

Extremely-high resolution MRSI of the brain at 7T: Discussing the feasibility of higher resolutions and faster measurements

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Introduction

As ultra-high resolution (UHR)-MRSI sequences for ultra-high fields became available [1,2], the maximum resolution for brain MRSI increased to $1.7 \times 1.7 \times 7 \text{ mm}^3$ for a 128×128 matrix. As studies in MS recently showed the importance of higher resolution to distinguish lesions [3], this work explores the practical speed and resolution limits of extremely-high resolution (EHR)-MRSI.

Methods

4 volunteers were measured at 7T, comparing a reference HR, time-optimised UHR, and resolution-optimised EHR-MRSI scan. All scans shared an acquisition delay of 1.3 ms, FOV of $200 \times 200 \text{ mm}^2$, CAIPIRINHA [4] acceleration and 7 mm slice thickness. The reference scan with 64×64 matrix, TR 200 ms, R 4, took 2.5 min. The time-optimised scan with 100×100 matrix, TR 150 ms, R 4, took 4.5 min. The resolution-optimised scan with 160×160 matrix, TR 150 ms, R 2, took 25 min. Data processing used an in-house routine [5] with lipid signal removal [6].

Results

tNAA SNR was $14 \pm 4 / 7 \pm 2 / 7 \pm 2$ for the $64 / 100 / 160$ -resolutions, the tNAA FWHMs $16 \pm 5 / 19 \pm 4 / 21 \pm 4 \text{ Hz}$. CRLBs were $10 \pm 3 / 17 \pm 8 / 17 \pm 14 \%$ for tNAA, $14 \pm 3 / 27 \pm 7 / 28 \pm 7 \%$ for tCho and $13 \pm 3 / 23 \pm 6 / 25 \pm 6 \%$ for tCr. The neurochemical maps showed increased detail with the higher resolutions (Fig.1), but also approached the limits of reliable quantification (Fig.2).

Discussion/Conclusions

Our results indicate that while it is indeed possible to successfully measure unprecedented resolutions of up to $1.3 \times 1.3 \times 7 \text{ mm}^3$, except for NAA, the robustness is lacking. For clinical purposes, resolution and measurement time should be balanced for more robust acquisition. Research applications could use longer measurement times for HER-neurochemical mapping. Future MRSI will benefit more from 3D methods like CONCEPT [7] that allow lower slice thicknesses and therefore more isotropic voxels.

References

[1] Hangel et al., NeuroImage 2016, doi: 10.1016/j.neuroimage.2016.10.043; [2] Nassirpour et al., NeuroImage 2016, doi: 10.1016/j.neuroimage.2016.12.065; [3] Heckova et al., ISMRM 2018, presentation 1154; [4] Strasser et al., MRM 2016; 78(2):429-440; [5] Považan et al., Proc. Intl. Soc. MRM 23 (2015): 1973; [6] Bilgic et al., JMIR 2014; 40(1):181-191; [7] Hingerl et al., ISMRM 2018, presentation 0618;

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Figure 2: CRLB maps in a volunteer visualise the increasing fitting difficulty

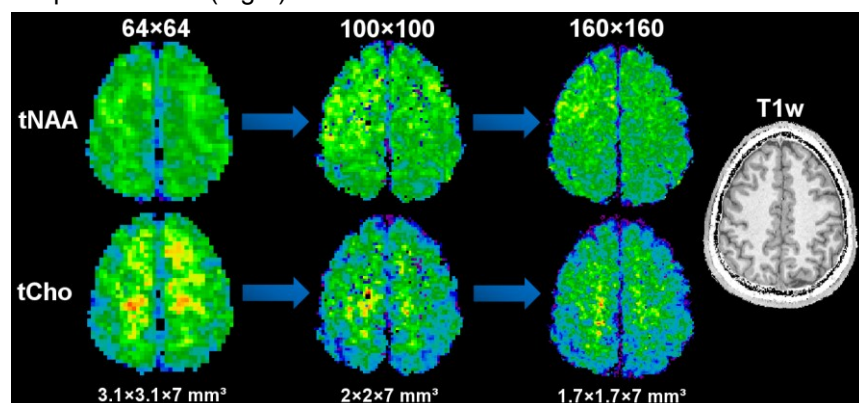


Figure 1: Increasing the map resolution increases the correspondence to the morphological image in this example with tNAA and tCho.

