

B₀-INDEPENDENT QUANTITATIVE MEASUREMENT OF LOW B₁ FIELD FOR HUMAN CARDIAC MRI AT 7T

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Introduction Cardiac MRI at 7T has several potential advantages over 1.5T and 3T, such as higher signal-to-noise ratio and higher resolution. A quantitative B₁ map is routinely required at 7T to allow the management of large B₁ variations across the heart. Conventional methods based on rectangular saturation pulse [1] are not accurate in this case because of large B₀ inhomogeneity and low flip angle from low maximum B₁ power. We propose to use a non-selective broad-band full-passage HS8 pulse that is operating outside its adiabatic state to obtain B₁ maps in situations where the B₁ is low and the B₀ is inhomogeneous such as for cardiac applications at 7T.

Theory Below the adiabatic limit we can build an HS8 pulse that has a saturation profile insensitive to B₀ [2], and its flip angle has a monotonic relationship with B₁ in the target variation range (Fig.1).

Methods All scans were conducted on a whole-body 7T scanner (Siemens) with an 8-channel stripe-line transceiver array. The target B₁ range in the mid-ventricular short-axis plane was 0-250Hz, and B₀ offset from -250 to 250Hz. As an example, the B₁ map can be used to determine whether the minimum B₁ after shimming is lower than 150Hz.

The B₁ mapping acquisition consists of a reference image (no saturation pulse), followed by an 8 second delay and then a saturation pulse and a 1ms spoiler followed by a second (saturation) image.

Two pulses were investigated as candidates for B₁ mapping: a 1ms rectangular (hard) pulse at maximum voltage and an HS8 pulse at maximum voltage of duration 5ms and bandwidth 8 kHz. These were evaluated using an experiment that consisted of 9 separate acquisitions using a 4ms full-passage Hanning pulse [2] of 800Hz bandwidth at nine different central frequency offsets, from -400 to 400Hz. It took one breath hold for the hard/HS8 pulse method to generate a B₁ map, and nine breath holds for the Hanning pulse method. The pixel-wise ratios of the saturation image to the reference image were mapped to B₁ values according to numerical Bloch simulations of different pulses. The simulations of the hard pulse and the HS8 pulse did not include effects of B₀ offsets. The nine measurements from the Hanning pulse were fitted to the simulated saturation profiles at different B₁ and B₀ offsets to determine both B₁ and B₀ offsets. The Hanning pulse method has been validated in phantom experiments and was used as a standard to evaluate the other two methods. B₀ maps were measured with a double-echo GRE sequence.

The three methods were applied in vivo with a FLASH imaging readout on six healthy volunteers (all males, age 32±7y, and weight 72±5kg), in accordance with local ethics. All scans of the mid-ventricular short-axis plane used the same imaging parameters: FOV 380mm, matrix 192×192, slice thickness 8mm, TE/TR 1.18/2.5ms, flip angle 2° (varies with B₁), and sequential ordering. Central k-space signal was collected 280ms after the saturation pulse with pulse-ox trigger time of 300ms. For each volunteer, six 2×2 ROIs were selected in the left ventricular myocardium where B₀ offsets are more than 100Hz. Mean and standard deviation over 36 ROIs of the errors in B₁ are reported for each method.

Results Fig.1 shows the simulated saturation profiles of the hard/HS8/Hanning pulses. Fig.2 shows B₁ maps from the hard/HS8 pulse methods before and after B₀ shimming, and corresponding B₀ maps. The B₁ maps from the HS8 pulse method are almost identical before and after significant changes of the B₀ field, while the hard pulse method suggests B₁ changes. The B₁ error from the rectangular pulse method is -36±15Hz, and -4±4Hz from the HS8 pulse method, in regions where B₀ offsets are more than 100Hz.

Discussion The B₀-independent saturation bandwidth of the HS8 pulse is at least 2 kHz, much wider than the target B₀ variation range. This explains the consistent B₁ maps before and after significant B₀ changes in Fig.2. It also suggests that there is space for adjustments of the HS8 pulse to suit different target B₁/B₀ variation ranges. Effects from relaxation are small with this technique owing to the short pulse duration.

The ability to obtain B₀-independent B₁ measurement is very beneficial when it is difficult to obtain a good B₀ shimming over the whole myocardium. Further by performing B₁ mapping before B₀ shimming, we are able to obtain an improved B₀ shim. This approach has been applied to 2D measurements in this work, but the use of the non-selective pulse is equally applicable to 3D.

Conclusion The non-adiabatic HS8 pulse method is more accurate than the rectangular pulse method for quantitative measurement of relatively low B₁ field in the presence of large B₀ inhomogeneity.

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References: 1. Brunner, DO *et al. proc. ISMRM* (2007); 2. Tannus, A *et al. NMR Biomed* 10 (1997).

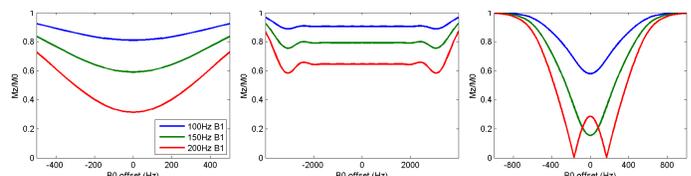


Fig.1 Saturation profiles of the rectangular (left), HS8 (middle), and Hanning pulse (right).

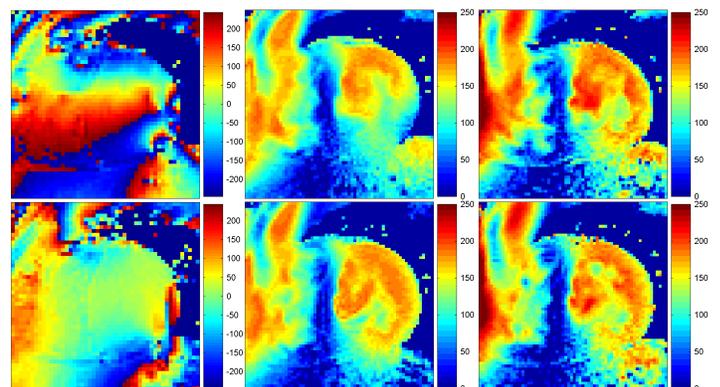


Fig.2 B₀ maps (left), and B₁ maps from the rectangular pulse (middle) and the HS8 pulse (right). Top row maps were obtained before B₀ shim and bottom row after B₀ shim. All units in Hz.