

Fast Radio-frequency Enforced Steady State (FRESS) Spin Echo MRI for Quantitative T₂ Mapping

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Introduction Transverse relaxation time (T₂) is a basic but very informative MRI parameter, widely used in imaging to examine a host of diseases including multiple sclerosis, stroke, and tumor [1-3]. When the repetition time (TR) is very long, T₂ can be derived by fitting T₂-weighted images as a function of echo time (TE). However, short TR is often used to minimize scan time, which may introduce non-negligible errors in T₂ measurement. Our study proposed a fast RF-enforced steady state (FRESS) spin echo (SE) MRI sequence, which saturates the magnetization after the spin echo and ensures a TE-independent steady state.

Theory The steady state Z-magnetization (M_z^{ss}) for SE MRI can be shown as:

$$M_z^{ss}(TR, TE, T_1) = M_0 (1 + e^{-TR/T_1} - 2e^{-(TR-(TE/2))/T_1}), \quad \text{Eq. [1]}$$

where M_0 is the thermal equilibrium Z-magnetization. If TE is not significantly shorter than TR, the TE dependence of the steady state cannot be neglected and the transverse magnetization is described by:

$$M_{xy}(TR, TE, T_1, T_2) = M_0 (1 + e^{-TR/T_1} - 2e^{-(TR-(TE/2))/T_1}) \cdot e^{-TE/T_2}. \quad \text{Eq. [2]}$$

In fact, M_z^{ss} decreases with TE, which if not properly accounted for, will be mistaken as T₂-induced signal attenuation, leading to T₂ underestimation. To address this, we proposed FRESS-SE MRI (Fig. 1b), which saturates the magnetizations after the spin echo so that spins recover from zero till the next excitation pulse (TR₀), and the steady state Z-magnetization becomes $M_z^{ss}(TR_0, T_1) = M_0(1 - e^{-TR_0/T_1})$. As such, the steady state Z-magnetization is independent of TE, provided that TR₀ is kept as a constant, and T₂ can be obtained using $M_{xy}(TE, T_2) = M_z^{ss}(TR_0, T_1) \cdot e^{-TE/T_2}$.

Materials and Methods

Phantom: A triple-compartment phantom was prepared with broad T₂ distribution. It contains two agarose gel (0.5% and 2%) compartments and a third compartment of 3% bovine serum albumin (BSA) solution.

Animal Model: Permanent middle cerebral artery occlusion (MCAO) was induced in adult male Wistar rats (250-300 g; N = 5). The animals were scanned at approximately 24 hr (N = 5) and again 48 hr (N = 4) later.

MRI and Data Analysis: MRI experiments were performed on a 4.7T Bruker MRI scanner. For phantom study, six TEs = 50, 75, 100, 150, 200 and 250 ms were used for both FRESS and conventional SE sequences with single-shot echo-planar imaging (EPI) readout (FOV = 48×48 mm², imaging matrix = 64×64, and slice thickness = 3 mm). In addition, TR was serially varied at 15, 12, 9, 6, 4, 3, 2 and 1.6 s with NA = 4 to examine TR dependence of the T₂ measurement. For in vivo imaging, multi-slice single-shot EPI MRI was obtained with four TEs of 30, 60, 90 and 120 ms for both SE sequences, and TR was serially varied at 6, 4, 3, 2, and 1.6 s (FOV = 20×20 mm², imaging matrix = 48×48, slice thickness = 1.8 mm, number of slices = 5, and NA = 8). T₂ maps were computed by nonlinear least-square fitting of signal intensities versus TEs, pixel-by-pixel.

Results and Discussions Fig. 2a shows phantom T₂ maps obtained with both the conventional SE and the proposed FRESS SE sequences for three representative TRs of 9, 3, and 1.6 s. Fig. 2b shows TR-dependence of T₂ for the three compartments. For 2% agarose, the T₂ measurements from both sequences were comparable, while the conventional SE MRI showed noticeable underestimation of T₂ for the 0.5% agarose compartment, particularly at short TRs. Most importantly, T₂ of the BSA solution obtained with the FRESS-SE MRI sequence was nearly independent of TR, and persistently higher than T₂ measures acquired using the conventional sequence, especially at short TR. Fig. 3 shows pilot in vivo evaluation of FRESS-SE T₂ MRI in a representative chronic stroke animal model, 24 hr after MCAO. The difference in T₂ between the proposed FRESS-SE and conventional SE sequences (ΔT_2) of short TR was 2.0±2.5 ms (p<0.01) and 5.2±6.8 ms (p<0.01), for the contralateral normal and ischemic regions, respectively. Therefore, the proposed FRESS-SE MRI significantly improved T₂ measurement, especially when short TR is used. It is important to note that for conventional SE MRI, the long T₂ component is more susceptible to underestimation when short TR is used. In addition, although conventionally long TR is necessary when a specimen of broad T₂ distribution is imaged, the proposed FRESS-SE T₂ MRI technique is capable of quantifying T₂ with very short TR, hence, minimizes the scan time significantly.

Conclusion We elucidated the phenomenon of TR dependence in T₂ measurement for the conventional SE MRI, and developed a FRESS-SE MRI method that allows fast and accurate T₂ mapping. The proposed FRESS-SE T₂ MRI technique was validated experimentally, and is suitable for in vivo application.

References [1] Jackson GD et al. Neurology 1993;43:1793-1799. [2] Loubinoux I et al. Stroke 1997;28:419-426. [3] Ngo FQ et al. MRI 1985;3:145-155.

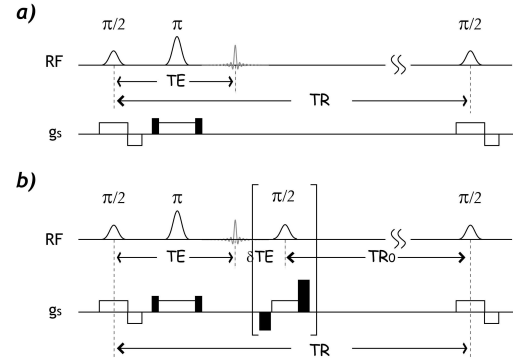


Fig. 1. Pulse sequence diagrams of the conventional SE sequence (a) and the proposed fast RF-enforced steady state (FRESS) SE sequence, in which a saturation module that includes a slice-selective $\pi/2$ pulse and spoiler gradients was implemented after the spin echo (b).

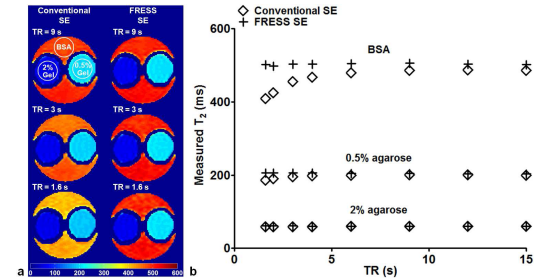


Fig. 2. Comparison of conventional SE and FRESS-SE MRI with a triple-compartment phantom. (a) T₂ maps of the triple-compartment phantom with different TRs. (b) Comparison of the measured T₂ values using the conventional SE and FRESS SE sequences at different TRs.

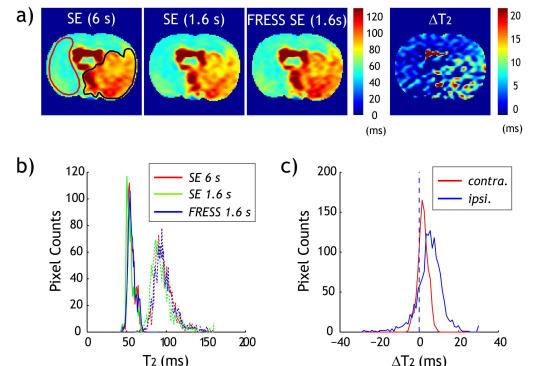


Fig. 3. (a) T₂ maps of a rat brain with chronic stroke (~24 hours after onset of permanent MCAO) using conventional SE sequence with TR=6s and TR=1.6s and using the proposed FRESS SE sequence with TR=1.6s. T₂ difference (FRESS SE - conventional SE) map is computed for TR=1.6s. (b) T₂ and (c) ΔT_2 histograms of the corresponding maps.