# Coils, RF Shimming and SAR

#### Tamer S. Ibrahim

The University of Pittsburgh, Pittsburgh, Pennsylvania, USA Ph: +1 412-383-6946, Email: tibrahim@pitt.edu

Multi-transmission methods have not yet evolved to realize a full scale scientific/clinical research. Many of the obstacles that faced such methods include

- 1. Mapping the B<sub>1</sub> field for every subject,
- 2. Significant RF excitation (B<sub>1</sub><sup>+</sup> field) spatial intensity losses associated with current multitransmit arrays due to increased local/global power deposition in tissue at lower flip angles, and
- Concerns regarding the unclear RF safety assurance of the multi-transmit experiment (to this date, the power deposition/electric field in the human body are not measurable using MRI techniques.)

In this presentation we will evaluate many of these intertwined issues through the context of RF coils/arrays, RF shimming and SAR.

### **B**<sub>1</sub> Inhomogeneity and SAR

Higher field strengths and/or large organ imaging correspond to increased operational frequencies. Unlike the case at lower field strengths, the electromagnetic waves now have to "travel" significant electrical distances in the human head. As a result, the electromagnetic fields become non-uniform which will result in inhomogeneous  $B_1^+$  and  $B_1^-$  fields in biological tissues as well as inhomogeneous electric fields and, therefore, localized SARs. Both which can have a devastating effect on the integrity of the images and on the safety of the patient.

## **RF Shimming**

Variable phase/amplitude multi-port excitation or  $B_1$  shimming (in electromagnetic terms: phased array antenna excitation) is based on the fact that for high frequency MRI operation and asymmetrical/inhomogeneous/irregularly-shaped loading (human head/body), integer multiples of phase-shifts and uniform amplitudes are not necessarily the ideal characteristics to impose on the voltages driving the transmit array in order to obtain a homogeneous transmit field. Furthermore, overall as well as localized RF field excitation in high field human MRI may be achieved with rather distinctive and non-obvious amplitudes/phases associated with the excitation voltages.

### **Coils and Transmit Arrays**

Many designs of transmit arrays [1-17] have been used in exciting the RF field at various MRI field strengths. Transmit arrays can be coupled or uncoupled. For example, It is expected that each excited element of a 7 tesla loaded TEM head/body coupled-coil [18-20] to experience unique coil/load impedances that may differ significantly from those incurred by other coil elements. Moreover, the frequencies at which each coil element experiences real input impedances (resonances) may vary as well. In such cases, the resonance frequencies of the different modes will differ from one element to another. This particular issue will not be resolved with the use of matching circuits, since it is difficult to be "on mode" (the imaginary component of the input impedance to be zero) using all the coil elements simultaneously at the same frequency. In this regard, coupled-arrays are at a disadvantage compared to decoupled arrays. A coupled-array element however tends to provide significant B<sub>1</sub> field intensity within deep head/body tissue as well as a generally wide B<sub>1</sub> field distribution. This is an advantage over decoupled-arrays in which strong coupling exists between the array elements and the subject (thus their performance and operation are sensitive to the imaged subject.) It would be more difficult to obtain relatively deep penetration for volumes as electrical large as the human abdomen at ≥ 3 tesla and as human head at  $\geq 7$  tesla with decoupled-arrays.

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