

Characterization of focal hepatic lesions on diffusion-weighted MR imaging: Comparison between single-shot echo-planar imaging and single shot fast spine echo sequence.

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PURPOSE: To compare single-shot echo-planar imaging (EPI) and single-shot fast spin-echo (SSFSE) sequences in the characterization of focal hepatic lesions on diffusion-weighted MR imaging.

METHOD AND MATERIALS: Diffusion-weighted EPI and SSFSE were performed in 33 patients with 44 hepatic lesions (7 cysts, 7 hemangiomas, 17 hepatocellular carcinomas [HCCs] and 13 metastases). The apparent diffusion coefficients (ADCs) of all lesions were calculated. Two radiologists evaluated the degree of distortion on these lesions due to artifacts.

RESULTS: The ADCs with diffusion-weighted EPI and SSFSE were 3.73, $2.95 \times 10^{-3}/\text{mm}^2\text{sec}$ in cysts, 2.36, $2.36 \times 10^{-3}/\text{mm}^2\text{sec}$ in hemangiomas, 1.25, $1.24 \times 10^{-3}/\text{mm}^2\text{sec}$ in HCCs, 1.35, $1.85 \times 10^{-3}/\text{mm}^2\text{sec}$ in metastases. On diffusion-weighted EPI, the ADCs of malignant tumors, hemangiomas, and cysts were significantly different ($P < 0.01$; Tukey). On diffusion-weighted SSFSE, significant differences existed among the ADCs ($P < 0.01$ for cysts versus HCCs, $P < 0.01$ for cysts versus metastases, $P < 0.01$ for hemangiomas versus HCCs and $P < 0.05$ for HCCs versus metastases; Tukey). The degree of distortion in peripheral lesions was higher on diffusion-weighted EPI than on diffusion-weighted SSFSE.

CONCLUSION: The combination of diffusion-weighted EPI and SSFSE is useful in the characterization of focal hepatic lesions. Diffusion-weighted SSFSE imaging has an advantage of few susceptibility artifacts compared with diffusion-weighted EPI in peripheral lesions of the liver.

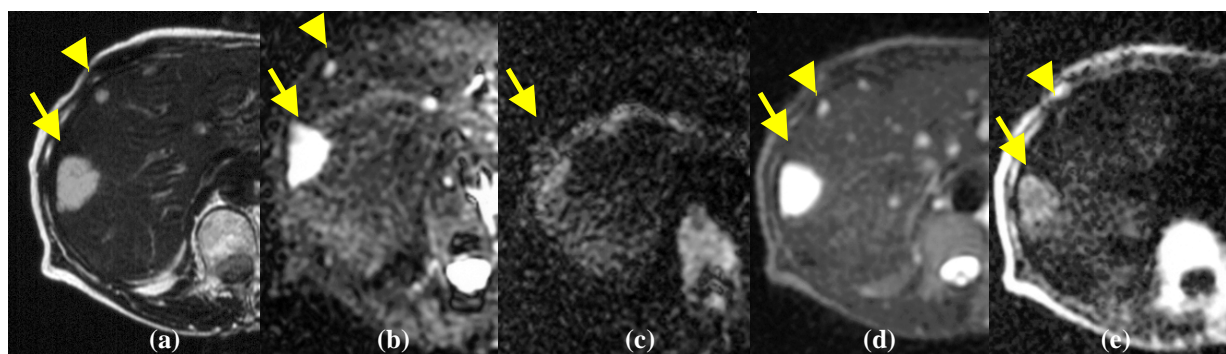


Figure 1. Liver hemangiomas in a 41-year woman. (a) T2-weighted fast spin-echo MR image shows two lesions (arrow and arrowhead) with markedly high signal intensity in the liver. (b) Echo-planar image ($\infty/90$) with a low MPG ($b=4 \text{ sec}/\text{mm}^2$) shows very hyperintense lesions (arrow and arrowhead). (c) Echo-planar image ($\infty/90$) with a high MPG ($b=1000 \text{ sec}/\text{mm}^2$) shows that the signal intensity of the lesion in the right lobe of the liver is markedly decreased (arrow). The lesion in the left lobe of the liver has complete disappeared. (d) SSFSE image ($\infty/92$) with a low MPG ($b=4 \text{ sec}/\text{mm}^2$) shows very hyperintense lesions (arrow and arrowhead). (e) SSFSE image ($\infty/92$) with a high MPG ($b=1000 \text{ sec}/\text{mm}^2$) shows that the signal intensity of the lesion in the right lobe of the liver is moderate decreased (arrow). The lesion in the left lobe of the liver has not disappeared. In peripheral region of livers, the degree of spatial distortion for these lesions was higher EPI than with SSFSE on diffusion-weighted imaging in the same b value.

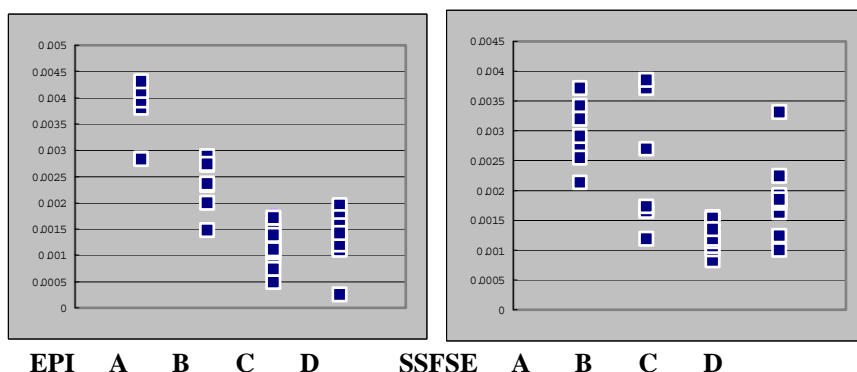


Figure 2. Scatter plots of ADC values of (A) cysts, (B) hemangiomas, (C) hepatocellular carcinomas, and (D) metastatic tumors on diffusion-weighted EPI and SSFSE. All malignant tumors show ADC of lower than $2.0 \times 10^{-3} \text{ mm}^2/\text{sec}$ on diffusion-weighted EPI. Use of a threshold ADC of $2.0 \times 10^{-3} \text{ mm}^2/\text{sec}$ would result in a 100% sensitivity and a 92.9% specificity for differentiation of malignant solid tumors from benign nonsolid lesions. All hepatocellular carcinomas shows ADC of lower than $1.6 \times 10^{-3} \text{ mm}^2/\text{sec}$ on diffusion-weighted SSFSE. Use of a threshold ADC value of $1.6 \times 10^{-3} \text{ mm}^2/\text{sec}$ would result in a 100% sensitivity and a 88.9% specificity for differentiation of hepatocellular carcinomas from the other hepatic lesions.