

INTRODUCTION

Spin-echo trains used in clinical fast-SE-based imaging generally employ high flip angles ($>100^\circ$) for the refocusing RF pulses. The echo-train durations are typically less than the T2s of interest for short effective-TEs or less than two to three times these T2s for long effective-TEs. For brain imaging at 1.5T, these limits yield echo-train durations of <100 ms and <300 ms, respectively. Longer durations can degrade image contrast and cause artifacts such as blurring.

The use of low-flip-angle refocusing pulses has been proposed as a strategy for accelerating SE-train-based acquisitions by lengthening the usable duration of the echo train [1]. Also extended this concept by deriving variable flip-angle series based on the *pseudosteady-state* condition of a constant signal level when T1 and T2 relaxation are neglected [2]. Two-dimensional, T2-weighted brain images were acquired using an 80-echo train with a duration of 400 ms [2].

We have investigated the potential of very long SE trains based on prescribed signal evolutions which explicitly consider the T1s and T2s of interest. Using the resulting variable-flip-angle RF-pulse series, we achieved T2-weighted single-slab 3D imaging of the brain with effective-TEs and echo-train durations of greater than 300 and 600 ms, respectively.

MATERIALS AND METHODS

Using a computer-based theoretical model, variable-flip-angle refocusing RF-pulse series were calculated for several prescribed signal evolutions, including the following evolution for gray matter at 1.5T: exponential decay for the first 20 echoes (decay constant 114 ms), constant for 66 echoes, and exponential decay for the remaining echoes (decay constant 189 ms); 160 echoes with 4.1 ms echo spacing.

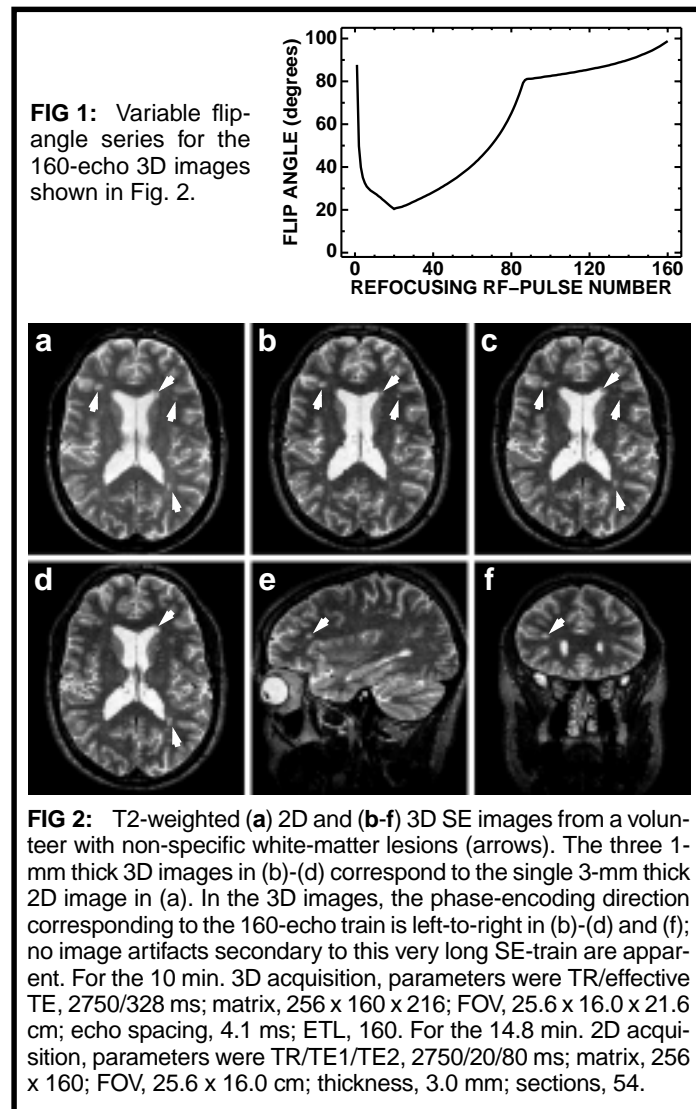
This variable-flip-angle series was implemented in a 3D single-slab T2-weighted fast-SE-based pulse sequence, adapted from previously-described techniques [3]. Imaging was performed on a 1.5 T whole-body imager (Symphony, Siemens Medical Systems). Images of the head were acquired in volunteers after obtaining informed consent. The performance of the 3D T2-weighted technique was also compared to that for a 2D T2-weighted conventional-SE sequence.

RESULTS

Figure 1 shows the calculated variable-flip-angle series for the gray matter signal evolution described above. All of the flip angles are less than 100° , introducing a strong T1 dependence which can thereby lengthen the usable duration of the echo train substantially beyond the T2 value (~ 100 ms).

Figure 2 compares T2-weighted 2D and 3D images from a 59 year-old subject with age-related non-specific white-matter lesions. The very long SE-train images (Figs. 2b-f) display high contrast between the lesions and surrounding white matter, suggesting that this echo train may provide clinically useful contrast characteristics that appear very similar to those for conventional T2-weighted SE images (Fig. 2a). However, as evidenced by the exceptionally long effective TE of 328 ms, the associated contrast behavior differs from that of established echo-train techniques and requires further investigation. The thin 1-mm sections provide an improved definition of lesion location and extent; the

lesions seen in the 2D image appear, to varying degrees, in three adjacent 1-mm sections. Furthermore, the overall image quality for the very long SE-train and conventional-SE images is similar, despite the much thinner sections of the former. Figures 2e and f, depicting the largest lesion in sagittal and coronal orientations, respectively, demonstrate the capability for high-quality images in arbitrary orientations.



CONCLUSIONS

Very long SE trains with prescribed signal evolutions permit brain imaging with both adequate S/N and useful contrast properties, and thus provide a vehicle for substantially reducing the imaging time. For example, a half-Fourier acquisition (as described in [3]) combined with the very long SE-train T2-weighted method (Fig. 2) could provide 1-mm isotropic resolution of the whole brain in about 5 minutes, and a 3D single-slab FLAIR version [4] could provide 3-mm contiguous sections of the whole-brain in less than 5 minutes.

REFERENCES

1. Hennig J. J Magn Reson 1988; 78:397.
2. Alsop DC. Magn Reson Med 1997; 37:176.
3. Mugler III JP, Brookeman JR, et al. 6th ISMRM; 1998, 1959.
4. Mugler III JP, Brookeman JR, et al. 7th ISMRM; 1999, 8.