

# T<sub>2</sub> based analysis of fat infiltration in muscular dystrophy using quantitative, sub-voxel estimation of fat and water fractions

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#### **1. INTRODUCTION**

• T<sub>2</sub> relaxation time is a highly efficient biomarker of muscle health, being sensitive to both macro- and microstructural changes in muscle tissues, which can be caused by various muscle dystrophies, inflammatory processes, or neuromuscular disorders<sup>1,2</sup>.

- Quantification of these fat and water components holds great diagnostic and prognostic value by allowing an accurate assessment of the muscle status and the stage of the disease.
- these limitations and deliver accurate and reliable maps of the true tissue  $T_2$  values, independent of the scanner and protocol-implementation<sup>6</sup>.

### **2. METHODS: EMC Algorithm**

- **Data acquisition**: The calf muscle of a healthy volunteer and a patient with Dysferlinopathy was scanned on a whole-body 3T Siemens Prisma scanner using a standard MSE protocol.
- **Data postprocessing**: Bloch simulations of the MSE protocol were performed using identical scan parameters. Simulations were repeated for a range of  $T_2$  [ms] and  $B_1^+$ inhomogeneity values [%], producing a database (DB) of EMCs, each associated with a unique  $[T_2, B_1^+]$  value pair (**DB**<sub>water</sub>). A similar DB was created for the fat signal by repeating this process at 3.5 ppm off-resonance ( $DB_{fat}$ ).
- **Generation of quantitative maps**: Water  $T_2$ , fat  $T_2$ , and water fraction ( $f_{water}$ ) maps were generated on a pixel-by-pixel basis by matching the experimental MSE time-series to the simulated EMCs, calculated as the weighted sum of two decay curves:

#### $EMC_{experimental} = f_{water} \cdot EMC_{water} + (1 - f_{water}) \cdot EMC_{fat}$

 Matching was done via l2-norm minimization of the difference between experimental and theoretical EMCs over the range of simulated  $[T_2^W, T_2^F, B_1^+, f_W]$  values.

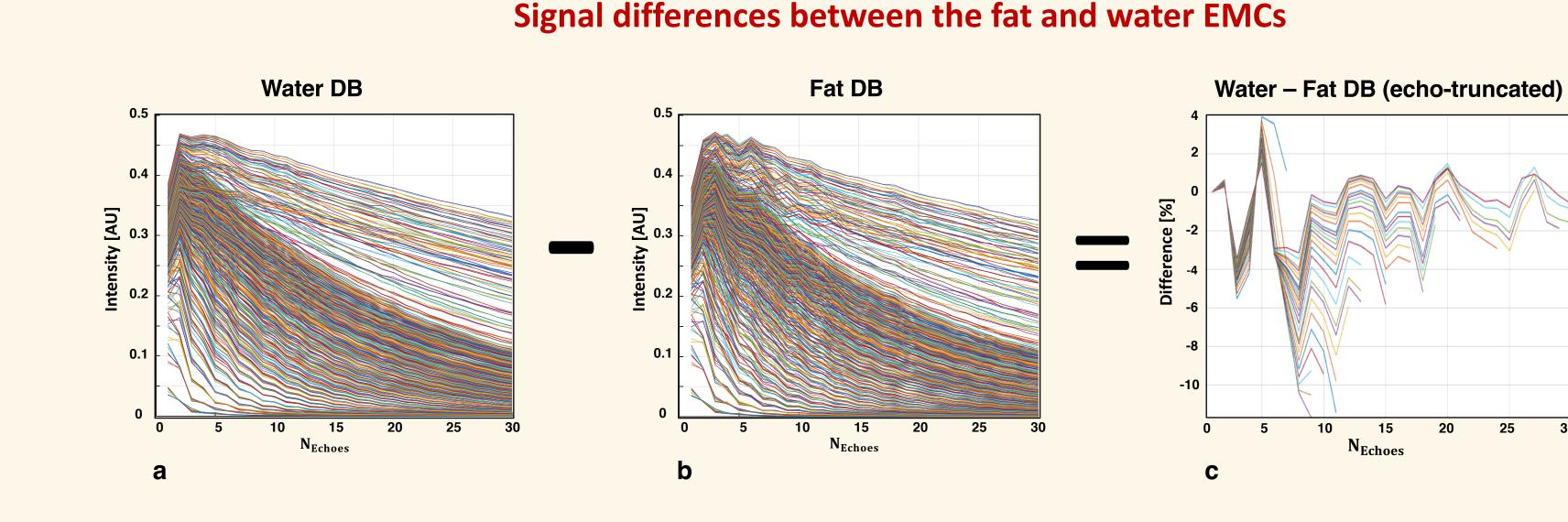


Fig. 1 shows the signal differences between the fat and water EMCs. (a) and (b) show a sparse water and fat DB, respectively. Each EMC in the presented DBs corresponds to a specific  $[T_2, B_1^+]$  pair. (c) shows the normalized difference between the DBs; EMCs with a signal intensity below a certain threshold (10%) were truncated.

#### **4.** CONCLUSIONS

• The ability to quantify sub-voxel tissue components is highly valuable for clinical applications.

The extended EMC algorithm allows to quantify the relative fraction (i.e., proton density) of two decaying components, while at the same time probe changes in their corresponding T<sub>2</sub> values. This can improve the diagnosis and prognosis of pathologies in muscle and various other organs.

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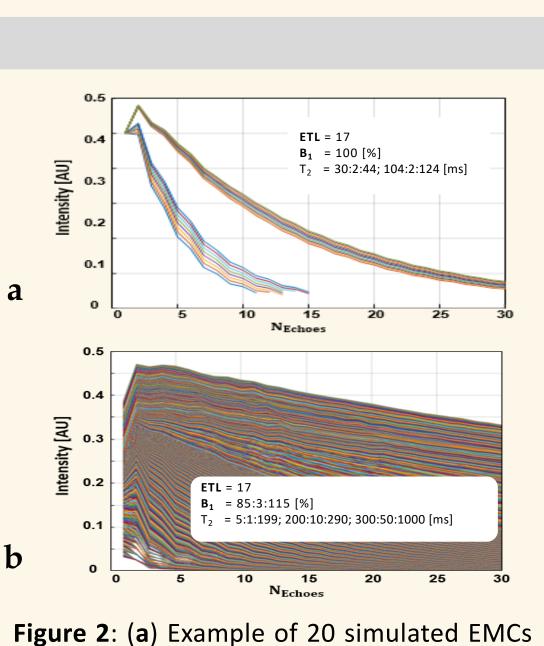
#### **5. R**EFERENCES

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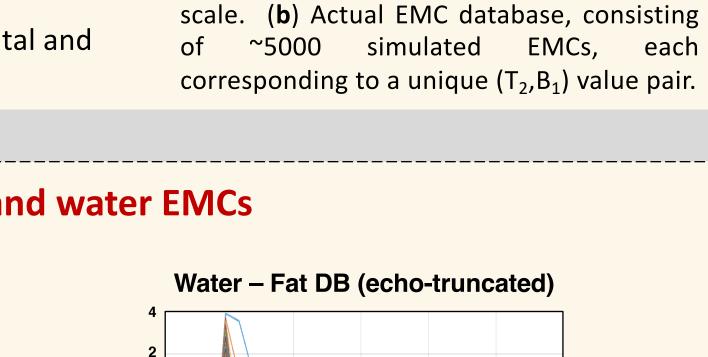
These diseases result in an infiltration of subcutaneous fat and a corresponding loss of muscle volume, leading to a mixture of two tissue types, fat and muscle, and results in the appearance of two T<sub>2</sub> components in each imaged voxel.

• Achieving a reliable quantification of single- T<sub>2</sub> values in clinical setting is a challenging task due to the bias of fast Multi Spin-Echo (MSE) protocols by stimulated and indirect echoes<sup>3</sup>. The Echo-Modulation-Curve (EMC) algorithm<sup>4,5</sup> can overcome

In this work, an extension of the EMC algorithm for two-component fitting is presented, simultaneously estimating sub-voxel water and fat fractions, along with the T<sub>2</sub> and Proton Density (PD) corresponding to each component.



for a range of  $T_2$  values and a single  $B_1$ 

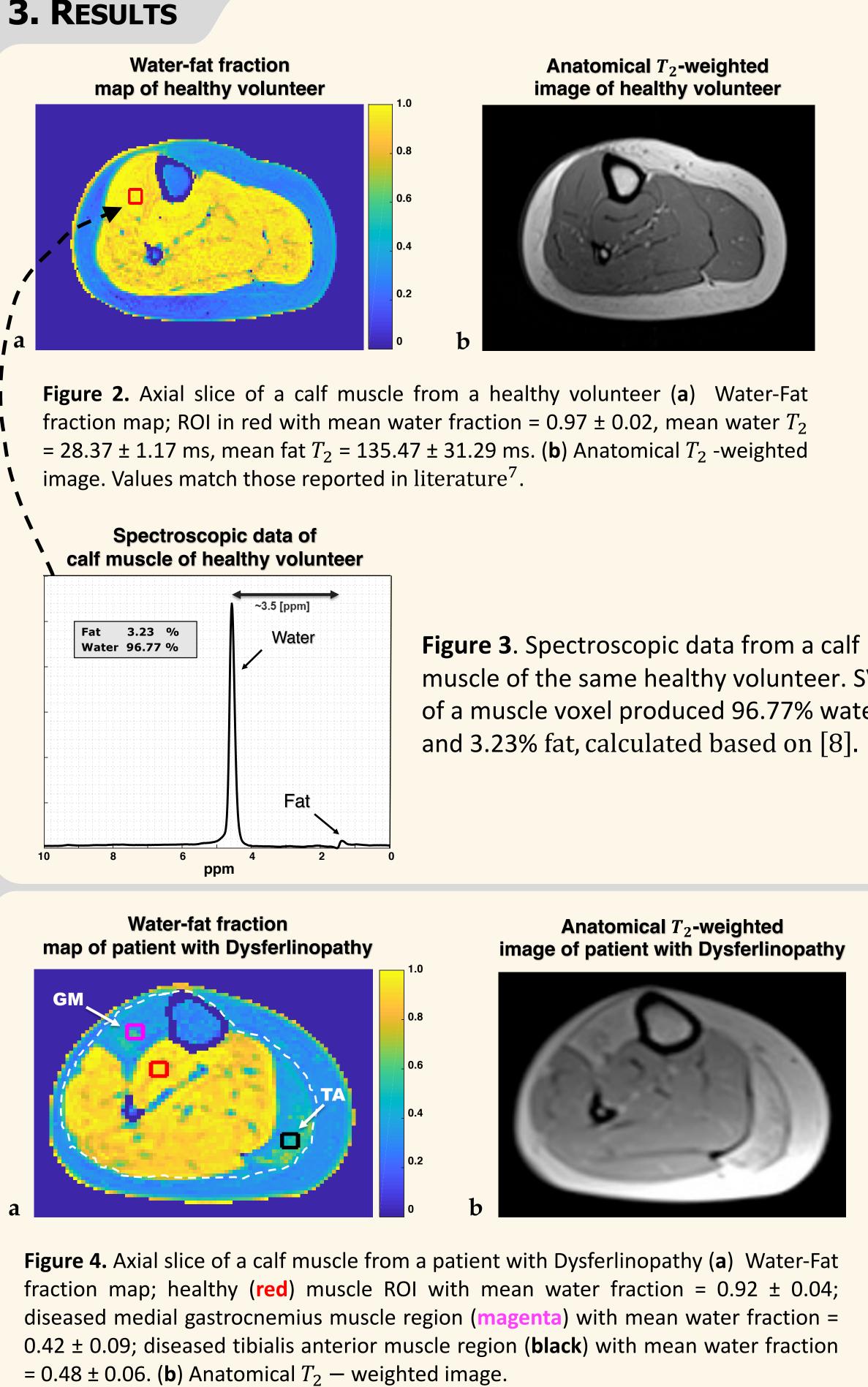


n appealing feature of is approach is that it mploys a standard MSE rotocol scheme, naking it readily vailable on any clinical animal scanner.

EMC based quantitative maps are invariant across vendors, scanners and scan settings.

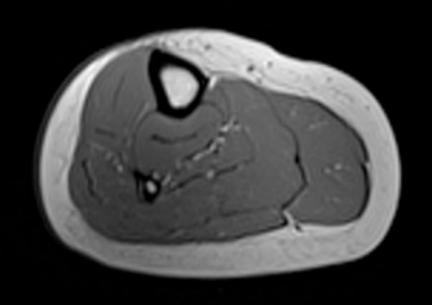
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Acknowledgements: NIH P41 EB017183 ISF Grant 2009/17



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muscle of the same healthy volunteer. SVS of a muscle voxel produced 96.77% water

The fat-infiltrated muscle regions are indicated with arrows: The Medial Gastrocnemius muscle (GM) and the Tibialis Anterior muscle