

ULTRASHORT T₂* RELAXOMETRY USING CONVENTIONAL MULTIPLE GRADIENT ECHO SAMPLING WITH S₀ FITTING: VALIDATION WITH QUANTITATIVE UTE (QUTE) IMAGING

P. R. Seevinck¹, C. Bos², and C. J. Bakker¹

¹Image Sciences Institute, University Medical Center, Utrecht, Netherlands, ²Philips Medical Systems, Best, Netherlands

Introduction- The increasing interest in high field MR as well as in (super-)paramagnetic contrast agents (iron oxide or holmium based) pose new challenges to quantitative MR imaging. Both interests are associated with increased R₂* relaxation rates leading to fast signal decay. Gradient echo times of conventional multiple gradient echo (MGE) sampling strategies are often too long to adequately sample such fast signal decays. Hardware limitations (minimal echo time and echo spacing) thus make T₂* based quantification of ultrashort T₂* components difficult. To handle this challenge, we propose a post-processing methodology, based on the incorporation of S₀ (S at t=0ms) in the fitting algorithm, which is applicable to any type of conventional multiple gradient echo sampling of FID (MGEFID) strategy used for T₂* relaxometry. Once the value of S₀ is determined, only one more data point above the noise level is needed to perform submillisecond T₂* relaxometry. In the study presented here, the feasibility of the S₀-fitting algorithm is investigated by comparing it to quantitative UTE (QUTE), an acquisition method that has recently been proposed to image and quantify sub-millisecond T₂* species^{1,2}. To achieve this goal, paramagnetic particles (holmium-loaded microspheres (HoMS)), are introduced into gels and ex vivo rabbit livers. The resultant ultrashort T₂* components are subsequently assessed with both methods in a quantitative and qualitative way.

Methods- HoMS Phantom: For quantitative imaging an agarose gel (2%) HoMS dilution series with HoMS concentrations ranging from 4 to 15 mg/ml was created, providing a wide range of R₂* values³. MnCl₂·4H₂O was added to the native gel to increase the baseline R₂* value (R_{2*_{gel}}=45 s⁻¹) to match liver tissue. **Ex vivo rabbit liver:** Qualitative MR imaging was done after administration of 50 mg HoMS to the hepatic artery of an excised rabbit liver. **MRI:** MRI was performed on a 3T whole body scanner (Achieva, Philips Medical Systems, The Netherlands). T₂* relaxometry was done using MGEFID and QUTE. MGEFID was performed in a 3D acquisition mode (cartesian sampling), using a FOV=120x120x37 mm³; matrix=160x160x37; and TR/TE₁/ΔTE/α = 35ms/1.57ms/2.3ms/25°. Eight echoes were acquired using flyback gradients so as to keep the readout gradient polarity constant. Total scan time was 3min37s. QUTE was performed by varying the minimal echo time in successive UTE scans in an interleaved manner, allowing sampling of fast decaying signals. QUTE was performed using isotropic 3D radial sampling scheme with a FOV=120³ mm³; matrix=160³; and TR/ΔTE/α = 16ms/2.3ms/8°. Five echoes were acquired after each excitation. Six interleaves were applied with a minimal TE, respectively, 0.08, 0.15, 0.3, 0.6, 1.2 and 1.8ms. Scan time of each interleave was 7min42s, leading to a total scan time of 46min12s. **Post-processing:** T₂* relaxometry was performed using a mono-exponential weighted least squares (WLS). Data with an SNR<3 were excluded from analysis to prevent the influence of Rician distributed noise at low SNR. HoMS relaxivity (r₂^{*}) was determined from the calibration curves. **S₀-fitting:** S₀ fitting was applied to MGEFID data. Mono-exponential signal behavior and homogeneous signal intensity (S₀) in the tissue of interest were assumed when applying the S₀-fitting algorithm. S₀ maps were generated with the conventional WLS fitting algorithm. The average value of S₀ of the tissue of interest was determined from the S₀ map in a manually selected ROI which did not contain any contrast agent on visual inspection. This value was used as the first data point (S at t=0ms) of the tissue of interest in the mono-exponential WLS fitting algorithm.

Results- R₂* maps of the HoMS gel phantom are presented in Figures 1a and 2a. For both methods, relaxation rates up to 2000 s⁻¹ were determined and the HoMS r₂* relaxivity appeared to be comparable for pixelwise (Fig. 1b within error bars, 2b) as well as for ROI based analysis (Fig. 1d, 2d) (r₂^{*}=166-169 s⁻¹mg⁻¹ml). The R₂* map from MGEFID with S₀ fitting shows a higher variance compared to the QUTE R₂* map, specifically at high HoMS concentrations, which can be attributed to the lower number of data points available for fitting. The linear relationship between the log (signal) vs HoMS concentration shown by the densely sampled interleaved QUTE data (Fig. 2c) confirms the mono-exponential signal decay that was assumed for MGEFID with S₀ fitting (Fig. 1c). The homogeneity of S₀ in a segment of the liver without HoMS is shown in Fig. 3a. R₂* maps of ex vivo rabbit liver with HoMS (Fig.3) show an excellent agreement between R₂* values as determined with MGEFID with S₀ fitting and QUTE. Conventional MGEFID without S₀ fitting was unable to determine R₂* >500 s⁻¹, whereas MGEFID with S₀ fitting detected R₂* values up to 1000 s⁻¹ within the liver (Fig.3b-c).

Discussion & conclusions- S₀ fitting in combination with MGEFID expands the quantifiable R₂* range up to R₂* >2000s⁻¹ (T₂*=0.5ms), as compared to conventional MGEFID relaxometry. S₀ fitting does not require adaptations to the scan protocol, leaving the total scan duration unchanged. The r₂* relaxivity of HoMS as determined with MGEFID with S₀ fitting and QUTE matched very well. QUTE allowed the characterization of very fast decaying signals and demonstrated that homogeneously distributed HoMS in gel exhibit mono-exponential signal decay. Although very suitable for validation studies, the scan time of QUTE is prohibitive for this method to be used in most clinical applications. Furthermore, the UTE technique is not generally available. In conclusion, MGEFID with S₀ fitting, on the other hand, provides a time-efficient alternative to QUTE for R₂* mapping of a wide range of relaxation rates, that is suitable for in vivo studies, such as the assessment of tissue iron overload diseases (thalassaemia: myocardial or liver iron) as well as the quantification of any T₂* contrast agent such as HoMS and (U)SPIO's.

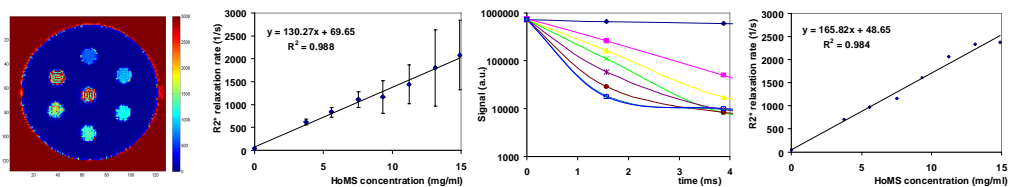


Figure 1. MGEFID with S₀-fitting a) R₂* map. b) Pixelwise R₂* analysis. c) MR signal vs time. d) ROI R₂* analysis

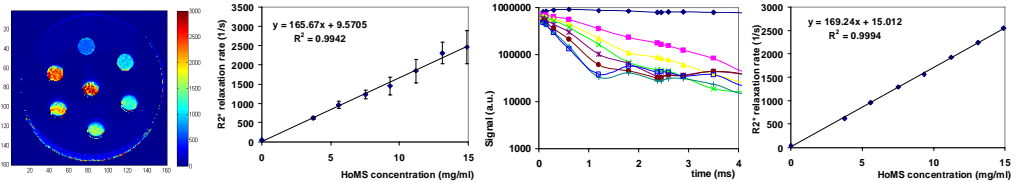


Figure 2. QUTE a) R₂* map. b) Pixelwise R₂* analysis. c) MR signal vs time. d) ROI R₂* analysis

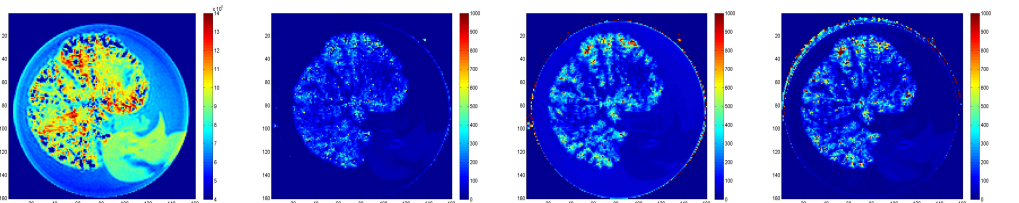


Figure 3.a) S₀ map of ex vivo rabbit liver, showing homogeneous intensity in a liver lobe without HoMS (lower right). R₂* maps of liver with HoMS as determined with MGEFID without (b) and with (c) S₀ fitting. S₀ fitting shows a good correspondence with interleaved QUTE (d), even at R₂* > 500 s⁻¹.

References

- ¹Robson MD, Clin Rad 2004, 59:727-735 ²Rahmer J, MRM 2006, 55:1075-1082 ³Seppenwoolde JH, MRM 2005, 53: 767-84