



Taiwan Society of Radiological Technologists (TWSRT)

### MRI Lecture 2 ASL、Perfusion MRI 原理與介紹

台北醫學大學 — 部立雙和醫院 影像醫學部 醫學物理師 李宜恬 2017.04.16



# **Brain Perfusion Imaging**

- The information on the capillary microcirculation of tissue
- Quantitative measurement
  - Blood volume
  - Blood flow
  - Temporal data (transit time and time to peak)
- Two major techniques
  - Dynamic-susceptibility-contrast (DSC) MRI

- Arterial spin labeling (ASL) MRI



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# **Techniques of Brain Perfusion**

- Dynamic susceptibility-contrast MRI (DSC)
  CBF/ CBV/ MTT/K2
- Dynamic contrast-enhanced MRI (DCE)
  CBF/ PS/ v<sub>p</sub> / v<sub>e</sub>
- Arterial spin labeling (ASL)
  CBF



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# **DSC MRI**

### T2/T2\* weighted imaging

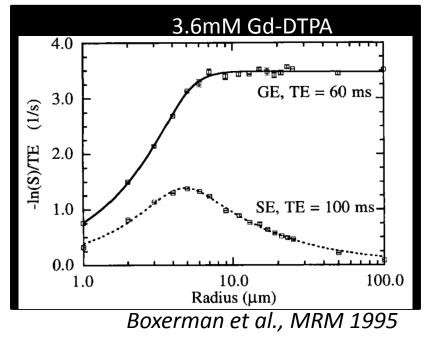
T2\*W DSC-MRI is sensitive to large vessels.

### Bolus tracking

- Paramagnetic tracer
- e.g. Gadolinium chelate

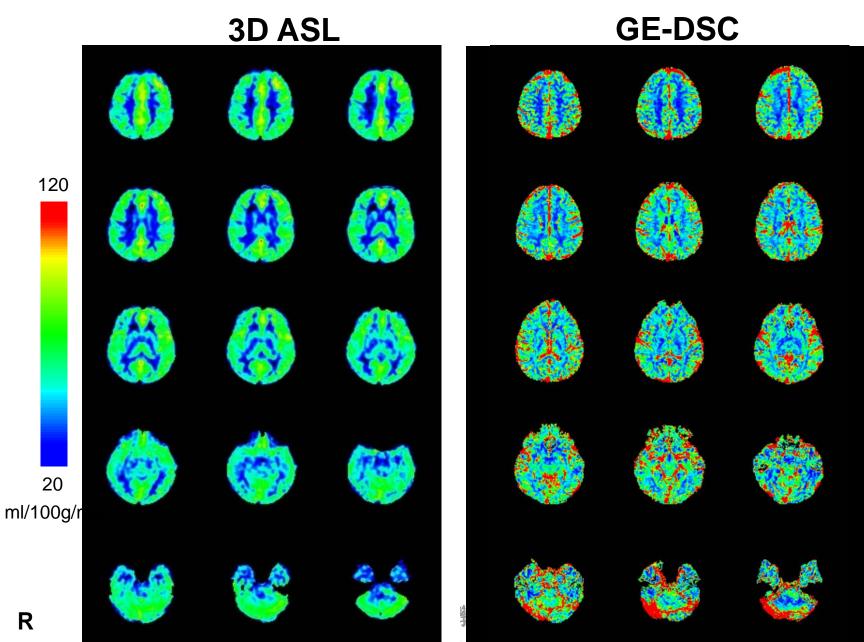
### Fast imaging

- GE-/SE-EPI
- FLASH (SPGR)
- Fast spin echo, etc



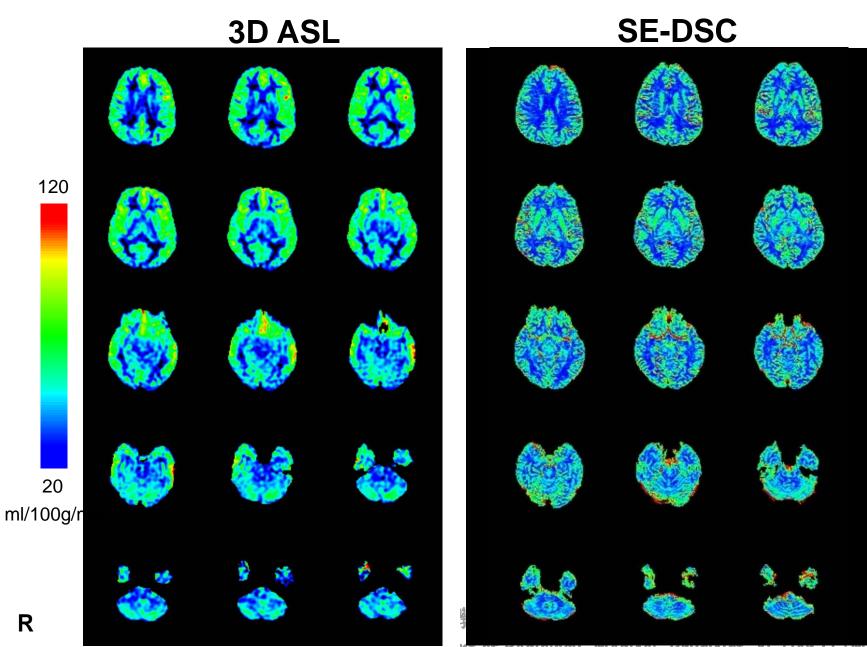


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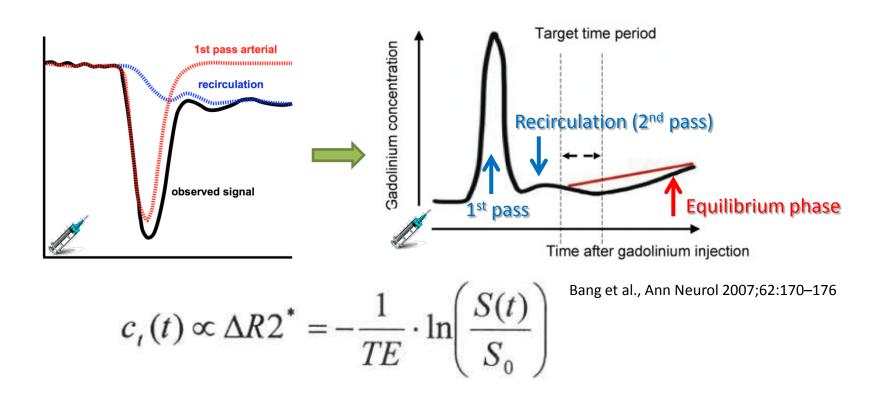
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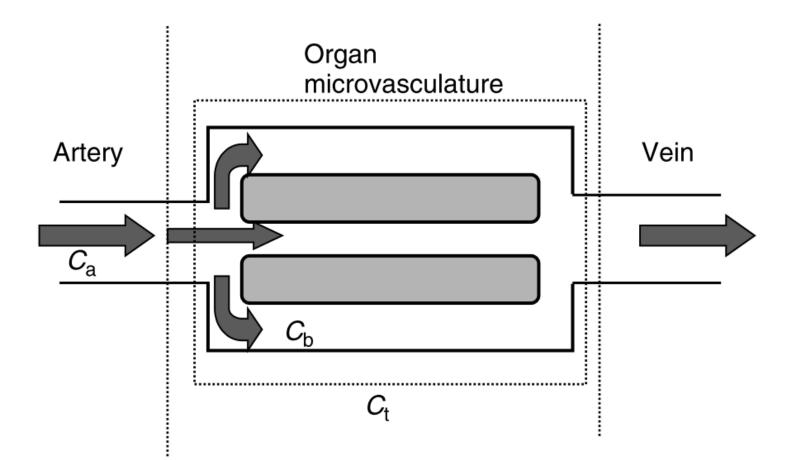




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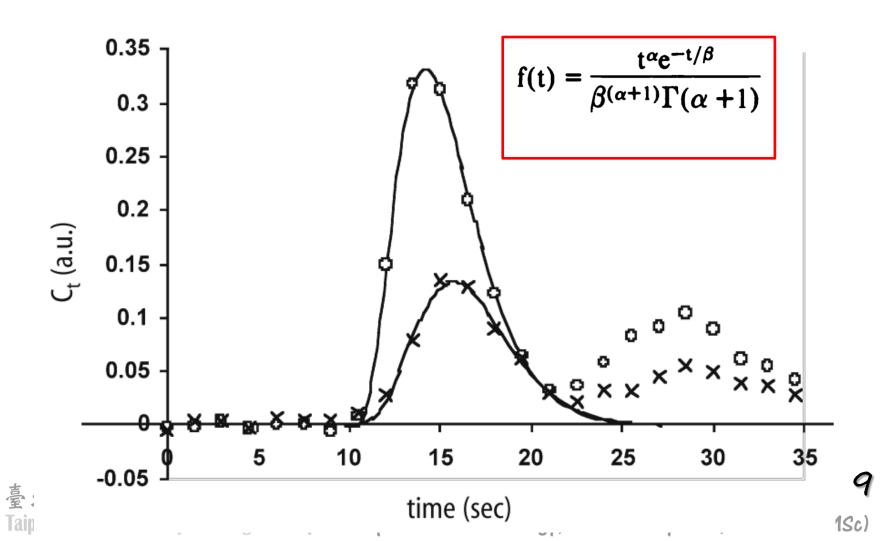
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## **Tracer Kinetics**

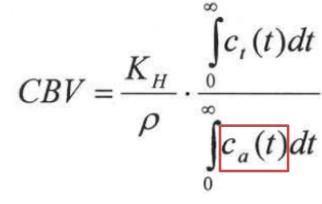




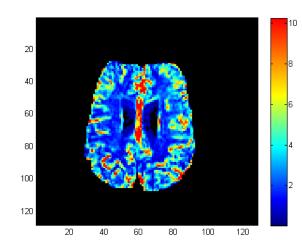
### **First-pass Fitting**

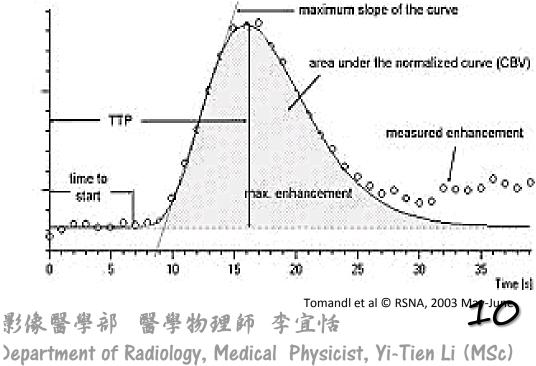






- Cerebral Blood Volume
- Describes the blood volume of the cerebral capillaries and venules per cerebral tissue volume.
- Unit: % or ml/100g



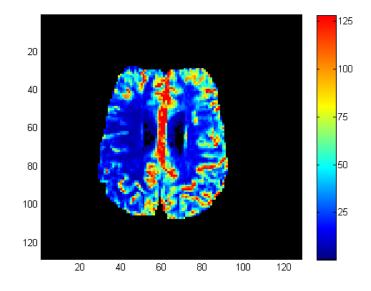




 $C_{t} = AIF(t) \otimes \left[CBF \cdot R(t)\right]$ 



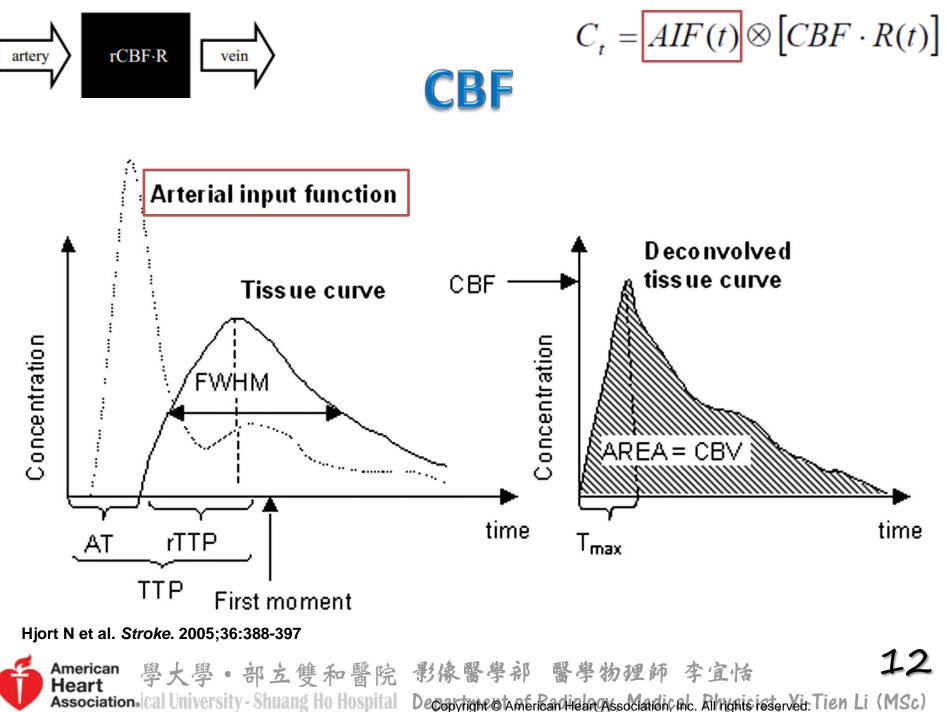
- Cerebral Blood Flow
- Represents instantaneous capillary flow in tissue.
- Unit: ml/ 100g/ min



Hjort N et al. Stroke. 2005;36:388-397



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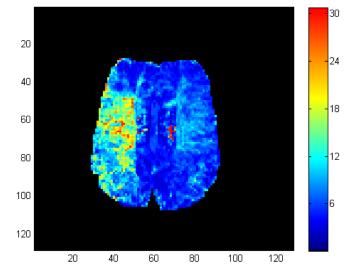


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#### MTT = CBV/CBF



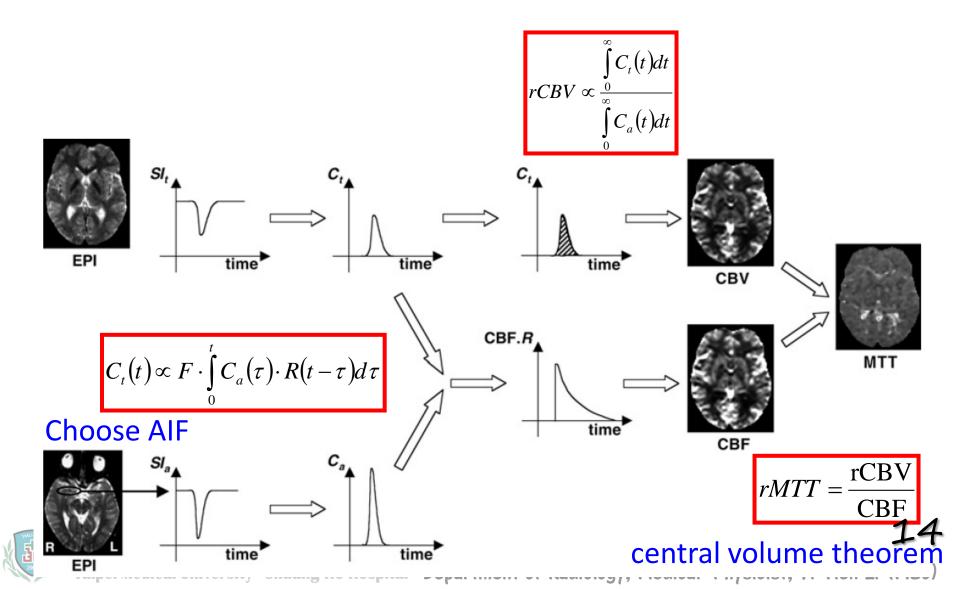
- Mean Transit Time
- Measures the length of time a certain volume of blood spends in the cerebral capillary circulation.
- Unit: min or s
- MTT = CBV / CBF





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## **Procedure of Analysis**

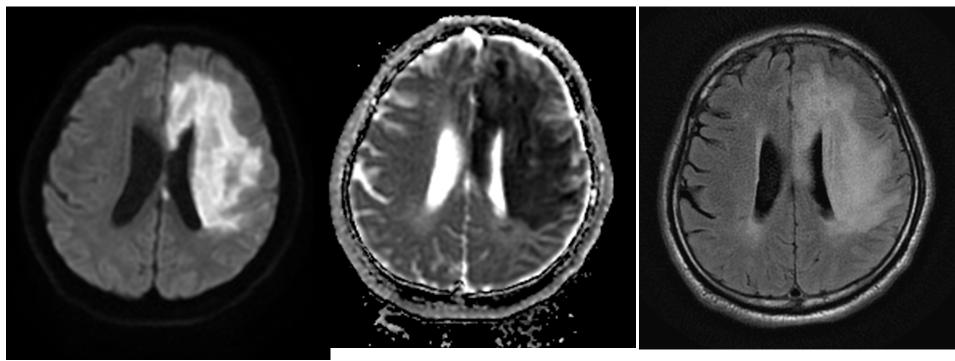




### DWI

#### ADC

### T2 Flair





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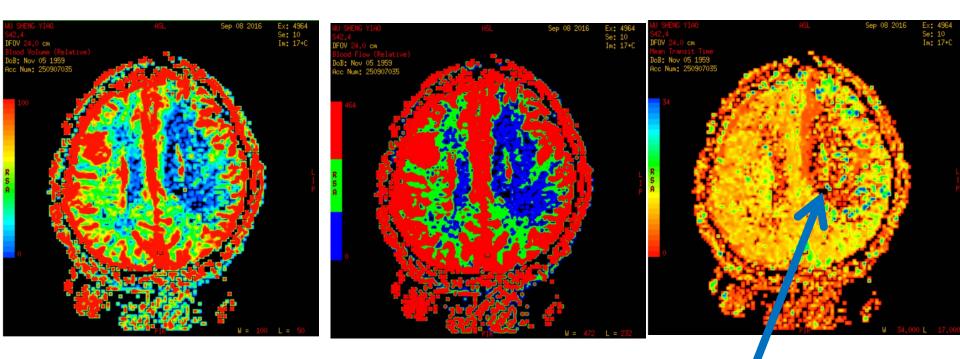


### **\*** GE perfusion post-processing tool:

#### **CBV**

#### CBF

#### MTT





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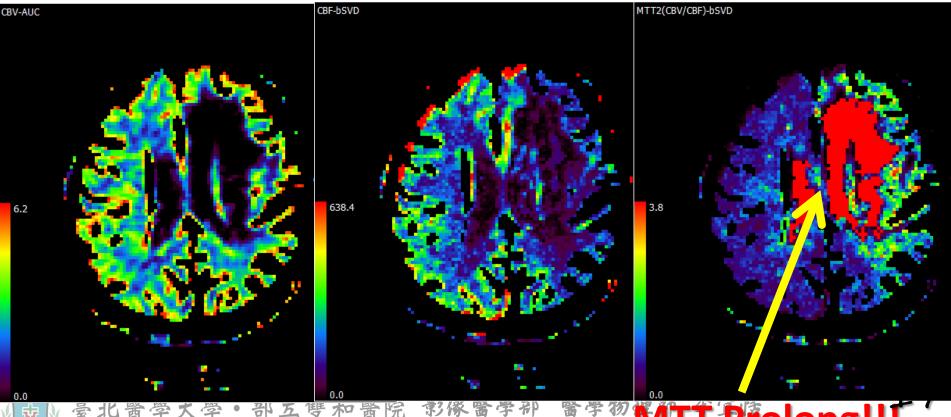


### \* PMA toolbox:

### **CBV**

CBF

### MTT



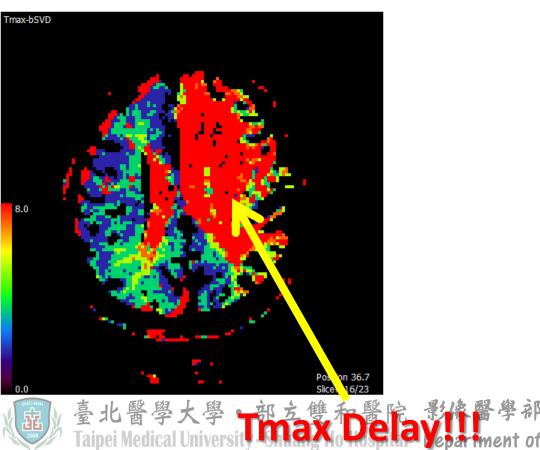


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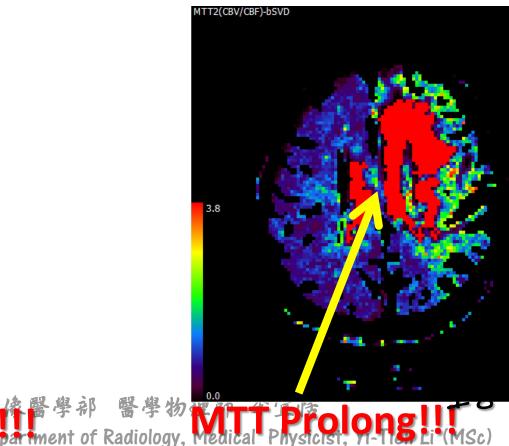


### \* PMA toolbox:

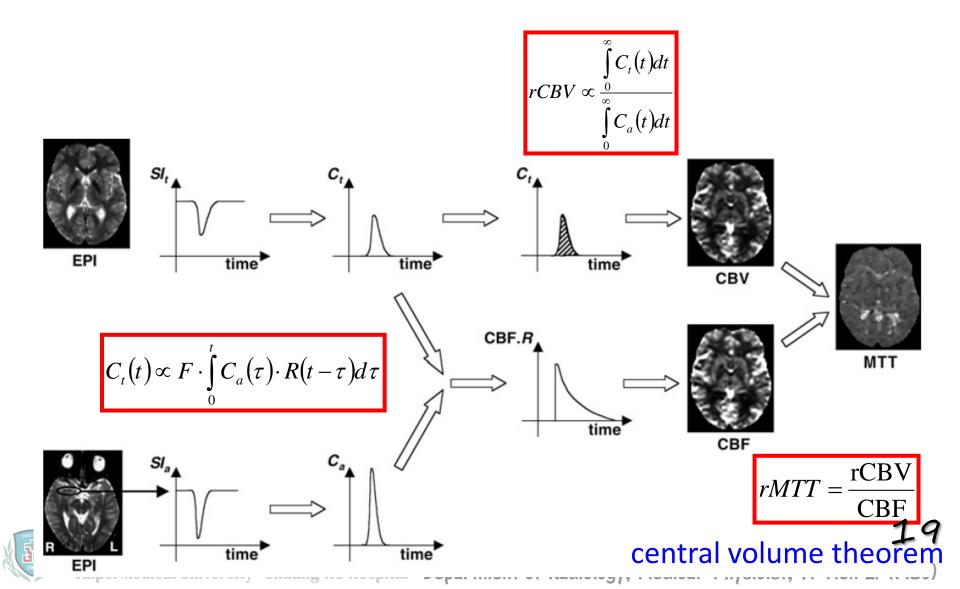
### Tmax



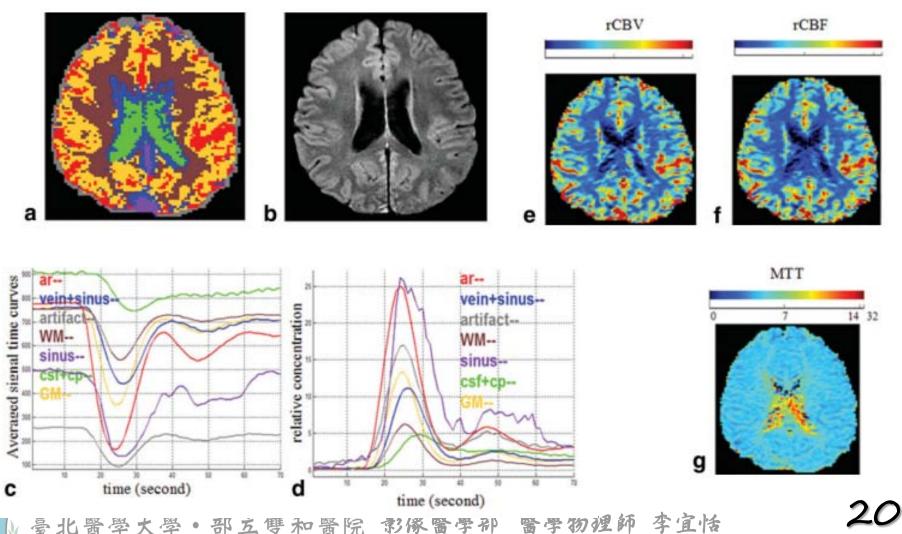
### MTT



### **Procedure of Analysis**



### **Tissue Classification**



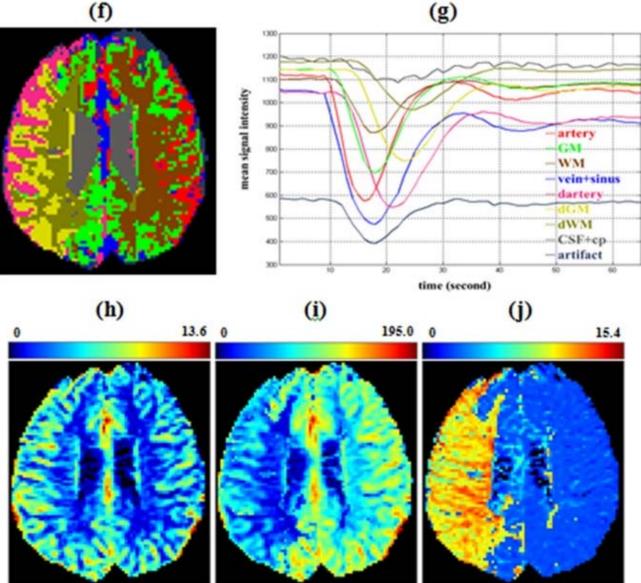


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### **Tissue Classification**

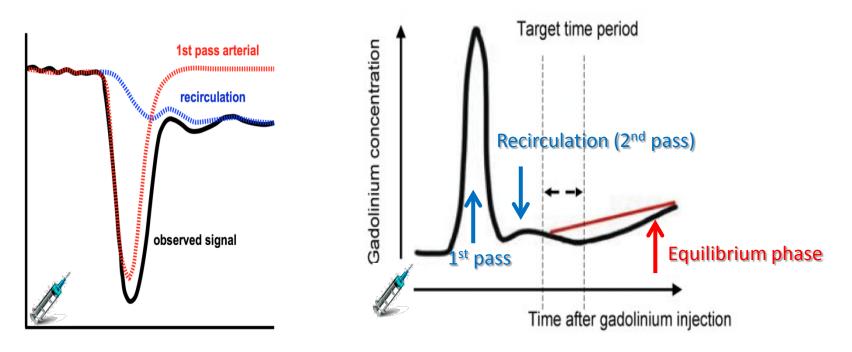


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21 Yi-Tien Li (MSc)

# DSC-MRI for measuring Vascular permeability (K<sub>2</sub>)



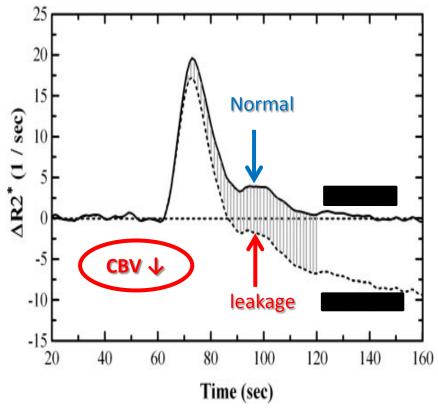
Bang et al., Ann Neurol 2007;62:170-176

Equilibrium phase: wash-in = wash-out (Dynamic equilibrium)



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# Detect contrast agent leakage by DSC-MRI



Boxerman et al., Am J Neuroradiol 2006; 27:859-67

BBB damage will approach
baseline faster and may fall below it.
(T1 effect of contrast accumulation in parenchyma)

- The effect of BBB disruption can be modeled by comparing with normal tissue.
- The measurement of permeability, often referred to as K<sub>2</sub>, can be derived.



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### Methods for Measuring Leakage by DSC-MRI

Preloading Dose (Opts) + Weisskoff model

 Dual echo (spin and gradient echo, SAGE) + Vonken model



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# **Preloading Dose**

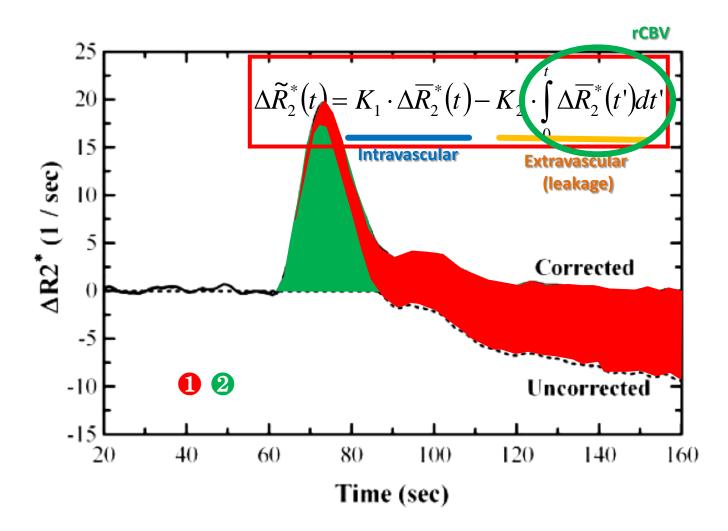
- Procedure
  - Dose: 0.05 -0.1 mmol/kg
  - Infusion
  - Wait for about 5 6 minutes.

- T1 effect decreases while dose increases.
  - Sufficient dose may correct rCBV perfectly.
  - Too high dose may collide the assumptions of Weisskoff model.



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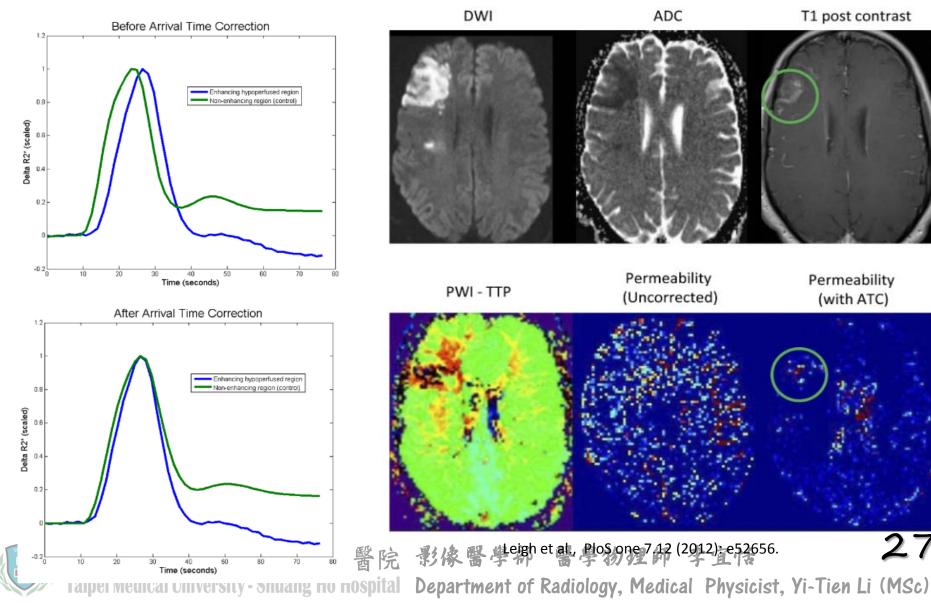
### Weisskoff Model



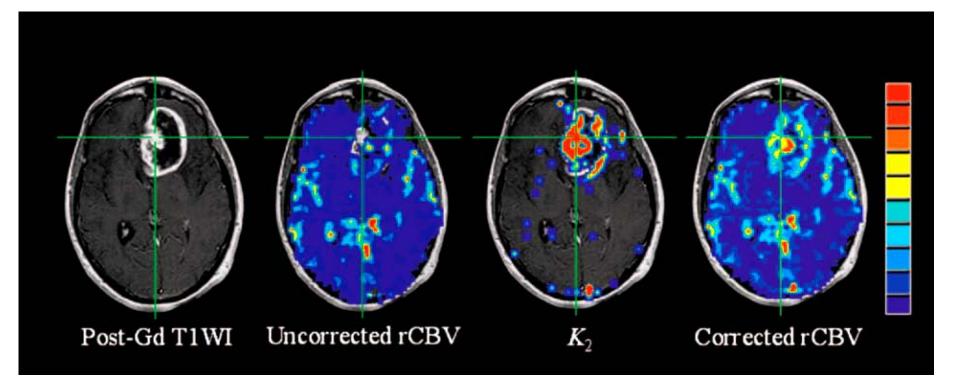


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### **Arrival time correction (ATC)**



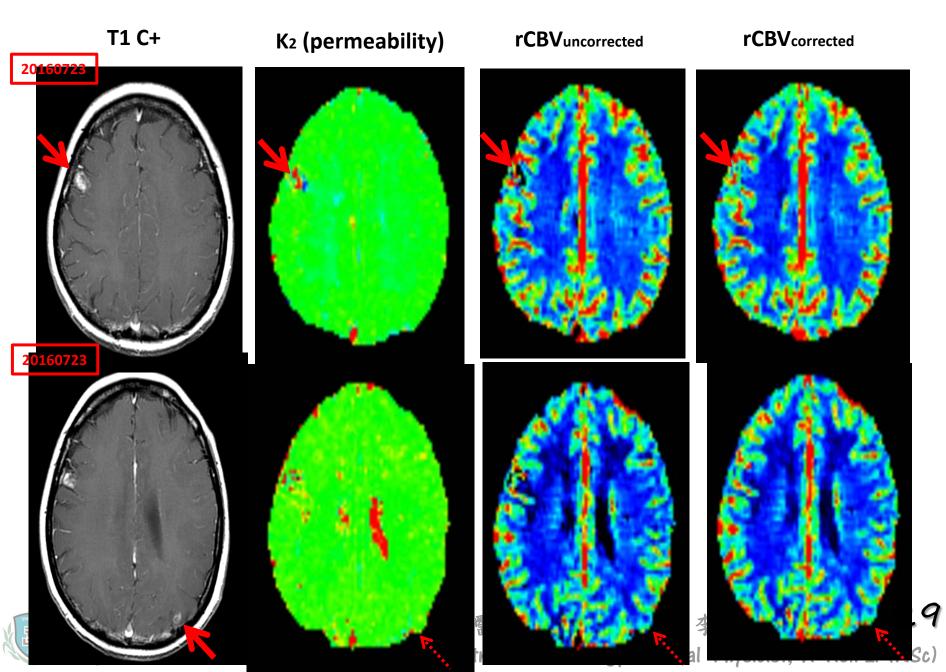
### **Weisskoff Model Correction**



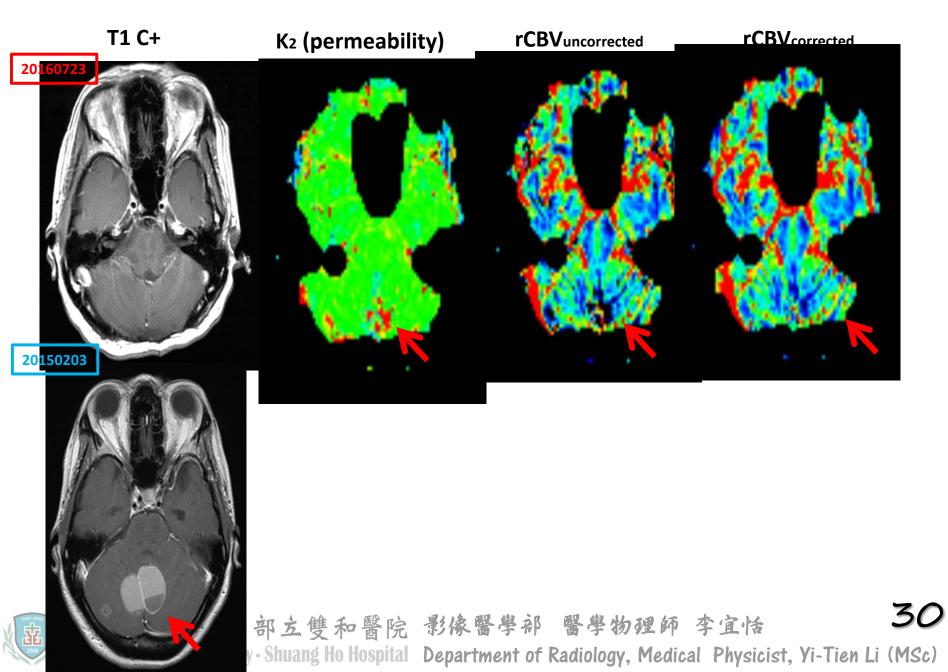


臺北醫學大學 · 部立雙和醫院 影像醫學部 醫學物理師 李宜恬 28 Boxerman et al., AJNR, 2006 Taipei Medical University-Shuang Ho Hospital Department of Radiology, Medical Physicist, Yi-Tien Li (MSc)

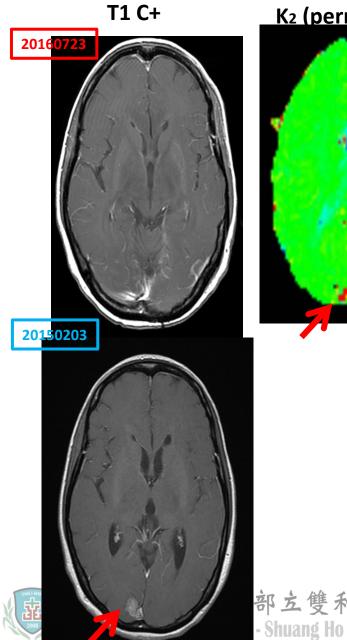
#### Lung meta with chemotherapy

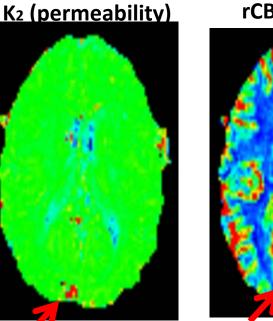


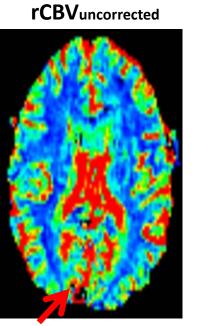
#### Lung meta with chemotherapy

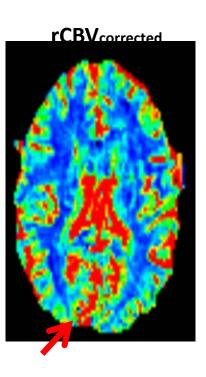


#### Lung meta with chemotherapy



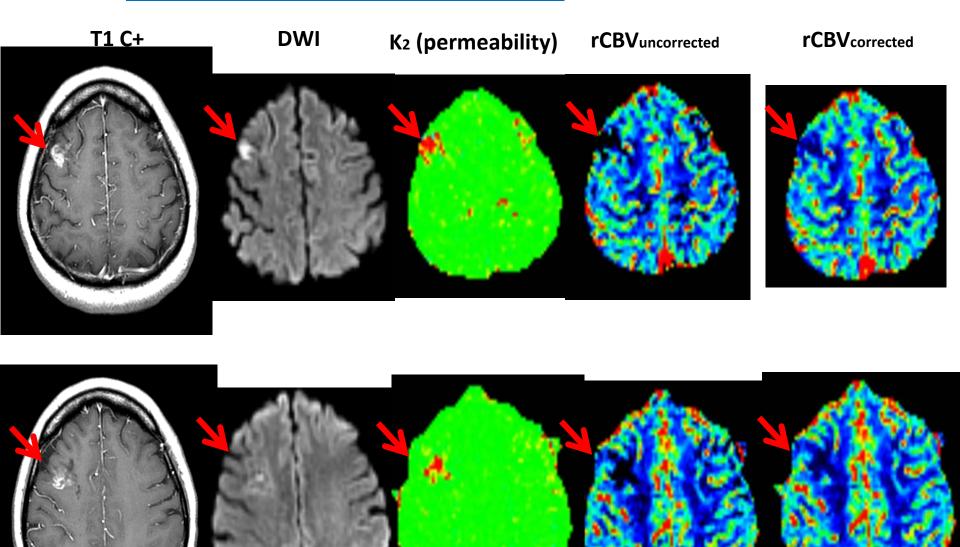






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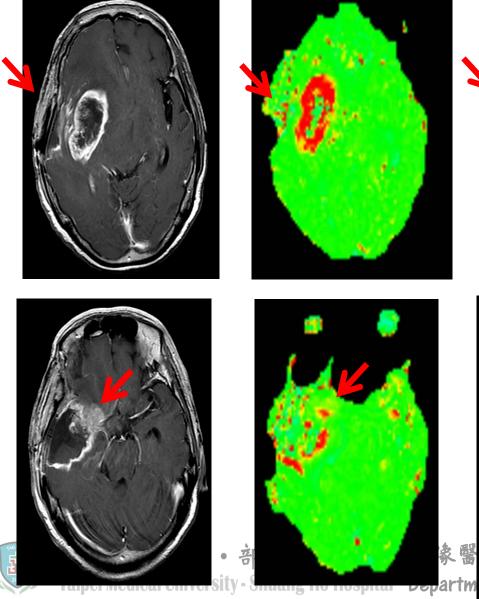
#### ICA stenosis & normal perfusion with infarct



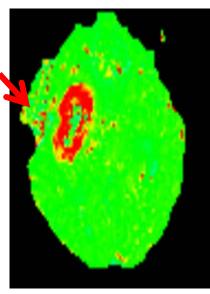
· 部五雙和凿院 彩像窗字柳 四子初星的 子五版 32. Talpel Medical University - Shuang Ho Hospital Department of Radiology, Medical Physicist, Yi-Tien Li (MSc).

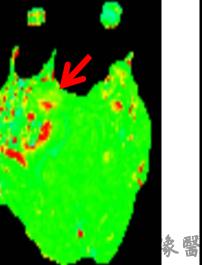
#### **Radiation necrosis or recurrent tumor?**

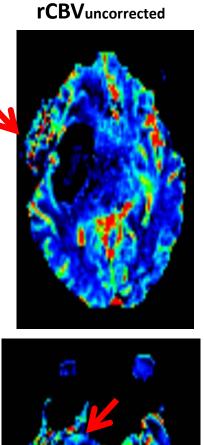
T1 C+



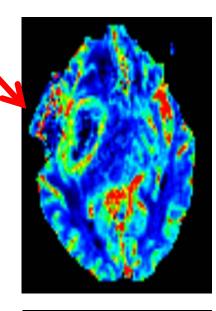
#### K<sub>2</sub> (permeability)

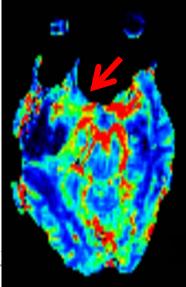






rCBVcorrected





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# **ASL MRI**

- Arterial spin labeling uses arterial blood water as an endogenous contrast agent.
- Blood is "tagged" or magnetically inverted which changes its magnetic properties and its effect on MR signal.
- Create paramagnetic tracer to suppress MR signal wherever arterial blood is delivered.
- Can be used to quantify CBF (cerebral blood flow) in arterioles and capillaries.



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# **ASL CBF MAP**

• Pulsed Arterial Spin Labeling (PASL)

A volume of blood is labeled upstream of the region of interest by a short RF pulse

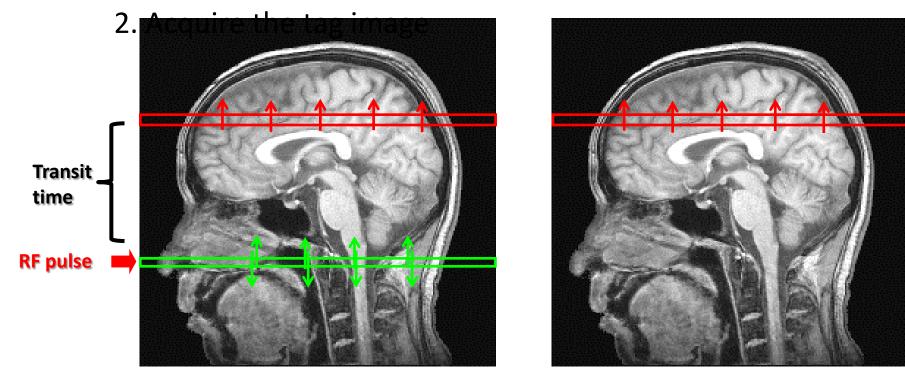
- Continuous Arterial Spin Labeling (CASL)
  - Increase the delivered RF energy
  - Two sets of transmitter and receiver coils



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# (Pseudo) Continuous ASL

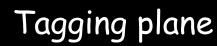
#### 1. Tag inflowing arterial blood by magnetic inversion



### Tagging

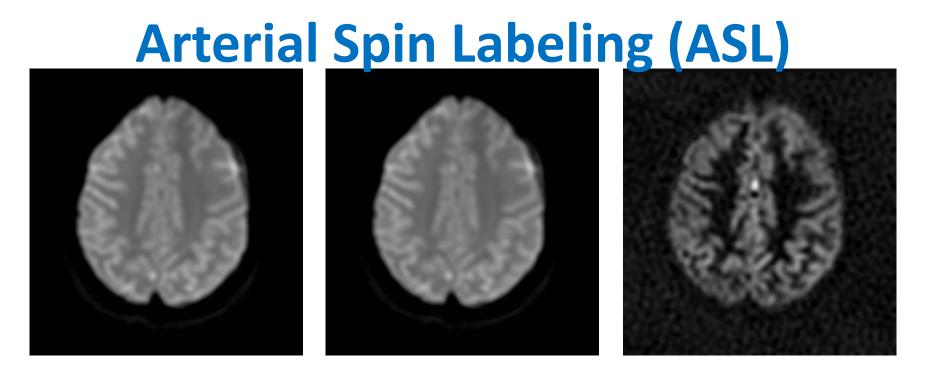
### Control







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#### Control — Labeling = $\Delta M$

- △M is usually about 1% of the control signal, so many averages are usually required.
- (Tagging duration 2s + PLD 2.5s + image acquisition 0.6s) X 2 X 32= 6 mins



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## Potential Confounds in CBF Quantification with ASL Imaging

• Intra-arterial signal effects

Transit/ Trailing time effects

Relaxation effects

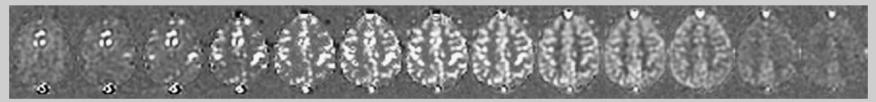


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#### Intra arterial signal effects

 Perfusion signal could be contaminated by the signal coming from the labeled intra-arterial blood, which has not reached the capillary/ tissue site for exchange.

#### **Without Gradient Crushers**



#### With Gradient Crushers

1.15

1.35

ST Courtesverom CGM-hProf.

0.35

0 55

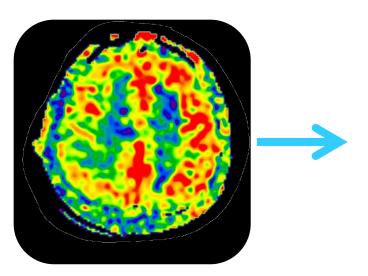
0 75

0.95

0 29

## Intra arterial signal effects

 Perfusion signal could be contaminated by the signal coming from the labeled intra-arterial blood, which has not reached the capillary/ tissue site for exchange.



Intra-arterial blood (Slow flow)? L't hyperperfusion?

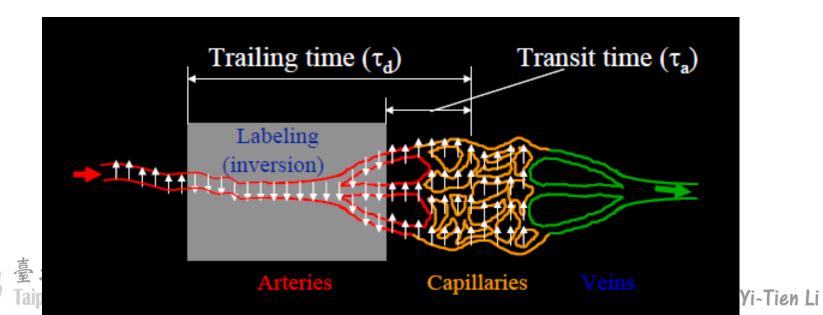
R't hypoperfusion? Tagging artifact (Stent cases)



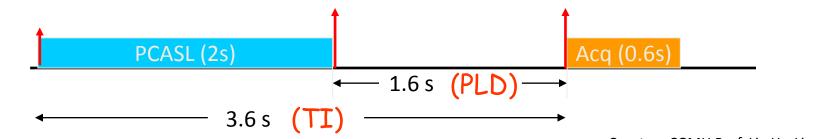
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# **Transit/ Trailing Time Effects**

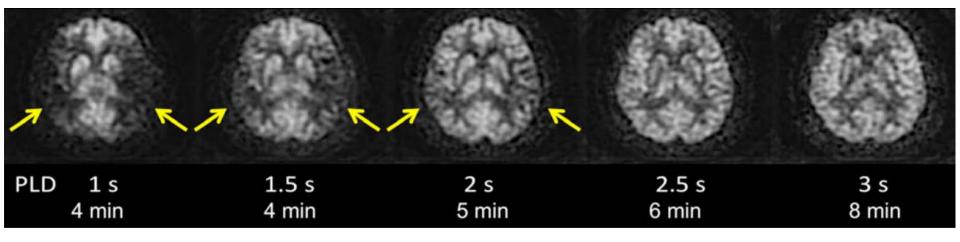
- Transit/trailing time the time for the leading/ trailing edge of the labeled blood to reach the capillary/tissue exchange site.
- Caused by
  - 1. Gap between the inversion slab and image slices
  - 2. Blood Traveling time from arterials to capillaries.



## **Post Labling Delay**



Courtesy CGMH Prof. Liu Ho-Ling



 Improved CBF quantitation on long PLD using PCASL at 3 T in a patient with bil Moyamoya disease



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## **Solution to Transit Delay**

- High main magnetic field
- Extended ASL (eASL)
- Multiple PLD
- Velocity selective ASL (VASL)

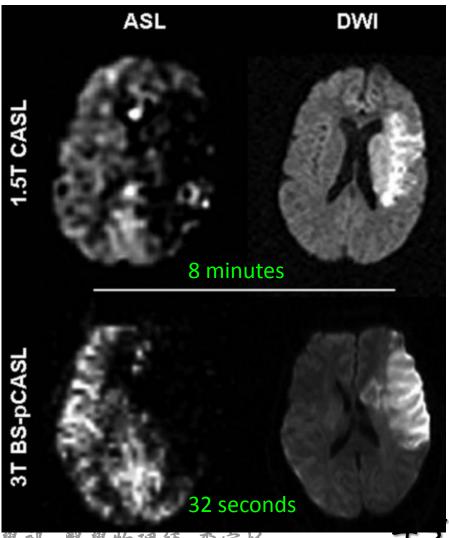




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## **1.5T VS 3T**

- Higher magnetic field
  - Inherent high SNR: Less repeated acquisition => shorter imaging time
  - Longer blood T1: Allow longer post labling delay

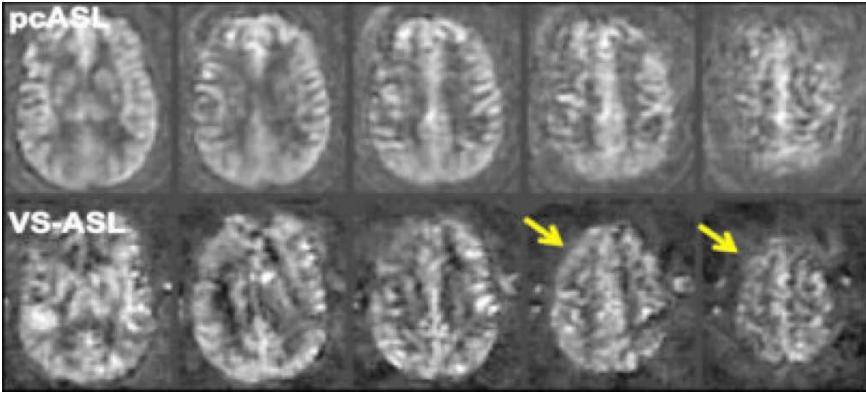




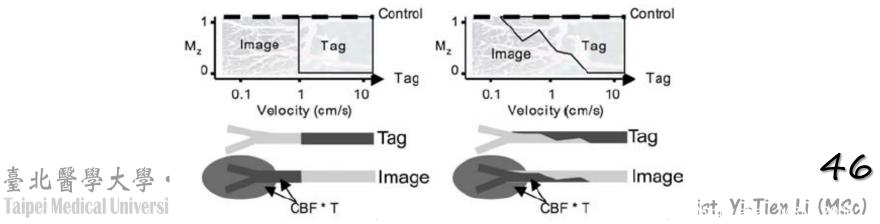
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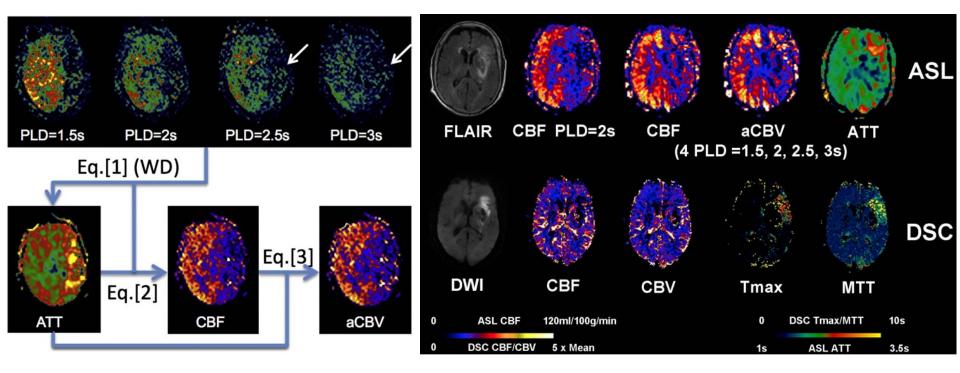
#### A patient with Moyamoya disease and bilateral MCA occlusion



Neuroimaging Clin N Am. 2011 May ; 21(2): 285–301



#### **Multiple PLD**

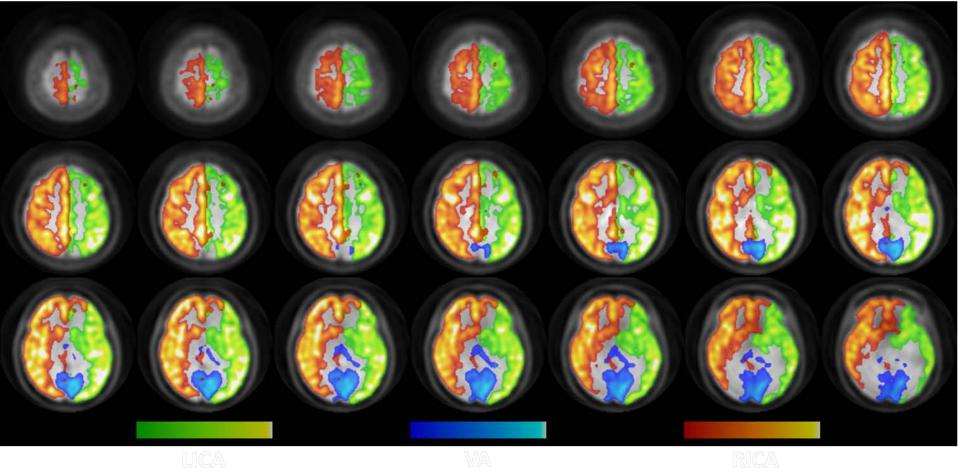


- PCASL at 4 PLDs (PLD = 1.5, 2, 2.5, 3 s) were acquired within 4.5 min in 24 patients with acute MCA infarct
- Highly significant correlations between pCASL and DSC CBF (r=0.70, p=0.0001)
- ASL ATT correlate with DSC Tmax (r = 0.66, p = 0.0005) and MTT (r = 0.59, p = 0.0023) in leptomeningeal MCA territories



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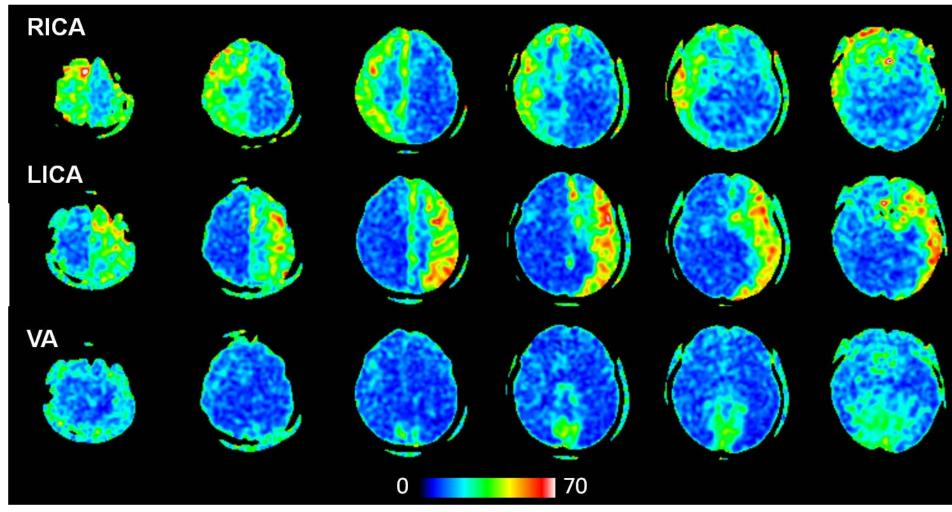
#### tASL—Vessel Territory





臺北醫學大學・部立雙和醫院 影像醫學部 醫學物理師 李宜恬 48 Taipei Medical University-Shuang Ho Hospital Department of Radiology, Medical Physicist, Yi-Tien Li (MSc)







臺北醫學大學·部立雙和醫院 影像醫學部 醫學物理師 李宜恬 49 Taipei Medical University-Shuang Ho Hospital Department of Radiology, Medical Physicist, Yi-Tien Li (MSc)

#### Conclusions

- ASL allows perfusion imaging without contrast injection
- ASL allows repeated measurements
- Limitations of ASL include:
  - SNR
  - Coverage
  - Delay time variations



臺北醫學大學・部立雙和醫院 影像醫學部 醫學物理師 李宜恬 Subjei Medical University-Shuang Ho Hospital Department of Radiology, Medical Physicist, Yi-Tien Li (MSc)