PORTAL VEIN SUPPRESSION WITH CENTRIC K-SPACE ORDERING ON THREE-DIMENSIONAL SEGMENTED TRUE FAST IMAGING WITH STEADY-STATE PRECESSION MAGNETIC RESONANCE IMAGING

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INTRODUCTION: A recently developed three-dimensional (3D) segmented true fast imaging with steady-state precession (trueFISP) sequence has been applied to acquire high signal-to-noise ratio and high spatial resolution images in a short period of time [1-4]. It has also been attempted in order to obtain non-contrast enhanced 3D vascular images of the abdominal region along with magnetic resonance cholangiopancreatography and portography [1,2]. However, signal intensities during the transient-state with centric ordering display markedly different behavior and are not sufficiently understood [3,4]. Therefore, this study sought to compare the detectability of the hepatobiliary region, and particularly the bile duct and portal vein, between centric and linear k-space ordering on a 3D segmented trueFISP sequence of MRI.

MATERIALS AND METHODS: Institutional review board approval and informed consent were obtained. A breath-hold coronal 3D segmented trueFISP sequence was prospectively performed on 14 healthy volunteers. Images obtained with centric and linear k-space ordering in the k(x)-k(y) plane were compared by two independent radiologists qualitatively with depiction scores on a five-point scale (1, not seen; 5, excellent depiction) using the Wilcoxon signed-rank test and quantitatively with signal intensities for the bile duct and portal vein using a paired t-test.

<u>RESULTS</u>: Data for the mean signal intensities are summarized in Table 1. With centric ordering, both the mean depiction scores and signal intensities for the portal vein were significantly lower than those with linear ordering (1.5 vs. 3.5, P = .0014 and 85.5 ± 36.7 vs. 154.6 ± 30.8 , P < .0001) while there were no significant differences for the bile duct (3.9 vs. 3.8, P = .72, and 266.9 ± 51.0 vs. 269.3 ± 51.1 , P = .70).

Table 1 Signal Intensities of Various Tissues Provided by Linear and Centric
 K-space Ordering. Difference Linear Centric *P*-value Portal vein 154.6 ± 30.8 85.5 ± 36.7 -69.2 ± 35.1 <.0001 Fat 174.7 ± 39.4 148.3 ± 33.2 -26.5 ± 11.1 <.0001 Inferior vena cava 132.4 ± 21.7 107.6 ± 18.2 -24.8 ± 22.8 .0014 122.6 ± 24.8 106.1 ± 24.6 Abdominal aorta -16.5 ± 22.3 .016 Bile duct 269.3 ± 51.1 266.9 ± 51.0 -2.3 ± 22.1 .70 Air 5.6 ± 2.4 5.3 ± 1.7 -0.3 ± 1.0 .24 Hepatic vein 137.5 ± 37.7 137.6 ± 37.3 0.06 ± 13.6 .99 Muscle 40.6 ± 8.5 12.4 ± 4.3 28.2 ± 6.9 <.0001 67.7 ± 11.4 17.5 ± 4.8 Hepatic parenchyma 50.2 ± 11.9 <.0001

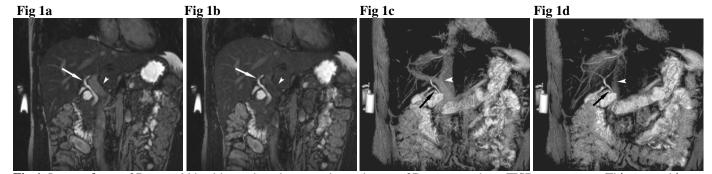


Fig 1. Images from a 37-year-old healthy male volunteer who underwent 3D segmented trueFISP sequence. **a.** This coronal image obtained with linear k-space ordering shows that the bile duct displays a very high signal intensity while the portal vein displays a moderate high signal intensity. **b.** This coronal image obtained with centric k-space ordering shows that the bile duct retains a very high signal intensity whereas the portal vein displays a very low signal intensity. **c.** This volume-rendering image obtained with linear k-space ordering shows that both the bile duct and portal vein are well detected. **d.** This volume-rendering image obtained with centric k-space ordering shows that the bile duct can be readily detected whereas the portal vein cannot.

<u>CONCLUSION</u>: For bile duct visualization, centric k-space ordering on 3D segmented trueFISP sequence is recommended because the portal vein signal is exclusively suppressed while linear ordering is recommended for portal vein visualization as well.

<u>REFERENCES</u>: (1) Coenegrachts KL. Radiology 2004;231:237-242. (2) Wilson MW. Acad Radiol 2002;9:1179-1184. (3) Scheffler K. Eur Radiol 2003;13:2409-18. (4) Amano Y. Acad Radiol 2003;10:901-907.