

Selective Imaging of Bound and Pore Water in Human Cortical Bone

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Introduction

Human cortical bone MRI has become clinically feasible with modern ultrashort-echo time (uTE) imaging [1] and related methods. The cortical bone NMR signal relevant to uTE MRI is predominately derived from a combination of collagen-bound water ($T_2 \approx 400 \mu\text{s}$) and pore space water ($T_2 = 1\text{ms}-1\text{s}$) [2]. In a study of 40 donors, signals from bound and pore water were directly ($r^2=0.68$) and inversely ($r^2=0.61$) correlated with peak stress (and other mechanical properties), respectively; thus, the net signal was poorly correlated ($r^2=0.06$) [3]. Because a straightforward dual gradient echo subtraction (i.e., standard uTE) will not separate bound from pore water signals due to their similar T_2 's [2], this work explores clinically-compatible methods for selective bound- or pore-water imaging in cortical bone based on known T_1 and T_2 differences [2]. We show that the bound water signal can be isolated in an inversion-recovery prepared spoiled gradient echo sequence, utilizing a T_2 -selective adiabatic full passage (AFP) pulse similar to a previously used bone uTE imaging method with effective soft tissue suppression [4]. Separately, we show that the pore water signal can be isolated in a conventional fast spin echo (FSE) imaging sequence with a short effective echo time.

Methods

Human cortical bone was extracted from medial midshafts of human donor femurs (Mustuloskeletal Tissue Foundation, Edison, NJ) and machined into $5 \times 2 \times 10\text{mm}$ specimens. NMR measurements were performed at 4.7T, consisting of 1) a steady-state AFP inversion recovery gradient echo sequence (AFP-IR, Fig 1), which isolates bound water by selectively inverting and then nulling the pore water via appropriate choice of T_{IR} while accommodating uTE or related imaging schemes (5ms/5kHz hyperbolic secant inversion pulse, 10 μs excitation pulse, 300ms TR); and 2) an FSE imaging sequence, which isolates long- T_2 pore water by allowing short- T_2 bound water to relax fully (10ms TE_{eff} , 10s TR, $50 \times 50 \mu\text{m}$ in-plane/2mm slice, 0.5/1ms excitation/refocusing pulses, 8 shots). The bound-water selectivity was assessed with a CPMG measurement (100 μs echo spacing, 10000 echoes, and $90^\circ/180^\circ$ hard pulses of $\approx 5/10 \mu\text{s}$) of the steady state AFP-IR signal, from which a T_2 spectrum was generated [5]. The pore water selectivity was assessed by including a 20 μL water marker ($T_2 \approx 3\text{s}$) in the field of view and comparing the integrated areas of bone and marker image regions to the T_2 spectral areas of pore and marker water measured with CPMG.

Results and Discussion

Bound or pore water signals were successfully isolated in clinically-relevant bone MRI sequences. For bound water isolation, an AFP with sufficient bandwidth and pulse duration inverted the pore water magnetization (M_P) while largely saturating the bound water magnetization (M_B), thus resulting in a greater steady-state M_B when M_P was nulled by inversion-recovery. Fig 2 demonstrates that with aforementioned sequence parameters and $T_{IR} = 110 \text{ms}$, the steady state signal consisted of $<0.5\%$ of the equilibrium M_P while retaining $\approx 32\%$ of equilibrium M_B . For pore water isolation, conventional FSE was employed with the slice direction parallel to the osteonal direction, thus creating a striated pattern showing haversian canal/pore water architecture (Fig 3, bottom). Using the water marker (Fig 3, top; color bar has been rescaled for display purposes), net FSE pore water signal was estimated to be $\approx 84\%$ of equilibrium M_P , and at a $TE_{\text{eff}} = 10 \text{ms}$, no significant signal from M_B can be present.

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