

EX VIVO MAPPING OF SODIUM T₁ AND T₂* RELAXATION TIMES IN HUMAN LUMBAR INTERVERTEBRAL DISCS AT 7 TESLA

Stefan Zbyn¹, Sebastian Apprich¹, Vladimir Juras¹, Pavol Szomolanyi¹, Sonja M Walzer², Xeni Deligianni³, Hannes Traxler⁴, Oliver Bieri³, and Siegfried Trattnig¹
¹MR Center of Excellence, Department of Radiology, Medical University of Vienna, Vienna, Austria, ²Department of Orthopaedic Surgery, Medical University of Vienna, Vienna, Austria, ³Division of Radiological Physics, Department of Radiology, University of Basel Hospital, Basel, Switzerland, ⁴Center for Anatomy and Cell Biology, Department of Applied Anatomy, Medical University of Vienna, Vienna, Austria

TARGET AUDIENCE: Musculoskeletal radiologists, physicists interested in mapping of sodium T₁ and T₂* relaxation times in spinal discs.

PURPOSE: Degeneration of intervertebral discs (IVD) is associated with loss of glycosaminoglycans (GAG). Previous studies proved that sodium (²³Na) concentration correlate well with GAG concentration in IVDs.¹ For absolute quantification of ²³Na content and for sequence optimization, it is essential to know the T₁ and T₂* relaxation times of human IVDs. Previous studies on ²³Na relaxation times in IVDs reported different T₁ and T₂* values.^{1,3} Therefore the aim of this study was to map ²³Na T₁ values as well as fast (T₂*_F) and slow component (T₂*_S) of T₂* relaxation in lumbar IVDs, and to compare the relaxation times between discs with different grades of degeneration.

METHODS: This study was approved by local ethics commission. Three human cadaver lumbar spine samples were obtained from a local anatomy department. The samples were acquired from two females (85 and 87 years) and one male (80 years) and stored in the deep-freezer. The specimens were brought to room temperature before MR measurements. Morphological images were acquired at 3T (Tim Trio, Siemens Healthcare, Erlangen, Germany) using eight-channel knee coil (In vivo, Gainesville, FL, USA). ²³Na MRI was performed on a 7T whole body system (Magnetom, Siemens Healthcare, Erlangen, Germany) with a 15-channel ²³Na-only knee coil (Quality Electrodynamics, Mayfield Village, Ohio, USA). For morphological evaluations, sagittal T₂-weighted 2D-TSE sequence was recorded with following parameters: TR/TE= 3790/104 ms, in-plane resolution of 0.56×0.56 mm², 3 mm slice thickness, 15 slices, 3 averages, 151 Hz/pixel bandwidth and acquisition time of 4:18 min. To map ²³Na T₁ relaxation times, progressive saturation method using spoiled 3D gradient-echo sequence with variable echo time scheme (vTE-GRE)⁴ was employed. Seven measurements with different TR were acquired using vTE-GRE with following parameters: TRs= 10, 16, 24, 37, 60, 120, 250 ms; TE= 1.67 ms, resolution of 1.6×3.2×6.0 mm³, 20 slices, 24 averages, bandwidth of 320 Hz/pix and acquisition time of ~4:20 hours. To enable the biexponential evaluation of ²³Na T₂* relaxation, multiecho vTE-GRE sequence with eighteen TEs was recorded with following parameters: TEs= 0.95, 2.0, 2.9, ..., 54.4 ms; TR= 60 ms, resolution of 1.6×3.2×6.0 mm³, bandwidth of 300 Hz/pix and acquisition time of ~1:24 hours. The echo times were sequentially shifted, thus in each TR only 6 TEs were acquired (during first TR, TEs number 1, 4, 7, ..., 16 were recorded). The degree of IVD degeneration was evaluated on the proton T₂-weighted images using Pfirrmann grading, where the most degenerated IVD is of grade 5 (Fig.1A). The T₁ and T₂* maps (Fig.1C,D) were calculated by fitting the ²³Na signal evolution mono-exponentially on a pixel-by-pixel basis using a least squares fitting routine with three parameters written in IDL (Research Systems Inc, Boulder, CO, USA). To create T₂*_F and T₂*_S maps, the bi-exponential decay of ²³Na signal was fitted using the same IDL routine but with five parameters. To assess the fitting precision, a corresponding measure of goodness-of-fit (R²) map was calculated for all relaxation maps in IDL. In each spine sample, only maps corresponding to one central sagittal slice were evaluated using in-house written IDL program. The ROIs drawn on the proton T₂-weighted images were subsequently transferred to all relaxation and R² maps and all pixel values were obtained. Eleven IVDs were evaluated, totaling to 11 region-of-interest (ROI) evaluations for nucleus (~60% of IVD area), annulus anterior (~20% of IVD area) and annulus posterior (~20% of IVD area), respectively. All statistical analyses were performed in SPSS (SPSS Institute, Chicago, IL, USA). An independent samples t-test was used to compare the relaxation times between the IVDs with different Pfirrmann grades.

RESULTS: All IVDs were divided into three groups according to Pfirrmann grades. Two IVDs had Pfirrmann score of 2, three IVDs had score 3 and three IVDs had score 4. Approximately 18% of voxels from nucleus and 47% from annulus revealed difference lower than 4 ms between T₂*_F and T₂*_S values. Such values were excluded from further evaluations. The means, standard deviations, corresponding R² values and pixel count for each relaxation parameter are summarized in Table 1. Significant differences were found between all three groups when comparing T₁, T₂*_F, T₂*_S and T₂* values from nucleus. The only significant differences in annulus were found in T₂* values (between all Pfirrmann grades) and in T₂*_S (between grade 3 and 4).

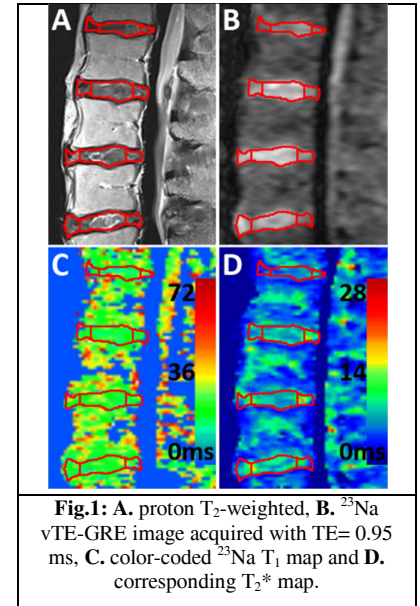


Fig.1: A. proton T₂-weighted, B. ²³Na vTE-GRE image acquired with TE= 0.95 ms, C. color-coded ²³Na T₁ map and D. corresponding T₂* map.

Tissue	Pfirrmann Grade	T ₁				T ₂ *				T ₂ *fast			T ₂ *slow			Biexponential	
		Mean (ms)	S. D. (ms)	R ² (a.u.)	Count	Mean (ms)	S. D. (ms)	R ² (a.u.)	Count	Mean (ms)	S. D. (ms)	Part (%)	Mean (ms)	S. D. (ms)	Part (%)	R ² (a.u.)	Count
Nucleus	2	22.6	5.9	0.97	132	7.1	2.1	0.97	132	1.4	1.0	57	13.4	8.2	43	0.96	105
	3	19.6	5.9	0.96	235	7.5	1.2	0.97	235	1.1	1.0	57	11.9	4.8	43	0.96	222
	4	17.3	4.9	0.94	146	6.1	1.7	0.97	146	1.0	1.2	56	9.0	5.9	44	0.98	107
Anulus	2	22.9	7.2	0.94	65	7.5	3.6	0.97	65	1.3	1.1	58	11.7	5.7	42	0.97	32
	3	20.6	7.9	0.92	107	10.1	2.7	0.96	110	1.5	1.6	51	14.1	6.2	49	0.96	76
	4	20.5	8.7	0.93	75	6.2	2.5	0.97	76	1.0	1.0	53	9.3	8.6	47	0.97	31

Table 1: S.D. is for standard deviation, count is representing number of pixels, part is for contribution of each component to total signal.

DISCUSSION: Slightly different relaxation times can be found in the literature. Wang et al. reported a T₁ of 22 ms and a T₂* of 16 ms for bovine IVDs at 3T.¹ Moon et al. estimated a T₁ of 34 ms and a T₂* of 9.7 ms from human *in vivo* IVDs measurements at 3T.² Ooms et al. measured two IVDs ex-vivo using double-quantum-filter NMR spectroscopy at 9.4T and reported a T₂*_F/ T₂*_S of 0.9/7.7 ms in healthy and 1.7/7.3 ms in degenerated annulus, and a T₂*_F/ T₂*_S of 3.3/12.9 ms in healthy and 1.7/16.8 ms in degenerated nucleus.³ Whereas our T₁ results are more similar to values from Wang et al.¹, our T₂* results are in better agreement with report from Moon et al.² Our T₂*_F and T₂*_S results are in similar ranges as data from Ooms et al.³ Our findings suggesting shorter relaxation times in IVDs with higher degree of degeneration compared to less degenerated IVDs.

CONCLUSIONS: Novel vTE-GRE technique proved to be useful tool for the measurement of ²³Na T₁ relaxation times as well as both T₂*_F and T₂*_S components of biexponential transversal decay of ²³Na in the IVDs. Presented findings may provide the basis for absolute quantification of ²³Na content in human IVDs and could help to understand processes associated with loss of GAG from IVDs.

REFERENCES: 1. Wang Ch, McArdle E, Fenty M, et al. Validation of sodium magnetic resonance imaging of intervertebral disc. Spine. 2010;35(5):505–10. 2. Moon C, Kim HJ, He X, et al. In Vivo Sodium and Proton T1rho MR Imaging of Human Spine Disc at 3T Proc. Inter. Soc. Mag. Reson. Med. 2011;19:3244. 3. Ooms KJ, Cannella M, Vega AJ, et al. The application of ²³Na Double-Quantum-Filter (DQF) NMR spectroscopy for the study of spinal disc degeneration. Magn Reson Med. 2008;60:246–52. 4. Deligianni X, Bär P, Scheffler K, et al. Water selective high resolution imaging of short T2 components of the knee at high and ultra high field strength. Proc. Inter. Soc. Mag. Reson. Med. 2012;20:3315.