

# k-t ISD compressed sensing reconstruction for T1ρ mapping: A study in rat brains at 3T

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**Introduction:** T1ρ relaxation is a potential mechanism to investigate low frequency motional processes in tissues and received increased interests for clinical applications [1,2]. However, T1ρ imaging suffers from long scan time, susceptibility to motion and high specific absorption rate (SAR). We present the use of k-t Iterative Support Detection (k-t ISD), a recently proposed compressed-sensing (CS) method where the partial support prior is utilized besides sparsity prior [3], for T1ρ map reconstruction, and evaluate its utility for accurate T1ρ quantification.

**Methods:** T1ρ imaging was performed with a Philips 3T clinical scanner with a dedicated rat-brain coil. A rotary-echo spin lock pulse [4] was implemented in a spoiled gradient echo sequence (TR/TE=5.0/2.6ms, FA=40°, pixel size =0.5×0.62mm<sup>2</sup>, thickness=2mm) to acquire T1ρ-weighted (T1ρw) images with the spin-lock times (TSL) of 1, 10, 20, 30, 40 and 50ms at a spin-lock frequency of 500Hz. The delay time after each segmented acquisition was set as 6000ms to restore the equilibrium magnetization prior to the next T1ρ preparation. The variable-density random sampling pattern was generated to simulate different reduction factors of R=3, 4, 6, 8, 10, 12, 14, and 16, with 8 central phase encodings fully sampled. T1ρ weighted images were reconstructed by solving a truncated ℓ1 minimization problem:  $\min \|\mathbf{p}_\Delta\|_1 \text{ s.t. } \|\mathbf{d} - \mathbf{F}\mathbf{p}\|_2 \leq \epsilon$  (1), where  $\mathbf{d}$  is the acquired data in k-t space,  $\mathbf{p}$  is the image series represented in x-f space,  $\mathbf{p}_\Delta$  denotes the truncated  $\mathbf{p}$  excluding the known support,  $\mathbf{F}$  is the Fourier transform along the k-t direction, and  $\epsilon$  is noise level. T1ρ maps were obtained by a pixel-wise fitting of the reconstructed T1ρ weighted images data with TSLs according to  $M=M_0 \cdot \exp(-TSL/T_{1\rho})$ . Maps obtained from CS with different reduction factor (R) were compared with the original map (reference) without CS using paired student's t-test with a significant p-value level of 0.05. Mapping results in two representative ROIs in brain and muscle (Fig. 1), were also statically analyzed among different maps.

**Results:** The T1ρ maps (goodness of fit>0.8) derived with different CS reduction factors are given in Fig. 2, where R=0 map is the reference. Their difference maps compared with the reference are shown as in Fig. 3. Generally, no remarkable differences were found in CS reconstructed T1ρ maps from the reference. The map difference increased with the reduction factor. Fig. 4 depicts the box plotting of the T1ρ values in the general map, brain and muscle ROIs respectively. For the brain ROI, only when the R was 12 or 16, the corresponding T1ρ map was significantly different from the reference (p<0.05). For the muscle ROI, maps with R> 8 were significantly different from the reference (p<0.05). Given appropriate reduction factors, the developed CS approach ensured reliable estimation of T1ρ map.

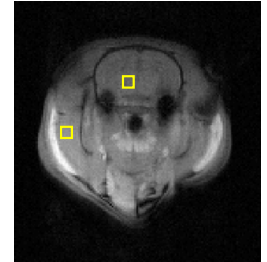


Fig. 1. T1ρ-weighted image of a rat brain and its two ROIs

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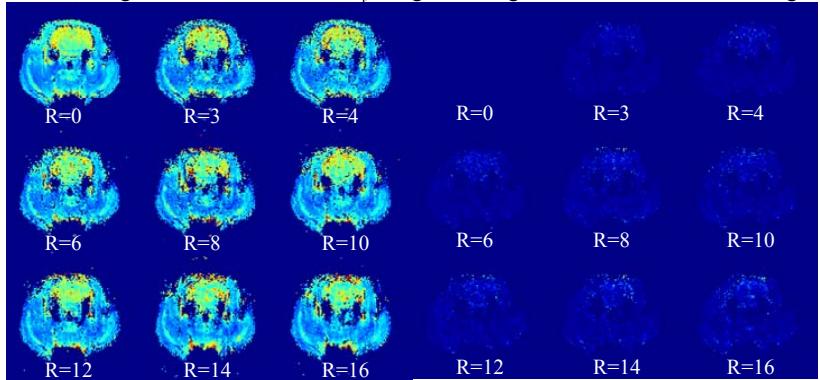


Fig. 2. T1ρ maps (with R>0.8 revision) derived from the images with different reduction factors

Fig. 3. T1ρ difference maps, compared with the reference map

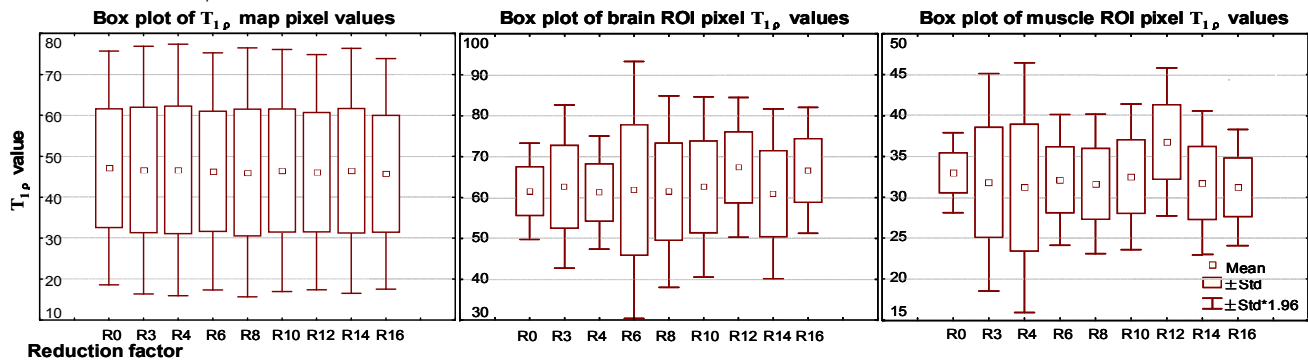


Fig. 4. Box plot of pixel T1ρ values of the T1ρ maps with different reduction factors

**Conclusion:** The k-t ISD method was successfully applied to accelerate T1ρ imaging. The experimental results demonstrate that T1ρ maps can be estimated reliably from accelerated scans. The k-t ISD is promising for accurate T1ρ quantification with remarkably reduced scan time and SAR.

**Acknowledgement:** This work is supported by HK ITF grant ITS/021/10 and RGC grant SEG\_CUHK02.

**References:** [1] Wheaton AJ et al, Radiology, 231:900-5(2004); [2] Wang YX et al, Radiology, 259:712-9(2011); [3] Liang D et al. MRM, in press, (2011); [4] Charagundla SR. et al, JMR, 162:113-121(2003).