## Newcastle Reticulospinal and ipsilateral corticospinal tract contributions to functional University recovery after unilateral corticospinal lesion

The Institute of Neurosci

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## MRC Introduction **Monosynaptic EPSPs** Population data We recently reported (Riddle et al. 2009) inputs **Forearm Flexors** RMLF LMLF RPT from the reticulospinal tract to motoneurones in Incidence Amplitude primates. This included cells innervating hand muscles, 60 which was unexpected; control of the hand is 8 50 0.4 usually assigned to the corticospinal tract in u 40 higher primates. . Ž 30 20 Our findings raised the exciting possibility that the reticulospinal tract could subserve recovery of hand use following corticospinal lesion. **Forearm Extensors Methods** 60 50 We made unilateral lesions of the left medullary 40 (% pyramidal tract (PT) in three monkeys and allowed 30 806 recovery. Six months later we recorded intracellularly from 168 right side cervical motoneurons under terminal Examples of monosynaptic EPSPs recorded from a proximal motoneuron (top) and three different intrinsic hand motoneurons (bottom). Responses to 1 shock 300µA to RMLF (left), LMLF (middle) and RPT (right). MNA (Median Nerve at the Arm) project to forearm flexors; MNW (Median Merve at the Wrist) and UNW (Ulnar Nerve at the Wrist) project to intrinsic hand muscles. Red : superimposed antidromic activation from the stimulated nerves. anaesthesia. Black: intracellular recording. Blue: corresponding epidural volley. Segmental latencies were measured from the first inflection of the corresponding epidural volley (vertical green dashed line) to the onset of the postsynaptic response (vertical green solid line). Cells were antidromically identified by stimulation through cuff electrodes as projecting either to forearm or hand muscles. Synaptic inputs measured following stimulation of the **Disynaptic EPSPs** Intrinsic Hand right and left medial longitudinal fasciculus (MLF, containing many reticulospinal axons) and the intact right PT. RMLF Motoneuron responses were classified as LMLF RPT monosynaptic (segmental latency <1ms, followed 60 ≥ 0.4 stimulus trains) or disynaptic (segmental latency 50 >1ms). 40 **Technique for PT lesion** RMLE IMLE 0.1mV 1m Population data. Histograms of incidence (left) and mean amplitude (right) of monosynaptic EPSPs (black) and disynaptic (blue) from the intact PT (RPT), and right and left MLFs. The numbers above each column in the incidence plots give the raw numbers of motoneurons. Error bars in amplitude plots are SEM. Amplitudes of disynaptic EPSPs were measured from the response to the last of a nosvnaptic from lesion monkeys Left M Right M train of three or four shocks. Amplitudes of monosynaptic EPSPs were measured from the respons Disynaptic from lesion monkeys train or three or loca structures, strupticuous or indirus/rightac Er Gris were medsured inom the tesponse to one shock from RMLF and LMLF, and the task of a train of three or four shocks from the RPT. Amplitudes (t test) and incidences ( $\chi'$ test) of EPSPs in lesion monkeys (solid) were compared with control data (hatched lines) (for the RMLF; Riddle et al. 2009) for the LMLF; Soleropoulos et al naptic from control monkeys nuscript in progress). Disynaptic from control monkeys Discussion ificant difference (P<0.05) Significant difference (P<0.01 Our results support the concept that strengthening After lesion Control data for the RPT is currently being an of reticulospinal connections may contribute to functional recovery following corticospinal tract lesion. Examples of disynaptic EPSPs recorded from three different motoneurons. Responses to 1 shock (top) and 3 shocks (bottom) 300µA to RMLF (left), Examples of displayed in the second of the method and the family projects of a stock of the second stock of the second of the second stock of the Left and right PT stimulated, antidromic field recorded from left and right M1 e implanted rostral to the left stimulating electrode recording. Blue: corresponding epidural volley. Segmental latencies were measured from the first inflection of the corresponding epidural volley (vertical green dashed line) to the onset of the postsynaptic response (vertical green solid line). EPSP amplitudes were measured from the response to the last Reference Lesion probe temperature raised to 60-70 °C for 20s; between 1 and 4 lesions of the three shocks. made The right antidromic field was slightly reduced, and the left completely abolished Riddle CN, Edgley SA, and Baker SN. Direct and indirect connections with upper limb motoneurons from the primate reticulospinal tract. J Neurosci 29: 4993-4999, 2009.