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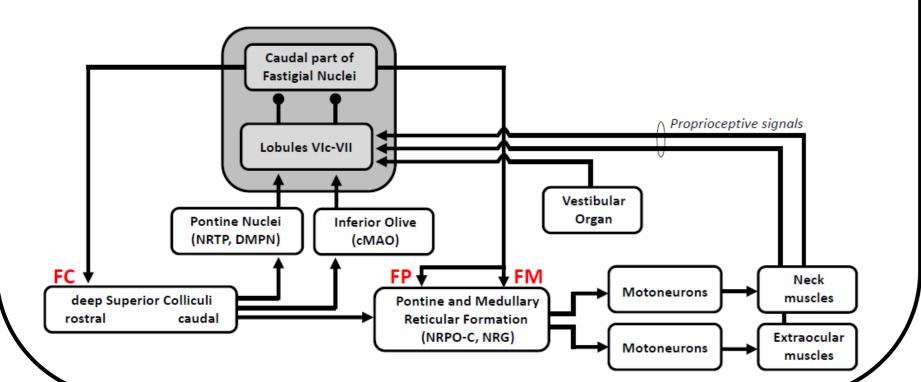
Cerebellar control of visually-guided eye movements by the bilateral mass of activity in the caudal fastigial nuclei Laurent Goffart, Clara Bourrelly and Julie Quinet

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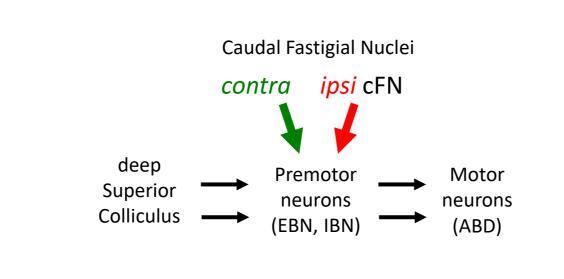


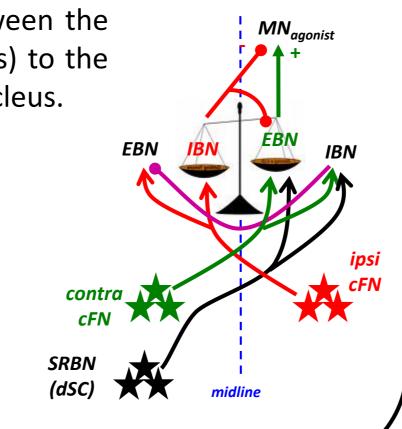
The caudal part of both fastigial nuclei (cFN) plays a crucial role in the ability to foveate a static or moving visual target. In the monkey, an unilateral inactivation of cFN by local injection of muscimol impairs the horizontal component of saccadic eye movements. An ipsilesional gaze offset is also observed while a target is being fixated or pursued. In the head-unrestrained monkey (and cat), the head exhibits an ipsilesional deviation relative to the trunk (cervical dystonia).



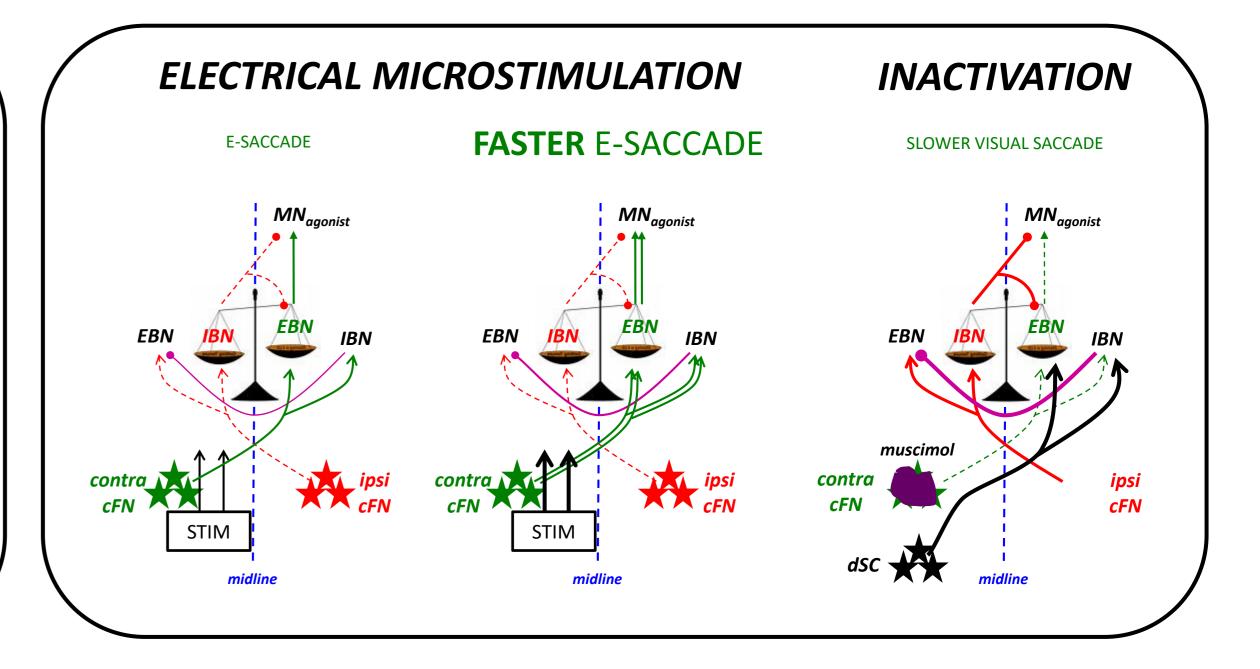
BILATERAL HYPOTHESIS

For every saccade (horizontal, oblique or vertical), the left and right cFN regulate the balance of activity between the excitatory and inhibitory input (from EBNs and IBNs) to the motor and internuclear neurons in the abducens nucleus.





SRBN = Saccade-related Burst Neurons



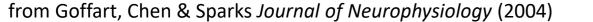
ELEMENTS FOR A CONTROVERSY

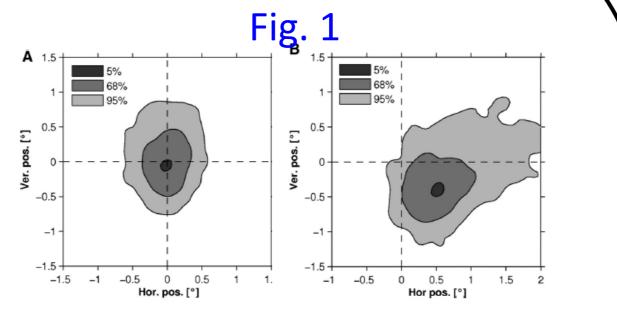
In a computational study, Eggert, Robinson & Straube (2016) reported more variability in saccade endpoints after cFN inactivation than before., and interpreted this effect as altered putative "noises" in brain activity: planning noise and/or signal dependent motor noise. Unfortunately, they did not consider the fact that after cFN inactivation, the monkeys have difficulties to foveate a visual target. The variability in saccade endpoints can indeed result from the fact that saccades did not start from the same starting positions (Table 1 and Fig. 1). Moreover, when we look at the literature, we do not find any particular increase in the variability of amplitudes. However, we find differences between experiments: the amount of dysmetria varies between the experiments (Fig. 2).

Table 1

TABLE 1. Comparison of the horizontal and vertical position of the eye prior to the saccade toward the target LED before and after muscimol injection in the cFN

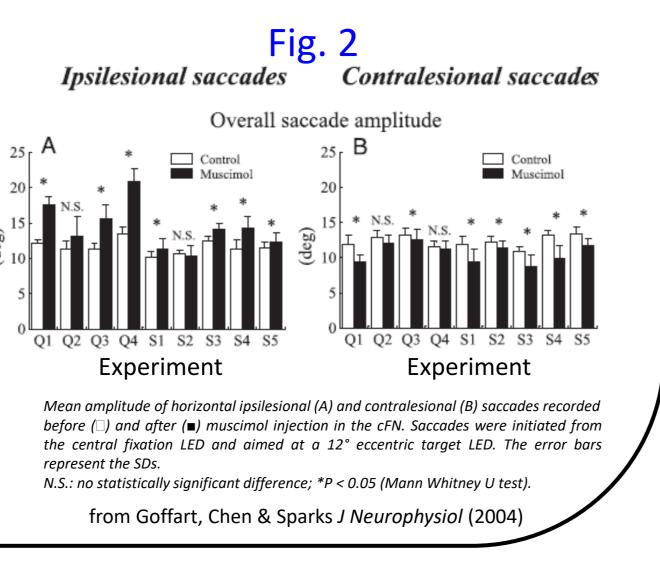
Experiment	Injection	Session	n	Horizontal Eye Position			Vertical Eye Position		
				Mean	Range	Difference	Mean	Range	Difference
Q1	Left cFN (0.4 µl)	Control Muscimol	378 614	$-0.5 \pm 0.6 \\ -1.7 \pm 1.0$	[-1.9; 1.3] [-6.9; 2.4]	-1.2*	$\begin{array}{c} 0.0 \pm 0.6 \\ 0.4 \pm 0.6 \end{array}$	[-1.5; 1.8] [-1.6; 3.0]	0.4*
Q2	Left cFN (0.4 µl)	Control Muscimol	605 502	0.6 ± 0.6 -1.8 ± 1.6	[-1.1; 2.4] [-6.6; 4.0]	-2.4*	0.2 ± 0.7 0.1 ± 1.6	[-2.2; 2.3] [-6.0; 6.1]	-0.1 NS
Q3	Left cFN (0.8 µl)	Control Muscimol	782 1071	0.0 ± 0.7 -1.2 ± 1.2	[-1.9; 2.3] [-7.2; 2.7]	-1.2*	$0.1 \pm 0.7 \\ -0.2 \pm 0.6$	[-2.5; 2.4] [-3.0; 2.6]	-0.3*
Q4	Right cFN (0.6 µl)	Control Muscimol	690 962	-0.2 ± 1.0 1.8 ± 1.3	[-3.5; 2.3] [-3.5; 6.4]	2.0*	$\begin{array}{c} 0.3 \pm 0.9 \\ 0.1 \pm 0.8 \end{array}$	[-3.0; 3.1] [-3.1; 3.3]	-0.2*
S1	Left cFN (1.0 µl)	Control Muscimol	335 341	$0.0 \pm 0.6 \\ -1.4 \pm 1.1$	[-1.3; 2.3] [-6.4; 1.4]	-1.4*	-0.7 ± 0.3 -0.6 ± 0.6	[-1.7; 1.2] [-2.2; 2.0]	0.1 NS
<i>S</i> 2	Left cFN (0.6 µl)	Control Muscimol	199 378	0.1 ± 0.7 -1.2 ± 0.8	[-1.1; 1.9] [-3.4; 3.6]	-1.3*	$-0.5 \pm 0.4 \\ -0.9 \pm 0.4$	[-1.7; 0.9] [-2.4; 0.9]	-0.4*
<i>S3</i>	Right cFN (0.6 µl)	Control Muscimol	488 470	$\begin{array}{c} 0.0 \pm 0.8 \\ -0.4 \pm 0.7 \end{array}$	[-2.3; 2.0] [-2.8; 3.8]	-0.4*	$0.0 \pm 0.5 \\ -0.2 \pm 0.4$	[-1.2; 1.9] [-1.4; 1.3]	-0.2*
S4	Right cFN (0.8 µl)	Control Muscimol	396 422	0.1 ± 0.6 0.9 ± 0.7	[-2.4; 1.7] [-2.3; 5.2]	0.8*	$0.0 \pm 0.4 \\ -1.0 \pm 0.4$	[-1.2; 1.7] [-2.2; 0.7]	-1.0*
\$5	Left cFN (0.8 µl)	Control Muscimol	471 609	$0.0 \pm 0.8 \\ -0.3 \pm 0.8$	[-2.8; 2.2] [-3.2; 2.2]	-0.3*	$0.0 \pm 0.5 \\ -0.1 \pm 0.5$	[-1.6; 2.1] [-1.6; 1.6]	-0.1*
11	Right cFN (1.2 µl)	Control Muscimol	88 154	$0.3 \pm 0.8 \\ 0.6 \pm 1.0$	[-2.0; 2.5] [-1.6; 3.8]	0.3*	-0.1 ± 0.4 0.1 ± 0.8	[-1.2; 1.2] [-1.4; 2.5]	0.2*





Spatial distribution of dwell times before (A) and after (B) inactivation of the right FOR. Each area encloses the 5, 68, and 98% (from darkest to lightest) of the total fixation time during an experiment. After muscimol injection in the right FOR, the primary saccade (either hypometric or hypermetric) brings the eyes to the ipsilesional side. A contralesional saccade is prompted for improving target foveation, but its amplitude is smaller than required to accurately place the target image on the same region of the fovea as before the injection. Ipsilesional saccades can also be observed even before gaze reaches the target. Consequently, gaze dwells longer in the ipsilesional side.

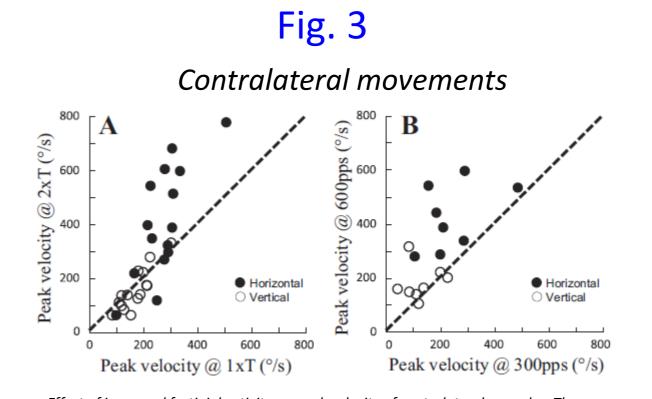
from Guerrasio, Quinet, Büttner & Goffart J Neurophysiol (2010)



NEURONAL RECRUITMENT HYPOTHESIS

From the demonstration that larger current enhances the size velocity of saccades evoked by electrical cFN and microstimulation (Fig. 3), we propose that the variability of saccade endpoints reflects the variable size of the active population of cFN neurons contributing to the movement generation.

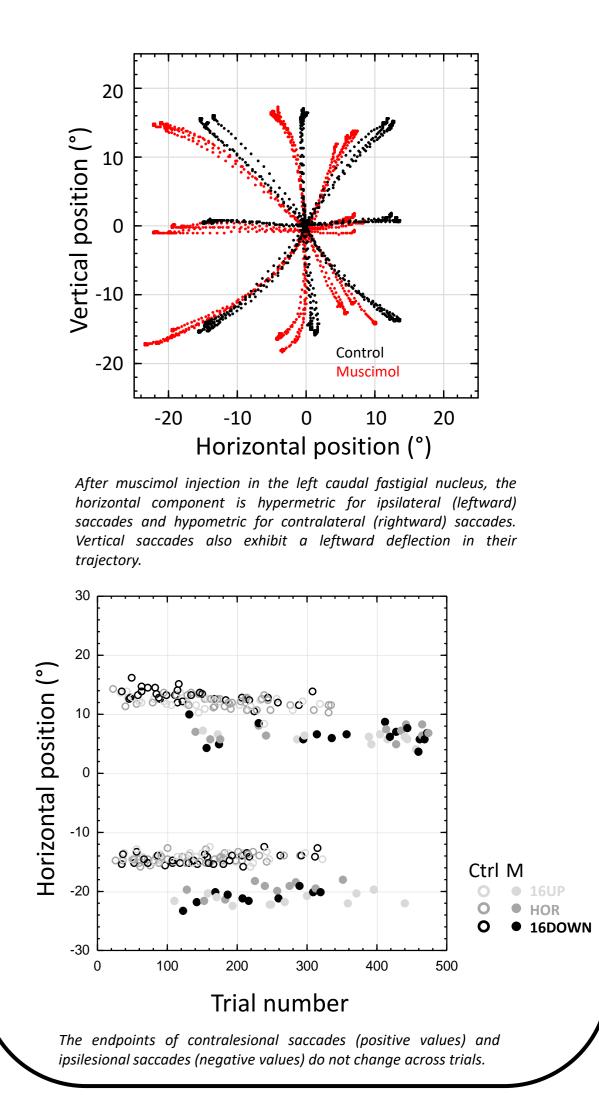
Indeed, if during the pharmacological experiments, the perturbation is not exactly centered in cFN, the number of inactivated neurons should increase as the muscimol diffuses, resulting in a dysmetria that increases with time.

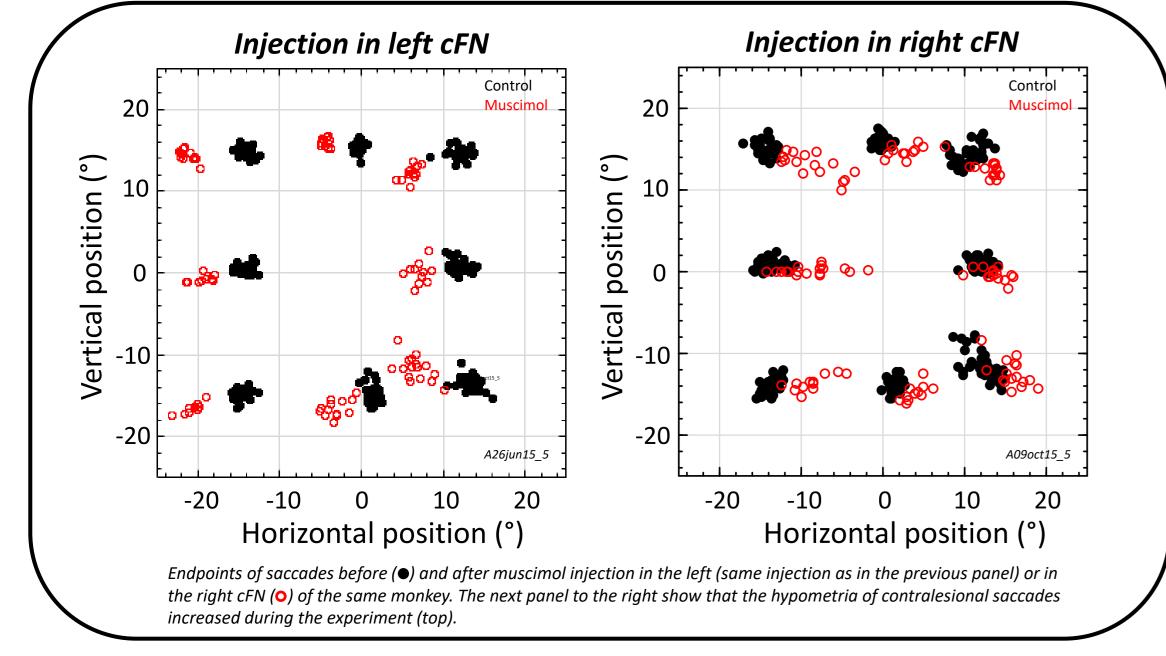


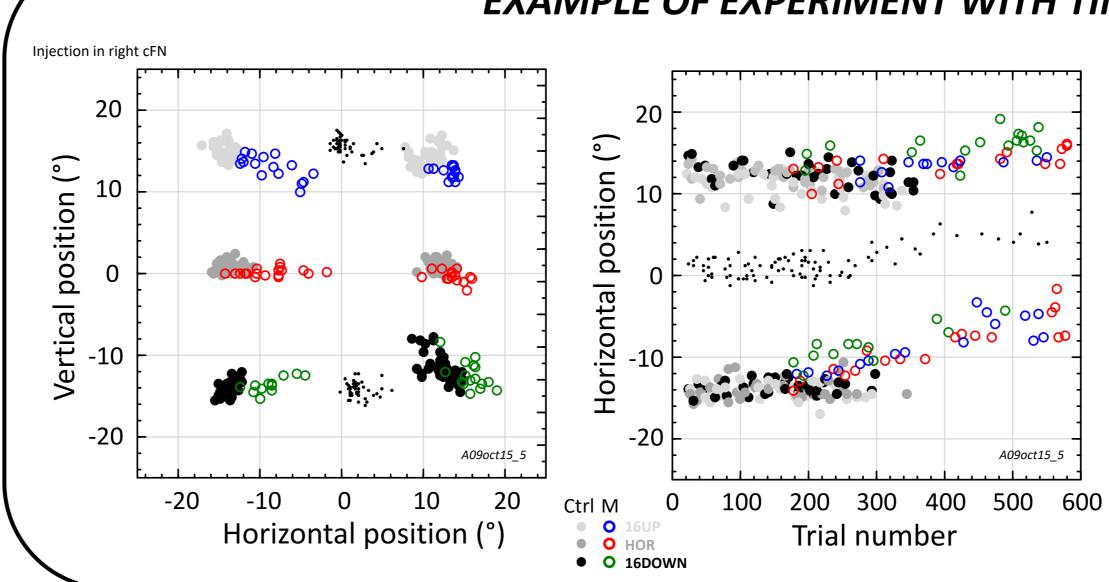
Effect of increased fastigial activity on peak velocity of contralateral saccades. The effects of doubling the stimulation current (A) and frequency (B) on the average horizontal (filled circles) and vertical peak velocities (open circles) are shown. In A, the stimulation current was increased from 1T to 2T (15 tested sites), whereas in B, the stimulation frequency was increased from 300 to 600 pps (8 sites).

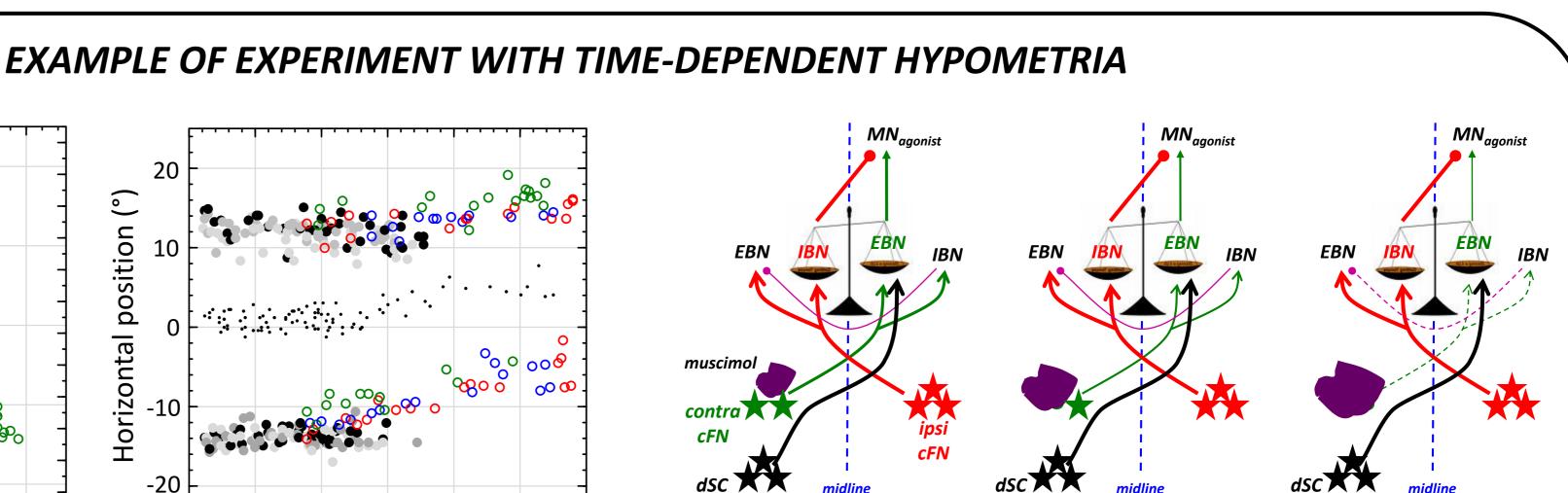
from Quinet & Goffart J Neurophysiol (2015)

TYPICAL EXPERIMENT

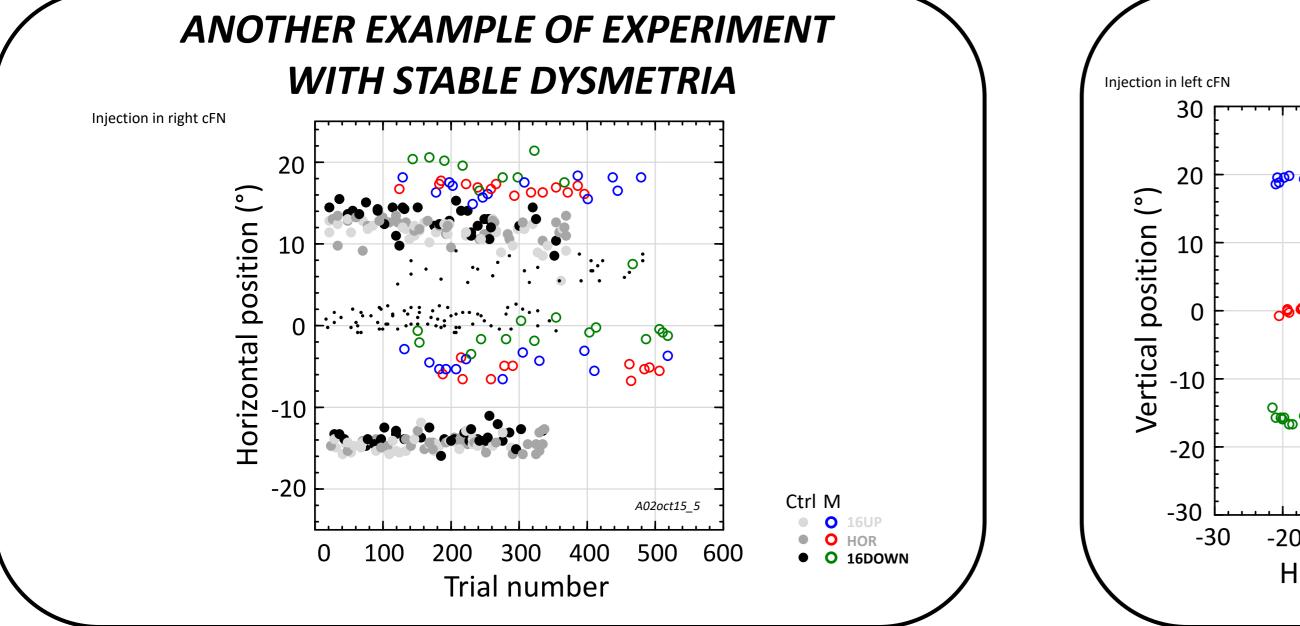


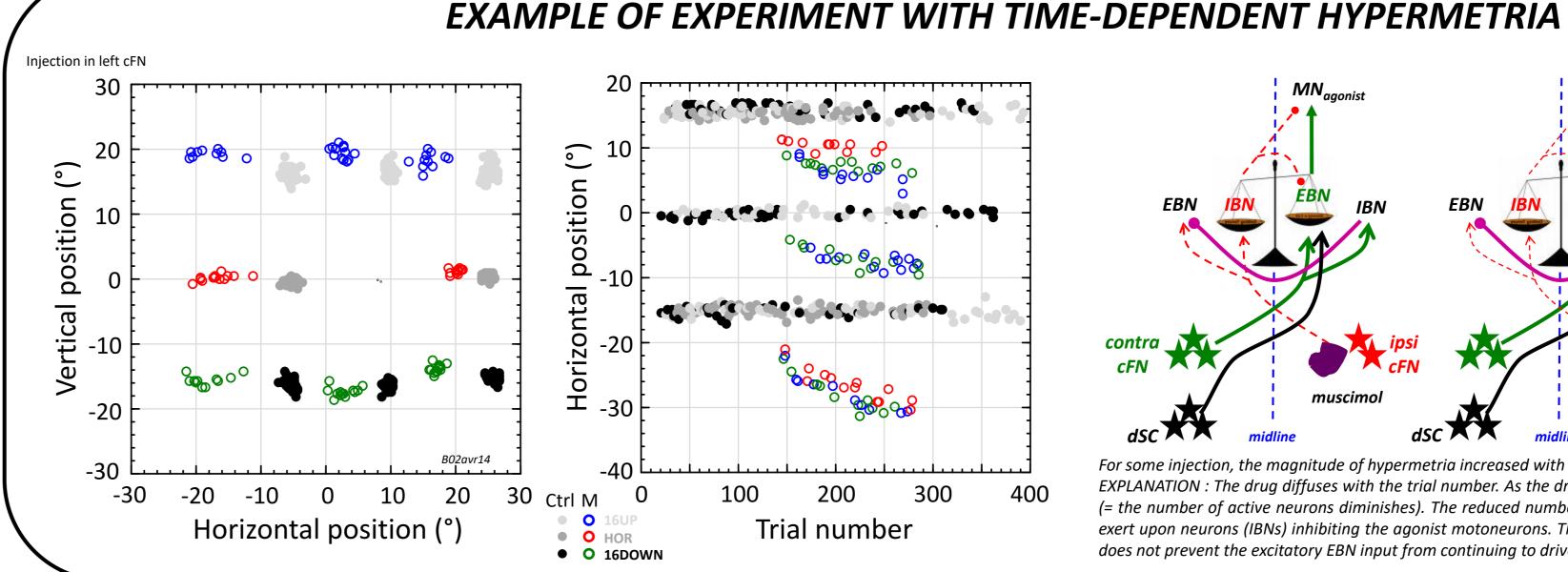


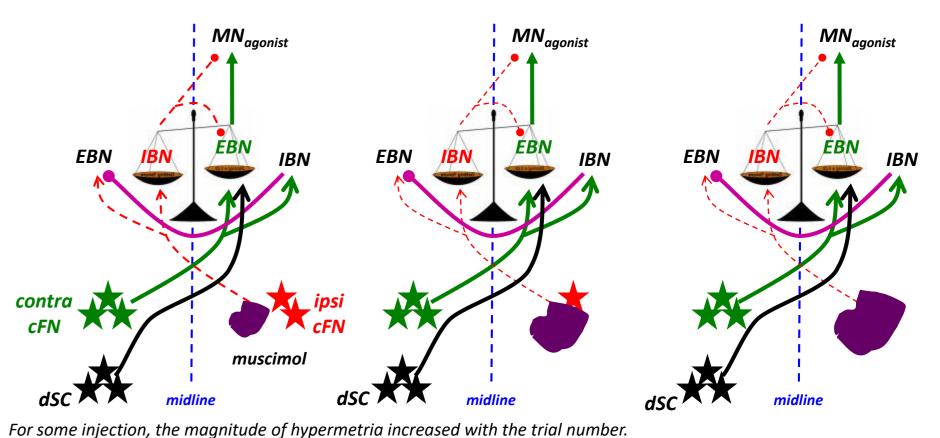




For some injection, the size of hypometria increased with the trial number. EXPLANATION : The drug diffuses with the trial number. As the drug diffuses, the number of inactivated neurons increases (= the number of active neurons diminishes). The reduced number of active neurons diminishes the peak velocity without compensatory increase in saccade duration, leading to hypometric saccades.







EXPLANATION : The drug diffuses with the trial number. As the drug diffuses, the number of inactivated neurons increases (= the number of active neurons diminishes). The reduced number of active neurons removes the drive that cFN neurons exert upon neurons (IBNs) inhibiting the agonist motoneurons. This disinhibiting effect increases the peak velocity and/or does not prevent the excitatory EBN input from continuing to drive the motor neurons, leading to hypermetric saccades

CONCLUSION

There is no need to appeal to various kinds of noise in the brain to explain the variability of saccades after cFN inactivation.

The number of active neurons contributes to the dynamics of saccades

The different evolutions of ipsilesional and contralesional dysmetria suggest that these two deficits are unrelated

Between the topographical and temporal "codes", instead of appealing to a negative feedback loop that reduces a mismatch between internal signals encoding kinematic parameters (desired versus current displacement as estimated from the integration of velocity commandes), we propose that a saccade is the outcome of a process that restores symmetry of activities between commands exerting opposite movement tendencies. The orienting movement is saccadic for no teleological purpose; it is saccadic merely because the flow of activity from the retinal to the motor neurons involves neurons whose pattern of firing is bursting and also because of fast-twitch properties of extraocular muscles.

CURRENT FRAMEWORK

ALTERNATIVE FRAMEWORK

