

Advanced MRI in the Clinic

## Diffusion MRI

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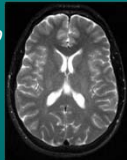
## Learning Objectives

- To understand commonly-used diffusion MRI pulse sequences in the clinic;
- To understand the common diffusion models in diffusion MRI analysis;
- To be able to implement diffusion imaging protocols and conduct quality assurance.

## Outline

- Diffusion MRI signals
- Diffusion models and protocols
- Examples of clinical applications
- Quality assurance


## Diffusion-Weighted Imaging



$S_0$

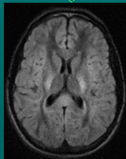
T2-weighted

diffusion gradient



$S = S_0 \exp(-bD)$ 

**b**: b-factor  
**D**: diffusion coefficient

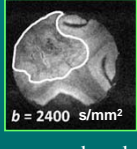


$S$

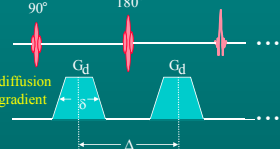
Diffusion-weighted (DW) image

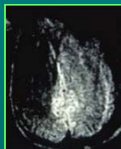
### Diffusion Gradient in a Spin Echo Sequence

- Stejskal and Tanner gradient



$b = 2400 \text{ s/mm}^2$





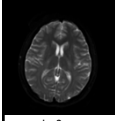
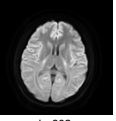
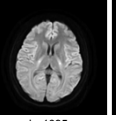
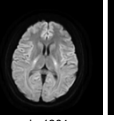
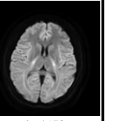
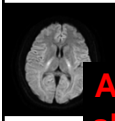

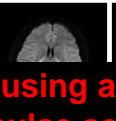
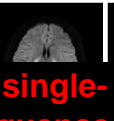
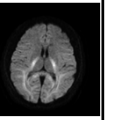
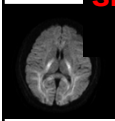
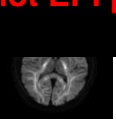

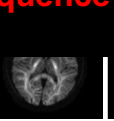
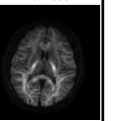
- b-value

$$b \approx \gamma^2 G_d^2 \delta^2 (\Delta - \delta/3)$$

$S = S_0 e^{-bD}$

The sequence is extremely sensitive to motion.

DWI of the Human Brain      Zhou XJ, et al., MRM 2010; 63:562-569.

Acquired using a single-shot EPI pulse sequence at 3T

### DWI Using Single-Shot EPI in the Abdomen

Tang L and Zhou XJ, JMIR 2018 (in press).

### Single-Shot EPI for Diffusion Imaging

- Pros**
  - Motion resilient
  - Low SAR
  - Time efficient
- Cons**
  - Image distortion (sensitivity to off-resonance)
  - Low spatial resolution
  - Sensitivity to eddy currents

### Multi-shot EPI diffusion

ADC maps

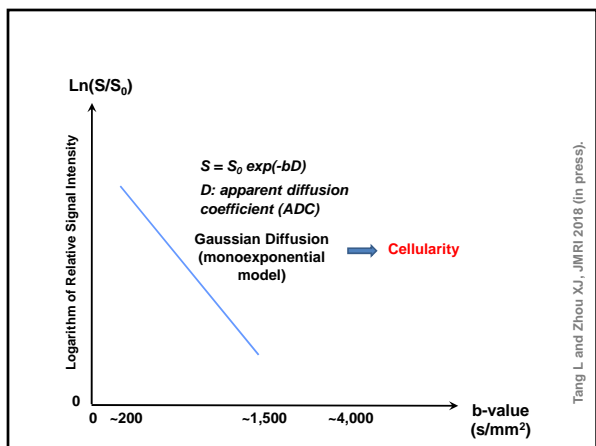
- Higher resolution (e.g.,  $256^2$ )
- Less distortion
- Reduced sensitivity to eddy currents
- Less ghosting
- Slower
- Motion correction is needed (MUSE, RESOLVE, etc.)
- Residual motion artifacts

$b = 0, 800 \text{ s/mm}^2; \sim 5 \text{ min}$   
van Puul et al., MRI 22: 1169-1180, 2004

### PROPELLER/BLADE/Multi-VANE Diffusion

- Very robust against motion
- Distortion free
- Relatively slow

$b = 1000 \text{ s/mm}^2$   
128x128  
~1 min/image  
Pipe et al., MRM 47: 42-52, 2002



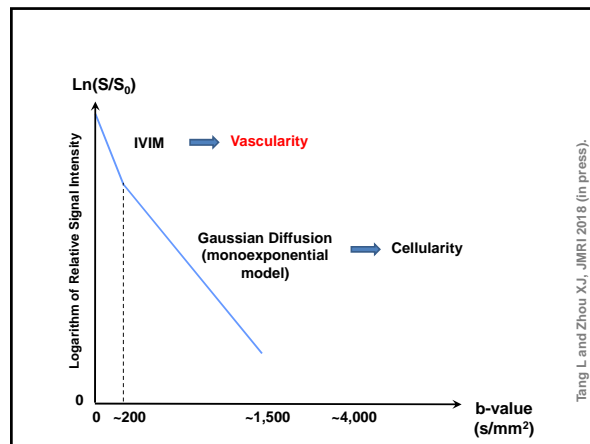
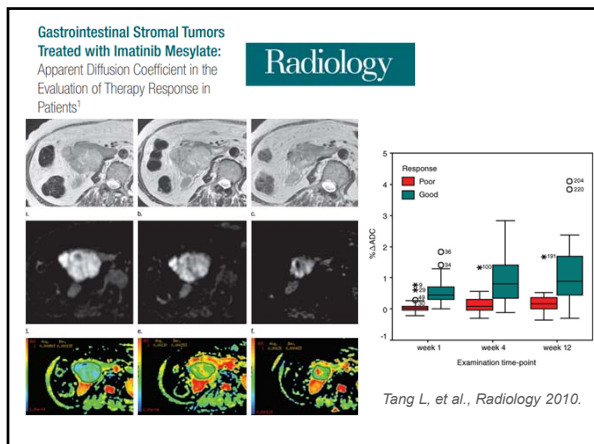
### ADC vs. Cellularity

#### Clinical Demonstration on Patients

Jiang; BJR 2016 (Breast cancer)    Chen; PlosONE 2014 (Lung cancer)

Kishimoto; Acta Radiol 2016 (Endometrial cancer)

Average  $r = -0.61$



### IVIM Diffusion Imaging

$$S/S_0 = f \exp(-bD^*) + (1-f) \exp(-bD)$$

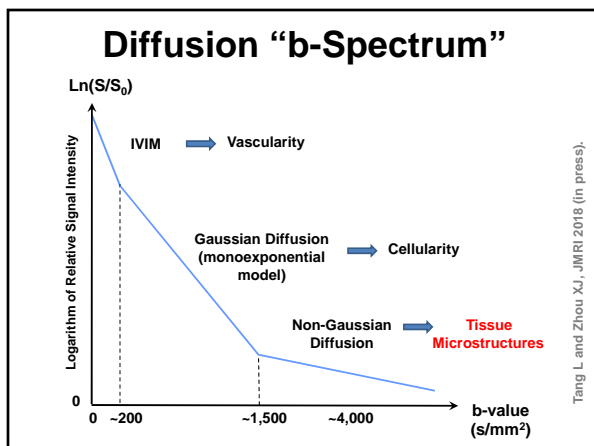
Perfusion fraction (f);  
pseudo-diffusion coefficient (D\*);  
diffusion coefficient (D).

- "Note that  $D \ll D^*$
- $D^*$  mimics perfusion, but is not perfusion.
- 3-8 b-values are typically used.

Iima and Le Bihan, Radiology 2016.

### IVIM: Differentiation between Malignant and Benign Mediastinal Lymph Nodes(MLN)

Benign or Malignant? Gu L, et al. Euro Radiol 2018; 28: 1301-1308



### Diffusion Models

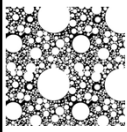
**Gaussian**

- Mono-exponential
- ADC
- DTI
- FA, MD, RD, AD, eigen-vectors, etc.

**Non-Gaussian**

- Compartmentalized models
- IVIM, NODDI, AxCaliber, Charmed, RSI, VERDICT, etc.
- Non-compartmentalized models
- DSI, q-Ball, QTI, DKI, stretch exponential, fractal, CTRW, FROC, FM, etc.

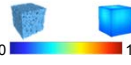
### Fractional Order Calculus (FROC) Model



Tissue Heterogeneity

$$M_{xy} = M_0 \exp \left[ -D \mu^{2(\beta-1)} (\gamma G_z \delta)^{2\beta} \left( \Delta - \frac{2\beta-1}{2\beta+1} \delta \right) \right]$$

$D$ : Diffusion coefficient, similar to ADC  
 $\beta$ : Degree of intravoxel tissue heterogeneity



$\mu$ : Spatial quantity, related to the diffusion mean free length

Magin, et al., JMR, 2008; Zhou, et al., MRM, 2010; Sui, et al., Radiology, 2015.

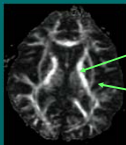
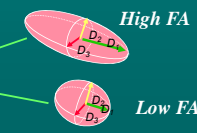
### Example of Grading Pediatric Brain Tumors

	Low-grade			High-grade		
	Ependyoma	PA	PA	Medullo-blastoma	Medullo-blastoma	AT/RT
$D$						
$\beta$						
$\mu$						
T2						

Y. Sui, et al., Radiology, 2015.

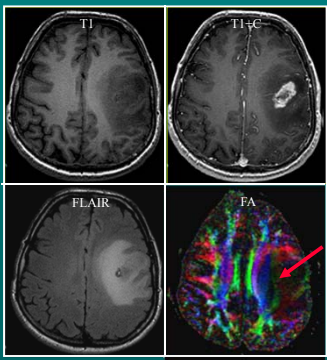
### Diffusion Tensor Imaging

- Applying the diffusion gradient in  $\geq 6$  directions
- Analyzing the signals using a diffusion tensor
- Fractional anisotropy (FA)
- Mean diffusivity (MD)
- Principal eigen-vector  $\rightarrow$  tractography

$$\begin{bmatrix} D_{xx} & D_{xy} & D_{xz} \\ D_{xy} & D_{yy} & D_{yz} \\ D_{xz} & D_{yz} & D_{zz} \end{bmatrix}$$



High FA  
Low FA

### DTI for Pre-Surgical Planning



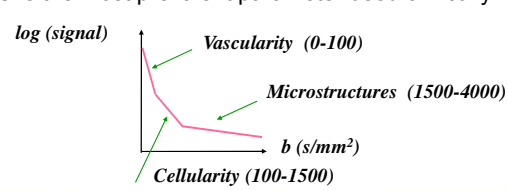
T1, T1+C, FLAIR, FA

### Quality Assurance for DWI

- Image distortion**
  - Use a spherical phantom
  - Check the distortion wrt the image with  $b=0$
  - Eddy currents (time constants  $\sim 50$  -  $100$  ms)
- EPI-related image quality**
  - Ghosting level ( $< 3\%$ )
  - SNR
- ADC accuracy**
  - Use a standard water phantom at a fixed temperature
  - Check ADC value of the water phantom quarterly

### Conclusions

- DWI is typically acquired using a single-shot EPI pulse sequence.
- b-Value determines the degree of diffusion weighting, and probes the different tissue structural information.
- ADC is the most prevalent parameter used clinically.



$\log(\text{signal})$  vs  $b \text{ (s/mm}^2\text{)}$

Vascularity (0-100)  
Microstructures (1500-4000)  
Cellularity (100-1500)