Improving the Spatial Resolution of 3D GRASE ASL

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Introduction: 3D-GRASE provides a method for the simultaneous acquisition of a 3D volume of ASL data and has been shown to provide increased volume sensitivity compared to 2D acquisitions due to its increased sampling period [1]. However, single shot (SS) 3D-GRASE ASL has generally been limited to coarse in-plane resolution (~ 3 mm) to reduce off-resonance phase errors, and limited slice resolution (~ 5-8 mm) to reduce through slice decay and blurring whilst providing good coverage [2]. Recently, parallel imaging methods [3] and inner volume suppression (IVS) has been suggested to achieve high resolution BOLD based GRASE methods [4]. Here we assess the improvement in spatial resolution and coverage of SENSE accelerated background suppressed 3D-GRASE ASL achievable with multi-shot (MS) methods, and the use of outer volume suppression (OVS) with a reduced field of view (rFOV) to acquire high resolution data in a limited brain region, such as the visual cortex. The advantage of these methods to fMRI studies is discussed.

Methods: Subjects were scanned on a Philips Achieva 3.0 T system with body transmission and an 8-ch SENSE receive coil. 3D-GRASE images were acquired at 3x3x5mm³ using SENSE acceleration (2.5 in slice, 1.5 in phase –factors limited by 8-ch coil) and 1.13 oversampling with (SS) single shot acquisition (MS) multi (2)-shot acquisition and (rFOV) SS reduced FOV using OVS. The reduced echo train length provided by MS and OVS methods was

| FOV | Resolution | SS/MS | EPI Factor | TSE Factor | TE | No. of | Bandwidth | Echo train | Averages |
|-----------------|---------------|-------|------------|------------|------|---------|-----------|-------------|----------|
| | (mm³) | | | | (ms) | Slices | (Hz) | length (ms) | |
| 192 x 204 | 3 x 3 x 5 | SS | 29 | 17 | 23 | 15 | 2719 | 388 | 40 |
| 192 x 204 | 3 x 3 x 5 | MS | 15 | 17 (25) | 15 | 15 (22) | 2956 | 263 (386) | 20 |
| 192 x 128 (OVS) | 3 x 3 x 5 | SS | 19 | 17 | 18 | 15 (19) | 2802 | 298 (364) | 40 |
| 192 x 204 | 2.5 x 2.5 x 3 | SS | 35 | 17 | 29 | 15 (12) | 2433 | 499 (411) | 96 |
| 192 x 204 | 2.5 x 2.5 x 3 | MS | 17 | 17 (21) | 18 | 15 (19) | 2417 | 310 (384) | 48 |
| 192 x 128 (OVS) | 2.5 x 2.5 x 3 | SS | 25 | 17 | 23 | 15 | 2391 | 397 | 96 |
| 192 x 92 (OVS) | 2.5 x 2.5 x 3 | SS | 17 | 17 (21) | 18 | 15(19) | 2438 | 309(382) | 96 |

Table 1: GRASE imaging parameters. Numbers provided in brackets reflect the number of slices that can be acquired in an echo train length of ~ 400ms.

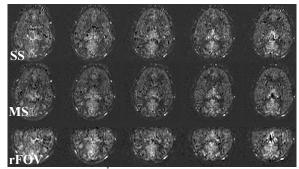


Figure 1: SS 3x3x5mm³ GRASE ASL difference images, MS 3x3x5mm³, and rFOV SS OVS 3x3x5mm³

MS

Figure 2: MS 2.5x2.5x3mm³ GRASE ASL difference images tFOV SS 2.5x2.5x3mm³ GRASE ASL difference images with OVS.

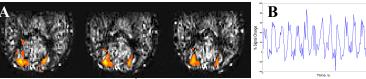


Figure 3: (A) SS, 2.5x2.5x3mm³ GRASE ASL difference images acquired with OVS and a reduced FOV, shown with visual activation overlaid. (B) Time course of visual activation.

exploited to acquire images with improved spatial resolution, 2.5x2.5x3mm³, and with increased slice number to equalise the echo train length, as outlined in Table 1. A QUIPSS II FAIR ASL sequence was implemented with post-label delay 1.4 s and TR 6s per tag/control pair. Optimised WET and sinc pre- and post-sat pulses were used to limit static signal contamination and background suppression pulses applied at 392 ms/564 ms post-labelling. A base M₀ 3D-GRASE image was also acquired. Images were assessed for ghosting, distortions, blurring and SNR.

To demonstrate the applicability of *OVS* reduced *FOV* 3D-GRASE ASL a functional paradigm using a visual stimulus was performed. LED goggles were used to present a visual stimulus flashing at 8Hz, with a 30s ON period, 42s OFF period, 10 cycles were collected at 3x3x5mm³ resolution, and 15 at 2.5x2.5x3mm³. fMRI analysis was performed using FEAT (FSL, FMRIB, Oxford) with a 2mm smoothing kernel and high pass filter with cut-off frequency 0.01Hz. Z score maps with a corrected probability P <0.05 were formed and overlaid on PW images.

Results: Figure 1 shows example 3x3x5mm³ 3D-GRASE ASL images for *SS*, *MS* and *rFOV*, no significant increase in ghosting is seen for the *MS* acquisition. Through plane blurring has been reduced using *MS* and *rFOV* (apparent in slice 1) and the SNR improved, *SS:MS:rFOV* = 1:1.4:1.9. Figure 2 shows 2.5x2.5x3mm³ *SS* GRASE FAIR images acquired using outer volume suppression and a reduced *FOV*. The use of background suppression in conjunction with an *OVS* pulse removes foldover artifacts when employing a reduced *FOV*. The reduced *FOV* allows an increase in the spatial resolution without increasing shot length, or reduced through-plane blurring. Figure 3A shows visual activation and B the corresponding the time course of activation obtained from the visual paradigm. At 2.5x2.5x3mm³ 3D-GRASE ASL can be seen to provide good SNR for detection of change in blood flow on activation.

Discussion: We have demonstrated that the spatial resolution of 3D-GRASE ASL can be improved using either a multi-shot acquisition, which compromises temporal precision, or outer volume suppression with a reduced *FOV* to maintain temporal resolution. In 3D-GRASE, due to all slices being acquired simultaneously, a single *OVS* slab can be applied to achieve a reduced *FOV*; 2D-EPI with sequential slice acquisition would require a rest-slab per slice (increasing SAR and acquisition time). We have applied *rFOV SS-OVS* 3D-GRASE ASL to a

visual paradigm, where it has been demonstrated that at improved spatial resolution the response to visual stimulation can clearly be detected. *rFOV* reduces shot length, which can be used to collect an increased number of thin slices with good coverage and future studies will use *SS-OVS* 3D-GRASE to acquire higher spatial resolution data. For example, to study retinotopic mapping. Multi-shot methods will be used to improve spatial resolution for pharmaceutical or resting state studies. **References:** [1] Gunther *et al.* MRM 54:491-498 2005. [2] MacIntosh *et al.* ISMRM 17, 33, 2009. [3] Feinberg *et al.* ISMRM 17, 623, 2009. [4] Feinberg *et al.* NeuroImage, Volume 47, S195, 2009. **Acknowledgements:** This work was supported by the MRC.