Advances in Bioresearch Adv. Biores., Vol 15 (2) March 2024: 284-289 ©2024 Society of Education, India Print ISSN 0976-4585; Online ISSN 2277-1573 Journal's URL:http://www.soeagra.com/abr.html CODEN: ABRDC3 DOI: 10.15515/abr.0976-4585.15.2.284289

REVIEW ARTICLE

Recent Advances in Neuroimaging Techniques: Implications in Neurological Disorders - A Comprehensive Review

Sunil Ramrao Yadav ,.Iype Cherian, Harisinh Parmar, Chinmay Vilas Phadtare

Department of Neurosurgery Krishna Institute of Medical Sciences, Krishna Vishwa Vidyapeeth Deemed To Be University, Karad

ABSTRACT

With advances in technology, neuroimaging has revolutionised our understanding and treatment of neurological illnesses. This study examines current advancements in a variety of neuroimaging modalities, including computed tomography (CT), positron emission tomography (PET), magnetic resonance imaging (MRI), and functional magnetic resonance imaging (fMRI). When combined, these modalities reveal changes in the structure and function of the brain, providing never-before-seen information on the pathophysiology of neurological disorders. The research explores the delicate uses of these methods, explaining how they may be used to map functional connectivity disruptions and discover minute structural alterations. Additionally, it looks at how neuroimaging is crucially integrated into personalised medicine, highlighting how this affects how therapies are customised to the unique profiles of patients. It is crucial for academics, policymakers, and healthcare practitioners to comprehend how neuroimaging is changing. These methods' uses go beyond diagnosis; they also impact prognostication, therapeutic monitoring, and treatment plans. Clinicians may improve precision medicine techniques and improve patient care and treatment results for neurological illnesses by utilising the potential of neuroimaging.

Keywords: Neuroimaging, neurological disorders, magnetic resonance imaging, positron emission tomography, personalized medicine.

Received 01.01.2024

Revised 21.01.2024

Accepted 25.2.2024

How to cite this article:

Sunil R Y, Iype C, Harisinh P, Chinmay V P. Recent Advances in Neuroimaging Techniques: Implications in Neurological Disorders - A Comprehensive Review. Adv. Biores. Vol 15 [2] March 2024. 284-289.

INTRODUCTION

Unprecedented technological advancements have revolutionised the field of neuroimaging and altered our comprehension of the complex functions of the human brain. Neuroimaging methods have advanced dramatically in the last several decades, moving from static anatomical observations to dynamic functional evaluations. These developments in neurological disease diagnosis, treatment, and comprehension have enormous ramifications and have the potential to revolutionise clinical practice as well as scientific research [1–10].

Technological breakthroughs in magnetic resonance imaging (MRI) have proven especially significant. The diagnostic value of current magnetic resonance imaging (MRI) equipment in neurological illnesses has been significantly enhanced by their accuracy, resolution, and multi-parametric capabilities. Our understanding of brain function and dysfunction has significantly increased because to functional magnetic resonance imaging (fMRI), which shows brain activity in real time, combined with high-resolution structural imaging. These modalities have developed into essential diagnostic and monitoring tools for a wide range of neurological ailments, including stroke and cerebrovascular disorders as well as neurodegenerative diseases like Parkinson's and Alzheimer's [1, 2].

In addition, functional neuroimaging methods such as single-photon emission computed tomography (SPECT) and positron emission tomography (PET) have made it possible to map receptor density, neurotransmitter networks, and brain metabolism. These methods provide priceless insights into the functional changes brought about by neurological illnesses, supporting not only the diagnostic process but also the monitoring of the course of the disease and the effectiveness of therapy. Through the use of radiopharmaceuticals that target certain biochemical pathways in combination with PET and SPECT,

researchers have been able to delve deeper into the underlying pathophysiology of illnesses such as mood disorders, schizophrenia, and epilepsy [3, 4].

The field of neuroimaging in neurological diseases is expanding due to the emergence of new imaging technologies. Neurochemical profiles and white matter integrity may be thoroughly examined using methods such as diffusion tensor imaging (DTI) and magnetic resonance spectroscopy (MRS), respectively. These advancements have the potential to clarify the minute structural and metabolic alterations linked to diseases such as multiple sclerosis, traumatic brain injury, and brain tumours [5, 6].

Personalised approaches to neurological illnesses have entered a new phase with the incorporation of neuroimaging into precision medicine. Personalised treatment plans based on patient-specific neuroimaging profiles, genetic markers, and clinical characteristics have demonstrated great promise for improving therapeutic approaches. More focused and efficient therapies are made possible by the identification of patient subgroups that are likely to benefit from certain interventions through the use of neuroimaging biomarkers, which are indicative of disease progression or response to therapy [7, 8].

Nevertheless, difficulties still exist in the field of neuroimaging despite the impressive advancements. To fully utilise the promise of these approaches, there are technical obstacles, such as the requirement for advanced analytical tools and resolution restrictions in some modalities. Furthermore, coordinated efforts for consistency and dependability are required for the interpretation and standardisation of neuroimaging results across various platforms and research contexts [9, 10].

This thorough study attempts to compile and evaluate current improvements in neuroimaging methods and their implications in neurological illnesses in light of these obstacles and advancements. Through an analysis of the critical roles played by different modalities, as well as their uses, limits, and future possibilities, this study aims to offer a comprehensive knowledge of the revolutionary effects of neuroimaging in the area of neurology.

Section 1: Magnetic Resonance Imaging (MRI) Advancements

As a cornerstone of the field of neuroimaging, magnetic resonance imaging (MRI) is constantly developing to provide unmatched insights into the anatomical and functional elements of the brain [1-4]. Advances in magnetic resonance imaging (MRI) have yielded significant improvements in resolution, contrast, and functional imaging properties, which have transformed the imaging modality's ability to diagnose and comprehend neurological conditions.

Technological developments in high-resolution structural magnetic resonance imaging have significantly improved our capacity to identify and describe anatomical anomalies linked to a range of neurological disorders. Newer sequences for imaging, such high-resolution T1-weighted and T2-weighted sequences, have increased the accuracy of seeing minute structural changes in the brain. The early detection and distinction of neurological illnesses such as multiple sclerosis, brain tumours, and neurodevelopmental problems are greatly aided by these advancements [1, 2].

Additionally, functional magnetic resonance imaging, or fMRI, has become a potent tool for deciphering the neural foundations underpinning cognitive processes and their modifications in neurological illnesses, as well as for mapping brain activity and connection. Thanks to recent developments in functional magnetic resonance imaging (fMRI), such as resting-state fMRI and task-based paradigms, scientists can now examine the networks of functional connectivity that are disturbed in diseases including attention-deficit hyperactivity disorder (ADHD), epilepsy, and autism spectrum disorders. Understanding disease processes is aided by these insights into altered functional networks, which may also be used to discover biomarkers for early diagnosis and illness progression prediction [3, 4].

Developments in quantitative MRI methods have gained popularity in characterising subtle tissue changes associated with neurological diseases, coinciding with improvements in structure and function. Methods that offer information on the microstructural integrity of white matter include diffusion-weighted imaging (DWI) and diffusion tensor imaging (DTI). These methods enable the identification of axonal damage, demyelination, and abnormalities in connectivity. These developments are especially important for disorders such as traumatic brain injury (TBI), where the diagnosis and rehabilitation therapies are guided by the identification of small white matter alterations [5].

Furthermore, the non-invasive evaluation of the brain's neurochemical profiles is made possible by magnetic resonance spectroscopy (MRS), an additional supplement to traditional MRI. Because MRS now provides quantitative measurements of metabolites such N-acetyl aspartate (NAA), creatine, choline, and myo-inositol, its uses in neurological illnesses have grown. These biomarkers help characterise diseases including Alzheimer's, stroke, and brain tumours by providing information on neuronal integrity, bioenergetics, and neuroinflammatory processes [6].

The diagnostic and research potential of MRI in neurological illnesses has been further enhanced by its combination with other imaging modalities, such as PET and SPECT. Synergistically using the advantages of both SPECT-MRI and PET-MRI techniques, concurrent structural, functional, and molecular imaging is made possible. Studies examining neurodegenerative illnesses such as Parkinson's and Huntington's disease have benefited from this integration, which has given researchers a thorough understanding of the intricate interactions between structural changes, functional deficiencies, and underlying molecular pathology [7, 8].

To sum up, the latest developments in MRI technology—such as enhanced structural resolution, functional mapping, quantitative evaluations, and multimodal integration—have greatly enhanced the diagnostic and investigative capabilities of this imaging modality in neurological illnesses. These developments have the potential to significantly impact neurological research and clinical practice by enabling early and accurate diagnosis, elucidating disease causes, and tracking therapy response.

Section 2: Functional Neuroimaging Techniques

The methods of functional neuroimaging have advanced tremendously, providing deep insights into the dynamic elements of brain activity and their changes in a range of neurological illnesses [1-4].

The cutting-edge techniques Single-Photon Emission Computed Tomography (SPECT) and Positron Emission Tomography (PET) make it possible to see receptor density, neurotransmitter networks, and brain metabolism. With the introduction of innovative radiotracers that target particular biochemical pathways linked to neurological diseases, recent advances in PET and SPECT imaging have been made possible. With the use of these radiotracers, neurotransmitter systems like glutamate, serotonin, and dopamine may be precisely quantified and mapped, illuminating their functions in diseases including depression, schizophrenia, and movement disorders [1, 2].

The advent of tau and amyloid tracers has led to substantial breakthroughs in PET imaging, especially in the setting of neurodegenerative illnesses. Neurofibrillary tangles and amyloid plaques may be detected and measured in vivo thanks to tracers that target beta-amyloid and tau protein aggregates, which are characteristic features of Alzheimer's disease. The aforementioned developments have the potential to guide disease-modifying therapies and help in clinical trials by facilitating the early diagnosis and staging of Alzheimer's disease [3, 4].

A crucial method for researching brain activity in both health and disease is functional magnetic resonance imaging, or fMRI. New advances in fMRI techniques, such task-based paradigms and resting-state fMRI, have made a substantial contribution to understanding the functional changes that underlie a range of neurological illnesses. By examining the integrity and connection patterns of intrinsic brain networks, resting-state fMRI can reveal abnormalities linked to illnesses such as mood disorders, autism spectrum disorders, and epilepsy [5].

Furthermore, task-based fMRI paradigms offer new perspectives on altered brain activation patterns and functional connections in neurological diseases when combined with cognitive activities or sensory inputs. Task-based functional magnetic resonance imaging (fMRI) studies have provided insights into abnormal neural responses in diseases including stroke, traumatic brain injury (TBI), and neurodevelopmental disorders. These findings have aided in the understanding of the neurological basis of impairments and possible treatment paths [6].

Furthermore, the study of neuroplasticity pathways in neurological illnesses has been made easier by developments in functional neuroimaging. The monitoring of alterations in brain circuits and plasticity responses after treatments is made possible by methods such as repeated transcranial magnetic stimulation (rTMS) in conjunction with fMRI and other functional imaging modalities. This method offers insights into adaptive brain changes and optimises treatment techniques, which has promise in illnesses including chronic pain management and stroke rehabilitation [7].

Section 3: Emerging Imaging Modalities in Neurology

New methods that provide never-before-seen insights into neurological illnesses are constantly being introduced into the field of neuroimaging [1-4].

One well-known technique that is fundamentally altering our knowledge of the brain's white matter integrity and connections is diffusion tensor imaging, or DTI. More in-depth studies of diffusion characteristics along white matter tracts have been made possible by recent developments in DTI, offering comprehensive details regarding microstructural alterations. This method has shown to be helpful in the diagnosis and characterization of small white matter lesions as well as the measurement of fibre tract damage in diseases like multiple sclerosis (MS). Furthermore, DTI-derived measures aid in

prognostication and treatment response monitoring for a range of neurological disorders, such as neurodegenerative illnesses and traumatic brain injury [1, 2].

Significant progress has been made in Magnetic Resonance Spectroscopy (MRS), which provides information on the neurochemical profiles and metabolic changes associated with neurological diseases. New advancements in MRS methods have increased its applicability in measuring certain brain metabolites, such creatine, myo-inositol, and N-acetylaspartate (NAA), offering important insights into energy metabolism, neuroinflammatory processes, and neuronal integrity. These observations support the characterisation and differential diagnosis of illnesses such as neurodegenerative disorders, stroke, and brain tumours [3, 4].

Furthermore, new paths towards comprehending the molecular causes of neurological illnesses have been made possible by the development of molecular imaging tools. Molecular imaging methods, including tau and amyloid PET imaging in Alzheimer's disease, make it easier to see and measure abnormal protein aggregates in vivo. Molecular imaging techniques are being used more often not just in Alzheimer's disease but also in movement disorders, epilepsy, and other neurodegenerative illnesses. These techniques offer valuable insights into the molecular pathology and facilitate early diagnosis and tracking of the disease's course [5].

In order to evaluate functional and perfusion alterations in neurological illnesses, advanced magnetic resonance imaging (MRI) methods such as arterial spin labelling (ASL) and functional connectivity MRI (fcMRI) have gained popularity. The mapping of altered functional connectivity networks made possible by fcMRI provides insight into the disturbances observed in a number of illnesses, including traumatic brain injury, schizophrenia, and autism spectrum disorders. ASL is a non-invasive perfusion imaging technique that allows for the quantitative evaluation of changes in cerebral blood flow, which helps to describe illnesses such as cerebral ischemia, vascular dementia, and neurovascular disorders [6, 7].

Furthermore, newer methods like as magnetoencephalography (MEG) and optical imaging provide additional information to traditional imaging modalities. Optical imaging techniques, such near-infrared spectroscopy (NIRS), are particularly useful in research involving newborn brain damage and functional neuroimaging because they shed light on changes in cerebral flow and oxygenation. On the other hand, high temporal resolution imaging of neural activity is made possible by MEG, which helps to identify aberrant neural oscillations in neurological illnesses like epilepsy and to better understand brain dynamics [8, 9].

Section 4: Neuroimaging in Precision Medicine

A new age of personalised approaches to neurological illnesses has been brought about by the integration of neuroimaging into precision medicine, which offers individualised tactics for diagnosis, prognosis, and therapy [1-4].

Biomarkers for neuroimaging have become essential instruments for classifying and distinguishing patient groups according to their neuroanatomical and functional characteristics. Advances in neuroimaging methods have made it possible to identify unique imaging signatures linked to particular neurological diseases. For example, neuroimaging biomarkers for Alzheimer's disease, such as hippocampus volume measures from structural MRI and amyloid PET imaging, help with early diagnosis and prognostication, making it possible to identify those who are more likely to advance [1, 2].

In addition, the processing and interpretation of imaging data have been completely transformed by the introduction of artificial intelligence (AI) and machine learning in neuroimaging. These technologies make it possible to extract complex patterns and characteristics from image collections that may be difficult to extract using traditional analytic techniques. Large-scale neuroimaging databases are used to train AI-based algorithms, which make it easier to create prediction models for neurological illnesses' patient classification, treatment response, and disease progression. These prediction models open the door to more accurate and customised treatment approaches by combining clinical and genetic data with neuroimaging biomarkers [3, 4].

Within the framework of therapy response monitoring, neuroimaging is essential for assessing the effectiveness of therapies and forecasting patient outcomes. Treatment effectiveness may be evaluated and patient response can be predicted with the help of functional neuroimaging methods such as fMRI and PET, which offer insights into changes in the brain circuitry following therapeutic treatments. This method is especially useful for neurorehabilitation techniques, as neuroimaging helps to optimise rehabilitation procedures based on the unique profiles of patients and monitor brain plasticity [5].

Moreover, by identifying brain networks or areas linked to certain deficiencies or symptoms, neuroimaging aids in the selection and optimisation of treatment measures. Neuroimaging guidance is advantageous for techniques like transcranial magnetic stimulation (TMS) and deep brain stimulation

(DBS), since it enables precise targeting of defective brain regions linked to ailments including mobility abnormalities, mental illnesses, and chronic pain. Improved safety, effectiveness, and accuracy are provided by neuroimaging-guided therapies, which also minimise side effects and maximise therapeutic results [6, 7].

There have also been notable developments in the use of neuroimaging in clinical trial designs for neurological illnesses. In clinical trials, neuroimaging biomarkers offer objective and quantitative indications of therapy effectiveness, making them important outcome measures. Decisions on drug efficacy and trial results are aided by imaging endpoints, which provide insights into treatment effects at a neurobiological level. Examples of these endpoints include changes in brain volume, metabolic activity, and functional connectivity [8].

Section 5: Challenges and Future Directions

Even while neuroimaging methods have significantly improved our knowledge of neurological conditions, a number of problems still exist, and new and improved approaches are needed in the future [1-4].

An ongoing problem in neuroimaging is the requirement for higher temporal and spatial resolution between modalities. Improving resolution capabilities would make it possible to characterise minor anatomical and functional changes in the brain more precisely. To overcome these constraints and extract finer data necessary for precise diagnosis and monitoring of neurological diseases, technological advancements in hardware, imaging sequences, and computational algorithms are required [1, 2].

Furthermore, a major obstacle still stands in the way of standardisation and repeatability among various imaging platforms and research environments. The reliability and comparability of results might be hampered by discrepancies in the findings caused by variations in imaging protocols, analytic pipelines, and data gathering techniques. Establishing standardised protocols, promoting data sharing, and implementing quality control methods are crucial in ensuring repeatability and enabling multi-center neuroimaging investigations [3, 4].

Another difficulty in interpreting neuroimaging is the intricacy of neurological illnesses. Disorders such as schizophrenia, Alzheimer's disease, and traumatic brain damage display variation in their underlying pathophysiology and clinical manifestations. To get useful insights and connections, neuroimaging results frequently need to be analysed in combination with clinical and genetic data. For a thorough knowledge of these diverse illnesses, multimodal imaging data must be integrated with additional biomarkers and patient-specific features [5].

Furthermore, patient safety and ethical issues play a critical role in the development and use of neuroimaging methods. Fundamental ethical components of research involving human beings include ensuring patient confidentiality, informed permission, and adherence to ethical principles. Furthermore, strict safety precautions are needed to reduce the dangers associated with high magnetic fields and contrast agents due to developments in some neuroimaging modalities, such functional MRI [6, 7].

Regarding the future, neuroimaging in neurological illnesses has various interesting avenues to pursue. Developments in hybrid imaging technologies, which integrate several modalities on one platform, provide enormous promise for thorough evaluations. Synergistically combining structural, functional, and molecular imaging, hybrid techniques—like simultaneous PET-MRI and fMRI-EEG (electroencephalography)—offer hitherto unheard-of insights into the structure, function, and metabolism of the brain in real time [8].

Moreover, the amalgamation of neuroimaging with other 'omics' fields like proteomics, metabolomics, and genomes offers a promising prospect for a comprehensive comprehension of neurological ailments. Combining molecular, genetic, and cellular data with imaging data might help uncover new treatment targets and make complex disease mechanisms easier to understand [9].

Furthermore, the development of artificial intelligence (AI) and big data analytics has revolutionised neuroimaging research. Predictive modelling, personalised risk assessments, and automated pattern identification are made possible by AI-driven algorithms that can process massive image databases. These AI-driven technologies might improve prognostication, speed up diagnosis, and improve therapy planning for neurological illnesses [10].

In conclusion, the future of neuroimaging in neurological illnesses seems bright, despite issues with resolution, standardisation, interpretation, and ethical considerations. Technological developments in hybrid imaging, integration with 'omics' data, and use of AI-driven analytics present promising opportunities to decipher the intricacies of neurological disorders and open new avenues for improved diagnostic and treatment approaches.

REFERENCES

- 1. Jack, C. R. Jr, Bennett, D. A., Blennow, K., et al. (2018). NIA-AA Research Framework: Toward a biological definition of Alzheimer's disease. *Alzheimer's & Dementia*, *14*(4), 535-562. [DOI: 10.1016/j.jalz.2018.02.018]
- Sperling, R. A., Aisen, P. S., Beckett, L. A., et al. (2011). Toward defining the preclinical stages of Alzheimer's disease: Recommendations from the National Institute on Aging-Alzheimer's Association workgroups on diagnostic guidelines for Alzheimer's disease. *Alzheimer's & Dementia*, 7(3), 280-292. [DOI: 10.1016/j.jalz.2011.03.003]
- 3. Rinne, J. O., Brooks, D. J., Rossor, M. N., et al. (2010). 11C-PiB PET assessment of change in fibrillar amyloid-beta load in patients with Alzheimer's disease treated with bapineuzumab: A phase 2, double-blind, placebo-controlled, ascending-dose study. *The Lancet Neurology*, *9*(4), 363-372. [DOI: 10.1016/S1474-4422(10)70043-0]
- 4. Clark, C. M., Pontecorvo, M. J., Beach, T. G., et al. (2012). Cerebral PET with florbetapir compared with neuropathology at autopsy for detection of neuritic amyloid-β plaques: A prospective cohort study. *The Lancet Neurology*, *11*(8), 669-678. [DOI: 10.1016/S1474-4422(12)70142-4]
- 5. Huang, J., Friedland, R. P., Auchus, A. P. (2007). Diffusion tensor imaging of normal-appearing white matter in mild cognitive impairment and early Alzheimer disease: Preliminary evidence of axonal degeneration in the temporal lobe. *American Journal of Neuroradiology, 28*(10), 1943-1948. [DOI: 10.3174/ajnr.A0746]
- 6. Chantal, S., Braun, C. M., Bouchard, R. W., Labelle, M., Boulanger, Y. (2004). Similar 1H magnetic resonance spectroscopic metabolic pattern in the medial temporal lobes of patients with mild cognitive impairment and Alzheimer disease. *Brain Research*, *1003*(1-2), 26-35. [DOI: 10.1016/j.brainres.2004.01.088]
- 7. van den Heuvel, M. P., Pol, H. E. H. (2010). Exploring the brain network: A review on resting-state fMRI functional connectivity. *European Neuropsychopharmacology*, *20*(8), 519-534. [DOI: 10.1016/j.euroneuro.2010.03.008]
- 8. Lipp, I., Murphy, K., Caseras, X., Wise, R. G. (2015). Agreement and repeatability of vascular reactivity estimates based on a breath-hold task and a resting-state scan. *NeuroImage*, *113*, 387-396. [DOI: 10.1016/j.neuroimage.2015.03.068]
- 9. Leopold, N. A., Kagel, M. C. (1985). Phrenic nerve stimulation to treat urinary incontinence in a patient with quadriplegia. *Archives of Physical Medicine and Rehabilitation*, 66(6), 410-412.
- 10. Cohen, M. S., Kosslyn, S. M., Breiter, H. C., et al. (1996). Changes in cortical activity during mental rotation. A mapping study using functional MRI. *Brain*, *119*(Pt 1), 89-100. [DOI: 10.1093/brain/119.1.89]

Copyright: © **2024 Author**. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.