

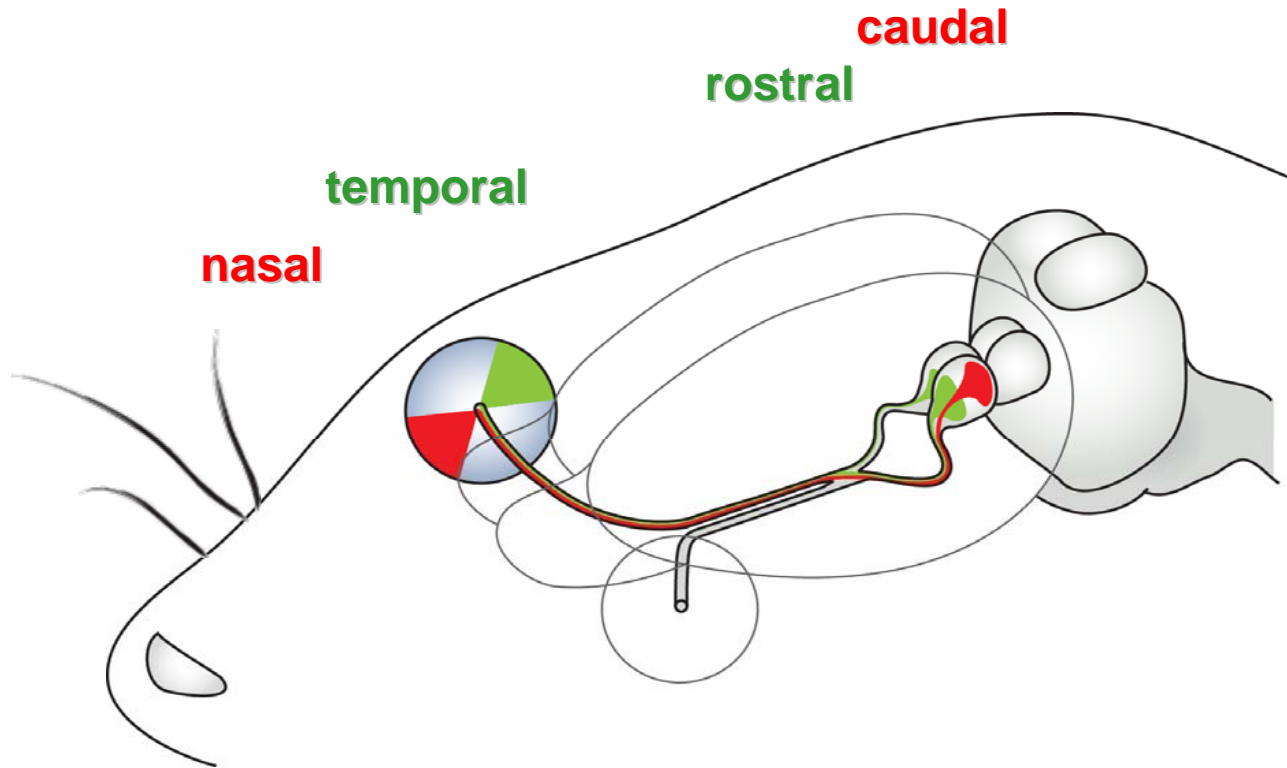
But what do they see?

Functional consequences of abnormal visual system topography in ephrin-A^{-/-} mice

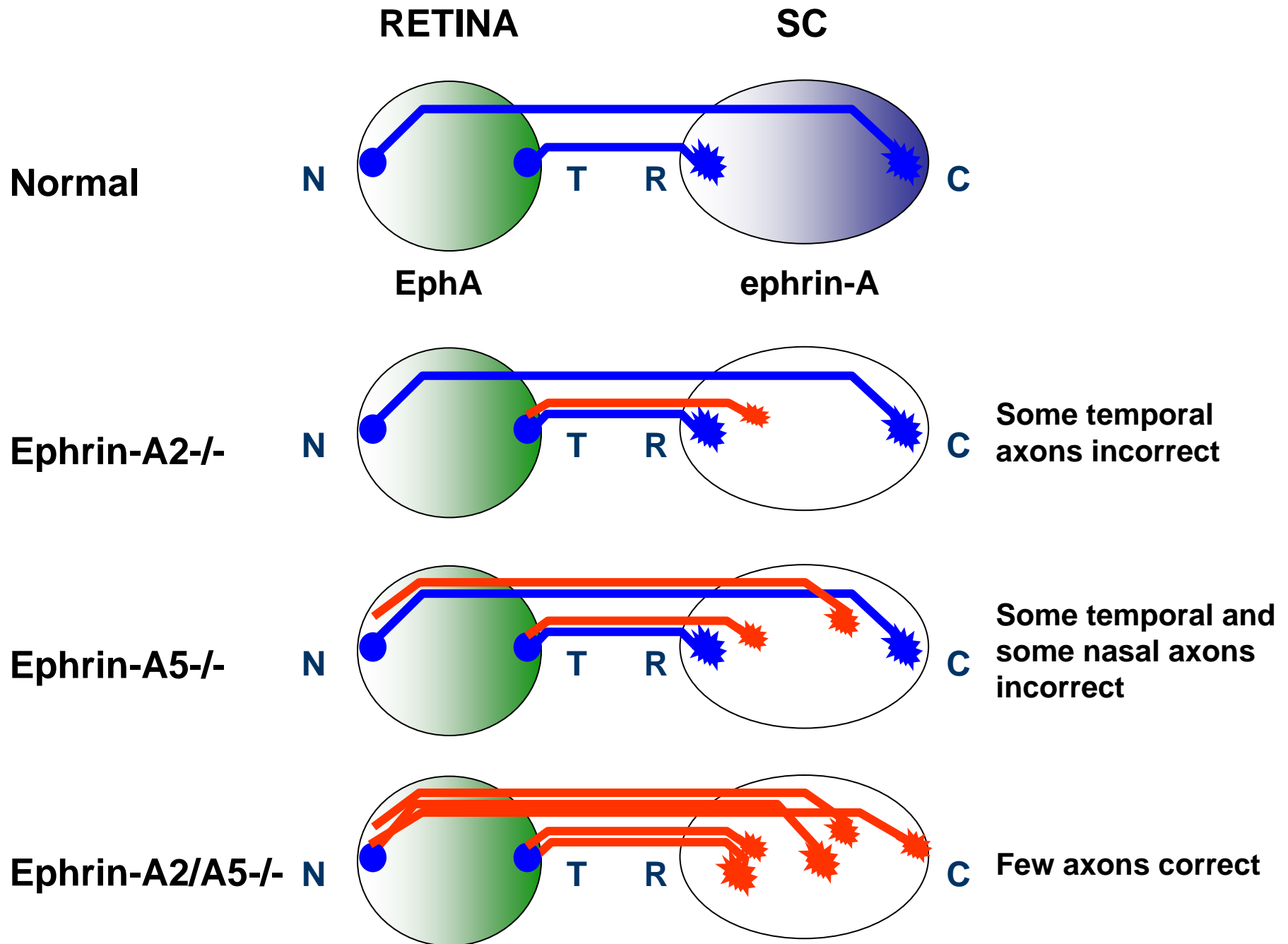
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The visual system



Topographic organisation



Visually-evoked behaviour

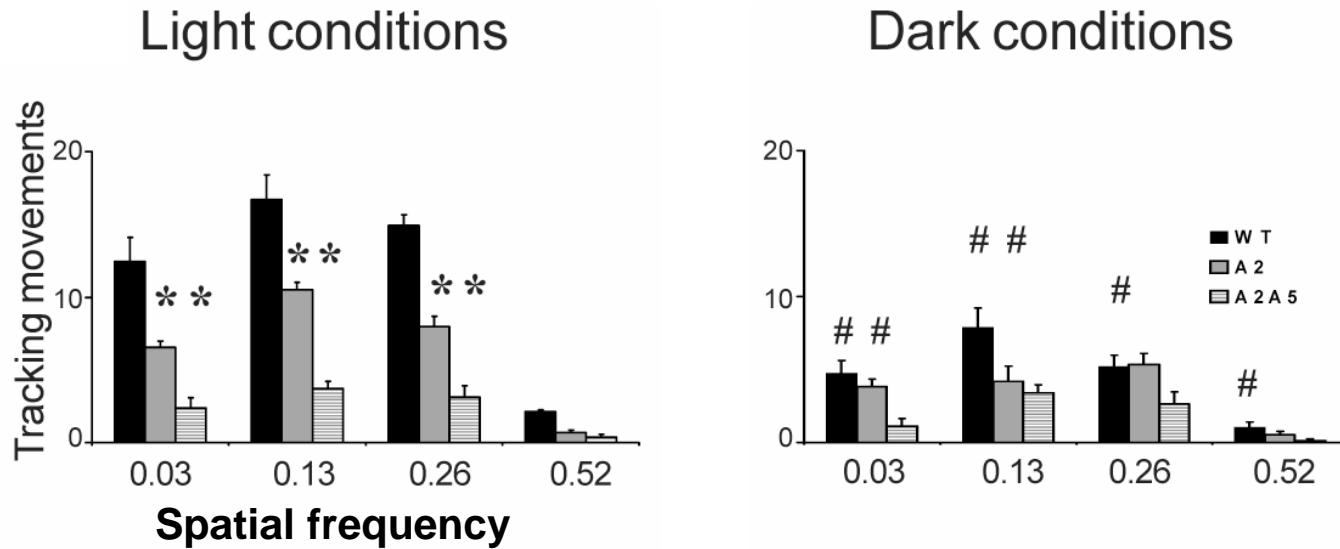
- **Placing response**
- **Visuomotor response**
- **Pupillary mobility**
- **Visual acuity**

Visual pathways

- **Retino-collicular projection**
- **Retino-pretectal projections**
- **Ipsilateral and contralateral projections**

Visuomotor response:

Head tracking movements in response to moving stripes



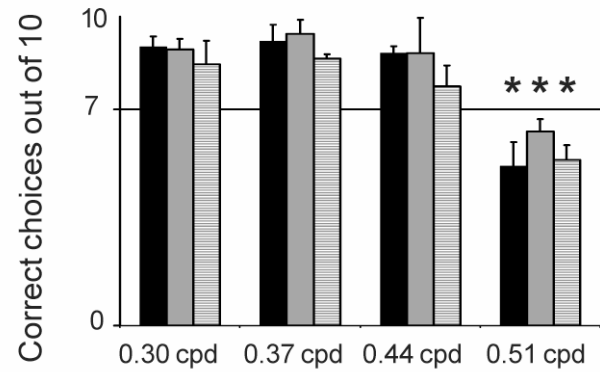
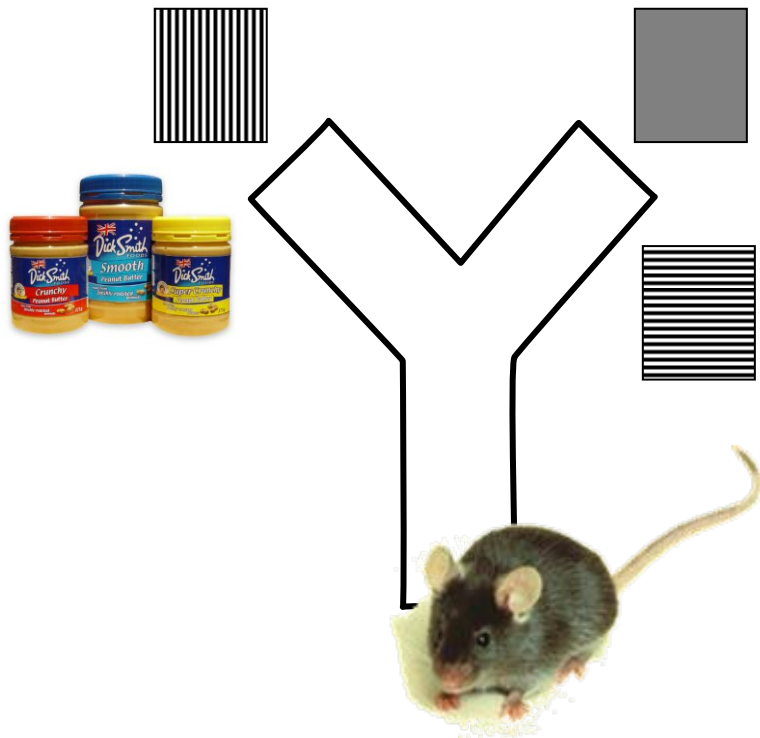
Lack of sensitivity to light?

Pupillary mobility, light dark avoidance tests

Reduced visual acuity?

Visual acuity

Forced choice learning task



Visually-evoked behaviour

Normal:

- **Placing response**
- **Pupillary mobility (pretectal, non-topographic)**
- **Visual acuity (geniculocortical)**

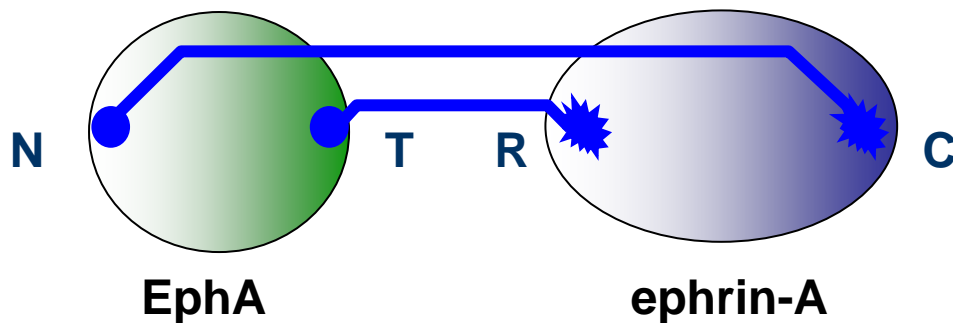
Abnormal:

- **Visuomotor response**
(pretectal, superior colliculus, binocular, but also tecto-olivary, cerebellar, neck muscles...)

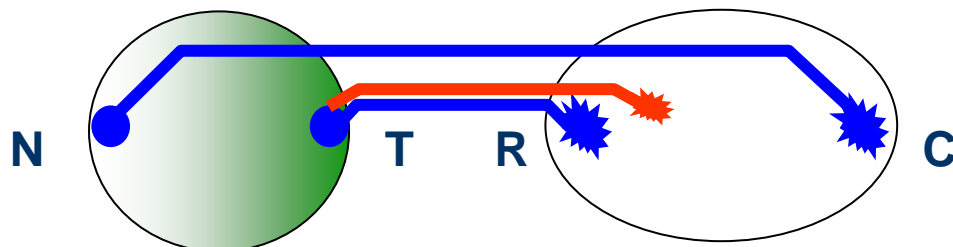
RETINA

SC

Normal

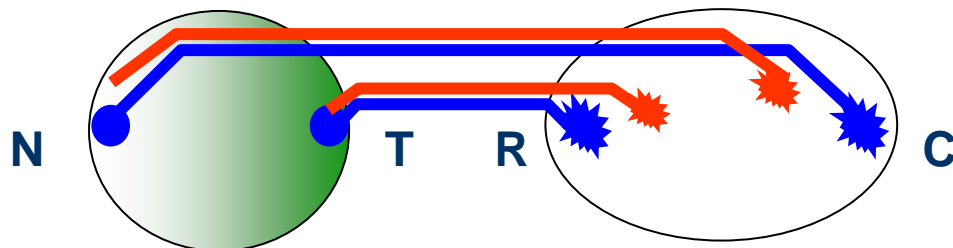


Ephrin-A2^{-/-}



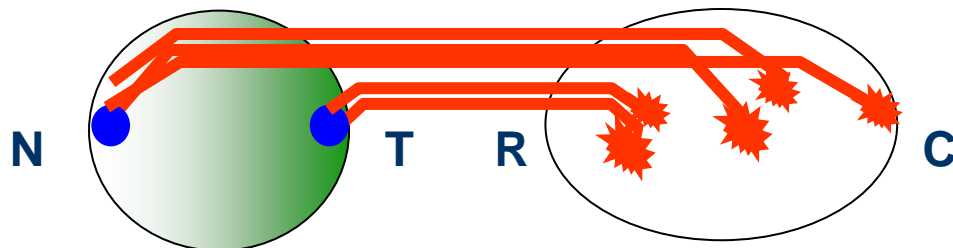
Some temporal axons incorrect

Ephrin-A5^{-/-}



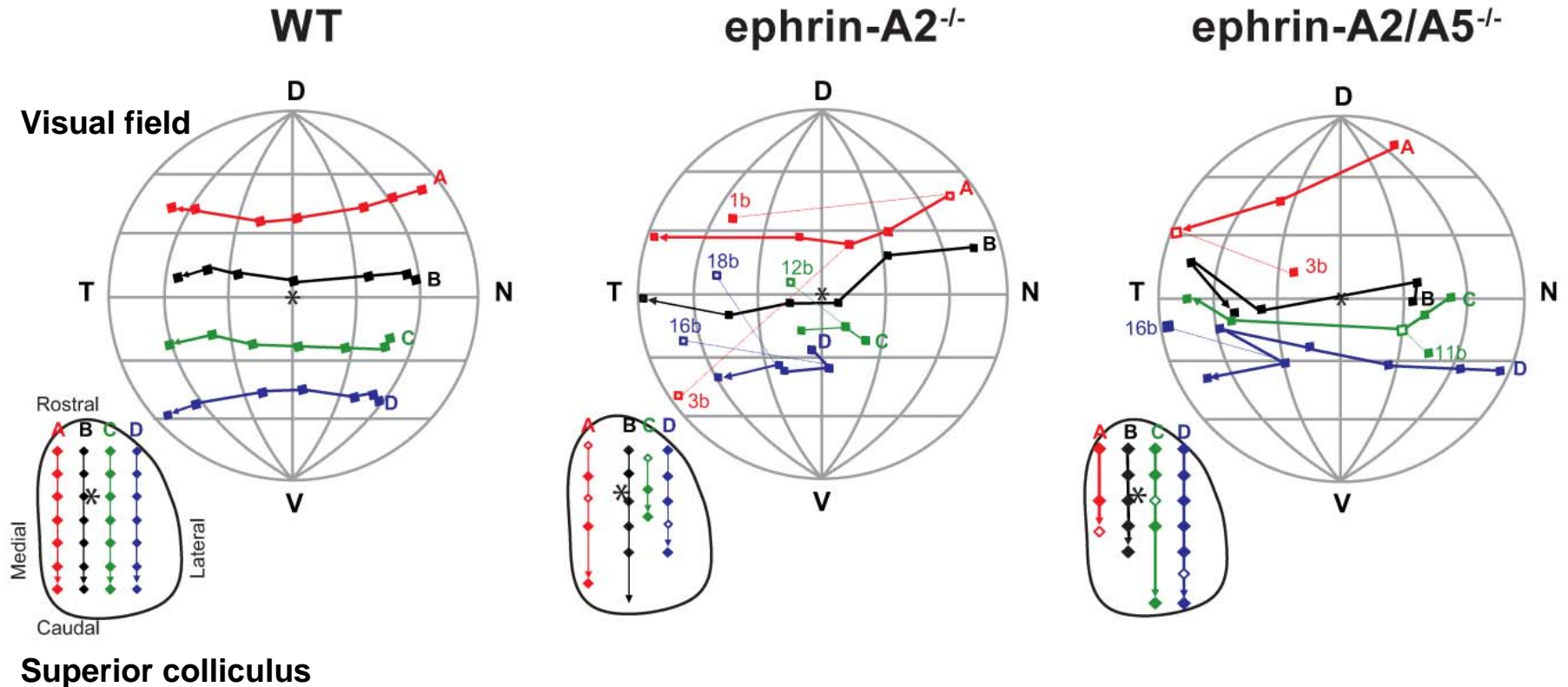
Some temporal and some nasal axons incorrect

Ephrin-A2/A5^{-/-}



Few axons correct

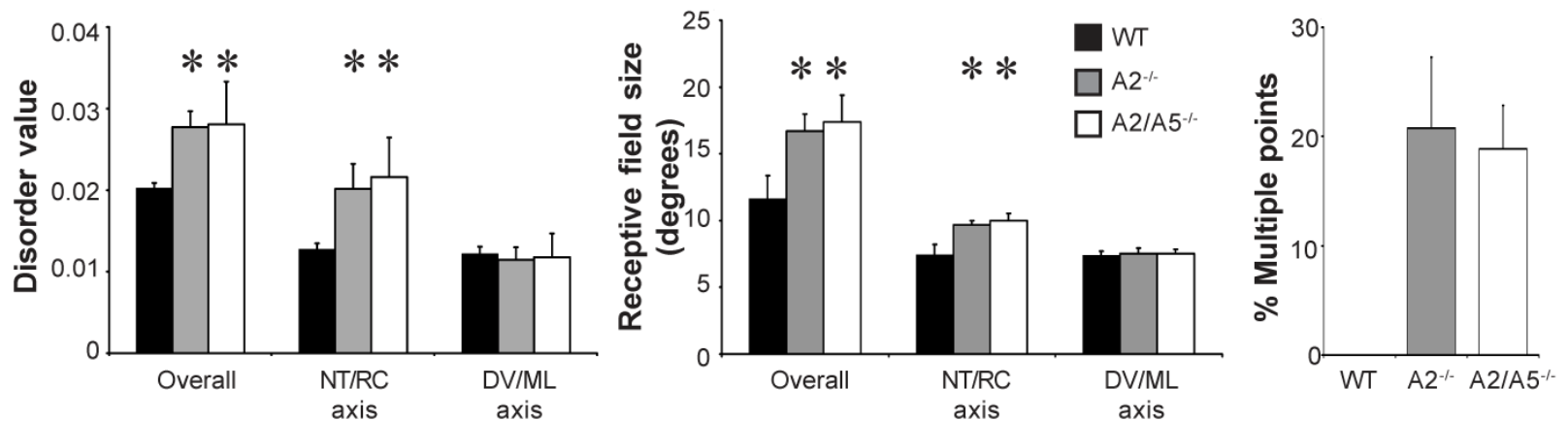
Electrophysiological mapping



- Supernumerary non-topographic projections can evoke a collicular response
- The “strongest” RF is not necessarily the most topographically appropriate
- Similar amount of functional disorder in *ephrin-A2*^{-/-} and *ephrin-A2/A5*^{-/-} mice

Quantification of disorder

- Calculated the predicted location of RF based on the electrode recording location
- Disorder value represents the distance between predicted and actual RF location



Non-correlation between visually evoked behaviour and functional retinocollicular topography:

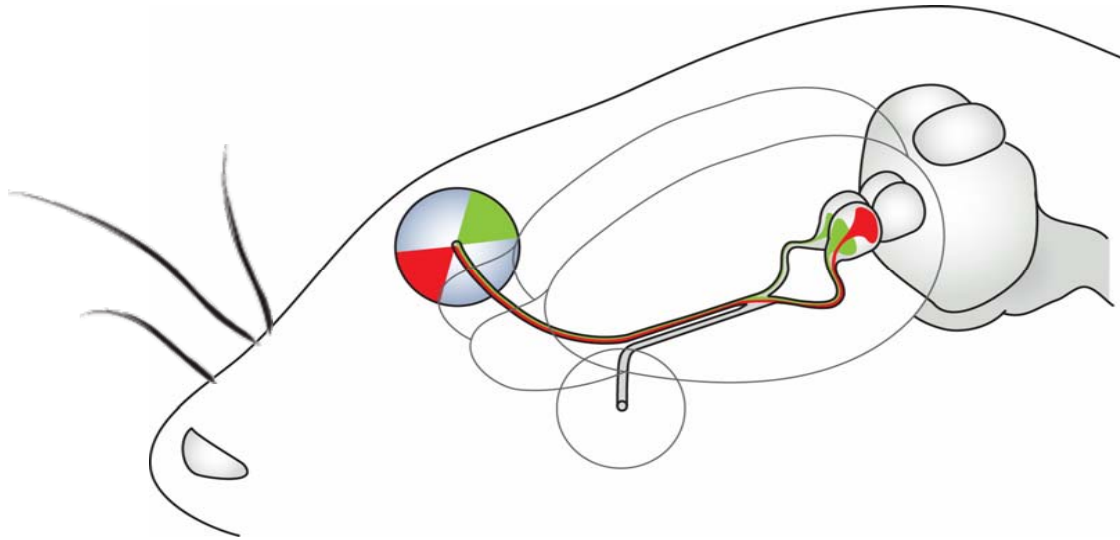
Behaviour:

WT > ephrin-A2-/- > ephrin-A2/A5-/-

Functional topography:

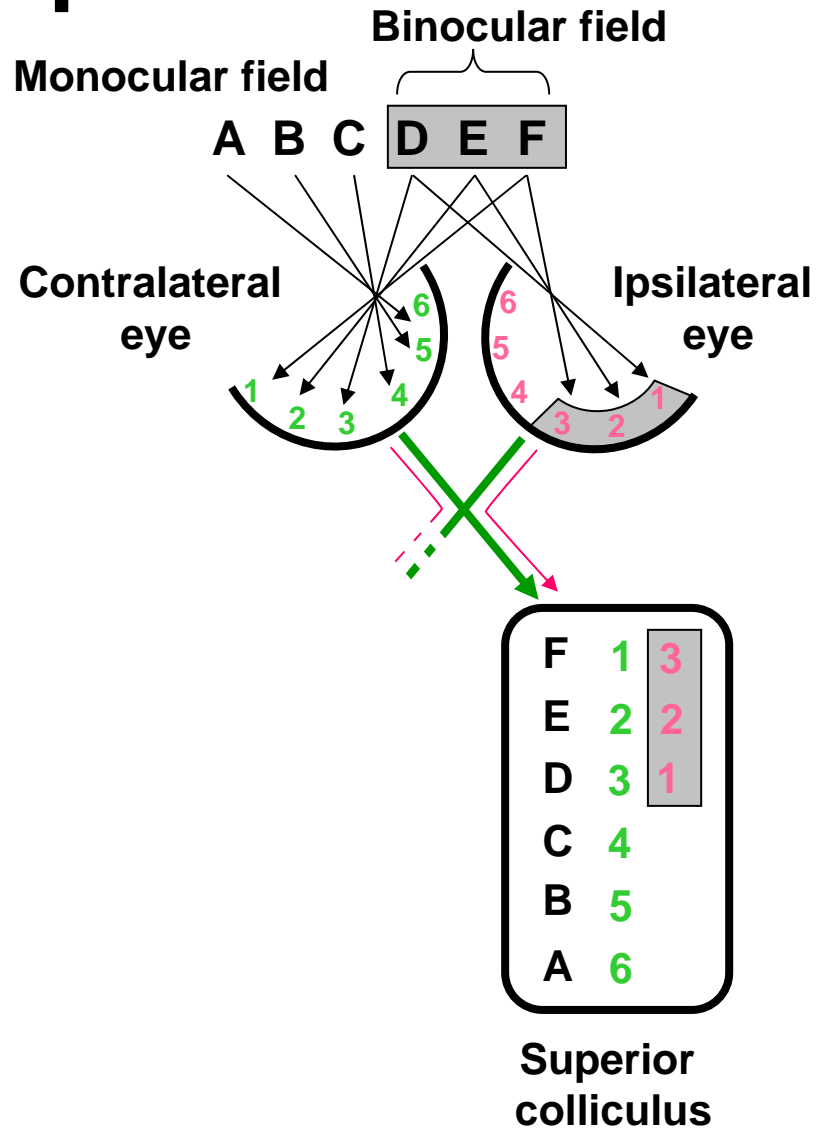
WT > ephrin-A2-/- = ephrin-A2/A5-/-

Binocular input

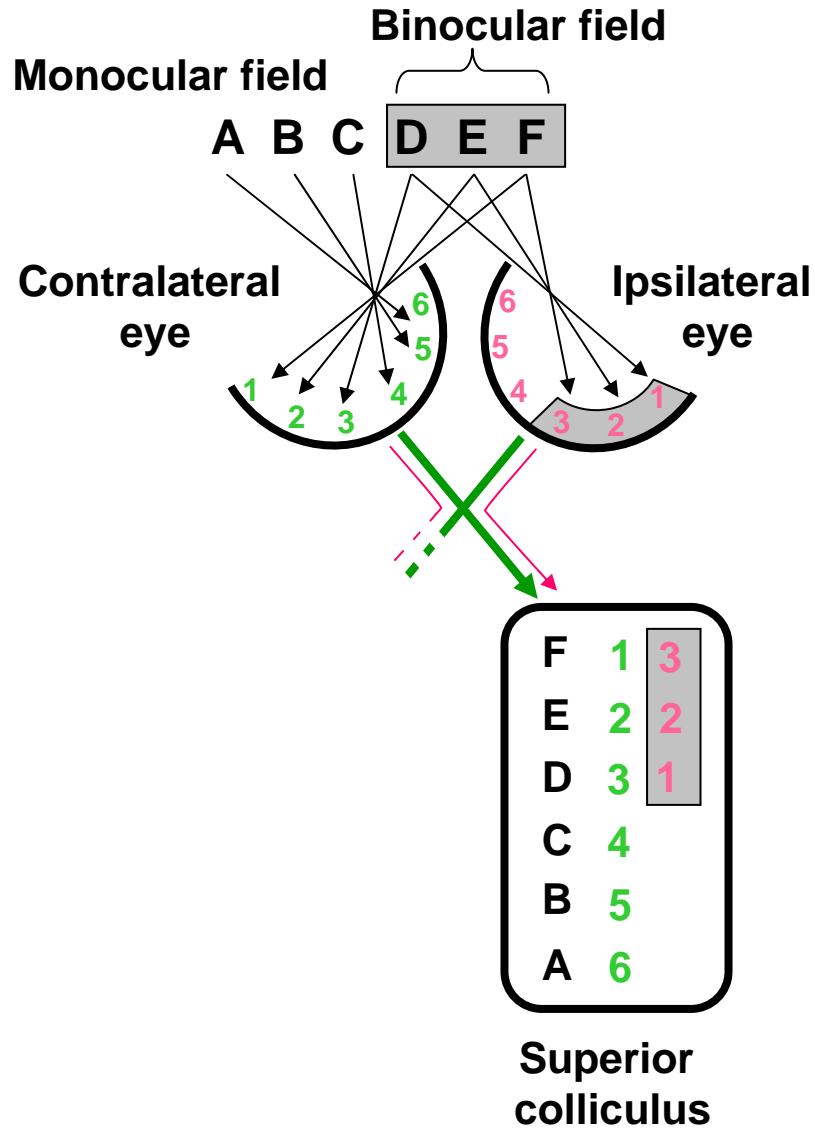


Less than 10% of RGCs, project to rostral 1/3rd of the SC

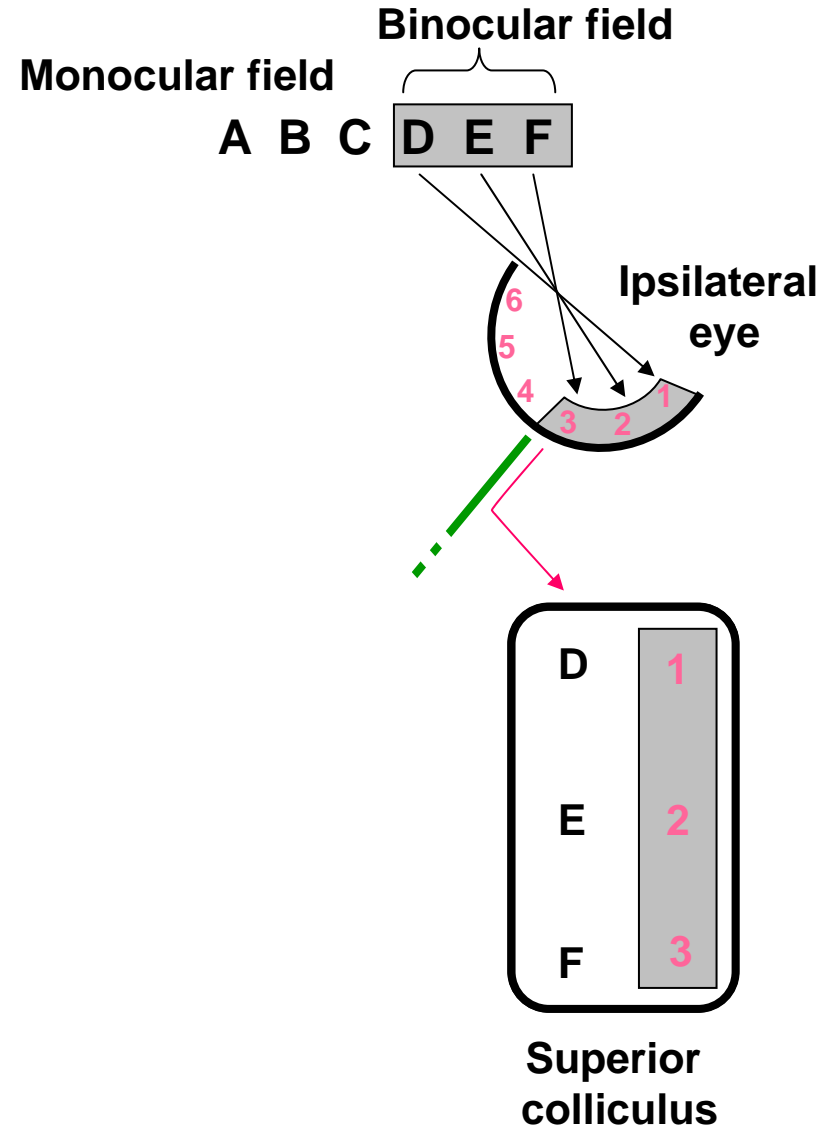
Binocular input



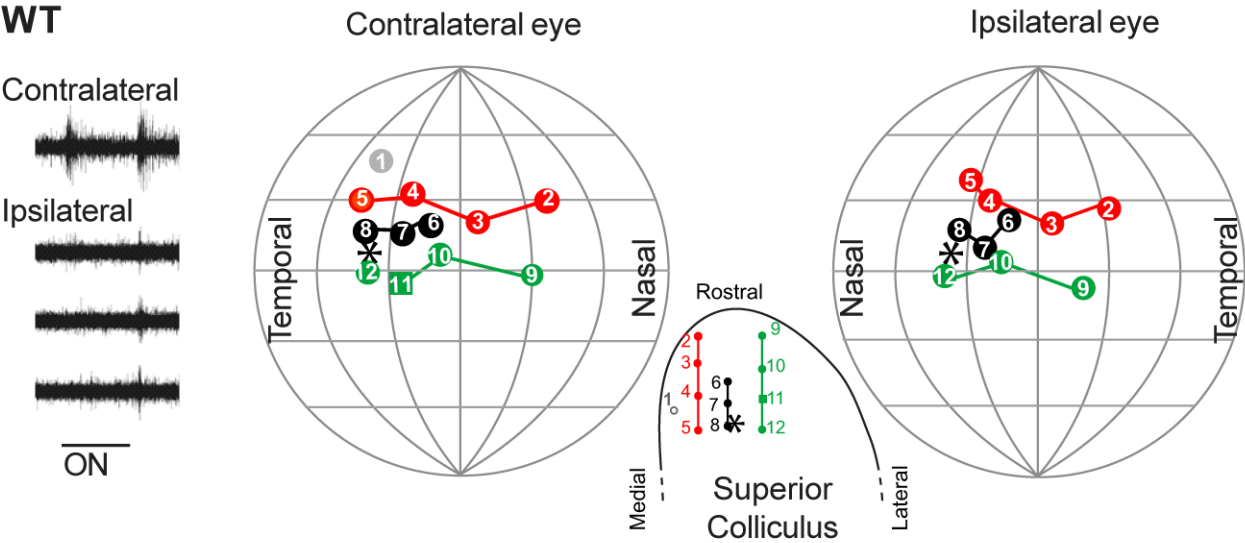
Intact visual system



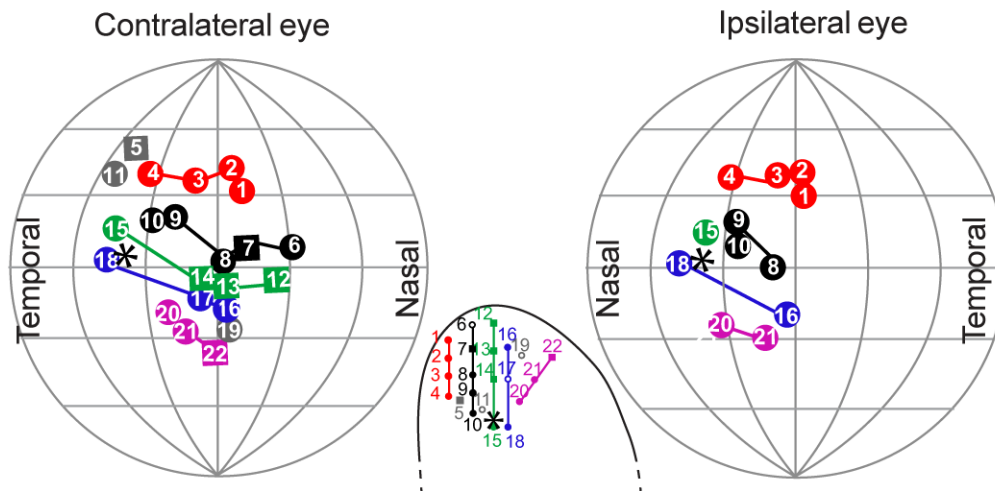
Monocular enucleation



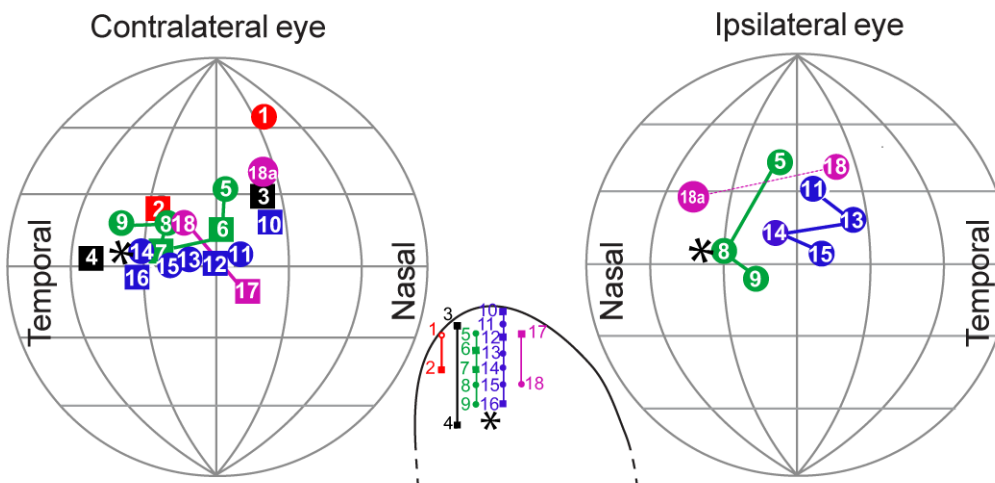
Relationship between contralateral and ipsilateral input



Ephrin-A2^{-/-}

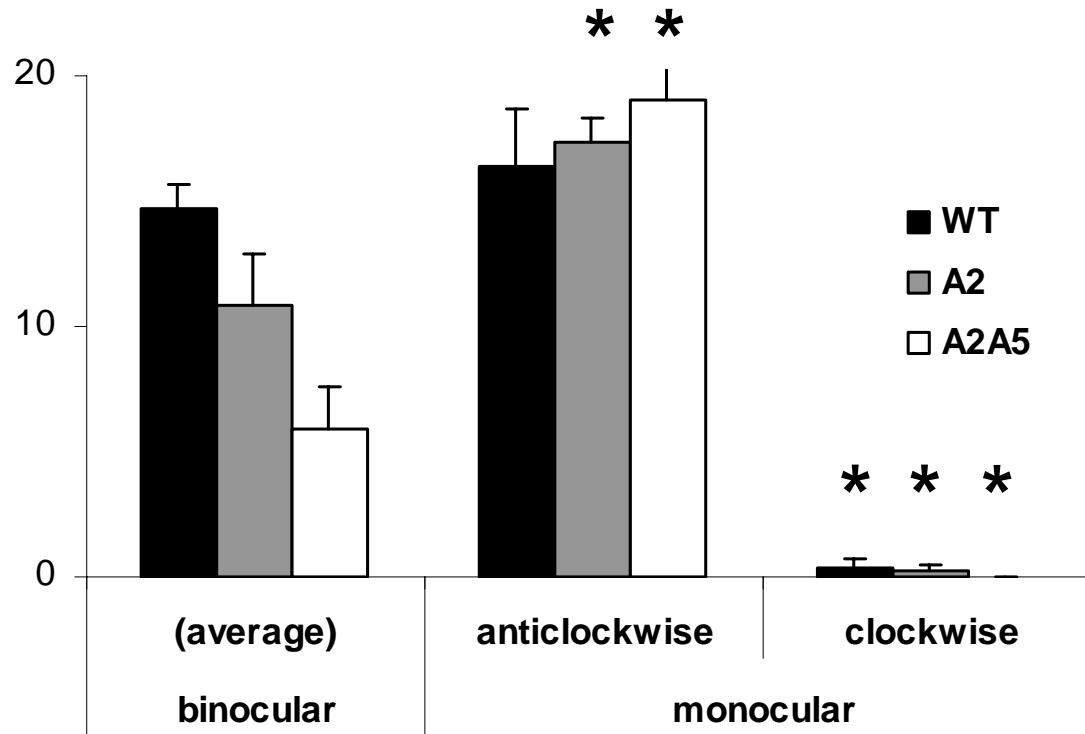


Ephrin-A2/A5^{-/-}



Visuomotor response

Monocular occlusion (left eye)



Light conditions, 0.32 cpd

**Comparing anatomical and functional topography:
Limits of activity dependent refinement?**

Integration of binocular input: role for ephrin-A5?

Other projections to the SC?

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