

Bi/CNS/NB 150: Neuroscience

November 11, 2015

SOMATOSENSORY SYSTEM

Ralph Adolphs

Menu for today

Touch

- peripheral

- central

- plasticity

Pain

Sherrington (1948): senses classified as

--teloreceptive (vision, hearing)

--proprioceptive (limb position)

--exteroceptive (touch)

--chemoreceptive (smell and taste)

--interoceptive (visceral: the sense of the physiological condition of the entire body)

What is feeling?

Similarities between audition, vision, and touch

Processing streams

Topographic maps

Distortion/magnification

Perception is inferential

Perception makes comparisons

Can be driven in the absence of sensory input

Plastic periods in development

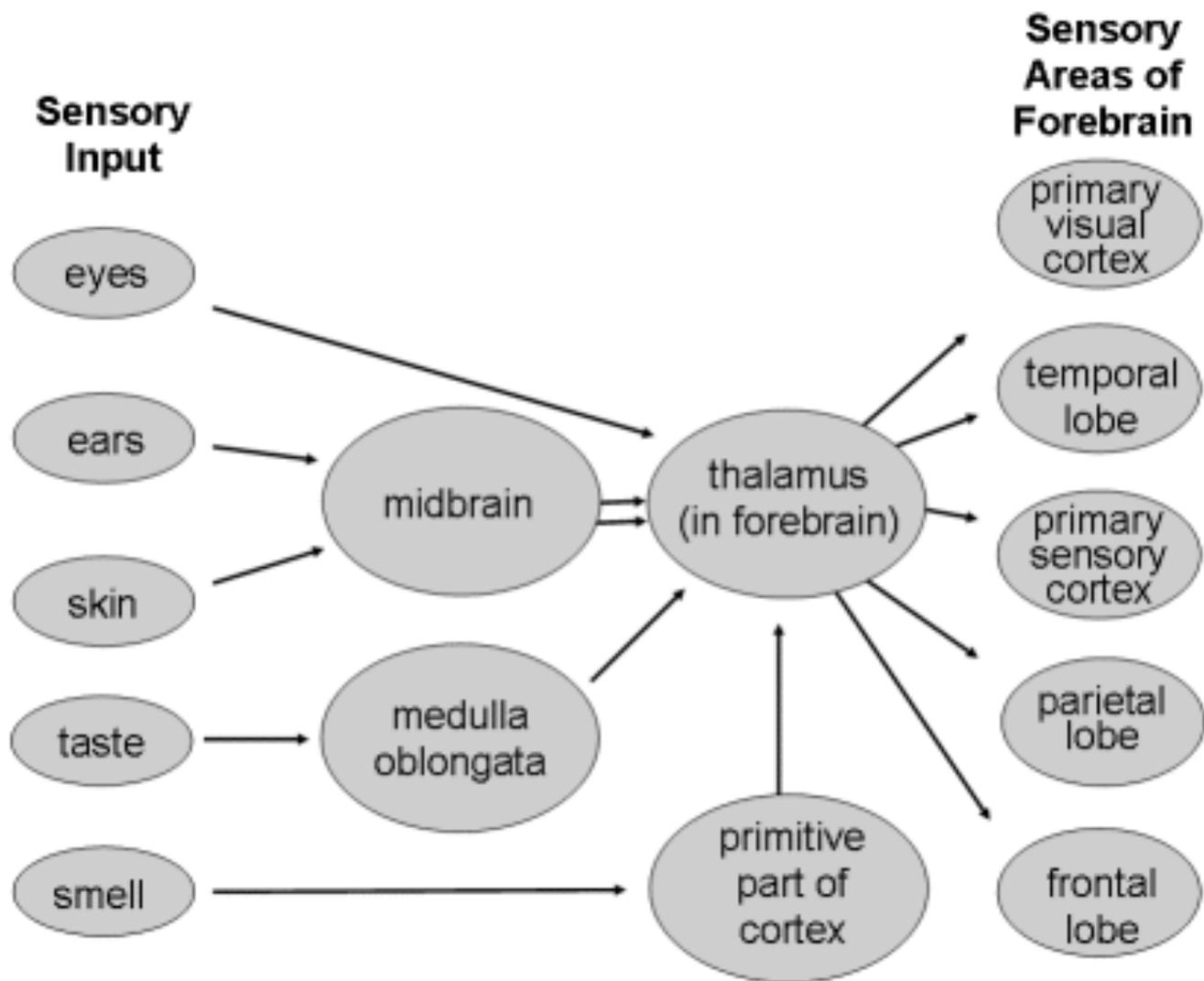
Important role in social communication

Differences between audition and vision

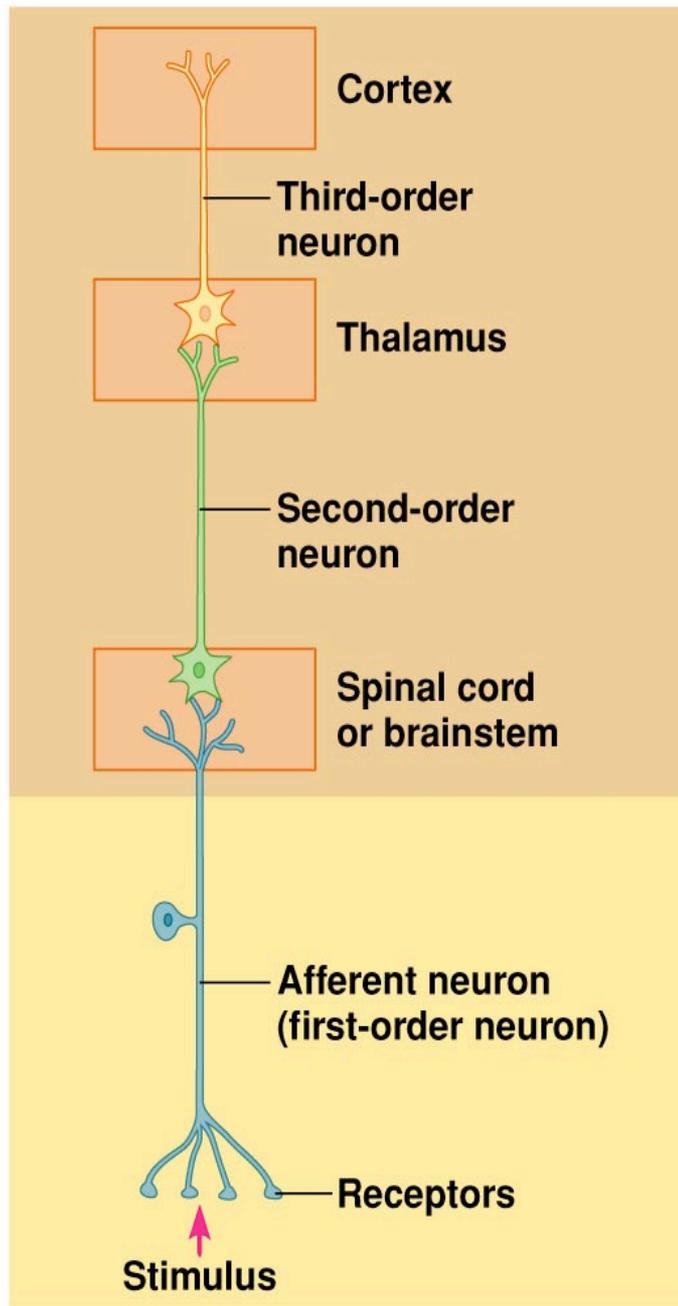
	<u>Audition</u>	<u>Vision</u>
Transduction	Fast	Slow
Temporal Acuity	High	Low
Spatial Acuity	Low	High
Feedback	To cochlea	not to retina
Active sense	Somewhat	Very
Specializations	Language	Faces
Receptor Numb.	16k	100M

Differences between audition, vision, somatosens

	<u>Audition</u>	<u>Vision</u>	<u>Somatosens</u>
Transduction	Fast	Slow	Varies
Temporal Acuity	High	Low	Low-medium
Spatial Acuity	Low	High	Medium-high
Feedback	To cochlea	not to retina	to spinal cord
Active sense	Somewhat	Very	Moderate
Specializations	Language	Faces	Stereognosis, social
Receptor Numb.	16k	100M	maybe 100k?



**Central
Nervous
System**



**Peripheral
Nervous
System**

Cortex

**Third-order
neuron**

Thalamus

**Second-order
neuron**

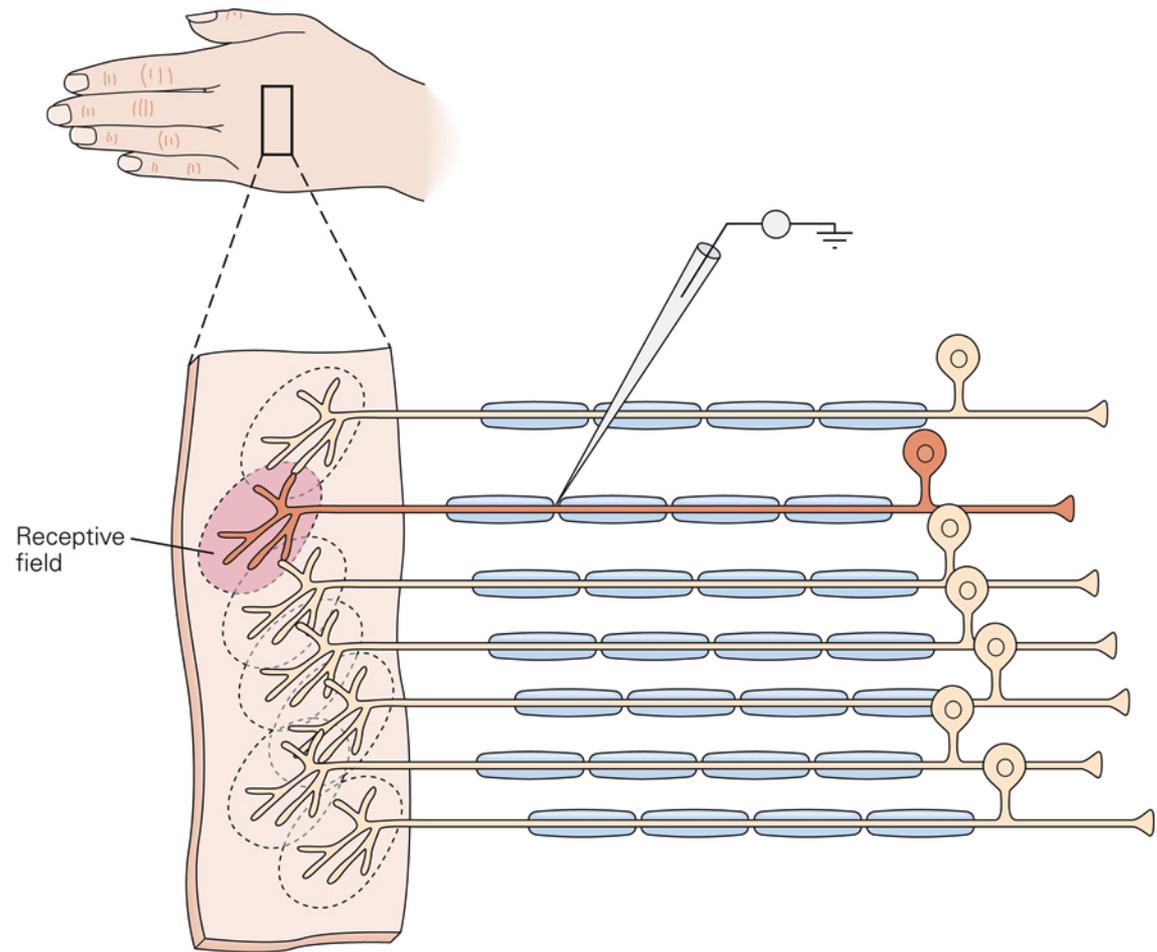
**Spinal cord
or brainstem**

**Afferent neuron
(first-order neuron)**

Receptors

Stimulus

Figure 21-9 The receptive field of a sensory neuron is the spatial domain in the sense organ where stimulation excites or inhibits the neuron. The receptive field of a touch-sensitive neuron denotes the region of skin where gentle tactile stimuli evoke action potentials in that neuron. It encompasses all of the receptive endings and terminal branches of the sensory nerve fiber. If the fiber is stimulated electrically with a microelectrode, the subject experiences touch localized to the receptive field on the skin. The area from which the sensation arises is called the *perceptive field*. A patch of skin contains many overlapping receptive fields, allowing sensations to shift smoothly from one sensory neuron to the next in a continuous sweep. The axon terminals of sensory neurons in the central nervous system are arranged somatotopically, providing an orderly map of the innervated region of the body.



Neural code:

- Rate

- Timing

- Place

- ”labelled lines”

Coding

Quality: place, labeled line
(pain is NOT just intense touch)

Intensity: rate code

- static (tonic; free nerve endings)

- dynamic: adaptation (phasic;

- Pacinian corpuscles)

Sub-modalities:

- discriminative touch
- proprioception (limb position, kinesthesia)
- pain (mechanical, thermal, polymodal)
- temperature

can add: interoception

Discriminative touch:

1. fine touch localization (varies over body)
2. 2-pt discrimination
3. vibration, flutter
4. stereognosis

Cutaneous and subcutaneous receptors

- extremely diverse, many channels
- 3 main groups:
 - mechanoreceptors
 - nociceptors
 - thermoceptors
- Encapsulated and free endings

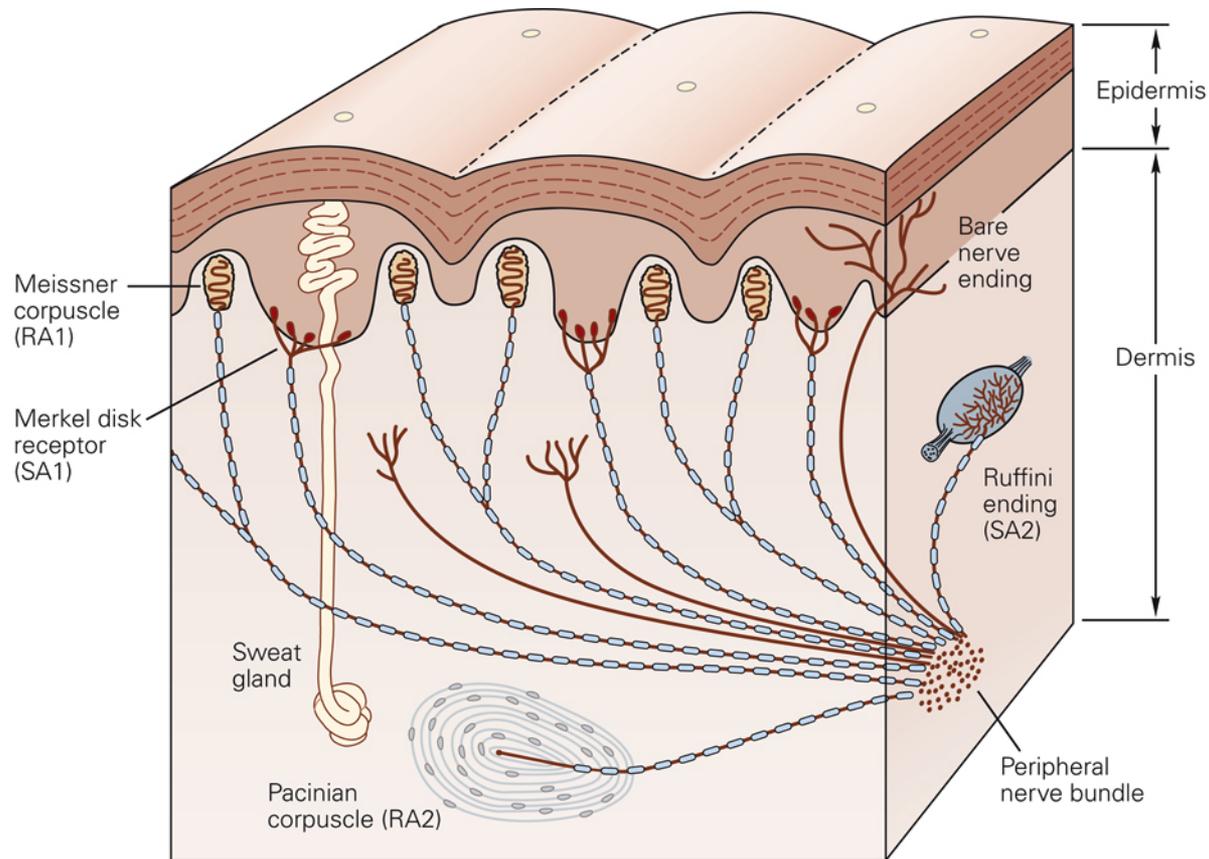


Figure 23–1 Four mechanoreceptors are responsible for the sense of touch. A cross section of the glabrous skin shows the principal receptors for touch. All of these receptors are innervated by large-diameter myelinated fibers. The Meissner corpuscles and Merkel cells lie in the superficial layers of the skin at the base of the epidermis, 0.5 to 1.0 mm below the skin surface. The Meissner corpuscles border the edges of each papillary ridge, whereas the Merkel cells form dense bands surrounding the

sweat gland ducts along the center of the ridges. The RA1 and SA1 fibers that innervate these receptors branch at their terminals so that each fiber innervates several nearby receptor organs. The Pacinian and Ruffini corpuscles lie within the dermis (2–3 mm thick) and deeper tissues. The RA2 and SA2 fibers that innervate these receptors each innervate only one receptor organ. (RA1, rapidly adapting type 1; RA2, rapidly adapting type 2; SA1, slowly adapting type 1; SA2, slowly adapting type 2.)

Sensations Produced by Intraneural Microstimulation in Humans

receptor

sensation produced

FA I (Meissner's corpuscle)

tapping at 1Hz, flutter at 10Hz
and vibration at 50Hz

FA II (Pacinian corpuscle)

tickle/vibration over 20 - 50Hz

SA I (Merkel's disk)

sustained pressure over 5 - 10Hz

SA II (Ruffini endings)

no sensation

A δ mechanical nociceptors

sharp pain

C polymodal receptors

dull, burning pain or itch

muscle nociceptor (group IV)

cramping pain

Temporal responses

Merkel receptor – slow (~ 1 Hz)

- ◆ pressure (top layers of skin)

Meissner corpuscle – medium fast (~ 10 Hz)

- ◆ flutter

Ruffini cylinder – fast (~ 100 Hz)

- ◆ stretching

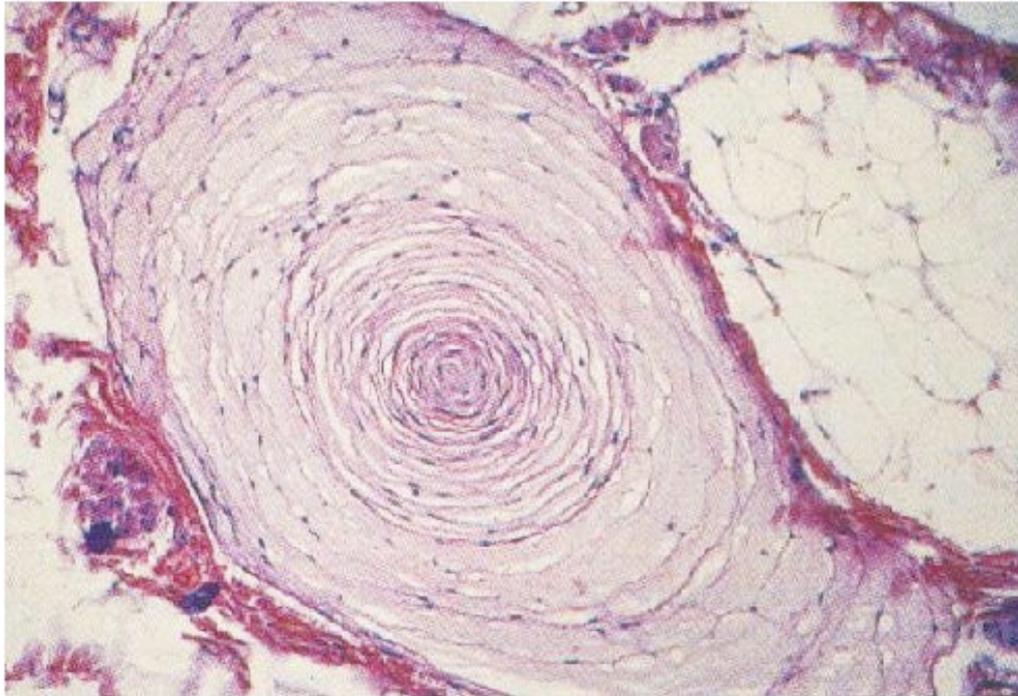
Pacinian corpuscle – very fast (~ 400 Hz)

- ◆ vibration

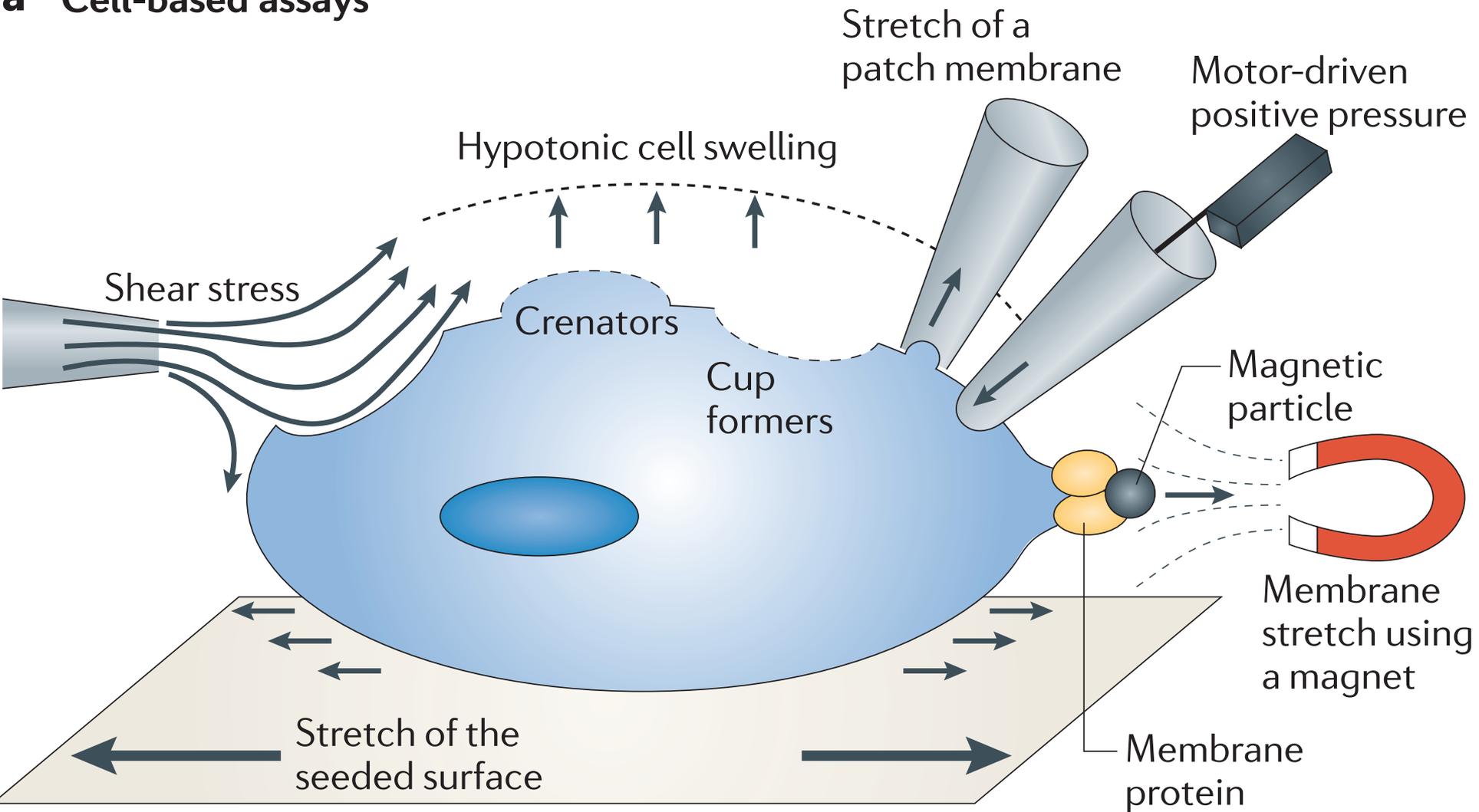
Pacinian corpuscle

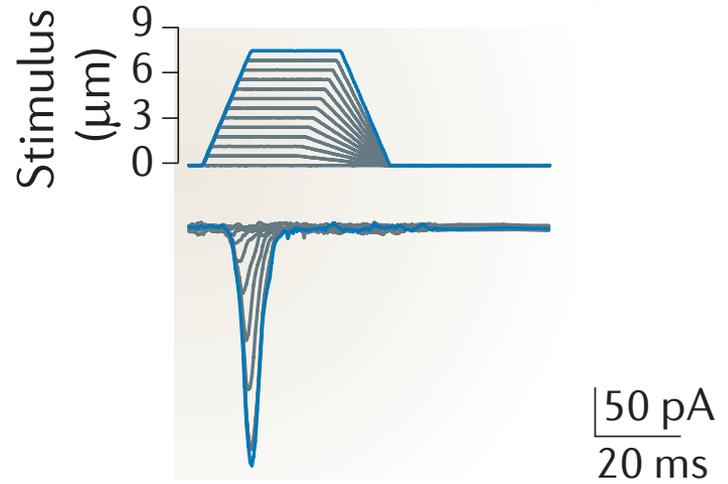
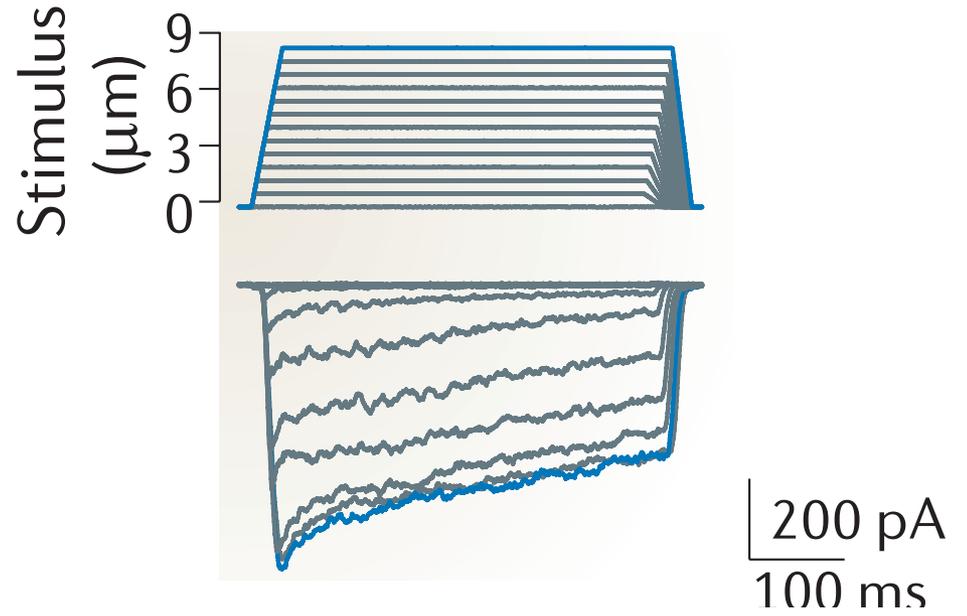
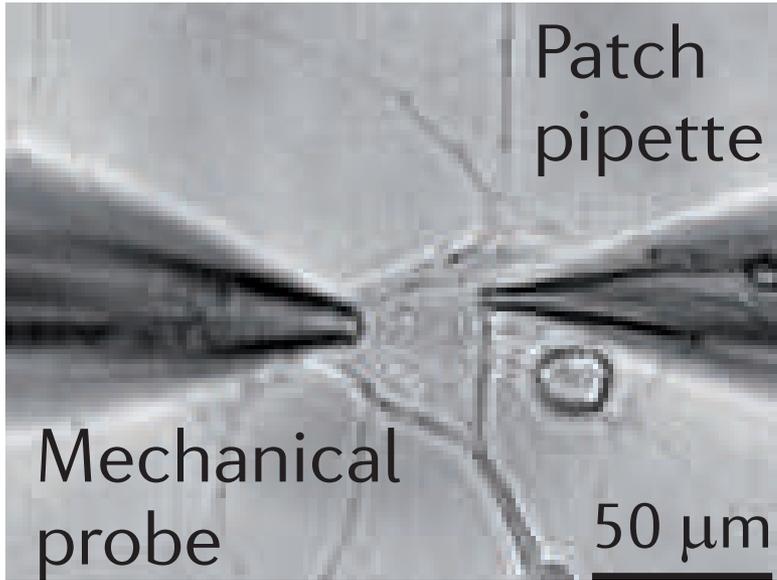
Large enough to see with the naked eye

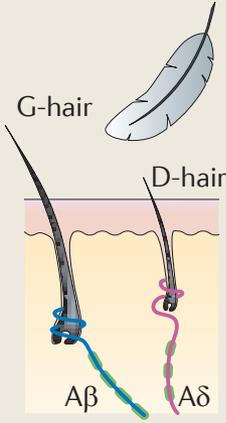
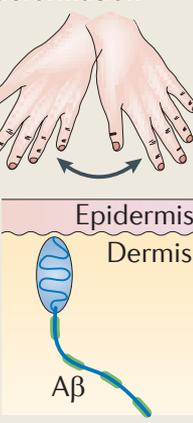
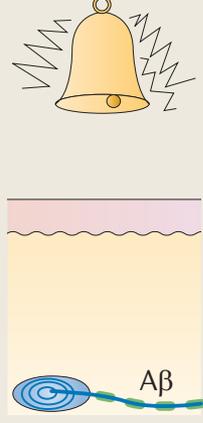
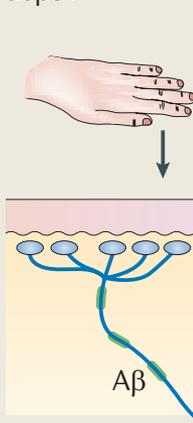
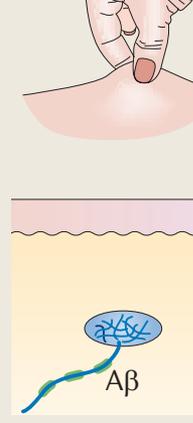
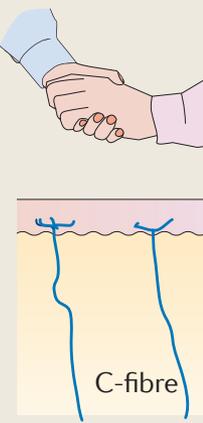
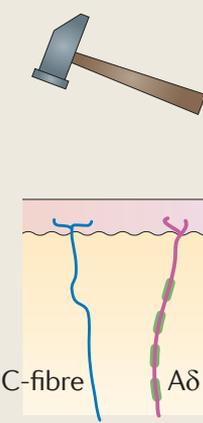
Layered like an onion

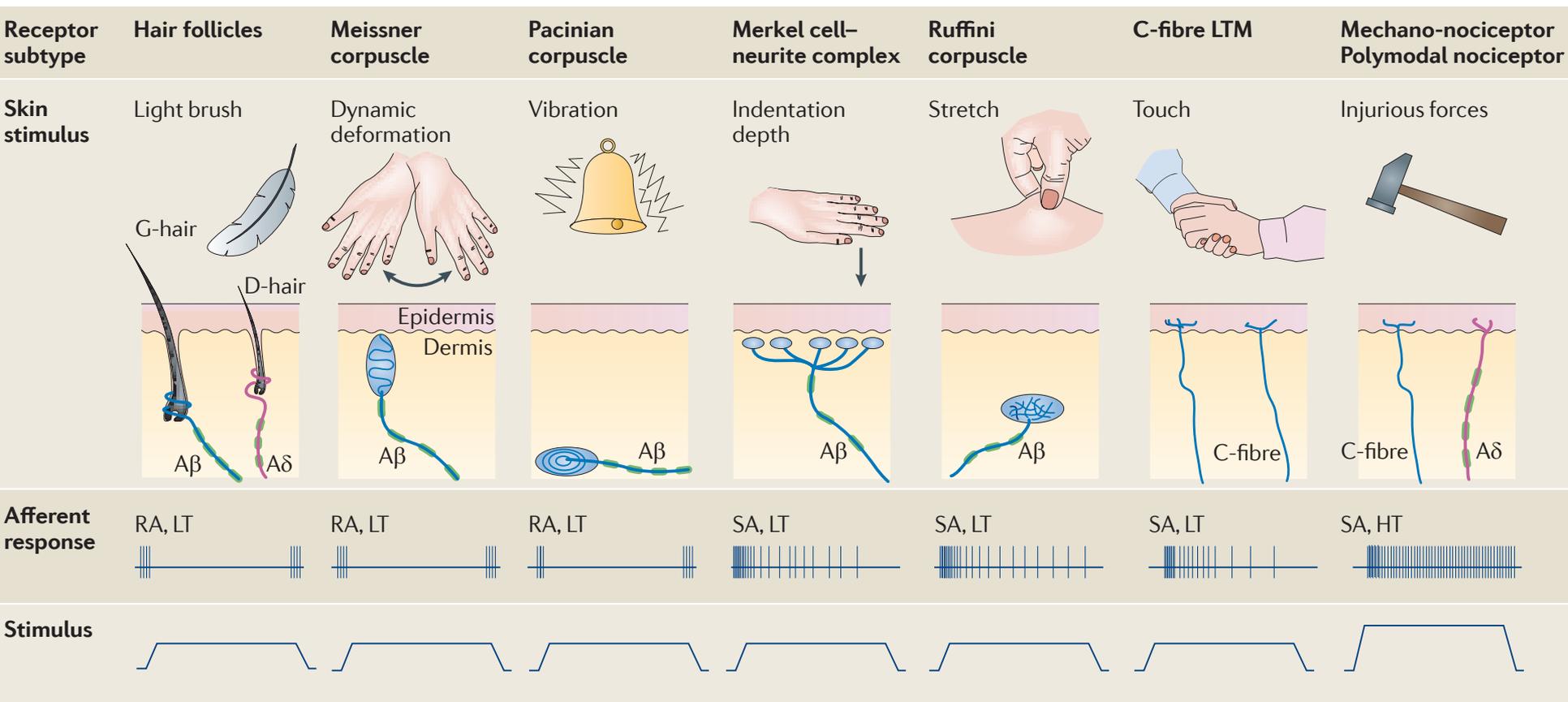


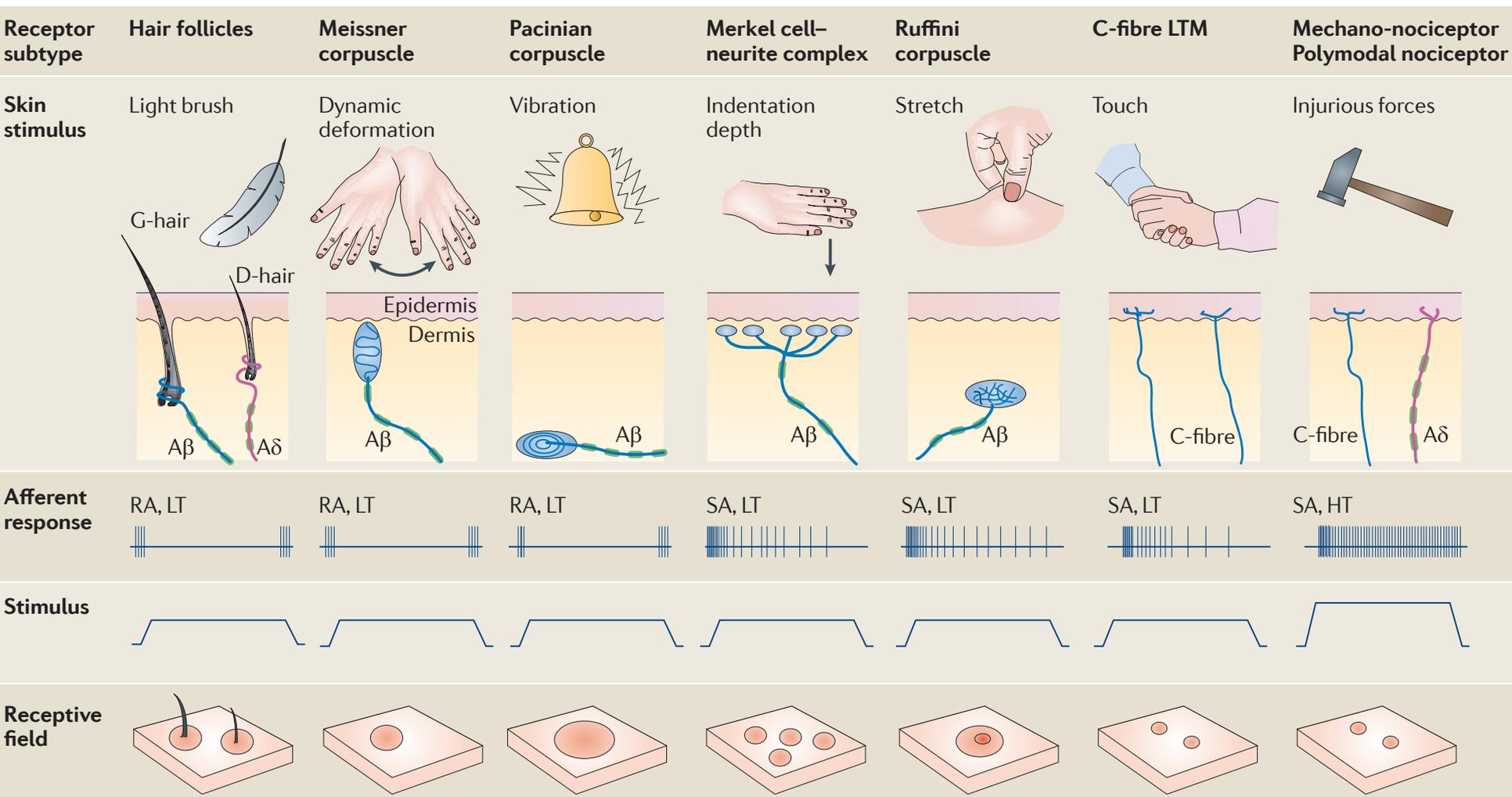
a Cell-based assays

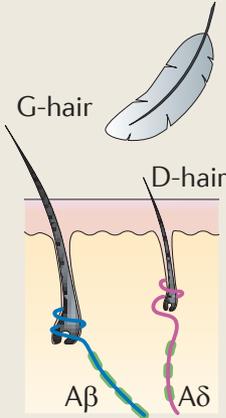
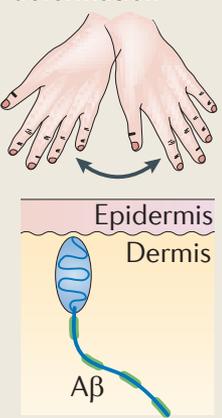
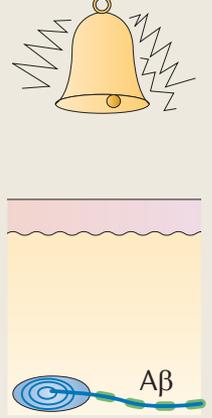
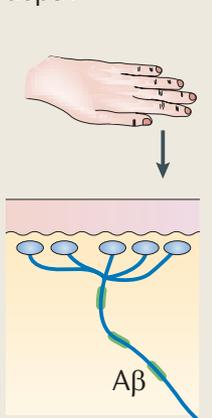
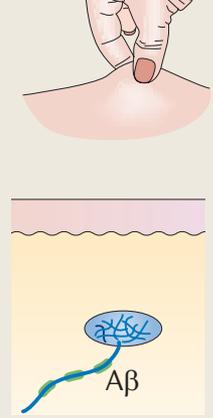
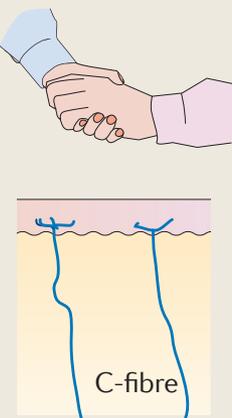
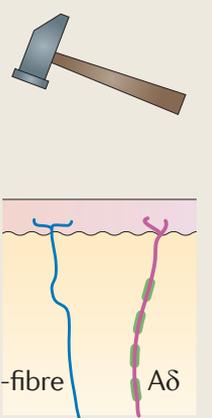
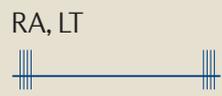
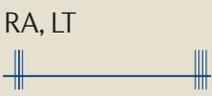
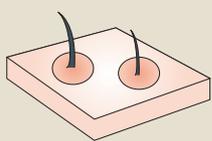
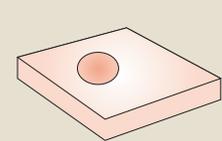
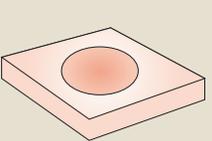
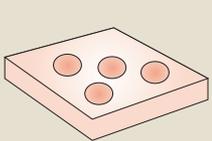
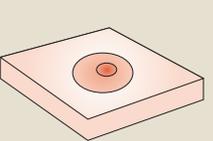
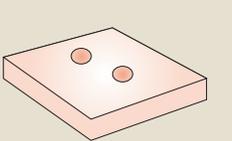
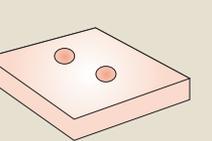




Receptor subtype	Hair follicles	Meissner corpuscle	Pacinian corpuscle	Merkel cell-neurite complex	Ruffini corpuscle	C-fibre LTM	Mechano-nociceptor Polymodal nociceptor
Skin stimulus	Light brush	Dynamic deformation	Vibration	Indentation depth	Stretch	Touch	Injurious forces
	 <p>G-hair D-hair Aβ Aδ</p>	 <p>Epidermis Dermis Aβ</p>	 <p>Aβ</p>	 <p>Aβ</p>	 <p>Aβ</p>	 <p>C-fibre</p>	 <p>C-fibre Aδ</p>



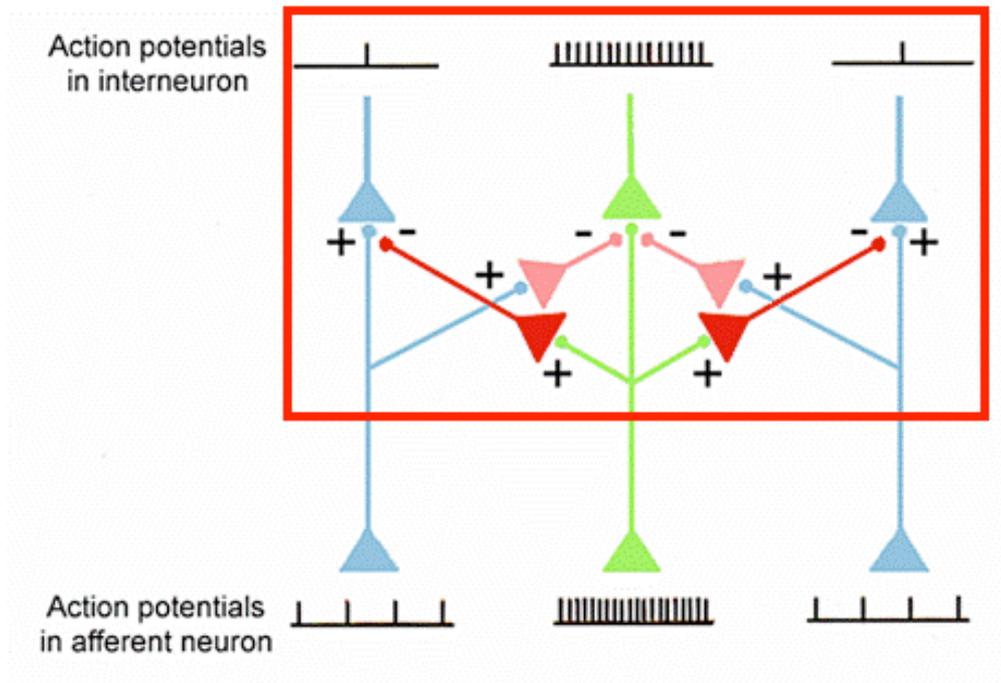
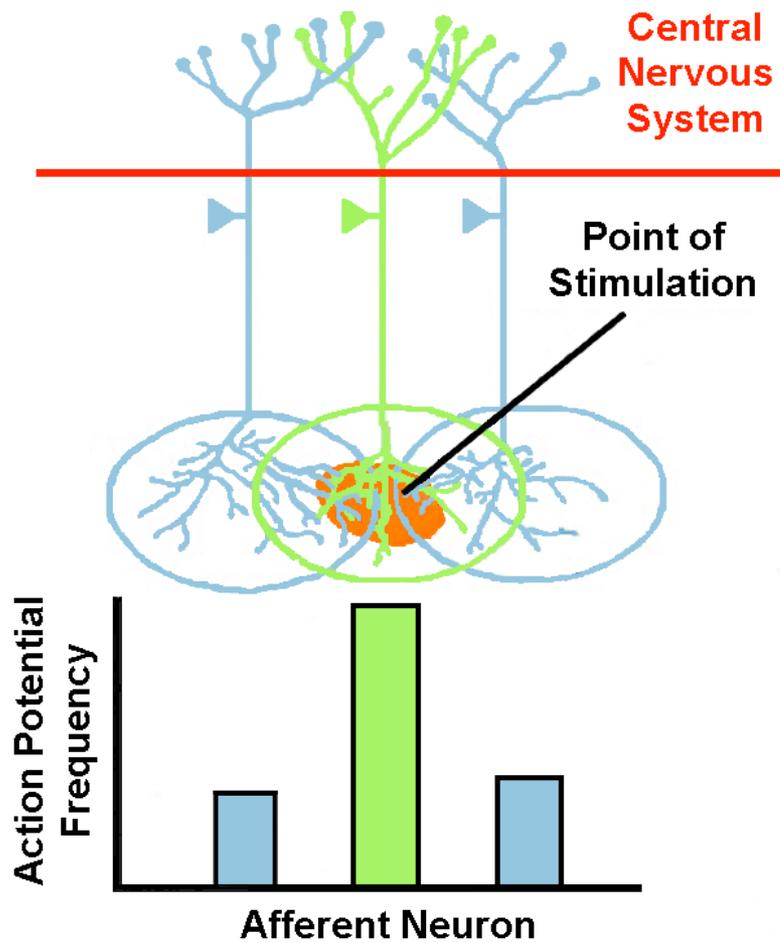


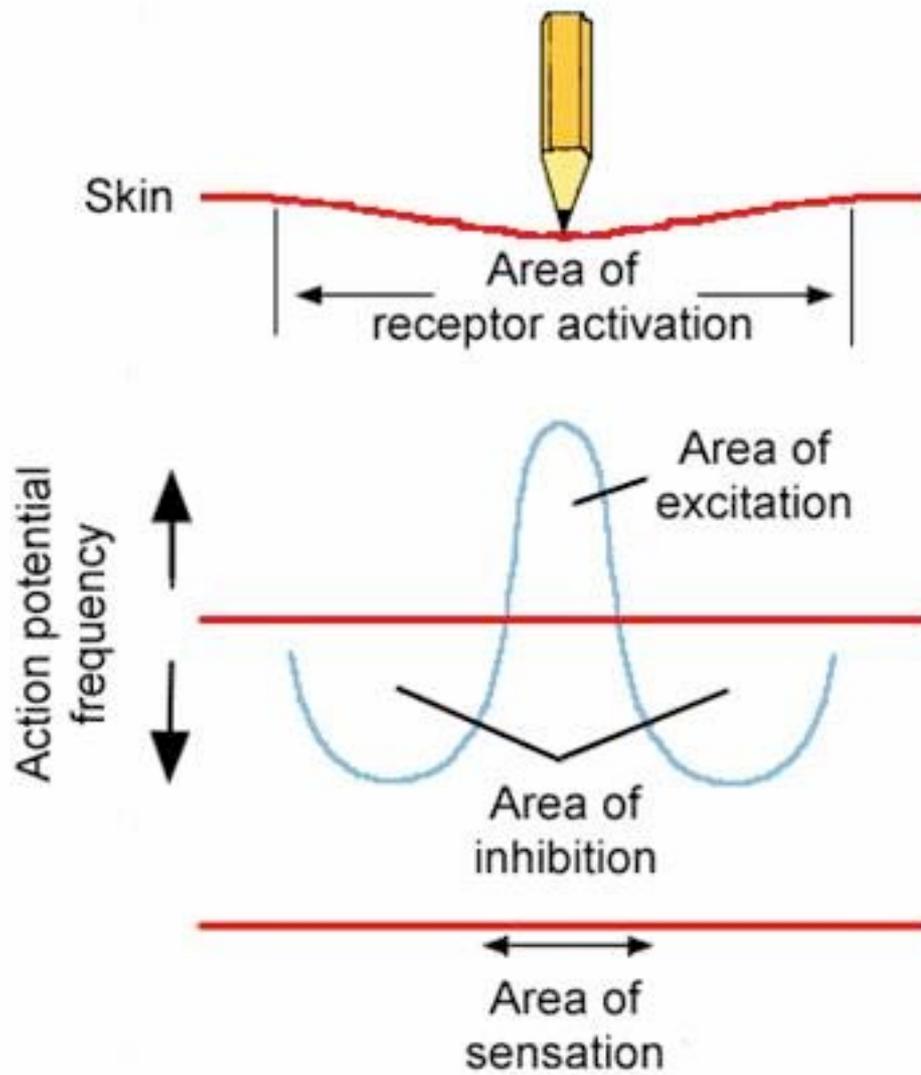
Receptor subtype	Hair follicles	Meissner corpuscle	Pacinian corpuscle	Merkel cell-neurite complex	Ruffini corpuscle	C-fibre LTM	Mechano-nociceptor Polymodal nociceptor
Skin stimulus	Light brush 	Dynamic deformation 	Vibration 	Indentation depth 	Stretch 	Touch 	Injurious forces 
Afferent response	RA, LT 	RA, LT 	RA, LT 	SA, LT 	SA, LT 	SA, LT 	SA, HT 
Stimulus							
Receptive field							
Perceptual functions	Skin movement	Skin motion; detecting slipping objects	Vibratory cues transmitted by body contact when grasping an object	Fine tactile discrimination; form and texture perception	Skin stretch; direction of object motion, hand shape and finger position	Pleasant contact; social interaction	Skin injury; pain

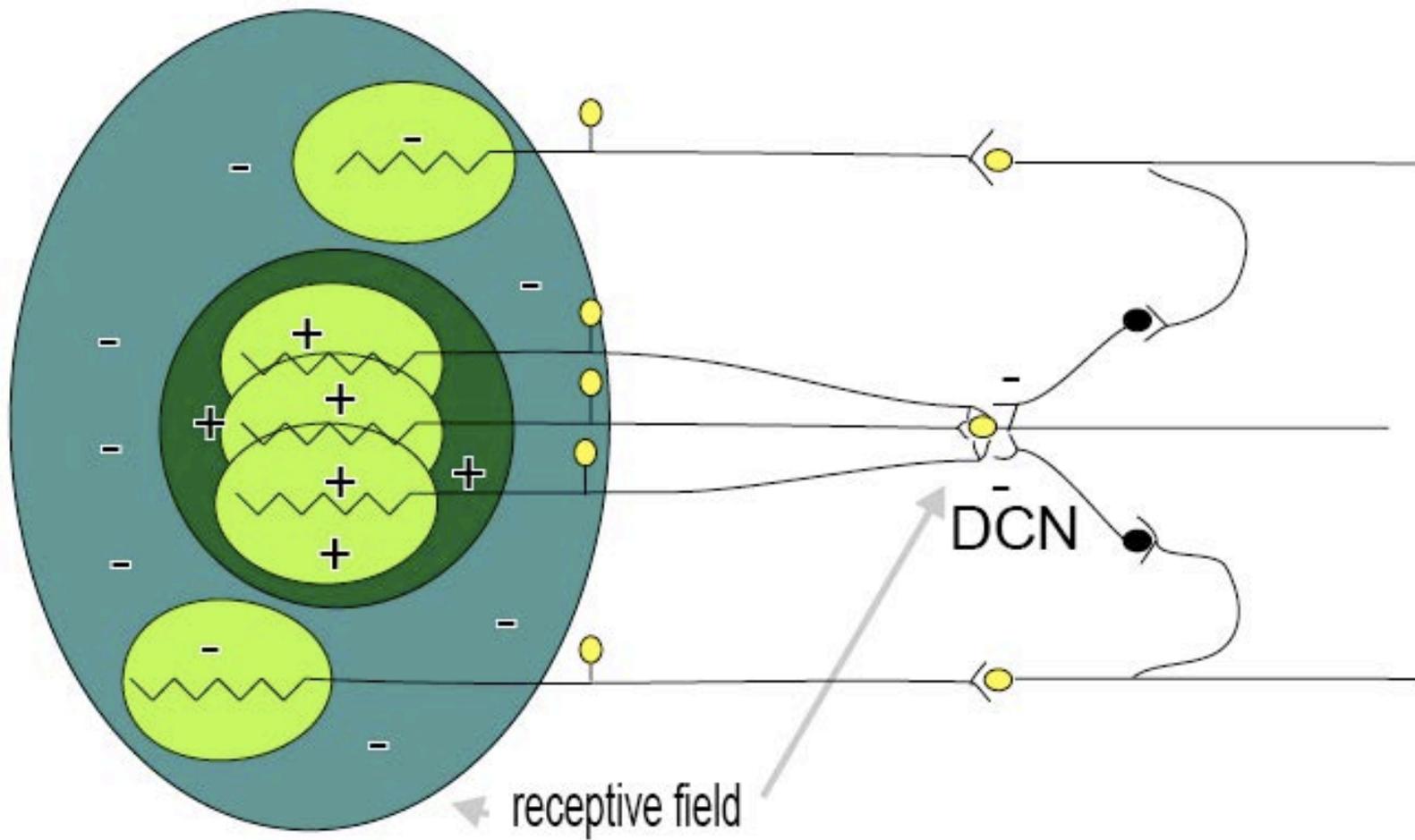
Inhibitory surround/ lateral inhibition

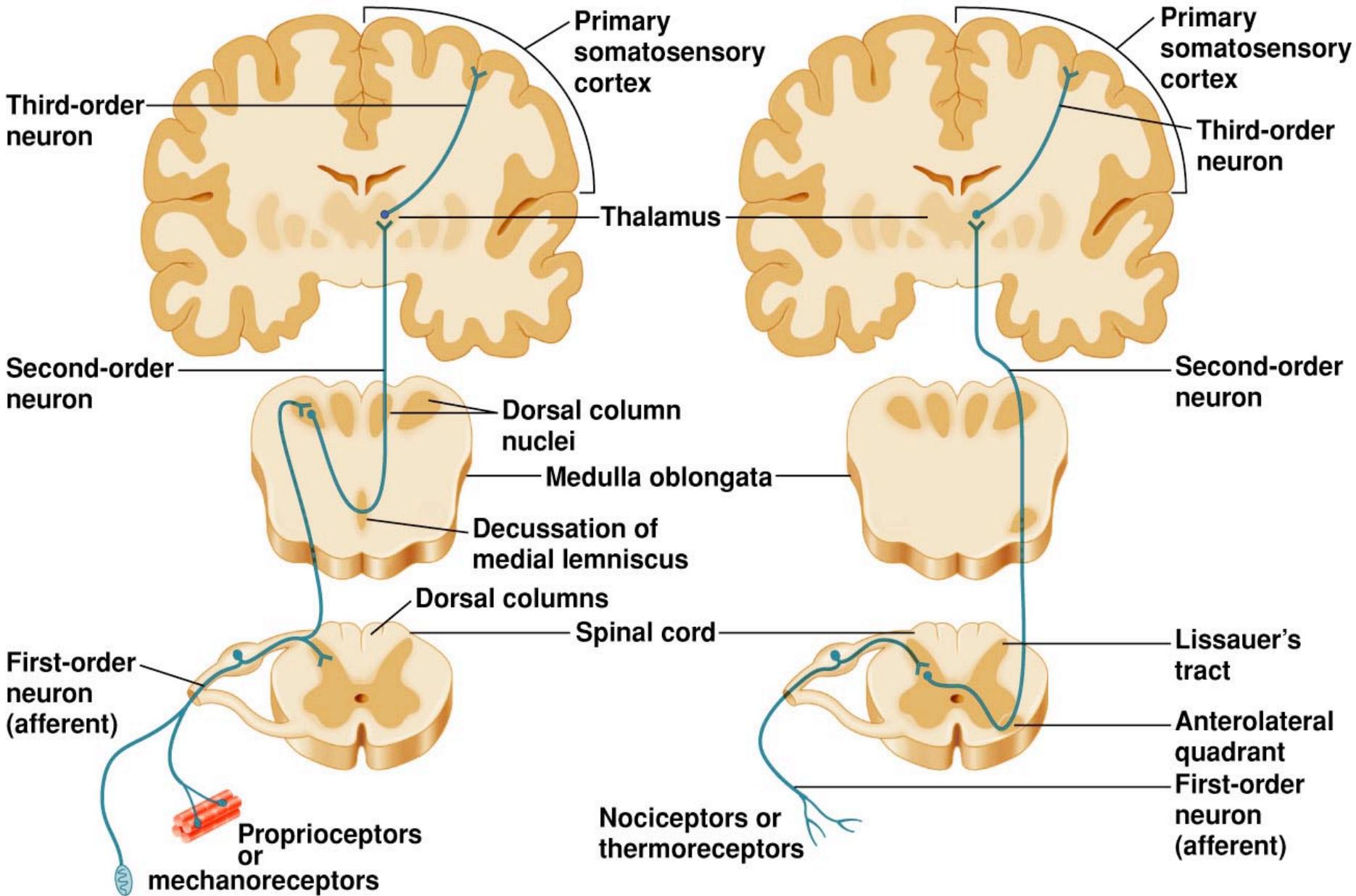
- like center-surround for RGCs
- lateral inhibition in relay nuclei (DCN)
- want to sense change, contrast
- improve spatial acuity

- feedforward inhibition: spatial focusing, WTA
- feedback from higher centers: context, attention





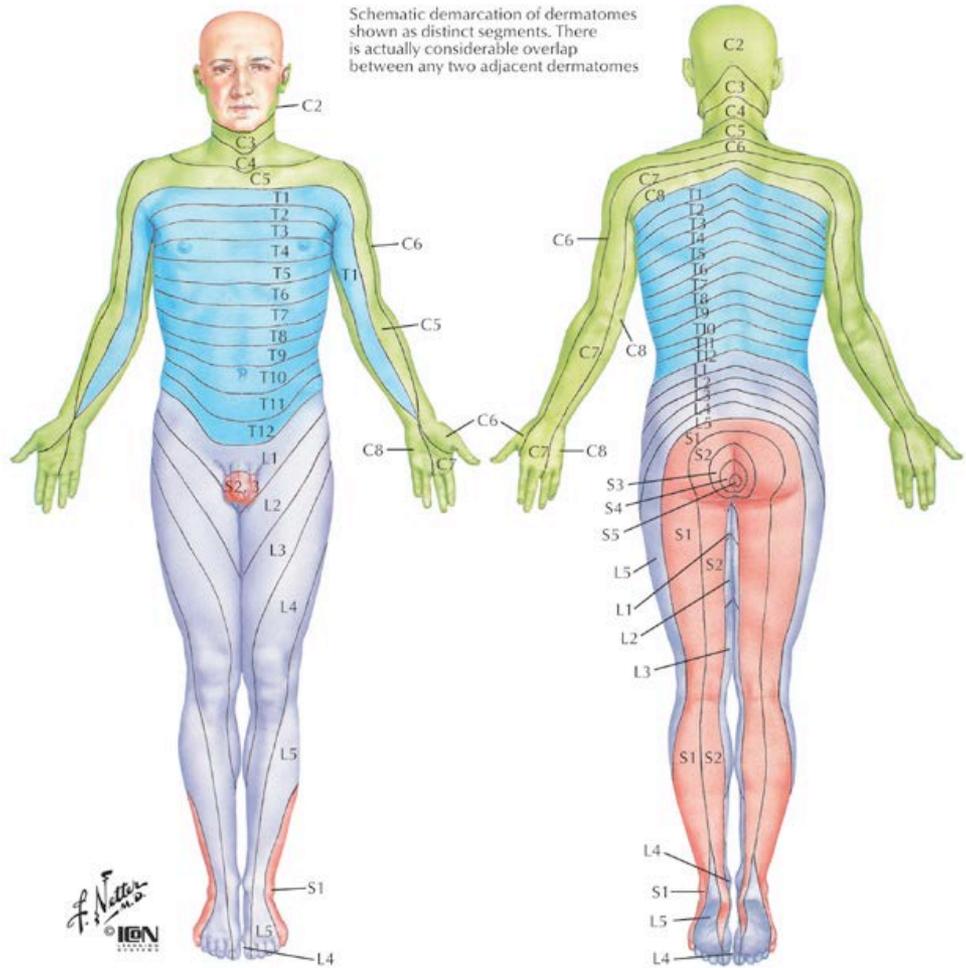
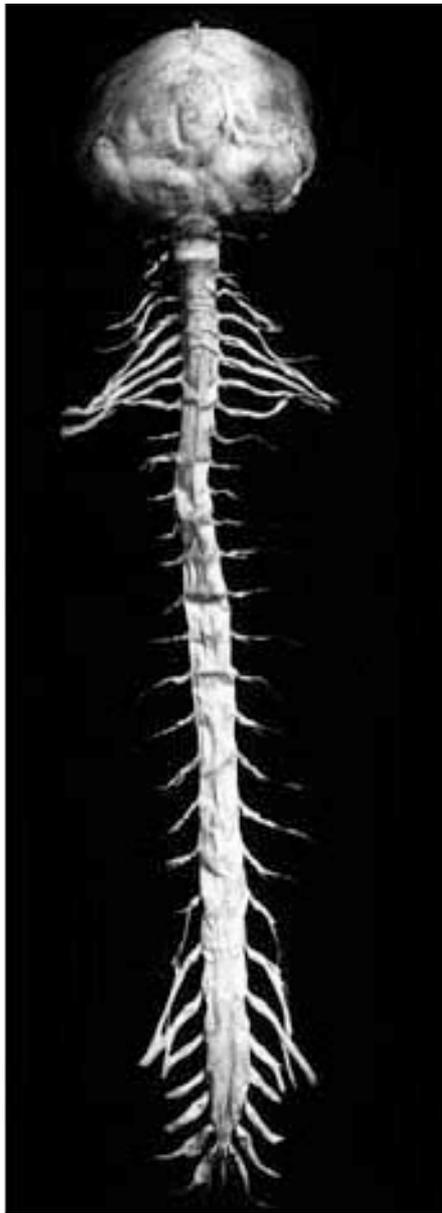




(a) Dorsal column–medial lemniscal pathway

(b) Spinothalamic tract

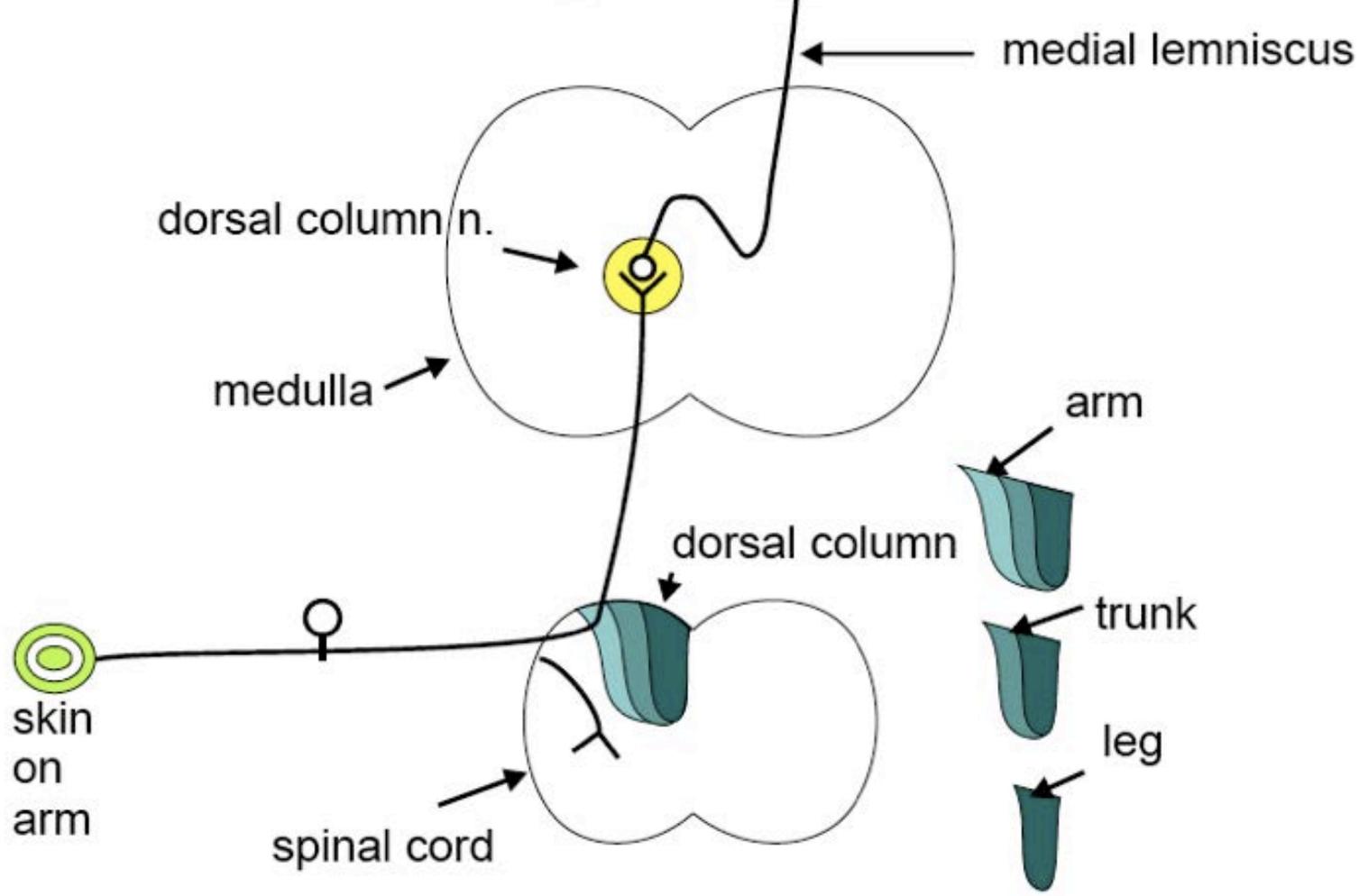
The dorsal-column medial-lemniscus system for touch

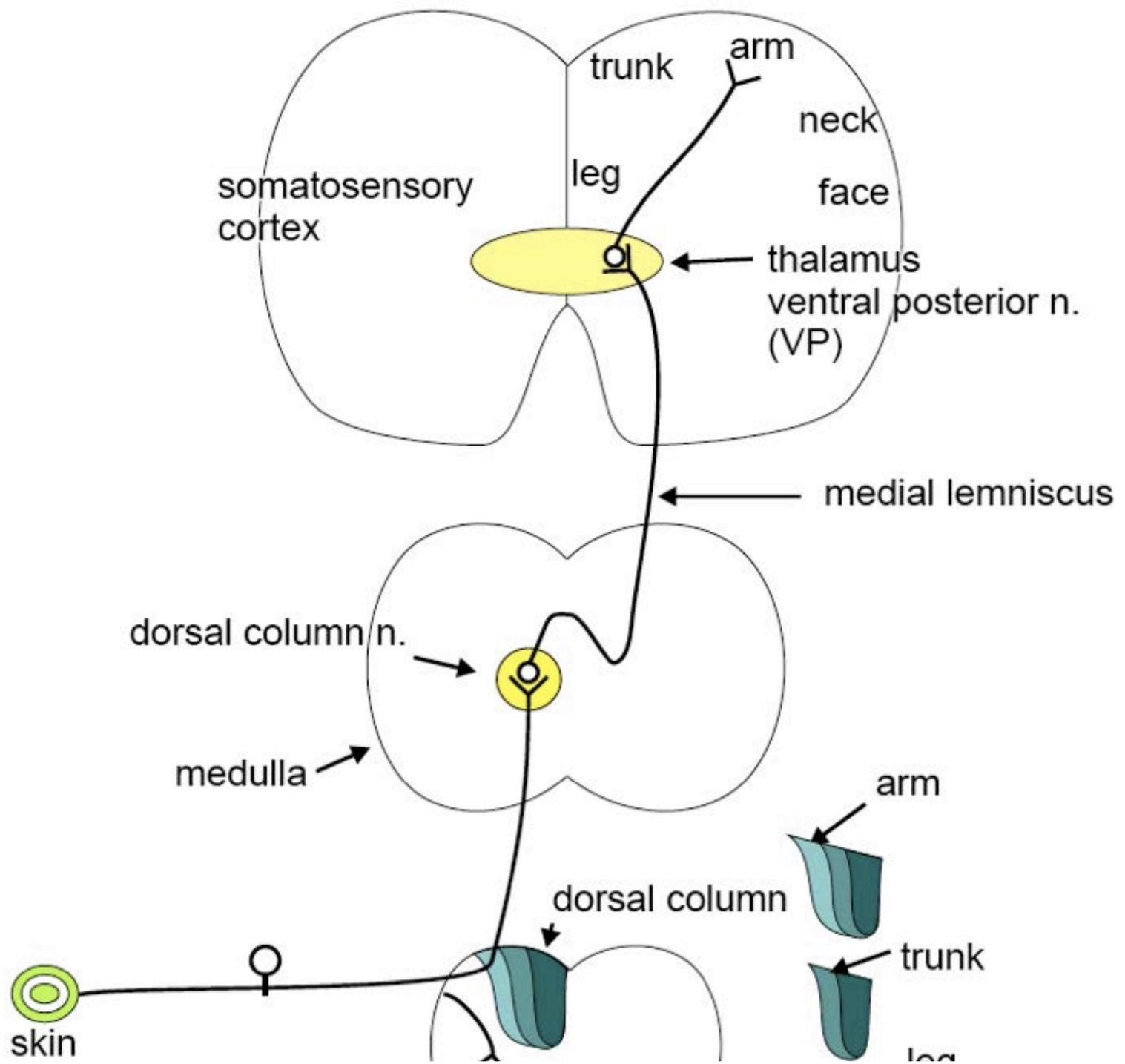


Levels of principal dermatomes

- C5 Clavicles
- C5, 6, 7 Lateral parts of upper limbs
- C8, T1 Medial sides of upper limbs
- C6 Thumb
- C6, 7, 8 Hand
- C8 Ring and little fingers
- T4 Level of nipples

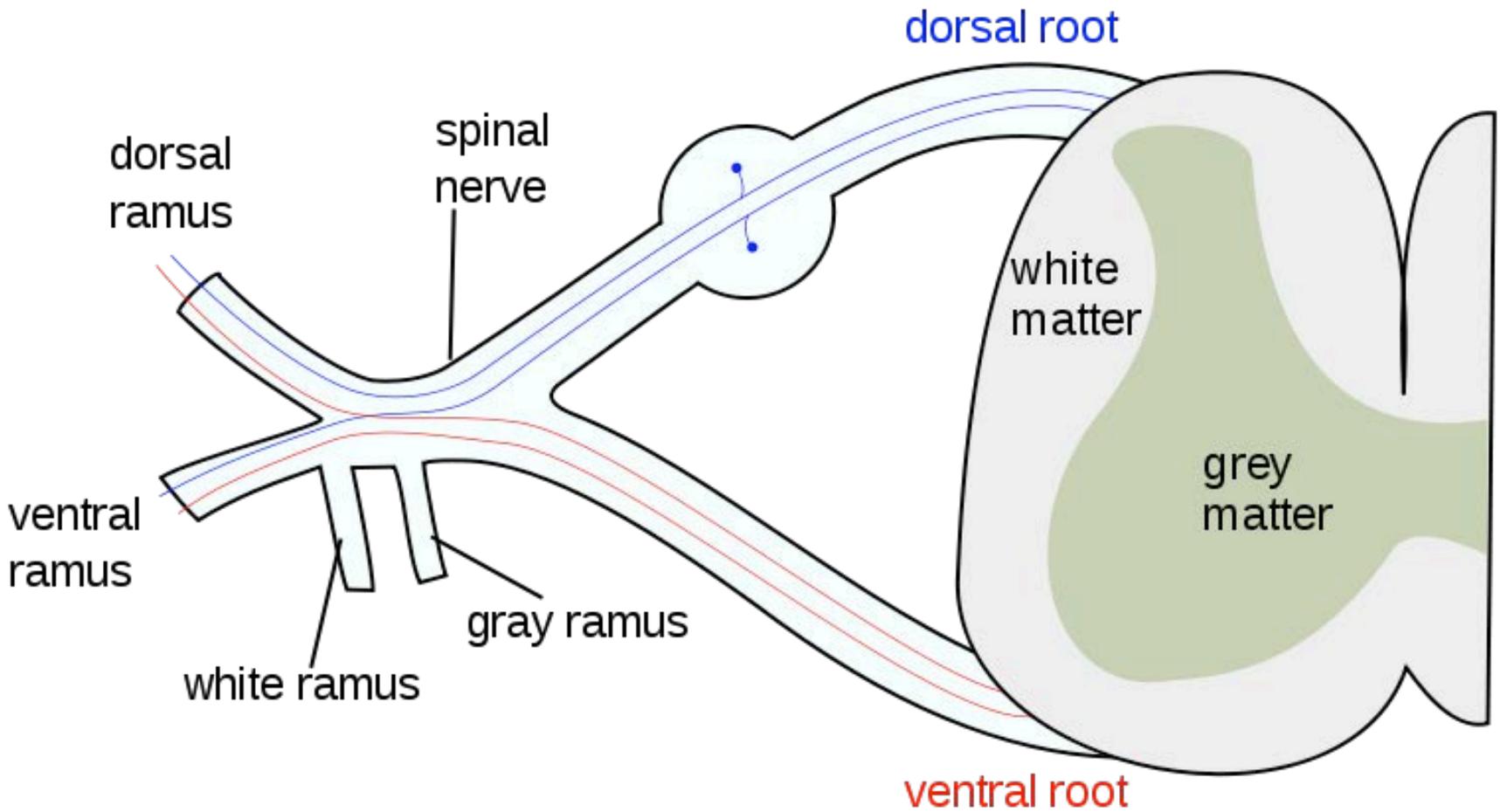
- T10 Level of umbilicus
- T12 Inguinal or groin regions
- L1, 2, 3, 4 Anterior and inner surfaces of lower limbs
- L4, 5, S1 Foot
- L4 Medial side of great toe
- S1, 2, L5 Posterior and outer surfaces of lower limbs
- S1 Lateral margin of foot and little toe
- S2, 3, 4 Perineum





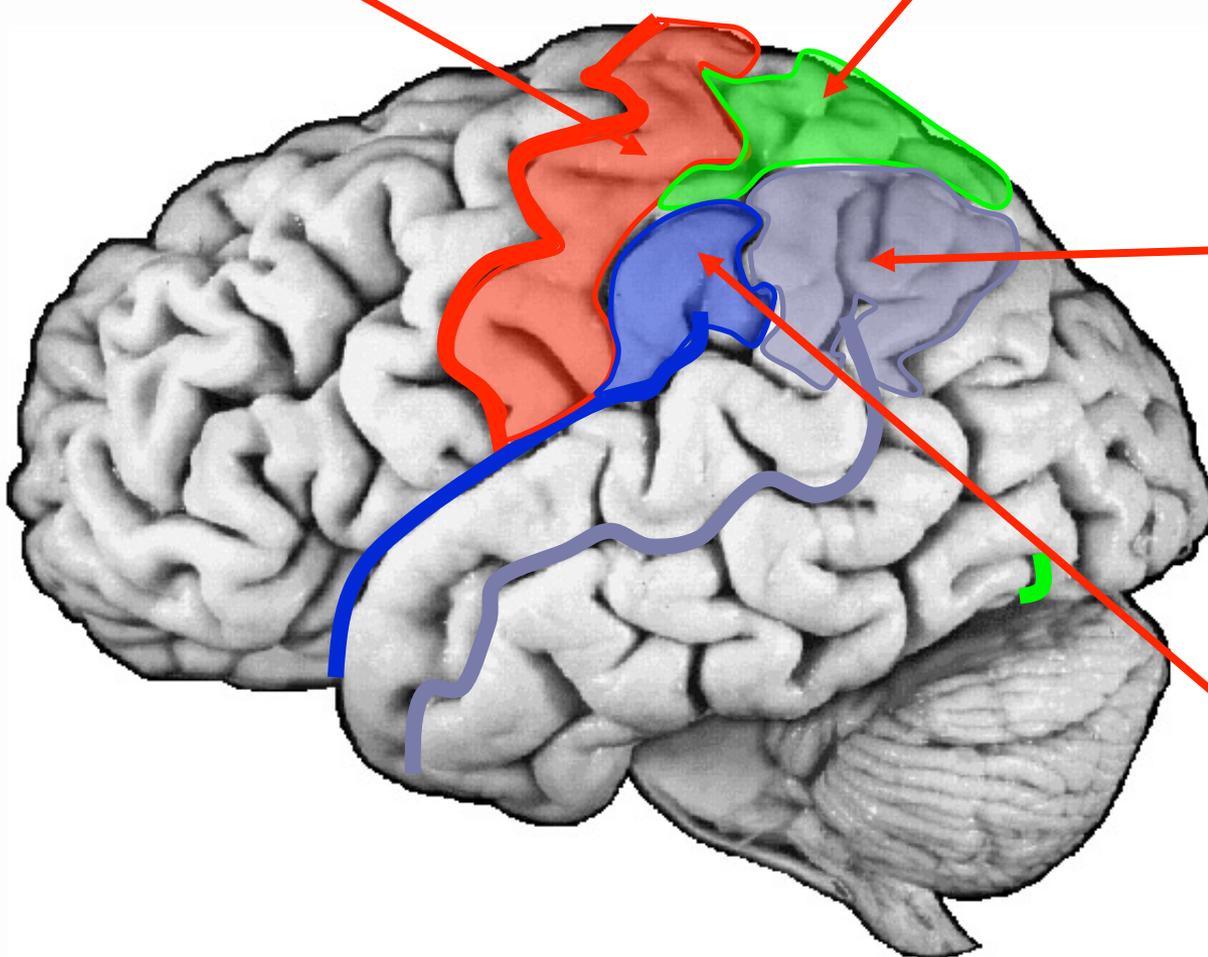
Face/ Head:

Trigeminal nerve



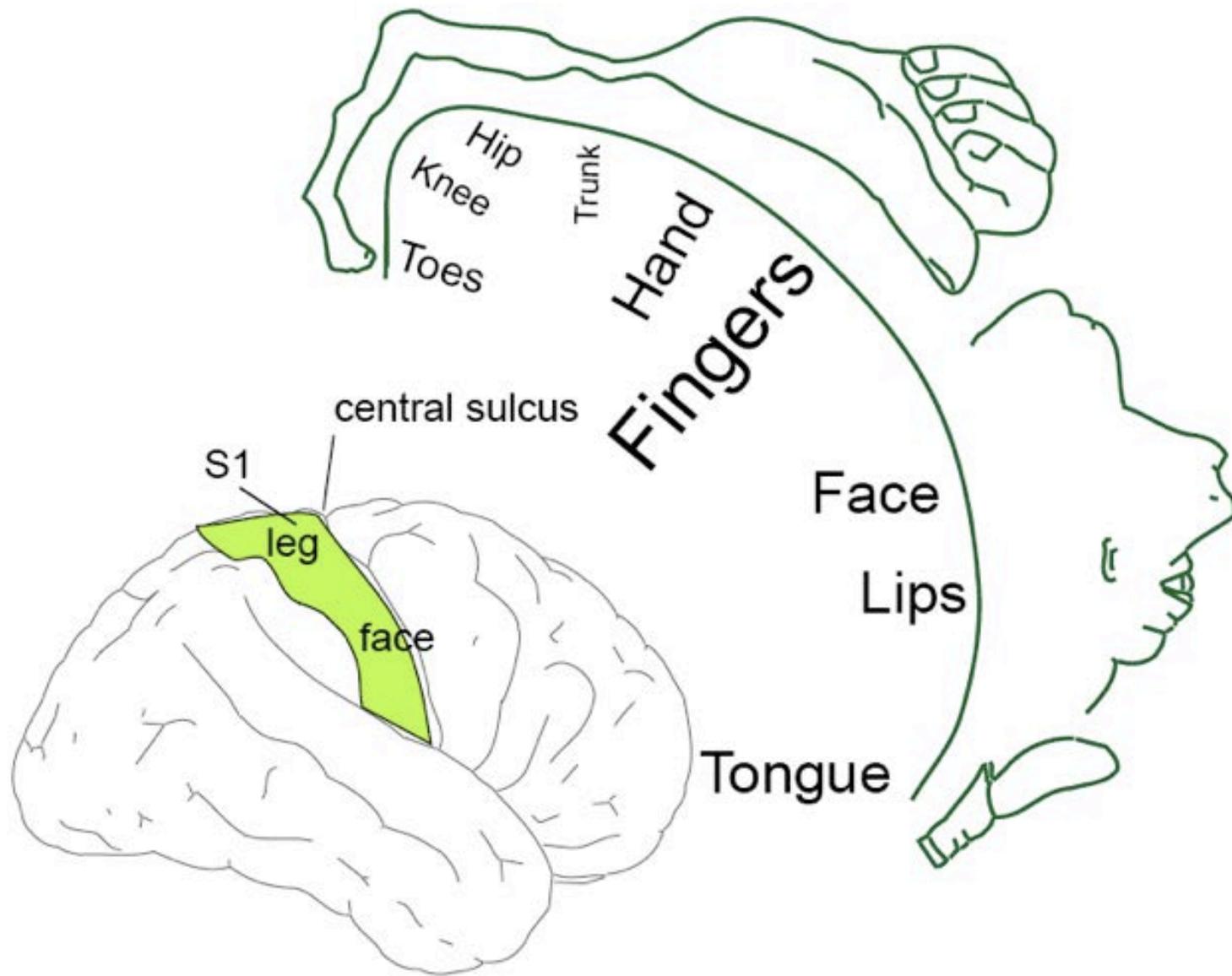
**Primary somatosensory cortex
BA 3, 1, 2**

**Somatosensory association areas
BA 5,7**



**Angular
gyrus
BA 39**

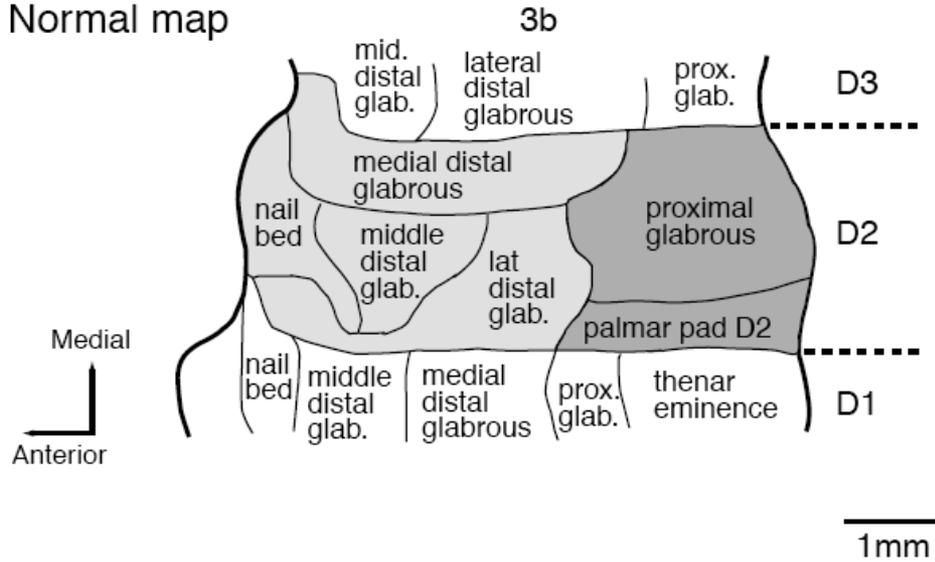
**Supramarginal
gyrus
BA 40**



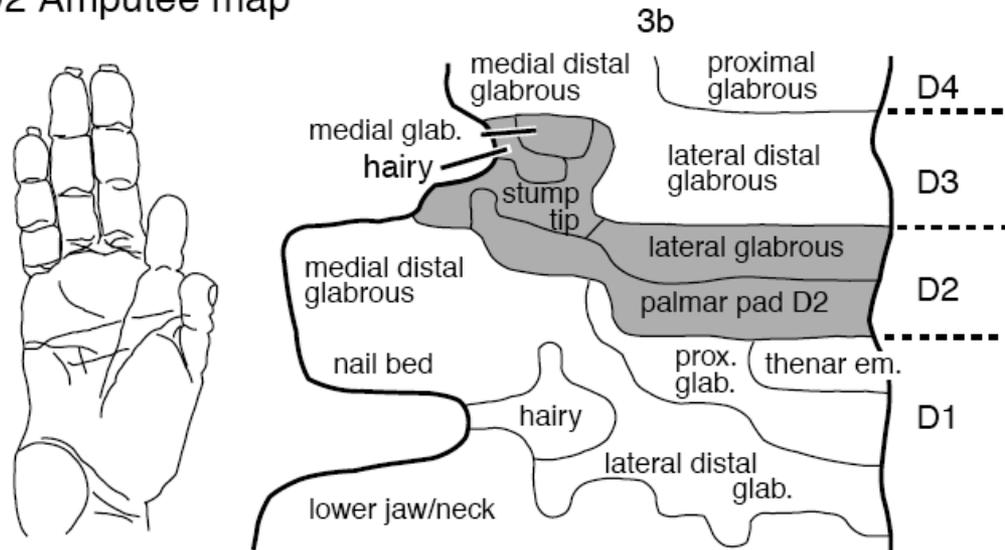


There is substantial plasticity!

D2 Normal map



D2 Amputee map



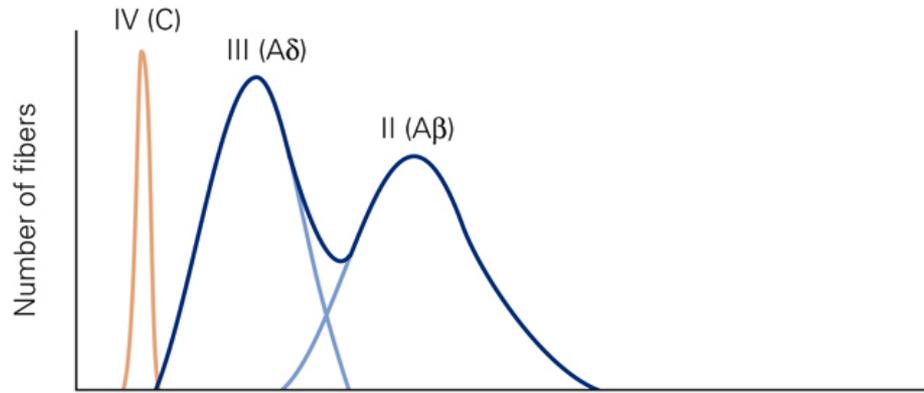
A-delta and C fiber afferents:

Pain, temperature

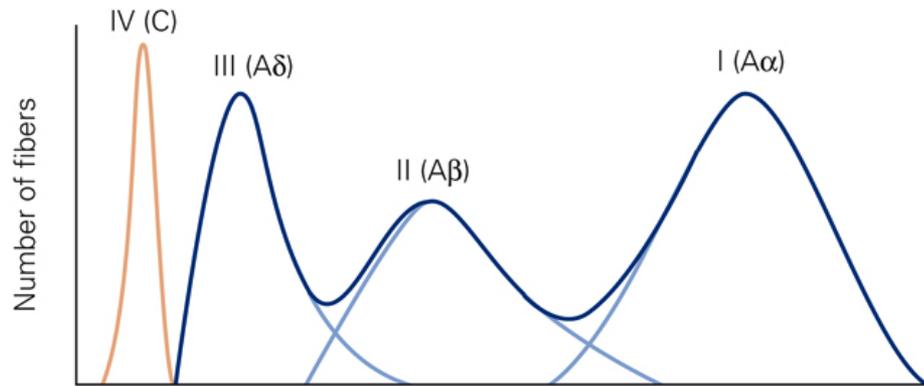
Hypoxia, hypoglycemia, hypo-osmolarity, lactate/ pH

Social touch

Cutaneous nerve



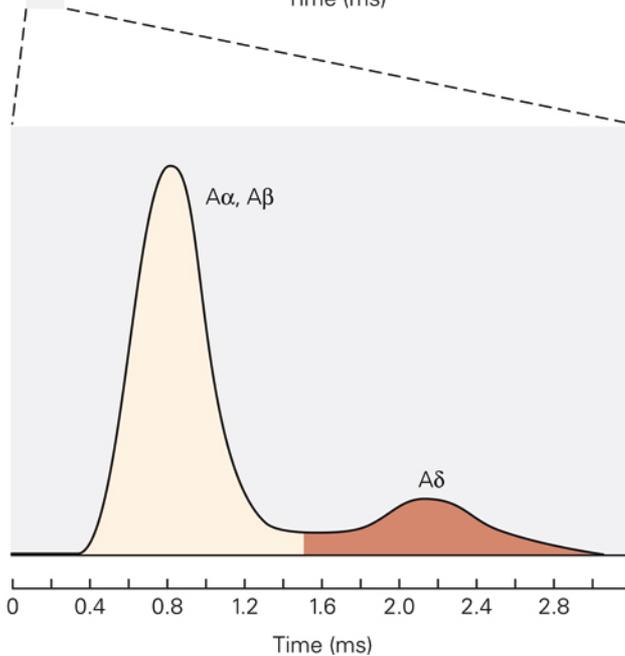
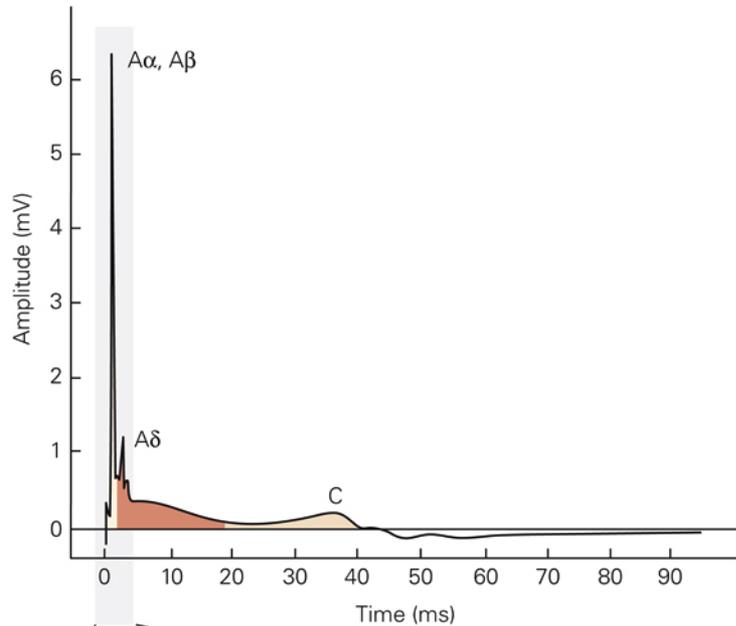
Muscle nerve



Axon diameter (μm)	1	5	12	20
Conduction velocity (m/s)	1	30	72	120

Figure 22–2 Peripheral nerves innervating skeletal muscle and the skin contain several types of sensory nerve fibers. The graphs illustrate the distribution of four groups of sensory nerve fibers innervating skeletal muscle and the skin. Each group has a characteristic axon diameter and conduction velocity. **Light blue lines** are the sum of fibers in each of the zones of overlap. The conduction velocity of myelinated peripheral nerve fibers is approximately six times the axon diameter. (Adapted, with permission, from Boyd and Rothwell, 1968.)

A Compound action potential



B First and second pain

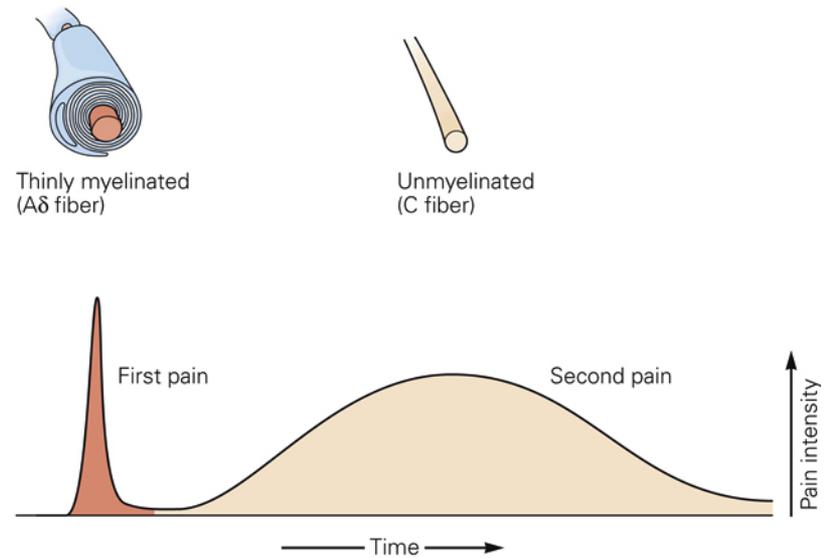
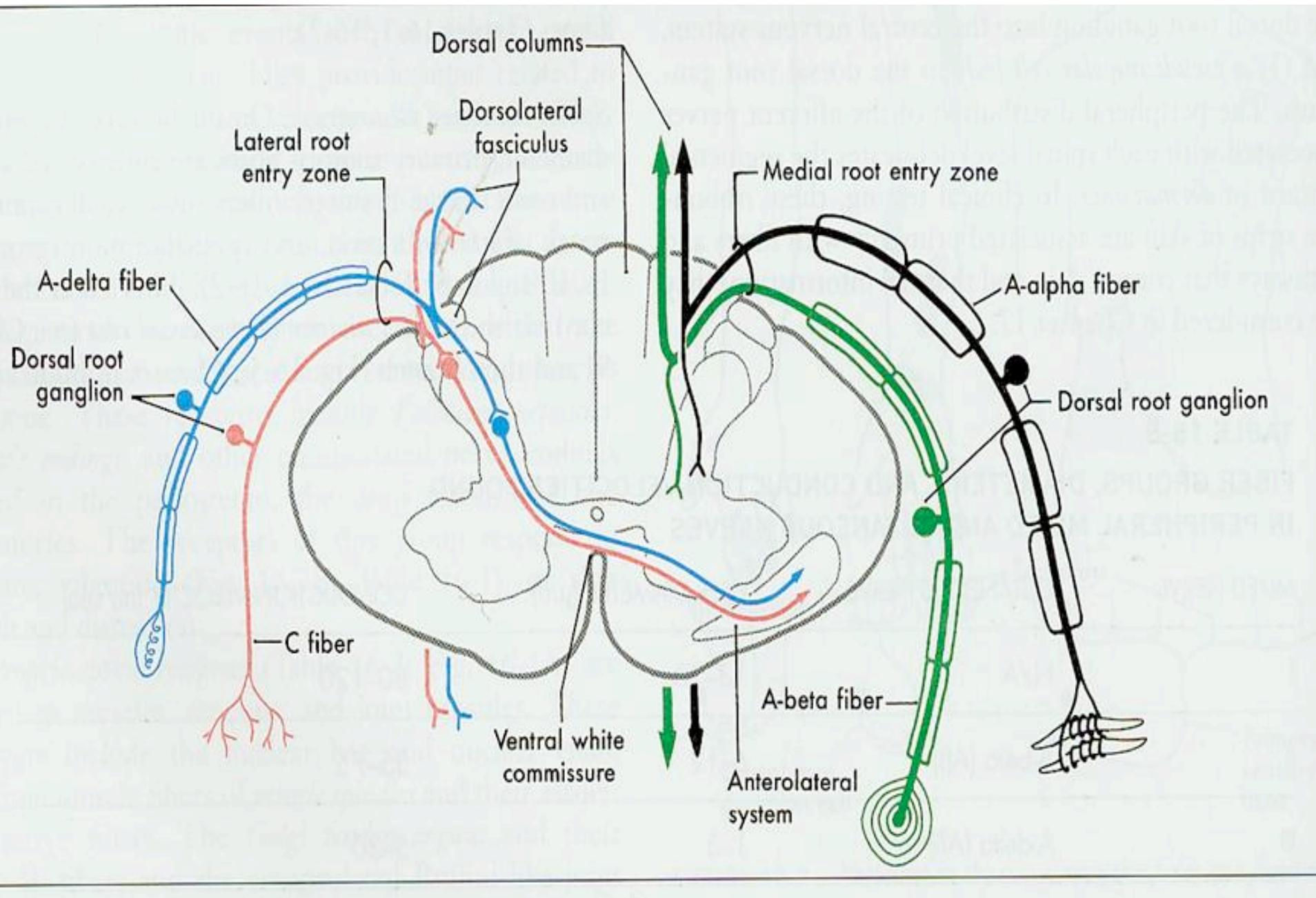
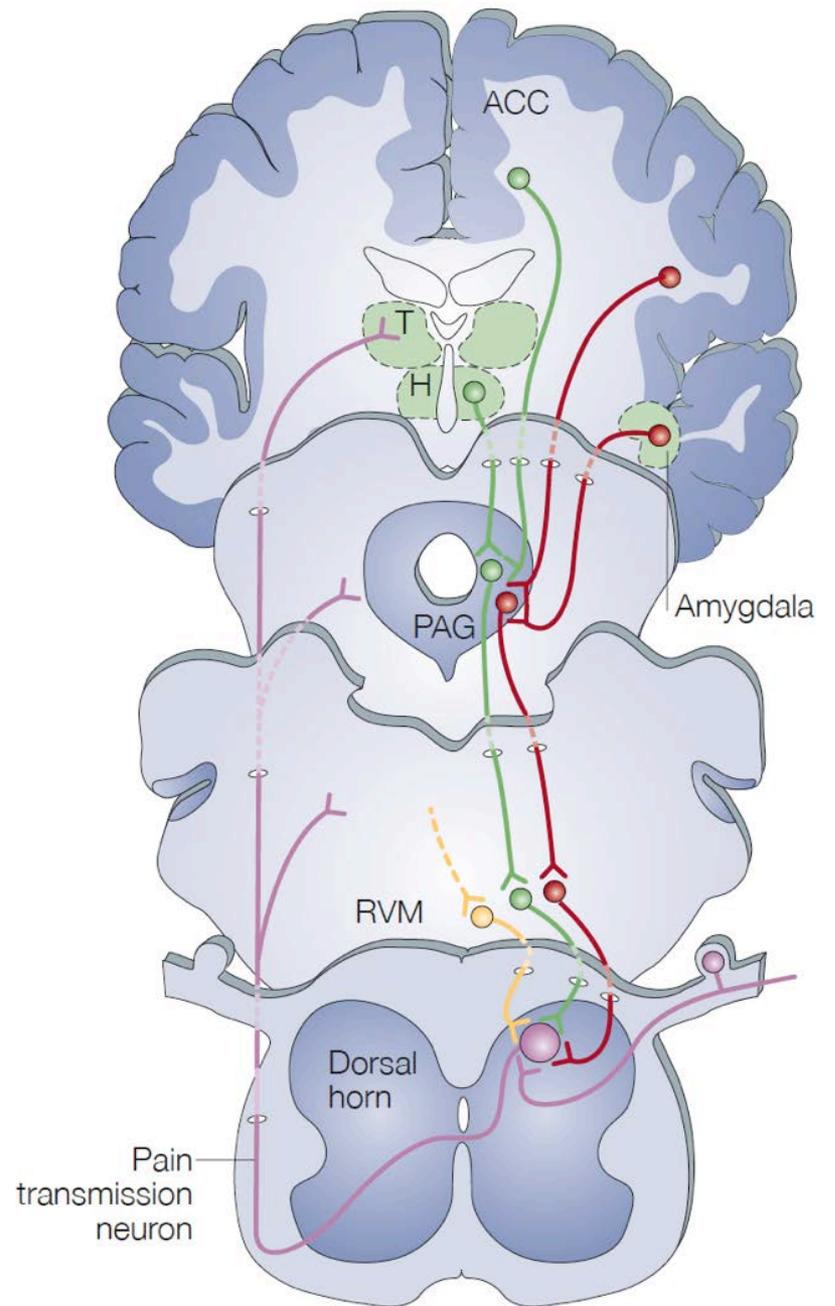
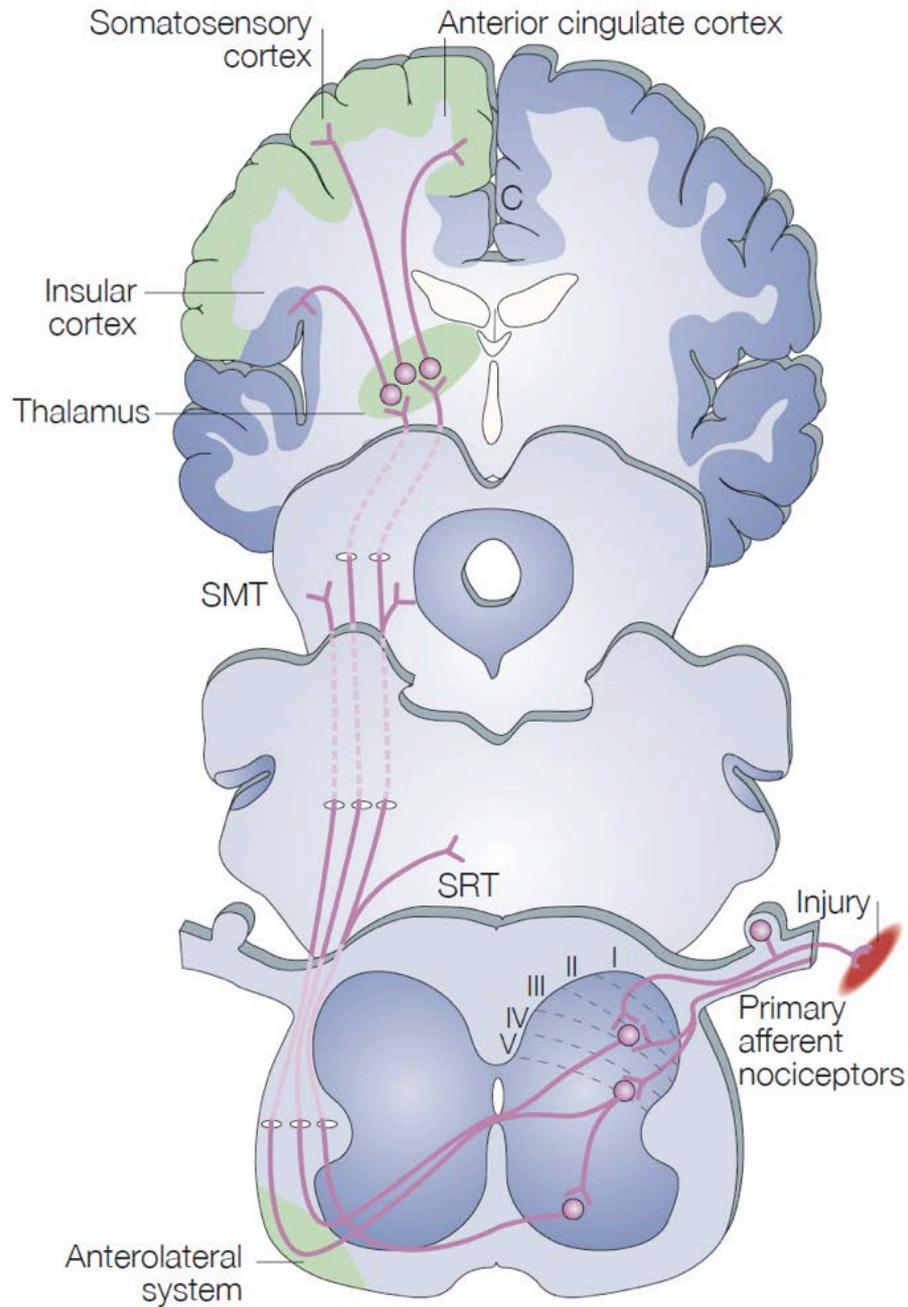


Figure 24–1 Propagation of action potentials in different classes of nociceptive fibers.

A. The speed at which action potentials are conducted is a function of each fiber's cross-sectional diameter. Wave peaks in the figure are labeled alphabetically in order of latency. The first peak and its subdivisions are the summed electrical activity of myelinated A fibers. A delayed (slowly conducting) deflection represents the summed action potentials of unmyelinated C fibers. The compound action potential of the A fibers is shown on a faster time-base to depict the summation of the action potentials of several fibers. (Modified, with permission, from Perl 2007.)

B. First and second pain are carried by two different primary afferent fibers. (Modified, with permission, from Fields 1987.)





A Precursor protein

Pre-proenkephalin



Pre-proopiomelanocortin



Pre-prodynorphin



Pre-proorphanin FQ



B Proteolytically processed opioid peptides

		Amino acid sequence
M	Methionine-enkephalin	Tyr Gly Gly Phe Met OH
L	Leucine-enkephalin	Tyr Gly Gly Phe Leu OH
β-END	β-Endorphin	Tyr Gly Gly Phe Met Thr Ser Glu Lys Ser Gln Thr Pro Leu Val Thr Leu Phe Lys Asn Ala Ile Val Lys Asn Ala His Lys Gly Gln OH
D	Dynorphin	Tyr Gly Gly Phe Leu Arg Arg Ile Arg Pro Lys Leu Lys Trp Asp Asn Gln OH
N	α-Neoendorphin	Tyr Gly Gly Phe Leu Arg Lys Tyr Pro Lys
O	Orphanin FQ	Tyr Gly Gly Phe Thr Gly Ala Arg Lys Ser Ala Arg Lys Leu Ala Asn Gln

Figure 24–16 Four families of endogenous opioid peptides arise from large precursor polypeptides.

A. Each of the precursor molecules is cleaved by proteolytic enzymes to generate shorter, biologically active peptides, some of which are shown in this diagram. The proenkephalin precursor protein contains multiple copies of methionine-enkephalin (M), leucine-enkephalin (L), and several extended enkephalins. Proopiomelanocortin (POMC) contains β-endorphin, melanocyte-stimulating hormone (MSH), adrenocorticotrophic hormone

(ACTH), and corticotropin-like intermediate-lobe peptide (CLIP). The prodynorphin precursor can produce dynorphin (D) and α-neoendorphin (N). The pro-orphanin precursor contains the orphanin FQ peptide (O). The black domains indicate a signal peptide.

B. Amino acid sequences of proteolytically processed bioactive peptides. The amino acid residues shown in bold type mediate interaction with opioid receptors. (Adapted, with permission, from Fields 1987.)

