Applicability of k-t BLAST, k-t SENSE, k-t PCA and k-t PCA/SENSE for tissue phase mapping in a heart phantom at 3T

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Objective: Quantification of cardiac mechanics by tissue phase mapping (TPM) is supposed to provide an improved understanding of cardiac motion and to enable a detailed assessment of myocardial diseases such as cardiac asynchrony and DCM. A major limitation of TPM in clinical routine is the related long acquisition time.

The objective of this study is to investigate the impact of different acceleration techniques (k-t BLAST, k-t SENSE, k-t PCA and k-t PCA/SENSE) on the accuracy of the velocity quantification in a beating heart phantom.

Materials and Methods: The beating heart phantom consists of a beating PVA cylinder, which was actuated by pressured air [1] (Fig.1). Imaging was performed on a 3T whole body MR scanner (Philips, Best, The Netherlands) with a 32 channel phased array coil. 8 'short axes' parallel to the bottom of the heart phantom were investigated in order to have different motion patterns in each slice. A velocity encoded triggered gradient echo sequence was performed with the following parameters: T_R/T_E = 6.2ms/3.9ms, α = 15°, FOV = 290x290mm², slice thickness= 8mm, in-plane resolution =2x2mm², 3 k-lines per segment + one startup echo, acquisition window = 98% of the RR interval, phase interval = 25.1ms



Fig. 2: MR images of the heart

phantom. a) short axis view. b)

and VENC = 30cm/s. After data acquisition, the data were undersampled in k-t space according to the k-t BLAST undersampling pattern [2] with undersampling factors R = 2-8 and ntr = 11 training profiles. Afterwards, the data were reconstructed by either k-t BLAST [2], k-t SENSE [2], k-t PCA [3] or k-t PCA/SENSE [3]. The obtained anatomical and velocity encoded images were post-processed as follows: The radial (towards the center of the PVA-ring), longitudinal (towards the bottom of the phantom) and the circumferential velocity (clockwise direction) were calculated for each slice and each acceleration factor (Fig. 2). Afterwards, the resulting velocities over time curves were compared to those curves obtained by the full data acquisition. The following parameters quantify the applicability of the specific reconstruction algorithms to obtain the true velocity over time-curves: The velocity range Δv , the correlation coefficient and the normalized root mean square

> Fig. 4 contains a chart diagram of the velocity range, correlation

> significant difference from the gold

standard was fulfilled for k-t

SENSE (R=2), k-t PCA (R = 3-5)

In

different reconstruction algorithms were tested in phantom data in

order to compare the applicability

high

maps and principal component analysis improved the quality of

different

this

and k-t PCA/SENSE (R = 3-8).

Conclusion:

velocity data.

of

No

studv.

reconstruction

acceleration

coefficient and nRMSD.

deviation (nRMSD). The quality of the applied reconstruction approach was assessed according to the expected reproducibility of the technique. Velocity over time curves were assumed to not differ substantially from the gold standard (full data reconstruction), if no significant differences in the velocity ranges, correlation coefficients higher than 0.95, and nRMSD ≤ 0.05 for each computed velocity direction were obtained.

Fig. 4: Velocity range, correlation coefficient and nRMSD for different acceleration factors R with reconstruction algorithm k-t BLAST (a), k-t SENSE (b), k-t PCA (c) and k-t PCA/SENSE (d). 1 corresponds to the longitudinal velocity, 2 to the radial velocity and 3 to the circumferential velocity



Results: Fig.3 shows the circumferential velocity over time curves exemplary for R=8. Visually k-t PCA/SENSE performs best followed from k-t PCA, k-t SENSE and k-t BLAST.

Fig. 3: Circumferential velocity over time curves without acceleration and for an acceleration factor of R=8 for all investigated reconstruction algorithms. 20 full data k-t BLAST 15 k-t SENSE k-t PCA k-t PCA/SENSE 10 5 [cm/s] 0 -5 -10 -15 0 200 400 600 800 1000 t [ms]

algorithms to accelerated TPM data. For factors, the use of sensitivity

[1] Manzke R et al. ISMRM proceedings 2010.

[2] Tsao J et al. Magn Reson Med. 2003 50(5):1031-42.

[3] Pedersen H et al. Magn Reson Med. 2009 62(3):706-16.