

Comparison of the value of DWI based on monoexponential and stretched exponential model in differential diagnosis between benign and malignant lesions of breast

Jie He¹, Yan Zhang¹, Jingliang Cheng¹, Ying Hu¹, Anfei Wang¹, Dandan Zheng², and Xiaoyan Wang¹

¹Department of MRI, the First Affiliated Hospital of Zhengzhou University, Zhengzhou, HeNan, China, ²GE healthcare, Beijing, China

Introduction

It is well known that conventional mammography is the basic method used for screening breast cancer, but it has only a sensibility of 69-90%, and if the breast parenchyma is very dense, the sensibility may be decreased by 48%. MRI has been widely used in the diagnosis of breast disease. Diffusion-weighted imaging is a non contrast-enhanced type of MRI which is most simply performed with 2 b values, such as 0 and 800s/mm². In vivo, microscopic motion of water molecules detected by DWI is influenced not only by diffusion of water molecules, affected by the structures of the tissue, but also by microcirculation of blood in the capillary network¹. Accordingly, the signal attenuation on monoexponential DWI sometimes does not represent a linear relationship and it is difficult to calculate the accurate ADC value. Now we use intravoxel incoherent motion (IVIM) which is first described by Le Bihan *et al*² to compare the application value of monoexponential apparent diffusion coefficient with single b-factor range and stretched exponential apparent diffusion coefficient with extender b-factor range in differential diagnosis of benign and malignant lesions of breast.

Material and method

A total of 64 patients with breast tumor underwent DWI with single b-factor range (b-factors were 0, 800s/mm²) and DWI with extended b-factor range (b-factors were 0, 20, 50, 100, 200, 400, 800, 1200 s/mm²). MRI was performed on a GE 3.0T Discovery 750 scanner. After exclusion of 13 patients, the 51 patients remaining were analyzed. Among them, benign lesions were found in 30 cases (benign group), while malignant lesions were found in 21 cases (malignant group). Contralateral normal glandular tissues of the same patients were used as control (47 glandular tissues, control group). The value of apparent diffusion coefficient (ADC), distributed diffusion coefficients (DDC), and alpha (α) were measured on GE Advantage Windows 4.5 workstation. These quantitative parameters of three groups were compared using one-way analysis of variance and were compared each other using LSD method. These threshold values of ADC, DDC and α for identifying malignant lesions were determined using a receiver operating characteristic curve analysis, the performance of the monoexponential model parameter and stretched exponential model parameters in identifying malignant lesions were also compared.

Results and Discussion

The mean ADC, DDC and α were $(1.46 \pm 0.30) \times 10^{-3}$ mm²/s, $(1.44 \pm 0.44) \times 10^{-3}$ mm²/s, and $(81.47 \pm 10.01)\%$ in benign group; the mean ADC, DDC and α were $(1.04 \pm 0.18) \times 10^{-3}$ mm²/s, $(0.91 \pm 0.24) \times 10^{-3}$ mm²/s, and $(79.40 \pm 6.44)\%$ in malignant group (Fig. 1); and the mean ADC, DDC and α were $(1.74 \pm 0.33) \times 10^{-3}$ mm²/s, $(1.74 \pm 0.49) \times 10^{-3}$ mm²/s, and $(85.98 \pm 9.86)\%$ in control group. There were significant differences between benign group and malignant group, benign group and control group, malignant group and control group in ADC and DDC; There were significant differences between benign group and control group, malignant group and control group in α , but there were no significant differences between benign group and malignant group in α . The areas under the ROC curve (AUC) of ADC, DDC and α were 0.87, 0.84 and 0.64 (Fig. 2). The sensitivity of ADC, DDC and α were 95.2%, 90.5%, 66.7% and the specificity of ADC, DDC and α were 76.7%, 83.3%, 70.0% for the differential diagnosis of benign and malignant lesions of breast if taken the maximum Youden's index as cut-off. IVIM model could be a supplement of standard ADC. The differential diagnosis of benign and malignant breast lesions by ADC of monoexponential model and DDC of stretched exponential model is applicable and show high diagnostic efficacy.

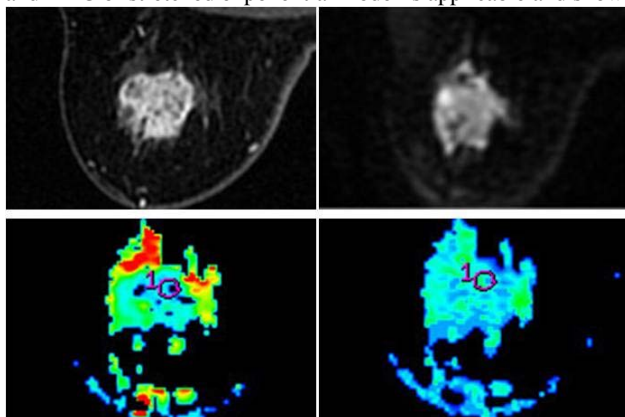


Fig 1. Example axial contrast material-enhanced MR image, DWI image, DDC map and α map of invasive carcinoma in a 50-year-old woman, respectively.

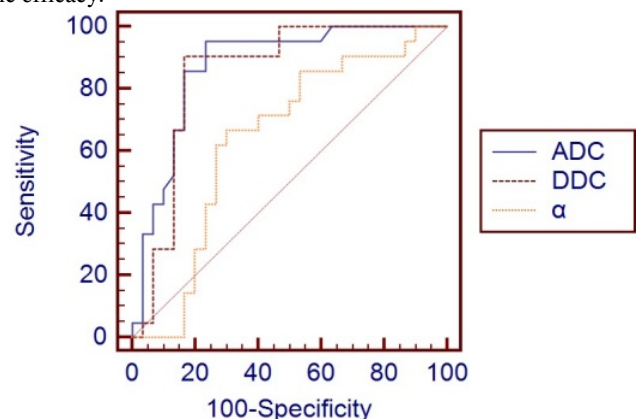


Fig 2. The areas under the ROC curve (AUC) of ADC, DDC and α were 0.87, 0.84 and 0.64.

References

1. Mazaheri Y, Afaq A, Rowe DB, et al. Diffusion-weighted magnetic resonance imaging of the prostate: improved robustness with stretched exponential modeling. J Comput Assist Tomogr 2012; 36(6): 695-703.
2. Le Bihan D, Breton E, Lallemand D, et al. MR imaging of intravoxel incoherent motions: application to diffusion and perfusion in neurologic disorders. Radiology 1986; 161(2): 401-407.