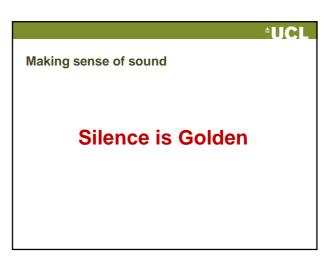
Auditory system: anatomy and physiology

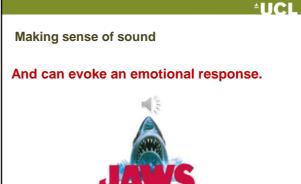
(making sense of the auditory pathways)

Lucy Anderson UCL Ear Institute lucy.anderson@ucl.ac.uk

Interlearn scientific bootcamp - September 2017







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Why should we care?

- Hearing loss increases risk or impact of many long term conditions, including dementia
 - HL significant risk factor for developing dementia
 - HL more than doubles risk of depression / mental health issues
 - HL impact on schooling 71% deaf children failed to reach Government GCSE benchmark
- Prevalence of hearing loss increases with age
- 1:6 UK population reports some form of hearing loss

We can't afford not to!

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What can we do?

To understand how we can intervene in the impaired-auditory system we first need to understand how the normal auditory system works

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Outline of today's talk

- Discussion of "the problem of hearing" and how peripheral system overcomes it
- Introduction to the principle nuclei within the central auditory system
- Example illustrating the importance of acknowledging subdivisions for accurate reporting of physiological data.
- · Introduction to the ascending auditory pathways

The Problem of Hearing

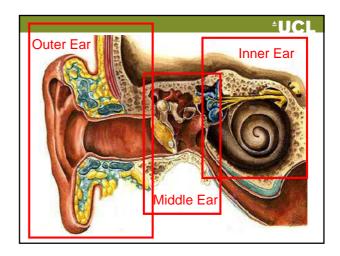
Mechanical sound pressure waves have to be converted to electrical signals in order for our brains to understand them

But

- Sound vibrations in air can be very small
- Cells capable of converting mechanical signals into electrical signals kept in a fluid filled cavity
- · Sound waves are complex

The Problem of Hearing

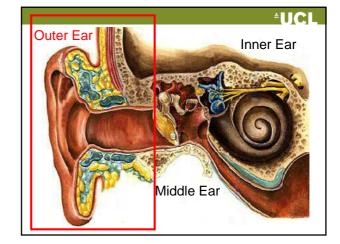
- Problem 1: Getting sound waves into the ear
- **Problem 2**: Transferring sound waves across air/fluid boundary
- Problem 3: Decoding the sound waves

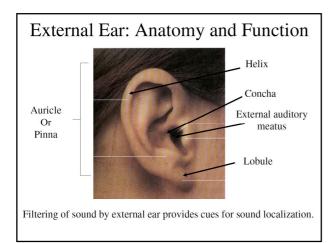


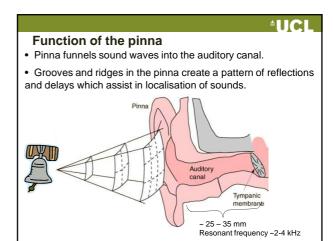
UCL

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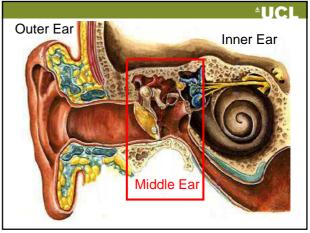
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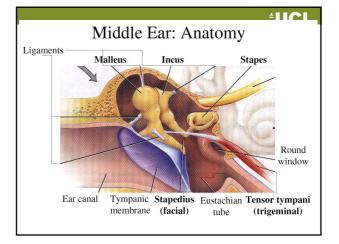


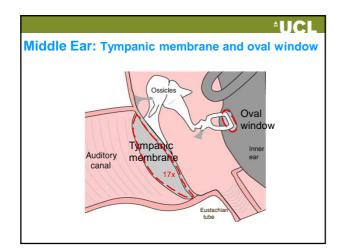


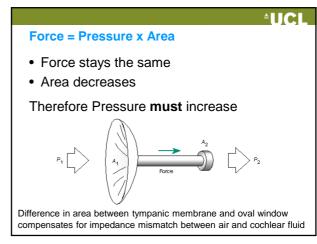
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Middle ear function

- To transfer movements of the tympanic membrane to the fluid filled cochlea without significant loss of energy
- To protect the hearing system from the effects of loud sounds



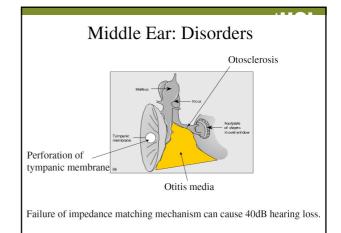




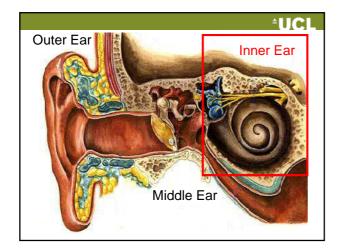


Impedance Matching

- Tympanic membrane > oval window ~ 17x
- Malleus > incus ~1.3x
- > Overall pressure change of ~ 22x (17x1.3)



UCL



The Problem of Hearing

- Problem 1: Getting sound waves into the ear
- Problem 2: Transferring sound waves across air/fluid boundary
- Problem 3: Decoding the sound waves

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The Problem of Hearing

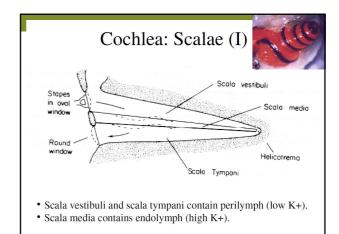
- Problem 3: Decoding the sound waves
 - Convert mechanical vibrations into electrical signals (sensory transduction)
 - Split complex sounds into simple components (frequency analysis)
 - Amplify the sound signal

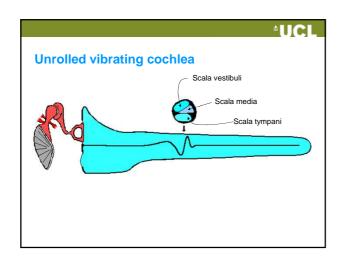
The Problem of Hearing

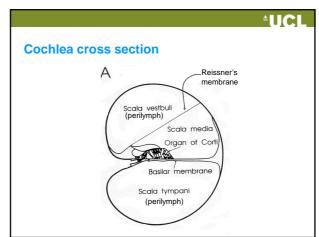
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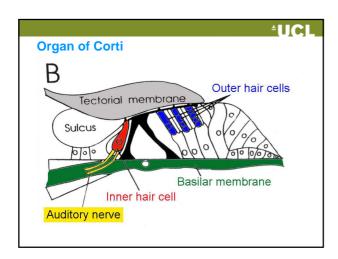
The Inner Ear: the cochlea Located in the inner ear, near the vestibular canals. Coiled structure with 2-5 turns In man, 1 cm wide and 5 mm long; if uncoiled would be 35 mm long. Contains 2 fluid compartments end with oval and round window



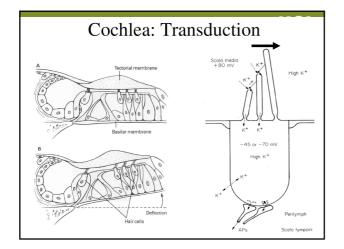


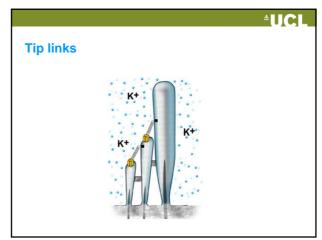


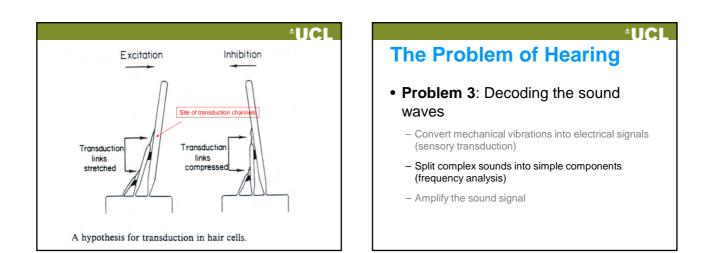


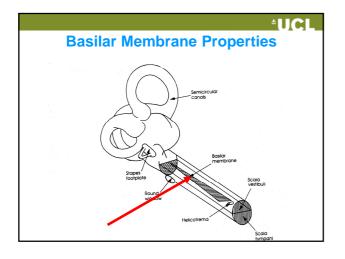


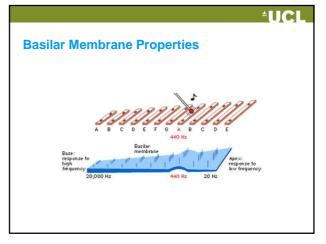


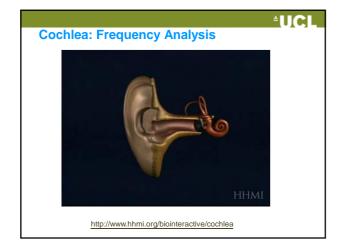


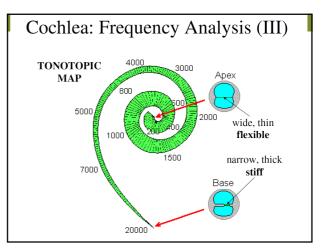








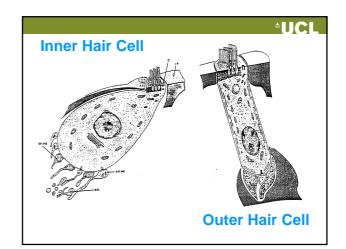


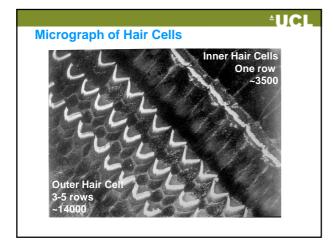


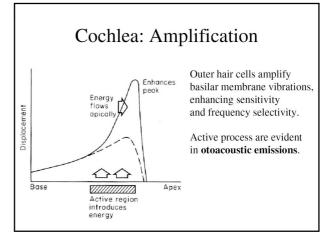
*UCL The Problem of Hearing • Problem 3: Decoding the sound

waves

- Convert mechanical vibrations into electrical signals (sensory transduction)
- Split complex sounds into simple components (frequency analysis)
- Amplify the sound signal





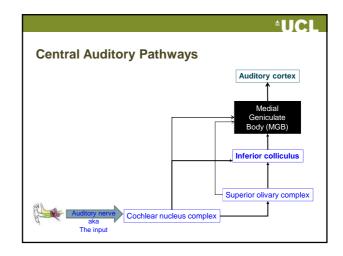


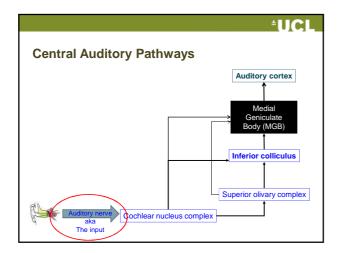


[±]UCL

Outline of today's talk

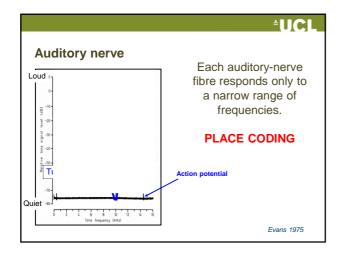
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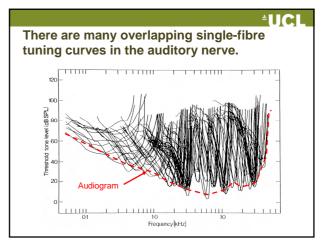


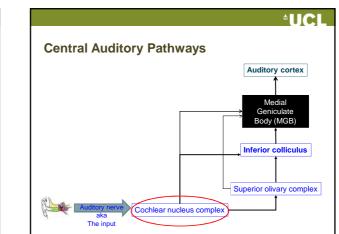


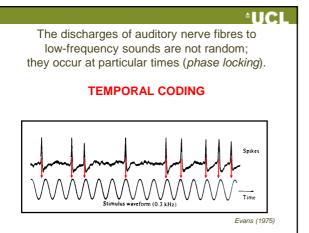
The input

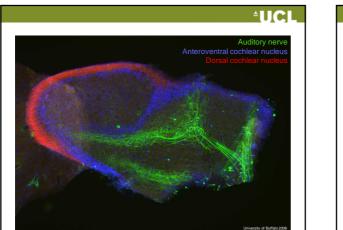
- Sound features received by the brain
 - Frequency
 - Loudness (intensity)
 - Timing
- Sound qualities we consider important
- Localisation (where a sound comes from)
- What a sound sounds like
- Emotion
- Analysing the auditory scene

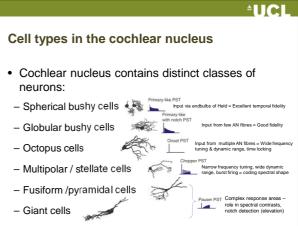


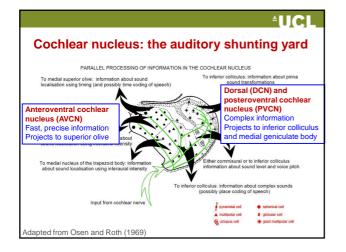


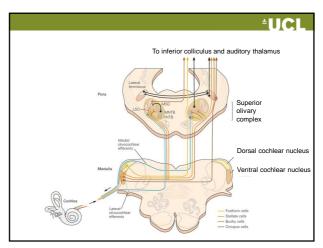


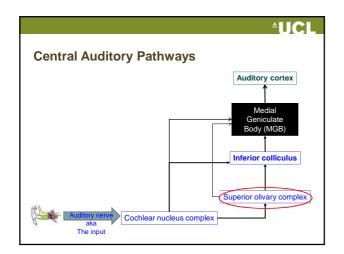


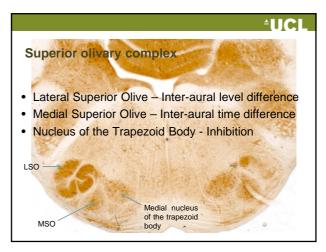


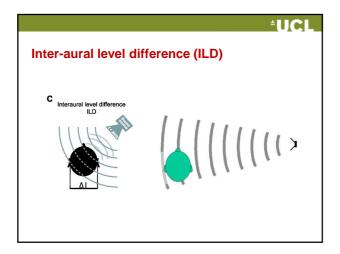


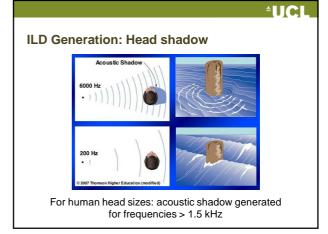


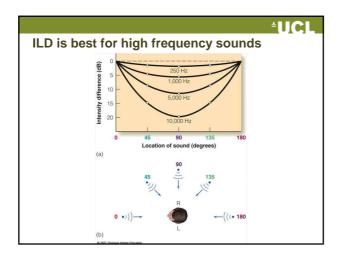


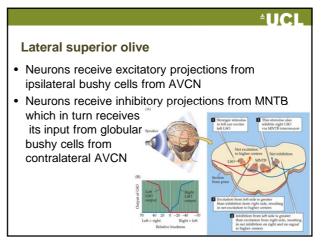


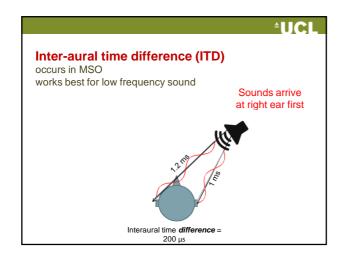


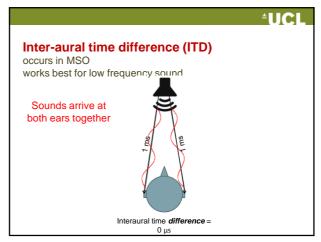


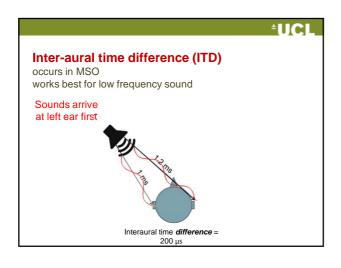


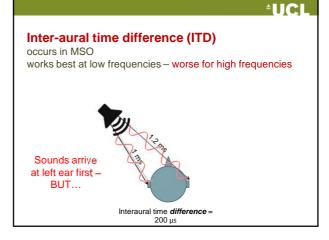


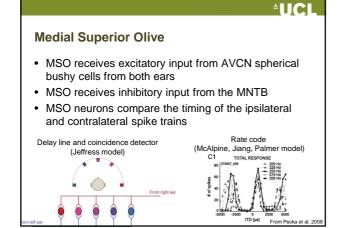


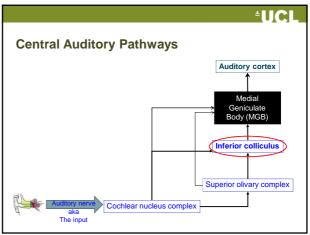






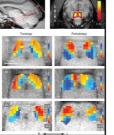


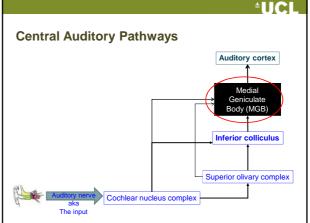




AUCI Inferior colliculus **Central Auditory Pathways** · Acts as an integration centre combining: - low-frequency ITD input from MSO - high-frequency ILD input from LSO - complex input from DCN · Contains orderly maps of frequency and periodicity Has three main subdivisions - Central nucleus (ICc) - Dorsal cortex (ICd)

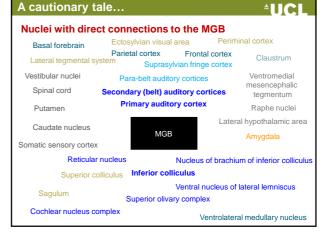
- External /lateral nuclei (ICx /ICl)

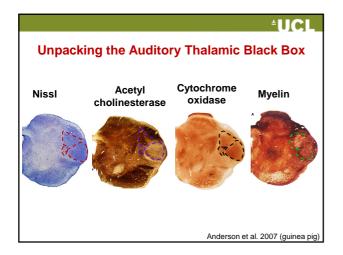


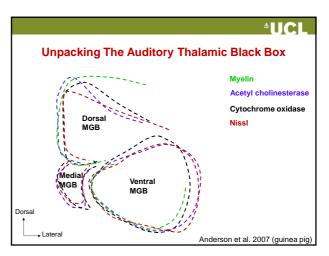


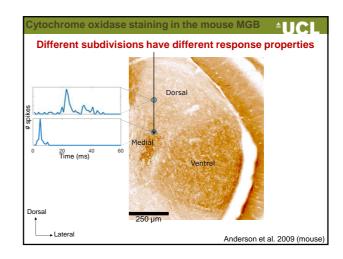
UCL Auditory thalamus (Medial Geniculate Body) · Acts as an integration centre combining: - Complex / fast information from CN - Information on localisation from SOC - Maps of frequency / periodicity from IC - Information from limbic system - Multisensory information from visual / motor /somatosensory regions · Has three main subdivisions - Ventral MGB Dorsal MGB

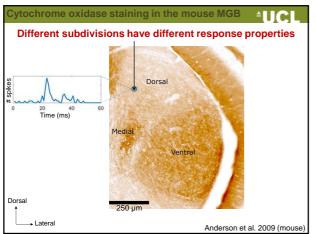
- Medial MGB

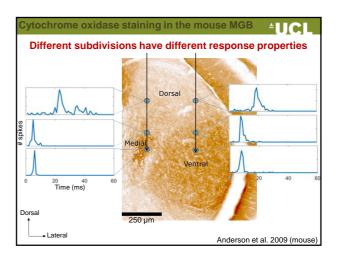


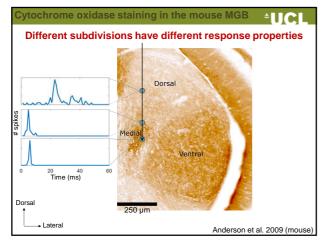


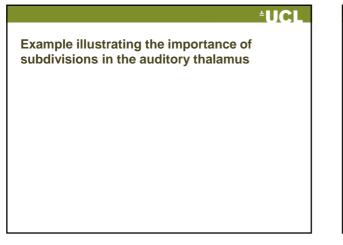


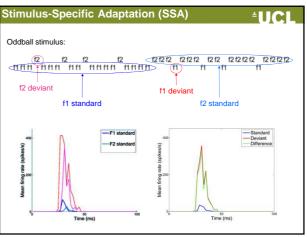


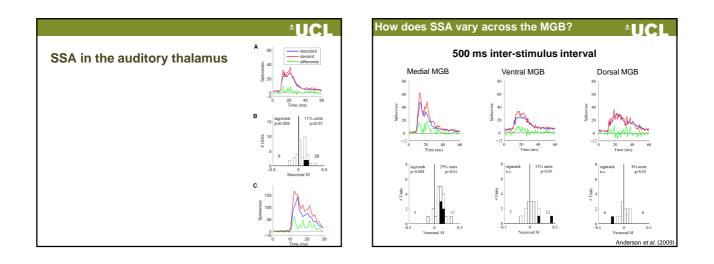


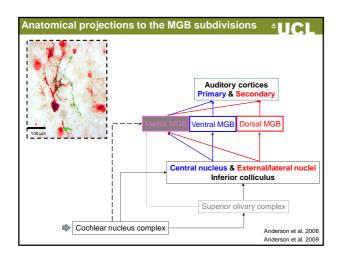


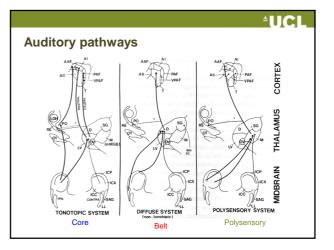




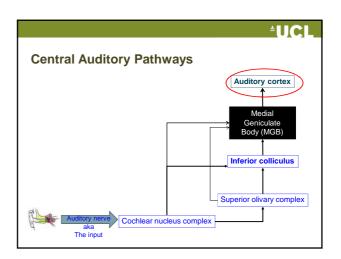


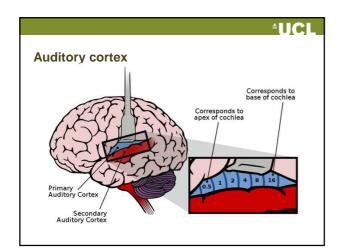


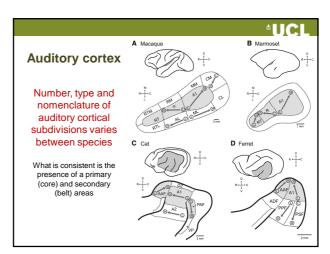


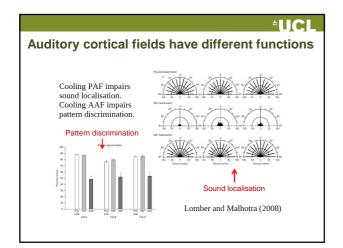


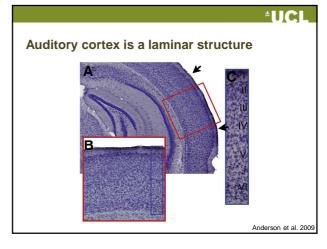
±UCI Auditory pathways				
	Tonotopic	Reliability	Response latency	Synchronisation
Core	Yes	Good	Fast	Good
Belt	No	Poor	Slow	Poor

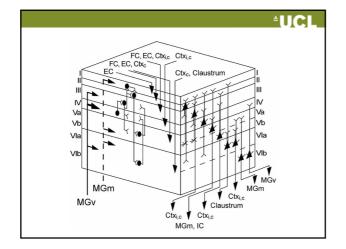


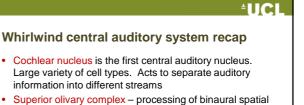












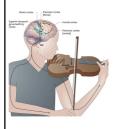
- information via ILD and ITD cues
- Inferior colliculus convergence of spatial information from SOC and CN
- Medial geniculate body convergence of information across auditory, sensory and limbic systems

•

Auditory cortex – convergence of information, localisation processing, pattern discrimination, control of ascending system

[±]UCL

Making sense of the auditory pathways **Recap**



- Physiological responses of a region depend upon the anatomical connectivity
- Understanding responses in normal and impaired conditions can help tease apart the influence of different auditory brain areas and pathways

Thank you for listening!

Any questions?? lucy.anderson@ucl.ac.uk