

15th World Congress on Brain Injury  
March, 2025



NeuroRecovery Lab

ADVANCING NEUROREHABILITATION THROUGH NEUROMODULATION



CHU  
de Liège

CLINIQUE DE LA CONSCIENCE ET DE  
NEUROREVALIDATION

# Exploring Neurophysiological & Neuroimaging Alterations in Concussion

**Aurore THIBAUT, PhD**

FNRS & NeuroRecovery Lab

GIGA-Consciousness, University of Liege

NeuroRehab & Consciousness Clinic

University Hospital of Liege

# Disclosures

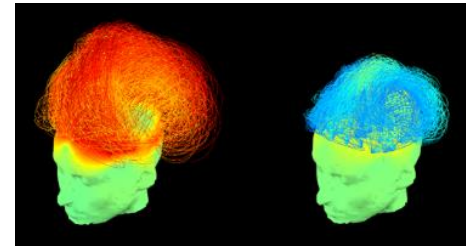
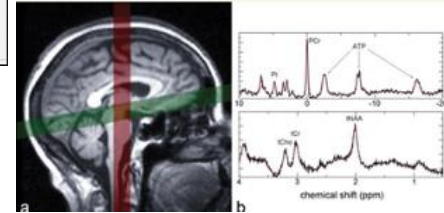
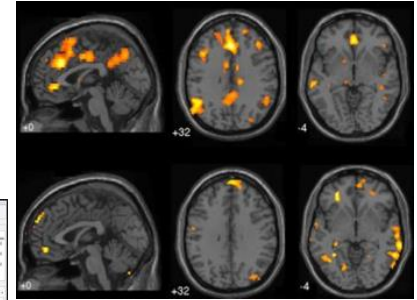


- Nothing to disclose

# Advanced imaging techniques



- Functional Magnetic Resonance Imaging - fMRI
- Diffusion Tensor Imaging – DTI
- Susceptibility Weighted Imaging – SWI
- Magnetic Resonance Spectroscopy – MRS
- Positron Emission Tomography – PET
- Electrophysiology – EEG
- Transcranial Magnetic Stimulation – TMS
- ...



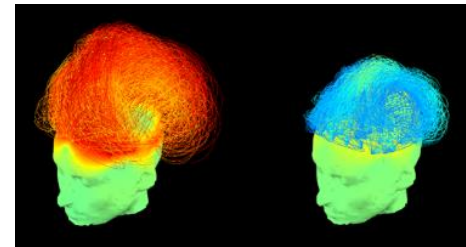
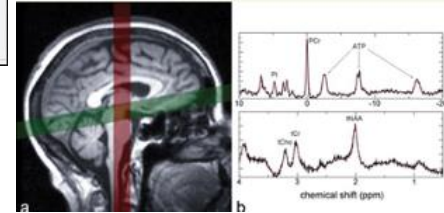
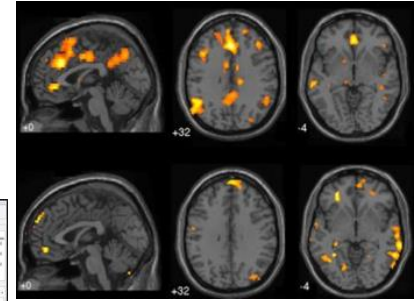
# Advanced imaging techniques



- Functional Magnetic Resonance Imaging - fMRI
- Diffusion Tensor Imaging – DTI
- Susceptibility Weighted Imaging – SWI
- Magnetic Resonance Spectroscopy – MRS
- Positron Emission Tomography – PET
- Electrophysiology – EEG
- Transcranial Magnetic Stimulation – TMS
- ...

➔ in SRC & general population

For diagnosis, prognosis & head impacts












# New (exploratory) imaging techniques



Systematic review

Amsterdam Consensus Conference 2022  
205 studies – 81 (f)MRI & 29 EEG

Role of biomarkers and emerging technologies in defining and assessing neurobiological recovery after sport-related concussion: a systematic review

Jason B Tabor ,<sup>1</sup> Benjamin L Brett ,<sup>2</sup> Lindsay Nelson,<sup>2</sup> Timothy Meier,<sup>2</sup>  
Linden C Penner,<sup>1</sup> Andrew R Mayer,<sup>3</sup> Ruben J Echemendia ,<sup>4,5</sup>  
Thomas McAllister ,<sup>6</sup> William P Meehan, III,<sup>7,8</sup> Jon Patricios ,<sup>9</sup>  
Michael Makdissi,<sup>10,11</sup> Silvia Bressan,<sup>12</sup> Gavin A Davis ,<sup>13</sup> Zahra Premji ,<sup>14</sup>  
Kathryn J Schneider ,<sup>1</sup> Henrik Zetterberg,<sup>15</sup> Michael McCrea ,<sup>2</sup>



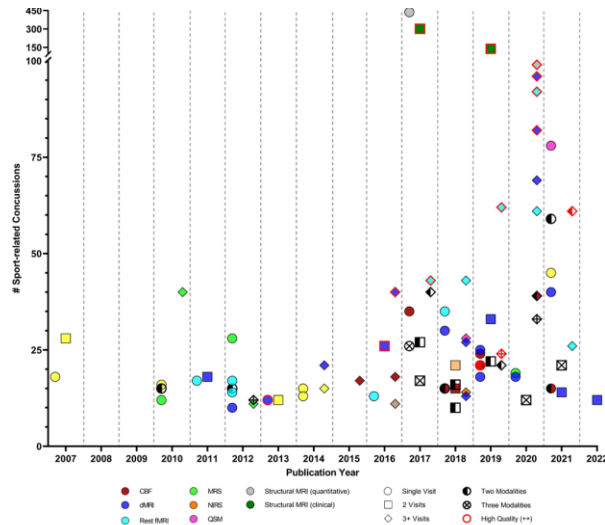
# New (exploratory) imaging techniques

Systematic review

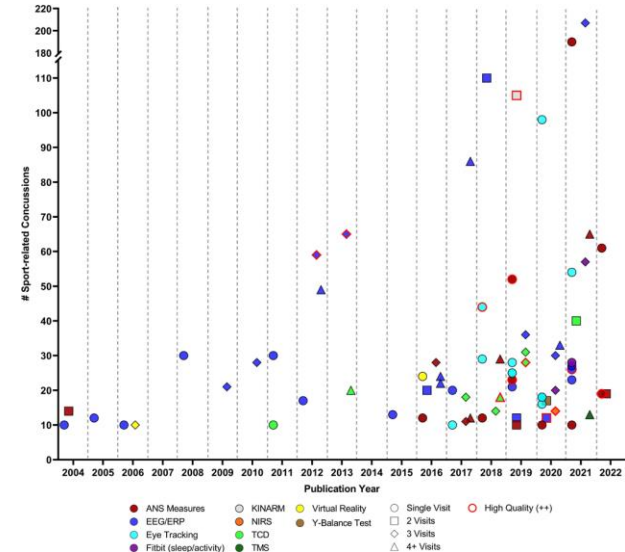
Amsterdam Consensus Conference 2022  
205 studies – 81 (f)MRI & 29 EEG

Role of biomarkers and emerging technologies in  
defining and assessing neurobiological recovery after  
sport-related concussion: a systematic review

## Neuroimaging



## Electrophysiology





# New (exploratory) imaging techniques

Systematic review

Amsterdam Consensus Conference 2022  
205 studies – 81 (f)MRI & 29 EEG

Role of biomarkers and emerging technologies in defining and assessing neurobiological recovery after sport-related concussion: a systematic review

## Key messages

- ➔ Use in research for diagnosis & prognosis
  - ➔ Promising sensitivity for assessing acute neurobiological effects
  - ➔ Microstructural & functional alterations
  - ➔ Alterations persists beyond clinical clearance
- BUT** heterogeneity & mixed findings  
& lack of specificity

### KEY RECOMMENDATIONS

- ⇒ Advances in neuroimaging, fluid biomarkers, genetic testing and emerging technologies continue to provide valuable research tools for the investigation of sport-related concussion neurobiology in the areas of diagnosis, prognosis and recovery.
- ⇒ While these technologies show potential for eventual clinical use, their translation is limited by methodological inconsistencies and a lack of generalisability, based on the existing evidence.
- ⇒ Progression to further validate their clinical utility will require large, multisite, prospective longitudinal studies implementing standardised operating procedures, common data elements, consistent data collection time points and more sophisticated biostatistical approaches to data analysis.



# Functional network alterations

## **SRC & general population** - scoping review

80 studies

- 10 conventional MRI
- 24 diffusion weighted imaging
- 23 fMRI
- 9 EEG/MEG
- 14 other techniques (eg, fNRIS)





# Functional network alterations

## SRC & general population - scoping review

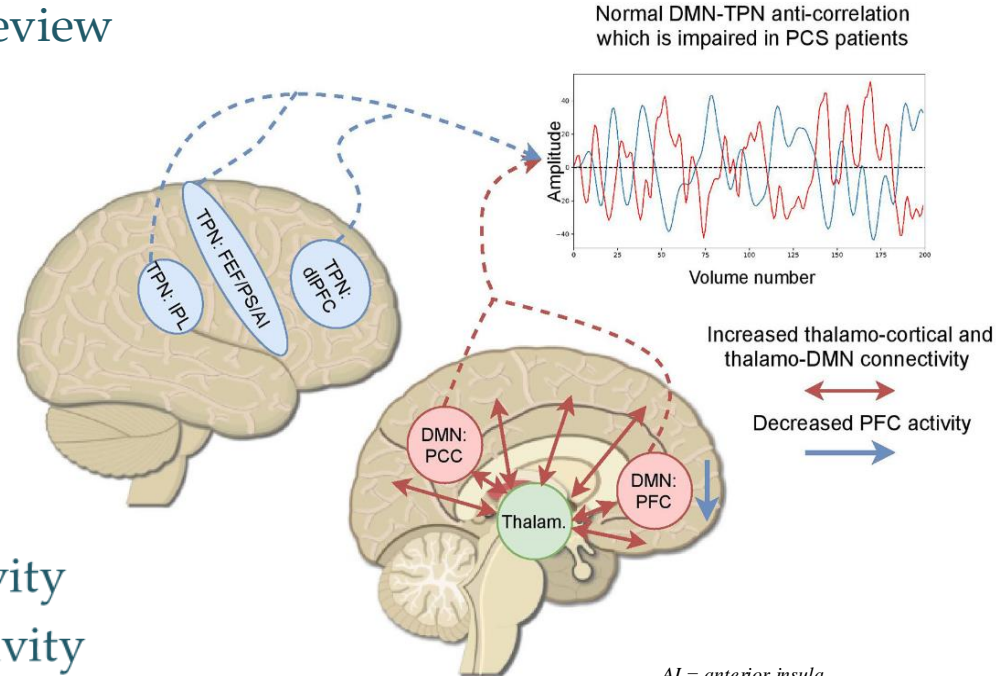
80 studies

- 10 conventional MRI
- 24 diffusion weighted imaging
- 23 fMRI
- 9 EEG/MEG
- 14 other techniques (eg, fNRIS)

**fMRI:** inter- & intra-network connectivity

➔ Increased thalamo-cortical connectivity

➔ Reduced anti-correlation DMN/DAN



AI = anterior insula  
dlPFC = dorsolateral prefrontal cortex  
FEF = frontal eye fields  
IPL = inferior parietal lobe  
PCC = posterior cingulate cortex  
PFC = prefrontal cortex  
PS = precentral sulcus



# Thalamo-cortical connectivity

## **Longitudinal study – CENTER TBI**

108 patients GCS 13–15 & normal CT  
& 76 controls

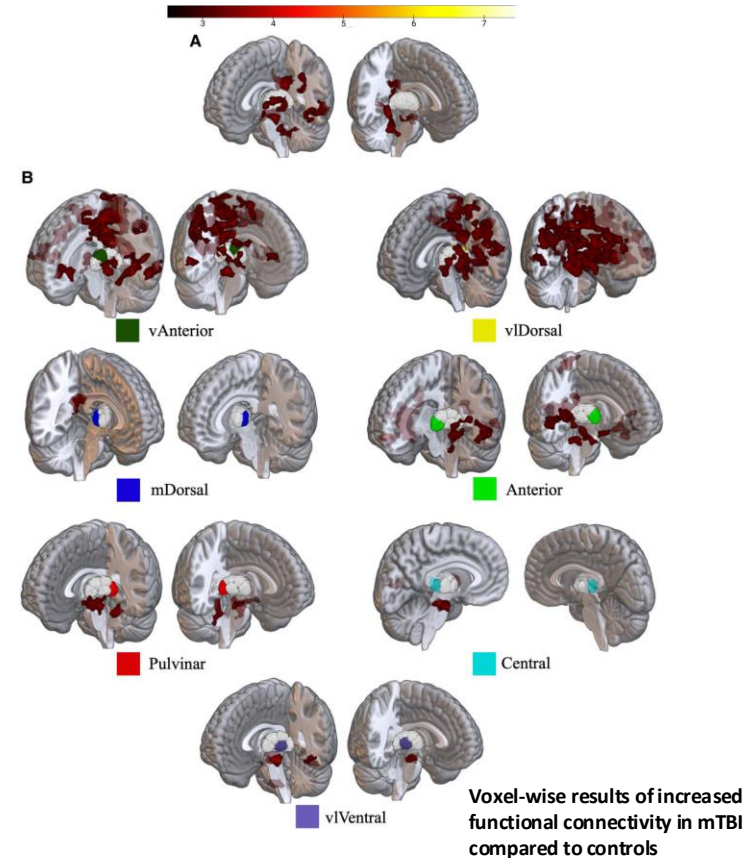


# Thalamo-cortical connectivity

## Longitudinal study – CENTER TBI

108 patients GCS 13–15 & normal CT  
& 76 controls

- 47% incomplete recovery 6 month
- Normal structural MRI
- Acute increased thalamo-cortical connectivity
- Predictive of persistent symptoms





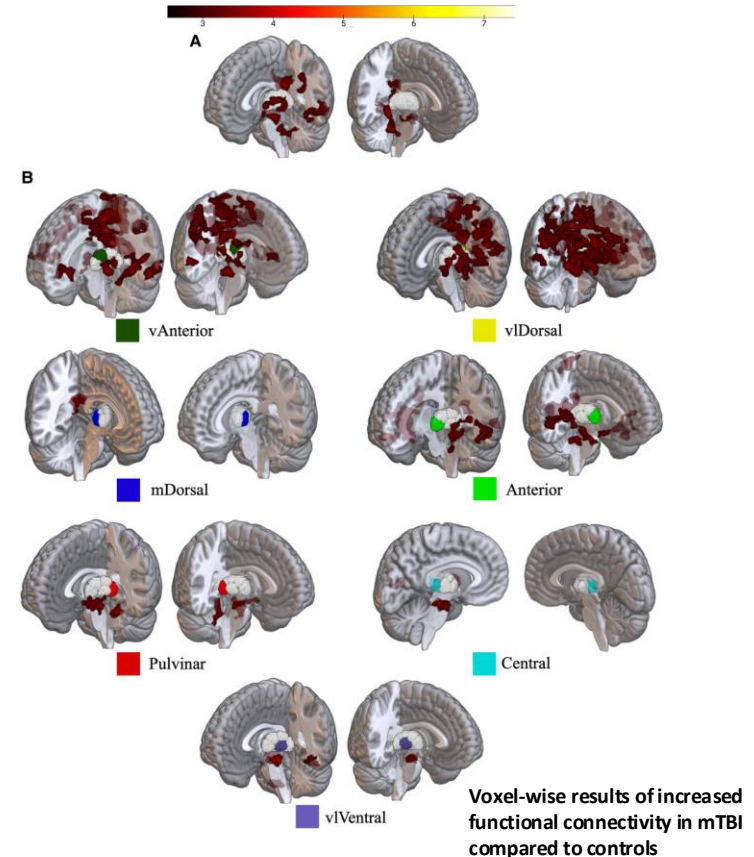
# Thalamo-cortical connectivity

## Longitudinal study – CENTER TBI

108 patients GCS 13–15 & normal CT  
& 76 controls

- 47% incomplete recovery 6 month
- Normal structural MRI
- Acute increased thalamo-cortical connectivity
- Predictive of persistent symptoms

➔ Potential compensatory mechanism  
leading to chronic alterations



# Long-term alterations



## Observational longitudinal study

- N= 187 - 25 concussed & 27 injury-free athletes
- fMRI (functional connectivity, CBF, DTI)
- 1. baseline, 2. symptomatic, 3. RTP – medical clearance, 4. 1-3 month & 5. 1-year post-RTP

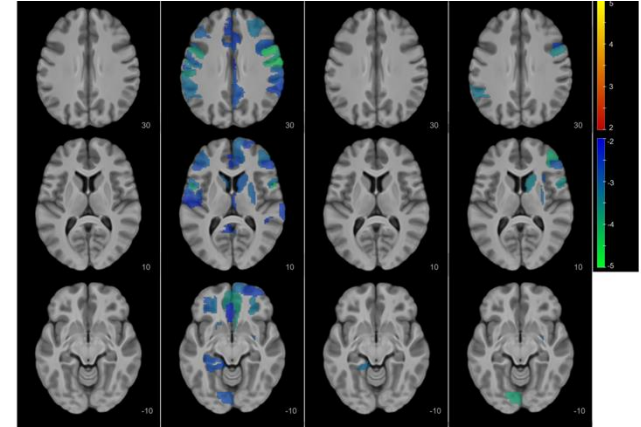
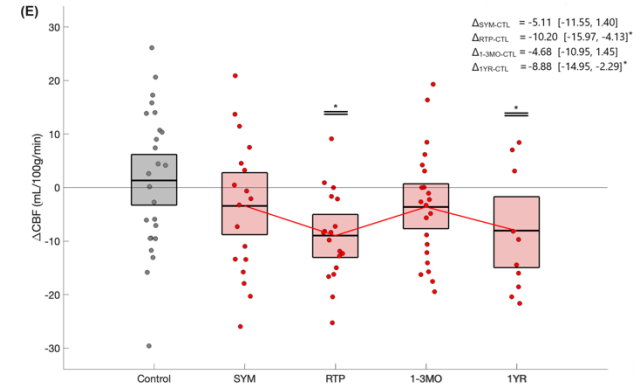
# Long-term alterations



## Observational longitudinal study

- N= 187 - 25 concussed & 27 injury-free athletes
- fMRI (functional connectivity, CBF, DTI)
- 1. baseline, 2. symptomatic, 3. RTP – medical clearance, 4. 1-3 month & 5. 1-year post-RTP

**CBF** : decreased symptomatic  
remained decreased at RTP & 1-Y



Medial temporal regions



# Long-term alterations

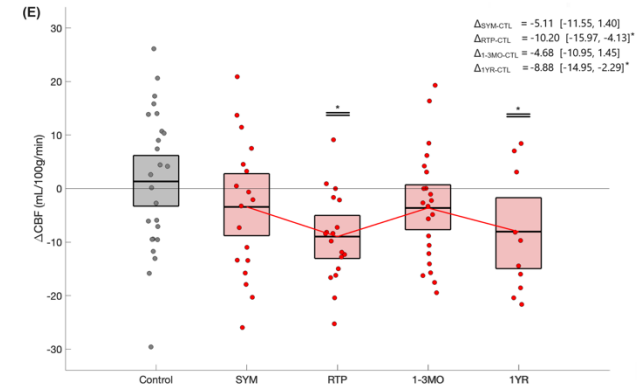
## Observational longitudinal study

- N= 187 - 25 concussed & 27 injury-free athletes
- fMRI (functional connectivity, CBF, DTI)
- 1. baseline, 2. symptomatic, 3. RTP – medical clearance, 4. 1-3 month & 5. 1-year post-RTP

**CBF** : decreased symptomatic  
remained decreased at RTP & 1-Y

**DTI** : increased MD & decreased FA at sympt.  
remained altered at RTP & 1-Y

➤ did not exceed longitudinal  
variability compared to  
injured-free athletes





# Long-term alterations

## Observational longitudinal study

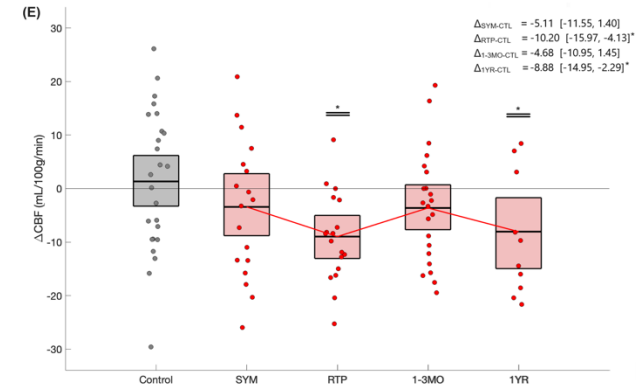
- N= 187 - 25 concussed & 27 injury-free athletes
- fMRI (functional connectivity, CBF, DTI)
- 1. baseline, 2. symptomatic, 3. RTP – medical clearance, 4. 1-3 month & 5. 1-year post-RTP

**CBF** : decreased symptomatic  
remained decreased at RTP & 1-Y

**DTI** : increased MD & decreased FA at sympt.  
remained altered at RTP & 1-Y

➤ did not exceed longitudinal  
variability compared to  
injured-free athletes

➔ **Relevance of longitudinal studies & controls/injured-free athletes**





# Short-term & subclinical alterations



## Head impacts

➔ Assess intracortical inhibition (**TMS**) post game (impacts) versus post training (without impacts)

# Short-term & subclinical alterations

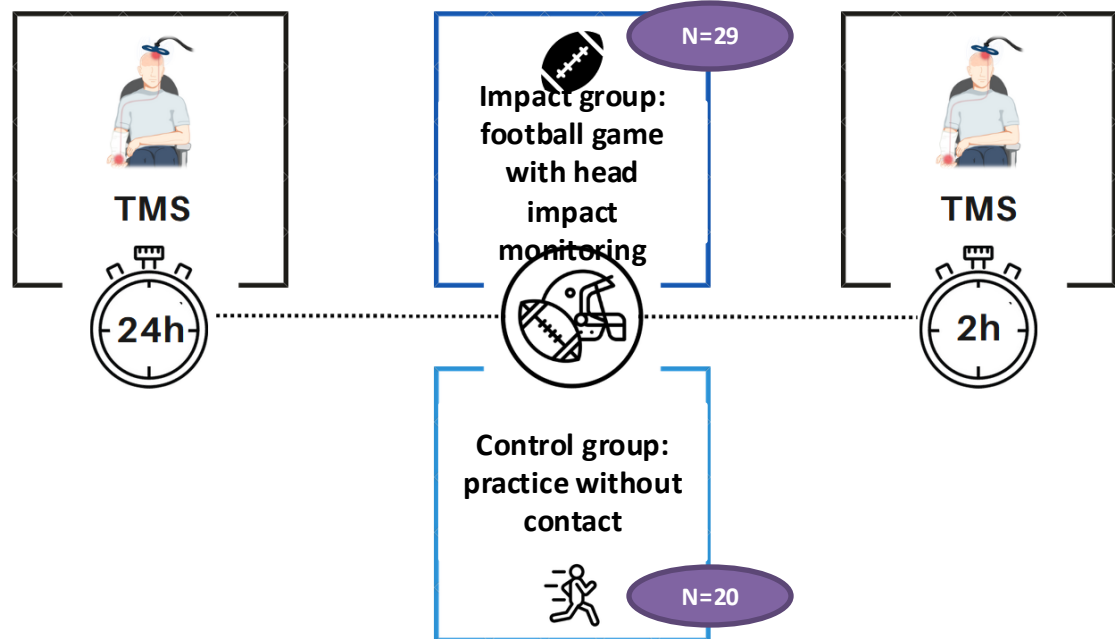


## Head impacts

➔ Assess intracortical inhibition (**TMS**) post game (impacts) versus post training (without impacts)

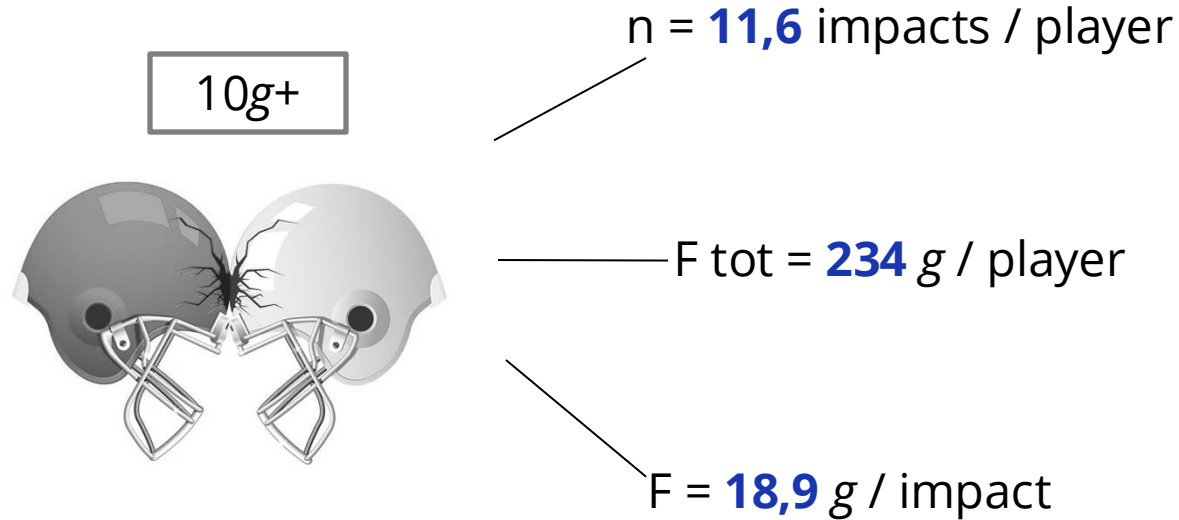
Male athletes (n=29)  
Varsity football  
McGill & UdeM  
2021-2022 seasons  
**Random assignment**

23 years  
185 cm  
95 kg



# Short-term & subclinical alterations

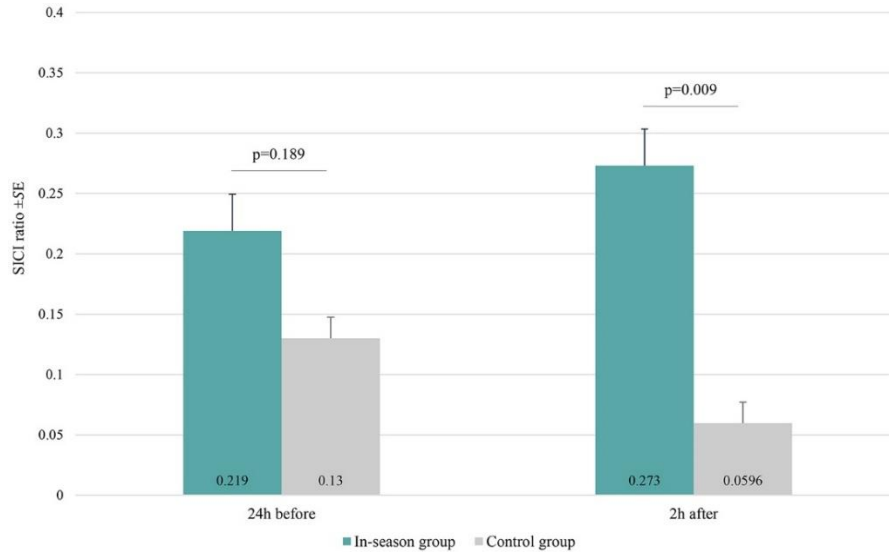
## Head impact exposure (game)



Impact category	N players	N impacts
10 – 24 g	29	9
25 – 39 g	25	2
40 – 59 g	14	1
$\geq 60$ g	5	1

# Short-term & subclinical alterations

## Intracortical inhibition – TMS

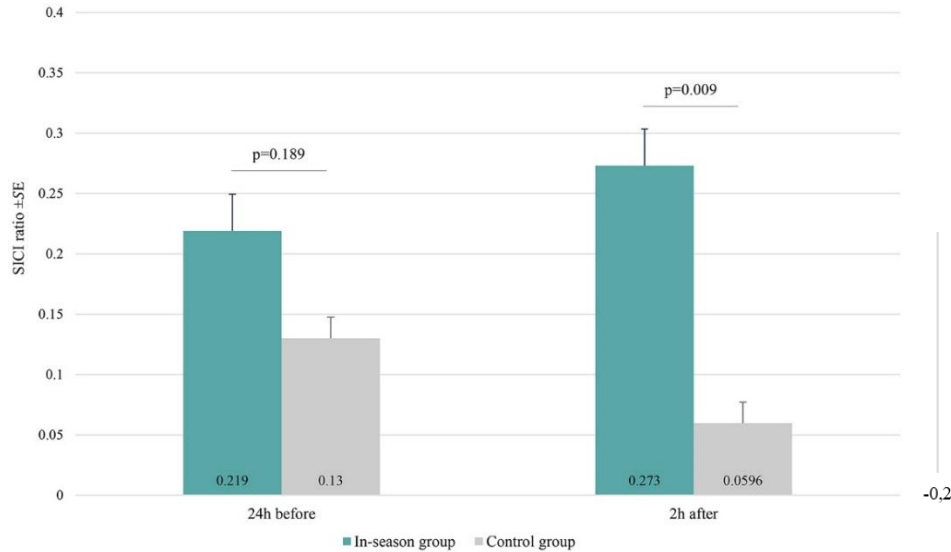


➔ Short term changes in cortical excitability following head impacts during games

# Short-term & subclinical alterations

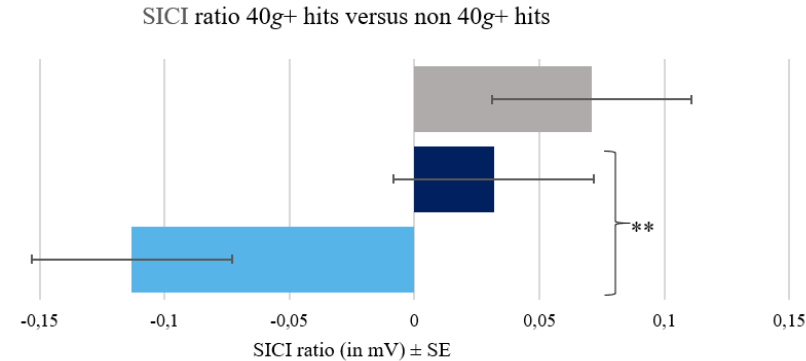


## Intracortical inhibition – TMS



## TMS & impacts

- Players exposed to 40g+ hits
- Players not exposed to 40g+ hits
- Control group



➔ Short term changes in cortical excitability following head impacts during games

➔ Deleterious intracortical disinhibition with 40+g impacts (neurometabolic cascade)

# In clinical partice?



CHU  
de Liège

CLINIQUE DE LA CONSCIENCE ET DE  
NEUROREHABILITATION



NeuroRecovery Lab

# In clinical practice?



CLINIQUE DE LA CONSCIENCE ET DE  
NEUROREHABILITATION



## Concussion care pathway

NeuroRecoveryLab

### Who ?

*Mild head trauma  
Moderate head  
trauma*

### When ?

*DO if identification  
of 1 Red Flag  
From D14 if  
persistence of  
post-concussion  
symptoms*

### What is ?

*Neuropsych.  
PM&R & neuro  
EEG & (f)MRI  
....*



Neuropsychological evaluation



PM&R evaluation



Clinical & high-density EEG



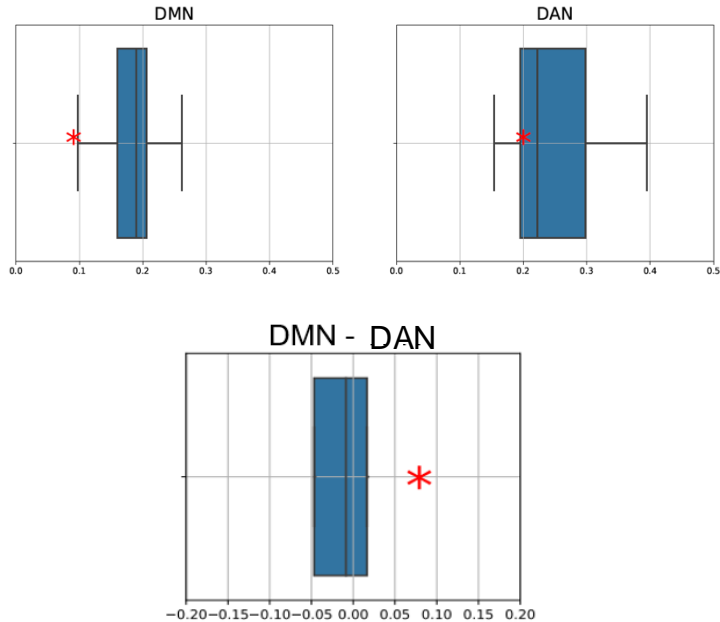
Structural & functional MRI

# Concussion care pathway



fMRI

\* Connectivity index



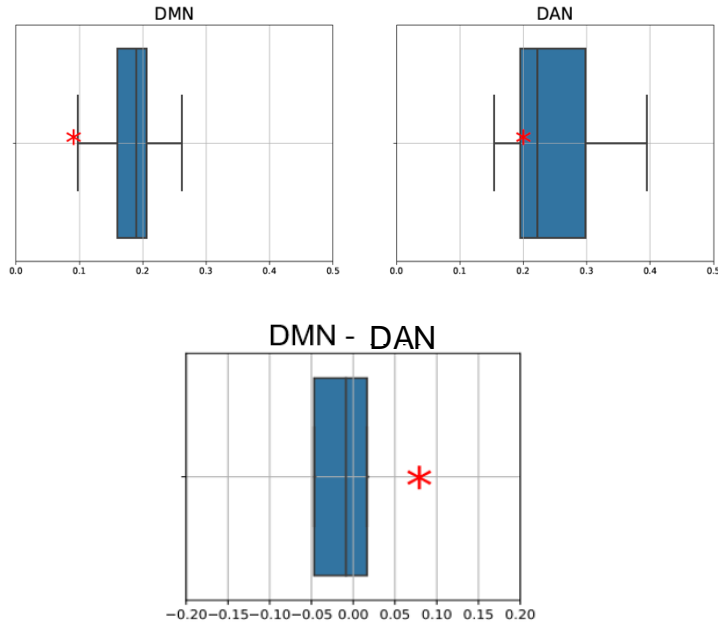


# Concussion care pathway

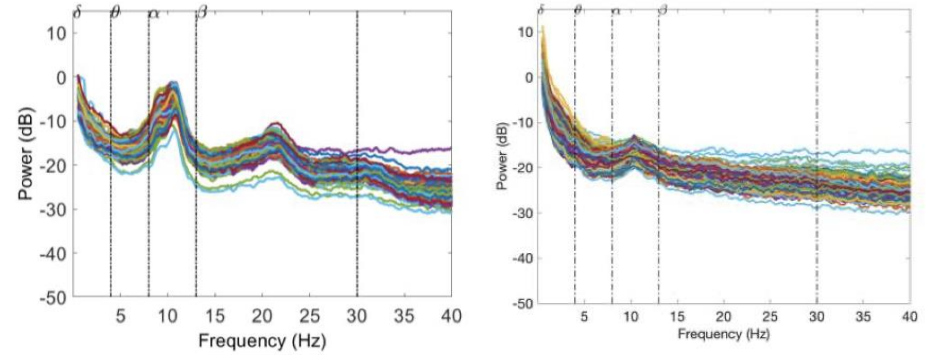


fMRI

\* Connectivity index

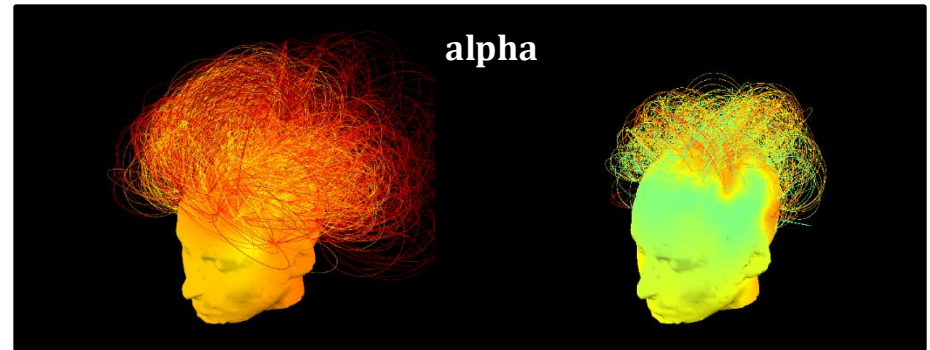


HD-EEG



Healthy control

Patient

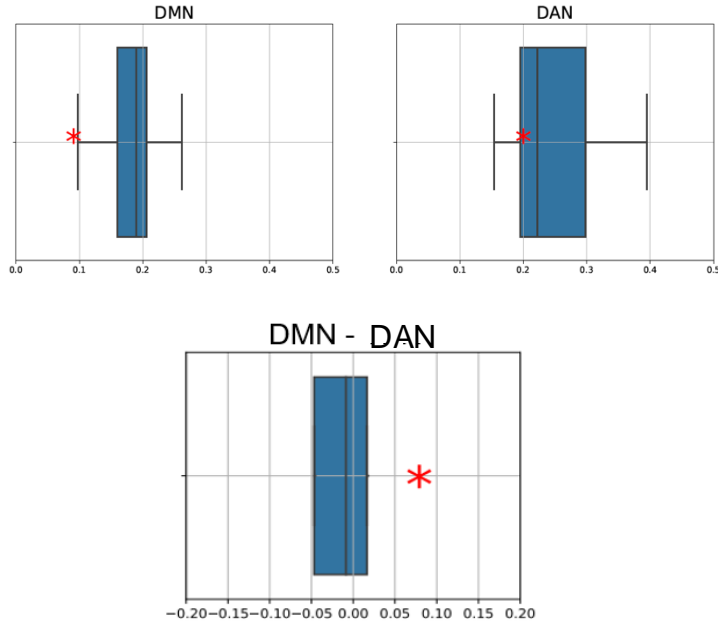


# Concussion care pathway

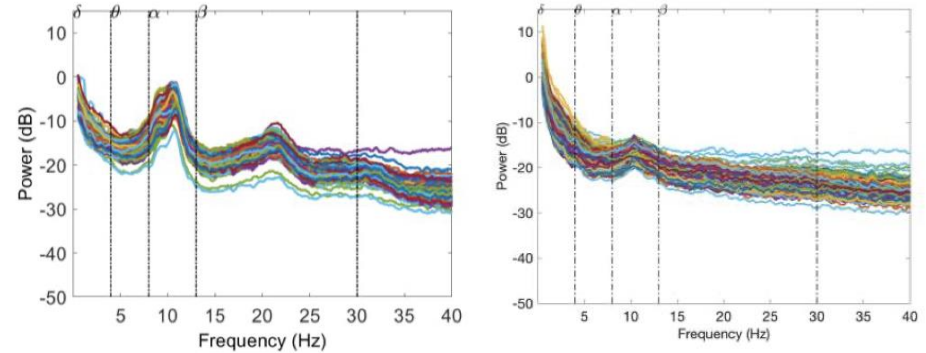


fMRI

\* Connectivity index



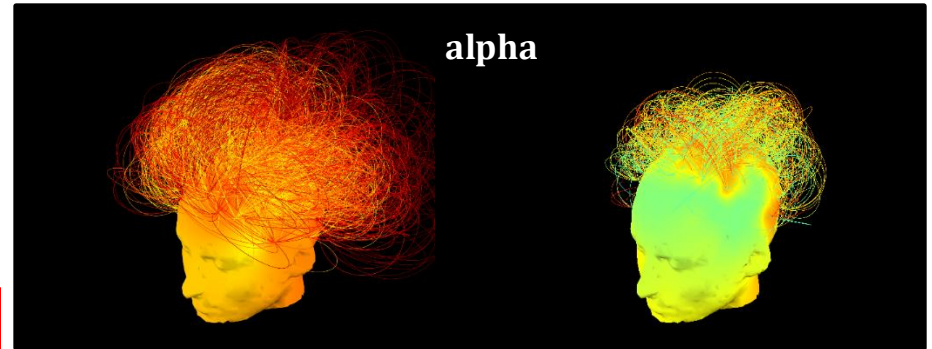
HD-EEG



Healthy control

Patient

alpha



LOURAS - poster session Friday 21th 2.30pm

# Conclusions



Added value to understand 1. pathophysiological mechanisms of concussion  
2. course of (subclinical) recovery

Objectification of microstructural & functional alterations

- ➔ thalamo-cortical connectivity
- ➔ intra & inter networks connectivity
- ➔ importance of control groups, especially in SRC
- ➔ alterations persists beyond clinical clearance

Need for clinical translation (fMRI → EEG) & enhanced specificity





Thank you !



[athibaut@uliege.be](mailto:athibaut@uliege.be)

[www.giganeurorecovery.uliege.be](http://www.giganeurorecovery.uliege.be)

