Diagnostic MRI

Francesco de Pasquale

Università di Teramo

- Intro
- Anatomical MRI

Outline

- MRI basics
- Standard MRI techniques (T1, T2, FLAIR …)
- Contrast enhanced MRI
- MR spectroscopy
- Perfusion MRI
- Angio MRI
- fMRI
- DTI
- MRI and multimodal imaging
- Very high and ultra-low field MRI

Introduction

MRI applications can be grouped into:

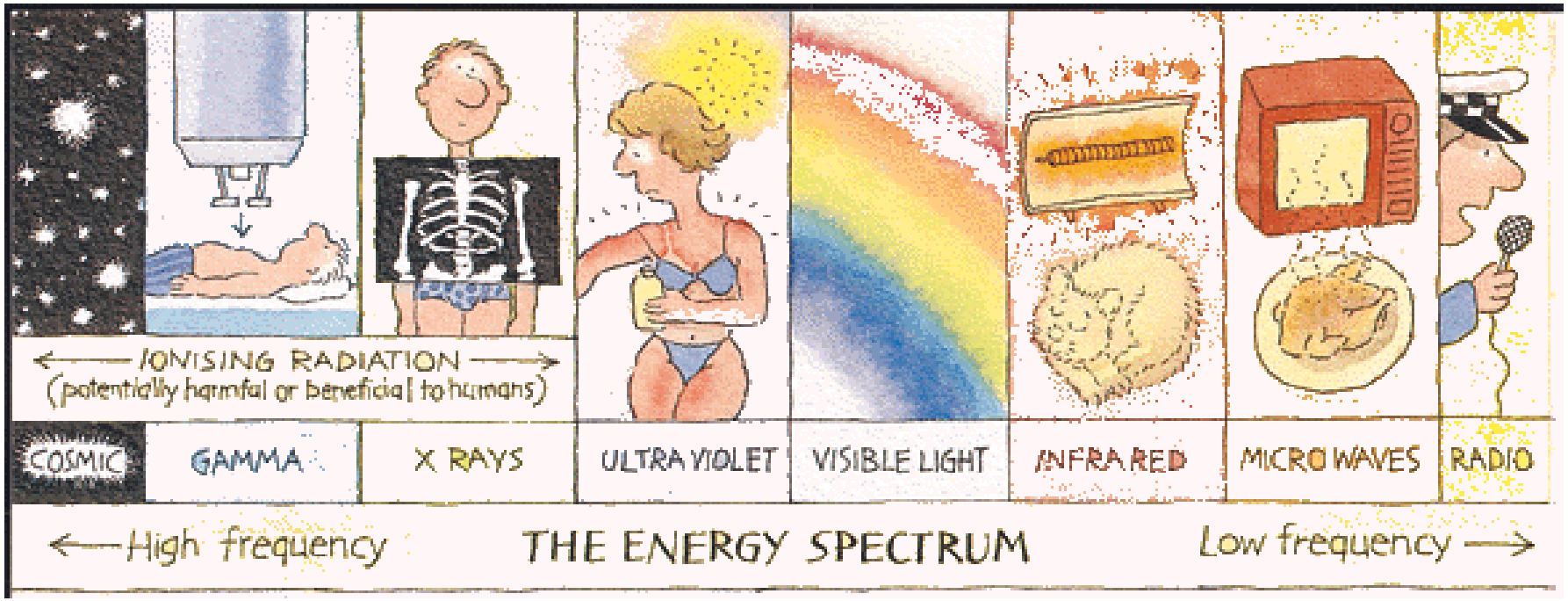
- Clinical Neurology
  - Neuroimaging, e.g. demyelinating diseases, dementia, cerebrovascular disease, neurodegenerative diseases (Epilepsy, Parkinson, Alzheimer, Huntington …), in general functional and structural brain abnormalities, development and aging

- Cancer
  - Breast, colorectal, Brain
  - MRI guided stereotactic surgery and radiosurgery

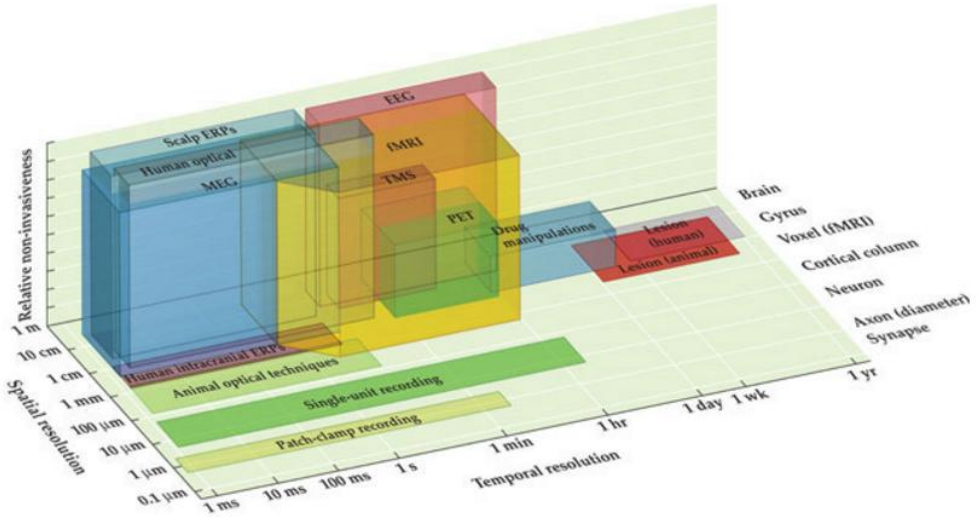
Introduction

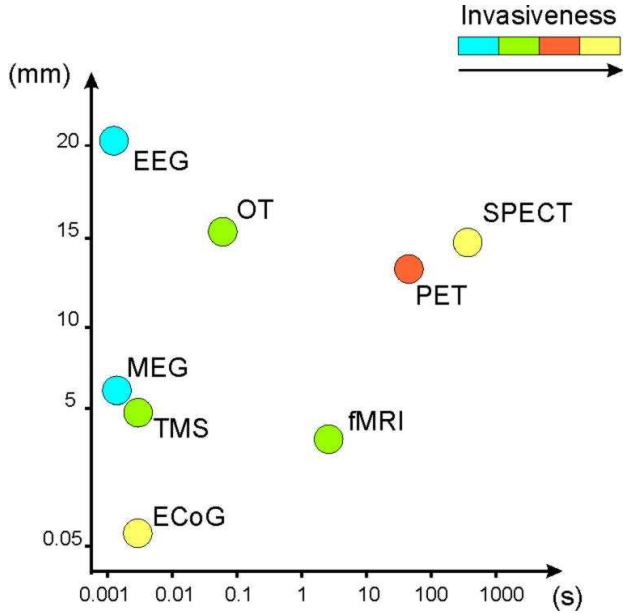
- Cardiovascular
  - Myocardial ischemia and cardiomyopathies, myocarditis, iron overload, vascular diseases and congenital heart disease
- Muscoloskeletal
  - Spinal imaging, assessment of joint disease and soft tissue tumors
- Liver and gatrointestinal

In energetic terms…



Comparison MRI vs other imaging techniques in terms of invasiveness





MRI advantages

- Excellent soft tissue contrast resolution
- Ability to obtain direct transverse, sagittal, coronal and oblique images
- No ionizing radiation
- No bone-air artifacts
- A very rich information coming from a large set of parameters determining the MRI contrast

some drawbacks…

"OK, Mrs. Dunn. We'll slide you in there, scan your brain, and see if we can find out why you've been having these spells of claustrophobia."

MRI disadvantages

- Long imaging time
- Complexity of equipment and scan acquisition
- High cost
- Low resolution for calcification or bone details
- Not all subjects can undergo MRI (any metallic fragment may become projectile, no pace maker, dental implants, heart valves, aneurism clips, claustrophobia?)

MRI compared to CT

COMPARISON	MRI	CT SCAN
Soft Tissue	Much higher detail in soft tissues	Less detailed in soft tissue
Bony Structures	Less detailed when compared with CT Scan	More detail about bony structures
Effects on the body	No hazards reported	Small risk of irradiation
Cost	Cost can vary from $1400 to $4000 (when used with contrast). Generally more expensive than CT Scans and x-rays	Cost ranges from $1200 to $3200. Generally less than MRIs
Also known as:	Magnetic Resonance Imaging	Computed Tomography
Exposure to Radiation	None	Moderate
Time Taken to scan	Typically 30 to 45 minutes	Generally within 5 minutes

MR exam clinical setting

- Equipe and responsabilities:
  - Patient
  - Technician
    - ➢ Patient registration (from informed consent)
    - ➢ Check patient compliance with MRI exam (clips etc…) sometimes a metal detector is used
    - ➢ Let the patient in the scanner
    - ➢ Patient positioning
    - ➢ Perform exam
    - ➢ Let the patient out the MRI room

MR exam clinical setting

- Physicist
  - Setup the imaging protocol
  - Quality control (B0 homogeneity, coils)
  - Develop new sequences or optimize existing ones
  - Data analysis

- Anesthetist (when contrast agent is administered)

- Nurse (difficult patients and help with the contrast agent administration)
- Physician (Radiologist / Neuro-radiologist)
  - Verify and sign the informed consent to allow patient in the MR room
  - Report on the MRI findings

MR clinical setting

FONDAZIONE SANTA LUCIA
ISTITUTO DI RICOVERO E CURA A CARATTERE SCIENTIFICO
Ospedale di rilievo nazionale e di alta specializzazione per la riabilitazione neuromotoria
00179 Roma - Via Ardeatina, 306 - Tel +39 06 515011 - Fax +39 06 5032097 - www.hsantalucia.it

QUESTIONARIO PER L'ACCESSO ALLA SALA DI RISONANZA MAGNETICA CON APPARECCHIATURA A 3 TESLA

Cognome _____ *Nome* _____

Luogo di nascita _____ *Data di nascita* _____

Luogo di residenza/domicilio _____ *indirizzo* _____ *Telefono/cellulare* _____

Protocollo di studio: _____

Ricercatore con recapito telefonico: _____

ATTENZIONE: I PORTATORI DI PACE MAKER CARDIACO, DI APPARECCHIATURE ELETTRONICHE IMPIANTATE O DI ELEMENTI METALLICI FERROMAGNETICI MOBILI NON POSSONO E SEGUIRE L'ESAME RM.
Per i portatori di impianto protesico occorre produrre al momento dell'esame RM la certificazione di compatibilità elettromagnetica del materiale utilizzato per la protesi rilasciata dal servizio che ha effettuato l'intervento.

	Sì	No
Ha già eseguito un esame di RM ?	❑	❑
E' portatore di PACE MAKER cardiaco?	❑	❑
E' portatore di defibrillatore cardiaco?	❑	❑
E' portatore di valvole o cateteri cardiaci?	❑	❑
E' portatore di protesi al cristallino?	❑	❑
Ha neurostimolatori o elettrodi nel cervello?	❑	❑
Ha cateteri e valvole di derivazione ventricolo-peritoneale?	❑	❑
Ha corpi metallici o impianti per udito?	❑	❑
Ha pompe per infusione di farmaci?	❑	❑
Ha clips per aneurismi, clips chirurgiche, viti, chiodi, fili o schegge metalliche?	❑	❑
Ha subito incidenti stradali o di caccia?	❑	❑
Ha mai lavorato come saldatore, tornitore, fabbro, carrozziere?	❑	❑
E' affetto da anemia falciforme?	❑	❑
E' portatore di piercing e/o tatuaggi?	❑	❑

	Sì	No
se sì, quando? _____		
Soffre di claustrofobia?	❑	❑
Per Pazienti di sesso femminile:		
E' in stato di gravidanza?	❑	❑
Data ultime mestruazioni: _____		
E' portatrice di corpi intra-uterini?	❑	❑
Ha mai subito interventi chirurgici? Se sì, indicare quali e in che data:	❑	❑
_____		
_____		
_____		
_____		
_____		
_____		
_____		

ACCESSO ALLA ZONA CONTROLLATA DI RM 3 TESLA

PRIMA DI ENTRARE NELLA ZONA AD ACCESSO CONTROLLATO OCCORRE TOGLIERE QUALSIASI OGGETTO METALLICO, MECCANICO O ELETTRONICO O MAGNETICO E ALTRI OGGETTI CHE POSSANO DANNEGGIARE IL PAZIENTE/VOLONTARIO O DANNEGGIARSI A SEGUITO DELL'ESPOSIZIONE AL CAMPO MAGNETICO E A ONDE DI RADIOFREQUENZA.

IN PARTICOLARE: lenti a contatto rigide, apparecchi per l'udito, protesi dentarie mobili, reggiseno con ferretto o parti metalliche, fermagli, mollette, occhiali, gioielli, orologi, carte di credito o schede magnetiche, ferma-soldi, monete, chiavi, ganci, bottoni metallici, spille, indumenti con lampo, punti metallici (quelli applicati in tintoria). E' necessario rimuovere prodotti cosmetici dal volto per la RM cerebrale.

Avete rimosso tutti gli oggetti metallici? **SI ❑** **NO❑**

Il paziente/volontario, informato sulle modalità di svolgimento dell'esame RM, sulle complicanze e rischi eventuali ad esso connessi,

Acconsente al trattamento dei suoi dati personali e sensibili secondo il *Testo Unico sulla privacy DL.vo 196/2003* per le finalità dell'esame RM: **SI ❑** **NO❑**

Acconsente al trattamento in forma anonima dei suoi dati e dei dati derivanti dall'esame RM per finalità di ricerca scientifica da parte dei medici e ricercatori della IRCCS Fondazione Santa Lucia: **SI ❑** **NO❑**

Letto e approvato, acconsente all'accesso alla sala RM **SI ❑** **NO❑**

Data: _____ **Firma del paziente/volontario** _____

Data _____ ***Firma del Medico radiologo*** _____

CONSENSO ALLA SOMMINISTRAZIONE DI MEZZO DI CONTRASTO (COMPILARE SOLO SE LA SOMMINISTRAZIONE E' PREVISTA DAL PROTOCOLLO)

La somministrazione del mezzo di contrasto avviene per via parenterale e può, raramente, provocare disturbi di tipo allergico generalmente di scarsa entità, tipo orticaria a rapida risoluzione.

Ha mai avuto reazioni allergiche a sostanze o a mezzi di contrasto? **SI ❑** **NO❑**

In relazione alla nota informativa dell'AIFA del 26-06-2007 si informa che è stata osservata una possibile associazione tra l'utilizzo di mezzi di contrasto contenenti gadolinio e fibrosi sistemica nefrogenica. Questi mezzi di contrasto devono quindi essere utilizzati con cautela in pazienti con moderata insufficienza renale (GFR 30-59 ml/min/1,73m²) e sono controindicati in pazienti con insufficienza renale grave (GFR <30 ml/min/1,73m²).

E' affetto da insufficienza renale? **SI ❑** **NO❑**

Il paziente (Età>30 anni) ha effettuato il seguente esame: Creatininemia **SI ❑** **NO❑**

Informato dell'indicazione clinica, delle modalità di svolgimento e delle eventuali complicanze e rischi connessi, acconsento alla somministrazione di mezzo di contrasto: **SI ❑** **NO❑**

Data: _____ **Firma del paziente/volontario** _____

Data _____ Firma del Medico _____

MR missile effect

Two magnets close to each other:

- Align themselves to one another positive-to-negative. In the case of a ferromagnetic object brought near an MRI, one weighs perhaps 12 tons and is bolted to the floor, the other is a pair of scissors that weigh a few ounces. Which of these two things is going to rotate to align itself?

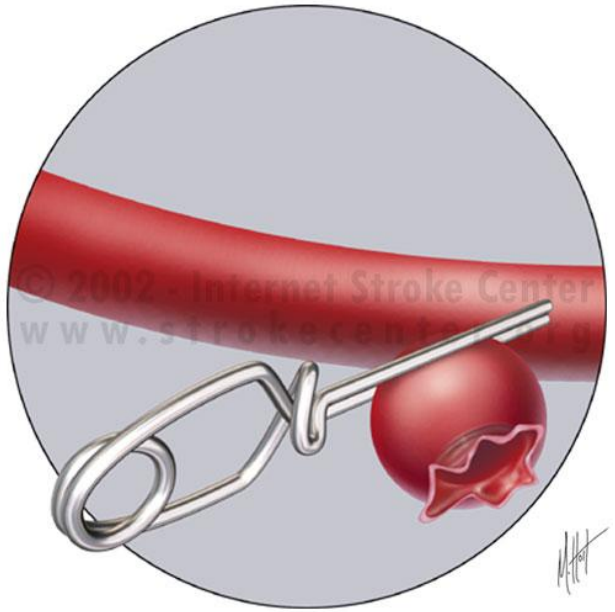
- Smaller ferromagnetic objects that we wear, carry, or have placed within our bodies can twist, turn and even tear whatever may be trying to hold them in place.

MR missile effect

- Attractive force: two aligned magnets are attracted (think about a magnet on the fridge door). Missile effect because ferromagnetic objects, propelled by enormous amounts of magnetic energy, can launch across the room with tremendous force towards an MRI. towards the peak of the magnetic field (typically the center of the MRI).

Oxygen tank example

MR safety



Aneurysm clips can be stripped away from the blood vesseles leading to death

Oggetti volanti possono uccidere la gente.
Anche se non creano incidenti gravi, possono volare nel magnete e danneggiarlo o richiedono un arresto costoso del sistema.

Image contrast

Radiation needs to interact with the body's tissues in a differential manner to provide a contrast:

- X-ray/CT: absorption rate (diff. in e^- density ρ) $\mu \approx \frac{\rho Z^4}{AE^3}$

- Ultrasound imaging: acoustic impedance (density and speed of sound) ($z = \rho v$)
- Nuclear medicine: tracer concentration

But in MRI?

MRI parameters

MRI contrast depends on a large set of parameters:

- Intrinsic parameters include:
  - ✓ proton density velocity
  - ✓ spin-lattice relaxation time (T1) diffusion
  - ✓ spin-spin relaxation time (T2) perfusion
  - ✓ chemical environment temperature

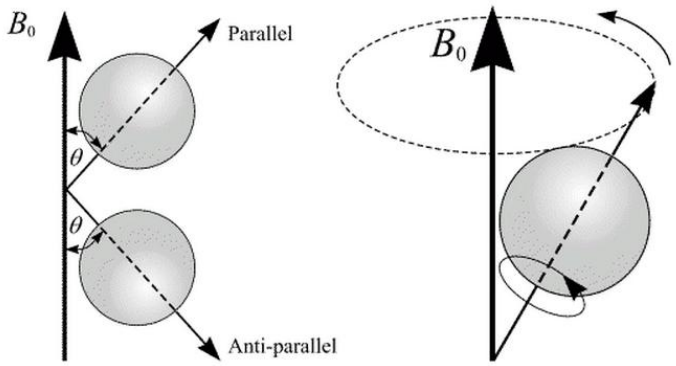
- Extrinsic parameters include:
  - ✓ echo time (TE) saturation pulses
  - ✓ repetition time (TR)
  - ✓ inversion pulses flip angle (α)
  - ✓ flow compensation pulses
  - ✓ contrast agents
  - ✓ diffusion sensitization pulses

Where do these parameters come from?

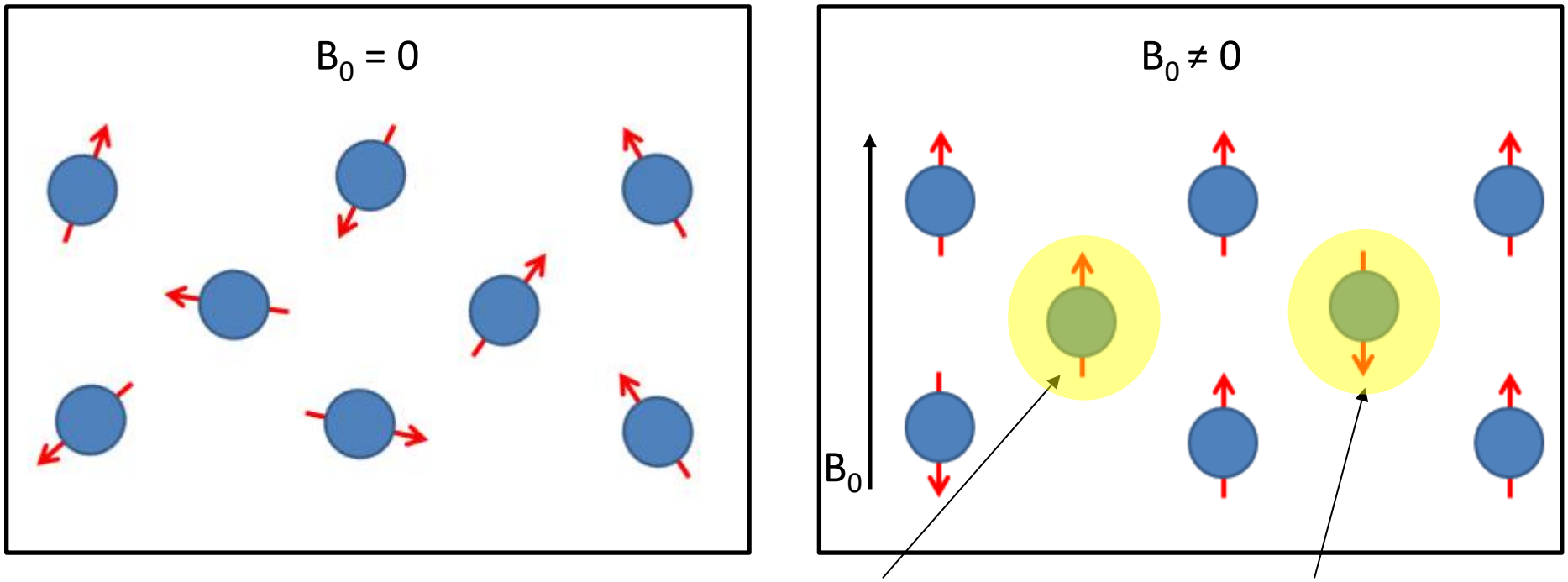
Risonanza Magnetica Nucleare

Magnetic Moment and Spin

Atomic nuclei with an odd number of neutrons and/or protons have a small *magnetic moment* and an angular momentum called *nuclear spin* *(e.g. H_2O)*



Nuclei	Unpaired Protons	Unpaired Neutrons	Net Spin	ϒ(MHz/T)
^{1}H	1	0	1/2	42.58
^{2}H	1	1	1	6.54
^{31}P	1	0	1/2	17.25
^{23}Na	1	2	3/2	11.27
^{14}N	1	1	1	3.08
^{13}C	0	1	1/2	10.71
^{19}F	1	0	1/2	40.08

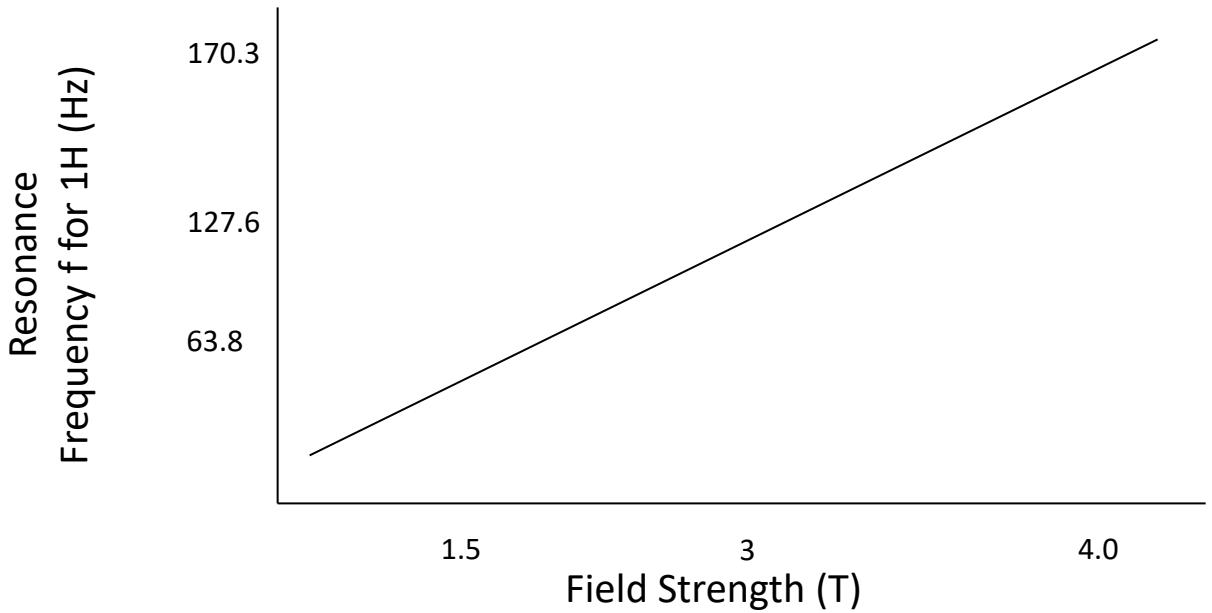


When $B_0 \neq 0$ protons will either align *parallel* to the magnetic field or *anti-parallel* to it and a small excess ($1/10^5$) of parallel vs antiparallel spins leads to a net magnetization M_0

Larmor equation

the energy difference between the high (antiparallel) and low (parallel) energy states is expressed by the Larmor equation:

$$\nu = \gamma B_0 \text{ with } (\gamma = 42.58 \text{ MHz/T})$$

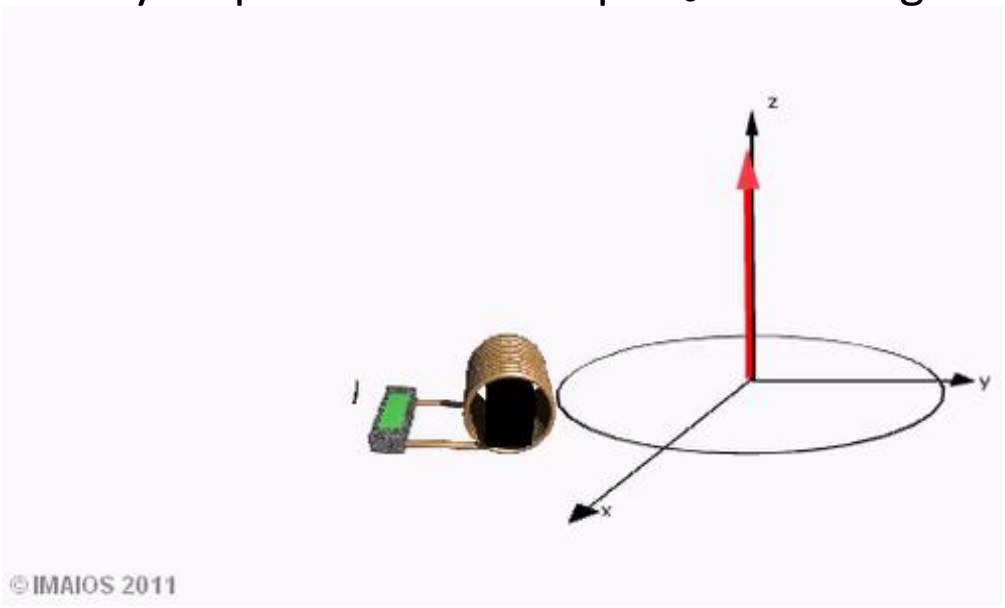


Resonance

Through Resonance protons can flip between energy states as long as the specific frequency is used

RF excitation

This is achieved by RF pulses used to flip M_0 out of alignment with B_0

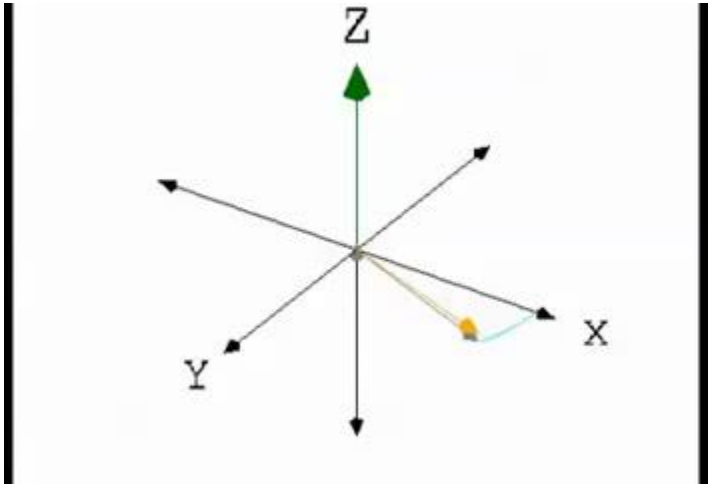


M_0 from a non-equilibrium state returns to the equilibrium distribution.

These two principal relaxation processes are described in terms of T_1 and T_2 relaxation times respectively.

T1 (Spin-Lattice) relaxation

T_1 relaxation involves redistributing the populations of the nuclear spin states to reach the thermal equilibrium distribution.



Relaxation mechanisms allow nuclear spins to exchange energy with their surroundings (*lattice)*

T_1 relaxation strongly depends on the NMR frequency and so varies considerably with B_0

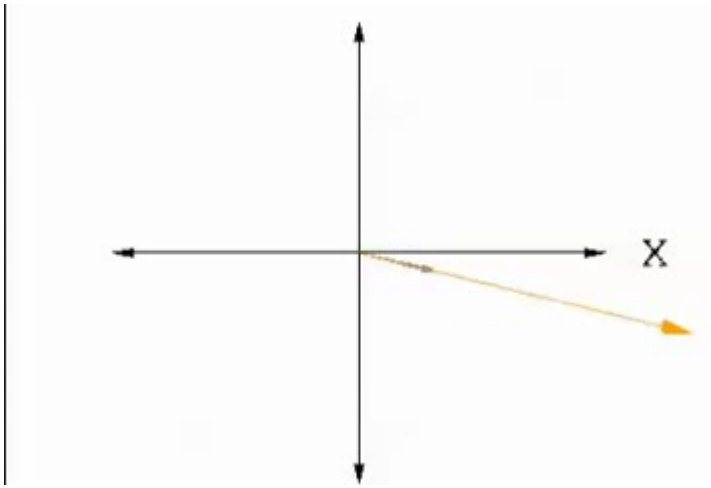
T2 (Spin-Spin) relaxation

T_2 relaxation corresponds to a decoherence of the M_{xy}

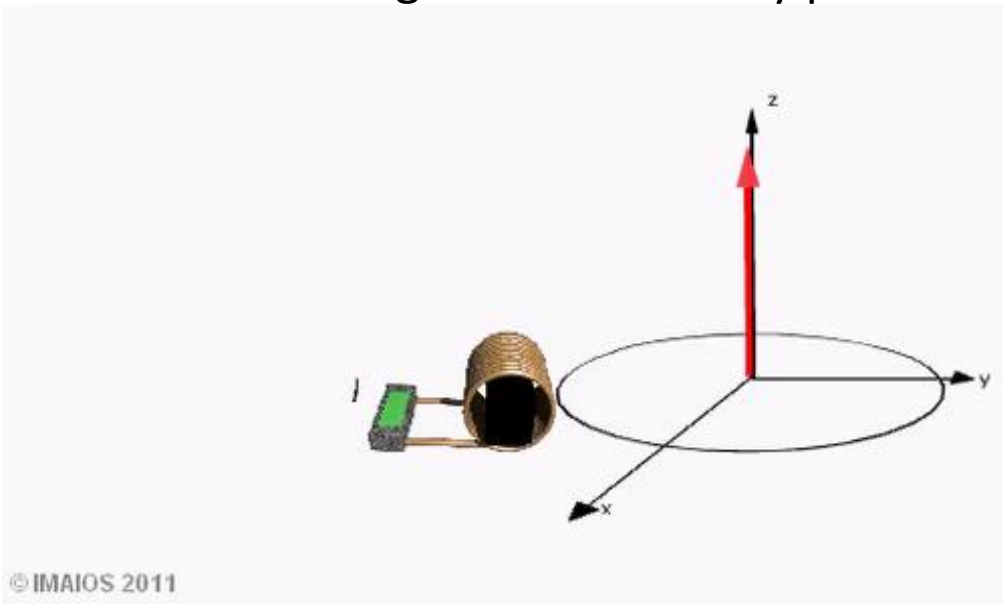
Random fluctuations of B lead to random variations of frequency of spins

The initial phase coherence is eventually lost

T_2 values are generally much less dependent from B_0 than T_1 values

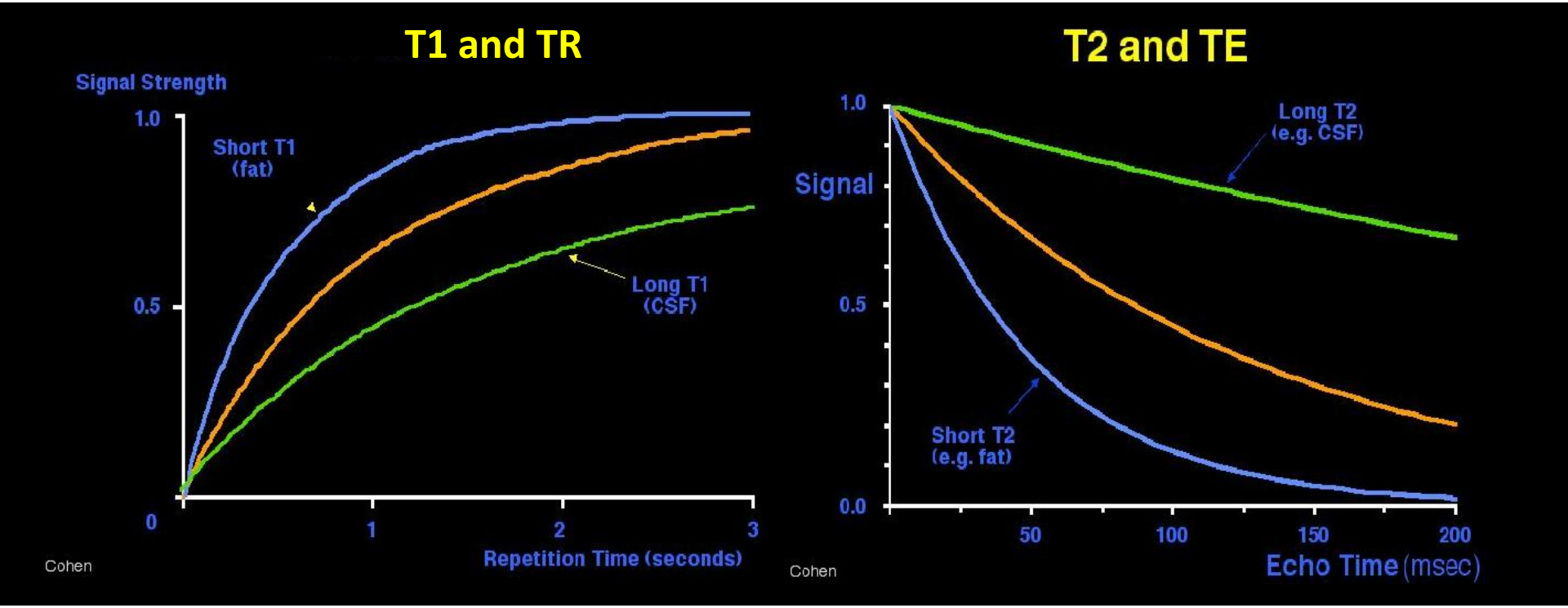


A FID signal is recorded as long as M is on the xy plane



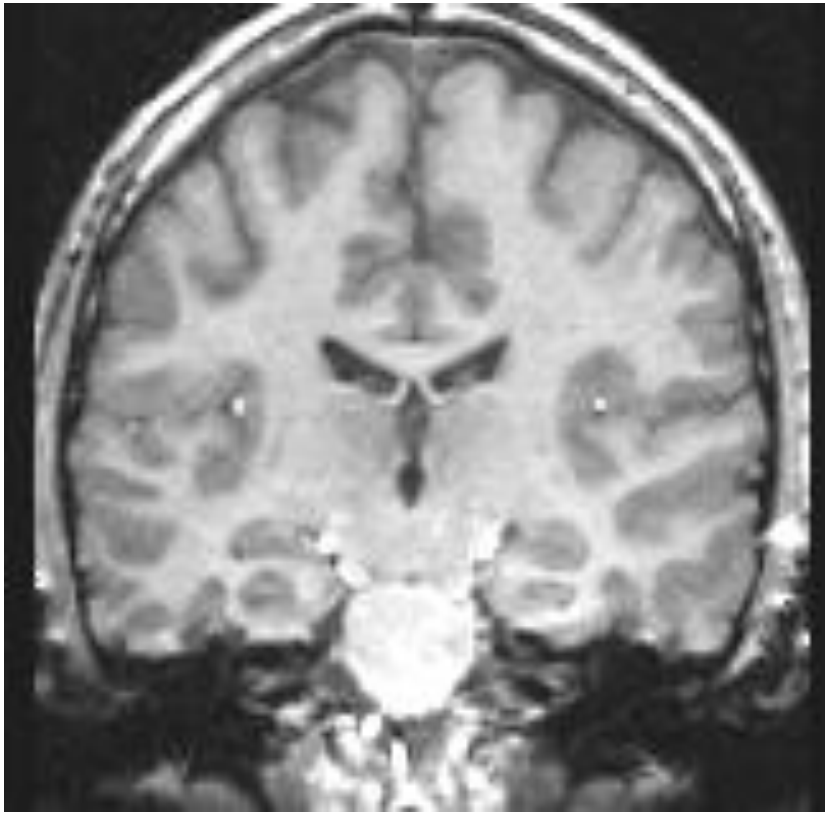
T1 vs. T2 decay

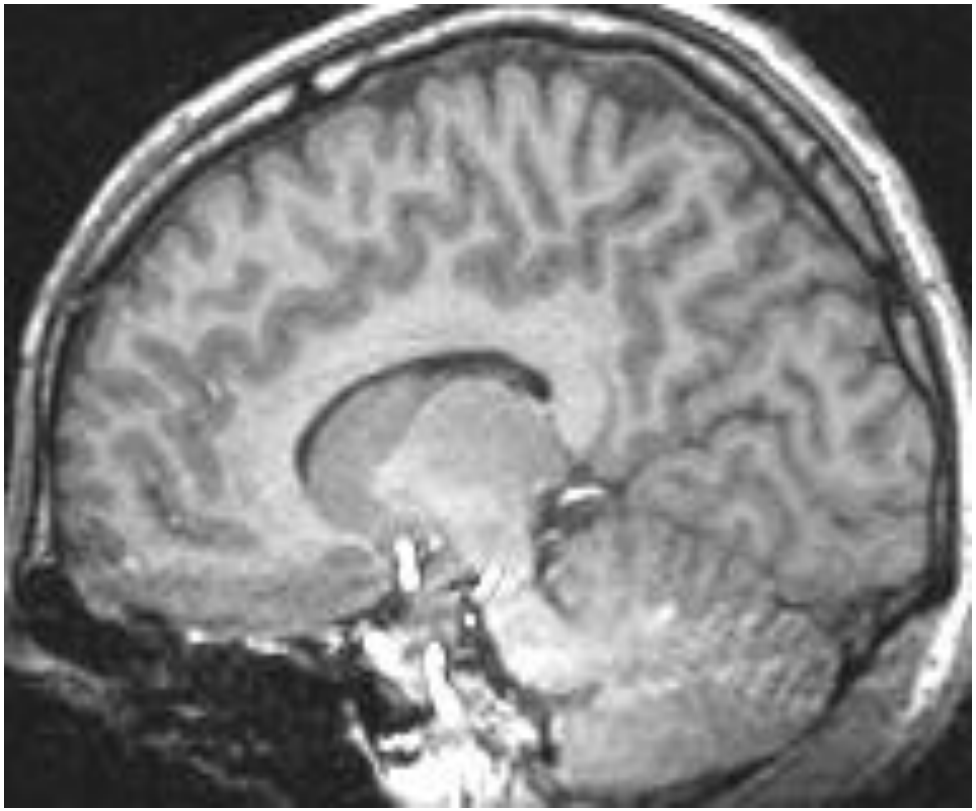
- T1 and T2 weighted images



Developing Contrast Using Weighting

- *Contrast* = difference in image values between different tissues
- T1 weighted example: gray-white contrast is possible because T1 differs between these two types of tissue

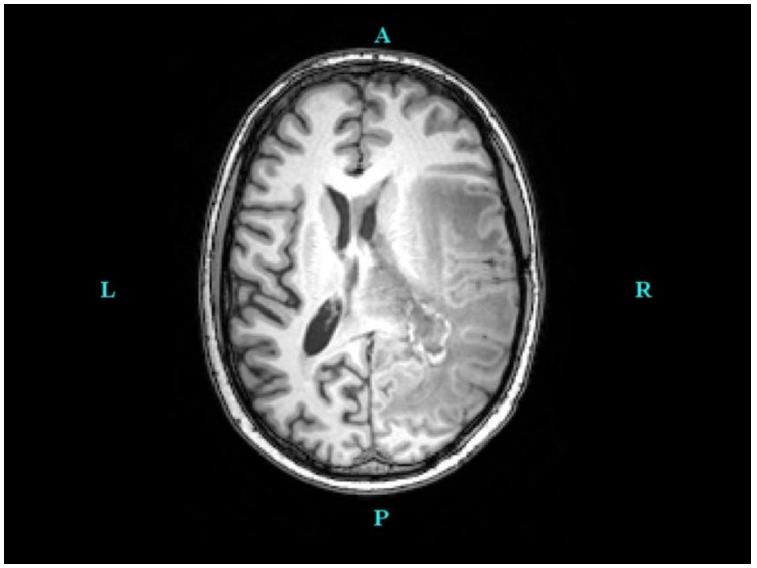




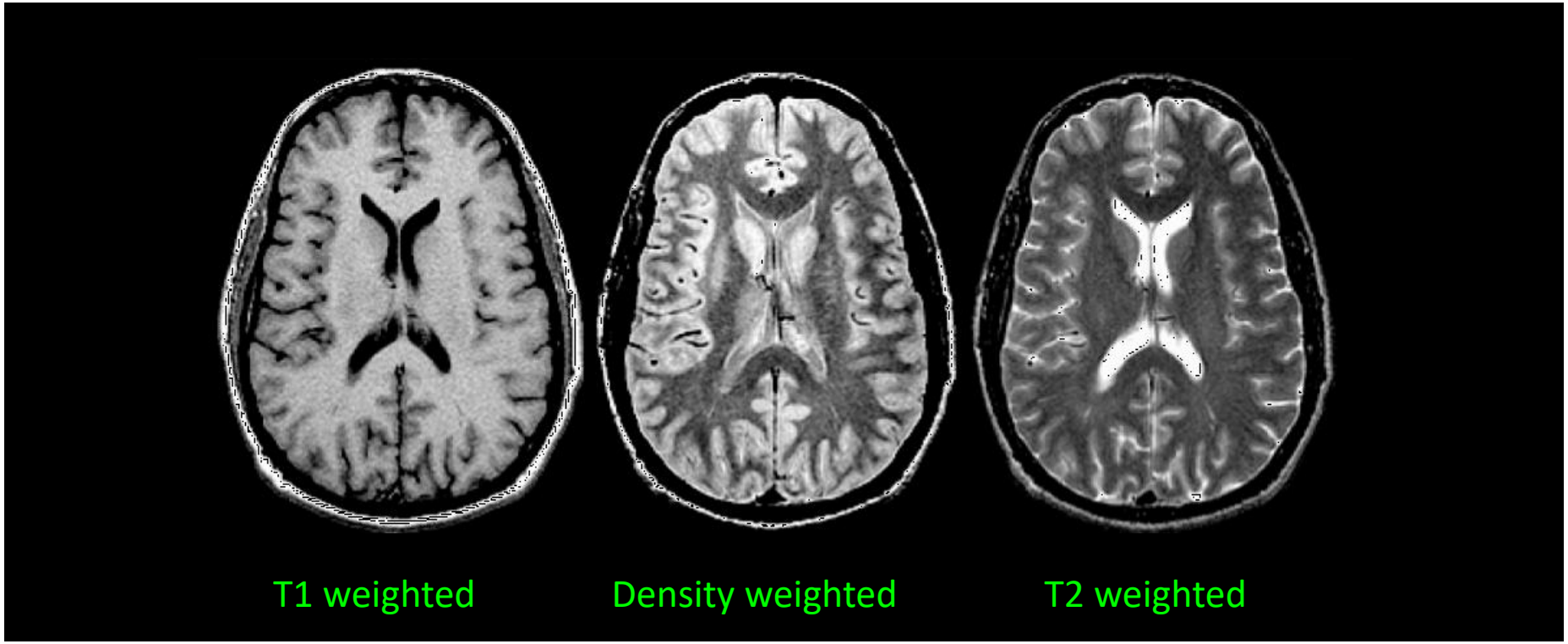
T1-weighted image (usually used for anatomical images) measures the rate at which different types of molecules (and by extension tissue) approach M_0 at different rates allowing us to differentiate things like white and grey matter:

Healthy subject

Tumor Patient



Proton density, recovery (T1) and decay (T2) times.



- By ‘weighting’ the pulse sequence (and point at which data is collected) different images of the brain are obtained
- Weighting is achieved by manipulating TE (time to echo) and TR (time to repetition of the pulse sequence)

Properties of Body Tissues

Tissue	T1 (ms)	T2 (ms)
Grey Matter (GM)	950	100
White Matter (WM)	600	80
Muscle	900	50
Cerebrospinal Fluid(CSF)	4500	2200
Fat	250	60
Blood	1200	100-200

T1 values for B_0 ~ 1Tesla.
T2 ~ 1/10th T1 for soft tissues