

Article title : Comparison of the 3D-IR = BTFE method and the conventional method in
the head MRI contrast

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Abstract

Contrast MRI examination using gadolinium contrast agent is useful for diagnosis. As a side effect of serious contrast agent, gadolinium contrast agent may deposit on NSF and dentate nucleus. These increased the need for proper use of gadolinium contrast media. In this study, it was shown that the contrast is higher as compared with the conventional imaging method as the imaging method after imaging.

Introduction

Metastasis in the head region The first selection examination for retrieval purpose is the contrast MRI examination, the diagnosis of metastatic brain tumor is important for the stage judgment, and the contrast examination using the gadolinium contrast agent is performed as a routine for the purpose of metastatic retrieval. In addition, since the detection rate is improved by the double dose administration of gadolinium contrast agent, examination by double dose administration of gadolinium contrast agent is also conducted.¹⁻⁴

MRI examination using a contrast agent also plays an important role in differential diagnosis in other brain tumor examination.

However, since renal systemic fibrosis (Nephrogenic Systemic Fibrosis (hereinafter referred to as "NSF"), which is a serious side effect of the contrast agent, has been reported, it is confirmed that the renal function is confirmed for the use of the contrast agent, And the amount of contrast medium used and the interval of use have been further optimized.

According to the report of Kanda et al. In 2013, the risk of deposition on the dentate nucleus and vitiligo of the brain becomes clear in the contrast medium which is not a macrocyclic structure, and the contrast agent other than the macrocyclic structure is now

less used There. Subsequent investigations reveal that even a macrocyclic structure is slightly deposited in the brain, and it is necessary to properly use gadolinium contrast agent to avoid unnecessary risk.⁵⁻⁷

As imaging methods after the use of gadolinium contrast agent, 3 to 6 mm slice thickness of T1 weighted image of Spin echo method and 3 dimensional T1 weighted image of 3D gradient echo method (hereinafter referred to as 3D-GRE) etc. are widely used as routine images There. In the 3T device, the MPRAGE method is often used due to the influence of SAR and T1 extension. The RFA variable imaging method which changes the angle of the reversal pulse which lowers the blood flow signal also has the possibility of clearly depicting the contrast region, so it is being used in the mounting apparatus.

If there is an imaging method which can emphasize the contrast effect, body weight and danger can be reduced by weight loss of the contrast agent, and the possibility of improving the detection rate against the background of the contrast rise also increases.

Therefore, based on Balanced Turbo Field Echo (BTFE) method which is a Coherent type Gradient echo method which is a Sequence of a high signal-to-noise ratio, in order to obtain higher T1 emphasis from the BTFE method which is the contrast of $T2^* / T1$, an Inversion Recovery (Hereinafter referred to as "IR" method) was added to 3D-GRE

using 3D BTFE (hereinafter referred to as 3D-IR-BTFE) method.⁸

Materials & Methods

This research was conducted in accordance with the Helsinki Declaration. In addition, subjects received orally consent.

Eight cases of contrasting examination for target metastatic brain tumor search.

The equipment used is a superconducting 1.5 Tesla MRI machine (Intera Achieva Nova, manufactured by PHILIPS).

The coil used is 8CH SENSE Head coil.

As a contrast medium to be used, double dosage of gadolinium (HP-DO 3 A) (0.4 ml / kg) was administered.

EZR was used for statistical processing.⁹

A slice thickness of 3 mm of the T1 weighted image of the two-dimensional Spin echo method of ordinary routine examination and a slice thickness of 1 mm of the three-dimensional Gradient echo method were imaged and a slice thickness of 1 mm of 3D-IR-BTFE was imaged. If the imaging start of each sequence is the same after gadolinium imaging, there is a possibility that the difference in contrast effect may be reflected in the contrast, so the order of imaging is changed at random every time. After

gadolinium imaging, imaging was started after 5 minutes, taking into account the distribution to the brain.

The main imaging conditions of each are shown in Table 1 and Table 2.

FOV	230	Slice thickness	3mm
RFOV	80	Slice gap	0mm
MATRIX	256	Scan mode	MS
RECON	512	Technique	SE
Scan%	70	TR	462
SENSE	No	TE	15
Slices	48	Flip angle	90
NSA	2	Scan time	6min49sec

Table 1 Major parameters of CE T1WI 3mm.

FOV	230	Slice thickness	1mm
RFOV	80	Slice gap	0mm
MATRIX	224	Scan mode	3D(IR delay:1200)
RECON	256	Technique	FFE(TFE factor:256)
Scan%	110	TR	4.3
SENSE	YES (P:2.5,S:1.0)	TE	2.2
Slices	140	Flip angle	60
NSA	2	Scan time	3min38sec

Table 2 Major parameters of IR 3D BTFE 1mm.

For the sequence of 1 mm original image, it was created using MPR so that it can be compared with 3 mm thick image used in the Spin echo method and used for evaluation.

Evaluation method was compared with visual evaluation with contrast.

Visual evaluation was conducted by three medical radiological technicians, and the number of lesions was counted and evaluated. The years of experience of the radiological technologists evaluated were 13 years, 10 years, and 3 years, respectively.

In the contrast comparison, the region of interest (ROI) was set for lesion and brain parenchyma and compared and evaluated.

Results

A part of the image actually obtained is shown in Fig.1. An example of ROI setting is shown in Fig.2.

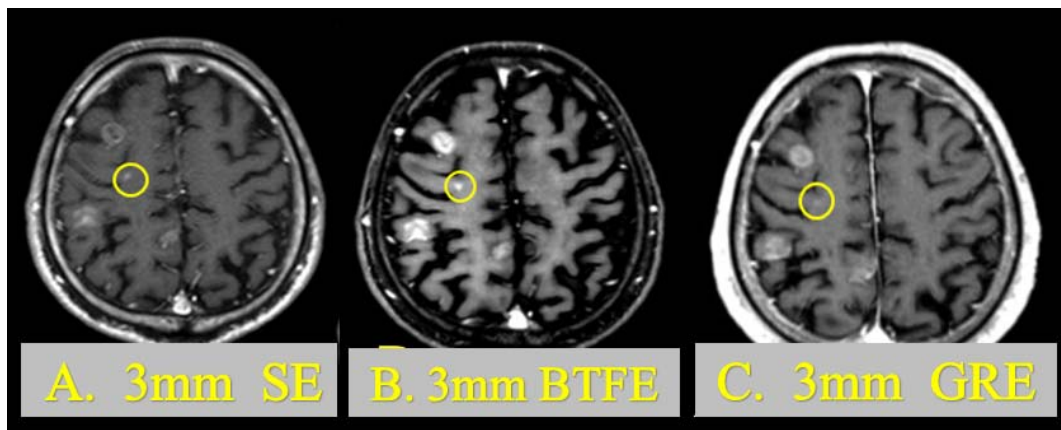


Fig. 1 shows an actually imaged image.

A is SE-T1 WI 3 mm after imaging.

B is IR-3D-BTFE 3 mm after imaging.

C is IR-3D-BTFE 1 mm after imaging.

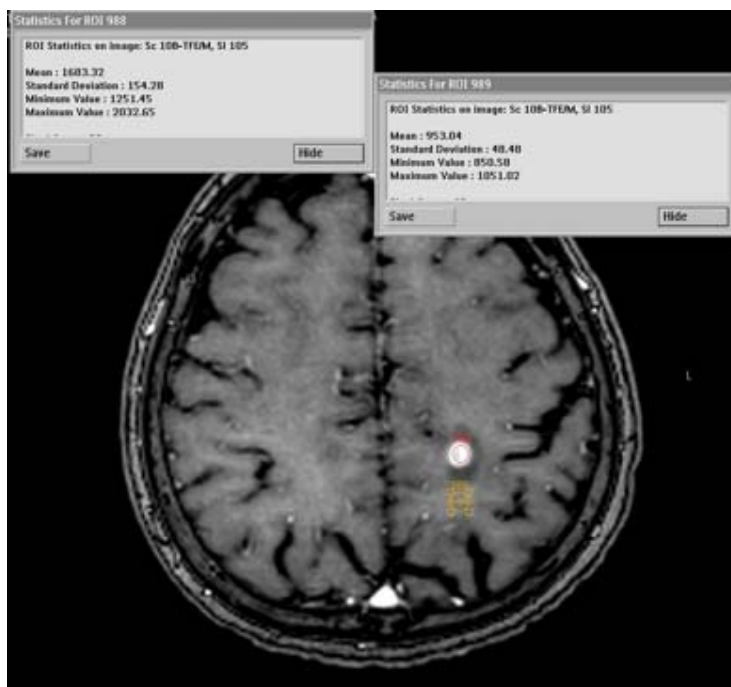


Fig. 2 shows a method of setting the actual region of interest.

The contrast results are shown in Table 3. Table 4, Table 5, Table 6 show the number of lesion counts by evaluator, respectively.

	3mm SE	IR-BTFE 3mm MPR	IR-BTFE 1mm
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No	Leision	White matter	contrast	Leision	White matter	contrast	Leision	White matter	contrast
1	767.59	504.1	263.49	1194.65	732.48	462.17	1241.48	706.61	534.87
2	818.6	547.67	270.93	1274.98	835.44	439.54	1394.85	839.19	555.66
3	802.47	502.89	299.58	1159.52	679.9	479.62	1210.07	691.3	518.77
4	1017	520.36	496.64	1498.92	957.27	541.65	1683.32	953.04	730.28
5	844.94	516.37	328.57	1365.81	977.68	388.13	1635.77	985.81	649.96
6	735.72	516.37	219.35	1291.14	977.68	313.46	1514.3	985.81	528.49
7	726.35	486.47	239.88	1318.84	946.68	372.16	1339.56	899.97	439.59
8	801.8	480.65	321.15	1216.07	774.04	442.03	1213.19	761.98	451.21
9	811.22	531.24	279.98	1082.89	750.08	332.81	1189.34	688.42	500.92
10	809.4	521.76	287.64	1227.62	795.68	431.94	1202.55	797.5	405.05
11	666.41	521.76	144.65	1034.51	795.68	238.83	1068.88	797.5	271.38
12	687.53	549.74	137.79	1006.08	776.77	229.31	1149.89	796.15	353.74

13	797.74	569.01	228.73	1189.14	870.76	318.38	1269.73	862.68	407.05
14	565.29	538.04	27.25	903.09	835.41	67.68	940.13	847.72	92.41
15	801.79	493.68	308.11	1064.89	784.71	280.18	1187.61	752.45	435.16
16	774.31	493.68	280.63	1189.78	784.71	405.07	1217.95	752.45	465.5
17	849.28	485.54	363.74	1296.03	809.89	486.14	1557.66	779.61	778.05
18	946.97	476.38	470.59	1339.57	781.06	558.51	1415.77	791.63	624.14
19	912.22	560.43	351.79	1434.4	878.8	555.6	1506.11	897.93	608.18
20	711.89	473.89	238	1154.17	736.36	417.81	1291.93	674.3	617.63
Average	792.426	514.5	277.926	1212.11	824.05	388.06	1311.5	813.1	498.4

Table 3 shows the results of contrast. (SE and BTFE and GRE)

ROI	T1W SE 3mm	IR-3D-BTFE 1 mm	MPR 3mm
1	4	4	4
2	8	9	7
3	13	16	11

4	6	7	6
5	0	0	0
6	0	0	0
7	2	3	3
8	0	0	0
9	9	11	10
10	41	44	38
11	0	0	0
Sum	83	94	79

Table 4 shows the results of the number of lesion detected by evaluator 1.

ROI	T1W SE 3mm	IR-3DBTFE 1 mm	MPR 3mm
1	3	4	3
2	6	9	6
3	8	15	15
4	4	6	6
5	0	0	0
6	0	0	0
7	3	5	4
8	0	0	0
9	6	9	9
10	29	37	33
11	1	0	1
Sum	60	85	77

Table 5 shows the results of the number of lesion detected by evaluator 2.

ROI	T1W SE 3mm	IR-3D-BTFE 1mm	MPR 3mm
1	3	5	3
2	5	9	7
3	15	17	15

4	4	7	6
5	0	0	0
6	0	0	0
7	3	4	4
8	0	0	0
9	11	12	12
10	39	41	37
11	0	0	0
Sum	80	95	84

Table 6 shows the results of the number of lesion detected by evaluator 3.

Fig.3 shows a box plot of the 2D-SE contrast and the IR-3D-BTFE contrast.

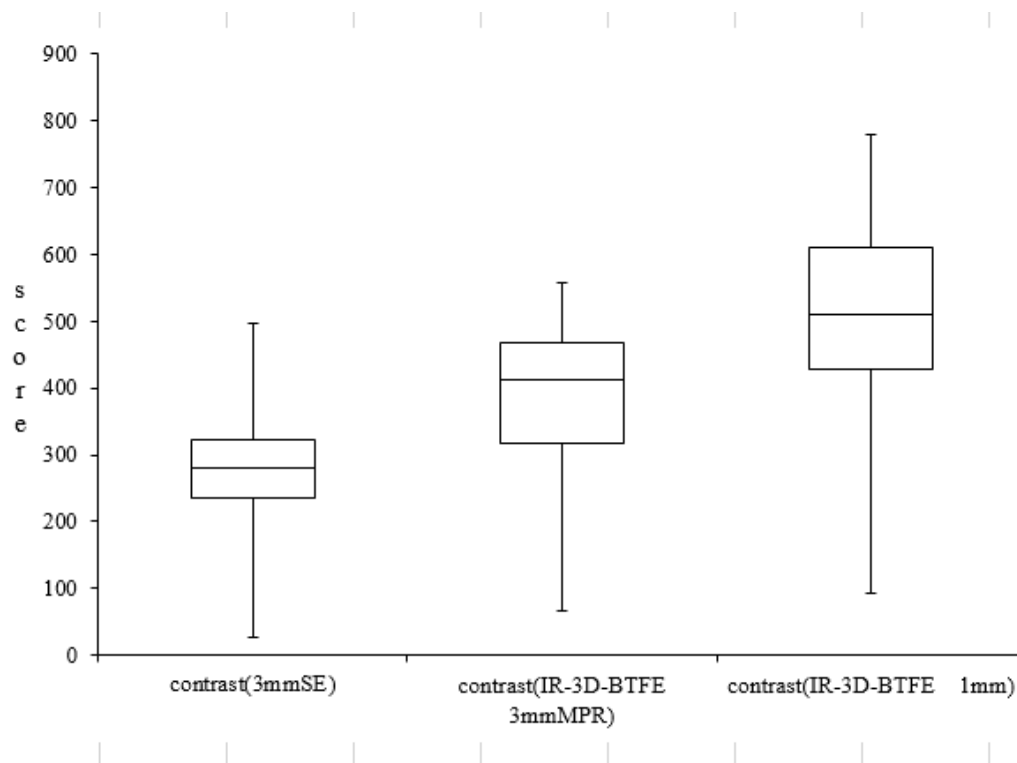


Fig. 3 shows a box plot of SE and BTFE.

Fig.4 shows a box plot of Contrast of IR-3D-BTFE and Contrast of 3D-GRE.

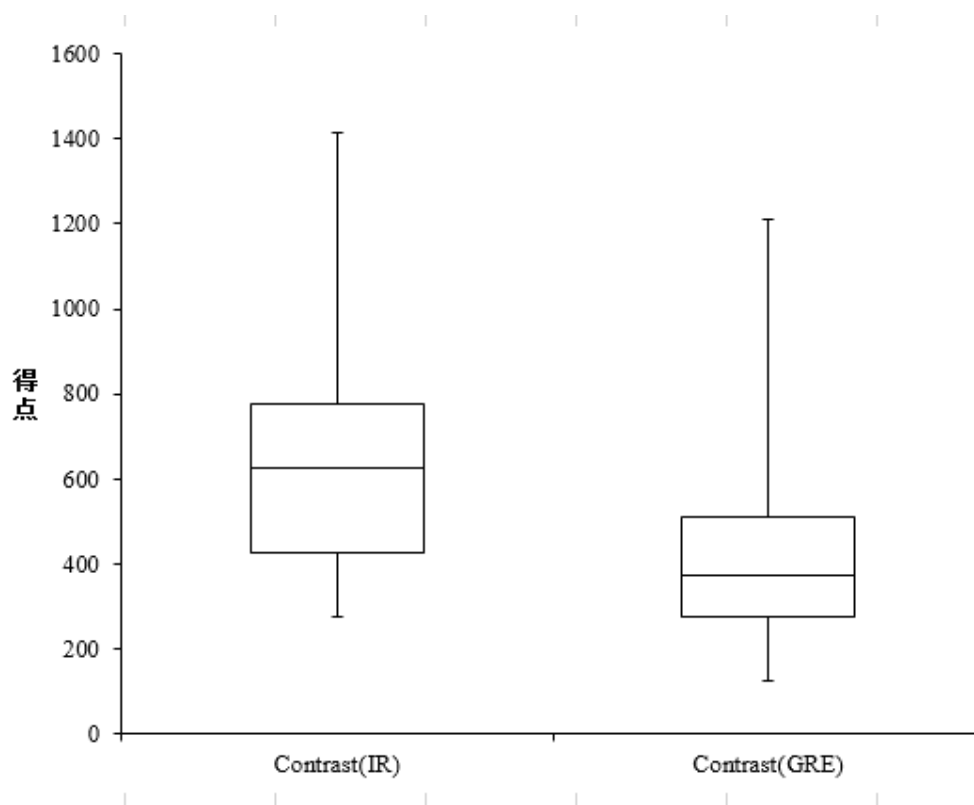


Fig. 4, Box plots of BTFE and GRE are shown.

The results of the test of the difference between the corresponding mean values in the ROI in 2D-SE and IR-3D-BTFE are shown in Fig.5. The difference test was $t(19) = -8.252$, $p < .01$ ($p = 0.0000001$), $d = -9.64$.

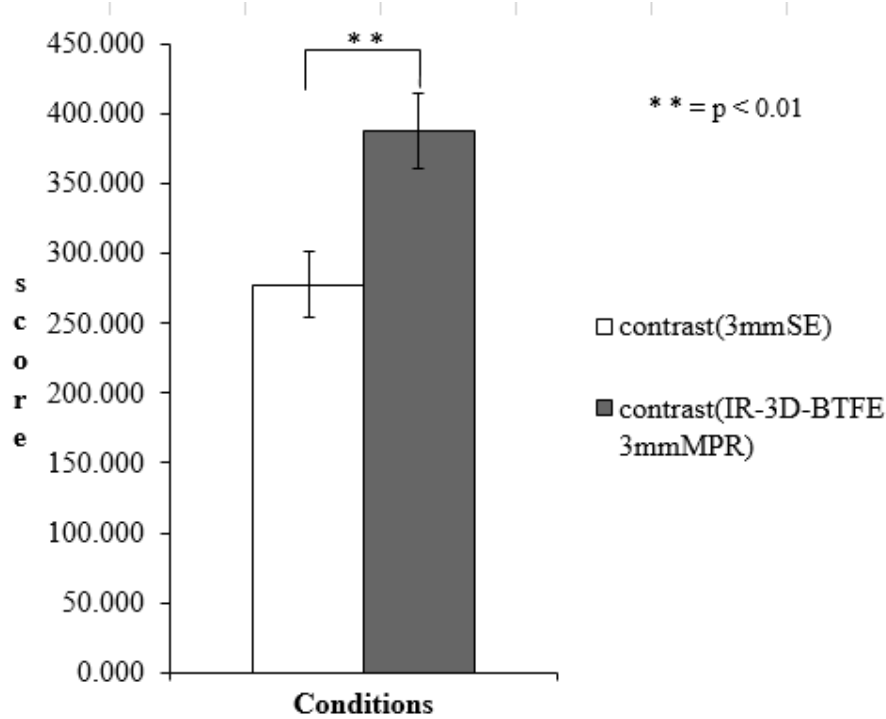


Fig. 5 shows the results of testing the difference between the average of SE and BTFE 3 mm. BTFE was superior with significant difference.

The results of the test of the difference between the corresponding mean values in the ROI at 2 D-SE and IR-3D-BTFE 1 mm are shown in Fig.6. The difference test was $t(19) = -10.828$, $p < .01$ ($p = 0.0000000014$), $d = -1.656$.

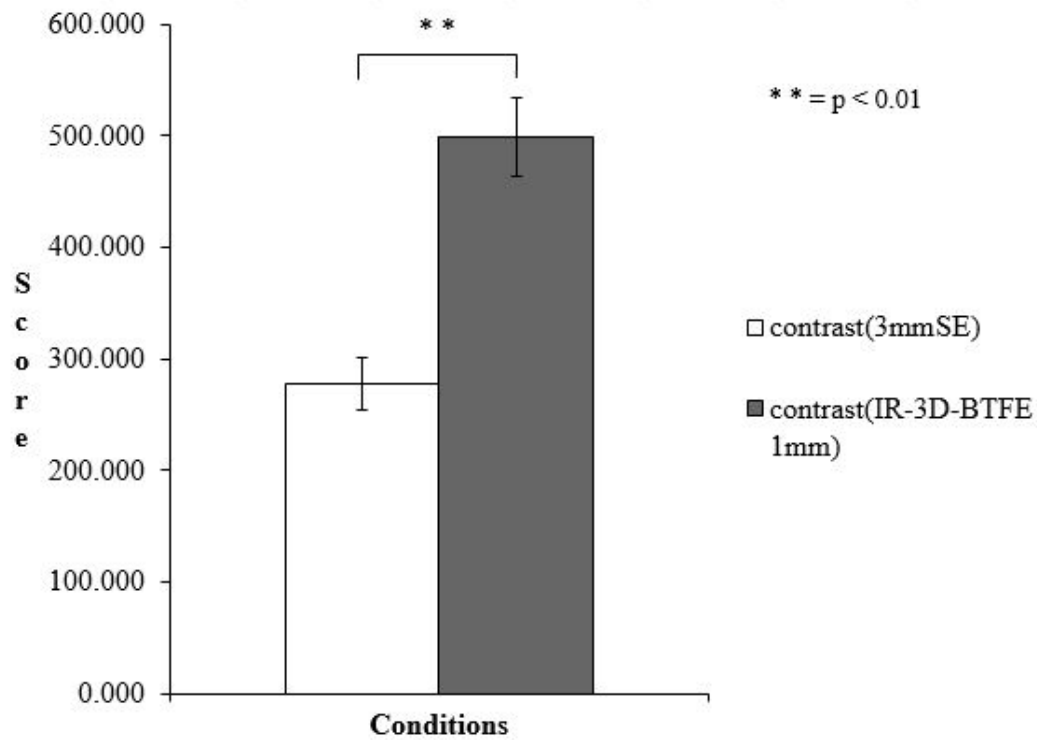


Fig. 6 shows the results of testing the difference between the average of SE and BTFE 1 mm. BTFE was superior with significant difference.

The result of the test of the difference between the corresponding average values in the ROI at IR-3D-BTFE 3 mm and IR-3D-BTFE 1 mm is shown in Fig.7. The difference test was $t(19) = -5.637$, $p < .01$ ($p = 0.000019$), $d = -787$.

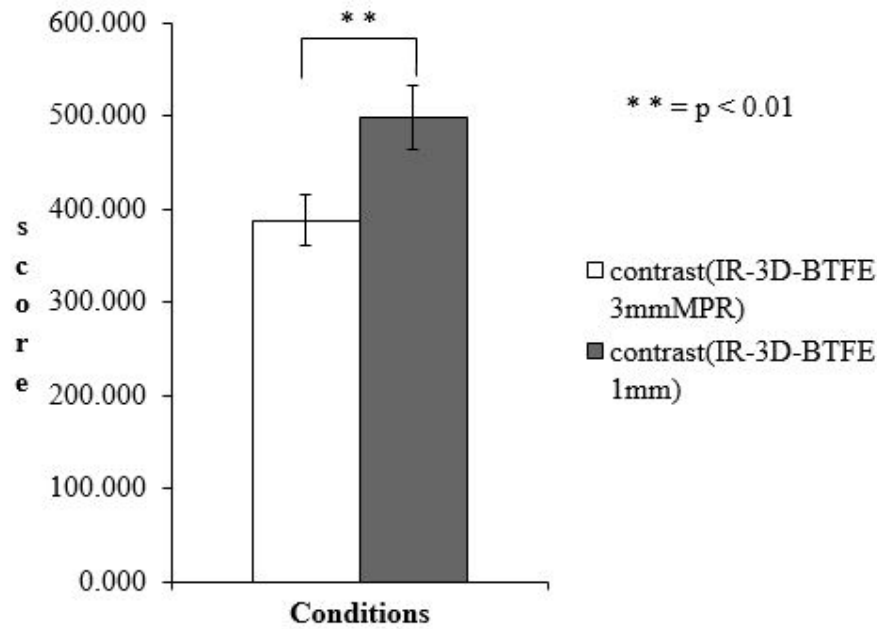


Fig. 7 shows the results of testing the difference between the average of BTFE 3 mm and BTFE 1 mm. BTFE 1 mm was superior with significant difference.

Fig.8 shows the results of the test (Friedman test) of the difference in corresponding average rankings between 2D-SE and IR-3D-BTFE 3 mm and IR-3D-BTFE 1 mm. The difference test was $z(14) = 36.100$, $p < .01$ ($p = 0.00000001$), $r = .602$.

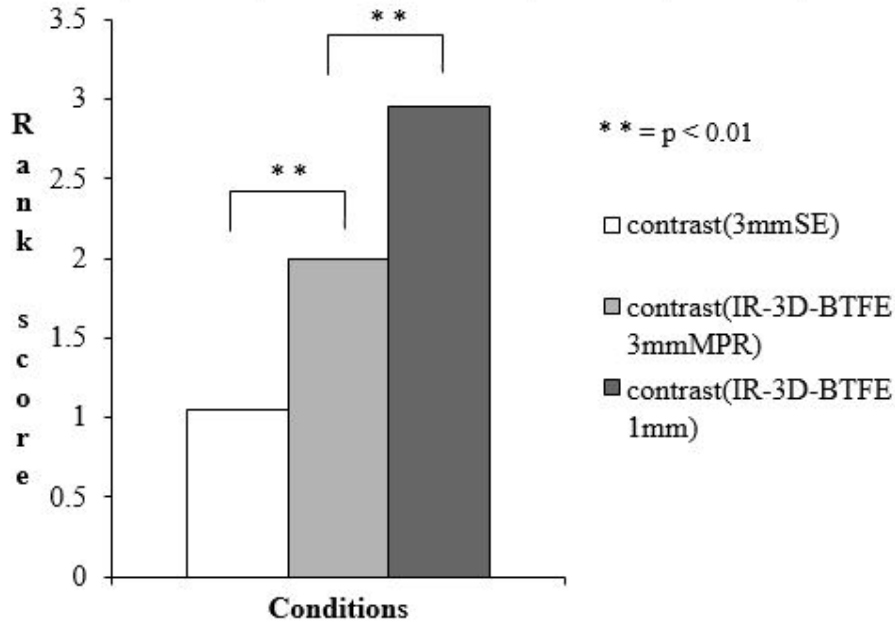


Fig. 8, SE shows the results of rank test of the difference between the average of BTFE 3 mm and BTFE 1 mm. BTFE 1 mm was superior with significant difference.

The result of 3 mm SE for the test of the difference of the corresponding mean value in the evaluator is shown in Fig.9. The difference test at 3 mm SE (Evaluator 1) - 3 mm SE (Evaluator 2) was $t(7) = -0.552$, $p = 0.598$, $d = -0.014$.

The difference test at 3 mm SE (Evaluator 1) - 3 mm SE (Evaluator 3) was $t(7) = 1.155$, $p = 0.286$, $d = 0.121$.

The difference test for 3 mm SE (Evaluator 2) - 3 mm SE (Evaluator 3) was $t(7) = 1.567$, $p = 0.161$, $d = 0.141$.

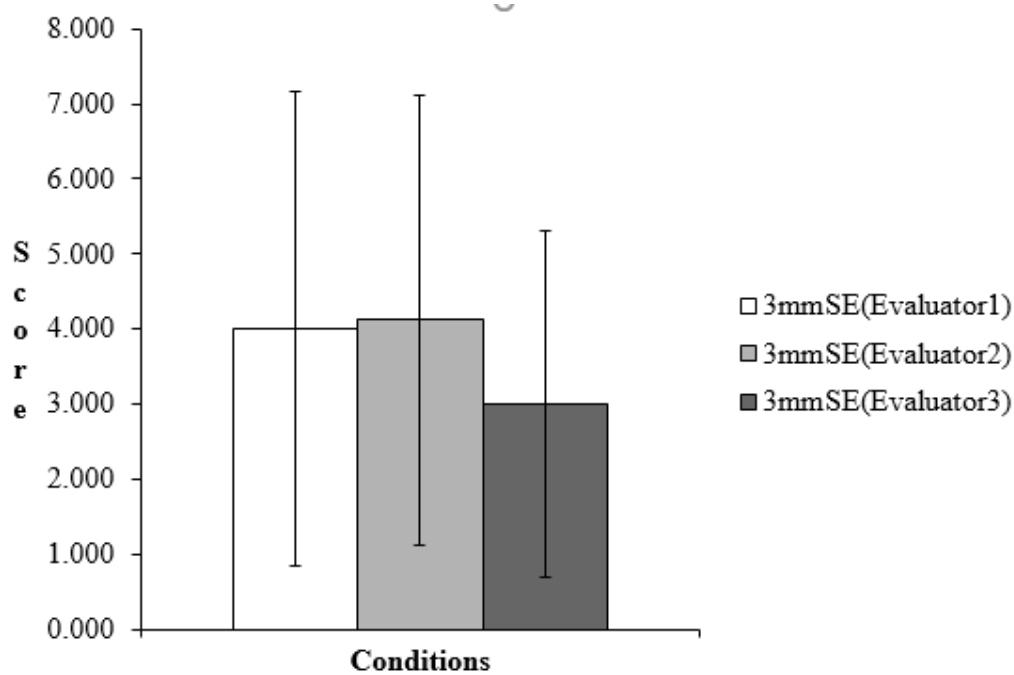


Fig. 9 shows the results of the difference between evaluators of lesion detection power of SE. There was no significant difference between evaluators.

Fig.10 shows the result of 3 mm IR-3D-BTFE, which is a test of the difference between corresponding mean values in the evaluator.

The difference test at 3 mm IR (Evaluator 1) - 3 mm IR (Evaluator 2) was $t(7) = 0.882$, $p = 0.407$, $d = 0.051$.

The difference test at 3 mm IR (Evaluator 1) - 3 mm IR (Evaluator 3) was $t(7) = 1.361$, $p = 0.215$, $d = 0.166$.

The difference test at 3 mm IR (Evaluator 2) - 3 mm IR (Evaluator 3) was $t(7) = 1.595$,

$p = 0.154$, $d = 0.122$.

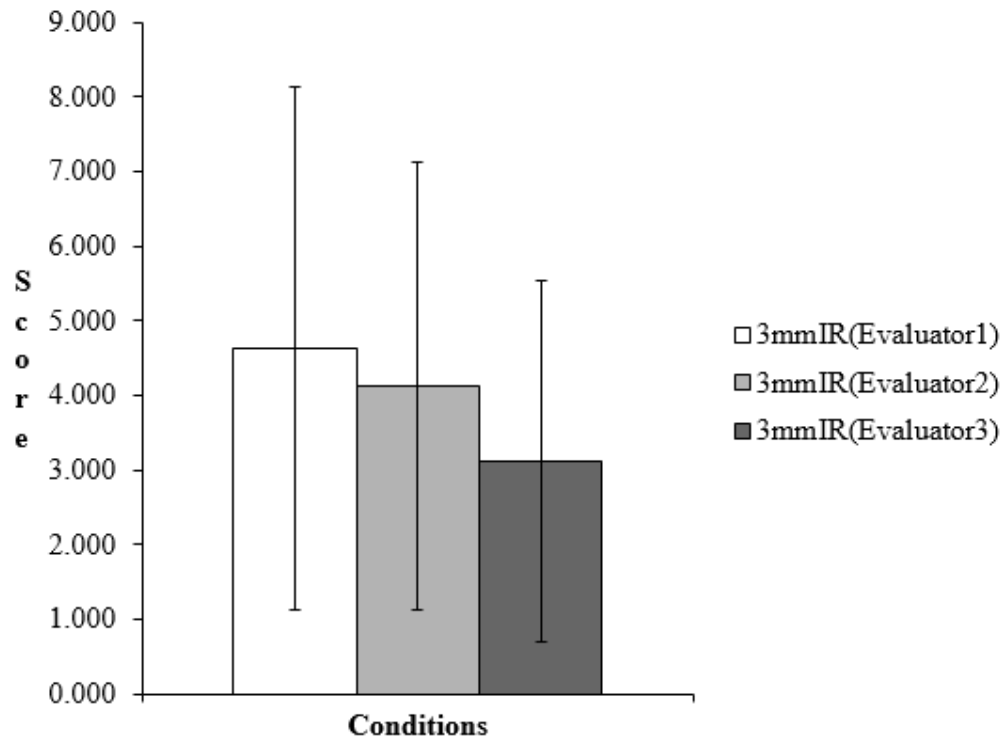


Fig. 10 shows the results of the differences between evaluators of lesion detection power of BTFE 3 mm. There was no significant difference between evaluators.

Fig.11 shows the results of 3 mm 3D-GRE for the test of the differences of corresponding mean values in the evaluator.

The difference test at 3 mm GRE (Evaluator 1) - 3 mm GRE (Evaluator 2) was $t(7) =$

0.814, $p = 0.442$, $d = 0.084$.

The difference test at 3 mm GRE (Evaluator 1) - 3 mm GRE (Evaluator 3) was $t(7) =$

1.279, $p = 0.241$, $d = 0.142$.

The difference test at 3 mm GRE (Evaluator 2) - 3 mm GRE (Evaluator 3) was $t(7) =$

1.871, $p = 0.103$, $d = 0.067$.

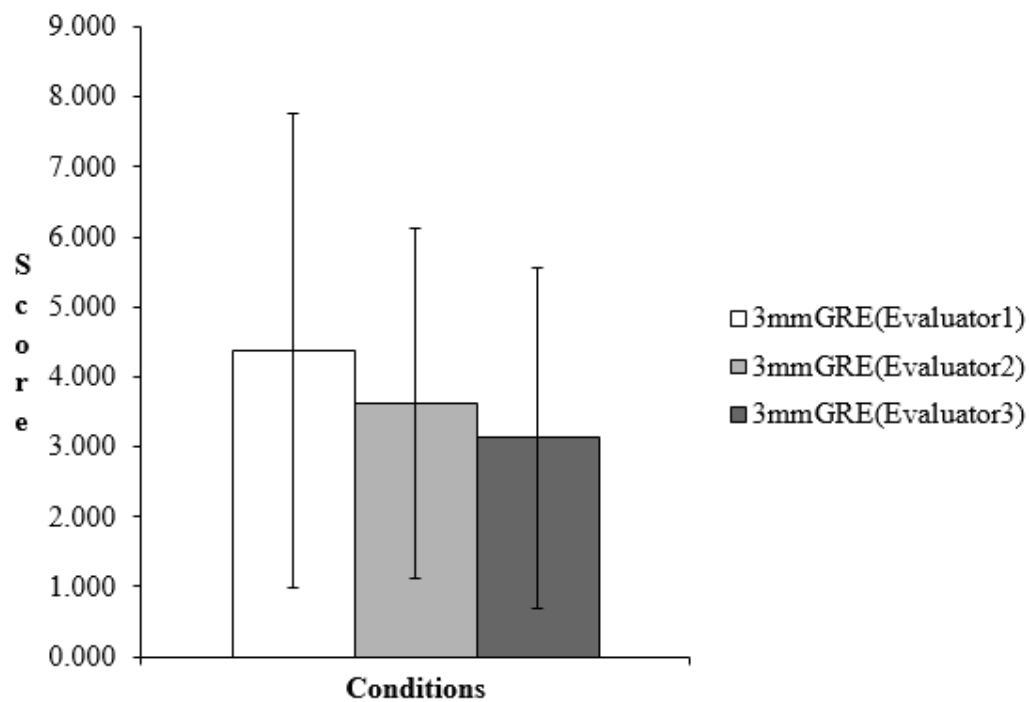


Fig. 11 shows the results of the differences between evaluators of lesion detection power of 3 mm GRE. There was no significant difference between evaluators.

Fig.12 shows the result of 1 mm IR-3D-BTFE for the test of the difference of corresponding mean values in the evaluator.

The difference test at 1 mm IR (Evaluator 1) - 1 mm IR (Evaluator 2) was $t(7) = 0.893$,
 $p = 0.401$, $d = 0.038$.

The difference test at 1 mm IR (Evaluator 1) - 1 mm IR (Evaluator 3) was $t(7) = 1.629$,
 $p = 0.147$, $d = 0.148$.

The difference test at 1 mm IR (Evaluator 2) - 1 mm IR (Evaluator 3) was $t(7) = 2.000$,
 $p = 0.085$, $d = 0.115$.

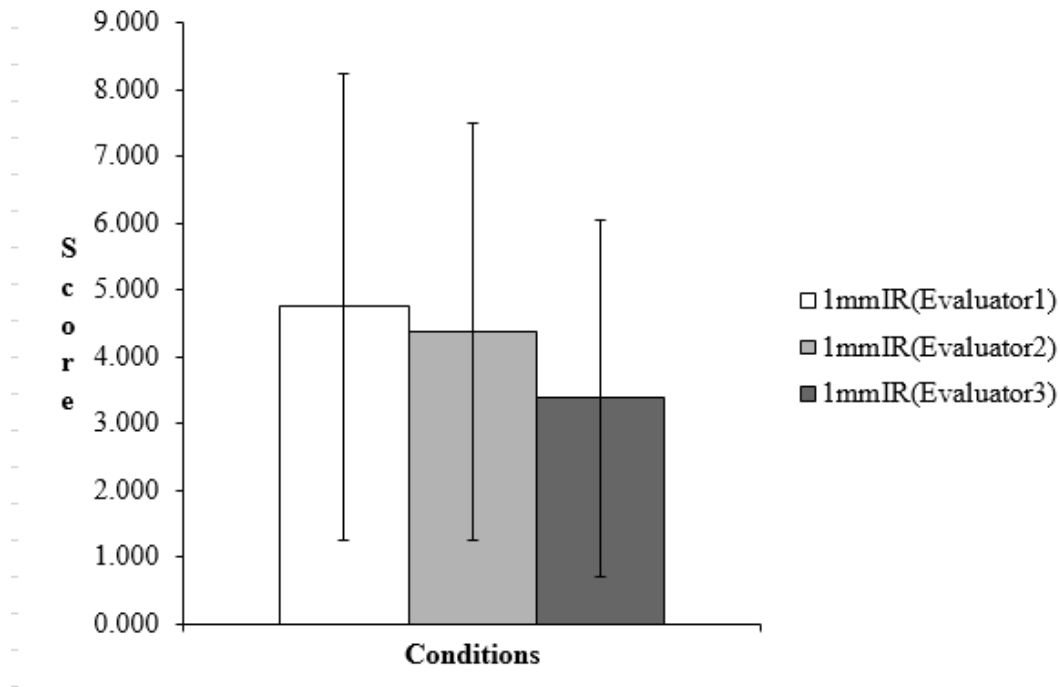


Fig. 12 shows the results of the differences between evaluators of lesion detection power of BTFE 1 mm. There was no significant difference between evaluators.

Fig.13 shows the result of 1 mm 3D-GRE for the test of the differences of

corresponding mean values in the evaluator.

The difference test at 1 mm GRE (Evaluator 1) - 1 mm GRE (Evaluator 2) was $t(7) = 1.000$, $p = 0.351$, $d = 0.026$.

The difference test at 1 mm GRE (Evaluator 1) - 1 mm GRE (Evaluator 3) was $t(7) = 1.366$, $p = 0.214$, $d = 0.110$.

The difference test at 1 mm GRE (Evaluator 2) - 1 mm GRE (Evaluator 3) was $t(7) = 1.528$, $p = 0.170$, $d = 0.086$.

By evaluator, there was no significant difference in sequence or experience years.

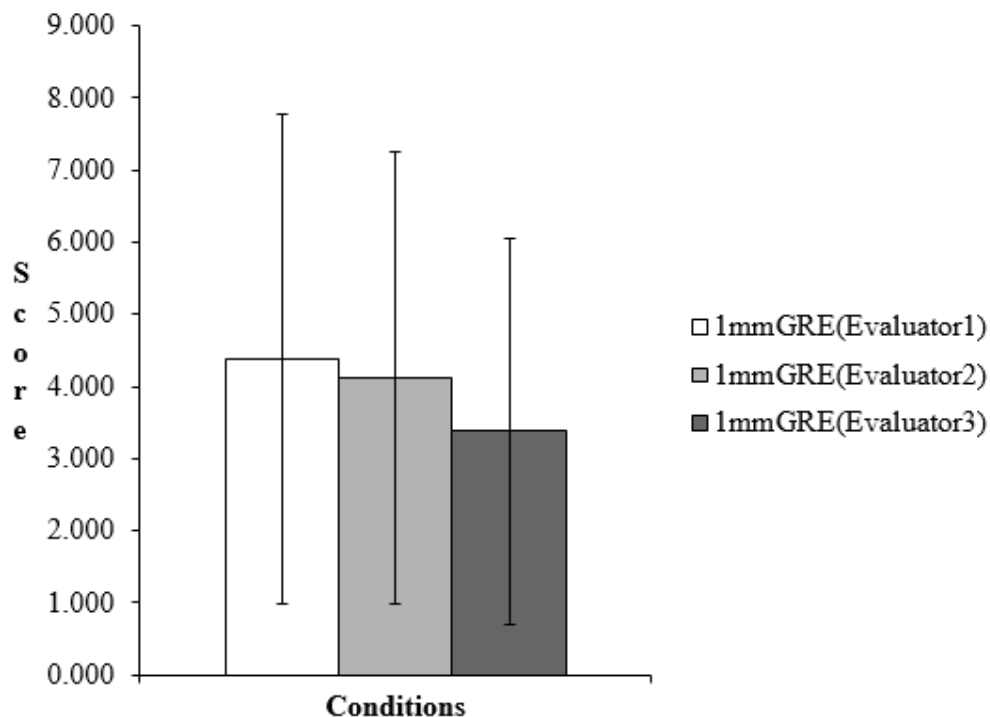


Fig. 13 shows the results of the difference between evaluators of lesion detection power of 1 mm GRE. There was no significant difference between evaluators.

Fig.14 shows the result of the test of the difference in average rank corresponding to the visual evaluation (Friedman test).

The difference test was $z(14) = 29.882$, $p < .01$ ($p = 0.007$), $r = 0.249$.

Based on the results of ROI, excellent results were obtained with significant difference in IR-3D-BTFE. Based on visual evaluation results, 1 mm IR-3D-BTFE was the best result for the two evaluators.

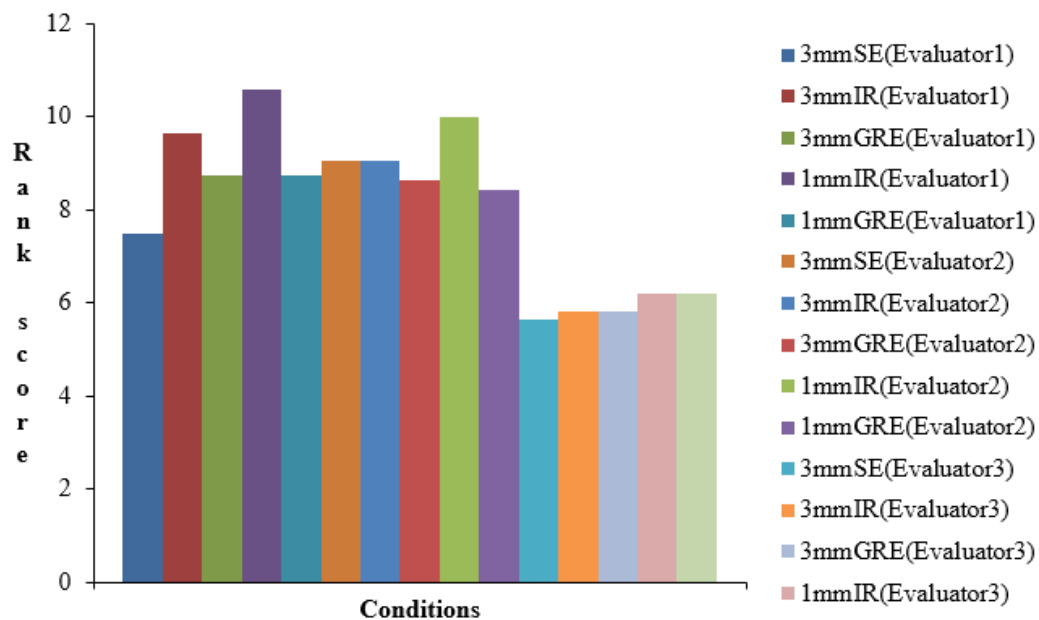


Fig. 14 shows the results of the difference between evaluators of lesion detection power of 1 mm GRE. There was no significant difference between evaluators.

Discussion

From the results, 3D-IR-BTFE was excellent for all items.

Although BTFE which is a steady state sequence is originally superior to T2 emphasis, in Sequence Design designed this time, we added IR to strengthen longitudinal magnetization and that in SSFP series sequence we do not acquire transition period By extending the Shot interval which is the parameter of the interval between imaging and imaging to acquire the signal and completely restoring the longitudinal magnetization, it contributes to longitudinal relaxation and excellent T1 emphasis can be obtained I thought about the possibility.

Moreover, since BTFE is a Sequence superior in SNR because it utilizes all signals in the image, it is thought that SNR can be secured even in a short time of imaging time compared with the Gradient echo method, and good results were obtained It was.

Difference in count was observed by the evaluator at the visual evaluation lesion count, but this was considered to be the difference in the evaluation of the high-signal part of a small size that is lost from a lesion or blood vessel. Before doing statistical processing, I also considered the difference in the count by the years of experience, but there was no significant difference from the result by the years of experience.

In this issue, considering longitudinal relaxation, Sequence Design examined the shot interval as 4000 ms, but I thought that investigating IR and Shot interval values is

necessary in order to obtain further contrast in the future.

Conclusions

This research is the title presented at the 37 th Annual Meeting of the Japanese Society of Magnetic Resonance Medicine in September 2009. As described in the background, since the use of gadolinium contrast agent has become more rigorous, we decided to go back to the thesis.

The present study found that the 3D-IR-BTFE method with IR added has excellent contrast.

It is possible to acquire images of thin slices in a shorter time than conventional imaging methods, and as a new standard for devices capable of the Coherent type Gradient echo method, if the contrast is set to the same level as the Gradient echo method, the contrast agent can be reduced The possibility was also suggested.

It was also suggested that 3D-IR-BTFE, which is excellent in contrast contrast, may be useful for whole body examination if the site is less affected by motion.

We will further advance this research and expect that examination of appropriate contrast agent reduction based on high contrast will be conducted.

Disclosure of Conflicts of interest

The author indicated no conflicts of interest.

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Legends

Table 1 shows the main imaging parameters of SE-T1 WI.

Table 2 shows the main imaging parameters of the created IR-3D-BTFE.

Fig. 1 shows an actually imaged image.

A is SE-T1 WI 3 mm after imaging.

B is IR-3D-BTFE 3 mm after imaging.

C is IR-3D-BTFE 1 mm after imaging.

Fig. 2 shows a method of setting the actual region of interest.

Table 3 shows the results of contrast. (SE and BTFE and GRE)

Table 4 shows the results of the number of lesion detected by evaluator 1.

Table 5 shows the results of the number of lesion detected by evaluator 2.

Table 6 shows the results of the number of lesion detected by evaluator 3.

Fig. 3 shows a box plot of SE and BTFE.

Fig. 4, Box plots of BTFE and GRE are shown.

Fig. 5 shows the results of testing the difference between the average of SE and BTFE 3 mm. BTFE was superior with significant difference.

Fig. 6 shows the results of testing the difference between the average of SE and BTFE 1 mm. BTFE was superior with significant difference.

Fig. 7 shows the results of testing the difference between the average of BTFE 3 mm and BTFE 1 mm. BTFE 1 mm was superior with significant difference.

Fig. 8, SE shows the results of rank test of the difference between the average of BTFE 3 mm and BTFE 1 mm. BTFE 1 mm was superior with significant difference.

Fig. 9 shows the results of the difference between evaluators of lesion detection power of SE. There was no significant difference between evaluators.

Fig. 10 shows the results of the differences between evaluators of lesion detection power of BTFE 3 mm. There was no significant difference between evaluators.

Fig. 11 shows the results of the differences between evaluators of lesion detection power of 3 mm GRE. There was no significant difference between evaluators.

Fig. 12 shows the results of the differences between evaluators of lesion detection power of BTFE 1 mm. There was no significant difference between evaluators.

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Fig. 14 shows the results of the difference between evaluators of lesion detection power of 1 mm GRE. There was no significant difference between evaluators.