Experience using Novel Multidimensional Diffusion Magnetic Resonance Imaging for Characterization of Tissue Microstructure in various Brain Pathologies

RANDOM WALK IMAGING

TEACHING ACTIVITY

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At the conclusion of this activity, participants will be able to:

- Understand how DTD Provides discrimination of the better rate, average microscopic anisotropy, and orientation of diffusion within microscopic tissue environments
- Understand how DTD allows separation tissue-specific of diffusion profiles of the main brain components. white e.a.. matter(WM), grey matter (GM), cerebrospinal fluid (CSF) and pathological tissue environments such as edema through 'bins', namely the 'thin', 'thick', 'big', and the 'sparse' bin.
- Identify key differential diagnostic points in different brain indications
- Learn the Pros and cons of the sequence.

BACKGROUND

- diffusion MRI Conventional measurements are based Stejskal-Tanner pulse sequences yielding single diffusion encoding (SDE) that allows for estimation of the mean diffusivity and fractional anisotropy. These parameters are sensitive to microstructural tissue changes, and lack specificity in depicting the cause of these changes. especially heterogeneous voxel contents featuring complex WM fiber crossinas.
- MDD-MRI is a novel diffusion imaging technique relying on optimized gradient waveforms to capture the features of the diffusion process via the b-tensor.
- The acquisition of planar and/or spherical b-tensors provides complementary information enabling better discrimination of the average rate, anisotropy, and orientation of diffusion within microscopic tissue environments.

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INTERPRETATION OF THE DTD BINS

tissue environments such as edema.

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rate and anisotropy.



DTD imaging allows for separation of tissuespecific diffusion profiles through so-called "bins". In addition to the routinely visualized "thin", "thick" and "big" bins, we introduce a fourth bin, dubbed "sparse", that isolates signal fractions arising from pathological

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gmentation

 \longrightarrow Lesion

DTD "bins". encapsulate tissue-specific diffusion patterns based on their diffusion

> Thin bin captures elongated cells(e.g., WM fiber bundles, certain brain tumors

> **Big bin**: captures free water (e.g., CSF in the

Thick bin: captures densely packed round cells (e.g.

Sparse bin: captures low diffusion cell-densitv environments edema).



Thin

Microscopic anisotropy

 Thick

 ${
m MD}$ $[\mu {
m m}^2/{
m ms}]$

MD $[\mu m^2/ms]$

Evaluation of MDD in Radiation damage

(1) The bin-segmentation map (SegM) highlights the presence of edema (sparse bin) surrounding a damage area containing fiber populations (thin bin). (2 & 3) Thin-bin resolved maps indicate that the damage area has a higher MD and a lower microscopic anisotropy than healthy WM. which may indicate ongoing neurodegeneration.

Evaluation of MDD in Neurocysticercosis

(1) The SegM highlights that the lesion is captured by the thin bin (green), indicating the presence of elongated cells at the site of infection. This site is surrounded by edema, captured by the sparse bin (red).(2, 3 & 4) The/ bin resolved MD maps tease apart the \checkmark contributions of CSF (2), healthy grey matter (3) and edema (4) around the site of infection. Colors indicate the expected tissue-specific ranges of MD values.

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Sparse



SS S (4) Spa

 \rightarrow Lesion

(1) The SegM highlights edema from the sparse bin (red) surrounding the tuberculoma lesion captured by both the thin and thick bins (2) The thin-bin resolved microscopic anisotropy map suggests that the lesion consists of elongated cells exhibiting lower microscopic anisotropy (yellow) compared to the highly anisotropic nerve fibers entering the cerebellum (red/orange).(3) The thick-bin resolved MD map suggests that the lesion has additional densely packed round cells within its outer layer (blue).(4) The sparse-bin resolved MD map informs on the severity of the edema around the lesion, increasing from low MD (green) to high MD (yellow).

FUTURE DIRECTION AND RECOMMENDATION

Distortion artefacts could be corrected upon acquiring a reverse phase-encoding b0 image.



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ADVANTAGES

- Allows acquisition of b-tensors with varying shape.
- Efficient gradient waveform design can deliver the required b-tensors in a clinically feasible acquisition time
- Enables estimation nonparametric DTD maps of microstructural tissue heterogeneity, which is not accessible with conventional diffusion MRI methods.
- Binning of the DTDs allows for tissue-specific quantitative parameter maps isolating the diffusion properties of the main brain components
- Microscopic anisotropy is not confounded by cell alignment over the voxel scale, unlike conventional FA.

CHALLENGES

- Long processing time.
- longer TE imposes a lower image resolution(3x3 mm^2)
- MDD analysis methods can suffer from detrimental noise sensitivity, given the typically lower signal levels yielded by planarly and spherically encoded diffusion sequences.

