

## Oxygen-dependence of $T_1$ in lung tissue as observed in isolated, ventilated porcine lung phantoms

Simon Triphan<sup>1,2</sup>, Bertram Jobst<sup>1,3</sup>, Paul Flechsig<sup>1,3</sup>, Felix Breuer<sup>2</sup>, Peter Jakob<sup>2</sup>, and Jürgen Biederer<sup>1,4</sup>

<sup>1</sup>Diagnostic and Interventional Radiology, University Hospital Heidelberg, Heidelberg, Baden-Württemberg, Germany, <sup>2</sup>Research Centre Magnetic Resonance Bavaria e.V., Würzburg, Bayern, Germany, <sup>3</sup>Translational Lung Research Center Heidelberg, Member of the German Lung Research Center (DZL), Heidelberg, Baden-Württemberg, Germany, <sup>4</sup>German Cancer Research Center (DKFZ), Heidelberg, Baden-Württemberg, Germany

### Intended Audience

This work contributes to the understanding of oxygen-dependent lung signal changes and may be relevant for anyone interested in oxygen-enhanced lung imaging or lung parameter quantification in general.

### Purpose

Breathing pure oxygen ( $O_2$ ) has been found to accelerate  $T_1$  relaxation in the lungs due to its paramagnetic attributes, which is commonly exploited for oxygen enhanced lung functional imaging using  $T_1$  mapping<sup>1</sup> or signal enhancement. However, this reduction not only reflects ventilation, but is also affected by perfusion and diffusion through alveolar walls<sup>2</sup>. While lung MR signal is dominated by blood, the contribution of surrounding tissue means that the observed  $T_1$  is a compound parameter that is difficult to separate. Our lung phantom<sup>3</sup> is based on freshly excised porcine lung explants and contains only a minimal amount of blood. Thus, only  $T_1$  effects in lung tissue itself are visible, allowing for an isolated analysis. To study the effect of constrained  $O_2$  absorption, a reusable porcine lung explant preserved in glycerol was also examined.

### Method

All measurements were performed on a 1.5T clinical scanner. Two freshly excised porcine lung explants and one preserved porcine lung were placed in a dedicated, airtight shell filled with a  $NiSO_4$  solution simulating the thoracic cavity. The lungs were inflated by producing a partial vacuum in the surrounding shell and respiratory motion was simulated using a pneumatically controlled artificial diaphragm to exchange gases. Two sets of measurements were performed with the explants ventilated with room air and after Recovery Snapshot FLASH sequence segmented into 8 inversions with a total of 128 differently  $T_1$ -weighted contrasts. Each snapshot image was acquired with a matrix of 128x128 over 50x50x1.5cm<sup>3</sup> Field of View with TR=3ms, giving a temporal resolution of 48ms. To compensate for the extremely short  $T_2^*$ , a 50% asymmetric readout was used to attain TE=750μs.  $T_1$  maps were calculated using a pixel-by-pixel fit, determining  $T_1$  from the effective relaxation time  $T_1^*$ <sup>4</sup>. Median  $T_1$  values were determined from manually placed regions-of-interest (ROI), dividing the lungs in 10 areas.

### Results

At room air, median  $T_1$  values of  $661ms \pm 65ms$  (standard deviation) and  $616ms \pm 80ms$  were found in fresh lungs. After  $O_2$  administration,  $T_1$  dropped to  $581ms \pm 54ms$  and  $540ms \pm 48ms$ , respectively (relative differences were 12.0% and 12.3%,  $P < 1 \cdot 10^{-4}$ ). In contrast,  $T_1$  in the preserved lung was found to be  $482ms \pm 67ms$ , dropping to  $442ms \pm 54ms$  in oxygen atmosphere (8.3% difference,  $P < 0.001$ ).

### Discussion

The  $T_1$  values found were considerably shorter than those found in healthy human lungs. Since blood has a  $T_1$  of approximately 1.4s, this is to be expected in the absence of blood. However, the relative  $T_1$  reduction by  $O_2$  in the isolated porcine lung tissue is very similar to the  $T_1$  shortening observed *in vivo* in the lungs of healthy humans. Despite appearing smaller, the  $O_2$  absorption in the preserved lung is still significant.

### Conclusion

The experiment demonstrates that as oxygen dissolves in blood capillaries, this also occurs in tissue. This must be considered in oxygen-enhanced lung imaging, since  $T_1$  comes from both compartments. Also, the smaller reduction in the preserved lung shows that alterations in the tissue may affect the observed  $T_1$ -effect independently of ventilation.

### References

- [1] Jakob, P.M. et al.: JMRI 14:795-799 (2001)
- [2] Jakob, P.M. et al.: MRM 1009-1016 (2004)
- [3] Biederer, J. et al.: Radiology 227:475-483 (2003)
- [4] Deichmann, R. et al.: JMR 608-612 (1992)

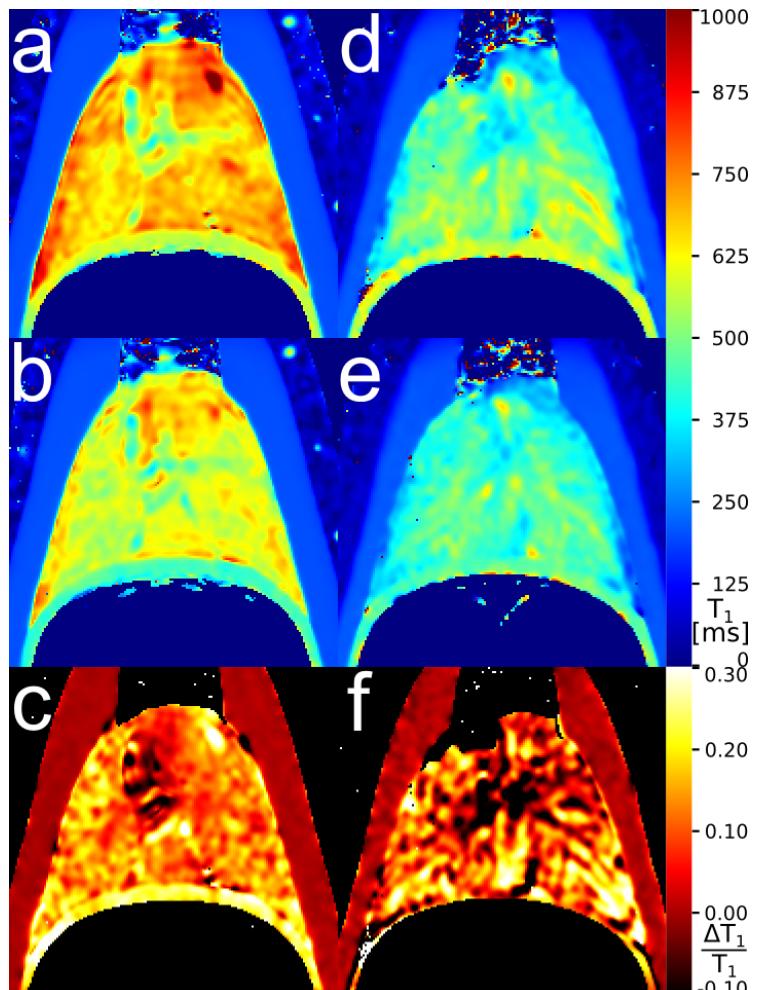


Figure 1:  $T_1$  maps of a fresh (a-c) and a preserved (d-f) excised porcine lung measured in room air (a,d) and oxygen atmosphere (b,e), as well as the relative difference (c,f) of both parameter maps.