

# Analysis of spatial structure of epidermal nerve entry point patterns based on replicated data

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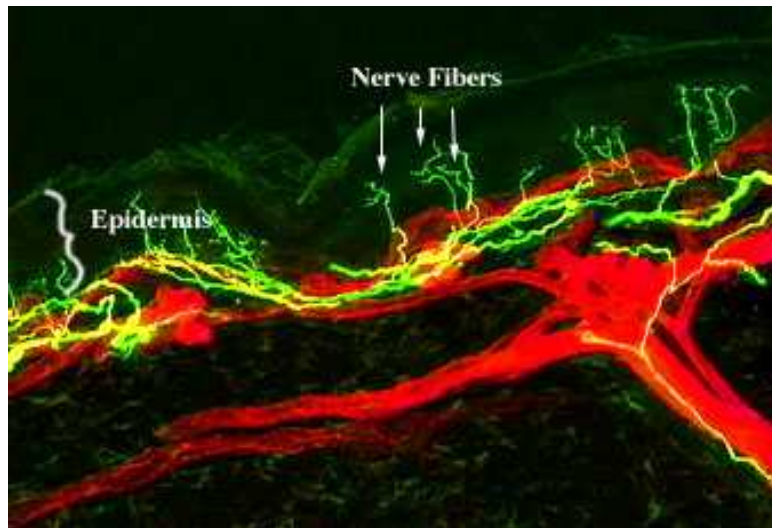
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- ▶ What are epidermal nerve fibers?
- ▶ Spatial second-order analysis based on replicated data
- ▶ Linear mixed models
- ▶ Results/recommendations
- ▶ Future plans

# Epidermal nerve fibers (ENFs)

- ▶ ENFs are thin nerve fibers in the epidermis (outmost part of the skin)
- ▶ Existence of ENFs has been theorized for over 130 years but still in the late 1980's some doubted their existence
- ▶ **Kennedy and Wendelschafer-Crabb (1993)** first conclusively established the existence of ENFs by confocal microscope studies

# Epidermal nerve fibers



- ▶ *Kennedy et al. (1996)*
  - 1) diminished number of ENFs per surface area
  - 2) reduced summed length of ENFs per volumein subjects with diabetic neuropathy
- ▶ *Kennedy et al. (1999)*: Nerve fiber loss due to neuropathy does not seem to result in random removal of nerve trunks, rather the remaining nerves seem arranged in clusters

# Original question and data

**Original question:** Is the spatial pattern of (the entry points of) ENFs from subjects with diabetic neuropathy more clustered than the pattern from healthy subjects?

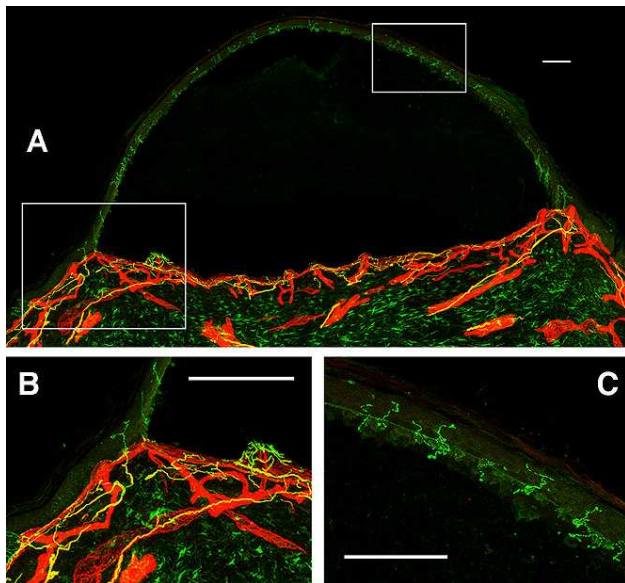
**Data:** Seven images taken from thighs: one normal (healthy), two with mild, two with moderate and two with severe diabetic neuropathy

**Result:** By using Ripley's  $K$  function, we were able to show that the nerve entry point pattern from subjects with moderate or severe diabetic neuropathy is significantly more clustered than the pattern from the healthy subject

# New data from healthy subjects

- ▶ 25 healthy volunteers with information on gender, age, and body mass index (BMI)
- ▶ Two skin blister specimens were taken from the right calf and from the right foot of each subject
- ▶ ENFs were immunostained, imaged confocally, and traced to determine entry point coordinates for each image
- ▶ Three to six images (usually four) per each body location of each subject
- ▶ Blisters of approximately the size 330 microns by 432 microns (in fact 3D)

# Skin blister method



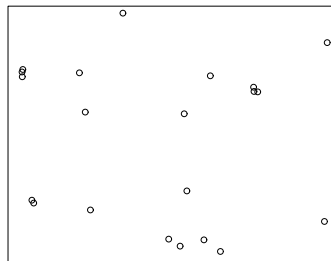
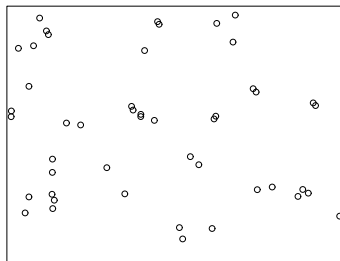


# Main question

- ▶ How is the spatial pattern of ENFs affected by the body location (calf, foot) and the covariates (gender, age, BMI)?
- ▶ The point pattern of ENF entry points is regarded as a realization of a (stationary) spatial point process
- ▶ The spatial structure is investigated by using Ripley's  $K$  (or  $L$ ) function

# Spatial pattern of the ENF entry points

Foot blister images from two individuals: the pattern on the left has 41 entry points and the one on the right 21 entry points



# Pooled $K$ functions

Subject specific mean functions can be estimated by

$$\bar{K}_i(r) = \sum_{j=1}^{m_i} w_{ij} \hat{K}_{ij}(r)$$

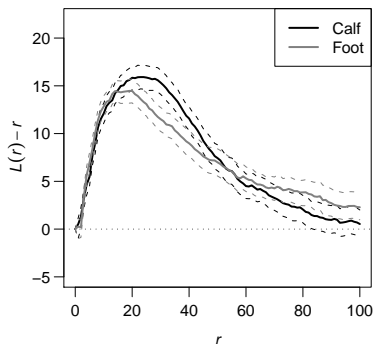
where the replicate specific  $\hat{K}_{ij}$  functions are weighted by the squared number of points  $n_{ij}^2$  in the point pattern in question (and  $w_{ij} = n_{ij}^2 / \sum_{j=1}^{m_i} n_{ij}^2$ )

Group ( $\mathcal{G}$ ) specific (for example older women) mean functions can be estimated by

$$\bar{K}_{\mathcal{G},2}(r) = \frac{1}{n_{\mathcal{G},2}} \sum_{i=1}^N \mathbf{1}(i \in \mathcal{G}) n_i^2 \bar{K}_i(r),$$

where  $n_{\mathcal{G},2} = \sum_{i=1}^N \mathbf{1}(i \in \mathcal{G}) n_i^2$  and  $n_i = \sum_{j=1}^{m_i} n_{ij}$

# Overall mean $L$ functions for calf and foot



$r$ -wise 95% envelopes constructed by using bootstrap (dashed lines)

How to include the covariates?

$L$  function modeled by using linear mixed models usually used to model growth curves. Distance  $r$  is the “time variable”.

# Model for the centered $L$ function

The model for the  $L$  function can be written as

$$L_{ijk} - r_k = \mathbf{x}_{ik}\beta + \mathbf{z}\mathbf{u}_j + \epsilon_{ijk},$$

for subjects  $i = 1, \dots, N$ , repetitions  $j = 1, \dots, m_i$  within subject  $i$  and  $r_k$  values,  $k = 1, \dots, 26$ .

Here, fixed effects are in  $\beta$ ,  $\mathbf{X}$  is a known matrix,  $\mathbf{u}$  is a vector of random effects and  $\mathbf{Z}$  is a known model matrix.

# Assumptions

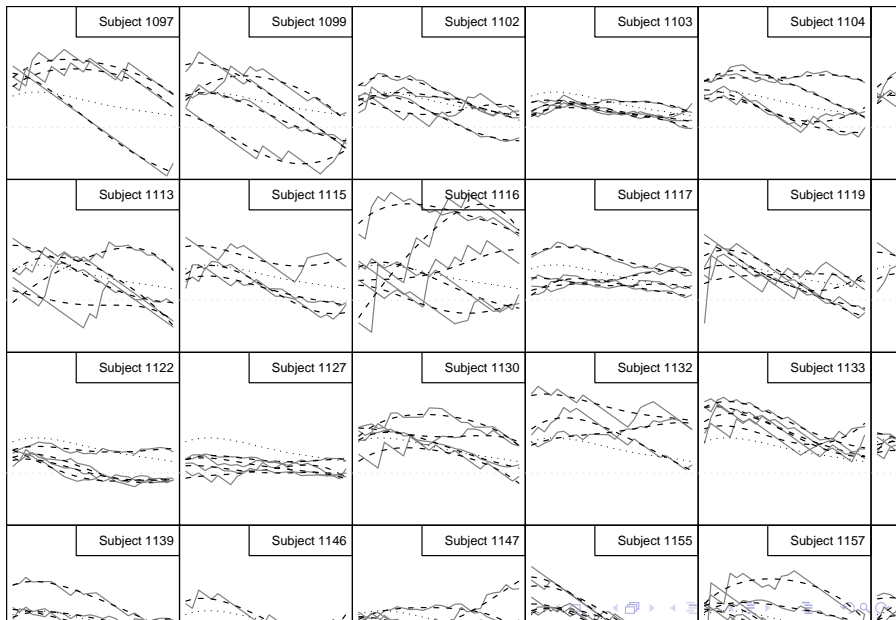
- ▶ Errors  $\epsilon_{ijk}$  independent and  $N(0, \sigma_{ijk}^2)$ , where  $\sigma_{ijk}^2 = \sigma^2 / n_{ij}^2$
- ▶ Random effects normally distributed with mean zero and some covariance structure
- ▶ Random effects independent between the experimental units

- ▶ Modelling done separately for foot and calf
- ▶ Distance  $r$  (varies between 10 and 60 microns) included as a fourth order polynomial
- ▶ Fixed effects: age, gender, BMI,  $r$ , interactions between the covariates, interaction between the covariates and distance  $r$  (all powers)
- ▶ Sample specific random effects: intercept and  $r$  (all powers)
- ▶ Subject specific random effects: intercept and  $r$  (all powers)



- ▶ The shape of the  $L_{ijk} - r_k$  function can be modeled as a fourth order polynomial,  $10 \leq r_k \leq 60$
- ▶ Within subject (sample specific) random effect included (the level and scale of clustering vary within a subject)
- ▶ **Foot:** None of the covariates have significant effect on the curve
- ▶ **Calf:** Covariates have effect
  - ▶ Among men clustering more pronounced with low BMI than high BMI (two outliers which most likely affect the results)
  - ▶ Older people tend to have more pronounced clustering than younger

# Observed and predicted centered $L$ functions



# Recommendations

May be preferable to take samples from foot since

- ▶ the spatial structure of ENFs not affected by covariates (all covariates easy to measure)
- ▶ number of entry points is larger in samples taken from foot than from calf
- ▶ in early stages of small fiber neuropathy the ENF density and distribution may be normal on the calf but abnormal on the foot

## Future plans: Gaussian process approach

- ▶ Gaussian process models are flexible non-parametric models for making inferences about the relationship between covariates and our characteristics (centered  $L$  function)
- ▶ We do not need to assume linear or any other particular form of dependence between the characteristics and covariates, a priori
- ▶ Bayesian approach
- ▶ Both base points and end points considered
- ▶ New data: subjects with diabetic neuropathy included  
→ disease status can be added as a covariate into the model