X. P. Zhang¹, L. Tang¹, Y. S. Sun¹, K. Cao¹, J. Li¹, and N. Wang¹

¹Radiology, Beijing Cancer Hospital & Peking University School of Oncology, Beijing, Beijing, China, People's Republic of

Purpose: To explore the signal characters of gastric cancers on diffusion-weighted MR imaging (DWI) and compare the apparent diffusion coefficient (ADC) of different type of gastric cancers.

Materials and methods: MRI was performed on 101 gastric cancer patients with a 1.5T scanner and 8-channel body phase-array coil. Diffusion-weighted single-shot echo-planar sequences were performed combined with sensitivity encoding technique (Reduction factor=2). The parameters were: TR/TE, 3000ms/65ms; matrix, 128×128; slice thickness, 5mm; intersection gap, 1mm; FOV, 38cm×38cm; four signal acquired combined with segmented breath-holds. The *b* values were 0 and 1000s/mm², and the MPG pulses were placed in 3 directions. FSPGR T1WI and SSFSE T2WI were performed to provide anatomical information. Curved lines were used to include all of cancer signals as ROIs and the ADCs were recorded.

Results: Ninety gastric cancers demonstrated discernibly higher signal to nearby normal gastric wall on DWI. The mean ADC of gastric cancers was 1.20 ± 0.31 mm²/s× 10^{-3} . Forty-four gastric cancers displayed uniformly high signal; and 46 displayed nonuniform signal, mainly as layered (27 cases) and mixed signals (19 cases). Ten Borrmann-4 gastric cancers displayed "sandwich" sign on DWI, which appeared high signal on mucosa and serosa layers, with a low signal band mediately which indicate muscularis propria. The ADCs of diffuse-type gastric cancers were lower than that of confining-type (1.12 ± 0.27 mm²/s× 10^{-3} vs. 1.45 ± 0.31 mm²/s× 10^{-3} , P<0.05). Taken ADC= 1.27×10^{-3} mm²/s as cut-off points on ROC curves, the sensitivity was 71.0% and the specificity was 81.0% for the judgment of diffuse-type gastric cancers.

Conclusion: Gastric cancers display various signal characters on DWI, of which Borrmann-4 gastric cancers demonstrate distinctive sandwich sign. ADCs have statistical significances between different types of gastric cancers.

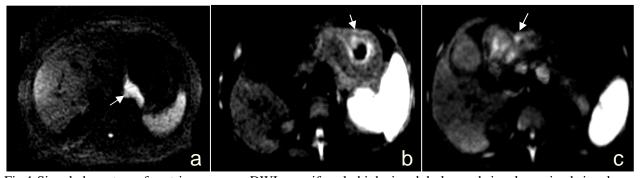


Fig. 1 Signal characters of gastric cancer on DWI. a, uniformly high signal. b, layered signal. c, mixed signal.

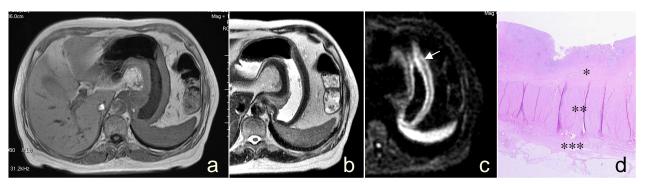


Fig.2 Borrmann-4 gastric cancer. a, FSPGR T1WI displayed uniform signal. b, SSFSE T2WI displayed two-layer signal. c, DWI displayed three-layer signal. d, pathological section showed the three layers on DWI were mucosa/submucosa, muscularis propria, and subserosa/serosa, respectively.