# Improved Fat Suppressed SSFP Imaging using 3DPR

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### Introduction

SSFP is a very fast imaging method which provides good tissue contrast and high SNR. Hargreaves et al. [1] have proposed a method for fat suppression which uses the chemical shift difference between fat and water and the refocusing properties of SSFP (and does not require an increase in scan time, as do most other methods [2],[3]). By selecting an appropriate TR, fat and water can be placed in bands of opposite phase. Once the image is formed, each voxel can be determined to be fat or water based on its phase. Since the fat suppression is done on a voxel by voxel basis, this method is sensitive to partial-volume effects which can be a problem at lipid-water interfaces or in tissues which contain a mixture of lipids and fluids. When a 3DPR trajectory is used, however, the prewinder and rewinder half-echoes can be used to provide additional information[3]. Using this information, we can reduce the partial volume effect of the SSFP phase-based fat suppression.

### Theory

Figure 1 shows the relative phase of the water and lipid signals over a full TR which has been chosen to be slightly larger than 4.6ms. Since fat and water have a difference in precession frequency of about 225Hz at 1.5T, it takes approximately 1/225 Hz = 4.6ms for the lipids to make one full phase cycle. Furthermore, the properties of SSFP enforce a difference of pi radians at TE=TR/2. Therefore, at every point during the TR, the relative phase between water and lipid is known. This assumes both a perfect steady-state, and also that there are no species with different chemical shifts. This relative difference should be quite robust for each voxel in the presence of B<sub>o</sub> inhomogeneities. If a particular voxel contains a mixture of lipid and water, both components should experience similar inhomogeneities, and the relative phase difference will remain intact.

During a full-spoke PR trajectory, each point in k-space is actually traversed at least twice: once during the prewinder or rewinder, and then again during the actual readout, as shown in Fig. 2. These two points can be used along with the known relative phase to solve for an estimate of the magnitudes of the water components for the particular point in k-space (two complex equations, two complex unknowns). For example, at  $k_r = 0$ , the water component is simply  $[M_1+M_4]/2$  (where  $M_1$  is the complex valued k-space sample at (1)). For higher values of  $k_r$ , such as at point (2) and point (3), the problem involves solving the complex system:

$$M_2 = M_w - M_f \angle \frac{-2\pi(T_2 - T_4)}{4.6ms}, \quad M_3 = M_w - M_f \angle \frac{-2\pi(T_3 - T_4)}{4.6ms}$$

for  $M_w$  (where  $T_2$  is the time at which point (2) was obtained in ms from the RF excitation). This problem becomes less well-conditioned with increasing kr, which will result in a noisier looking image, but this can be mitigated by regularization. **Results** 

The method was successfully implemented on a GE LX 1.5T scanner. The received data for the prewinder, top half of the readout, bottom half of the readout, and the

#### Conclusion

When using the PR imaging trajectory with SSFP, the extra information available during the prewinder and rewinder can be used to extract an estimate of the water image which is less prone to partial-volume effects than the with the bard end of the problem.



**Figure 1** *Relative phase of water and lipids over a TR for an SSFP sequence* 



**Figure 2** *PR k-space trajectory as a function of time. Each point in k-space is sampled at two different times.* 



**Figure 3** Images of the knee (a) using only the readout portion of PR data and simple phase-based fat suppression, (b) using both the rewinder, prewinder and readout portion of PR data and water component estimation.

the original phase-based approach and does not increase the scan time. The amount of noise added by this process can be controlled by adjusting the regularization parameters of the solution.

## References:

- [1] Hargreaves et al. MRM 50(1):210-213 2003.
- [2] Vasanawala et al. MRM 43(1):82-90, 2000.
- [3] Scheffler, et al. MRM 45(6):1075-1080, 2001.
- [4] Brodsky et al., ISMRM Toronto #322, July, 2003.