



5612 Technical Challenges in Measuring Adipose Tissue T2*

Maximilian N. Diefenbach¹, Franziska Treibel¹, Daniela Franz¹, Jan Syväri¹, Stefan Ruschke¹, Holger Eggers², Dimitrios C. Karampinos¹

Session: Contrast Mechanisms: Relaxation & More Computer No.: 81 Time: 14:15 – 15:15 Date: Thursday, June 21, 2018

¹ Department of Diagnostic & Interventional Radiology, Technical University of Munich, Munich, Germany ² Philips Research Laboratory, Hamburg



Declaration of

Financial Interests or Relationships

Speaker Name: Maximilian N. Diefenbach

I have the following financial interest or relationship to disclose with regard to the subject matter of this presentation:

Company Name: Philips Healthcare Type of Relationship: Grant Support

Introduction

- Recent interest in imaging brown adipose tissue (BAT) "brown fat" [1,2]
- Differentiation of BAT and white adipose tissue based on the proton density fat fraction and T2* [2,3]
- Fairly broad range of reported T2* values in fatty tissues [1–4]

Purpose

To investigate systematic errors in T2* mapping with gradient-echo based water—fat imaging techniques in human brown adipose tissue to develop a reliable T2* mapping technique.

[1] McCallister et al., Magnetic Resonance in Medicine, 78(5), 1922–1932 (2017). http://dx.doi.org/10.1002/mrm.26589
[2] Gifford et al., Endocrinology And Metabolism, 311(1), 95–104 (2016). http://dx.doi.org/10.1152/ajpendo.00482.2015
[3] Hui et al., Journal of Magnetic Resonance Imaging, 46(3), 758–768 (2017). http://dx.doi.org/10.1002/jmri.25632
[4] Hu et al., Journal of Magnetic Resonance Imaging, 38(4), 885–896 (2013). http://dx.doi.org/10.1002/jmri.24053

Introduction

State-of-the-art:

- single-R2* water–fat signal model [5]
- complex-based water-fat separation [5]
- initialized by "intermediate field map" estimated with voxel neighborhood information [6,7]
- spectral complexity of fat signal [5]

Previous work:

- correction of phase errors [8]
- optimization of echo time selection[9]
- characterization of biases [10]

Problem:

- offset between true and pre-calibrated fat spectrum
- one pre-calibrated fat spectrum, tissue specific fatty acid composition → systematic offset in some voxels

[5] Yu et al., Magnetic Resonance in Medicine, 66(1), 199–206 (2011). doi:10.1002/mrm.22840
[6] Berglund et al., Magnetic Resonance in Medicine, 63(6), 1659–1668 (2010). doi:10.1002/mrm.22385
[7] Hernando et al., Magnetic Resonance in Medicine, 63(1), (2009). doi:10.1002/mrm.22177
[8] Ruschke et al., Magnetic Resonance in Medicine, 78(3), 984–996 (2016). doi:10.1002/mrm.26485
[9] Pineda et al., Magnetic Resonance in Medicine, 54(3), 625–635 (2005). doi:10.1002/mrm.20623
[10] Wang et al., Magnetic Resonance in Medicine, 75(2), 845–851 (2015). doi:10.1002/mrm.25681

ightarrow Focus on proton density fat fraction PDFF, not R2*/T2*

2 ndb]



Number of methylene-interrupted double bounds: nmidb

5



Parametrization:

$$s_n = (W + c_n F) e^{(i2\pi f_B - R_2^*)t_n}$$
$$c_n = \sum_{p=1}^N a_p e^{i2\pi\Delta f_p t_n}$$

Figure from

[11] Berglund et al., Magnetic Resonance in Medicine, 68(6), 1815–1827 (2012). doi:/10.1002/mrm.24196

 $a_p = [9, 6(cl - 4) - 8 ndb + 2 nmidb, 6, 4(ndb - nmidb), 6, 2 nmidb, 2, 2, 1, 2 ndb]$

Numerical Analysis:

- Computation of the Cramér-Rao lower bound
- Monte-Carlo simulation of systematic biases in parameters estimated by T2*-IDEAL algorithm

Ground truth:

- fat fraction = 95 %,
- cl = 17.5,
- ndb = 2.83,
- nmidb = 0.74,
- field map = 10 Hz
- T2* = 45 s,
- number of fat peaks=10,
- peak locations characterized in superficial subcutaneous fat

Simulation:

- $ndb \in [2.83-0.2, 2.83+0.2]$
- nmidb \in [0.74-0.2, 0.74+0.2]
- No noise
- TE1 = 1.22 ms
- dTE = 1 ms
- Varying # of TE

Clinical in vivo study:

Time-interleaved multi-gradient echo

TR/TE1/dTE = 24/1.5/1.0 msFOV = $400 \times 296 \times 140 \text{ mm}^3$ voxel size = $2 \times 2 \times 2 \text{ mm}^3$ flip angle = 5 degSENSE R = 2.5scan time = 3:08 minorientation = axial RF //

[[8] Ruschke et al., Magnetic Resonance in Medicine, 78(3), 984–996 (2016). doi:10.1002/mrm.26485

gluteal region 16 healthy volunteers

single-R2* IDEAI with two fat spectra of ndb1 = 2.83 and ndb2 = 2.76

semi-automatic segmentation algorithm
→ two ROIs per dataset in gluteal fat



Results

Numerical Analysis:

signal magnitude evolution for physiologically varying fat spectra



MR signal of fat varies noticeably with assumed fat spectrum.

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Numerical Analysis:

Results



Results

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in precision

Numerical Analysis:



Results

In vivo scans:



20 echo T2*-maps show less noice, more homogenous appearance and greater robustness w.r.t. fat spectrum variations

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Results

In vivo scans:

The fat spectrum difference between ndb1 and ndb2 translates into a systematic T2*-offset.



R2s_ndb1





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Results

In vivo application:

Differentiating supraclavicular from gluteal adipose tissue based on simultaneous PDFF and T2* mapping using a twenty-echo gradient echo acquisition

Author: Franz Daniela, Weidlich Dominik, Syväri Jan, Diefenbach Maximilian, Rummeny Ernst, Hauner Hans, Karampinos Dimitrios, Ruschke Stefan Session Type: Traditional Poster Session Date: Wednesday, 20 June 2018 Session Time: 16:15 Session: Body: Fat Imaging 6 echoes Program Number: 2498







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Results

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Discussion/Conclusion

T2* in fatty tissues heavily depend:

- on the assumed a priori fat spectrum and
- selected echo times

Mismatch between true and assumed fat spectrum can lead to high inaccuracies in T2*

Simulations show that a higher number of echoes results in estimated T2* more robust to fat spectrum missmatches

In vivo the higher number of echos lead to noise-mitigated T2*-maps

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