# REGIONAL DELTA-DIFFUSION ANALYSIS OF THE BRAIN DURING CARDIAC CYCLE IN IDIOPATHIC NORMAL PRESSURE HYDROCEPHALUS

N. Ohno<sup>1,2</sup>, T. Miyati<sup>2</sup>, M. Mase<sup>3</sup>, H. Kan<sup>2</sup>, H. Kasai<sup>4</sup>, M. Hara<sup>4</sup>, Y. Shibamoto<sup>4</sup>, K. Yamada<sup>3</sup>, A. Kitanaka<sup>2</sup>, and T. Yamamoto<sup>1</sup>

<sup>1</sup>Department of Radiological Technology, Kanazawa University Hospital, Kanazawa, Japan, <sup>2</sup>Faculty of Health Sciences, Institute of Medical, Pharmaceutical and Health Sciences, Kanazawa University, Kanazawa, Japan, <sup>3</sup>Department of Neurosurgery and Restorative Neuroscience, Graduate School of Medical Sciences, Nagoya City University, Nagoya, Japan, <sup>4</sup>Department of Radiology, Nagoya City University Hospital, Nagoya, Japan

### **INTRODUCTION:**

There have been many unsolved problems with this syndrome in terms of the diagnostic criteria and selection of appropriate patients for shunt surgery [1]. To evaluate the intracranial condition of the brain in idiopathic normal-pressure hydrocephalus (I-NPH), we determined the change in the apparent diffusion coefficient of the brain during the cardiac cycle (delta-ADC).

#### **METHODS:**

On a 1.5-T MRI, ECG-triggered single-shot diffusion echo planar imaging (b = 0 and 1000 s/mm<sup>2</sup>) was used with sensitivity encoding and half-scan techniques to minimize the bulk motion, i.e., data sampling window of approximately 3 ms [2]. Then the delta-ADC image was calculated from maximum minus minimum ADC value of all cardiac phase images (20 phases) on a pixel-by-pixel basis. We assessed delta-ADC and ADC in white matter (except periventricular high intensity area on T2-weighted image) in patients with I-NPH (n=8), brain atrophy or asymptomatic ventricular dilation (VD; n=4), and in healthy volunteers (control group; n=12).

# **RESULTS AND DISCUSSION:**

Delta-ADC values in I-NPH were significantly higher than those in the control and VD groups (Fig. 1 and 2). ADC values in I-NPH, which increased in the amount of water in the extracellular space [3], were also significantly higher than those in the control group. However, there was no significant difference in ADC between I-NPH and VD groups (Fig. 3), indicating the diagnostic utility of the delta-ADC analysis more than only ADC. In addition, there was no significant correlation between delta-ADC and ADC (Fig. 4). These results suggest that ADC and delta-ADC do not necessarily provide the same kind of information, i.e., ADC depends on the water amount in extracellular space whereas delta-ADC depends on the degree of the fluctuation (biomechanical property) and the water amount.

### **CONCLUSION:**

Delta-ADC analysis makes it possible to noninvasively obtain new and more detailed information on the intracranial condition in I-NPH and thereby assist in the diagnosis.

## **REFERENCES:**

- [1] Bateman GA et al, Neuroradiology, 47(10), 741-748, 2005.
- [2] Nakamura T et al, Radio Phys Technol, 26, 274-278, 2007.
- [3] Bradley WG et al, J Magn Reson Imaging, 24, 747-755, 2006.



Figure 1. Delta-ADC values in each group. NS: not significant.



Figure 2. Typical examples of delta-ADC images in (a) a patient of I-NPH, (b) VD and (c) a healthy volunteer.



Figure 4. Relation between delta-ADC and ADC.