

Simultaneous Short T2 Excitation and Long T2 Suppression RF Pulses

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Introduction: Ultrashort echo time (UTE) MRI requires specialized pulse sequences to overcome the short T₂ relaxation of the MR signal encountered in tissues such as ligaments, tendon or cortical bone. Imaging short T₂ tissues is achieved in UTE by acquiring the Free Induction Decay (FID) of the MR signal as soon after the end of the RF excitation pulse as possible. This is typically accomplished by using a radial center-out k-space trajectory and data sampling of only a few hundred microseconds in duration. Magnitude images are then reconstructed from the re-gridded k-space data. In order to achieve a better delineation of short T₂ tissues, several long T₂ suppression techniques have been developed, including dual echo subtraction techniques [1], and long T₂ preparation clusters using either long-duration hard pulses [2] or adiabatic pulses [3] to saturate or to invert and null long T₂ tissues. We present a specialized RF technique based on applying a 180° RF excitation pulse that can achieve short T₂ tissue excitation and long T₂ tissue suppression simultaneously.

Theory: The classical notion of a flip angle $\theta = \gamma B_1 \tau$ is derived from the Bloch equations while ignoring the T₂ transverse relaxation during the RF pulse. For tissues with rapid transverse relaxation, the intrinsic T₂ can be on the same order as the RF duration τ , so that the signal decay during the RF pulse may no longer be ignored, resulting in an altered magnetization trajectory [4]. This altered trajectory can be used to selectively excite only short T₂ tissues. Our technique is based on applying 180° RF pulses, which adequately invert only the longer T₂ tissues (which therefore generate no MR signal) while leaving short T₂ tissues partially in the transverse plane (generating MR signal) as illustrated in Fig.1. For a spoiled hard RF pulse train, the steady state transverse magnetization M_{ss} including T₂ decay is given by [5]:

$$M_{ss} = M_0 \frac{\theta(1 - E_1) \exp\left(-\frac{\kappa}{2}\right) \sin\left(\sqrt{\theta^2 - \frac{\kappa^2}{4}}\right)}{\sqrt{\theta^2 - \frac{\kappa^2}{4}} \left[1 - E_1 \exp\left(-\frac{\kappa}{2}\right) \left[\cos\left(\sqrt{\theta^2 - \frac{\kappa^2}{4}}\right) + \frac{1}{2\sqrt{\theta^2 - \frac{\kappa^2}{4}}} \sin\left(\sqrt{\theta^2 - \frac{\kappa^2}{4}}\right) \right] \right]} \quad \text{with } \kappa \equiv \frac{\tau}{T_2} \text{ and } E_1 = \exp\left(-\frac{TR}{T_1}\right) \quad (1)$$

Eq.[1] can be used to find the optimum value of κ to maximize the steady state signal numerically. (Alternatively, setting the derivative $dM_{ss}/d\kappa = 0$ yields a transcendental equation, which would also require a numerical solution). Using $\theta = 180^\circ$, a plot of M_{ss} vs. κ for different values of TR/T₁ is shown in Fig.2. For this plot, M_{ss} was normalized by 1/√TR and therefore represents the SNR efficiency of the sequence. As expected, the steady state transverse magnetization goes to zero as κ goes to zero (full inversion). Therefore, long T₂ tissues (T₂ >> τ) generates no MR signal and all that remains, is to maximize M_{ss} for the short T₂ tissues. Shown as dots are the locations of the peaks of M_{ss}/√TR. Fig.2 reveals that the optimum value of TR/T₁ to maximize the SNR efficiency lies near TR/T₁ ≈ 1, which represents a readily achievable regime for MR imaging. The optimum values of κ as a function of TR/T₁ (for $\theta = 180^\circ$) are shown in Fig.3. Superimposed as colored dots are the optimum values of κ evaluated at the discrete values of TR/T₁ shown in Fig.2. In the limit as the TR >> T₁ the optimum value of κ asymptotically approaches $\kappa \approx 7.5$. In the other limit as TR << T₁ the optimum values of κ rise sharply and enter an impractical regime ($\tau >> T_2$) for TR/T₁ → 0. Hence, the optimum parameters to maximize SNR efficiency using $\theta = 180^\circ$ excitation pulses for short T₂ tissues are TR/T₁ ≈ 1 and (using Fig.3) $\tau/T_2 \approx 10$.

Experimental Verification: In order to verify the theoretical results, cortical bone specimen and phantom tests were performed. A cortical bone specimen (T₂ ≈ 0.4 ms) and a saline (T₂ ≈ 125 ms) filled syringe (with rubber stopper: T₂ ≈ 0.4 ms) were arranged in a single plane. The imaging sequence used in these experiments consisted of a simple non-selective hard RF pulse excitation, followed by a 2D radial UTE k-space acquisition (TE = 12 μs), resulting in a projection image through the slice direction. Fig.4a shows the UTE image at a nominal flip angle of 30°. The image is dominated by the long T₂ saline signal, compared to the short T₂ cortical bone and the rubber stopper. The UTE image in Fig.4b was obtained using a 2ms RF pulse with nominal flip angle of 180°. The higher signal intensity of the short T₂ rubber and bone compared to the long T₂ saline in Fig.4b confirms that reversed T₂ contrast can be achieved from a 180° RF excitation pulse alone. Since the high spin density of the rubber stopper dominates the dynamic range of Fig.4b, Fig.4c shows the same image, re-windowed to better visualize the cortical bone. Note that the T₂ contrast within the cortical bone is inverted in Fig.4c, that is darker regions within the bone in Fig.4a are brighter in Fig.4c

Discussion: We experimentally tested a specialized pulse sequences using 180° RF pulses to achieve short T₂ tissue excitation and long T₂ tissue suppression simultaneously, which may open the possibility for direct excitation of only short T₂ tissues, in place of additional separate long T₂ suppression techniques. We found that the optimum parameters to maximize SNR efficiency using $\theta = 180^\circ$ excitation pulses for short T₂ tissues are TR/T₁ ≈ 1 and $\tau/T_2 \approx 10$. However, as Fig.2 reveals, for values of TR/T₁ that deviate by a factor of two (TR/T₁ ≈ 0.5 or TR/T₁ ≈ 2), the SNR efficiency is only slightly reduced. RF pulses exceeding a few milliseconds quickly become sensitive to off resonance effects during excitation. This puts a practical upper limit on the longest T₂ that can be readily excited by a 180° excitation pulse of a few hundred microseconds. Alternatively, using RF pulses with reduced pulse duration of $\tau \approx 5T_2$, causes only a small loss in SNR efficiency (see Fig.2). B₁ inhomogeneity may prove a particular challenge for our technique, causing degraded long T₂ suppression.

References: [1] Rahmer, et al. *MAGMA*, 2007. **20**(2): p. 83-92. [2] Wu, et al. *MRM*, 2003. **50**(1): p. 59-68.

[3] Larson, et al. *MRM*, 2007. **58**(5): p. 952-61. [4] Tyler, et al. *JMRI* 25:279 (2007). [5] Carl, et al. *ISMRM*. 2009, p. 4343. Honolulu, Hawaii, USA.

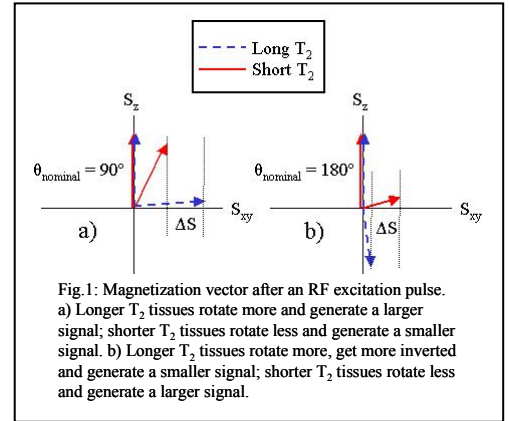


Fig.1: Magnetization vector after an RF excitation pulse. a) Longer T₂ tissues rotate more and generate a larger signal; shorter T₂ tissues rotate less and generate a smaller signal. b) Longer T₂ tissues rotate more, get more inverted and generate a smaller signal; shorter T₂ tissues rotate less and generate a larger signal.

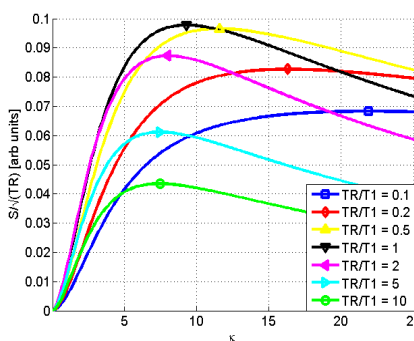


Fig.2: Transverse steady state signal for $\theta = 180^\circ$ for different values of TR/T₁ as a function of $\kappa \equiv \tau/T_2$.

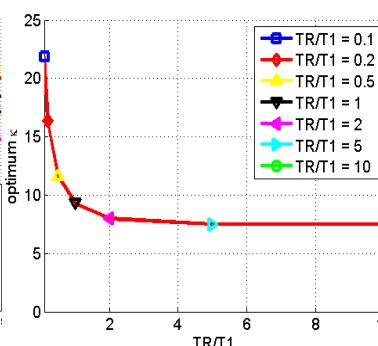


Fig.3: Optimum values of $\kappa \equiv \tau/T_2$ as a function of TR/T₁. Superimposed are the optimum values of κ evaluated at the discrete values of TR/T₁ shown in Fig.2.

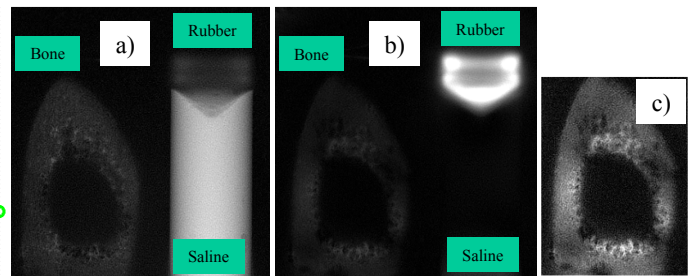


Fig.4: UTE image of cortical bone and saline filled syringe, along with rubber stopper. a) Image obtained at 30° flip angle. The image is dominated by the long T₂ saline signal, compared to the short T₂ cortical bone and the rubber stopper. b) Image obtained at 180° flip angle. Here the image is dominated by both the short T₂ cortical bone and the rubber stopper (high proton density) compared to the long T₂ saline. c) Same image as in b), re-windowed to better visualize the cortical bone.