

INTRODUCTION

Recent developments in hyperpolarized noble gas Magnetic Resonance (MR) imaging have shown sensitivity to detecting emphysema *in vivo* [1]. Measuring apparent diffusion coefficients (ADCs) of hyperpolarized ³He gas in the lungs can provide sub-voxel information on the disease severity [2]. Particularly, if measured at very short diffusion times, diffusion behaves anisotropically, thus ADCs can be modeled by two components [2]: (i) longitudinal component, D_L , the ADC along the airway and (ii) transverse component, D_T , the ADC transverse to the airway, towards the alveoli. ¹²⁹Xe may be better suited than ³He for anisotropic diffusion studies because its smaller self-diffusion coefficient implies longer optimal diffusion times, which would be less strenuous on hardware. Furthermore, ¹²⁹Xe is more plentiful than ³He and could provide a pathway to clinical applications in future.

The purpose of this study was to use a finite difference technique [3, 4] of solving the Bloch-Torrey equations for a 3-D budded cylinder model of the terminal airways (Fig. 1, introduced by Fichelle *et al* [3]) to find the optimal ADC coefficient (D_L or D_T) and diffusion time to quantify emphysema using hyperpolarized ¹²⁹Xe MRI.

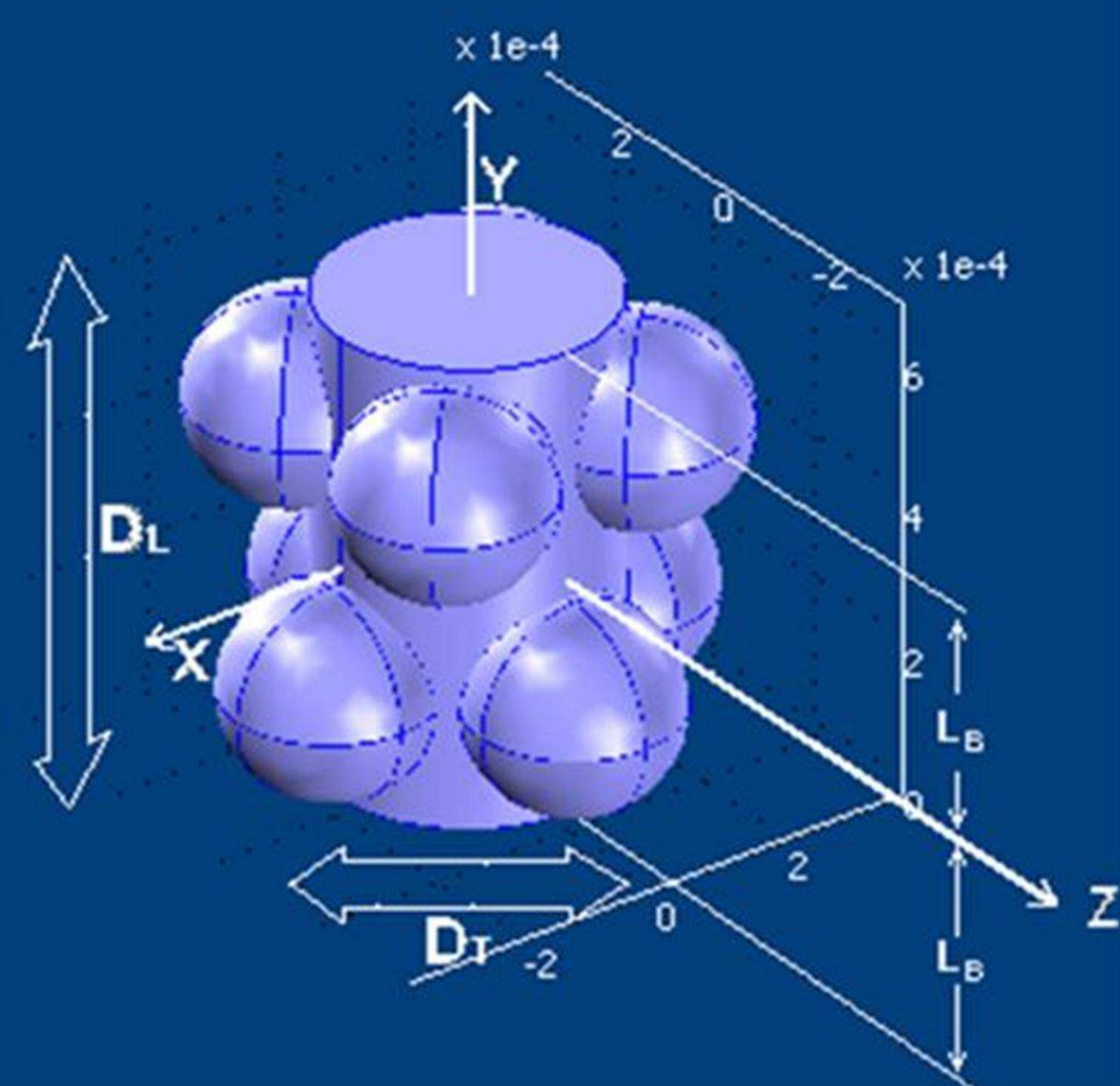


Figure 1. 3-D budded cylinder model. (Courtesy of X. Xu M.Sc. Thesis)

METHODS

A finite difference approach was used to numerically solve the Bloch-Torrey equations (1) in C.

$$(1) \quad \frac{dM(t)}{dt} = -i\gamma[\vec{G}(t) \cdot \vec{r}]M(t) + D\nabla^2 M(t)$$

Where M is the magnetization, γ is the gyromagnetic ratio of the nuclei, G is the magnetic gradient, r is the spatial position and D is the diffusion coefficient. The first term on the right side of (1) can be approximated by a Taylor expansion:

$$(2) \quad M(t + \Delta t, \vec{r}) = M(t, \vec{r})e^{-i\gamma[\vec{G}(t) \cdot \vec{r}]\Delta t}$$

The diffusion term of (1) can be solved by a stepwise spatial finite difference technique, shown in (3) for 3 dimensions.

$$(3) \quad M_{j,k,l}^{n+1} = M_{j,k,l}^n + D_{j-1,k,l} \frac{\Delta t}{\Delta x^2} (M_{j-1,k,l}^n - M_{j,k,l}^n) + D_{j+1,k,l} \frac{\Delta t}{\Delta x^2} (M_{j+1,k,l}^n - M_{j,k,l}^n) \\ + D_{j,k-1,l} \frac{\Delta t}{\Delta y^2} (M_{j,k-1,l}^n - M_{j,k,l}^n) + D_{j,k+1,l} \frac{\Delta t}{\Delta y^2} (M_{j,k+1,l}^n - M_{j,k,l}^n) \\ + D_{j,k,l-1} \frac{\Delta t}{\Delta z^2} (M_{j,k,l-1}^n - M_{j,k,l}^n) + D_{j,k,l+1} \frac{\Delta t}{\Delta z^2} (M_{j,k,l+1}^n - M_{j,k,l}^n)$$

The integer indices i,j,k are for the spatial coordinates x,y,z respectively, and n is the integer indice for temporal steps.

A 23x40x23 matrix (x,y,z) was simulated using 42 μm x and z pixel size, and 16 μm y pixel size. Bipolar trapezoidal gradients were applied in 30 different orientations relative to the cylinder (0 to π rad) to simulate random orientation of airways in voxels [3].

Several assumptions were made for these simulations. (1) T_2^* effects were ignored (2) Bulk flow of gas was not present (3) Magnetic field inhomogeneities (other than the applied gradients) were ignored (4) ¹²⁹Xe-tissue permeability was ignored (5) Prior to applying the bipolar gradients, the magnitude and phase of the transverse magnetization is homogeneous.

The xenon self-diffusion coefficient was set at $6.1 \cdot 10^{-6} \text{ m}^2/\text{s}$. Diffusion times (Δ) ranged from 1 to 100 ms, and b-values ranged from 0.0011 to $7.32 \text{ s}/\text{cm}^2$. The boundary geometry is shown in Fig.1. The radius of the spheres (R_A) was set at 140 μm , distance between the two sets of spheres (L_B) was set at 160 μm and the distance from the center of the cylinder (R) was set at 210 μm . The radius of the cylinder R_D was varied depending on disease severity ("Healthy"=175 μm , "Mild"=245 μm , "Severe"=280 μm). The severity of the disease was interpreted as Fichelle did [4], with the $R_D/(R+R_A)$ ratio values. A phase wrapping boundary technique was used to simulate an infinite cylinder.

For the simulations to converge, the spatial steps size (Δx , Δy and Δz) needs to satisfy the Nyquist criteria. We required greater than 1% accuracy, thus the following condition was always satisfied.

$$(4) \quad \Delta x \leq \frac{\pi}{10G\gamma\Delta}$$

Similarly, the temporal step size (Δt) satisfied the following condition:

$$(5) \quad D \frac{\Delta t}{\max(\Delta x, \Delta y, \Delta z)^2} \leq 0.27$$

RESULTS

D_L and D_T were extracted from the data by fitting the data to the Yablonskiy anisotropic diffusion model [2]:

$$(6) \quad S = S_0 \exp(-bD_T) \left[\frac{\pi}{4b(D_L - D_T)} \right]^{1/2} \Phi \left\{ [b(D_L - D_T)]^{1/2} \right\}$$

where b is the b-value of the bipolar trapezoidal gradient sequence[2], S_0 is the signal for $b = 0 \text{ s}/\text{cm}^2$, and Φ is the error function. This model was fitted to the data using a nonlinear least squared Matlab algorithm (lsqcurvefit.m, The Mathworks, Natick MA). Results are shown in Table 1 and Figs. 2.

Time (ms)	ΔD_L – Severe (cm ² /s)	ΔD_L – Mild (cm ² /s)	ΔD_T – Severe (cm ² /s)	ΔD_T – Mild (cm ² /s)
1	0.0003	0.0002	0.0154	0.0110
2	0.0004	0.0003	0.0188	0.0132
5	0.0175	0.0183	0.0118	0.0052
10	0.0263	0.0192	0.0050	0.0026
20	0.0272	0.0196	0.0019	0.0007
50	0.0281	0.0194	0.0000	0.0000
100	0.0279	0.0196	-0.0002	-1.00E-04

Table 1. Change in longitudinal (ΔD_L) and transverse (ΔD_T) diffusion coefficients between healthy airways and severely/mildly diseased airways. Highlighted cells show the greatest change in D_L and D_T .

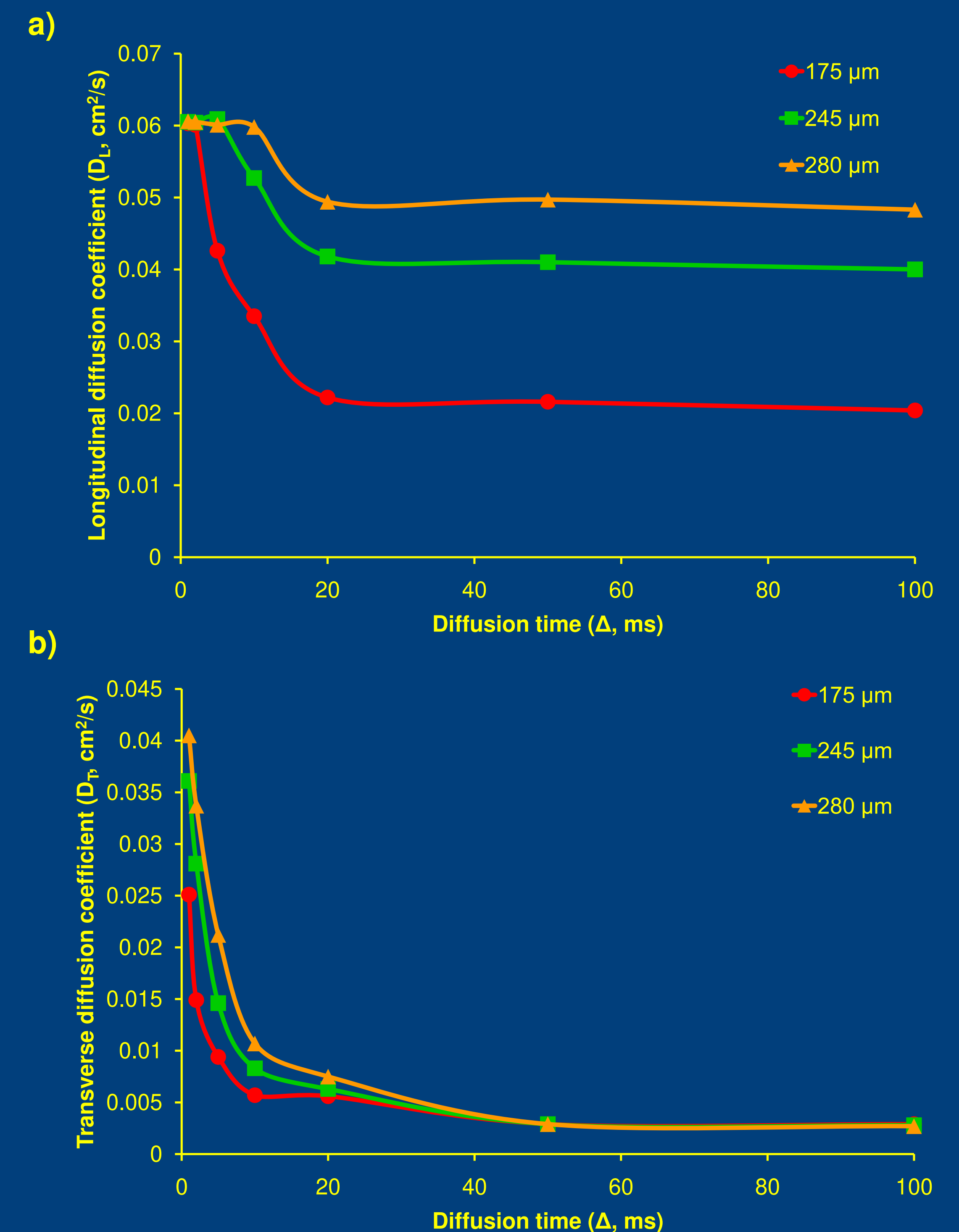


Figure 2. Simulated anisotropic ADCs as a function of diffusion time for healthy ($R_D = 175 \mu\text{m}$), mild ($R_D = 245 \mu\text{m}$) and severe ($R_D = 280 \mu\text{m}$).

DISCUSSION AND CONCLUSIONS

In Fig 2(a), D_L plateaued for diffusion times greater than 20 ms (122% increase for severe emphysema compared to healthy tissue). In Fig. 2(b), D_T had optimal change for a 2 ms diffusion time (126% increase for severe emphysema compared to healthy tissue). These results will aid choosing the best diffusion times to detect emphysema *in vivo* using ¹²⁹Xe MRI. For these long diffusion times, a low field system may be ideal for *in vivo* investigations as T_2^* is longer due to reduced air-tissue susceptibility differences, though diffusion times up to 20 ms may be possible at 3.0 T.

Smaller spatial step sizes in future simulations would allow larger b-values to be simulated, as these are limited by the Nyquist criterion [3,4]. It's important to note that behavior at long diffusion times will alter from our simulations due to the branched structure present *in vivo*, thus investigating other models may be useful in determining optimal diffusion times for ADC measurements.

ACKNOWLEDGEMENTS AND REFERENCES

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References

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