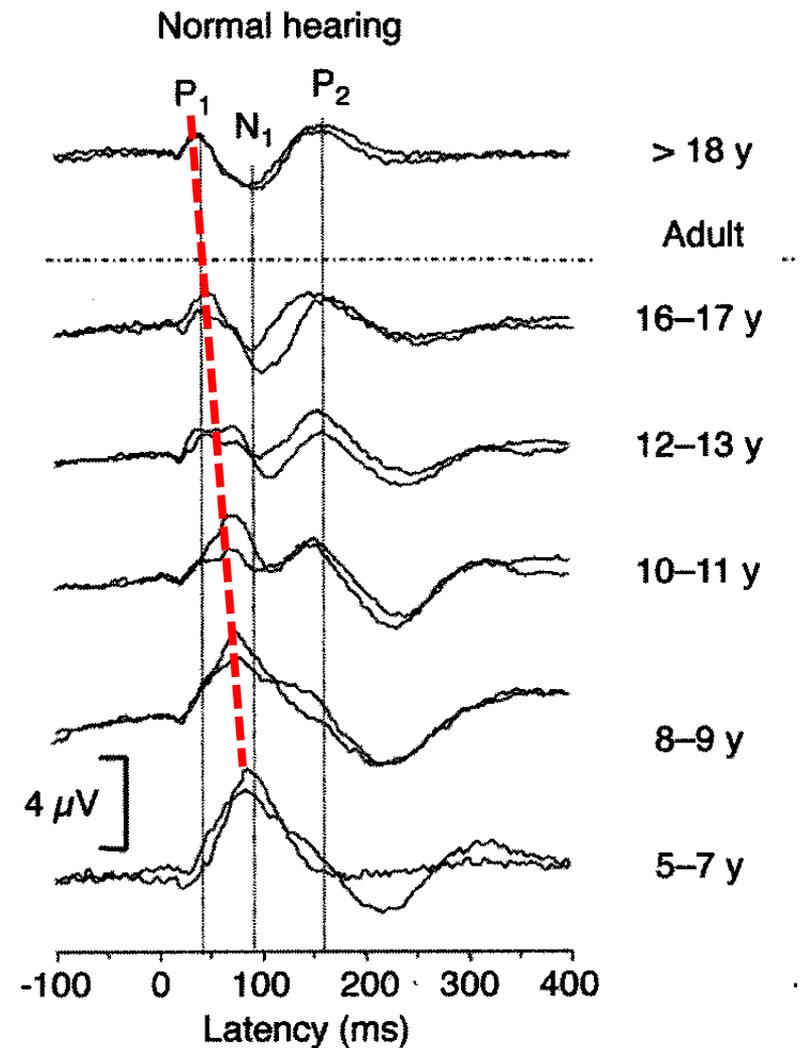


PIENKOWSKI M, HARRISON RV. (2005). Tone frequency maps and receptive fields in developing chinchilla auditory cortex. J Neurophysiol. 93: 454-466

Evoked potential studies of human auditory system development



Auditory Brainstem evoked Responses ABR



Auditory Cortex, Evoked Potentials

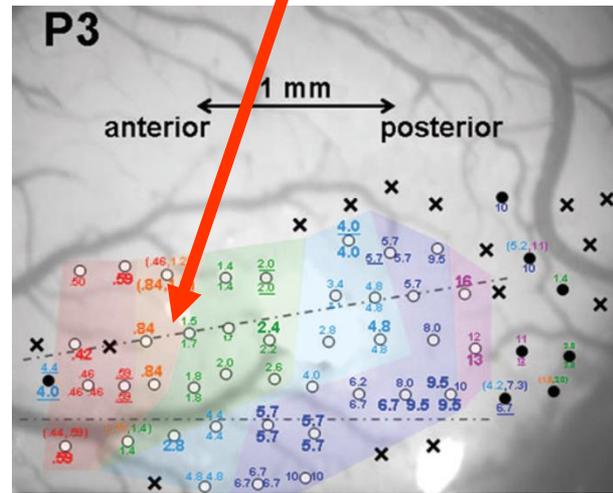
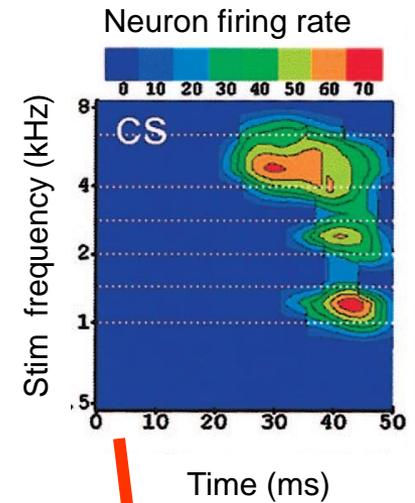
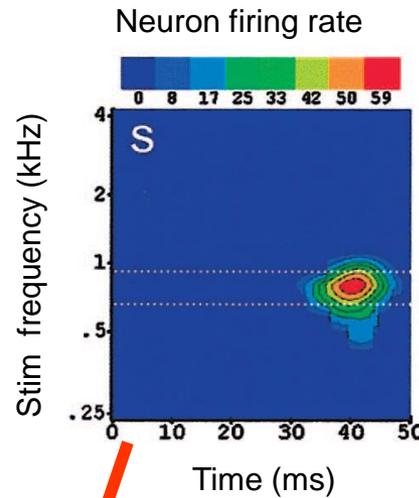
Data from various works by Jos Eggermont

Increase in complexity of neuron responses in auditory cortex with age

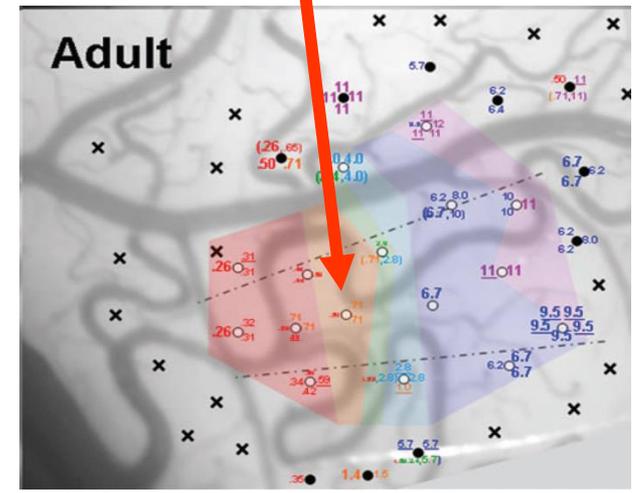
“simple response”

“complex response”

Anterior ← → Posterior



neonate

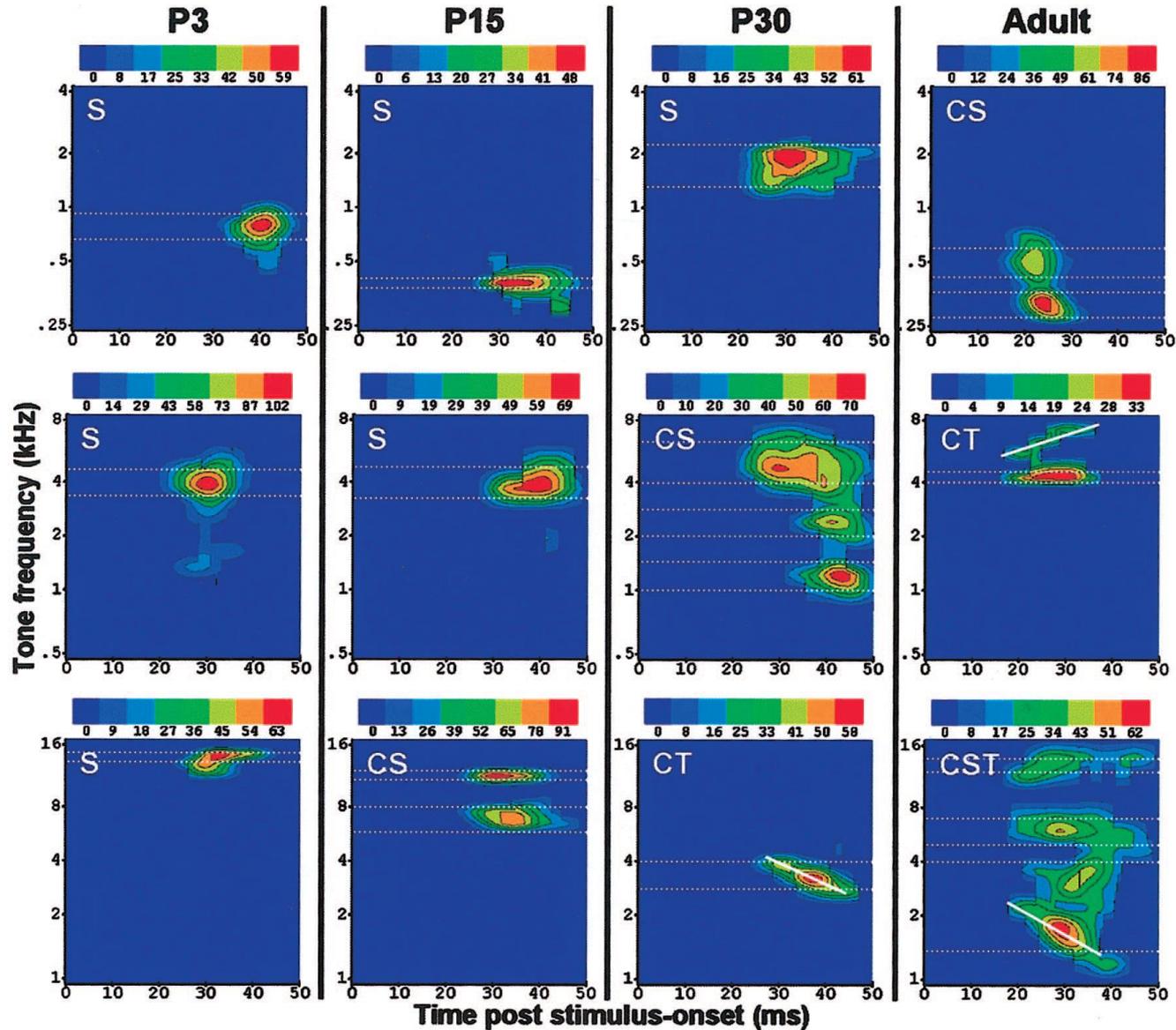


adult

PIENKOWSKI M, HARRISON RV. (2005). Tone frequency maps and receptive fields in developing chinchilla auditory cortex. J Neurophysiol. 93: 454-466

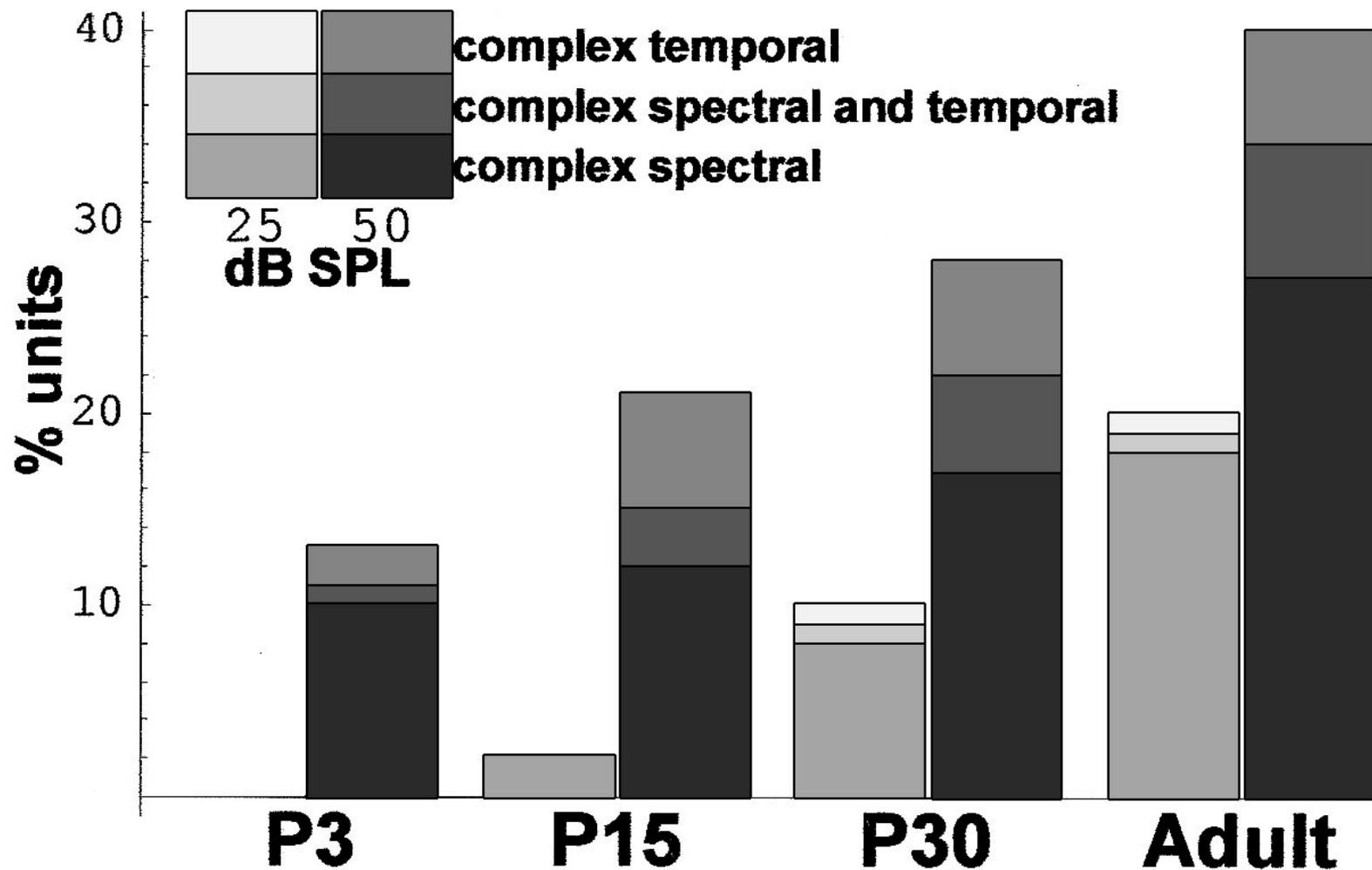
(nature vs. nurture)

Increase in complexity of neuron responses in auditory cortex with age



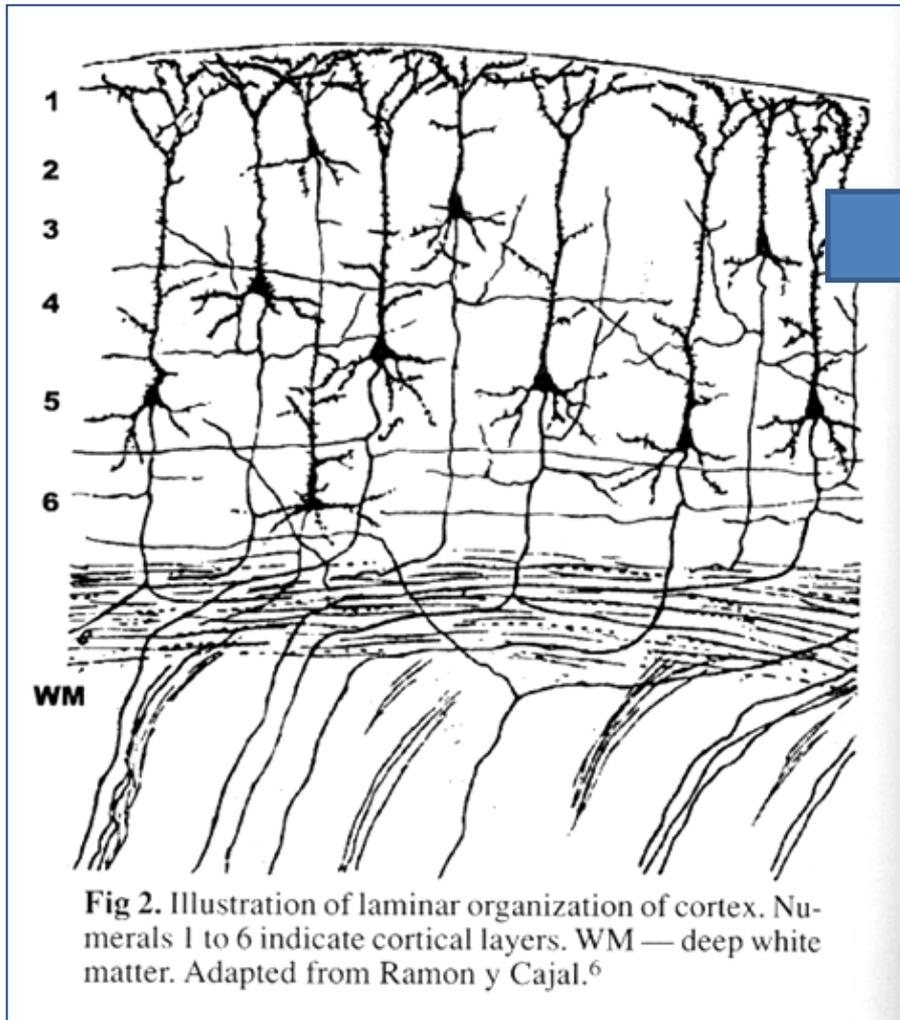
PIENKOWSKI M, HARRISON RV. (2005). Tone frequency maps and receptive fields in developing chinchilla auditory cortex. *J Neurophysiol.* 93: 454-466

Proportion of “complex cells” in auditory cortex with age

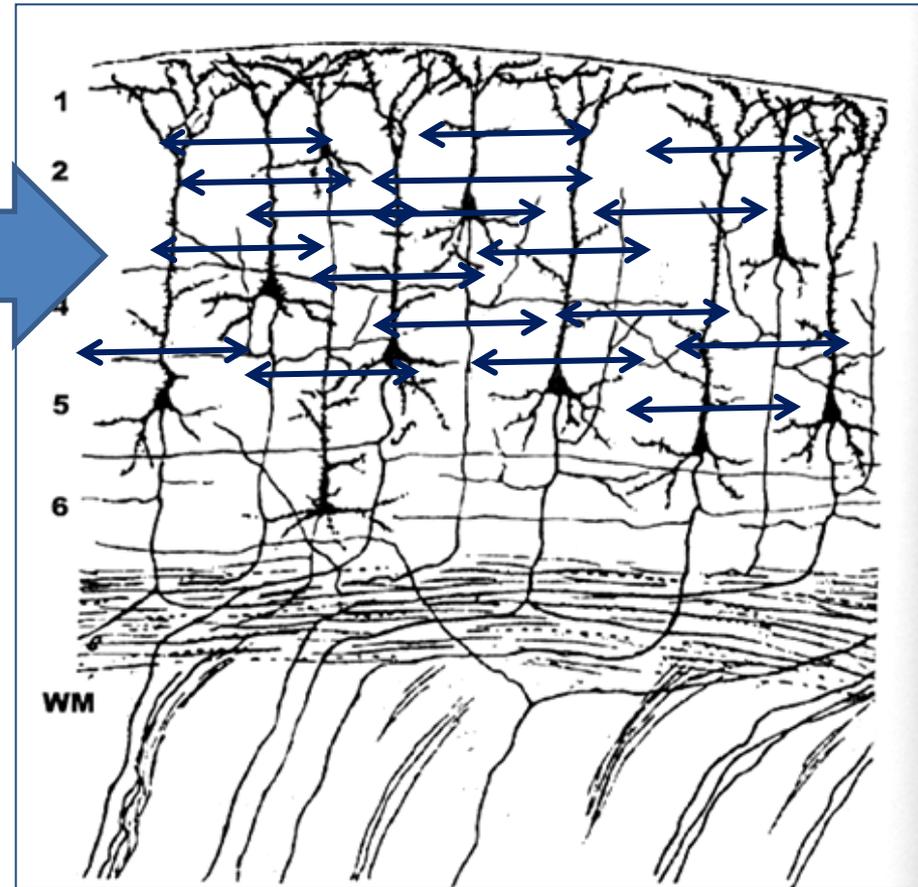


PIENKOWSKI M, HARRISON RV. (2005). Tone frequency maps and receptive fields in developing chinchilla auditory cortex. *J Neurophysiol.* 93: 454-466

Increased complexity of auditory neuron responses reflects development of inter-neuronal connections



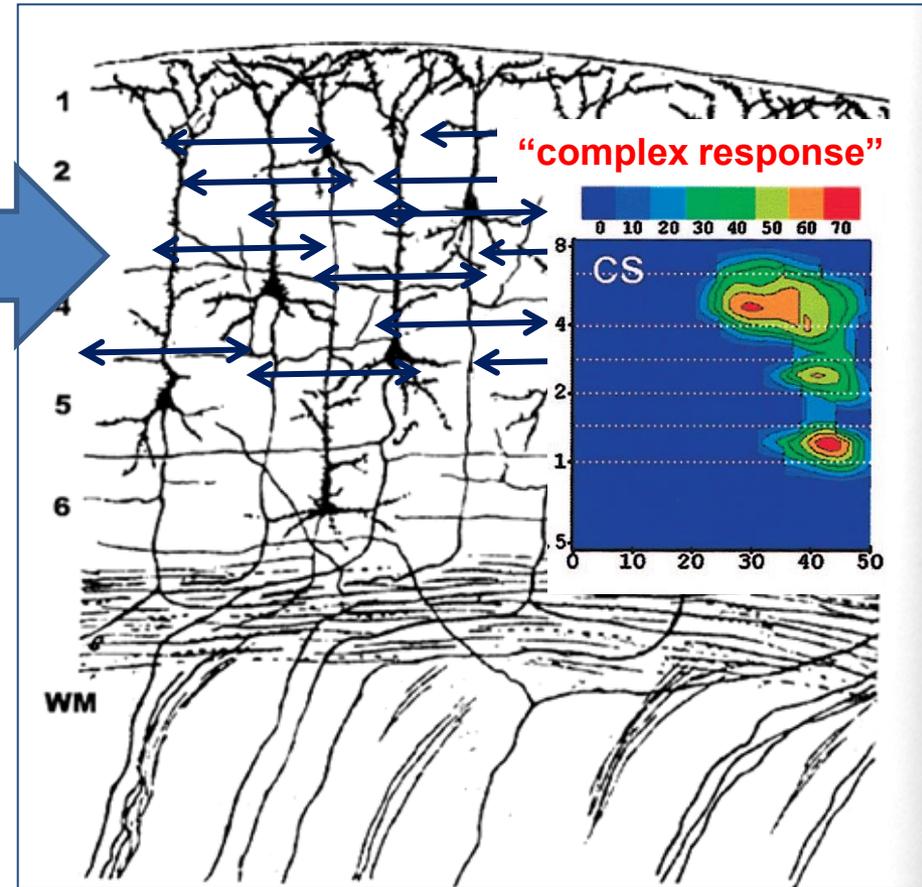
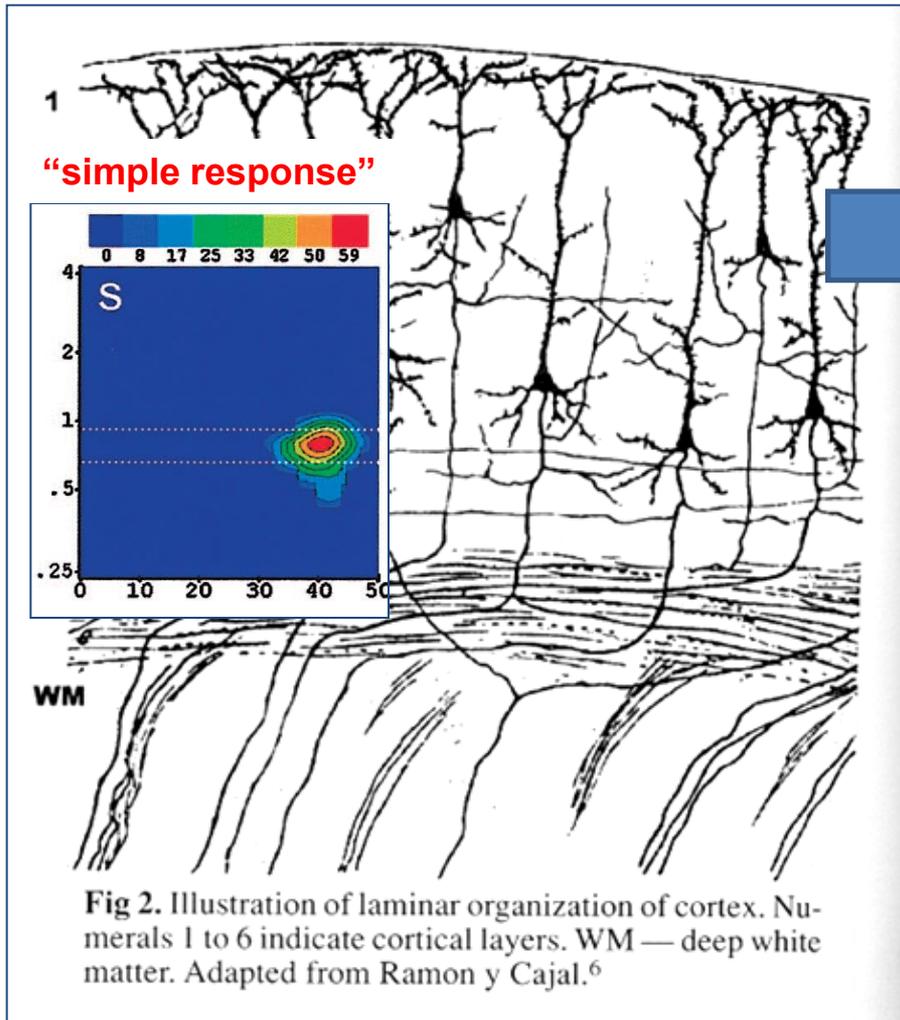
Cortex in early development



Mature cortex

(highly schematic)

Increased complexity of auditory neuron responses reflects development of inter-neuronal connections

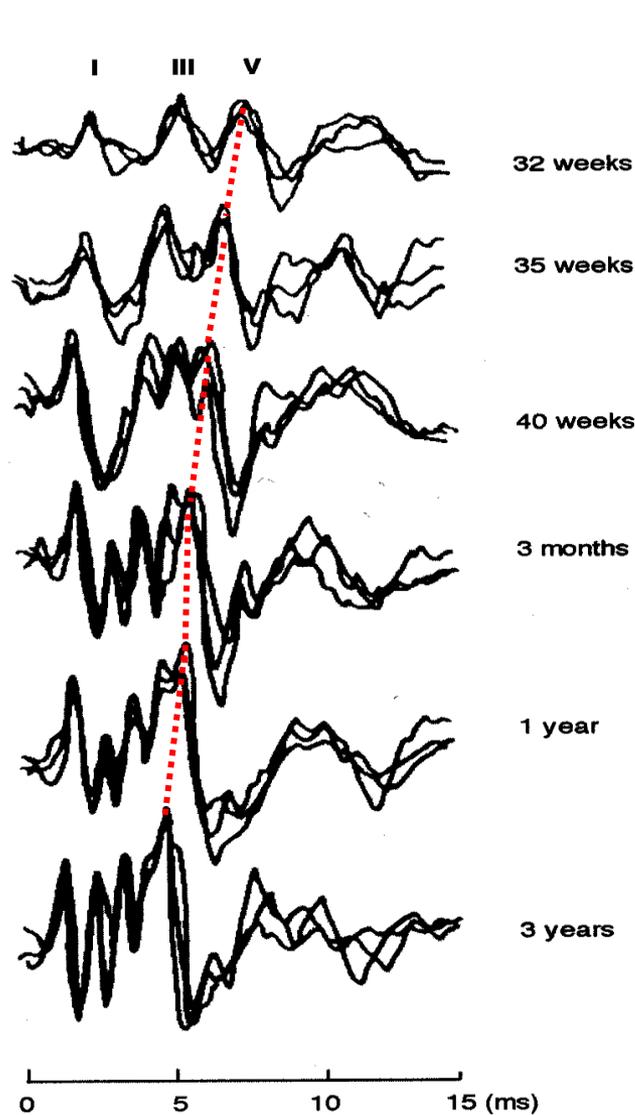


Mature cortex

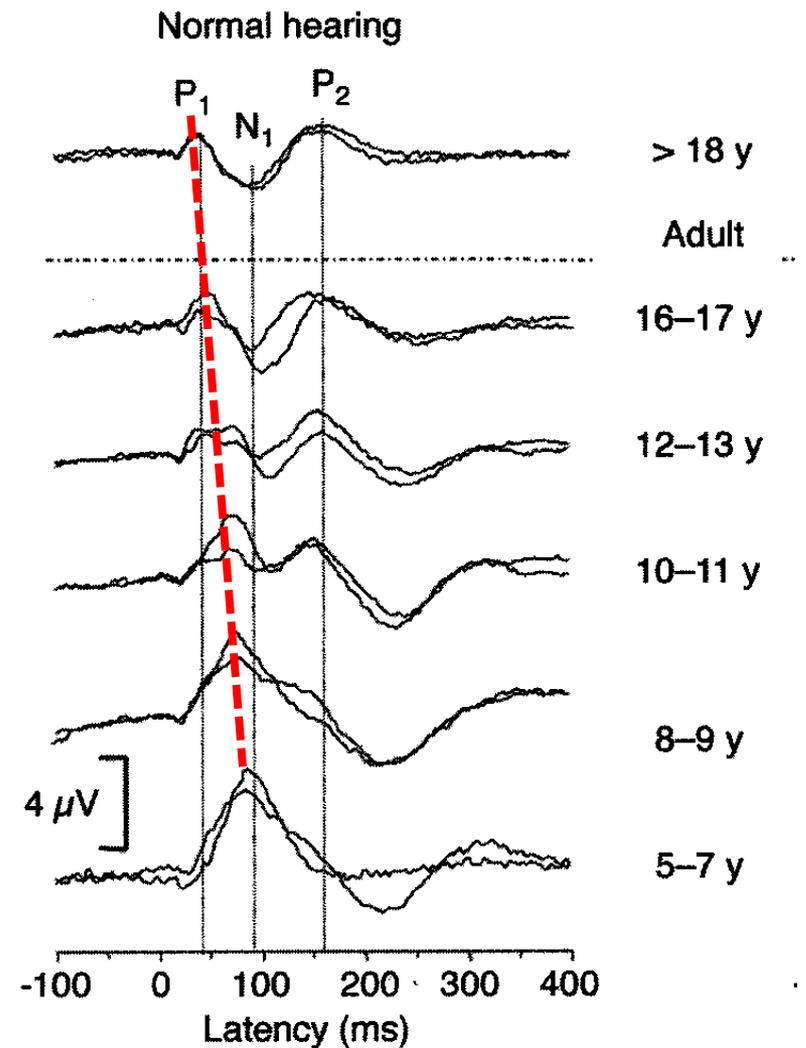
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(highly schematic)

Evoked potential studies of human auditory system development



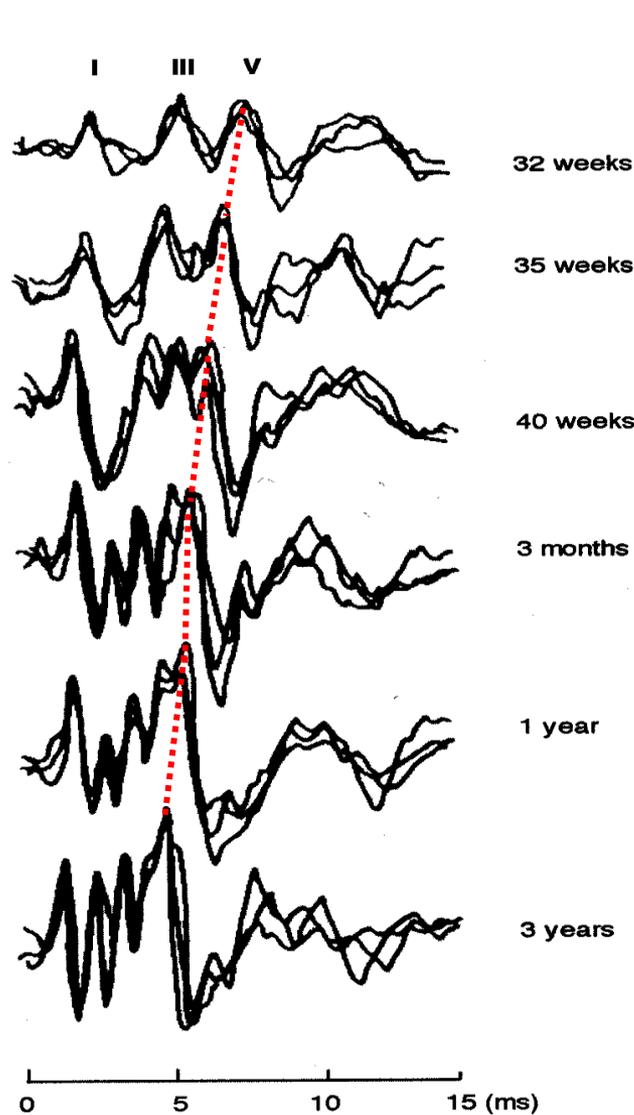
Auditory Brainstem evoked Responses ABR



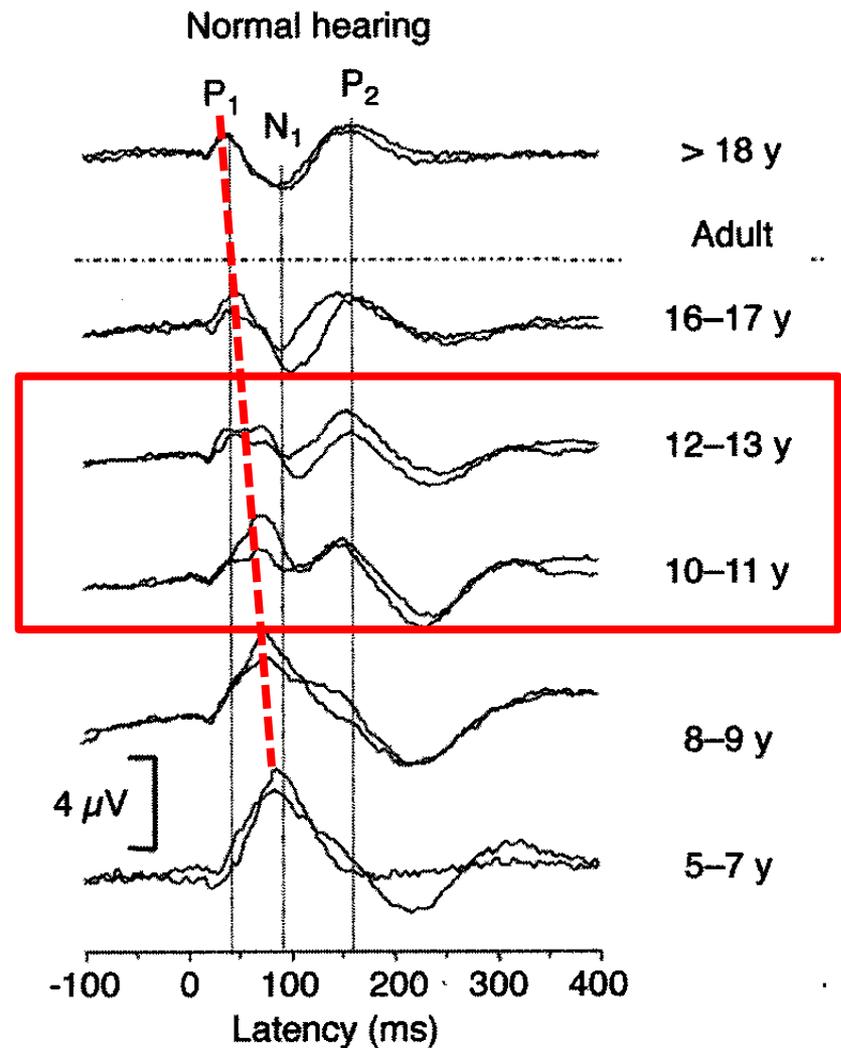
Auditory Cortex, Evoked Potentials

Data from various works by Jos Eggermont

Evoked potential studies of human auditory system development



Auditory Brainstem evoked Responses ABR



Auditory Cortex, Evoked Potentials

Data from various works by Jos Eggermont

Post natal development of auditory cortex takes many years

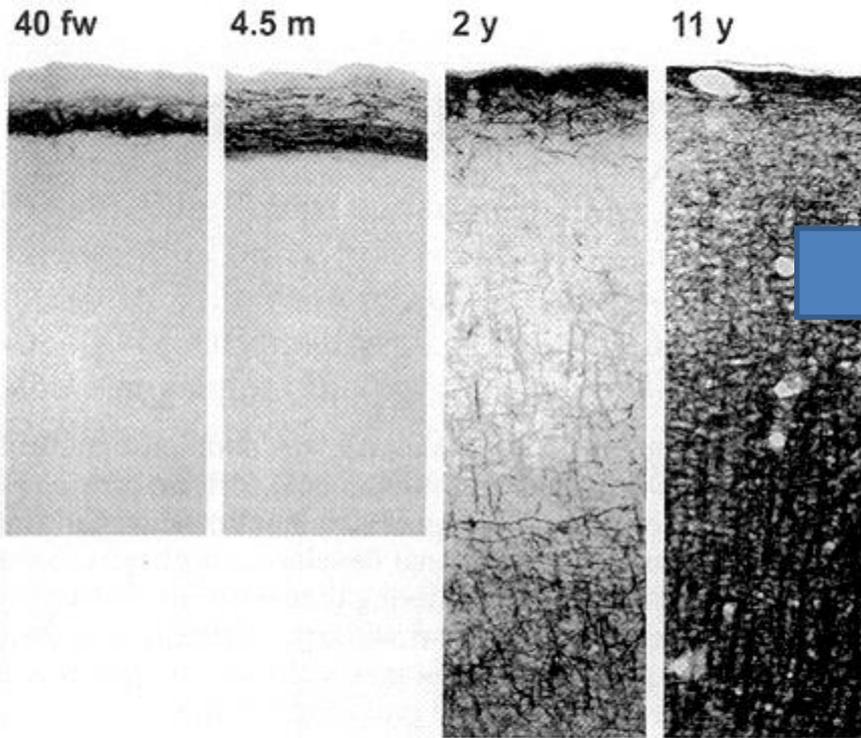


Fig 1. Neurofilament-immunostained sections of cortical tissue. At 40th fetal week (fw) and at 4.5 months' postnatal age, mature axons are present only in marginal layer. By 2 years of age, mature neurofilament-expressing axons are entering deeper cortical layers. By 11 years, mature axons are present with adult-like density in all cortical layers.

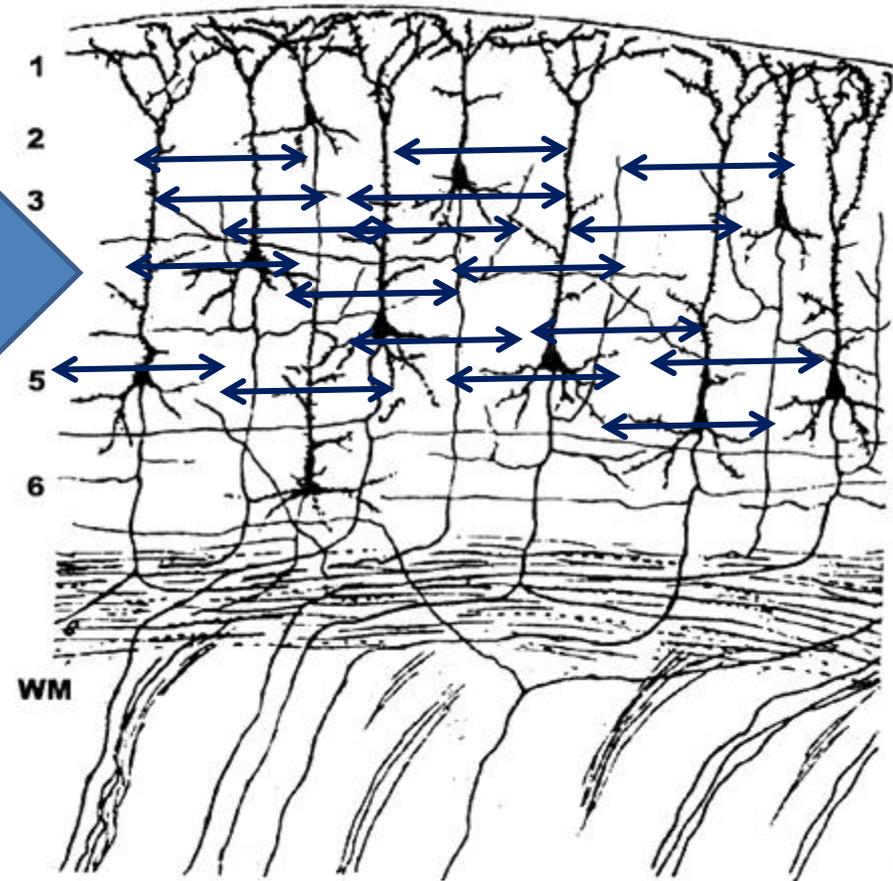
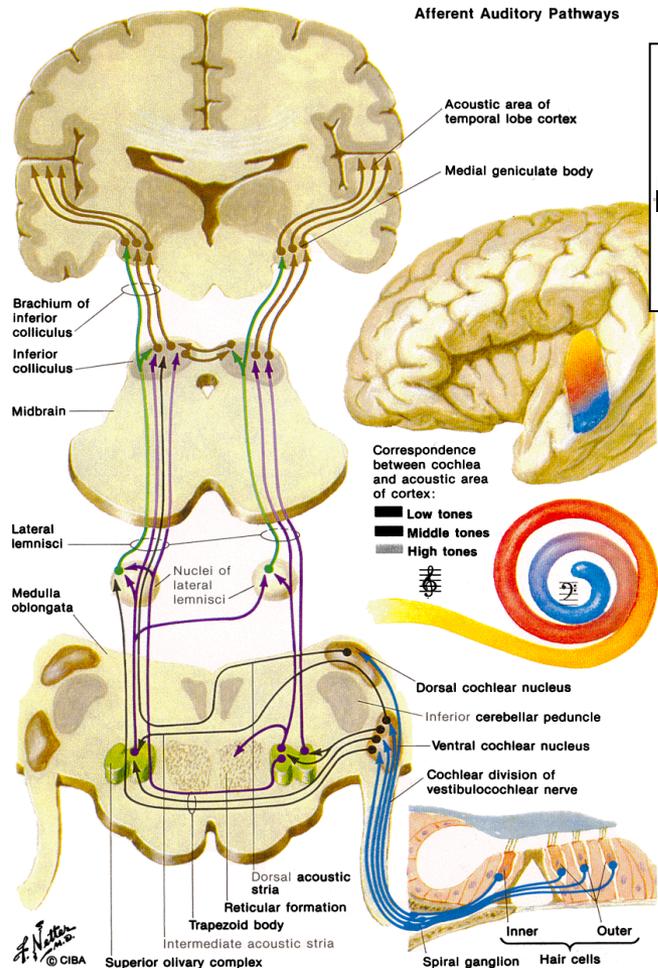


Fig 2. Illustration of laminar organization of cortex. Numerals 1 to 6 indicate cortical layers. WM — deep white matter. Adapted from Ramon y Cajal.⁶

Cochleotopic (tonotopic) organization of primary auditory cortex

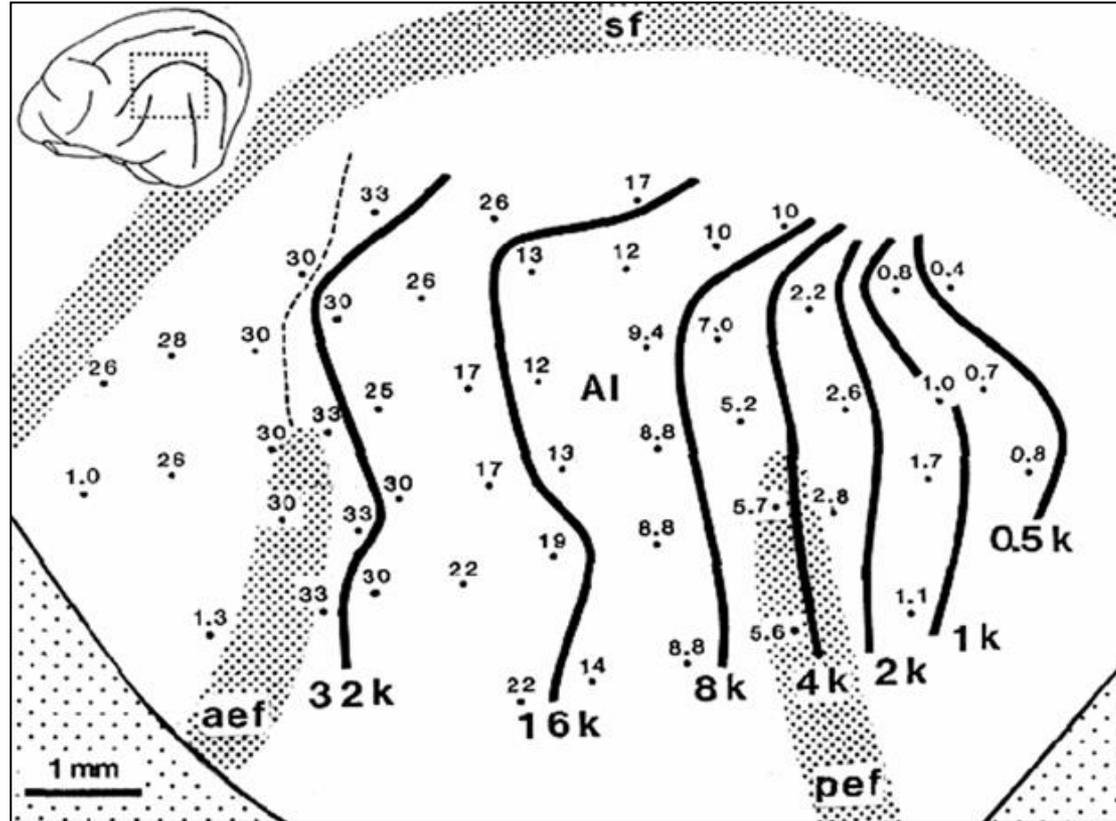
HUMAN



CAT

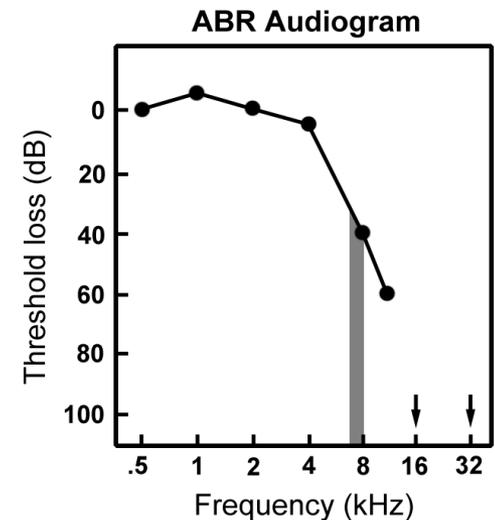
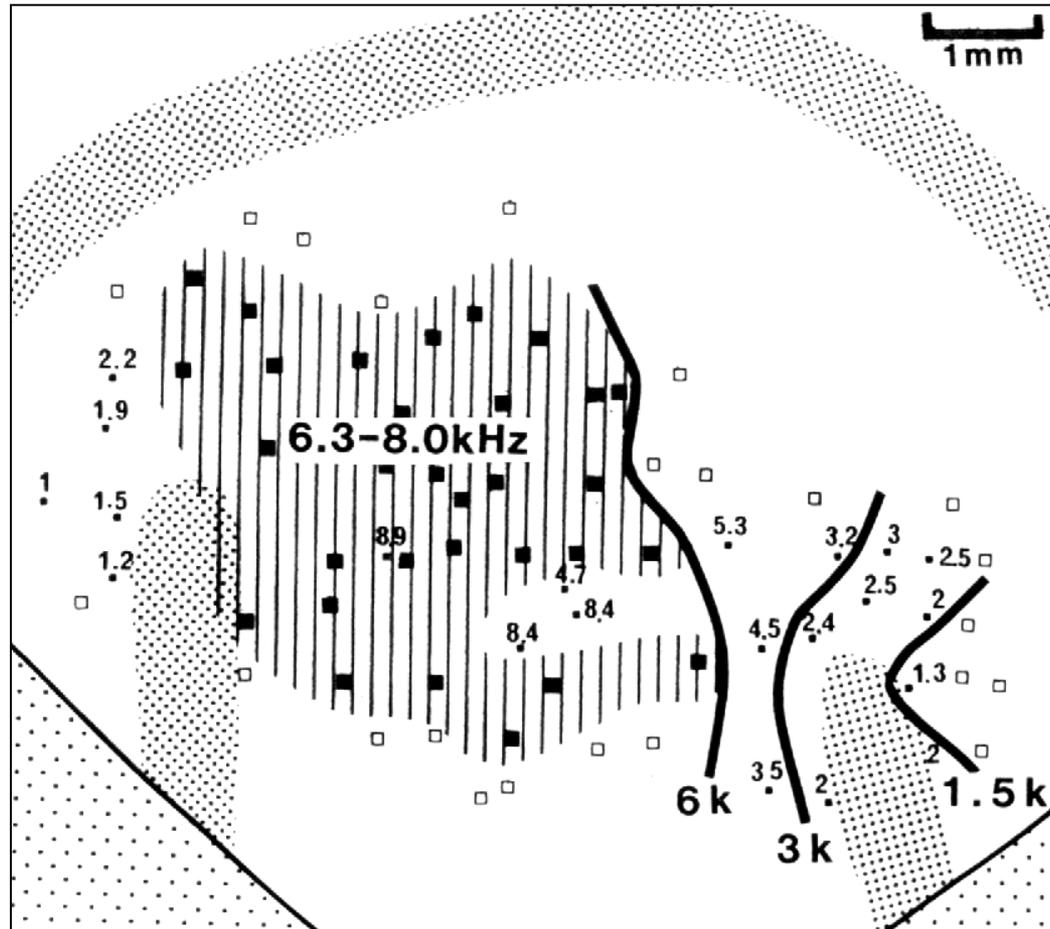


Tonotopic map in auditory cortex of subject with normal activity patterns at the cochlear level



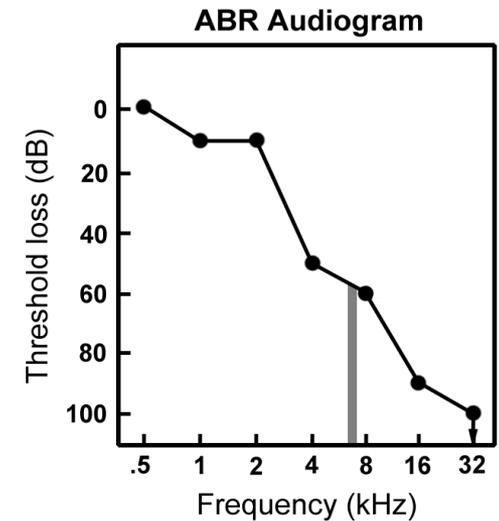
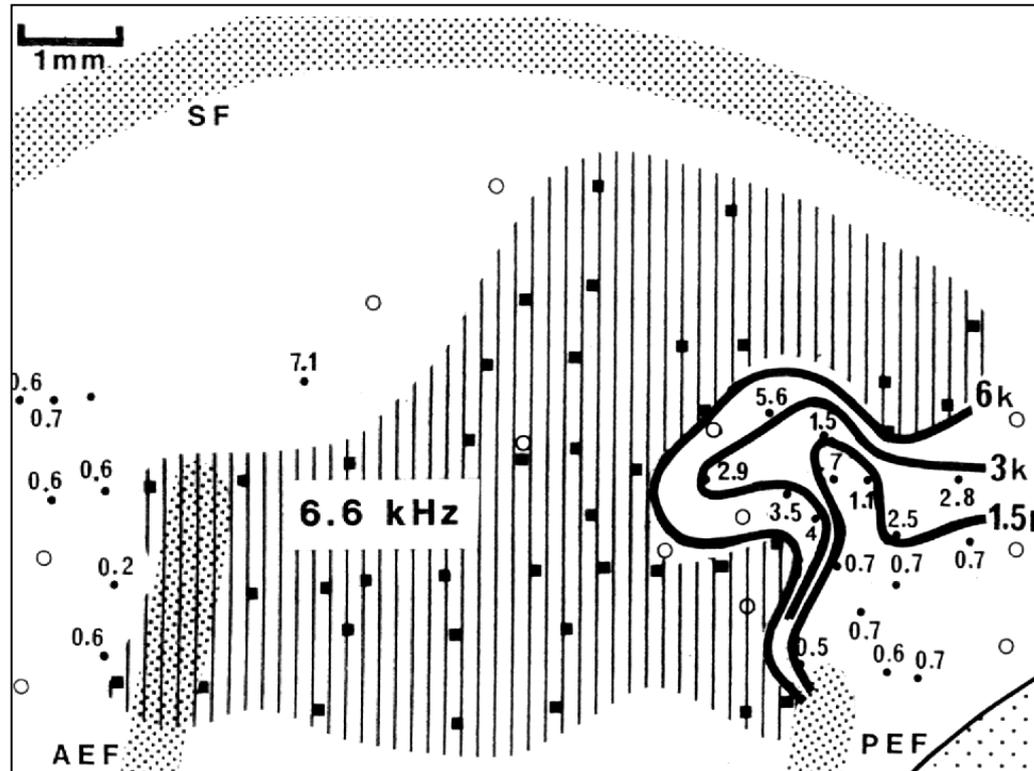
HARRISON, R.V., NAGASAWA A., SMITH D.W, STANTON S. and MOUNT R.J. (1991): Reorganization of auditory cortex after neonatal high frequency cochlear hearing loss. *Hearing Research*, 54, 11 -19

Cortical tonotopic map in subject with basal cochlear lesion from birth (high frequency sensorineural hearing loss)



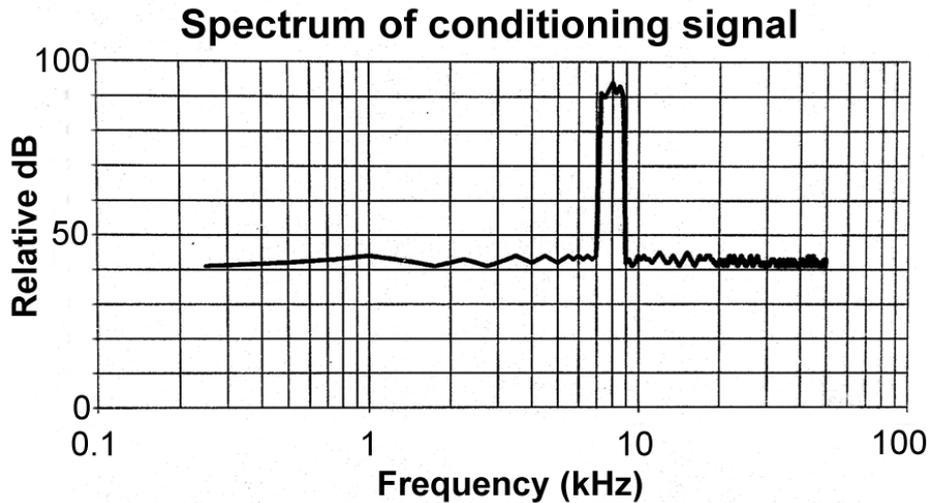
HARRISON, R.V., NAGASAWA A., SMITH D.W, STANTON S. and MOUNT R.J. (1991): Reorganization of auditory cortex after neonatal high frequency cochlear hearing loss. Hearing Research, 54, 11 -19

Cortical tonotopic map in subject with extensive cochlear lesion from birth (neonatal sensorineural hearing loss)



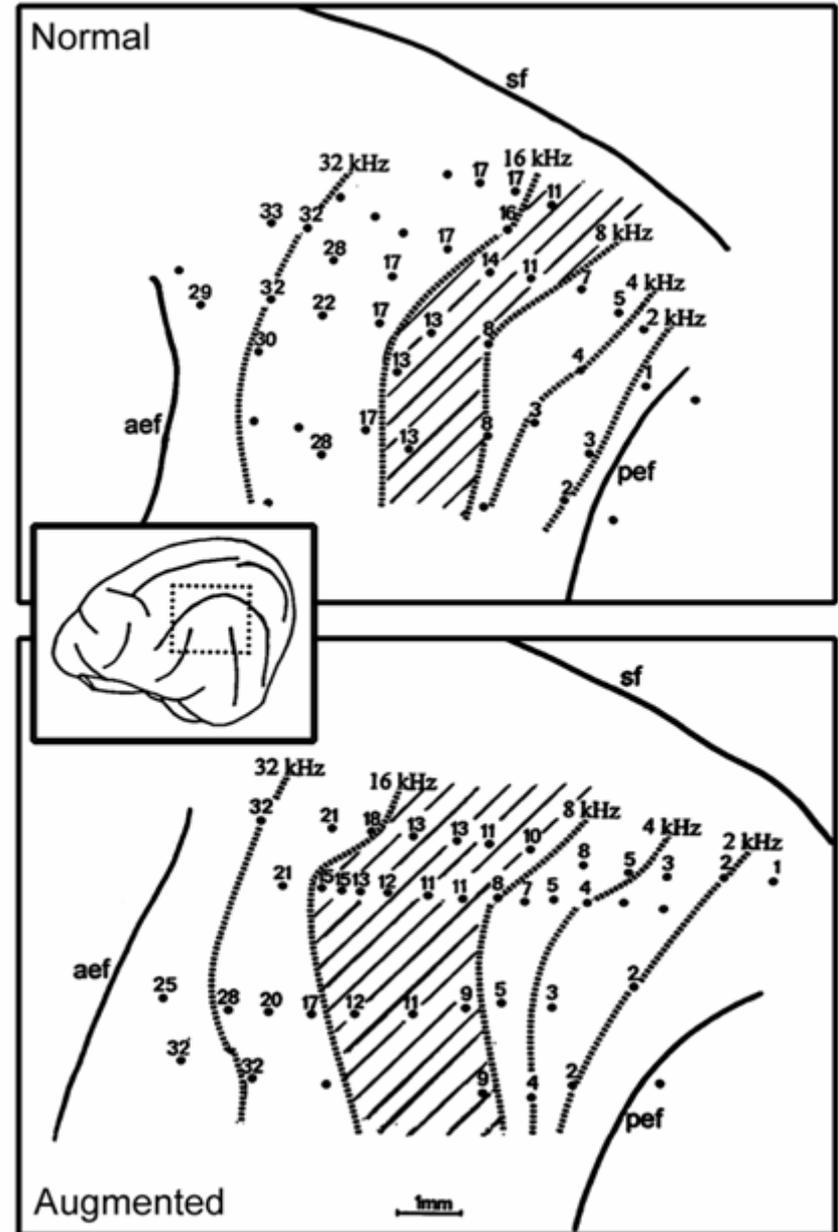
HARRISON, R.V., NAGASAWA A., SMITH D.W, STANTON S. and MOUNT R.J. (1991): Reorganization of auditory cortex after neonatal high frequency cochlear hearing loss. Hearing Research, 54, 11 -19

Reorganization of auditory cortex by neonatal environmental sound stimulation

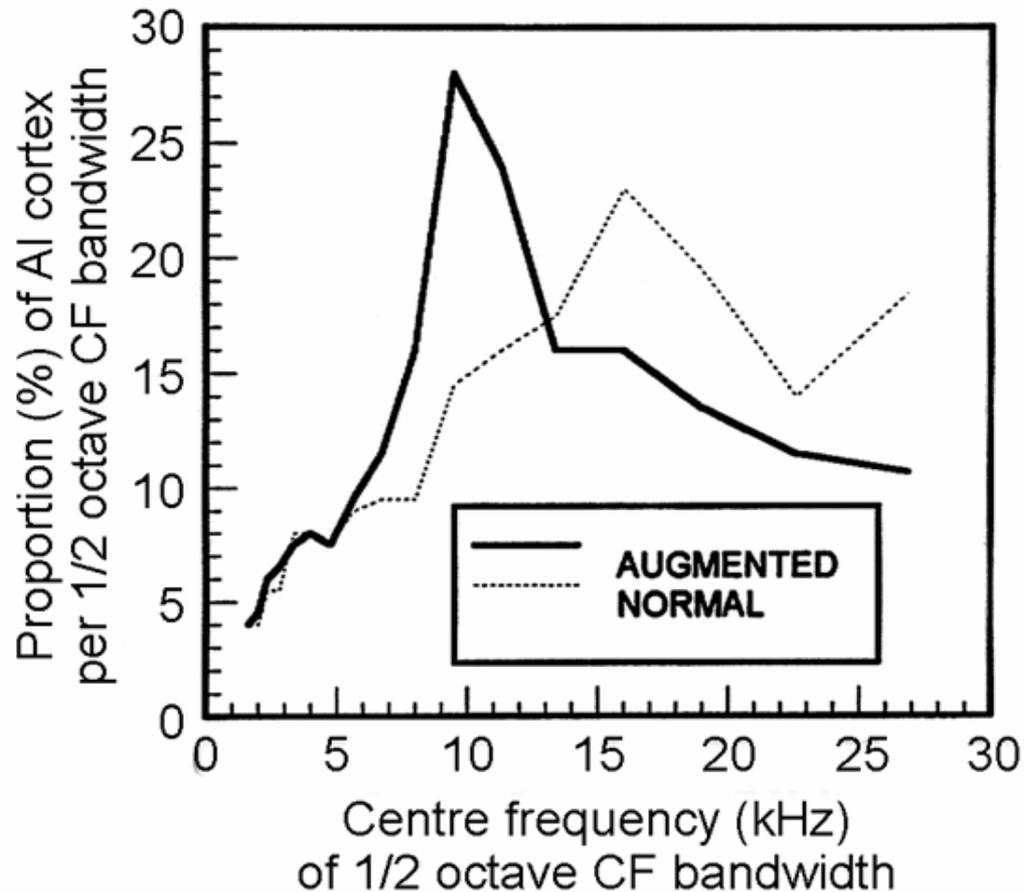


Subject reared with constant 8kHz signal developed cortical over-representation of 8-16kHz

STANTON, S.G. and HARRISON, R.V. (1996):
Abnormal cochleotopic organization in the auditory cortex of cats reared in a frequency augmented environment.
Auditory Neuroscience 2, 97-107

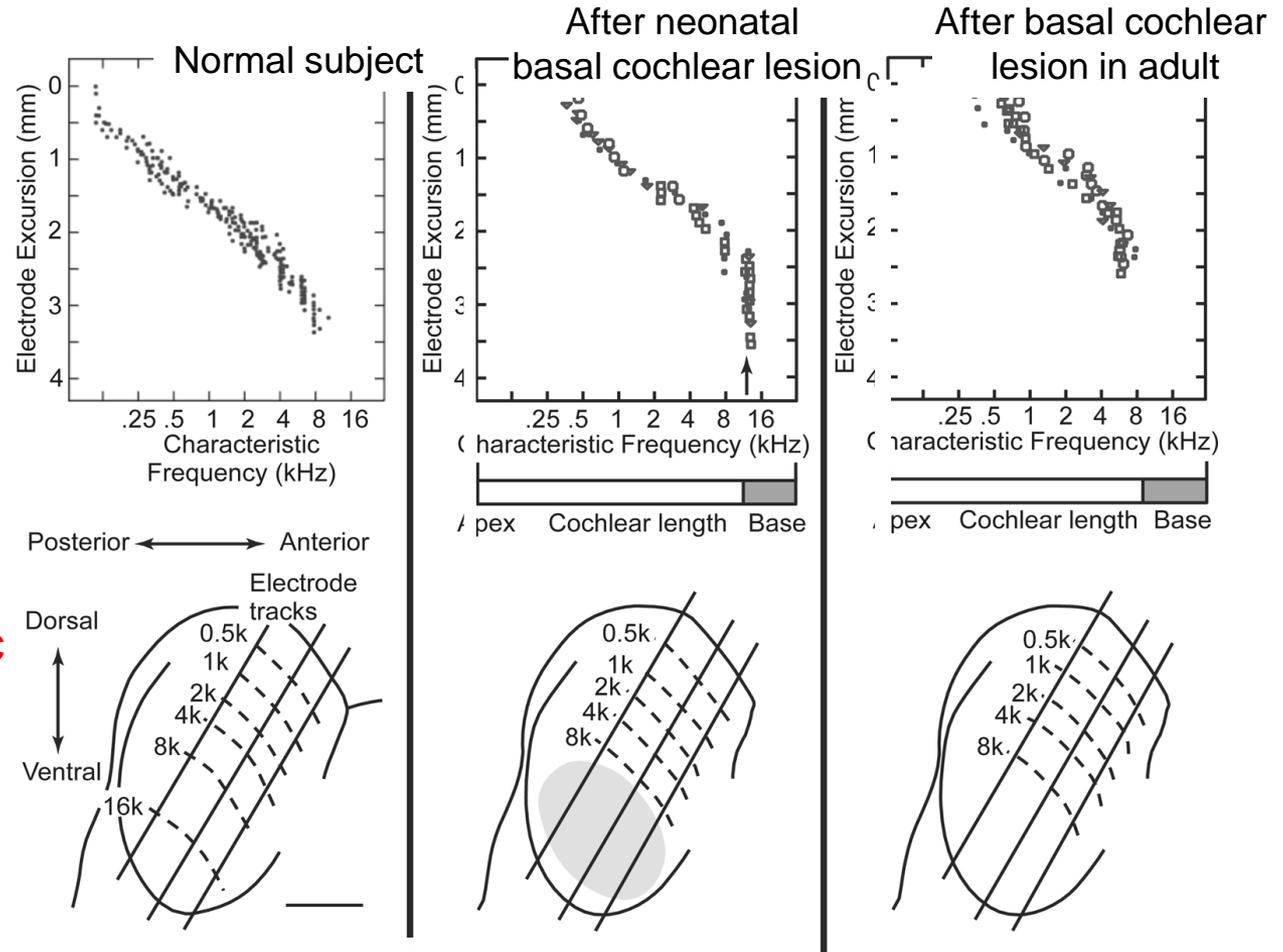
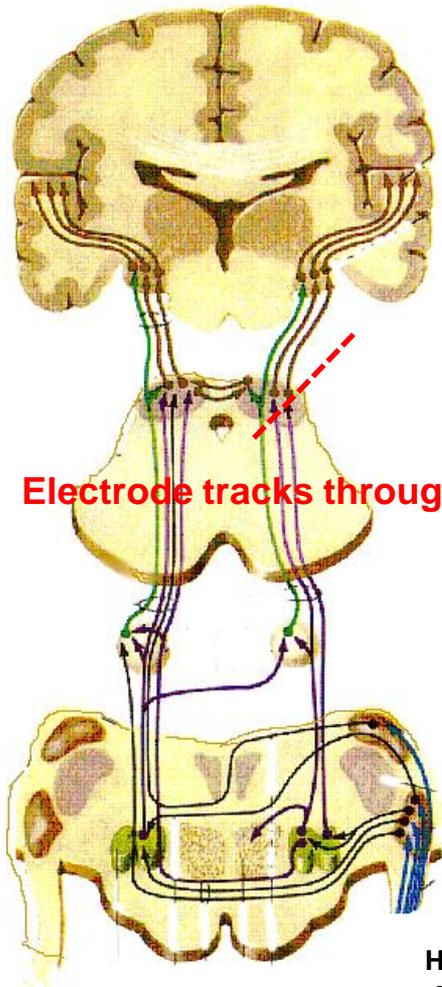


Pooled data (N=3), subjects reared in environment with 8kHz acoustic signal



STANTON, S.G. and **HARRISON, R.V.** (1996):
Abnormal cochleotopic organization in the auditory cortex
of cats reared in a frequency augmented environment.
Auditory Neuroscience 2, 97-107

Frequency map reorganization in auditory midbrain after neonatal versus adult cochlear lesions



HARRISON, R.V., IBRAHIM D, MOUNT RJ. (1998): Plasticity of tonotopic maps in auditory midbrain following partial cochlear damage in the developing chinchilla. *Exp Brain Res* 123; 449-460.

Developmental Plasticity and Progressive Hearing Loss

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Knowledge from basic science (animal) models.

General principles e.g.: age related plasticity, critical or sensitive developmental periods.

Clinical perspectives from cochlear implantation in children.

[2] Some perspectives on progressive hearing loss:

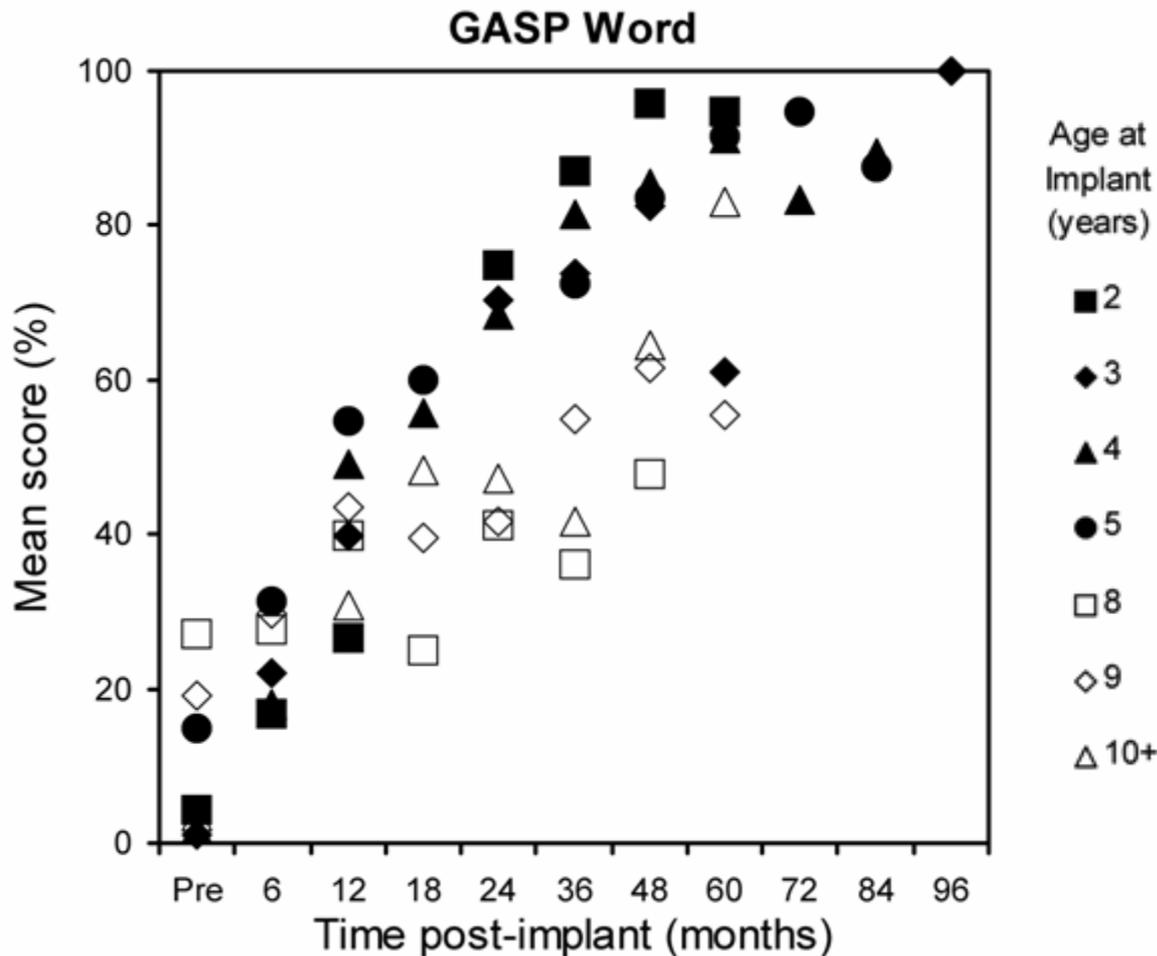
The peripheral “cascade” effect.

Timing of progressive hearing loss in relation to age related plasticity.

[3] Novel perspectives on progressive hearing loss in children after CI.

Speech and language improvement can be like a progressive hearing loss.

A “sensitive period” of developmental plasticity in children. Speech understanding in children after cochlear implantation

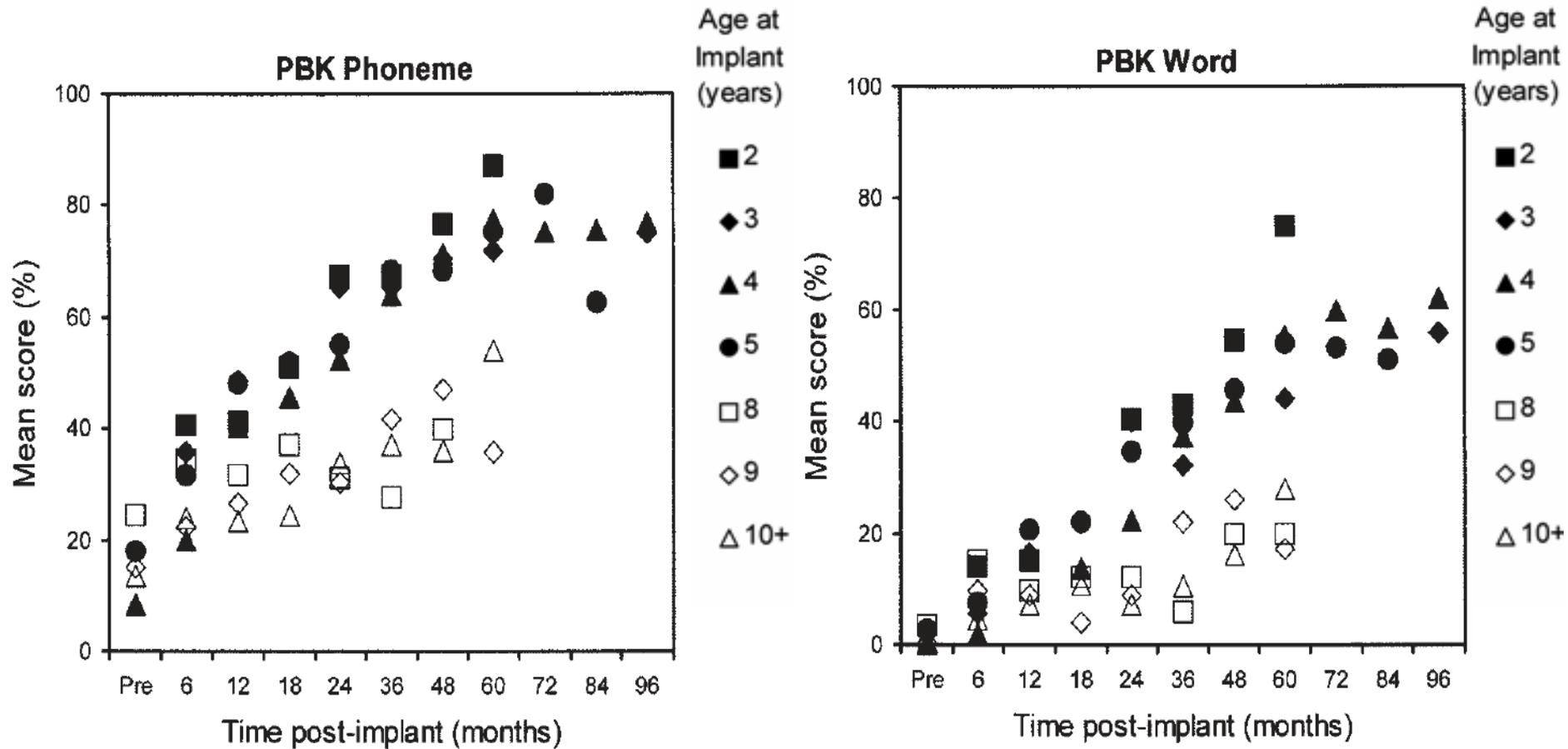


duration of auditory deprivation

Mean scores in the GASP word test, pre and post-implantation for each age at implant group

PAPSIN BC, GYSIN C, PICTON N, NEDZELSKI J. and HARRISON, R.V. (2000): Speech perception outcome measures in prelingually deaf children up to four years after cochlear implantation. Ann Otol Rhinol Laryngol Suppl 185 38-42.

Congenital deafness, cochlear implantation in children under six versus over six



HARRISON, R.V., PANESAR J, EL-HAKIM H, ABDOLELL M, MOUNT RJ, PAPSIN B. (2001). The effects of cochlear implantation on speech perception outcomes in prelingually deaf children. *Scand. Audiol* 30: suppl 53: 73-78

EL-HAKIM H, HARRISON, R.V. HARRISON RV (2002) Influence of age at implantation and of residual hearing on speech outcome measures after cochlear implantation: binary partitioning analysis. *Ann Otol Rhinol Laryngol* 111, 102-108

Vocabulary tests

(individually administered using only oral stimulus)

- ***PPVT***

Estimates the *receptive* vocabulary. The subject selects the picture considered to illustrate the meaning of a stimulus word.

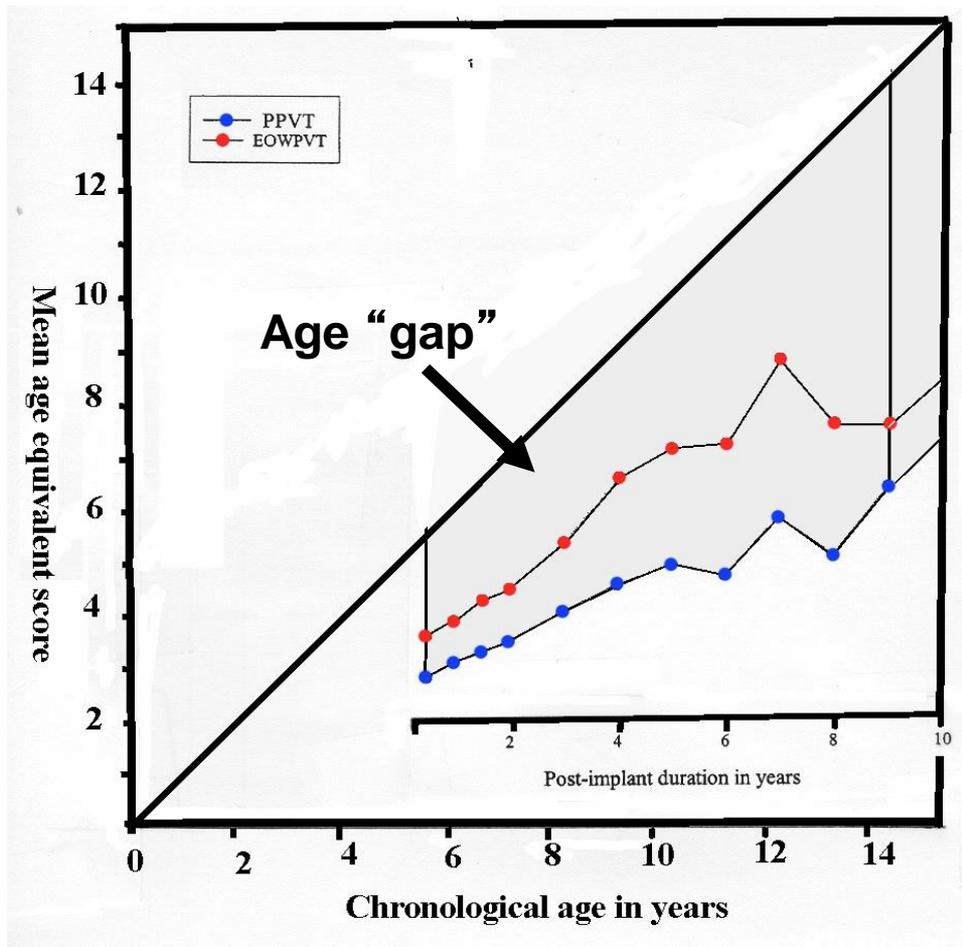
- ***EOWPVT***

Estimates the *expressive* vocabulary. The subject selects the word considered to best illustrate a stimulus picture.

Followed children (N=38) after cochlear implantation for 8-10 years

Vocabulary development post cochlear implantation

[Receptive vocabulary and expressive vocabulary]



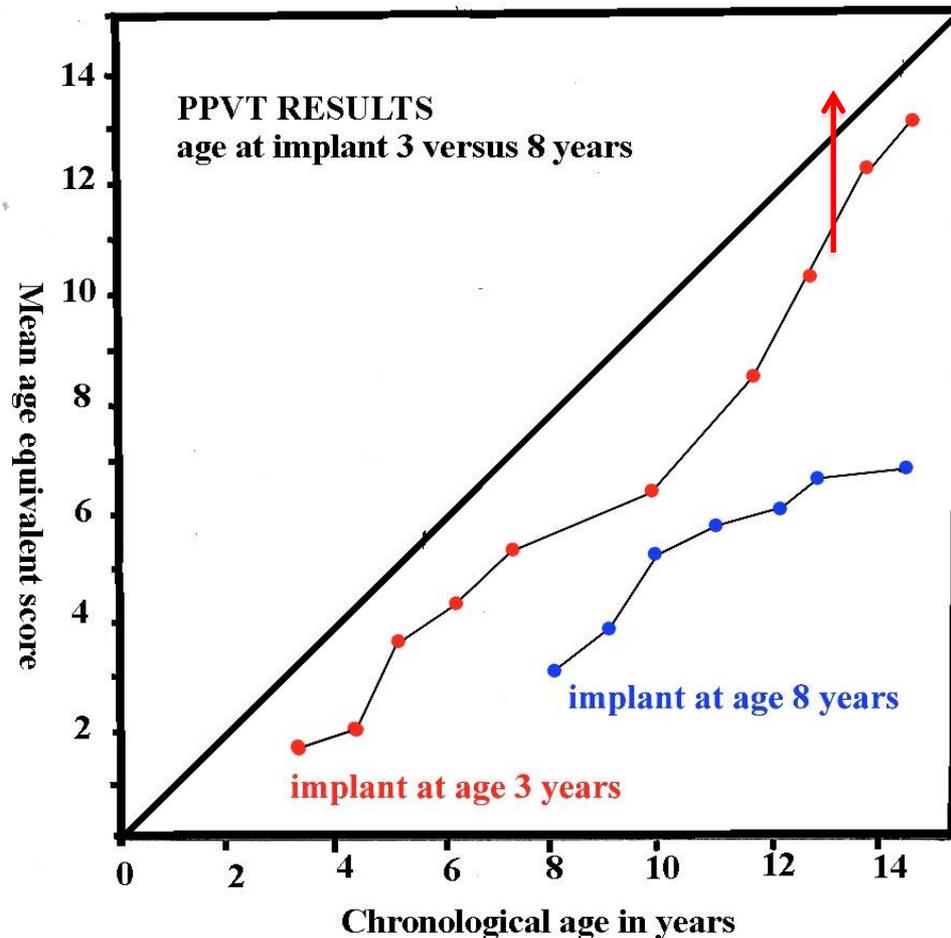
On average, vocabulary acquisition rates decline in the early post implantation period

Pooled data N=38 average age at implantation 5.7 years

EL-HAKIM H, LEVASSEUR J, PAPSIN B, PANESAR J, MOUNT RJ, STEVENS D, HARRISON, R.V. (2001) Assessment of vocabulary development in children after cochlear implantation. Arch Otolaryngol Head Neck Surg 127: 1053-1059

Vocabulary development (PPVT)

Effect of early versus late cochlear implantation



In early implantation age “gap” starts out reduced.

Some trend towards gap closure in longer term



Review Article

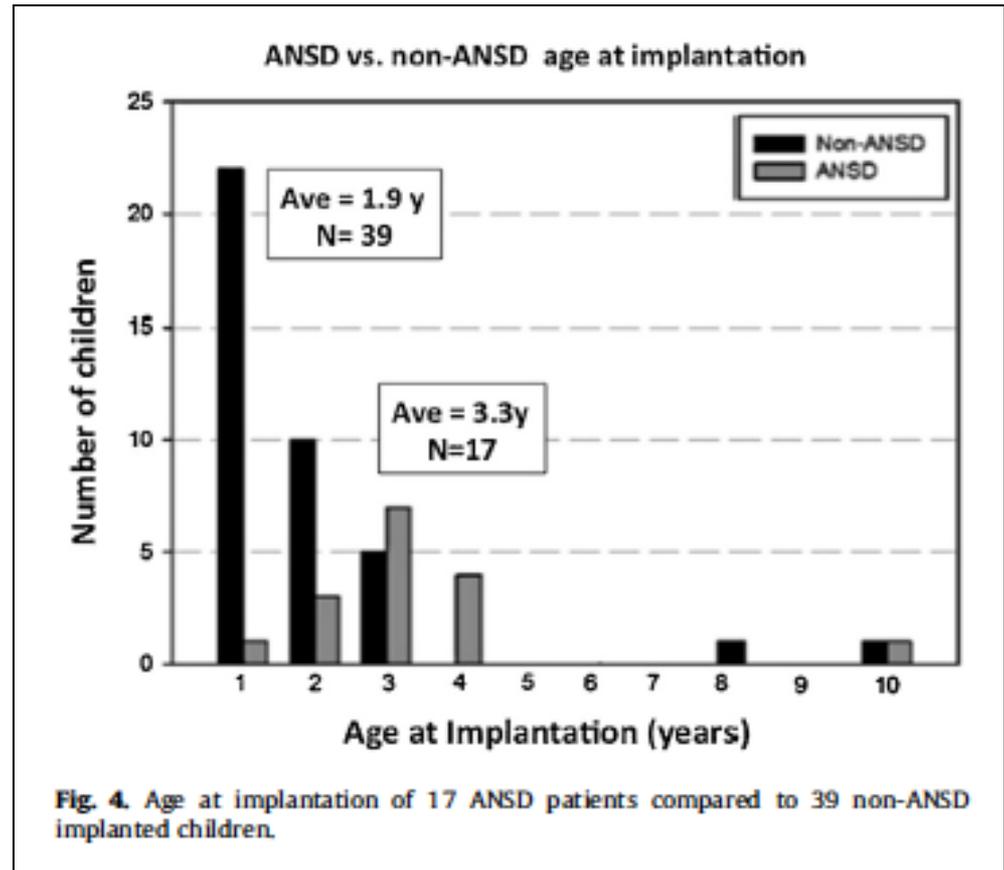
Auditory neuropathy spectrum disorder (ANSD) and cochlear implantation

Robert V. Harrison^{a,b,*}, Karen A. Gordon^{a,b}, Blake C. Papsin^{a,b}, Jaina Negandhi^a,
Adrian L. James^{a,b}

Int J Pediatr Otorhinolaryngol.
2015 79(12):1980-7.

**Sometimes hearing ability
in ANSD can improve over time.**

**Need to wait a longer than normal
before implantation**



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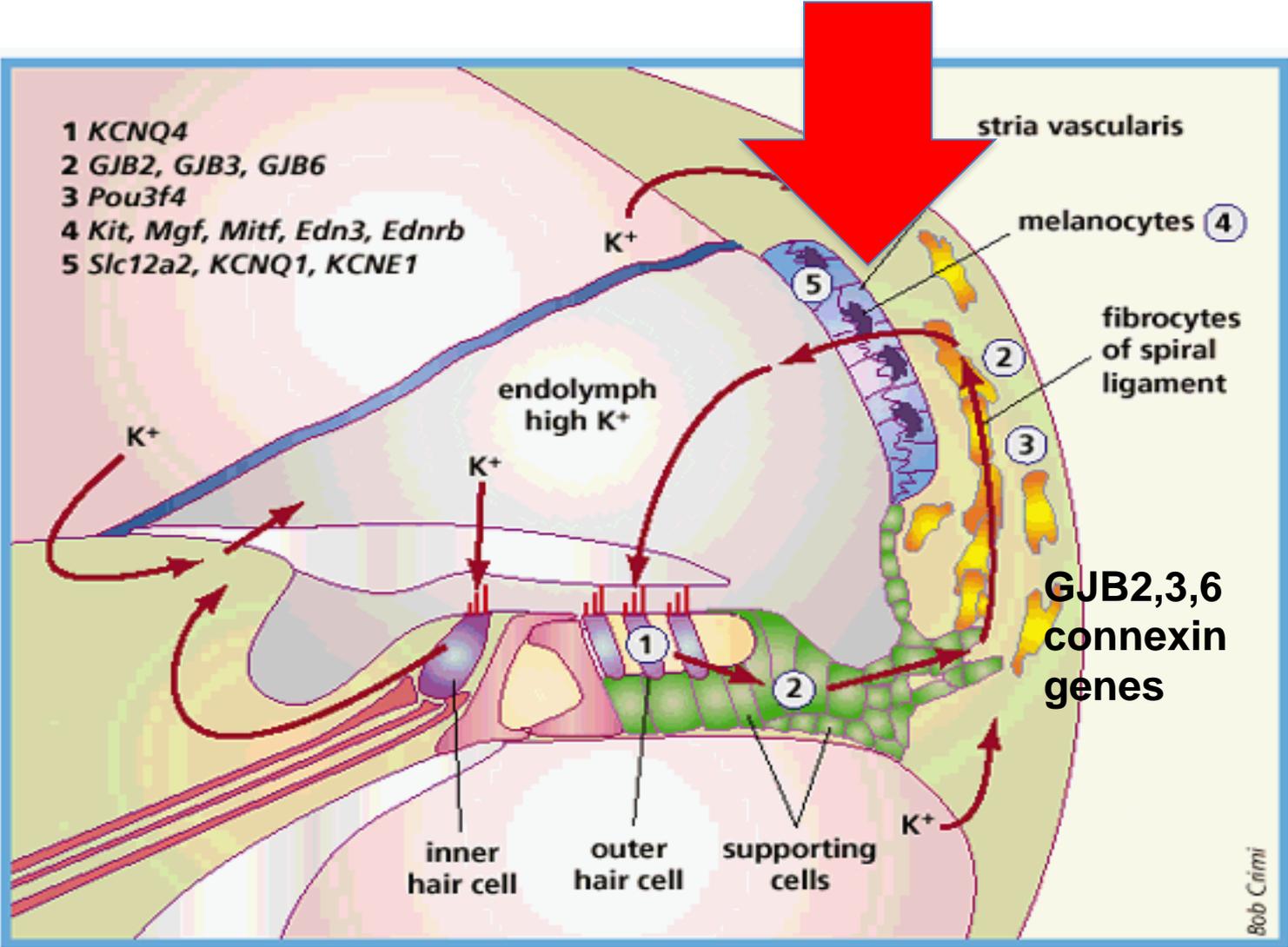
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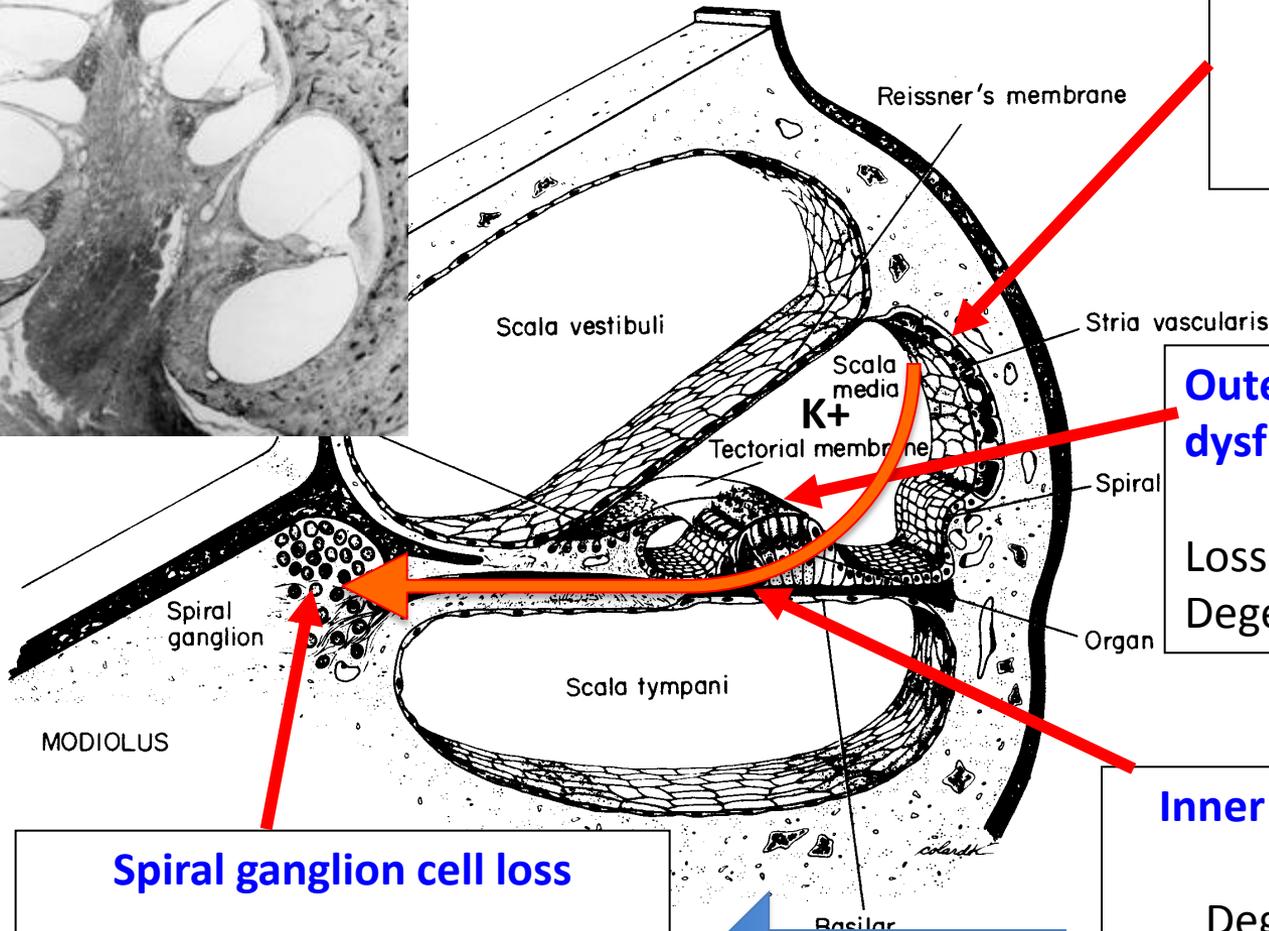
[3] Novel perspectives on progressive hearing loss in children after CI.

Speech and language improvement can be like a progressive hearing loss.

Progressive loss has many causes, some of which start at the level scala media and stria vascularis, e.g. connexin (and many other) gene mutations, enlarged vestibular aqueduct, CMV infection, strial presbycusis (strial?)



Cochlear damage CASCADE effect



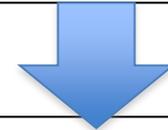
Strial dysfunction

Loss of endocochlear potential



Outer haircell dysfunction

Loss of cochlear amplifier
Degeneration inner haircells



Inner haircell synaptopathy

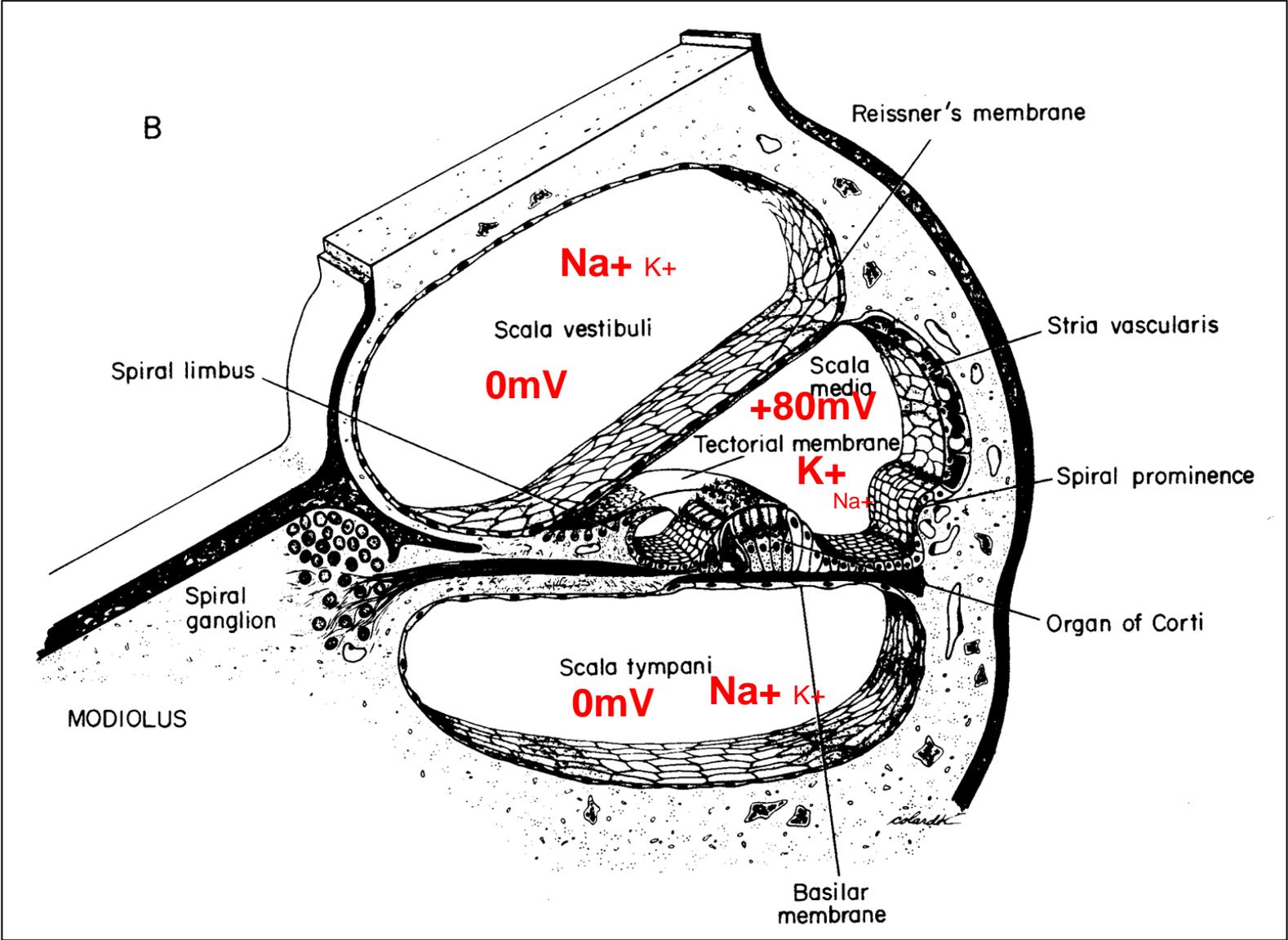
Degeneration of neural connections with spiral ganglion cells



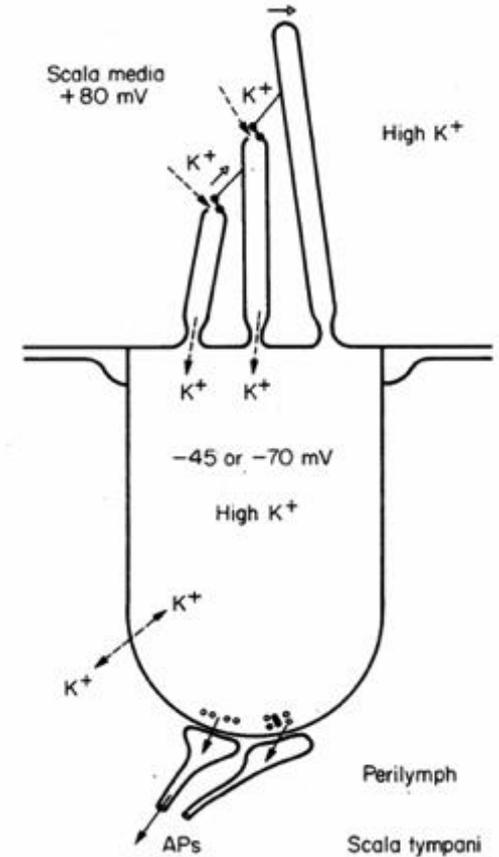
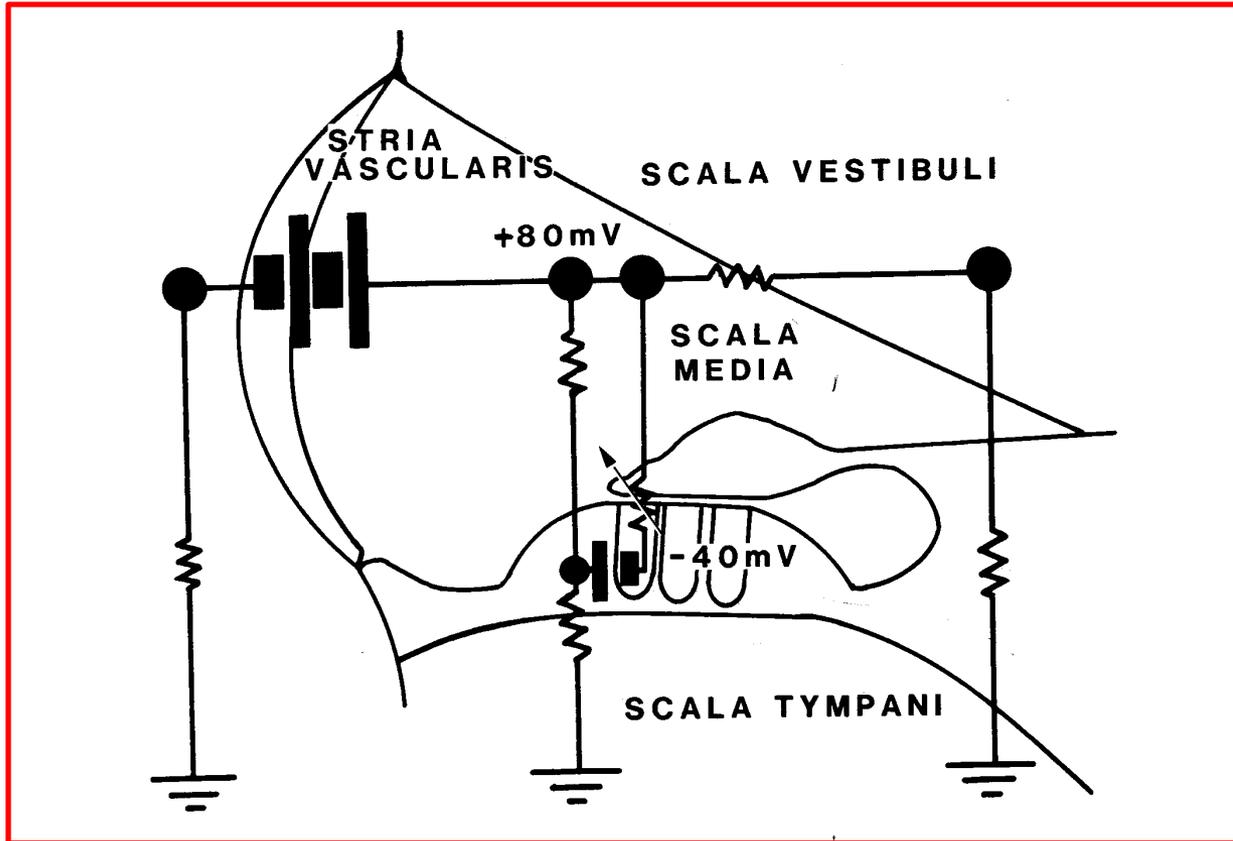
Spiral ganglion cell loss

progressive neuropathy in second and third order neurons

The stria vascularis is the power-house of the cochlea

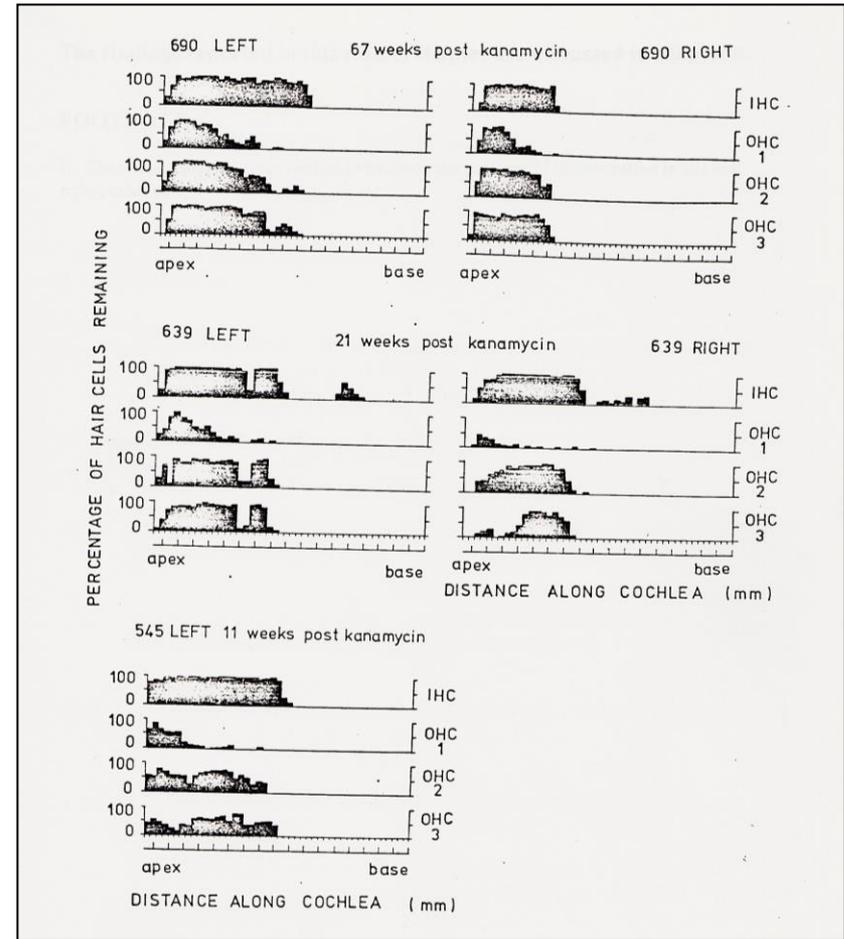
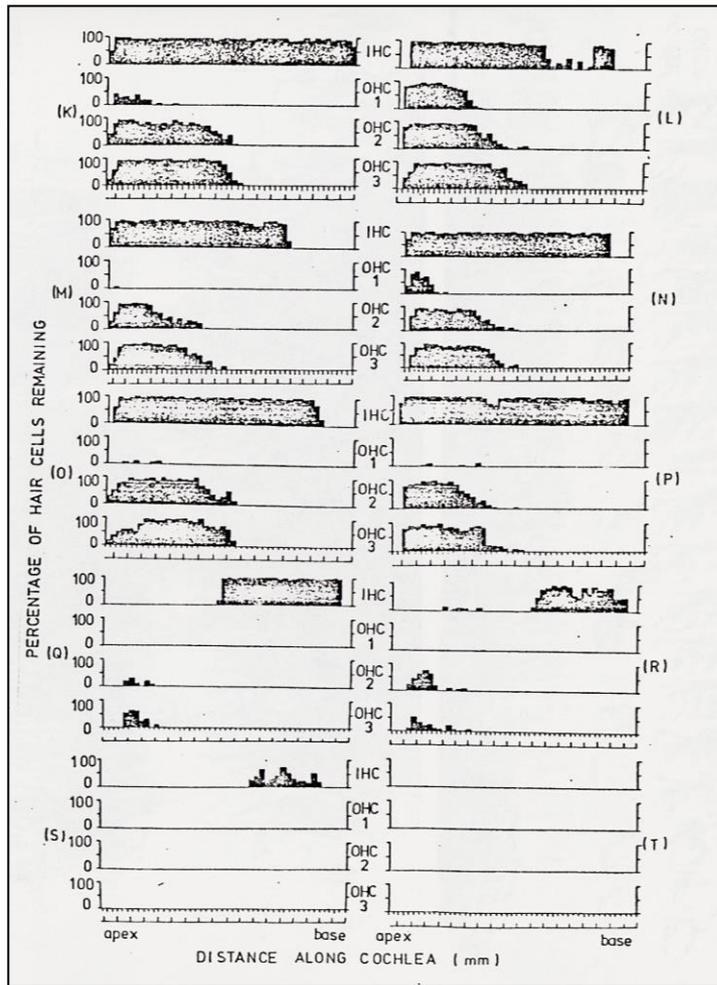


Impairment of stria function reduces electrical driving force for haircell activation



Standing cochlear potentials Davis' battery theory

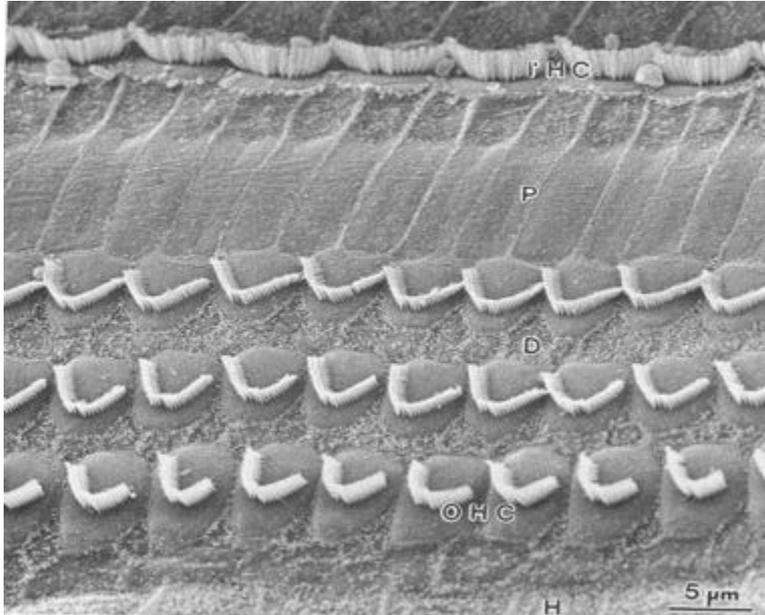
When outer haircells are lost, inner haircell degeneration may follow later



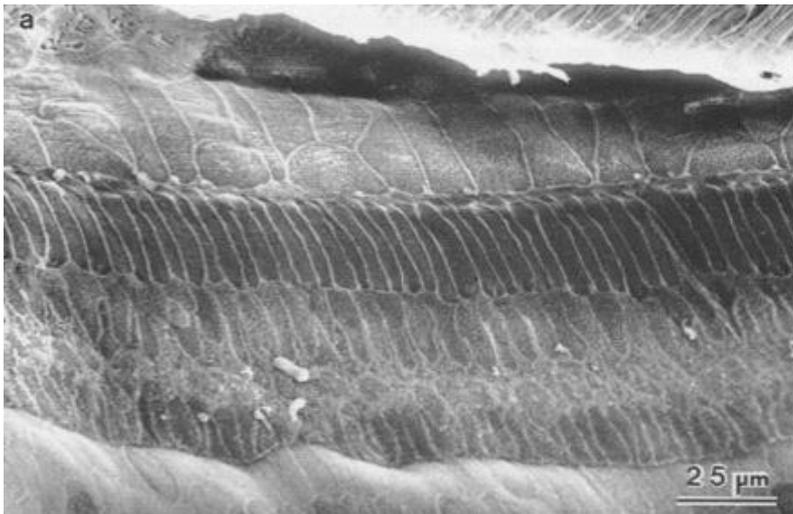
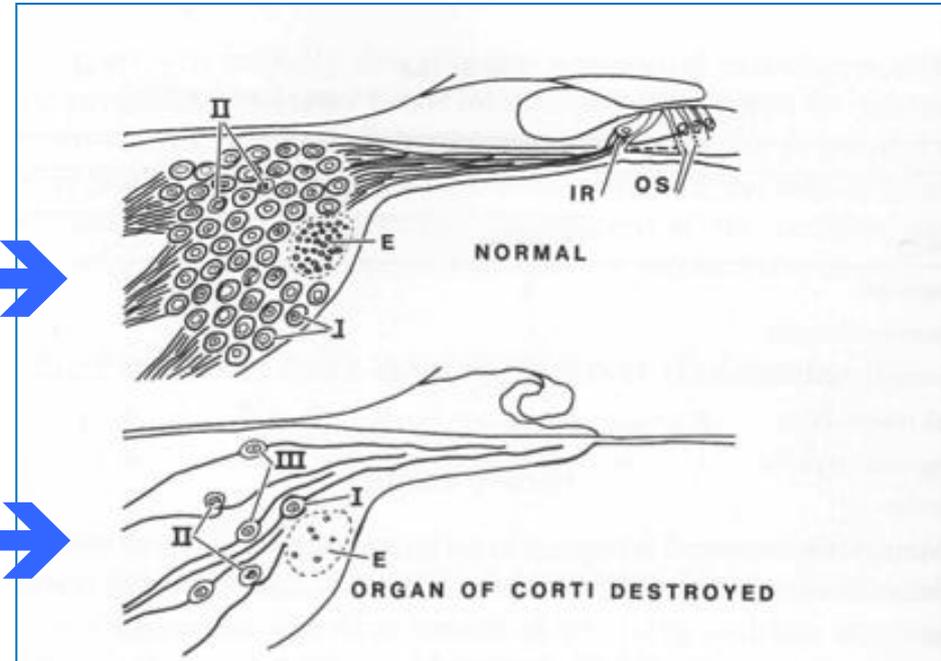
Cochleograms showing pattern of haircell degeneration cause by kanamycin poisoning (400mg/kg/day; 8-10 days). Animals sacrificed 2- 6 weeks after treatment.

Long term inner and outer haircell degeneration In GPs treated with kanamycin (400mg/kg/day; 8 days). Animals sacrificed after 11, 21 & 67 weeks

When inner hair cells are damaged, spiral ganglion cells degenerate



From studies by Dr. H. Spoendlin



Inner haircell loss causes spiral ganglion cell degeneration AND degenerative change in second and third order central auditory neurons

THIS IS, OF COURSE, A MAJOR ISSUE IN COCHLEAR IMPLANTATION

ALMOST ALL HEARING LOSS (of peripheral origin) INVOLVES (more central) AUDITORY NEUROPATHY

- **Many cochlear insults can cause inner haircell degeneration and /or IHC synaptic damage (synaptopathy). e.g. ototoxic drugs, hypoxia, noise exposure, etc.**
- **When outer haircell damage is extensive, inner haircell degeneration often follows.**
- **When inner haircells are lost, there is spiral ganglion cell degeneration (These effects can also extend to second-order auditory neurons).**
- **After neonatal SNHL, central auditory pathways develop abnormally. Neural pathways reorganize, with both neuronal and synaptic growth and degeneration (pruning).**

So, what cochlear insults don't involve some degree of auditory neuropathy?

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Speech and language improvement can be like a progressive hearing loss.

Timing of progressive hearing loss in relation to age related plasticity.

If the integrity of the auditory periphery is intact during an early developmental period (pre and post natal) then robust auditory pathways and brain networks will be established.

There is a sensitive or critical period for this early development.

If a progressive hearing loss starts late, or is very slowly progressing then this important early development can be relatively unimpaired.

In this case, an intervention (e.g. CI) can have a good prognosis.
(Similar to an patient with an acquired, short duration hearing loss)

If the progressive loss starts early on pre-natally or even prelingually, then it will impact the important early developmental process.

In this case the after CI or HA intervention, the prognosis for speech and language development will be poor.

Developmental Plasticity and Progressive Hearing Loss

[1] Developmental plasticity in the auditory system:

Knowledge from basic science (animal) models.

General principles e.g.: age related plasticity, critical or sensitive developmental periods.

Clinical perspectives from cochlear implantation in children.

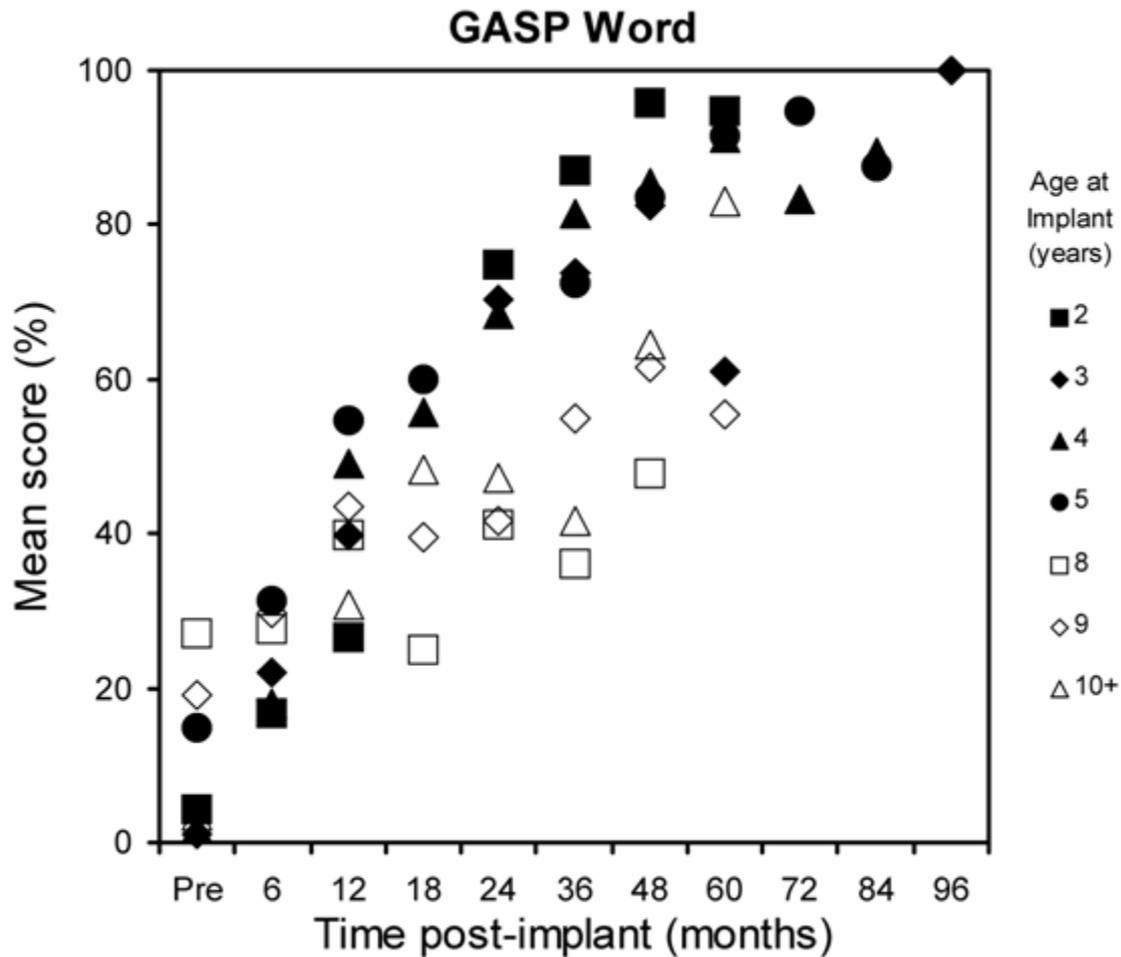
[2] Some perspectives on progressive hearing loss:

The peripheral “cascade” effect.

Timing of progressive hearing loss in relation to age related plasticity.

[3] Novel perspectives on progressive hearing loss in children after CI.

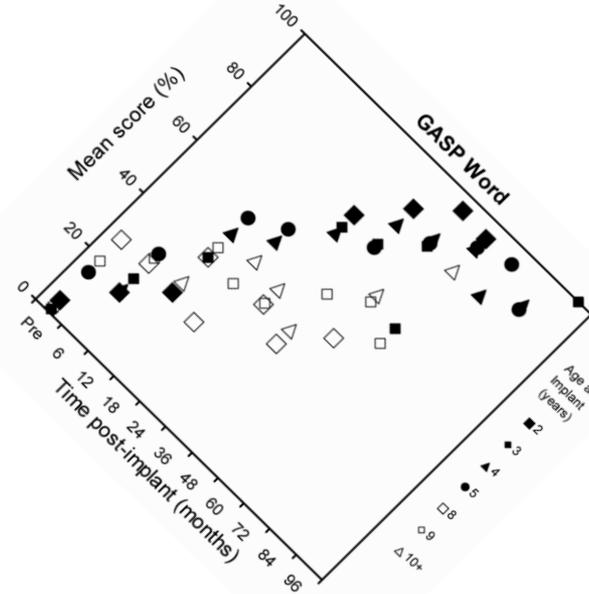
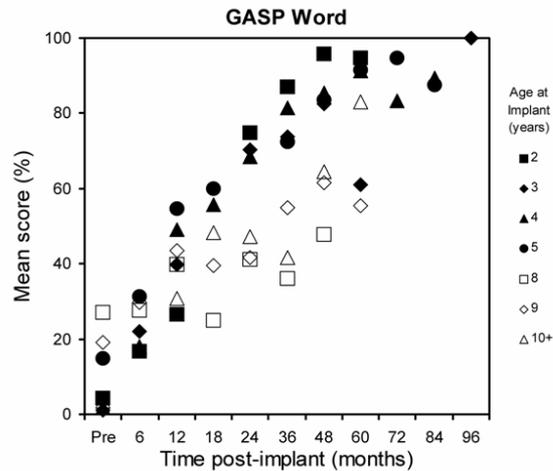
Speech and language improvement can be like a progressive hearing loss.



In other words, duration of auditory deprivation

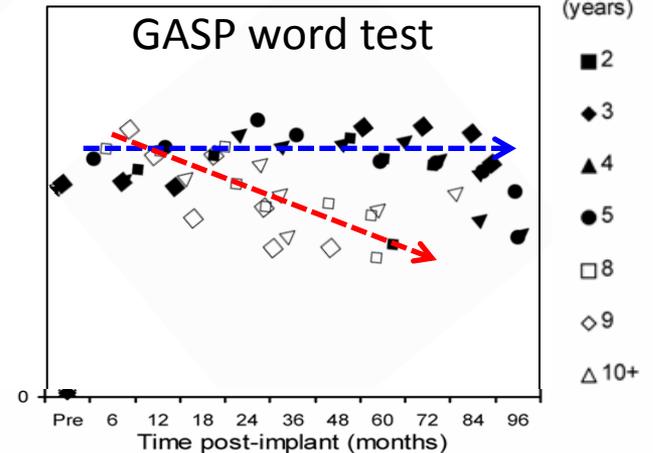
Mean scores in the GASP word test, pre and post-implantation for each age at implant group as indicated by the symbols key (right).

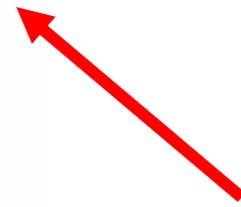
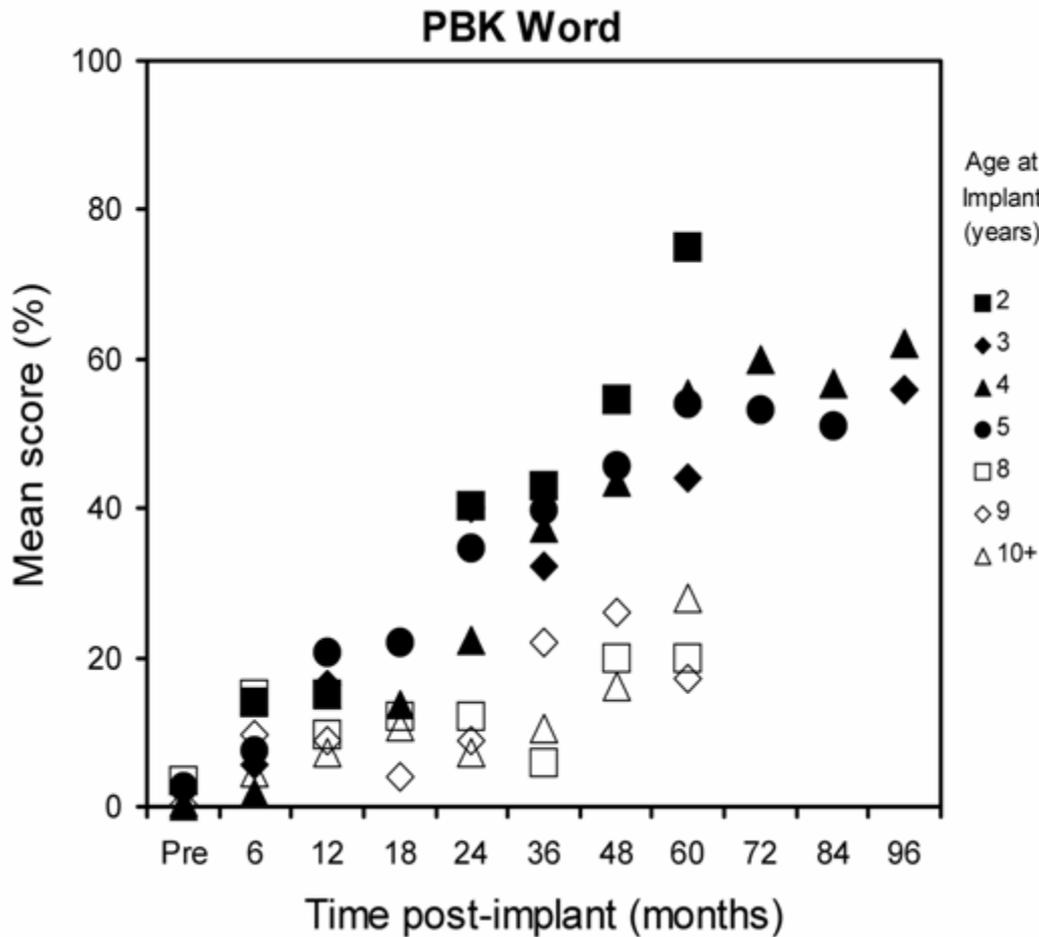
“Progressive loss” of speech understanding in late implanted children [1]



Trajectory of speech understanding (GASP word) in children after early implantation

“progressive loss” of speech understanding in late implanted children

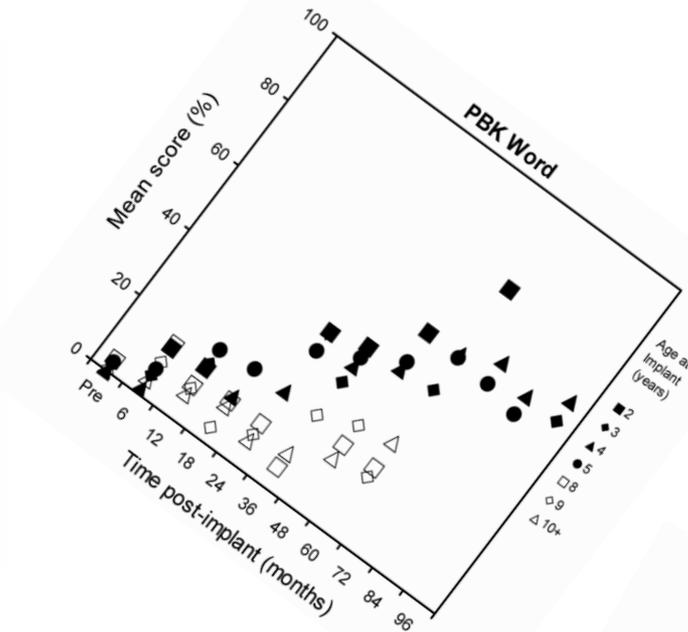
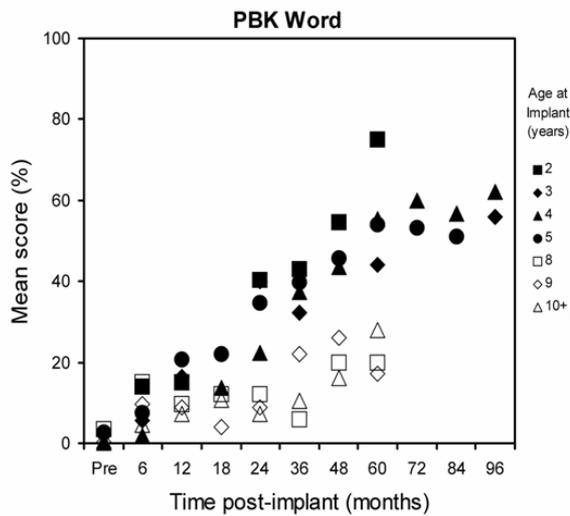




In other words, duration of auditory deprivation

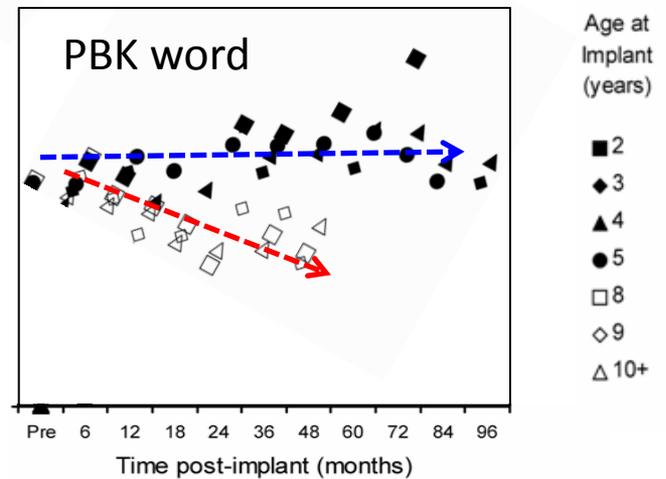
Scores in the PBK word test for deaf children before a cochlear implant (far left) and at intervals post-implantation. Mean values are shown for each age at implant group, as indicated by the symbols key (right).

“Progressive loss” of speech understanding in late implanted children [2]

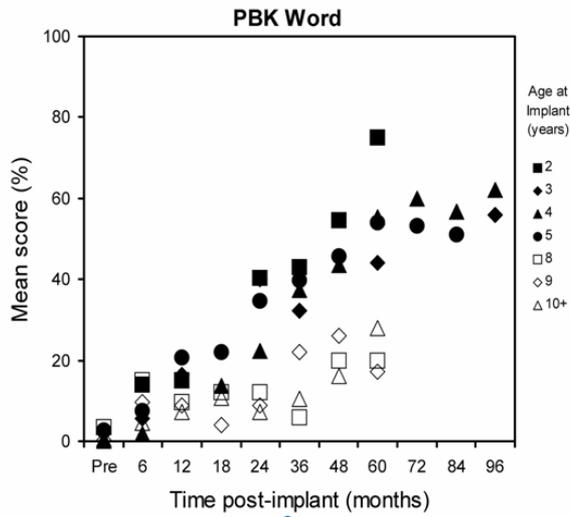


Trajectory of speech understanding (PBK word) in children after early implantation

“progressive loss” of speech understanding in late implanted children



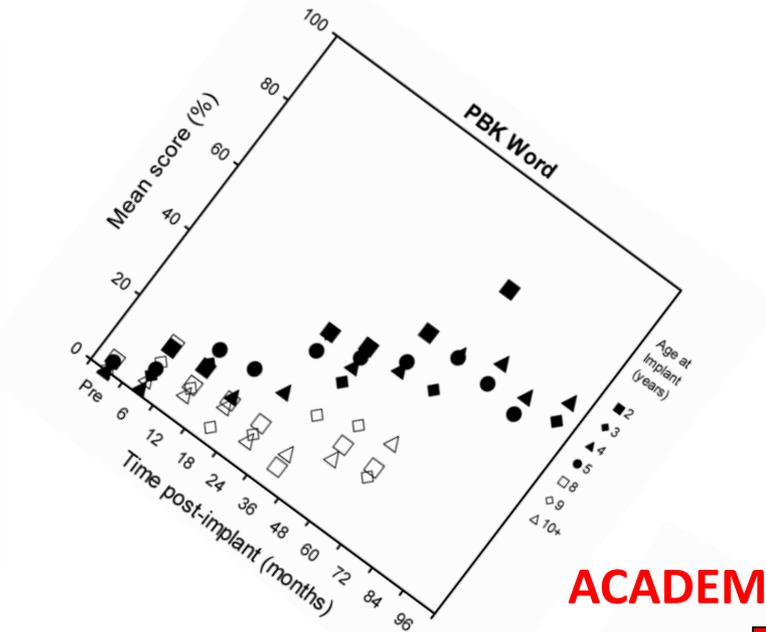
“Progressive loss” of speech understanding in late implanted children [2]



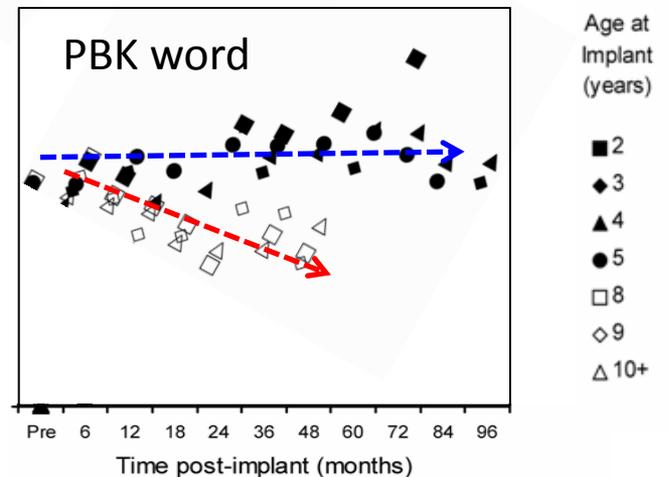
FOR PARENTS and PATIENTS

Trajectory of speech understanding (PBK word) in children after early implantation

“progressive loss” of speech understanding
In late implanted children

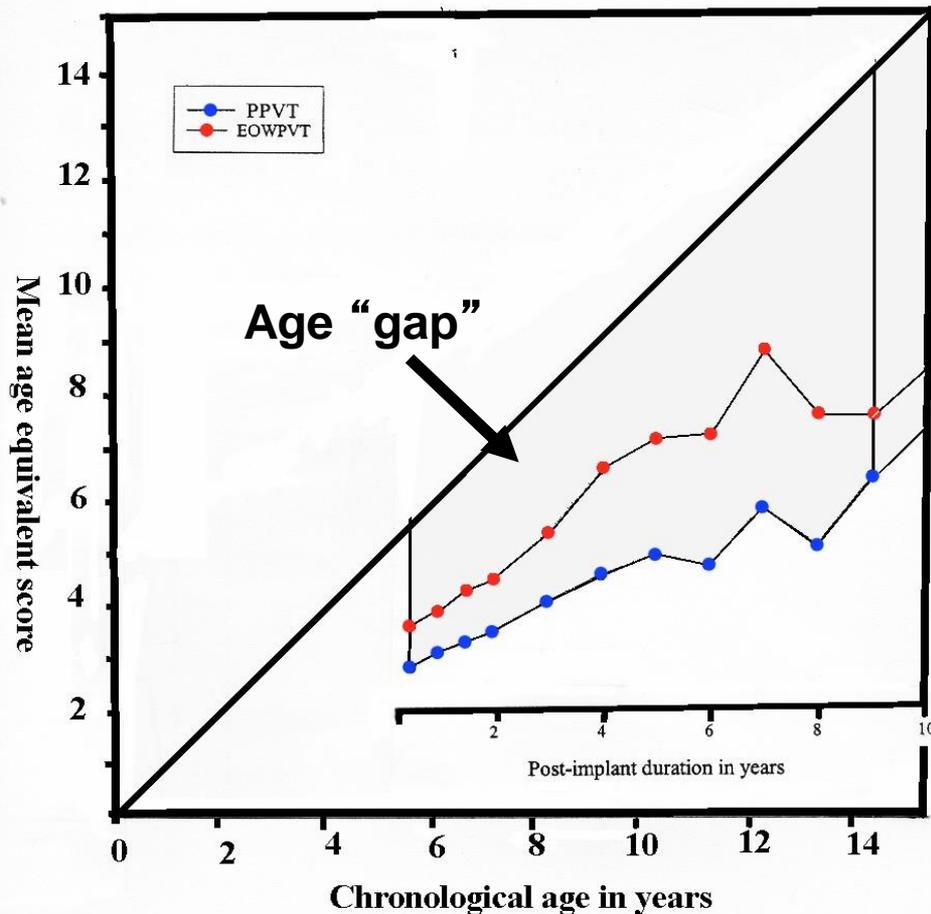


ACADEMIC PERSPECTIVE



Vocabulary development post cochlear implantation

[Receptive vocabulary and expressive vocabulary]

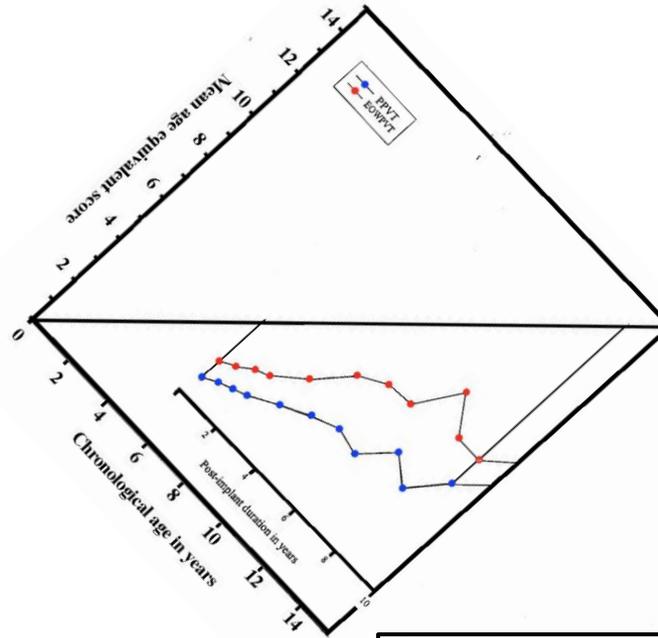
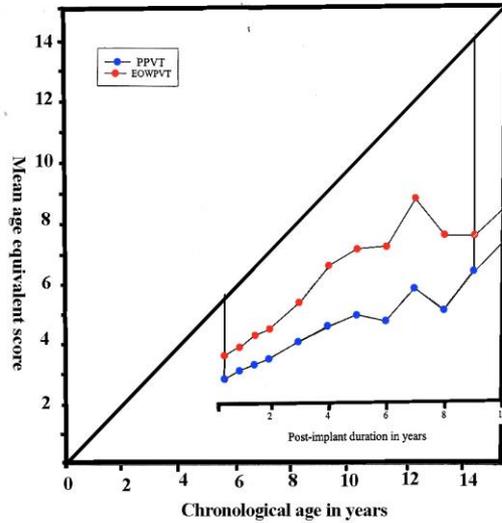


On average, vocabulary acquisition rates decline in the early post implantation period

Pooled data N=38 average age at implantation 5.7 years

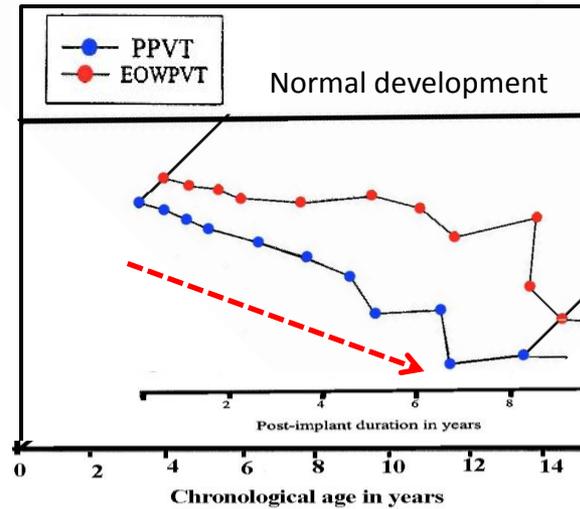
Progressive loss in vocabulary development post cochlear implantation

[Receptive vocabulary and expressive vocabulary]



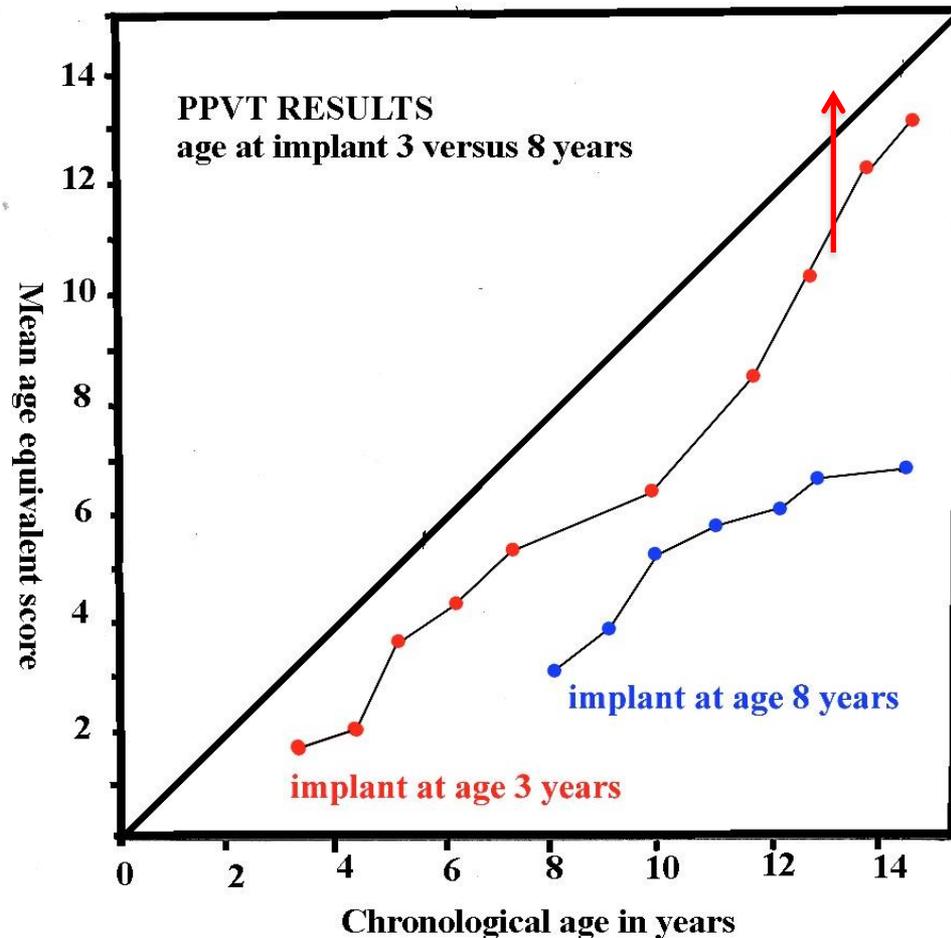
Trajectory of normal language development

Progressive loss in language development in children post cochlear implantation



Vocabulary development (PPVT)

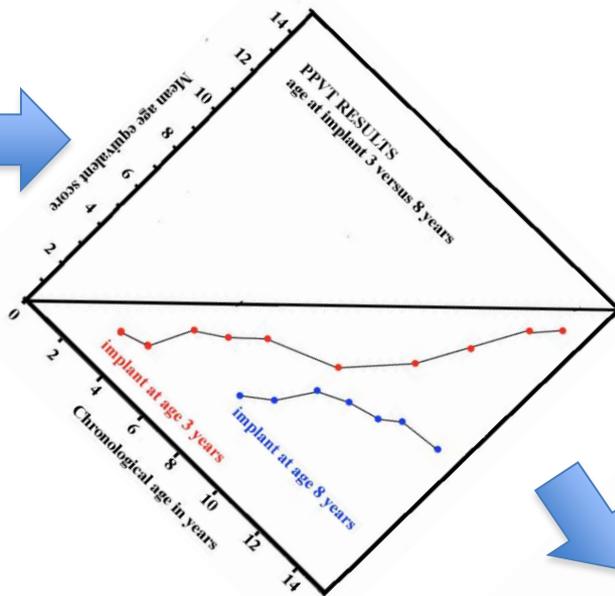
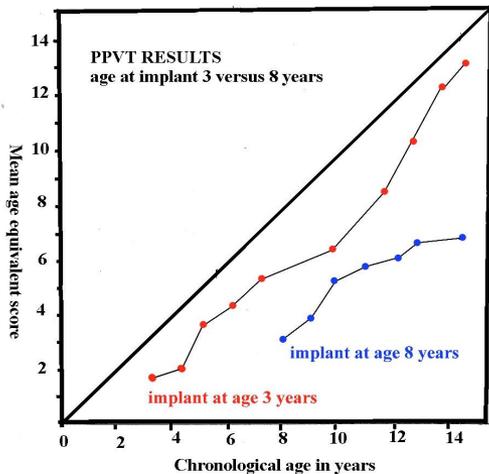
Effect of early versus late cochlear implantation



In early implantation age “gap” starts out reduced.

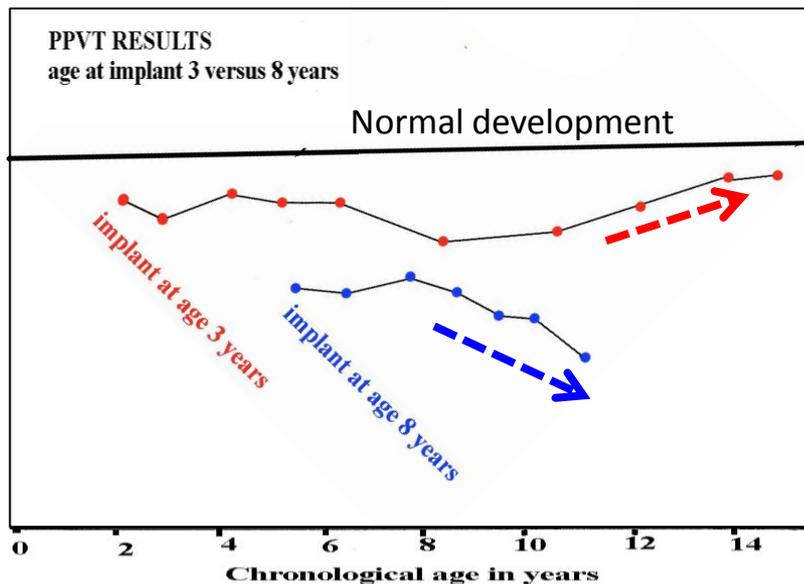
Some trend towards gap closure in longer term

Development of language in children after cochlear implantation



Children implanted early keep up with normal language development

Children implanted late have a PROGRESSIVE loss in language development Relative to normal



Developmental Plasticity and Progressive Hearing Loss

SOME TAKE HOME MESSAGES

There are many causes of progressive hearing loss. Many etiologies suggest that a peripheral “cascade” effect may underlie some of the progressive loss.

Neural plasticity involves growing neurons, making or strengthening synaptic connections, pruning of connections etc.) Through such mechanisms the auditory brain is “programmed” from birth by environmental experience.

In an early post-natal period there is a very high level of plasticity. Important neural wiring occurs during this critical or sensitive period.

In a congenitally deaf infant, intervention has to be as early as possible and within this sensitive period. A sensitive period in regard to CI outcomes is at 5-6 years of age.

In the case of a progressive hearing loss, prognosis may relate to the timing of the hearing loss in relation to sensitive periods in age-related plasticity.

After pediatric cochlear implantation, speech and language improvement (glass half full) can be considered to be a progressive hearing loss (glass half empty).

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Developmental Plasticity and Progressive Hearing Loss

FIN

