

# Do the asymmetry and the size of the structures of the temporal lobe persist in early stages of schizophrenia?

Joanna M. Moryś<sup>1</sup>, Jerzy Dziewiątkowski<sup>1</sup>, Barbara Bobek-Billewicz<sup>2</sup>, Ilona Ratajczak<sup>1</sup>, Olgierd Narkiewicz<sup>1</sup>, Janusz Moryś<sup>1</sup>

<sup>1</sup>Department of Anatomy and Neurobiology, Medical University, Gdańsk, Poland

<sup>2</sup>Department of Radiology, Medical University, Gdańsk, Poland

[Received 6 August 2004; Accepted 21 October 2004]

*A total of 14 patients of various ages diagnosed with schizophrenia and, as an age-matched control group, 12 healthy subjects were examined using the MRI method of neuro-imaging. The volume of the following structures was evaluated in the right and left hemispheres: the superior temporal gyrus, the basolateral temporal area (the region including the middle temporal gyrus, inferior temporal gyrus and fusiform gyrus), the parahippocampal gyrus, the hippocampal head, the amygdaloid body and the inferior horn of the lateral ventricle.*

*In schizophrenia a significant increase in the volume of the amygdaloid body on both the left and right sides was observed. In the patients, as in the control group, we noticed significant asymmetry between the left and right sides in the volume of the structures studied. The left amygdaloid body was significantly larger than the right, whereas the left hippocampal head and the temporal horn of the lateral ventricle were smaller than the right.*

*Our findings suggest that in the early stages of schizophrenia, despite the increased volume of the amygdaloid body, the asymmetry between the structures of the temporal lobe is still present. However, the changes observed in the temporal lobe could be related to the functional disturbances observed in this disease.*

**Key words: magnetic resonance imaging, volumetric study, temporal lobe, schizophrenia**

## INTRODUCTION

In spite of over 100 years of research, the neuropathology of schizophrenia is still unknown. During past decades there has been great interest in the relationship between the behavioural abnormalities of schizophrenia and brain structure [1, 4–7, 9, 14, 30, 31, 33, 34]. The size of different structures within the temporal lobe has been studied extensively in schizophrenia since 1919, when Kraepelin suggested that the temporal lobe was the seat of the pathophysiology of psychosis [27]. Initially, the studies involved post-mortem examination of

brains of persons suffering from schizophrenia. Our purpose was to check whether the volumes of particular structures of the temporal lobe are altered in persons in the first episode of schizophrenia in comparison to the equivalent volumes of an age-matched control.

## MATERIAL AND METHODS

The sample included consecutively recruited patients diagnosed with schizophrenia from the Psychiatric Department of the Medical University of Gdańsk. Most of them were in their first episode of

illness. The remaining patients had suffered from schizophrenia for no longer than 3 years.

The schizophrenic group consisted of 14 patients aged from 19 to 45 years (mean age: 29.9 years), whereas the control consisted of 12 healthy subjects aged from 21 to 47 years (mean age: 28.4 years). The patients met the ICD-10 [10] criteria for schizophrenia. The control group consisted of healthy volunteers without any neurological symptoms of pathological changes in the central nervous system and without any distinguishable signs on MR scans. All of them were examined using the MRI method of neuro-imaging. MR images of their brains were used for evaluation of the volume of the temporal lobe structures.

### MR imaging

MRI was performed on an 0.5T superconducting MRI scanner (Gyrosan T5, Philips) with the use of a standard head coil. In the first step the whole brain was evaluated so as to rule out gross pathology.

The sagittal scout sequence was used to mark a coronal sequence perpendicular to the long axis of the hippocampus (T1W/3D/FFE, TR/TE/FA 30/13/3, Thk/gap 1/0 or 1.5/0, NSA 1).

### Stereology

A stereological study was performed on coronal MR images perpendicular to the long axis of the hippocampus by the use of a semi-automatic method on image analyser Q500MC working under software QWin on Pentium 233 MHz with a 17" SVGA monitor.

The following structures were studied within the space bordered by the anterior pole of the amygdaloid body and the posterior pole of the hippocampal head: the superior temporal gyrus (STG), the basolateral temporal area (BTG — the region including the middle temporal gyrus, inferior temporal gyrus and fusiform gyrus), the parahippocampal gyrus (PAH), the hippocampus (HIP), the amygdaloid body (AA) and the lateral ventricle (LV). Delineations of all the structures studied were performed by one member of the group who was highly experienced in neuro-anatomy.

For the evaluation of the volumes of the structures the Cavalieri formula was applied and the coefficient of error (CE) of the evaluation was calculated according to formulae put forward by Geinisman et al. [16]. The sampling was designed to obtain a CE smaller than 3%.

### Statistics

For the statistical analysis of the volumetric changes in the temporal lobe structures the appropriate ANOVA procedure was used. The diag-

nosis of schizophrenia was used as the main factor. The effect of sex was not evaluated. The effect of age was not taken into consideration in view of the lack of significant differences between the groups ( $p = 0.83$ )

For each structure studied the closeness of fit with normal distribution was checked by means of the Shapiro-Wilk test and the equality of variances by means of Bartlett's test. Analysis of variance was then followed by the post-hoc honest significant difference test (HSD) to study the differences between groups. In the case of non-normality and/or the presence of unequal variances, non-parametric analysis was used.

All calculations were performed on spreadsheets and statistics were drawn up using two packages (Statistica® v. 5.5, Statsoft, USA, and InStat®, StatGraph, USA). For all tests  $p < 0.05$  was the level of significance.

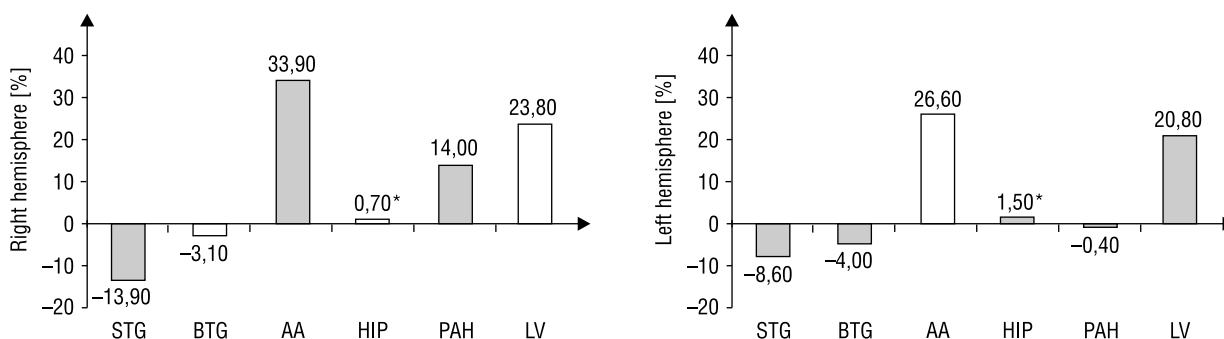
## RESULTS

Observations were made of the differences between the control and schizophrenic groups in the volume of some structures in the left and right hemispheres. However, the only structure of the temporal lobe whose volume differed significantly between the groups was the amygdaloid body. In patients with schizophrenia the right amygdaloid body was 33.9% and the left 26.6% larger in comparison to their volumes in the control group (Fig. 1).

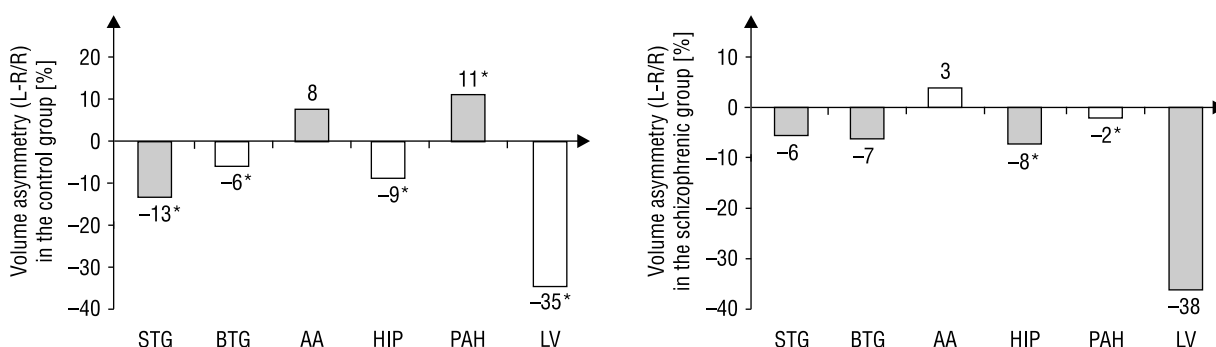
Asymmetry in volume between the structures in the left and right hemisphere in the schizophrenic group was still present. There was significant asymmetry concerning the amygdala, hippocampal head, superior temporal gyrus, parahippocampal gyrus and the temporal horn of the lateral ventricle. The left amygdaloid body was 3% larger than the right and the left hippocampal head 8%, the superior temporal gyrus 6%, the basolateral temporal area 7% and the parahippocampal gyrus 2% smaller than the right one. In the last one we observed an inversion of differences between the sides, because in the control group the parahippocampal gyrus is larger on the left side (11%) than that on the right. In the group with schizophrenia the left temporal horn of the lateral ventricle was 38% larger than the right one (Fig. 2).

## DISCUSSION

In our study the volume of the amygdaloid body was larger among patients with schizophrenia than in patients in the control group. However, in most studies the findings were opposite [3, 7, 13, 15, 25, 28].



**Figure 1.** Differences between control and schizophrenic groups in the volume of the structures studied in the right and left hemispheres; TEM — temporal lobe, STG — superior temporal gyrus, BTG — basolateral temporal area (the region including the middle temporal gyrus, inferior temporal gyrus and fusiform gyrus), PAH — parahippocampal gyrus, HIP — hippocampal head, AA — amygdaloid body, LV — temporal horn of the lateral ventricle; \*statistical significance  $p < 0.05$



**Figure 2.** Volume asymmetry of the particular structures of the temporal lobe in the schizophrenic group; TEM — temporal lobe, STG — superior temporal gyrus, BTG — basolateral temporal area (the region including the middle temporal gyrus, inferior temporal gyrus and fusiform gyrus), PAH — parahippocampal gyrus, HIP — hippocampal head, AA — amygdaloid body, LV — temporal horn of the lateral ventricle; \*statistical significance  $p < 0.05$

Not only was there a decrease in the volume of the amygdaloid body, the volume of the hippocampus was also smaller in the comparison with the control group. A possible reason for this phenomenon can be the fact that reduction in the volume of the amygdaloid body or hippocampus can be correlated with increasing age and a longer duration of illness in chronic patients. In our study the patients were young; moreover, it was either their first episode of schizophrenia or an illness of shorter duration than in other studies. The patients were also in remission phase. The observed volume reduction could also be associated with neurodegeneration [12]. It seems possible that for the above-mentioned reasons we did not observe a reduction in the volume of the amygdaloid body and hippocampus. Some other authors [32] have also reported a reduction in the left hippocampal volume in patients with a history of severe pregnancy or birth complications but no familiar history of schizophrenia.

The first study to investigate brain abnormalities in schizophrenia using CT showed enlargement of

the lateral ventricles [18]. In our study we found no significant differences in the size of the temporal horn of the lateral ventricle between the schizophrenic and control group. Other authors have suggested that the enlargement of the lateral ventricles in late stages of schizophrenia can be related to white matter volume reduction [19, 24, 26]. We found that in the schizophrenic group the temporal horn of the left lateral ventricle was significantly larger than the right one. This phenomenon was not observed in the control group.

In the literature there are also studies concerning inter-hemispheric differences in schizophrenia [6, 8, 11, 17, 21]. In our study we observed significant right-left asymmetry in the group with schizophrenia relating to the amygdaloid body, the inferior horn of the lateral ventricle and the head of the hippocampus. The other differences between the structures of the temporal lobe observed in the control group were not significant and according to our observation diminished in the early stage of the schizophrenia. Other authors [29] have found that the volu-

metric differences were limited to the left hemisphere and concerned the amygdalo-hippocampal complex. Additionally McNeil et al. [22] found a correlation between the bilateral decrease in the hippocampal volume and labour and delivery complications in a schizophrenic twin. Some authors found that the volume of the superior temporal gyrus can also be reduced in schizophrenic patients. Barta et al. [2] and Shenton et al. [29] found that this reduction only concerned the left superior temporal gyrus, which can be related to auditory hallucinations. On the other hand, Pearlson et al. [23] reported a smaller left amygdaloid body and right anterior STG in patients with bipolar disorder but not in those with schizophrenia. There are also some suggestions that in the early stages of schizophrenia the reductions in volume of the left STG may be reversible [20]. Shenton et al. [29] also found an interesting correlation with other brain regions. They reported that the reductions in volume of the hippocampus, amygdaloid body, parahippocampal gyrus and STG are highly intercorrelated, which suggests a functional relation.

## CONCLUSION

It can be said that in the early stages of schizophrenia a significant increase can be found in the volume of both amygdaloid bodies and some differences in the asymmetry of temporal lobe structures, which could be related to the functional disturbances observed in this disease.

## ACKNOWLEDGMENT

This study was supported by funds from the Committee of Scientific Research, CSR; project No. ST-11.

## REFERENCES

1. Andreasen NC, Ehrhardt JC, Swayze VW, Alliger RJ, Yuh WT, Cohen G, Ziebell S (1990) Magnetic resonance imaging of the brain in schizophrenia. The pathophysiological significance of structural abnormalities. *Arch Gen Psychiatry*, 47: 35–44.
2. Barta PE, Pearlson GD, Powers RE, Richards SS, Tune LE (1990) Auditory hallucinations and smaller superior temporal gyral volume in schizophrenia. *Am J Psychiatry*, 147: 1457–1462.
3. Barta PE, Powers RE, Aylward EH, Chase GA, Harris GJ, Rabins PV, Tune LE, Pearlson GD (1997) Quantitative MRI volume changes in late onset schizophrenia and Alzheimer's disease compared to normal controls. *Psychiatry Res Neuroimaging*, 68: 65–75.
4. Bogerts B, Falkai P, Haupts M, Greve B, Ernst S, Taperon-Franz U, Heinzmann U (1990) Post-mortem volume measurements of limbic system and basal ganglia structures in chronic schizophrenics. Initial results from a new brain collection. *Schizophr Res*, 3: 295–301.
5. Bogerts B, Lieberman JA, Ashtari M, Bilder RM, Degreef G, Lerner G, Johns C, Masiar S (1993) Hippocampus-amygdala volumes and psychopathology in chronic schizophrenia. *Biol Psychiatry*, 33: 236–246.
6. Bogerts B, Meertz E, Schonfeldt-Bausch R (1985) Basal ganglia and limbic system pathology in schizophrenia. A morphometric study of brain volume and shrinkage. *Arch Gen Psychiatry*, 42: 784–790.
7. Breier A, Buchanan RW, Elkashef A, Munson RC, Kirkpatrick B, Gellad F (1992) Brain morphology and schizophrenia. A magnetic resonance imaging study of limbic, prefrontal cortex, and caudate structures. *Arch Gen Psychiatry*, 49: 921–926.
8. Brown R, Colter N, Corsellis JAN, Crow TJ, Frith CD, Jagoe R, Johnstone EC, Marsh L (1986) Postmortem evidence of structural brain changes in schizophrenia. Differences in brain weight, temporal horn area, and parahippocampal gyrus compared with affective disorders. *Arch Gen Psychiatry*, 43: 36–42.
9. Cannon TD (1996) Abnormalities of brain structure and function in schizophrenia: Implications for aetiology and pathophysiology. *Ann Med*, 28: 533–539.
10. Dąbrowski S (1994) Międzynarodowa Statystyczna Klasyfikacja Chorób i Problemów Zdrowotnych. Rewizja dziesiąta. Klasyfikacja zaburzeń psychicznych i zaburzeń zachowania w ICD-10. Badawcze kryteria diagnostyczne. Uniwersyteckie Wydawnictwo Medyczne „Vesalius”. Instytut Psychiatrii i Neurologii.
11. Degreef G, Ashtari M, Bogerts B, Bilder RM, Jody DN, Alvir MJ, Lieberman JA (1992) Volumes of ventricular system subdivisions measured from magnetic resonance images in first-episode schizophrenic patients. *Arch Gen Psychiatry*, 49: 531–537.
12. DeLisi LE (1999) Defining the course of brain structural change and plasticity in schizophrenia. *Psychiatry Res Neuroimaging*, 92: 1–9.
13. DeLisi LE (1999) Volume of parahippocampal gyrus and hippocampus in schizophrenia — Author's reply. *Br J Psychiatry*, 175: 388–389.
14. DeLisi LE, Hoff AL, Schwartz JE, Shields GW, Halthore SN, Gupta SM, Henn FA, Anand AK (1991) Brain morphology in first-episode schizophrenic-like psychotic patients: a quantitative magnetic resonance imaging study [published erratum appears in *Biol Psychiatry*. 29: 159–175].
15. DeLisi LE, Sakuma M, Tew W, Kushner M, Hoff AL, Grimson R (1997) Schizophrenia as a chronic active brain process: A study of progressive brain structural change subsequent to the onset of schizophrenia. *Psychiatry Res Neuroimaging*, 74: 129–140.
16. Geinisman Y, Gundersen HJG, Van Der Zee E, West MJ (1996) Unbiased stereological estimation of the total number of synapses in a brain region. *J Neurocytol*, 25: 805–819.
17. Jeste DV, Lohr JB (1989) Hippocampal pathologic findings in schizophrenia. A morphometric study. *Arch Gen Psychiatry*, 46: 1019–1024.
18. Johnstone EC, Crow TJ, Frith CD, Husband J, Kreef L (1976) Cerebral ventricular size and cognitive impairment in chronic schizophrenia. *Lancet*, 2: 924–926.

19. Kelsoe JR, Cadet JL, Pickar D, Weinberger DR (1988) Quantitative neuroanatomy in schizophrenia. A controlled magnetic resonance imaging study. *Arch Gen Psychiatry*, 45: 533–541.
20. Keshavan MS, Schooler NR, Sweeney JA, Haas GL, Pettegrew JW (1998) Research and treatment strategies in first-episode psychoses. The Pittsburgh experience. *Br J Psychiatry Suppl*, 172: 60–65.
21. Kovelman JA, Scheibel AB (1984) A neurohistological correlate of schizophrenia. *Biol Psychiatry*, 19: 1601–1621.
22. McNeil TF, Cantor-Graae E, Weinberger DR (2000) Relationship of obstetric complications and differences in size of brain structures in monozygotic twin pairs discordant for schizophrenia. *Am J Psychiatry*, 157: 203–212.
23. Pearson GD, Barta PE, Powers RE, Menon RR, Richards SS, Aylward EH, Federman EB, Chase GA, Petty RG, Tien AY (1997) Medial and superior temporal gyral volumes and cerebral asymmetry in schizophrenia versus bipolar disorder. *Biol Psychiatry*, 41: 1–14.
24. Rajarethinam R, DeQuardo JR, Miedler J, Arndt S, Kirbat R, Brunberg JA, Tandon R (2001) Hippocampus and amygdala in schizophrenia: assessment of the relationship of neuroanatomy to psychopathology. *Psychiatry Res Neuroimaging*, 108: 79–87.
25. Razi K, Greene KP, Sakuma M, Ge SM, Kushner M, DeLisi LE (1999) Reduction of the parahippocampal gyrus and the hippocampus in patients with chronic schizophrenia. *Br J Psychiatry*, 174: 512–519.
26. Sanfilipo M, Lafargue T, Arena L, Rusinek H, Kushner K, Lautin A, Loneragan C, Vaid G, Rotrosen J, Wolkin A (2000) Fine volumetric analysis of the cerebral ventricular system in schizophrenia: Further evidence for multifocal mild to moderate enlargement. *Schizophr Bull*, 26: 201–216.
27. Shenton ME, Dickey CC, Frumin M, McCarley RW (2001) A review of MRI findings in schizophrenia. *Schizophr Res*, 49: 1–52.
28. Shenton ME, Gerig G, McCarley RW, Székely G, Kikinis R (2002) Amygdala-hippocampal shape differences in schizophrenia: the application of 3D shape models to volumetric MR data. *Psychiatry Res Neuroimaging*, 115: 15–35.
29. Shenton ME, Kikinis R, Jolesz FA, Pollak SD, LeMay M, Wible CG, Hokama H, Martin J, Metcalf D, Coleman M, McCarley RW (1992) Abnormalities of the left temporal lobe and thought disorder in schizophrenia. A quantitative magnetic resonance imaging study. *N Engl J Med*, 327: 604–612.
30. Sowell ER, Levitt J, Thompson PM, Holmes CJ, Blanton RE, Kornsand DS, Caplan R, McCracken J, Asarnow R, Toga AW (2000) Brain abnormalities in early-onset schizophrenia spectrum disorder observed with statistical parametric mapping of structural magnetic resonance images. *Am J Psychiatry*, 157: 1475–1484.
31. Sowell ER, Toga AW, Asarnow R (2000) Brain abnormalities observed in childhood-onset schizophrenia: A review of the structural magnetic resonance imaging literature. *Ment Retard Dev Disabil Res Rev*, 6: 180–185.
32. Stefanis N, Frangou S, Yakeley J, Sharma T, O'Connell P, Morgan K, Sigmudsson T, Taylor M, Murray R (1999) Hippocampal volume reduction in schizophrenia: Effects of genetic risk and pregnancy and birth complications. *Biol Psychiatry*, 46: 697–702.
33. Thune JJ, Pakkenberg B (2000) Stereological studies of the schizophrenic brain. *Brain Res Rev*, 31: 200–204.
34. Woods BT, Yurgelun-Todd D, Goldstein JM, Seidman LJ, Tsuang MT (1996) MRI brain abnormalities in chronic schizophrenia: One process or more? *Biol Psychiatry*, 40: 585–596.