

UTE 3D Cones Trajectory with T1ρ weighted imaging for MSK applications

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Introduction

T_{1ρ} has been identified as a novel biomarker which is useful to identify precursors of osteoarthritis, such as loss of proteoglycans^{2,3}. However, regular T_{1ρ} sequences cannot easily access tissues or tissue components with relatively short T₂s (e.g., the deep layers of articular cartilage, meniscus, ligaments, tendons, etc). The combination of 2D ultrashort echo time (UTE) sequence with spin-lock preparation has allowed T_{1ρ} contrast to be visualized for both short and long T₂ tissues in the musculoskeletal (MSK) system¹. However, the 2D UTE-T_{1ρ} sequence suffers from low SNR inefficiency, eddy currents, and poor slice coverage. 3D T_{1ρ} sequences are now being developed to avoid the complications of 2D sequences⁵. To address these issues we have implemented a self-compensated T_{1ρ} preparation with a SNR efficient 3D Cones sequence to provide image quality with a reasonable imaging scan time using a clinical 3T scanner⁴.

Methods

All scans were performed on a 3T Signa TwinSpeed scanner (GE Healthcare Technologies, Milwaukee, WI). The sequence consisted of a 3D Cones⁴ sequence preceded by a self-compensated spin-lock preparation pulse³, as shown in Figure 1. During the spin lock time (TSL) T_{1ρ} contrast is developed. A CuSO₄ spherical ball phantom was used for comparison of 2D spiral-T_{1ρ} and 3D Cones-T_{1ρ} sequences. The 3D Cones-T_{1ρ} imaging parameters were as follows: TR=160ms, matrix=192×192×30, TE=32μs, FA=16°, FOV=16cm for phantom and volunteers, and 4 cm for meniscus samples, slice thickness = 3 mm (1 mm for meniscus), spin-locking field = 500 Hz, TSL=0.02/5/10/20 ms. For none fat-sat imaging the scan time is 15 min per TSL. For fat-sat imaging five cones trajectories were sampled with each fat sat and spin-locking preparation pulse, and the scan time was reduced to 3 min per TSL. For 2D spiral-T_{1ρ}, similar imaging parameters were used with a total scan time of 6 min. T₁ effects were minimized by measuring T₁ with a variable TR 3D Cones approach and incorporating T₁ into the fitting of T_{1ρ}. The 2D spiral-T_{1ρ} and 3D Cones-T_{1ρ} without and with fat sat were applied to phantom and bovine meniscus samples (n=5). Only the 2D spiral-T_{1ρ} and the 3D Cones-T_{1ρ} with fat sat were applied to healthy human volunteers (n=5) to save scan time. An 8-channel knee coil was used for phantom and in vivo studies. A solenoid coil was used for meniscus sample study.

Results and Discussion

There was close agreement between the phantom T_{1ρ} values obtained from 2D spiral-T_{1ρ} and 3D Cones-T_{1ρ} sequences (Figure 2). The slightly greater T_{1ρ} values with the 3D cones-T_{1ρ} sequence as compared to the 2D spiral-T_{1ρ} sequence may be attributed to the greater T₁ saturation in the former which had a much shorter TR. Further T₁ compensation may be needed.

Figure 3 shows 3D Cones-T_{1ρ} imaging of a bovine meniscus and T_{1ρ} fitting with different approaches. 3D Cones-T_{1ρ} shows slightly lower value than spiral-T_{1ρ} probably due to the contribution of the shorter T₂ components in the meniscus, which cannot be detected with the spiral-T_{1ρ} sequence.

Figure 4 shows 3D cones-T_{1ρ} imaging of a 28 year old healthy volunteer. Tibial plateau shows a T_{1ρ} of 36 ms, which is consistent with literature values. The meniscus showed a relatively long T_{1ρ} of 18 ms.

Conclusion

The self-compensated spin lock preparation pulse preceding the 3D Cones-T_{1ρ} sequence provides a novel SNR efficient method to obtain volumetric T_{1ρ} contrast, and consistent values of T_{1ρ} appropriate for clinically relevant MSK applications (including short T₂ tissues such as meniscus).

References

[1] X. Li et al, Osteoarthritis Cartilage 2007. [2] J. Du et al MRM 64:834–842 (2010) [3] A. Borthakur et al. JMR 167 (2004) 306–316 [4] P.T. Gurney et al MRM 55:575–582 (2006), [5] X Li et al. MRM 59(2): 298–307(2008).

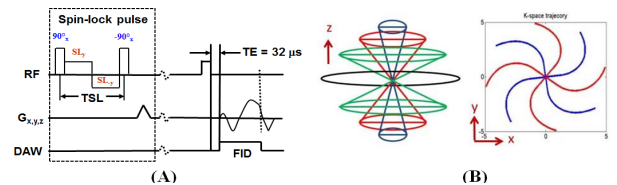


Figure 1: T_{1ρ} prepared 3D Cones sequence A) pulse sequence timing diagram, B) k-space trajectory

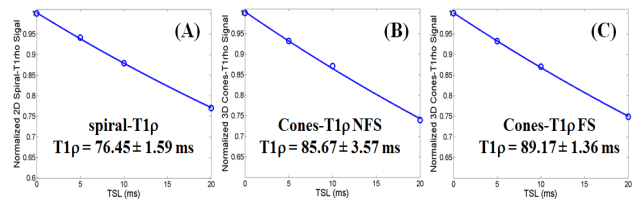


Figure 2: CuSO₄ Ball phantom T_{1ρ} values

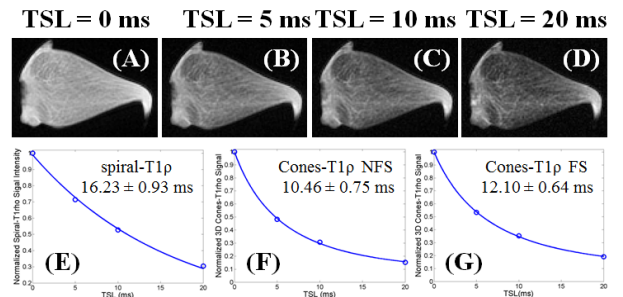


Figure 3: Ex-vivo 3D Cones images with Spin-Lock Time (TSL) of 0, 5, 10, 20 ms (A-D) of human meniscus samples. Comparison to 2D spiral-T_{1ρ} (E), 3D cones-T_{1ρ} with NFS (F) and with FS (G).

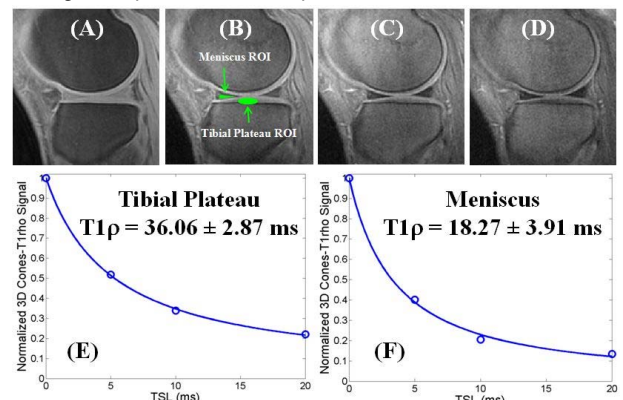


Figure 4: In vivo 3D Cones-T_{1ρ} images with TSL of 0.02, 5, 10 and 20 ms (A-D) of the knee joint of a 28 year old healthy volunteer. ROI analysis is shown for Tibial Plateau (E) and meniscus (F).