

1H MRS SIGNAL CALIBRATION IN CLINICAL CONDITIONS USING A NON-SYNCHRONIZED REFERENCE SIGNAL (ERETIC II)

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Introduction

Calibration is one of the main problems faced in proton MR spectroscopy. Some of the current methods use external phantoms with known metabolite concentrations for referencing, yielding e.g. a coefficient of variation for NAA (N-Acetyl-Aspartate) of 6% to 15% at 1.5Tesla in the human brain.

The ERETIC method (Electronic Reference To access In vivo Concentrations) consists of adding a pseudo-FID (Free Induction Decay) into the signal which can be used to calibrate the acquisition tools (coils, amplifiers, analog to digital converters, etc.). This pseudo-FID is a synthesized NMR reference produced by an electronic device. The ERETIC peak is not depending on any physical parameters. The ERETIC method developed by Barantin *et al.*[1,2], uses data synchronization of the ERETIC signal and NMR metabolite signals. Here, we present a method ERETIC-II not requiring any synchronization of the NMR hardware and the device generating the ERETIC signal.

Materials and Methods

Ten ¹H-MRS experiments were performed on a GE clinical 1.5 Tesla scanner (Signa HDx) using an eight-channel phased array and a quadrature head coils. The localized single voxel ¹H MR spectra were acquired using the PRESS based probe-p sequence with TE=35 ms, TR=1500 ms and 8 excitations (NEX=8). All tests were performed with the GE MRS sphere which contains metabolites such as NAA, Cr or Cho in known concentrations. The phantom was put on a support holder in order to obtain good reproducibility of the location inside the coil. The ERETIC peak (a sinus outside the range of main frequency resonance e.g. outside [1ppm;4ppm] see Fig1) was produced by an arbitrary waveform generator, Tektronix AFG3102.

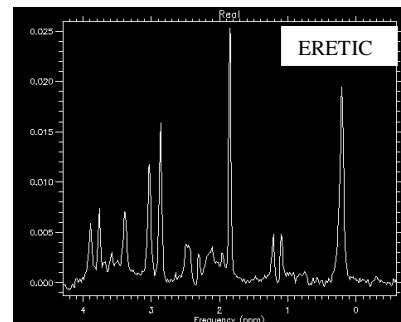


Fig1: ERETIC peak in the spectrum

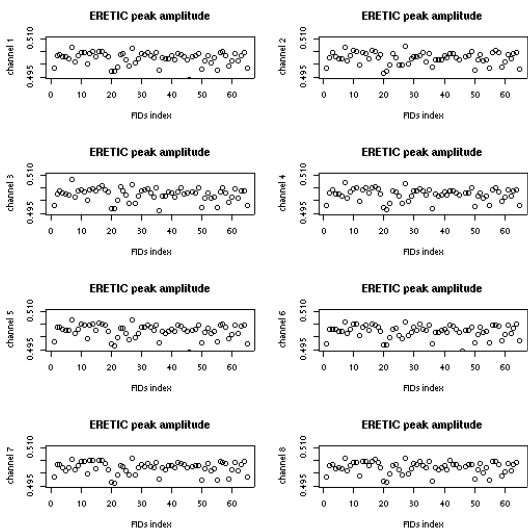


Fig2 : ERETIC peak per channel

intra-acquisition variability of less than 1% compared to previously published results. The reproducibility over a period of two weeks with a CV of about 0.2% was also found to be significantly better than the published results : Akoka *et al.*[3] found CV about 0.76% for a 56-hour study between CH₃ of Lactate and ERETIC. We think that this improvement of the estimation of ERETIC amplitude signal is due to the non-synchronization. In fact, the introduction of a non-synchronized signal detection and the fully time resolved signal processing, allow for corrections of synchronization errors, which is not possible with averaged data.

The proposed method impresses by its simplicity compared to earlier implementations, decreases intra- and inter-acquisition variability of ERETIC signal amplitude and allows to avoid difficulties of signal synchronization. The only limitation is that the raw file is bigger (each FID is recorded) and signal processing is more intensive, especially in CSI where our method could also be applied.

The ERETIC-II method, allows detection of problems with individual RF channels and provides a simple tool for quality control on the acquisition chain (analog to digital converter). By controlling the quality of the acquisition chain we hope to improve quantification of biological variability in pathologies.

Acknowledgments : This work is supported by a Normandy subvention and a GE Healthcare grant.

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