

# Improved Fetal Brain Magnetic Resonance Spectroscopy Using Selective Combination

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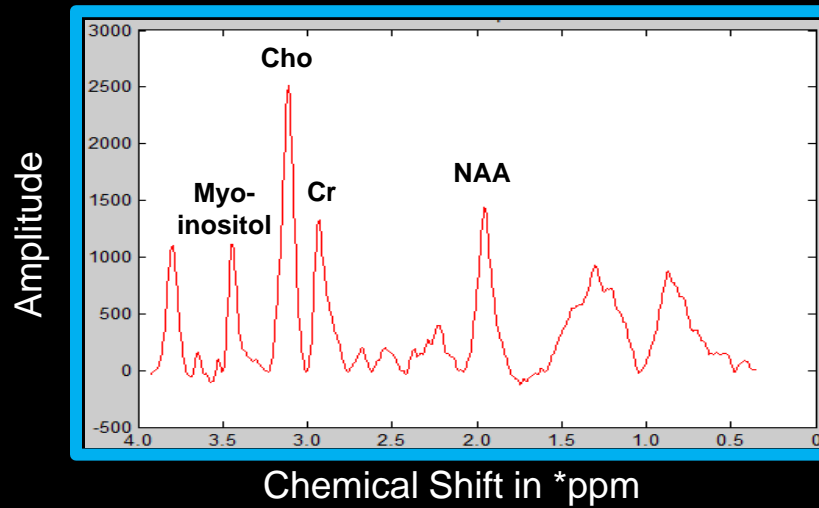
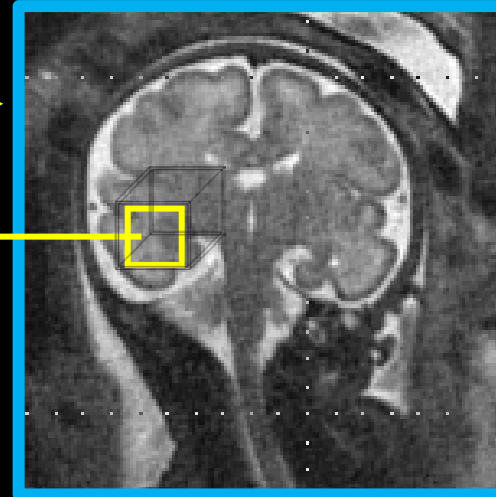


# Magnetic Resonance Spectroscopy



**MRI Scanner**

(voxel)



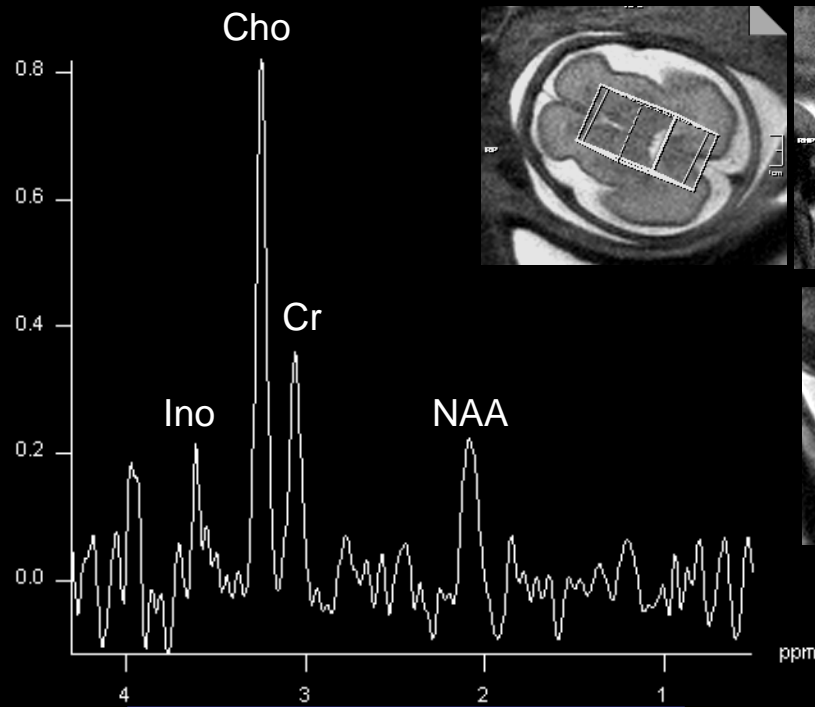
Relative concentrations of  
brain metabolites

\*ppm – parts per million

***Uses differences in magnetic resonance frequencies  
(chemical shift) between various metabolites***

# Magnetic Resonance Spectroscopy (MRS) in the Fetal Brain

- Provides non-invasive method to identify and quantify biological metabolites in the tissue
- Assess fetal brain metabolic status in-utero<sup>1</sup>

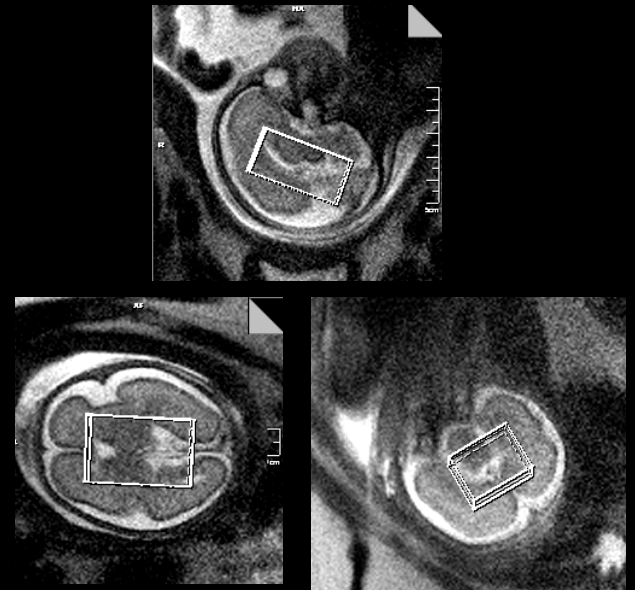
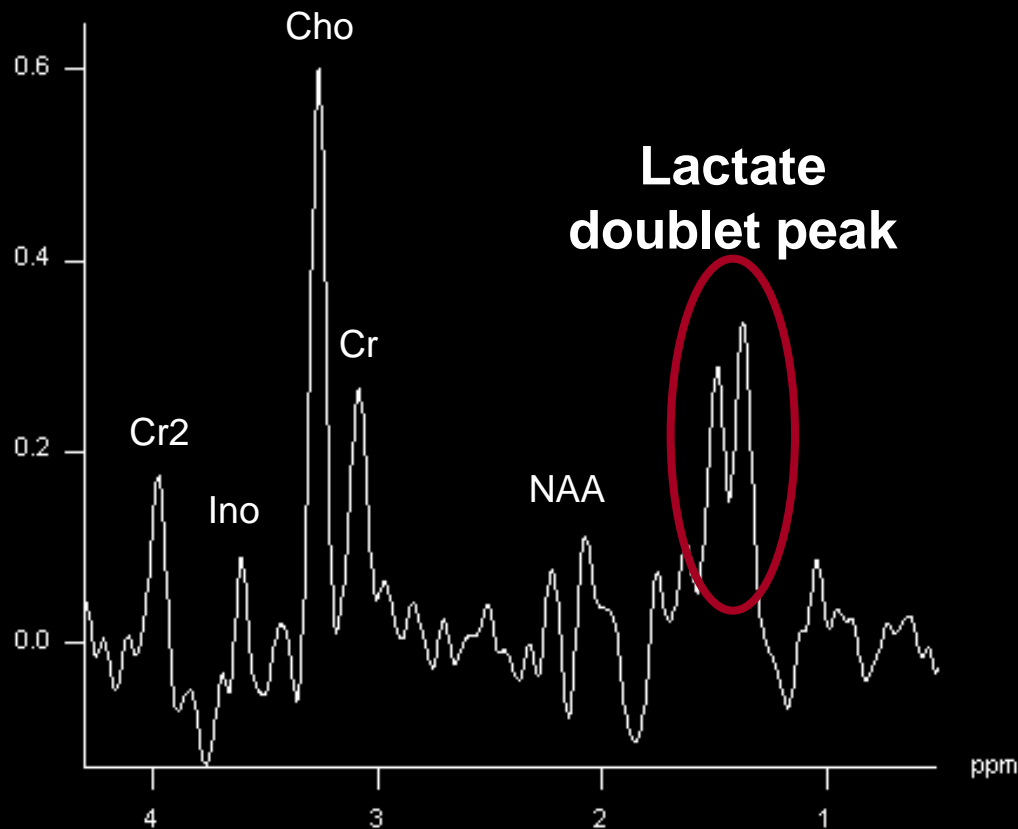


Normal fetal brain spectrum (25 weeks)

- Myoinositol: lipid synthesis
- Choline: cell membrane stability and myelination
- Creatine: metabolic activity
- NAA: neuronal or axonal marker

# Fetal Brain MRS – Clinical Relevance

25 week old fetus - IUGR with Complete Heart Block



**Presence of lactate indicates metabolic acidosis**



# Fetal Brain MRS: Challenges

## Motion



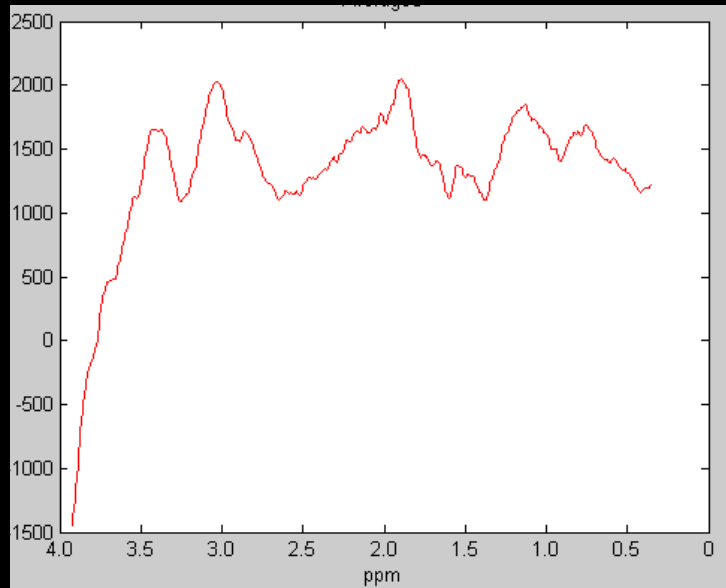
GA - 24 4/7 weeks



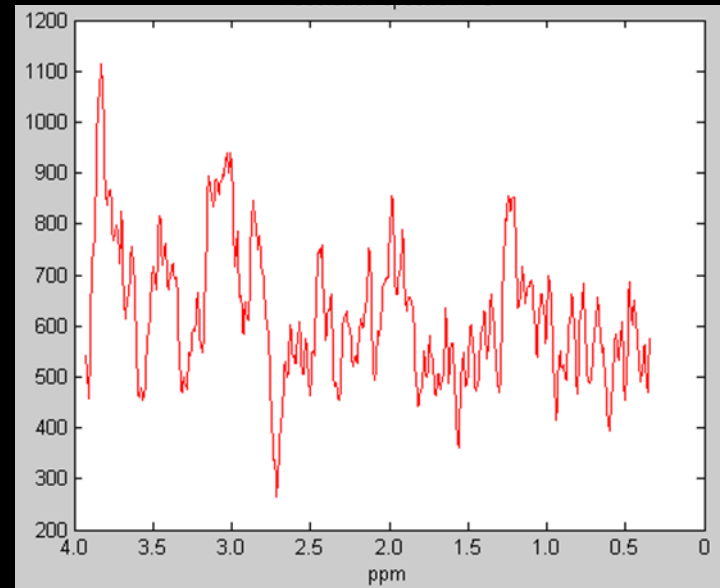
GA - 28 5/7 weeks

# Fetal Brain MRS: Challenges

Motion severely affects the quality of the acquired spectra



GA - 23 5/7 weeks



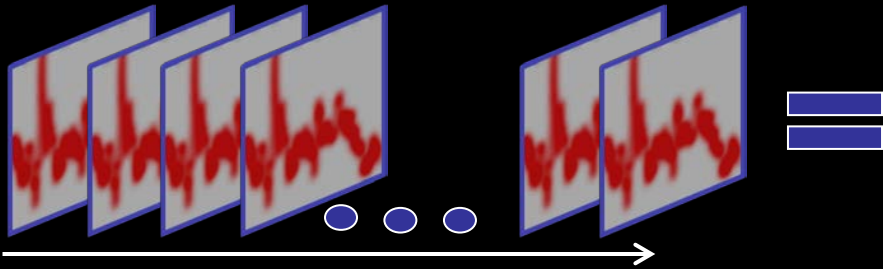
GA - 20 6/7 weeks

***Fast and/or motion-insensitive methods are warranted for fetal MRS***

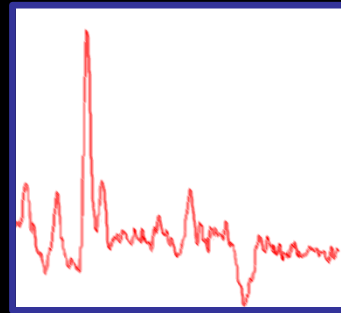
# Motion in MRS

## Typical MRS acquisition

N (~96) individually acquired spectra

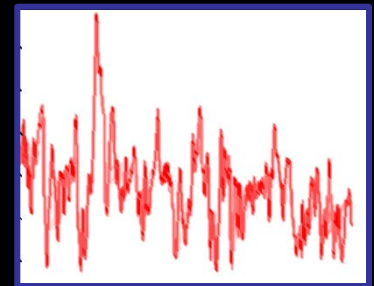
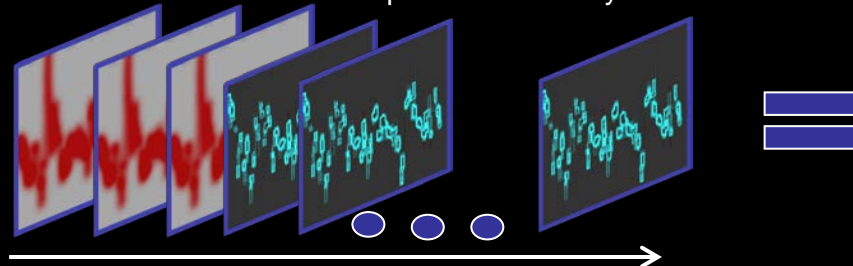


Average of the N acquisitions



## In case of fetal movement during such MRS acquisition

Spectra affected by motion

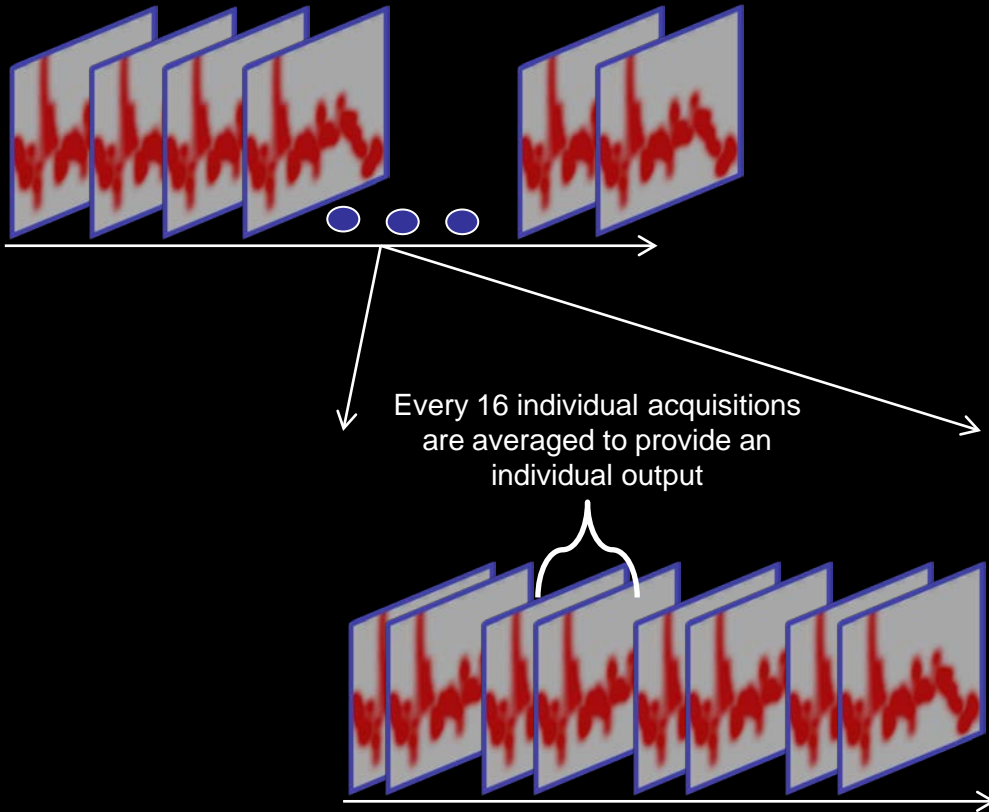


... the resulting averaged spectrum is a noisy and precludes any measurement

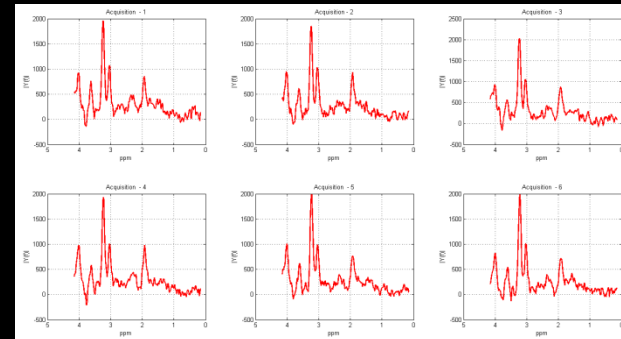
# A novel approach

## Piece-wise acquisition

N (~96) individually acquired spectra



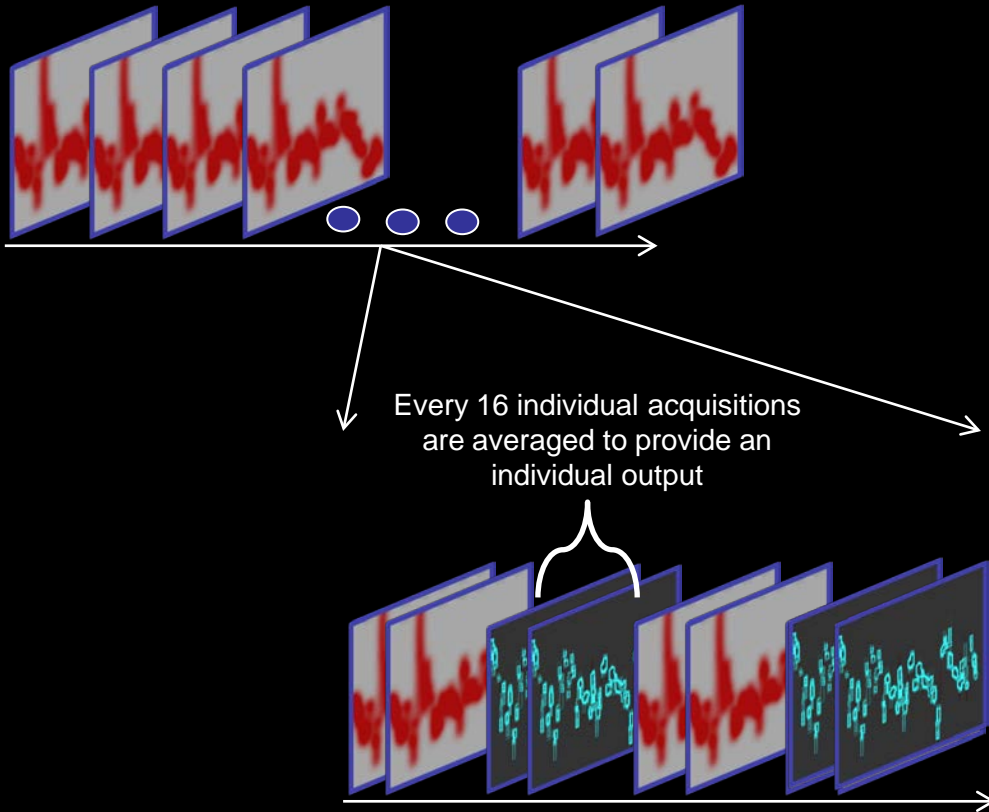
The result is  $N/16$  ( $96/16=6$ ) individual spectra (instead of a single output)



# A novel approach

## Piece-wise acquisition

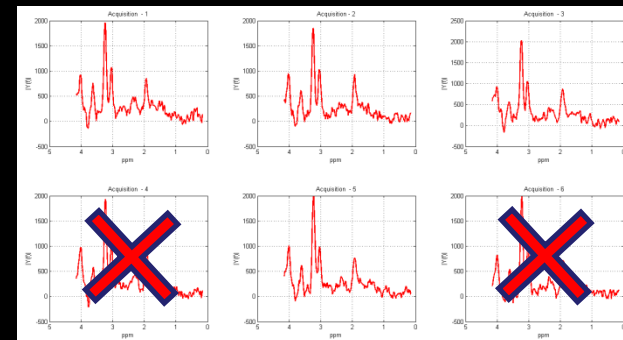
N (~96) individually acquired spectra



The part of data affected by motion can be discarded in selective averaging

The result is  $N/16$  ( $96/16=6$ ) individual spectra (instead of a single output)

=



# Fetal Brain MRS @ 3.0T with Piece-wise acquisition and selective averaging

- We applied the piece-wise MRS data acquisition with selective averaging in N=55 pregnant subjects
  - gestational age 20 5/7 to 38 1/7 weeks, mean-30.25 weeks; std- 4.8 weeks
- No sedation

# Fetal Brain MRS @ 3.0T with Piece-wise acquisition and selective averaging

- **Acquisition Parameters:**

- PRESS (spin-echo) sequence – TR=1200 ms, TE=144 ms; (PRESS -point resolved spectroscopy)
- 6 acquisitions – each measurement is an average of 16 measurements
- Single voxel spectroscopy - Voxel placed in the central basal ganglia region of the fetal brain
- sequence time - 2 minutes;
  - including shimming total acq time approximately 3.5 to 4 minutes

# Fetal Brain MRS @ 3.0T with Piece-wise acquisition and selective averaging

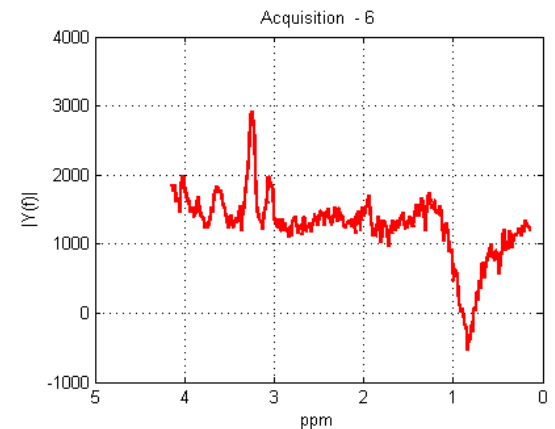
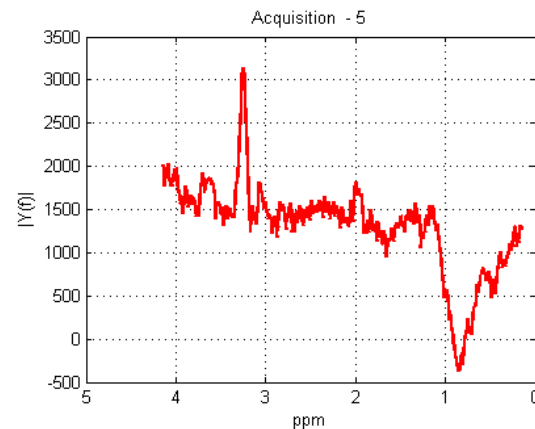
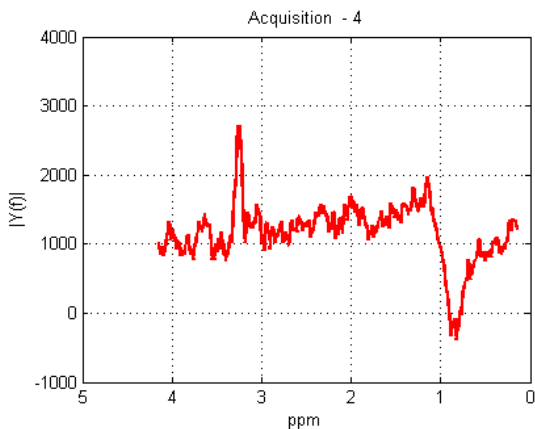
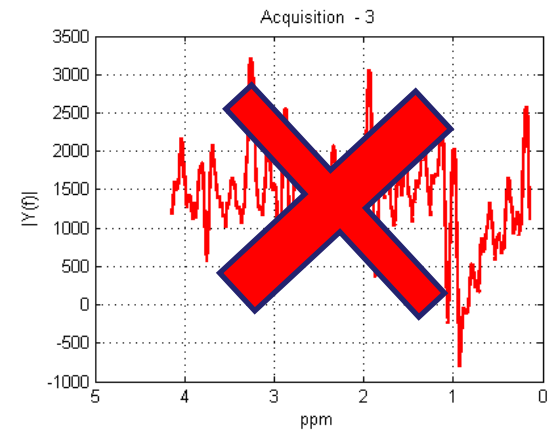
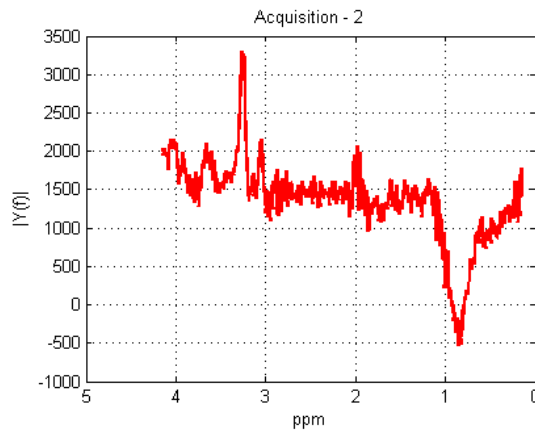
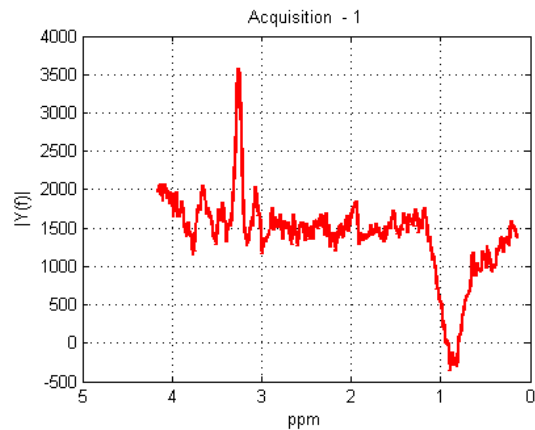
## Quality evaluation

- Signal to Noise Ratio (SNR) of three metabolite peaks – NAA, Cho, Cr were evaluated.
- $\text{SNR} > 2:1$ , for all three metabolites was considered good quality



# Results

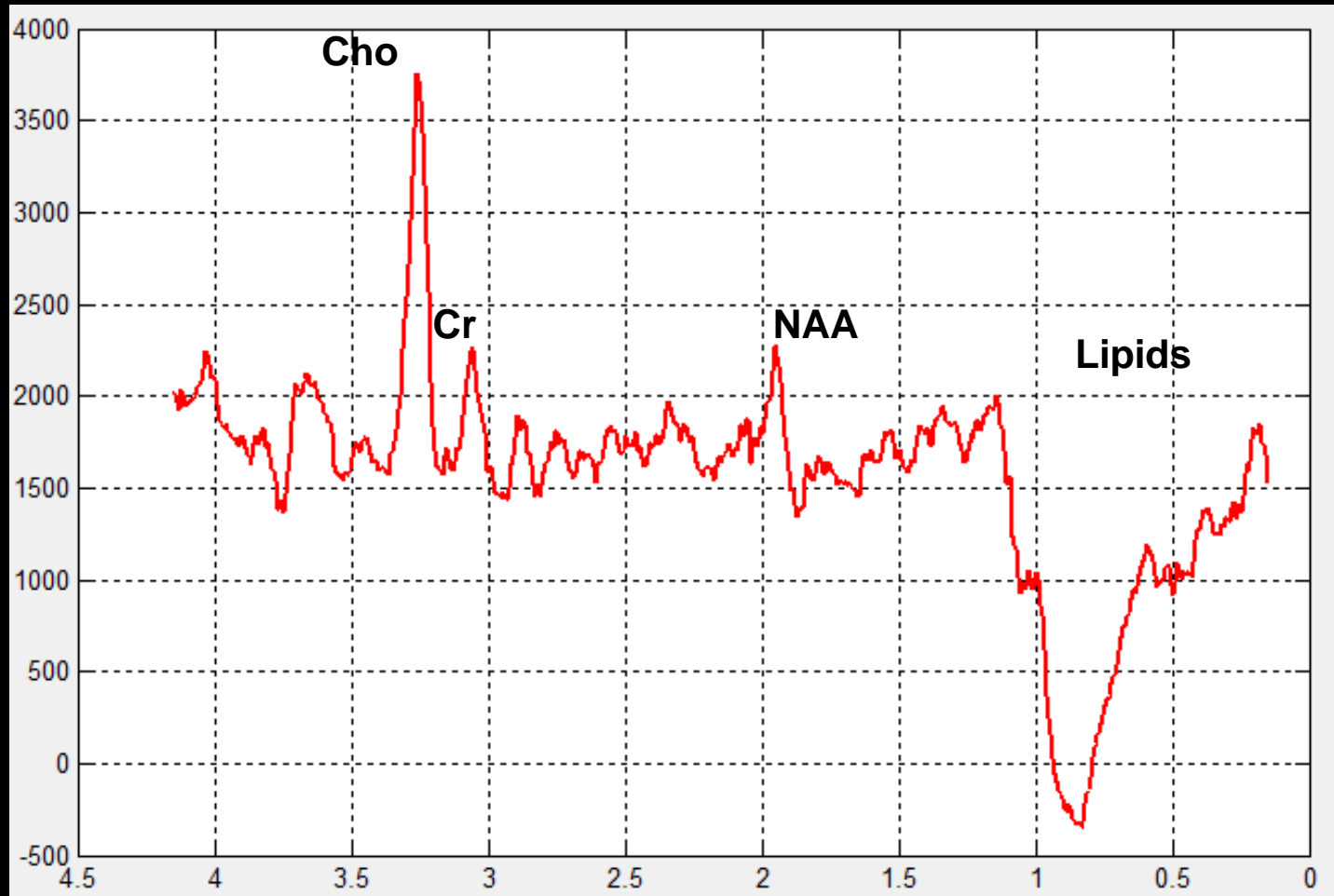
## Example of MRS acquisition at gestational age 22 2/7 weeks



**Significant noise in Acquisition 3**

# Results

*Averaged (1,2,4,5,6) spectra with acquisition 3 discarded*

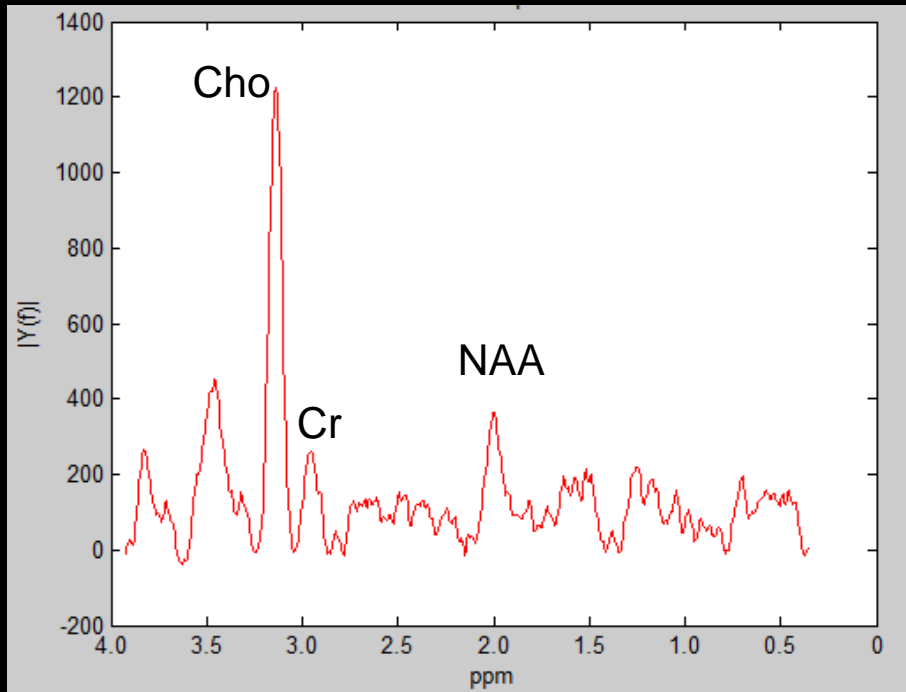


# Results

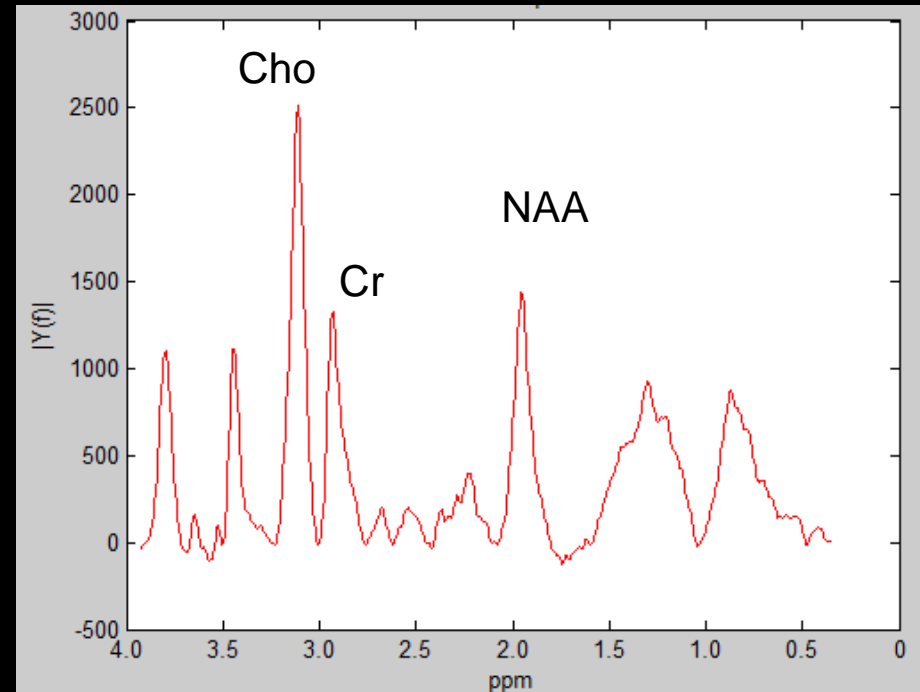


***An offline post processing tool was developed in-home for this selective combination of the acquired spectra***

# Results



GA = 20 5/7



GA = 35 4/7

*Good quality spectra were obtained from fetuses with gestational ages ranging from 20 5/7 to 38 1/7 weeks*

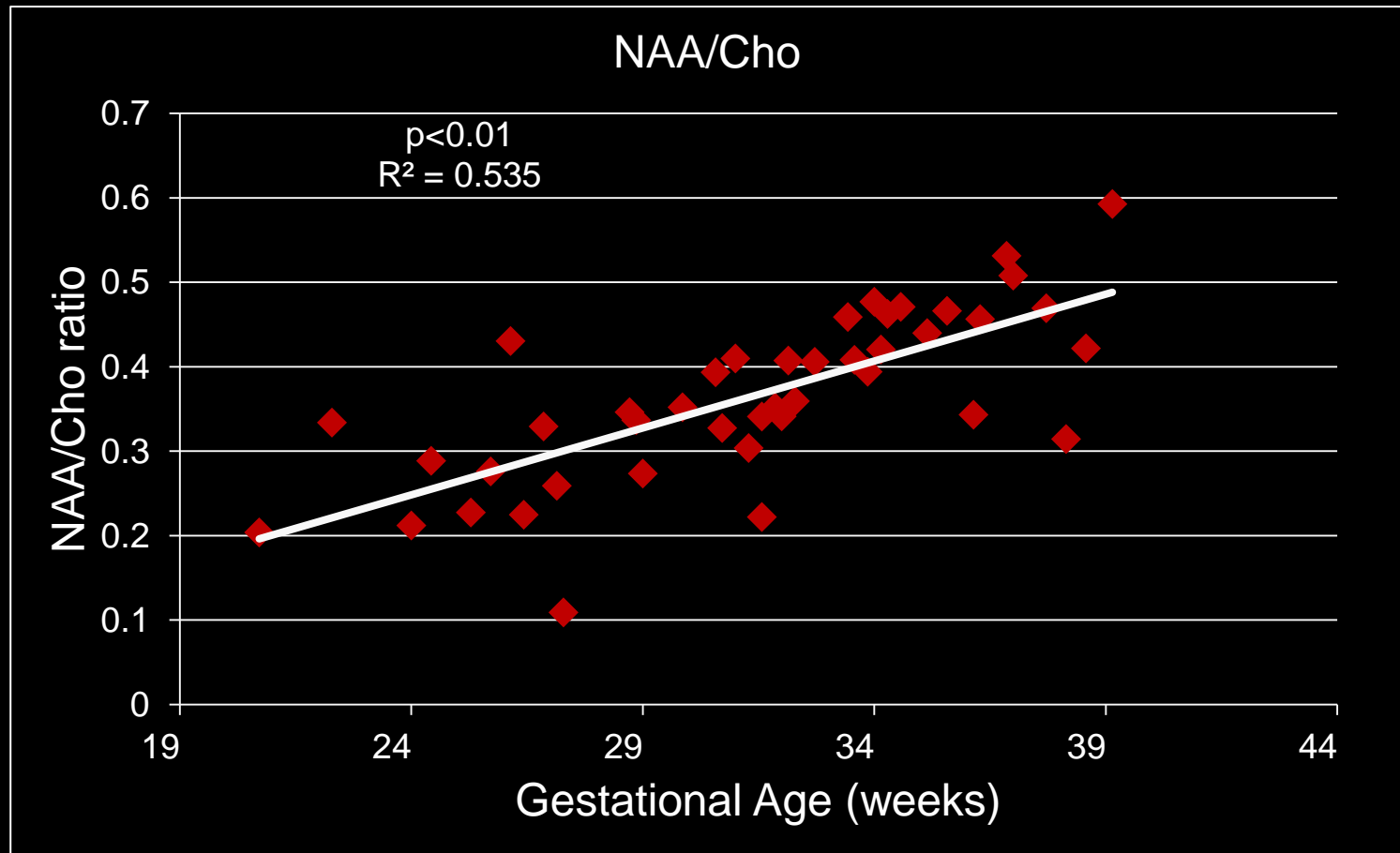
# Results

Good quality spectra (SNR>2:1) were  
obtained in 40 of 55 fetuses

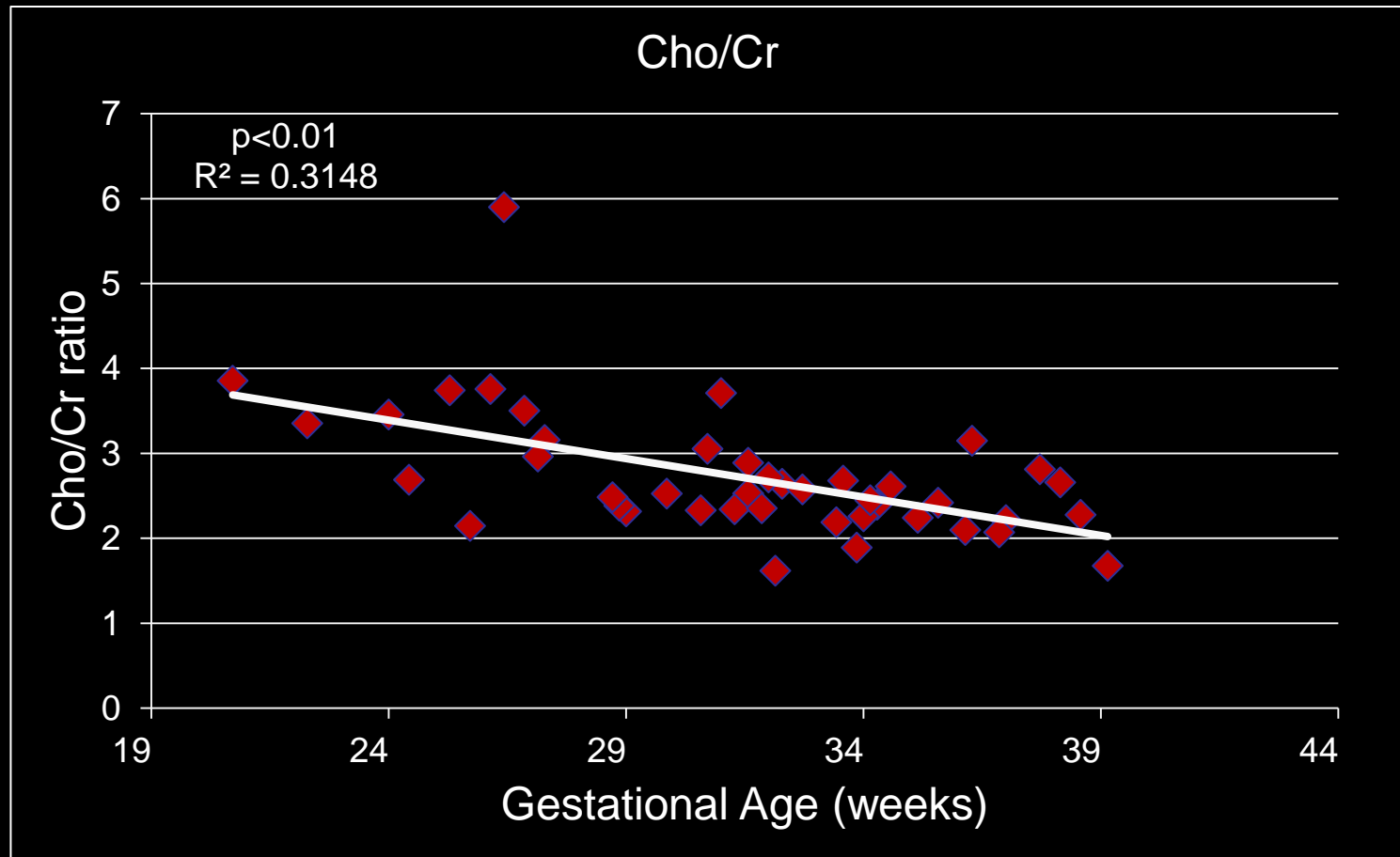
This corresponds to a success rate of 73%

This is improved compared to success rate  
reported in the literature<sup>2</sup>

# Results



# Results



*The increase of NAA/Cho ratio and decrease of Cho/Cr ratio with gestation are in good agreement with previously reported trends<sup>3-6</sup>*

# Comments

- Piece-wise acquisition and selective combination helps in discarding data corrupted by motion
- Practically, piece-wise acquisition also helps visualize the quality of spectra online on the magnet and one can stop measurement if the spectra quality is seen to be affected by motion
- To take full advantage of this method, individual acquisitions should have a minimum # of averages that ensures the SNR in individual spectra themselves is high enough for quantification



# Comments and conclusion

- In our study, performing MRS at 3.0T helped in this aspect, providing a reasonably high SNR even in individual acquisitions, and in reducing acquisition time
- With this approach we also have reasonable success rate even for lower gestations
- We follow a more stringent quantitative criteria for defining quality of spectra. Despite this we obtain a success rate higher than that reported in literature

# Conclusion

- In conclusion, piece-wise acquisition and selective combination approach could help in improving success rate of obtaining quality spectra from the fetal brain.
- This is easy to implement in the sequence and requires relatively simple post-processing of data

# References

- [1] Prayer, D. and SpringerLink (Online service) (2011). Fetal MRI. Medical radiology Diagnostic imaging. New York ; London, Springer.
- [2] Berger-Kulemann V, Brugger PC, et al., AJNR Am J Neuroradiol. 2013 Feb;34(2):424-31;
- [3] Kok RD, van den Berg PP, et al., Magn Reson Med. 2002 Oct;48(4):611-6.
- [4] Girard N, Gouny SC,.Magn Reson Med. 2006 Oct;56(4):768-75.
- [5] Pugash D, Krssak M, Kulemann V, Prayer D. Magnetic resonance spectroscopy of the fetal brain. Prenat Diagn. 2009 Apr;29(4):434-41.
- [6] Story L, Damodaram MS, et al., Am J Obstet Gynecol. 2011 Nov;205(5):483.e1-8.;