

Assessment of myocardial R₂ fluctuations over the cardiac cycle under near constant USPIO concentration and relationship with myocardial blood flow

A. Vignaud¹, I. Rodriguez¹, H. Wen¹

¹Laboratory of Cardiac Energetics, National Heart, Lung and Blood Institute, National Institutes of Health, Bethesda, Maryland, United States

Introduction

The Ultra Small Particle of Iron Oxide (USPIO) type of intravascular contrast agent has a long residence time in the blood pool [Wang Y.-X. et al. Eur Radiol (2001) 11: 2319-2331]. We explore the potential of such a contrast agent to investigate myocardial perfusion in steady USPIO concentrations without the inherent real-time limitations of first-pass imaging. It has been shown that an increase of blood volume increases the concentration of blood pool contrast agent per unit of volume of tissue, which results in a decrease of the transverse relaxation time (1/R₂) [Rosen et al. Magn Reson Med (1990) 14:249-265]. Additionally blood volume fluctuations in a cardiac cycle exist and may be a measure of myocardial blood flow (MBF) [Rodriguez I. Wen H. Talk #641, 12th ISMRM 2004, Kyoto, Japan]. Then in this preliminary study, we investigate myocardial R₂ fluctuation in a cardiac cycle in the presence of USPIO and its correlation with MBF.

Materials and Methods

Four Beagle dogs were used (weight 10.9±1.0kg). Animals were anaesthetized and ventilated at 25 breaths per minute. Acquisitions were done a few minutes after a slow IV injection of the USPIO agent (Combadox, AMI, Cambridge, MA, USA, [Fe]=0-14mg/kg of body weight). In addition some acquisitions were done with a vasodilator (Adenosine infused at 140µg/kg/min) to increase myocardial perfusion.

Scans were performed on a Siemens 1.5T Magnetom Sonata (Siemens Medical Systems, Erlangen, Germany) using a respiration-gated segmented SE-EPI. Seven k-space lines were acquired per shot. The central part of k-space (14%) was always acquired by the central echo to get an R₂ weighted image. A verification of the reliability has been done by acquiring some sets of data with only one k-space line per shot (SE). Six cardiac phases (every 1/6 of cycle) were interleaved in the acquisition. One mid ventricle short axis slice was acquired for two echo times TE1/TE2/TR=23/46/2400ms of each cardiac phase. The images of both echoes were taken at the same moments in the cardiac cycle with the following parameters: FOV=360×158mm² (256×114), a slice thickness of 11mm (V_{voxel}=21.4mm³), B_w=1000Hz/pixel. Dark blood and fat saturation preparations were also used.

Gd-DTPA (0.2mmol/kg) experiments were additionally conducted in order to provide a measurement of the increase of flow with adenosine infusions. We performed first-pass contrast-enhanced imaging and we compare the initial slope of the signal enhancement during contrast wash-in in the two different conditions.

Mean R₂ of the whole myocardium in each cardiac phase was processed in IDL (Research Systems Inc., Boulder, CO, USA). The amplitude of R₂ fluctuation over the cardiac cycle, A₂, was calculated with a sinusoidal fit, and normalized to the iron concentration (measured by the increase of R₂).

Results

Figure 1 is an example of data for a dog for the different studied cases. It can be seen that without USPIO contrast agent, R₂ remained constant over the cardiac cycle. Nevertheless a global R₂ decrease can be seen under adenosine infusion (9%). With USPIO an R₂ decrease is clearly visible from end diastole to end systole with and without adenosine over the 4 dogs. Moreover as it can be seen on figure 2, with adenosine infusion the increase of the normalized R₂ fluctuation is linearly correlated to the increase of Gd-DTPA uptake measured by the initial slope of signal enhancement.

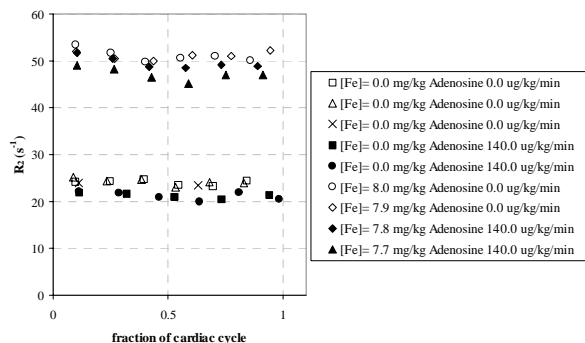


Figure 1: R₂ for Dog #4 as a function of time over a cardiac cycle in different cases. The USPIO concentrations mentioned are estimations. They have been obtained using USPIO half life measurement. × Measurements with SE instead of segmented SE-EPI.

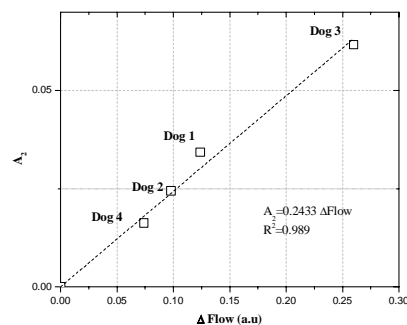


Figure 2: A₂ the amplitude of ΔR₂ normalized to the iron concentration between end diastole and end systole versus the variation of myocardial blood flow before and during adenosine infusion.

Discussion and conclusion

Without USPIO the R₂ variation is difficult to see, but loaded with USPIO the variation over the cycle is enhanced. These preliminary results show first evidences of a quantitative linear relationship (R²=0.989) between intracycle R₂ fluctuation and MBF in the presence of USPIO. More analysis will be necessary to resolve regional changes of R₂, the correlation with MBF and get an absolute quantification of it.

Acknowledgements

The authors would like to thank Dr. Paula Jacobs of Advanced Magnetics Inc for providing the USPIO contrast agent and the safety data, and the team of Joni Taylor for animal care assistance.