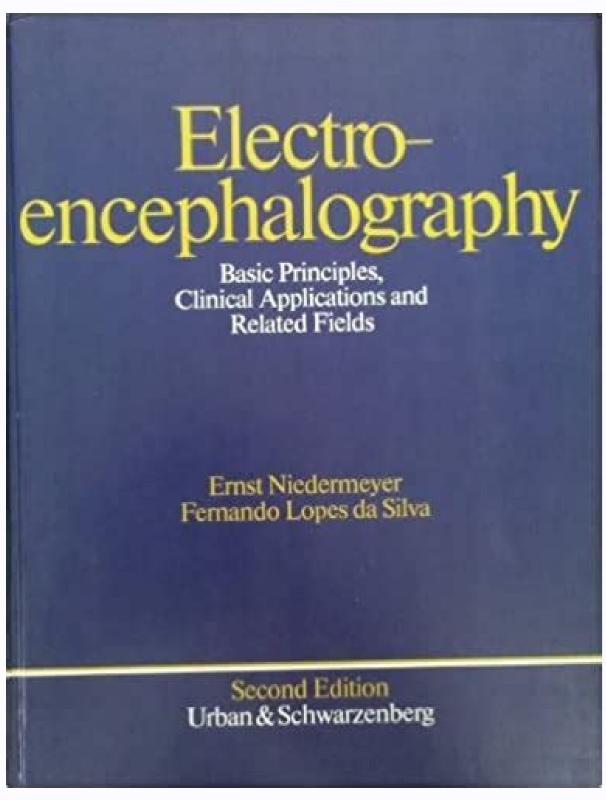
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Presumably, a functioning brain and a dead brain would exhibit different behavior in terms of their outputs and therefore have different behavior in terms of their outputs and therefore have different behavior in terms of their outputs and therefore have different behavior in terms of their outputs and therefore have different behavior in terms of their outputs and therefore have different behavior in terms of their outputs and therefore have different behavior in terms of their outputs and therefore have different behavior in terms of their outputs and therefore have different behavior in terms of their outputs and therefore have different behavior in terms of their outputs and therefore have different behavior in terms of their outputs and therefore have different behavior in terms of their outputs and therefore have different behavior in terms of their outputs and therefore have different behavior in terms of their outputs and therefore have different behavior in terms of their outputs and the second have different behavior in terms of their outputs and the second have different behavior in terms of the second have different behavior in terms of the second have different behavior in terms of the second have different behavior in the second have different behavior channels. We applied qEEG analysis (followed by statistical tests) to both raw EEG signals as well as its bandpass-filtered version (between 0.5 and 100 Hz). 2000; Gu et al. Mostly, shortcomings involve the technical concern of artifacts or conceptual misunderstandings like with brainstem death; however, real cerebral EEG waves exclude brain death per definition (Niedermeyer 1991). Lippoincott Williams & Wilkins, Baltimore, MDPallis C, MacGillivray B (1980) Brain death and the EEG. To further extract uncorrelated features, we used the linear PCA for dimensionality reduction. Natural objects or real-life physical signals often have such a "fractal-like" feature. By placing a radioactivity counter over the head, one can measure the amount of blood flow into the brain. The EEG examination was then applied to the patient. We thank two anonymous reviewers for many valuable comments. 1 Nevertheless, it was pointed out in Wijdicks (1995) that most patients meeting the clinical criterion for brain death might still have isoelectric EEGs ($\leq 2 \mu V$ at a sensitivity of 2 $\mu V/mm$).2The CBF test involves the injection of a mild radioactive isotope into the blood stream. This phenomenon is again consistent with the early qEEG analysis results (Fig. 4) between the coma group and the brain death group. Brainstem is the lower portion of the brain between the cerebrum and the spinal cord, which controls breathing, swallowing, seeing, hearing, and other vital functions. Herman, MD, PhD, and Bruce J. Mizrahi, MD8 Normal EEG in Wakefulness and Sleep: Adults and Elderly Vaishnav Krishnan, MD, PhD, Bernard S. The significance of the prospective method can be tested by Monte Carlo analysis. Hartman, MD and Ronald P. For these two subjects, we have relatively more recording sessions, which also provide us with more opportunity for an in-depth analysis. The first subject (that corresponds to patient C1 in Table 1) is a 18-year-old male patient (SJ) with a primary cerebral disease, who was admitted to the hospital on May 20, 2004 and later diagnosed as virulent Meningitis. It is noted that most of our algorithmic components (such as Fourier transform or standard matrix decomposition) can be implemented efficiently in real time, using Labview or MATLAB run on a laptop). It was our intention to investigate whether the simple relative power statistic can reveal any statistical difference with regard to the qualitative observations. Osman, MD, James J. Clin Neurophysiol 118(9):1906-1922 [PubMed]Peng CK, Buldyrev SV, Havlin S, Simons M, Stanley HE, Goldberger AL (1994) Mosaic organization of DNA nucleotides. Dworetzky, MDPart III Clinical EEG: General Topics12 Patterns of Unclear SignificanceJonathan C. The MIS performance is based on the leave-one-out cross-validation procedure LDASVMMIS (%)AUROCMIS cases. In some occasions, the heart beat rhythm can be observed from specific patients. 1998), which is a complexity measure arisen from calculating the singular spectrum of a delay-embedded time series. The C0complexity (Chen et al. Cogn Neurodyn 1(4):327-340 [PMC free article] [PubMed]Roberts J, Penny WD, Rezek I (1998) Temporal and spatial complexity measures for EEG-based brain-computer interfacing. Lancet 316:1085-1086 Papadelis C, Chen Z, Kourtidou-Papadeli C, Bamidis PD, Bekiaris A, Maglaveras N (2007) Monitoring sleep-deprived traffic accidents. Hahn, MD, MPH32 Infraslow EEG ActivitySampsa Vanhatalo, MD and J. When monitoring the temporal evolutions of these measures are relatively robust to the potential artifacts in the measurements. Schomer, MD2 Cellular Substrates of Brain RhythmsFlorin Amzica, PhD and Fernando H. However, the Harvard criterion was presented in a narrative rather than an algorithm form. It is also observed that KPCA did not bring additional discrimination advantage compared to the linear PCA (as their results are quite similar), indicating the correlations between the extracted features are somewhat linear. measures for EEG signals per channel, we obtained 6 × 4 = 24 features in total for each subject. It should be pointed out that although Fig. 9 only presents the averaged statistics of 6 channels, similar trends are also observed in each individual channel. 295:690-694 [PubMed]Niedermeyer E (ed) (1991) Coma and brain death. Our signal processing method can be used to reduce the power of additive noise and to decompose or separate the brain and interference signals. In terms of the clinical utility, we believe that the real-field EEG analysis would provide the medical doctor or physicians with valuable cues of the ongoing activities of the brain. However, the downside of EEG is that its significance for evaluating comatose states of the brain is limited by the fact that the outcome is often not determined by the fact that the outcome is often not determined by the fact that the outcome is often not determined by the brain affection itself. Thompson, MD, Hiroshi Shibasaki, MD, and Mark Hallett, MD38 Recording Techniques Related to Deep Brain Stimulation for Movement Disorders and Responsive Stimulation for EpilepsyJay L. For each subject, we computed the RPR values from all 6 channels and only reported the maximum value (the reason for that is to emphasize the contribution from brain wave components—the presence of any brain wave rhythm would make the ratio high). Each point corresponds to the median statistic calculated from a moving non-overlapping temporal window (with 10 s duration). For instance, EEG examination of the patient who uses anesthetics or other central nervous system (CNS) depression drugs might be misleading (Niedermeyer 1991). Lopes da Silva, MD, PhD45 EEG Mapping and Source ImagingChristoph M. To give a demonstration, Fig. 10 shows the temporal evolution of four complexity measures for channel F4. Riviello, Jr., MD, Douglas R. Because the power spectrum density is simply the Fourier transform of the autocorrelation function, we have S(f) ~ 1/f β (where $\beta = 1 - \gamma$). Knowledge-Based & Intelligent Information & Engineering Systems, Bournemouth, UK, 2006 (Lecture Notes in Computer Science 4253, pp 1240-1247)Cao I, Murata N, Amari S, Cichocki A, Takeda T (2002) Independent component analysis for unaveraged single-trial MEG data decomposition and single-trial MEG data second-order statistics. In addition, we also compared the classification performance using the raw features without PCA dimensionality reduction, the MIS results from SVM are similar, while the performance of LDA is slightly worse than the the one with PCA feature reduction. Applications of which include signal detection or extraction, denoising image enhancement, disease diagnosis, and disease classification, etc.Brain death, briefly speaking, is referred to the complete, irreversible, and permanent loss of all brain and brainstem functions. The dimensionality reduction results are illustrated in Fig. 6. These two cases represent two different changes of consciousness state of the brain: one illustration of ROC curves. It should be emphasized that, for the brain death group, the signals we truly analyzed are not human EEG signals (otherwise the patient will not be called brain death), but rather some non-EEG activities (either background noise or artifacts). The NNSE can be viewed as a stochastic complexity measure. 2002; Makeig et al. Nowadays, the Harvard criterion of brain death was not fully agreed and still remained controversial (Niedermeyer 1991). Lopes da Silva, MD, PhD40 EEG Event-Related Desynchronization and Event-Related Synchronization and Event-Related Synchronization and Event-Related Synchronization and Event-Related Desynchronization and Event-Related Synchronization and Event-Related Synchro EEG, MEG, or fMRI (e.g., Cao et al. From our experiments, statistical significance was found from both tests with our selected EEG data, and the null hypotheses were rejected (i.e., H = 1). Mizrahi, MD, and Solomon L. From the power spectra, we can empirically determine or evaluate whether the components may contain the EEG brain waves. The raw EEG traces (5 s) and the estimated 6 independent components as well as their corresponding power spectra. Pearl, MD, and Howard Goodkin, MD14 Brain Tumors and Other Space-Occupying LesionsAdam L. Provided the brain is not completely dead, it is highly likely that some brain waves might be extracted from the "EEG" measurements. brain death) for each electrode channel. Applying signal processing and statistics tools to biomedical fields has become increasingly popular (Akay 2001). On the contrary, if the time-embedded signals are highly correlated, then a lower entropy value would be obtained from the non-flat singular spectrum. On August 31, 2004, the patient was able to respond to simple questions, and was released from the hospital later. The EEG recordings available for this subject include three sessions (measured at different times on June 11), each with about 5 min. In this paper, we present an empirical study on the real-life EEG recordings of some patients that were at different comatose states; we are particularly interested in studying the differences between two groups: deep coma and brain death. II. Biol Cybern 83:355-366 [PubMed]Chen Z, Ohara S, Cao J, Vialatte F, Lenz FA, Cichocki A (2007) Statistical modeling and analysis of laser-evoked potentials of electrocorticogram recordings from awake humans. 2007, Wennervirta et al. Lopes data to the company of th Silva, MD, PhD3 Dynamics of EEGs as Signals of Neuronal Populations: Models and Theoretical ConsiderationsFabrice Wendling, ENG, PhD and Fernando H. IEEE Trans Biomed Eng 53(2):210-217 [PubMed]Kaspar F, Schuster HG (1987) Easily calculable measure for the complexity of spatiotemporal patterns. The goal of quantitative analysis is to discover some informative features relevant to the EEG signals that are useful in discriminating from these two groups (deep coma vs. Neurocomputing 49:255-277 Cao J, Murata N, Amari S, Cichocki A, Takeda T (2003) A robust approach to independent component analysis of signals with high-level noise measurements. Despite all of the criticisms there is no doubt that a systematic and quantitative study of EEG measurements would be much invaluable in neurology and clinical medicine (Buchner and Schuchardt 1990). For the raw EEG data, the results of box plot are shown in Fig. 4. In: Proc. Nordli, Jr., MD, and Eli M. The average leave-one-out misclassification (MIS) performance was 9.2% and clinical medicine (Buchner and Schuchardt 1990). for SVM and 11.3% for LDA. Note that here the amplitudes of the signals and power spectra have arbitrary unitsFor a closer examination, we also resort to the time-frequency plane. Riviello, Jr., MD, and Lawrence J. Front Matter Part I Basic Principles 1 Historical Aspects of ElectroencephalographyRaoul Sutter, MD, PD, Peter W. In our experiments, we were able to extract some brain waves (evaluated by Fourier and time-frequency analysis) for the patients in deep coma; in contrast, the signal spectra form the brain death group appeared to be white. For SVM, we used a Gaussian kernel function with a kernel width of 0.1 (chosen from cross-validation). In each box plot, the box has three lines at the lower quartile (25% percentile), upper quartile (75% percentile), and median (middle line) values. Each point in these plots is calculated using a shifted overlapping 10-s window. Emerson, MD35 Magnetoencephalography: Methods and Clinical AspectsRiitta Hari, MD, PhD36 Polysomnography: Technical and Clinical AspectsSudhansu Chokroverty, MD and Roberto Vetrugno, MD37 The Neurophysiological Basis of MyoclonusPhilip D. Again, we applied a moving overlapping moving window (with 10 s duration and half window overlap) to the recorded signals, followed by bandpass filtering (within [0.5, 100] Hz). 2003), which is a complexity measure based on detrended fluctuation analysis. The α-exponent based on detrended fluctuation analysis (DFA) (Peng et al. Here the relative power (ratio) is preferred to the absolute power of single spectral band because the allowed by the allo to using EEG to help bedside or ambulatory monitoring or diagnosis. Eur Neurol 30(3):138-141 [PubMed]Calhoun VD, Adali T, Pearlson GD, van Zijl PCM, Pekar JJ (2002) Independent component analysis of fMRI data in the complex domain. Brandon Westover, MD, PhD11 Artifacts of Recording and Common Errors in InterpretationWilliam O. In the meantime, new biomedical devices have been developed for helping to collect high-fidelity EEG signals in critical care setting (Litscher 1999). IEEE Press, New York Buchner H, Schuchardt V (1990) Reliability of electroencephalogram in the diagnosis of brain death. In addition, the overall quantitative results are summarized in Table 3. The two most collected in the hospital for adult patients. The more complex (or less regular) for a random signal, the greater is its entropy. Lopes da Silva, MD PhD and Eric Halgren, PhD End Matter Appendix: Audio and VideoIndex 1Laboratory for Advanced Brain Signal Processing, RIKEN Brain Science Institute, Wako-shi, Saitama 351-0198 Japan 2Neuroscience Statistics Research Laboratory, Massachusetts General Hospital, Harvard Medical School, Boston, MA 02114 USA 3Department of Brain and Cognitive Sciences, Massachusetts Institute of Technology, Cambridge, MA 02139 USA Find articles by Zhe Chen1Laboratory for Advanced Brain Signal Processing, RIKEN Brain Science Institute, Wako-shi, Saitama 351-0198 Japan 4Department of Human Robotics, Saitama Institute of Brain Science, Fudan University, Shanghai, 200433 China Find articles by Yang Cao6Huashan Hospital, Fudan University Shanghai, 200433 China Find articles by Yue Zhang5Brain Science Research Center, Institute of Brain Science, Fudan University, Shanghai, 200433 China Find articles by Guoxian Zhu6Huashan Hospital, Fudan University, Shanghai, 200433 China Find articles by Fanji 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Wako-shi, Saitama 351-0198 Japan Find articles by Andrzej Cichocki1Laboratory for Advanced Brain Signal Processing, RIKEN Brain Science Institute, Wako-shi, Saitama 351-0198 Japan 2Neuroscience Statistics Research Laboratory, Massachusetts General Hospital, Harvard Medical School, Boston, MA 02114 USA 3Department of Human Robotics, Saitama Institute of Technology, Cambridge, MA 02114 USA 3Department of Brain and Cognitive Sciences, Massachusetts Institute of Technology, Cambridge, MA 02114 USA 3Department of Brain and Cognitive Sciences, Massachusetts Institute of Technology, Cambridge, MA 02114 USA 3Department of Brain and Cognitive Sciences, Massachusetts Institute of Technology, Cambridge, MA 02114 USA 3Department of Brain and Cognitive Sciences, Massachusetts Institute of Technology, Cambridge, MA 02114 USA 3Department of Brain and Cognitive Sciences, Massachusetts Institute of Technology, Cambridge, MA 02114 USA 3Department of Brain and Cognitive Sciences, Massachusetts Institute 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ude.dravrah.hgm.tatsoruen@nehcehz.Corresponding author.Received 2007 Dec 21; Revised 2008 Mar 27; Accepted 2008 Mar 30.Copyright © Springer Science+Business Media B.V. 2008Electroencephalogram (EEG) is often used in the confirmatory test for brain death diagnosis in clinical practice. IEEE 29th annual conf. Schomer, MDPart II Normal EEG in Wakefulness and Sleep: Preterm; Term; Infant; AdolescentPhillip L. The reason we exclude the low-frequency component (1-4 Hz) in the numerator is that there always exist non-EEG slow waves in the recorded signals (including white noise) which is more difficult to distinguish based merely on the power spectrum. In time series analysis, this is a rather well-studied research field (Akay 2001). One important aspect regarding the regularity of a time series is the so-called self-similarity. The patient was completely unresponsive to external visual, auditory, and tactile stimuli, and was incapable of any communication. 2006), which estimates the fractal scaling indisputable evidence of a dead brain. 3The layout of the electrodes on the frontal regions of the brain is simply for the technical convenience without interfering with other medical treatment or moving the patient's body. Specifically, the following iterative learning rule is employed to estimate the demixing matrix: 7where η is a small positive learning rate parameter, and $\psi(\cdot)$ denotes the score function, which can be derived from a t-distribution probability density model (see Cao et al. For most subjects, there are 6 recorded channels available for analysis. This is mainly because first, the theta waves are strong during internal focus, meditation, and spiritual awareness, they relate to subconscious status that reflect the state between wakefulness and sleep; while the alpha waves are responsible of mental coordination, self-control of relaxation, and it is believed to bridge the conscious to the subconscious state (Niedermeyer 1991). The purpose of which is to observe the variation within specific sessions and to see if there is any median shift between two different days. Then we further analyzed each quantitative measure in 3 sessions for all 6 channels. J Artif Intell Res 2:263-286 Goldberger AL, Amaral LAN, Hausdorff JM, Ivanov P, Peng CK, Stanley HE (2002) Fractal dynamics in physiology: alterations with disease and aging. Schomer, MD, Charles M. Although there remain some social disagreements or different diagnosis criteria in clinical practice around the world (Wijdicks 2002), some standard tests are widely used, such as the apnea test and brainstem function examination. On the same day, two physicians made the diagnosis as (quasi) brain death. Patients were all lying down in the bed with eyes closed during the measurements. 2007). Due to space limitation, we cannot show the temporal evolution traces of quantitative measures of all channels here. An illustration of the long-range correlation and log-log power spectrum of a segment of EEG signal is presented in Fig. 5. Nowadays, despite the differences of clinical practice across countries (Wijdicks 2002) the standard diagnosis procedure depends on three cardinal neurological features: coma, absent brainstem reflexes, and apnea (Ad hoc committee of the Harvard medical school to examine the definition of brain 1968). Because a complete brain death implies the irreversibility of brain function cessation and exclusion of the possibility of recovery of Papadelis et al. The KPCA method can be viewed a nonlinear generalization of the linear PCA method. This might be partially due to the fact that the topic of qEEG study for brain death diagnosis is still under debate in clinical practice (e.g., Pallis and MacGillivray 1980) and in the meantime, the EEG data recorded in the real field (such as from the ICU of the hospital) are difficult (if not impossible) to access for most researchers, since different countries might have distinct regulations regarding the access or the use of such confidential data. Brain death is strictly defined medically and legally (Ad hoc committee of the Harvard medical school to examine the definition of brain 1968; Taylor her pupils lost the light response. The α-exponent obtained from the DFA method shall be in principle consistent with β-exponent obtained from the power spectrum analysis (Kaspar and Schuster 1987), but the DFA method was claimed from the power spectrum analysis (Kaspar and Schuster 1987), but the DFA method shall be in principle consistent with β-exponent obtained from the power spectrum analysis (Kaspar and Schuster 1987), but the DFA method was claimed from the power spectrum analysis (Kaspar and Schuster 1987). Brain Death, and Related Disorders Gamaleldin M. To our best knowledge, very few qualitative and quantitative statistical analysis has been conducted to this biomedical field, particularly with EEG recordings (e.g., Lin et al. Although our results are still empirical (given the limited measurements available thus far) and the solid confirmation of our claims requires further investigation and more data analysis, our work reported here can be viewed as the first step towards the final goal. We are planning to collect more real-field EEG data for more in-depth data analysis. In this paper, we assume m = n = 6 for simplicity. Let ℓ denote the number of data samples in time, equation (1) can be written in matrix form:2Provided, when the sample size is sufficiently large, then the covariance matrix of can be estimated by3where and describes a diagonal matrix. It is noteworthy to point out several properties of these quantitative measures are strictly invariant to the signal (hence independent of the signal of the signal). NSSE and C0 complexity are both nonnegative and bounded by 1. The fractal exponent may characterize the long-range correlation behavior of a random signal. In our qEEG analysis, four types of quantitative measures are under investigation: 5The approximate entropy (ApEn) (Pincus 1991), which is a quantity that measures the regularity or predictability of a random signal or time series. The time delay-embedded normalized singular spectrum entropy (NSSE) (Roberts et al. ICASSP'06. 1Because EEG recordings are easily accessible and safe, it was mostly recommended in clinical practice in many countries. This is important before applying any quantitative measures to evaluate the bona fide EEG signals. For the filtered EEG data, significant differences between two groups are still found in the all or majority of channels in all complexity measures. Summary of quantitative statistics applied to the raw and filtered EEG data for two groups: coma (C) versus brain death (D). In our experimental analysis, we are particularly interested in the upper theta (6-8 Hz) and alpha (8-12 Hz) waves. In addition, it is informative to compute the receiver operating characteristic (ROC) curve, which is a graphical illustration that shows the relation between the specificity (1-SPE value in the abscissa) and sensitivity (SEN value in the coordinate) of the binary classifier. Schomer, MD30 ElectrocorticographyMarc R. 2002, 2003; Cao 2006; Chen et al. Specifically, we define the teta spectral bands, respectively. Without going much details, we briefly describe a robust ICA method that was developed in Cao et al. Phys Rev E 49:1685-1689 [PubMed]Pincus SM (1991) Approximate entropy (ApEn) as a complexity measure. Nuwer, MD, PhD, Ronald G. Edwards, MD and Ekrem Kutluay, MD13 The EEG in Degenerative Disorders of the Central Nervous System: Congenital Malformations, Neurocutaneous Disorders, Inherited Disorders of Metabolism, Cerebral Palsy, and according to the standard 10/20 system; 3 two electrodes that connect the two ears are used as reference, namely (A1+A2)/2; the addition channel, GND, serves as the ground (see Fig. 1 for illustration). Hence, all the signal processing tools employed here were applied to the raw recordings (but with relatively "clean" EEG traces according to human visual inspection). Independent component analysis (ICA) is a powerful signal processing tool for blindly separating mutually independent sources (Cichocki and Amari 2002). On the examining day, his pupils were dilated, and the respiratory machine was used. For convenience, we assume that X has been divided by so that the covariance matrix is [PubMed]Wennervirta J, Salmi T, Hynynen M, Yli-Hankala A, Koivusalo A-M, Van Gils M, Pöyhiä R, Vakkuri A (2007) Entropy is more resistant to artifacts than bispectral index in brain-dead organ donors. Curt LaFrance, pp 1080-1083Makeig S, Westerfield M, Jung TP, Enghoff S, Townsend J, Courchesne E, Sejnowski TJ (2002) Dynamic brain sources of visual evoked responses. Chen, MD and W. In addition, the EEG signal is known to be highly non-stationary, and therefore, the quantitative values obtained from the complexity measures are fast time-varying (e.g., see Fig. 10). Generally, if the eigen-spectrum (or singular spectrum) of a time delay-embedded signal is flat (such as white noise), then it is expected to have a greater entropy value. Proc Natl Acad Sci USA 88:110-117 Pockett S, Whalen S, McPhail AVH, Freeman WJ (2007) Topography, independent component analysis and dipole source analysis of movement related potentials. This subject suffered from the difficulty of breathing, and the respiratory machine was used in the ICU since her admittance to the hospital on March 14, 2005. Neurology 45:1003-1011 [PubMed]Wijdicks EFM (2002) Brain death worldwide: accepted fact but no global consensus in diagnostic criteria. In light of the results of our qEEG analysis, it is worthy commenting several observations of these statistical measures: The complexity of a time series, measured by ApEn and C0 complexity, is lower in the coma group than the brain death group. With the features at hand for the two groups, we then feed them into a linear or nonlinear binary classifier, such as the Fisher linear discriminant analysis (LDA) and the support vector machine (SVM) (Schölkopf and Smola 2002). Notably, it is commonly agreed that EEG might serve as an auxiliary and useful tool in the confirmatory tests, for both adults and children (Wijdicks 1995; Taylor 1997; Schneider 1989). The examination of the absence of spinal reflexes will also include the test of ocular movement, facial sensation and facial motor response, pharyngeal and tracheal reflexes. Pearl, MD, Perrine Plouin, MD, Eli M. Schomer, MD9 Validating Biomarkers and Diagnostic Tests in Clinical Neurophysiology: Developing Strong Experimental Designs and Recognizing ConfoundsJoshua B. However, the detailed comparison of our algorithm with other ICA algorithms is beyond the focus of the current paper. brain death) and to further evaluate their statistic based on the standard Fourier analysis. After one month hospitalization, on June 11, 2004, the patient lost his consciousness and remained in a deep coma state. On the other hand, as criticized by some medical doctors (Pallis and MacGillivray 1980), EEG recordings might also be corrupted by some artifacts or various sources of noise interference, therefore the potential value of EEG was often underestimated. Specifically, brainstem controls basic functions essential to survival, such as breathing and heart rate. In addition, advanced machine learning methods, such as the ensemble classifier method (Dietterich and Bakiri 1995), can be used to further improve the classification performance especially in the case of small size of data sample set. In conclusion, we believe that the signal processing and machine learning tools for qEEG analysis would shed a light or the real-time medical diagnosis in clinical practice, and might present themselves as a challenging research Cooperative Program. It is our belief that if the EEG and the National Natural Science Foundation of China (NSFC) in the Japan-China Research Cooperative Program. It is our belief that if the EEG and the National Natural Science Foundation of China (NSFC) in the Japan-China Research Cooperative Program. It is our belief that if the EEG and the National Natural Science Foundation of China (NSFC) in the Japan-China Research Cooperative Program. It is our belief that if the EEG and the National Natural Science Foundation of China (NSFC) in the Japan-China Research Cooperative Program. It is our belief that if the EEG and the National Natural Science Foundation of China (NSFC) in the Japan-China Research Cooperative Program. It is our belief that if the EEG and the National Natural Science Foundation of China (NSFC) in the Japan-China Research Cooperative Program. It is our belief that if the EEG and the National Natural Science Foundation of China (NSFC) in the Japan-China Research Cooperative Program. examination is reliable and its analysis results are informative, it can provide a simple and risk-free diagnosis tool in the intensity care unit (ICU) of the hospital. A brain death diagnosis is often made according to some precise criteria following a well-defined procedure. 2007 Chen and Cao 2007). We applied the one-way ANOVA (analysis of variance) as well as the Mann-Whitney test (also known as Wilcoxon rank sum test) to evaluate the RPR statistics between two groups. For quantitative EEG analysis, we apply several statistical complexity measures to the EEG signals and evaluate the differences between two groups of patients: the subjects in deep coma, and the subjects who were categorized as brain death. In our experiments, since the available data set is rather small, thus far we only tested the classifier's performance accuracy using a leave-one-out cross-validation procedure (i.e., using samples for training and the remaining 1 sample for testing, and repeating the procedure for the whole data set). The proposed EEG examination procedure (Fig. 1) can be applied at the patient's bedside using a small number of electrodes. On March 16, 2005, the patient was in a deep coma state with dilated pupils, but was found to have a very weak visual response. If there is no blood flow to the brain as demonstrated by this study, the brain is dead. Notably, $\alpha = 1$ indicates 1/f noise and long-range correlation; $\alpha = 0.5$ indicates white noise; and $\alpha = 1.5$ indicates Brownian noise. All of complexity indices provide a quantitative metric for the consciousness status of brain state. Neural Comput 10:1299-1319 Taylor RM (1997) Reexamining the definition and criteria of death. Statistical (Mann-Whitney) test again show that the median statistics of all complexity measures are different between the two days. The temporal evolution of the four complexity estimates for channel F4 (subject Z]). Shafi, MD, PhD and M. 2002, Calhoun et al. The main motivation of this study is to apply statistical and signal-processing tools for quantitative EEG (gEEG) analysis (especially on this specific medical field), which might reveal interesting findings for medical practice. Neurology 58:20-25 [PubMed] Although there are many entropy and complexity measures proposed in the literature, we mainly focus on three measures proposed in the literature, we mainly focus on three measures (ApEn, NNSE, and C0 complexity measures proposed in the literature, we mainly focus on three measures (ApEn, NNSE, and C0 complexity) in this paper. We apply signal processing and quantitative statistical analysis for the EEG recordings of 32 adult patients. Hence, our proposed method might be potentially used as a diagnostic and prognostic tool in clinical practice. Typically, the self-similarity is accompanied with a long-range correlation behavior: C(τ) ~ τ – γ. The examination of brainstem functions in clinical practice might be sophisticated and vary in practice (e.g., pupillary response to light, fixed or variation pupils, corneal reflex, gag reflex, cough reflex, irrigating the ears with cold water, presenting painful stimuli, etc.). This is done by projecting the data to a high- or even infinite-dimensional feature space, whereas the inner product of the feature space is induced by a positive definite kerne (Schölkopf and Smola 2002). We arranged all quantitative features of the first 5 channels (of all subjects) into an augmented (feature-by-subject) matrix, and then conducted the PCA analysis. In spite of certain shortcomings discussed earlier, EEG still proved to be invaluable in the evaluation of brain death. Correspondingly, no ocular or muscle artifacts was observed. Lopes da Silva, MD, PhD47 EEG-Based Brain-Computer InterfacesGert Pfurtscheller, PhD, Clemens Brunner, PhD, and Christa Neuper, PhD48 Neurocognitive ProcessesFernando H. In addition, it was observed that for all four statistical measures, the SEMs of the measurements are greater on March 22 than those on March spectrum, the two-dimensional time-frequency map may clearly reveal the time-varying spectral information of the specific signal of interest. For evaluating the quantitative differences between two patient groups, the qEEG analysis was further employed. Kaplan, MB, BS, FRCP, and Donald L. Herman, MD, and Peter W. Notably, the amplitudes of the separated components as well as their power spectra have no quantitatively physical unit meaning, since the outputs of the ICA all have scaling indeterminacy. Fisch, MD6 Anterotemporal, Basal Temporal, Nasopharyngeal, and Sphenoidal Electrodes and High-Density ArraysAndrew Schomer, MD, PD, Margitta Seeck, MD, Andres M. Chang, MD, MMSc, and Donald L. Ewen, MD and Sándor Beniczky, MD, PhD10 EEG Activation MethodsMouhsin M. Electroencephalogr Clin Neurophysiol 73(4):276-278 [PubMed]Schölkopf B, Smola AJ (2002) Learning with kernels: support vector machines, regularization, optimization and beyond. To characterize the stochastic nature of the system, many stochastic complexity measures have been proposed or developed in the literature for analyzing neurophysiological signals (e.g., Gonzalez Andino et al. The cerebral blood flow study takes 20-30 min to perform. As seen from the table, statistical tests show significant differences in all complexity measures and all channels for the raw EEG data. Celesia, MD and Neal S. Internet J Anesthesiol 3(4)Little M, McSharry P, Moroz I, Roberts S (2006) Nonlinear, biophysically-informed speech pathology detection. Kanner, MD, FANA, FAES, FAAN, Travis Stoub, PHD, and Donald L. Michel, PhD and Bin He, PhD46 Combination of Brain Functional Imaging Techniques: EEG/MEG, FMRI, PET, SPECT— Clinical Applications in Neurology Margitta Seeck, MD, Laurent Spinelli, PhD, Jean Gotman, PhD, and Fernando H. The arrows indicate the typical alpha waves of the extracted components. During the clinical measurements, no gel or any other conductive pastes was used during all sessions of EEG recording. A total of 35 adult patients have been examined by using EEG from June 2004 to March 2006, with age range from 17 to 85 years old. It should be noted that given the long-time recordings of EEG signals, it was not true that the brain (alpha or theta) waves can always be observed or extracted. In each subplot, two lines (one for March 16 and the other for March 22) represent the median values from 180 data points (from 3 sessions of each day). Drislane, MD, Susan T. The box plot statistics are shown in Fig. 8. 2006; Goldberger et al. Int J Bifurc Chaos 13(3):733-742 Hornero R, Abásolo D, Jimeno N, Sánchez CI, Poza J, Aboy M (2006) Variability, regularity, and complexity of time series generated by schizophrenic patients and control subjects. (2003), which first applies a robust prewhitening procedure, and then uses a parameterized t-distribution density model to separate the mixture of sub-Gaussian and super-Gaussian signals. The observed multi-channel signals are assumed to be generated by a probabilistic generative model 1 where t denotes the discrete-time index; the vector denotes the observed multi-channel signals at time t measured in the electrodes; denotes a set of independent and hidden "source" components of interest, which are all assumed to have zero mean and unit variance statistics; and denotes the additive uncorrelated white noise that corrupts the measurements, which is also assumed to have zero mean statistic. When referring to the "brain death" here, it might be more careful and accurate to use the term "qausi-brain-death syndrome" (at least at the time of EEG examination), because we are really referring to the situation that the brain death diagnosis was made at an early stage (not the same as EEG confirmatory test), which was judged independently by two medical doctors or physicians. H = 1 indicates the null hypothesis can be rejected at the 5% levelIn this paper, we have proposed some signal processing methods and several complexity measures for gEEG analysis. The bandpass filtering operation was aimed at reducing the effect of potential low-frequency artifacts

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