UTE: Applications & Advances

Markus Weiger, PhD, weiger@biomed.ee.ethz.ch

ZTE Imaging

Target audience

Researchers and clinicians who want to learn about the principles, potential, and challenges of short-T2 MRI using zero echo time (ZTE) techniques.

Basic principles

MRI of tissues with very short transverse relaxation times T2 or T2* needs to fulfil two basic requirements concerning spatial encoding and data acquisition:

- They must start with minimum delay after creating transverse magnetisation. This delay determines the signal-to-noise ratio (SNR) and is characterised by the echo time TE.
- They must be sufficiently short to avoid loss of true spatial resolution due to signal apodisation in k-space. The encoding time to approximately realise the nominal resolution is the targeted T2* (1).

Techniques offering these properties in a time-efficient manner use pure frequency encoding along three-dimensional (3D) radial centre-out k-space trajectories, such as ultra-short echo time (UTE) imaging (2). Even higher sensitivity and resolution is achieved with the zero echo time (ZTE) technique, where first the readout gradient is ramped up and then RF excitation is performed (Fig. 1) (3-6). In this way, gradient encoding starts immediately – thus enabling zero TE – and at full speed.



Figure 1: ZTE imaging scheme. (a) Sequence for one radial readout where RF excitation is performed after the frequency encoding gradient has been switched on. Data is only acquired after a dead time associated with transmit-receive switching. (b) Centre-out encoding and acquisition in 3D k-space (one central plane shown) where data in the central sphere is missing due to the dead time.

Features

<u>Short-T2 sensitivity:</u> ZTE imaging fulfils the basic requirements for short-T2 MRI in an optimal way, hence in principle offers maximum short-T2 sensitivity. As imaging of short-T2 tissues with high resolution requires rapid encoding with strong gradients – thus creating high signal bandwidth – practical limits are set by RF and gradient hardware.

<u>Robustness</u>: The simple ZTE acquisition scheme offers great robustness in two ways. Eddy currents hardly affect the encoding procedure and effects of off-resonance (such as B0 inhomogeneities and chemical shift) are readily suppressed at high bandwidth. Hence, ZTE images generally exhibit high geometrical fidelity.

<u>Speed:</u> The ZTE sequence has very little overhead created only by the time used for gradient spoiling and ramping between successive readouts. The high acquisition duty cycle enables high SNR efficiency, very short repetition times below 1 ms, and thus rapid 3D scanning (7).

<u>Silent scanning</u>: As RF excitation occurs while the readout gradient is on, the latter does not need to be switched off but can only be adjusted to the next radial direction. Thus, by choosing successive directions with small angular distances, the ZTE sequence is virtually silent (7).

Challenges

<u>RF excitation</u>: With the readout gradient being on during the RF pulse, the latter must excite the full bandwidth spanned by the gradient across the object. Otherwise, non-uniform excitation creates inconsistent 3D projection data and thus related artefacts, which can only in part be corrected for (8). Usually, short block-shaped "hard" pulses are used for excitation in ZTE imaging. Making them sufficiently short for high bandwidth combined with restricted B1 amplitude can result in flip angles which lead to sub-optimal SNR and limitations in T1 weighting. Improved excitation efficiency and uniformity is achieved with short modulated pulses (9). Also long modulated pulses have been proposed for the related SWIFT (sweep imaging with Fourier transform) technique (10,11). However, this approach requires interleaved RF excitation and acquisition, thus the benefit of larger flip angles is often cancelled by the reduced acquisition duty cycle and a hard bandwidth limit is set (12).

Dead time: RF pulse duration, transmit-receive switching, and digital filtering create a dead time which prevents acquisition of the initial part of the signal (Fig. 1a) (6,12). Hence, the acquired data lacks the central part in k-space (Fig. 1b). A gap originating from a dead time up to approximately three Nyquist dwell times can be readily handled by an algebraic reconstruction approach based on finite support extrapolation (6,13,14). Considerably larger gaps lead to low-frequency image perturbations due to noise enhancement and correlation as well as depiction errors (15). Therefore, high-bandwidth ZTE imaging requires minimal dead time (16,17). Alternatively, methods have been proposed to obtain the missing data in a separate acquisition. In the WASPI (water- and fat-suppressed projection imaging) technique, the gap size is reduced by an additional radial scan at reduced gradient strength (18). In the PETRA (pointwise encoding time reduction with radial acquisition) technique, the gap is filled with Cartesian single-point imaging (19). Besides the associated increase in scan time, such approaches need careful consideration of sensitivity and resolution, in particular at relatively large dead times as frequently occurring on today's clinical scanners.

<u>Background signal</u>: High sensitivity to short-T2 tissues also includes increased sensitivity to all kinds of materials with extremely short T2 (tens of μ s or less) which occur in parts of the MR scanner, such as the RF coil, the bed, or covers. If being excited and seen by the receive coil, such materials appear blurred in the image and are aliased into it if they are located outside the field-of-view (6). Furthermore, the associated artefact may be amplified in the case of large k-space gaps (15). Therefore, ideally, materials containing protons are avoided in these parts, above all in the RF coil,

which is, however, a demanding engineering task (20). Alternatively, such signal may be suppressed by means of preparation pulses (6), or subtracted based on reference scans (21).

<u>Contrast</u>: The intrinsic contrast of ZTE images is mainly proton-density based due to zero TE and usually small flip angles. Therefore, additional means of creating contrast are required such as preparation pulses (22) or image subtraction (23). The particular challenge is to obtain images showing signal mainly from short-T2 components, e.g. by optimised suppression and acquisition schemes (24).

Applications

Naturally, the same range of applications is of interest for UTE and ZTE MRI. With currently available hardware, transverse relaxation times down to a few hundreds of microseconds can be targeted. Such applications include MRI of bone, tendons, or ligaments (7,25-28), the lung (21,29-31), and teeth (32-34).

ZTE versus UTE

As a summary, a direct comparison of the properties of ZTE MRI with the UTE technique is provided.

- ✓ Higher short-T2 sensitivity and resolution
- ✓ No trajectory calibration
- ✓ Greater robustness against eddy currents and off-resonance
- ✓ Silent operation
- Limited flip angle
- Dead time issue
- Only 3D
- Limited intrinsic contrast
- Sensitive to background signal

References

- 1. Rahmer J, Bornert P, Groen J, Bos C. Three-dimensional radial ultrashort echo-time imaging with T2 adapted sampling. Magn Reson Med 2006;55:1075-1082.
- 2. Glover GH, Pauly JM, Bradshaw KM. B-11 Imaging with a 3-dimensional reconstruction method. J Magn Reson Imag 1992;2:47-52.
- 3. Hafner S. Fast imaging in liquids and solids with the back-projection low-angle shot (BLAST) technique. Magn Reson Imag 1994;12:1047-1051.
- 4. Madio DP, Lowe IJ. Ultra-fast imaging using low flip angles and FIDs. Magn Reson Med 1995;34:525-529.
- 5. Kuethe DO, Caprihan A, Fukushima E, Waggoner RA. Imaging lungs using inert fluorinated gases. Magn Reson Med 1998;39:85-88.
- 6. Weiger M, Pruessmann KP. MRI with zero echo time. eMagRes. Volume 1: John Wiley & Sons, Ltd; 2012. p 311-322.
- 7. Weiger M, Brunner DO, Dietrich BE, Muller CF, Pruessmann KP. ZTE imaging in humans. Magn Reson Med 2013;70:328-332.
- 8. Grodzki DM, Jakob PM, Heismann B. Correcting slice selectivity in hard pulse sequences. J Magn Reson 2012;214:61-67.
- 9. Schieban K, Weiger M, Hennel F, Boss A, Pruessmann KP. ZTE imaging with enhanced flip angle using modulated excitation. Magn Reson Med 2015.
- 10. Idiyatullin D, Corum C, Park JY, Garwood M. Fast and quiet MRI using a swept radiofrequency. J Magn Reson 2006;181:342-349.
- 11. Weiger M, Hennel F, Pruessmann KP. Sweep MRI with Algebraic Reconstruction. Magn Reson Med 2010;64:1685-1695.
- 12. Weiger M, Pruessmann KP, Hennel F. MRI with zero echo time: hard versus sweep pulse excitation. Magn Reson Med 2011;66:379-389.
- 13. Jackson J, Macovski A, Nishimura D. Low-frequency restoration. Magn Reson Med 1989;11:248-257.
- 14. Kuethe DO, Caprihan A, Lowe IJ, Madio DP, Gach HM. Transforming NMR data despite missing points. J Magn Reson 1999;139:18-25.
- 15. Weiger M, Brunner DO, Tabbert M, Pavan M, Schmid T, Pruessmann KP. Exploring the bandwidth limits of ZTE imaging: Spatial response, out-of-band signals, and noise propagation. Magn Reson Med 2015.
- 16. Brunner DO, Weiger M, Schmid T, Pruessmann KP. High-power T/R switches with 350 ns rise time for zero echo time imaging. In Proceedings of the 21st Annual Meeting of ISMRM, Milan, Italy, 2014. p.922.
- Marjanovic J, J. R, Brunner DO, Weiger M, Dietrich BE, Schmid T, Moser U, Barmet C, Pruessmann KP. Dead time reduction with a variable rate broadband receiver – applications to zero echo time imaging. In Proceedings of the 21st Annual Meeting of ISMRM, Milan, Italy, 2014. p.927.
- Wu YT, Dai GP, Ackerman JL, Hrovat MI, Glimcher MJ, Snyder BD, Nazarian A, Chesler DA. Water- and fat-suppressed proton projection MRI (WASPI) of rat femur bone. Magn Reson Med 2007;57:554-567.
- 19. Grodzki DM, Jakob PM, Heismann B. Ultrashort echo time imaging using pointwise encoding time reduction with radial acquisition (PETRA). Magn Reson Med 2012;67:510-518.
- 20. Horch RA, Wilkens K, Gochberg DF, Does MD. RF coil considerations for short-T2 MRI. Magn Reson Med 2010;64:1652-1657.
- 21. Weiger M, Wu M, Wurnig MC, Kenkel D, Jungraithmayr W, Boss A, Pruessmann KP. Rapid and robust pulmonary proton ZTE imaging in the mouse. NMR Biomed 2014;27:1129-1134.
- 22. Weiger M, Brunner DO, Wyss M, Dietrich BE, Wilm BJ, Pruessmann KP. ZTE imaging with T1 contrast. In Proceedings of the 21st Annual Meeting of ISMRM, Milan, Italy, 2014. p.4262.

- 23. Rahmer J, Blume U, Bornert P. Selective 3D ultrashort TE imaging: comparison of "dual-echo" acquisition and magnetization preparation for improving short-T-2 contrast. Magnetic Resonance Materials in Physics Biology and Medicine 2007;20:83-92.
- 24. Weiger M, Wu M, Wurnig MC, Kenkel D, Boss A, Andreisek G, Pruessmann KP. ZTE imaging with long-T2 suppression. NMR Biomed 2015;28:247-254.
- 25. Wu YT, Ackerman JL, Chesler DA, Graham L, Wang Y, Glimcher MJ. Density of organic matrix of native mineralized bone measured by water- and fat-suppressed proton projection MRI. Magn Reson Med 2003;50:59-68.
- 26. Weiger M, Stampanoni M, Pruessmann KP. Direct depiction of bone microstructure using MRI with zero echo time. Bone 2013;54:44-47.
- 27. Luhach I, Idiyatullin D, Lynch CC, Corum C, Martinez GV, Garwood M, Gillies RJ. Rapid ex vivo imaging of PAIII prostate to bone tumor with SWIFT-MRI. Magn Reson Med 2014;72:858-863.
- 28. Wiesinger F, Sacolick LI, Menini A, Kaushik SS, Ahn S, Veit-Haibach P, Delso G, Shanbhag DD. Zero TE MR bone imaging in the head. Magn Reson Med 2015.
- 29. Kuethe DO, Adolphi NL, Fukushima E. Short data-acquisition times improve projection images of lung tissue. Magn Reson Med 2007;57:1058-1064.
- 30. Kobayashi N, Idiyatullin D, Corum C, Weber J, Garwood M, Sachdev D. SWIFT MRI enhances detection of breast cancer metastasis to the lung. Magn Reson Med 2014:n/a-n/a.
- 31. Gibiino F, Sacolick L, Menini A, Landini L, Wiesinger F. Free-breathing, zero-TE MR lung imaging. Magn Reson Mater Phy 2014:1-9.
- Hövener J-B, Zwick S, Leupold J, Eisenbeiβ A-K, Scheifele C, Schellenberger F, Hennig J,
 Elverfeldt Dv, Ludwig U. Dental MRI: Imaging of soft and solid components without ionizing
 radiation. J Magn Reson Imag 2012;36:841-846.
- 33. Weiger M, Pruessmann KP, Bracher AK, Kohler S, Lehmann V, Wolfram U, Hennel F, Rasche V. High-resolution ZTE imaging of human teeth. NMR Biomed 2012;25:1144-1151.
- 34. Idiyatullin D, Corum C, Moeller S, Prasad HS, Garwood M, Nixdorf DR. Dental Magnetic Resonance Imaging: Making the Invisible Visible. Journal of Endodontics 2011;37:745-752.