

BOLD contrast and its measurement

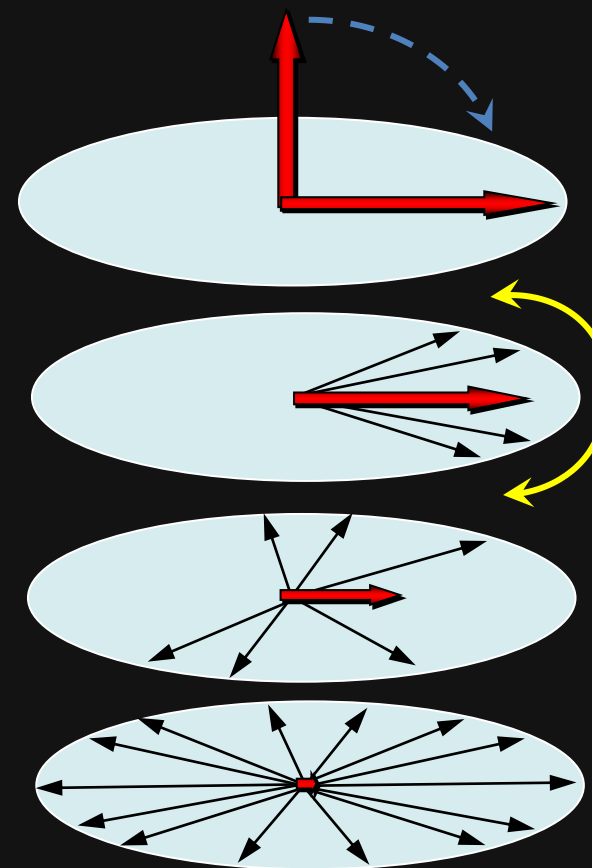
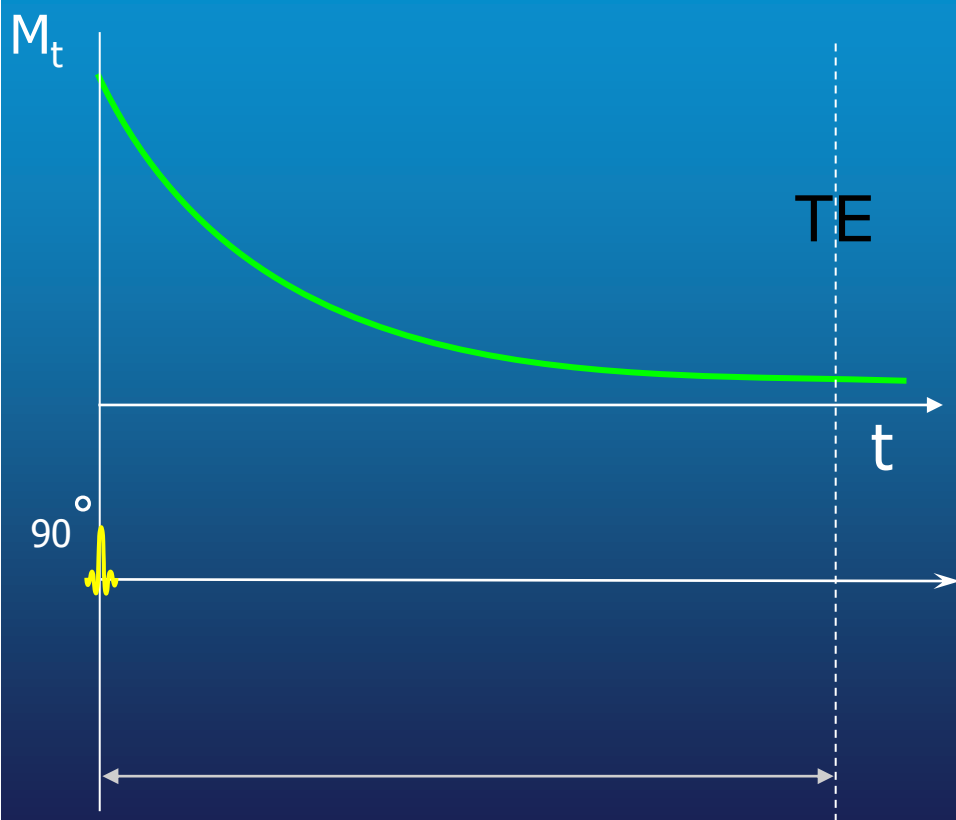
Rexford Newbould

Background NMR Terminology

- Spins (protons)
 - T1, T2
 - Echo Time (TE)
 - 90°, 180° RF Pulse
- Gradient Echo
 - Spin Echo
 - K-space
 - Voxel

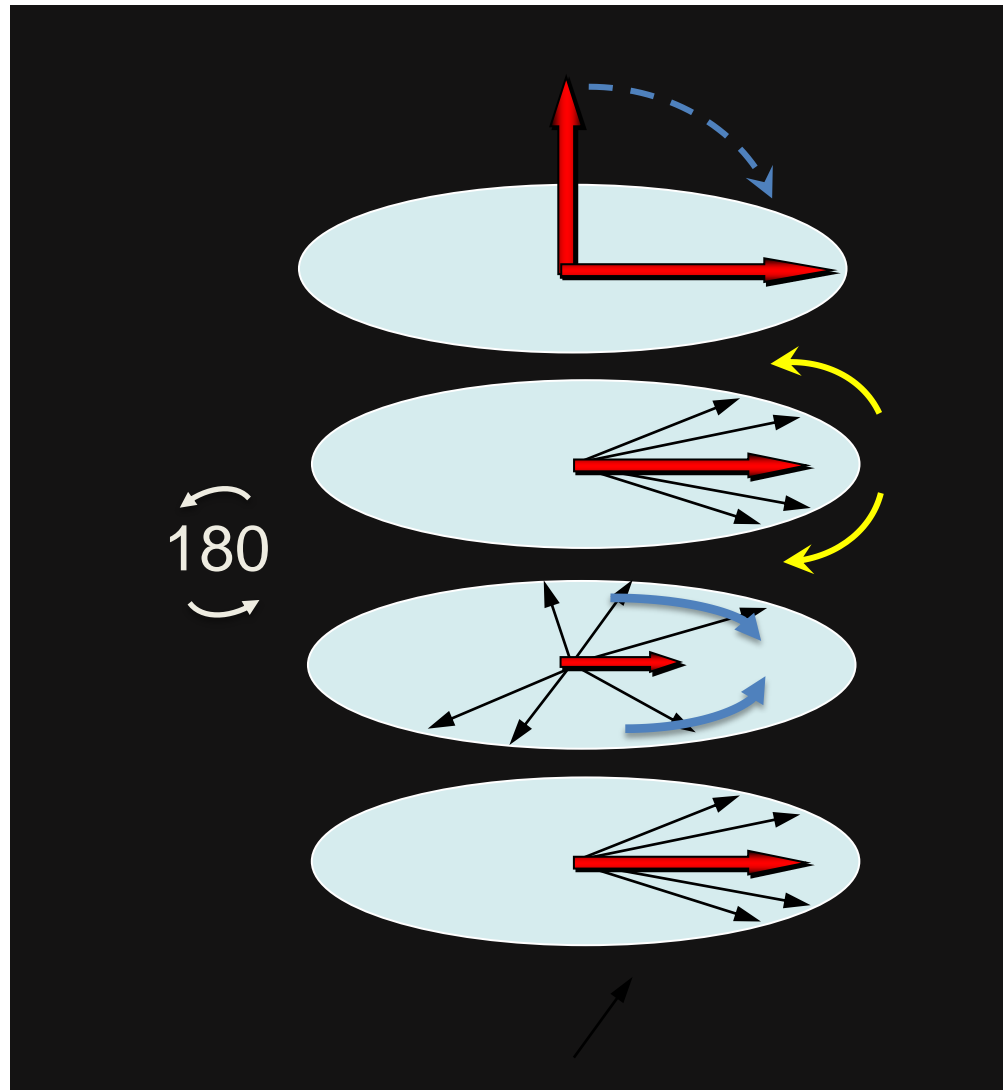
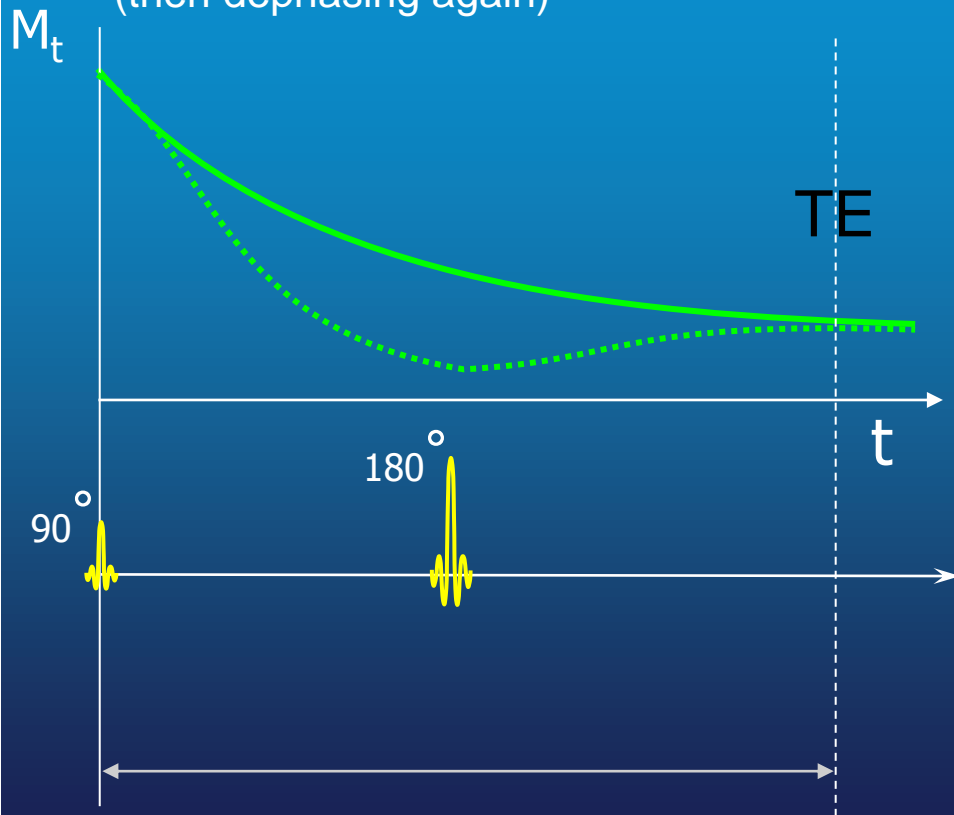
Gradient Echoes ($T2^*$)

- Pulse-acquire experiment.



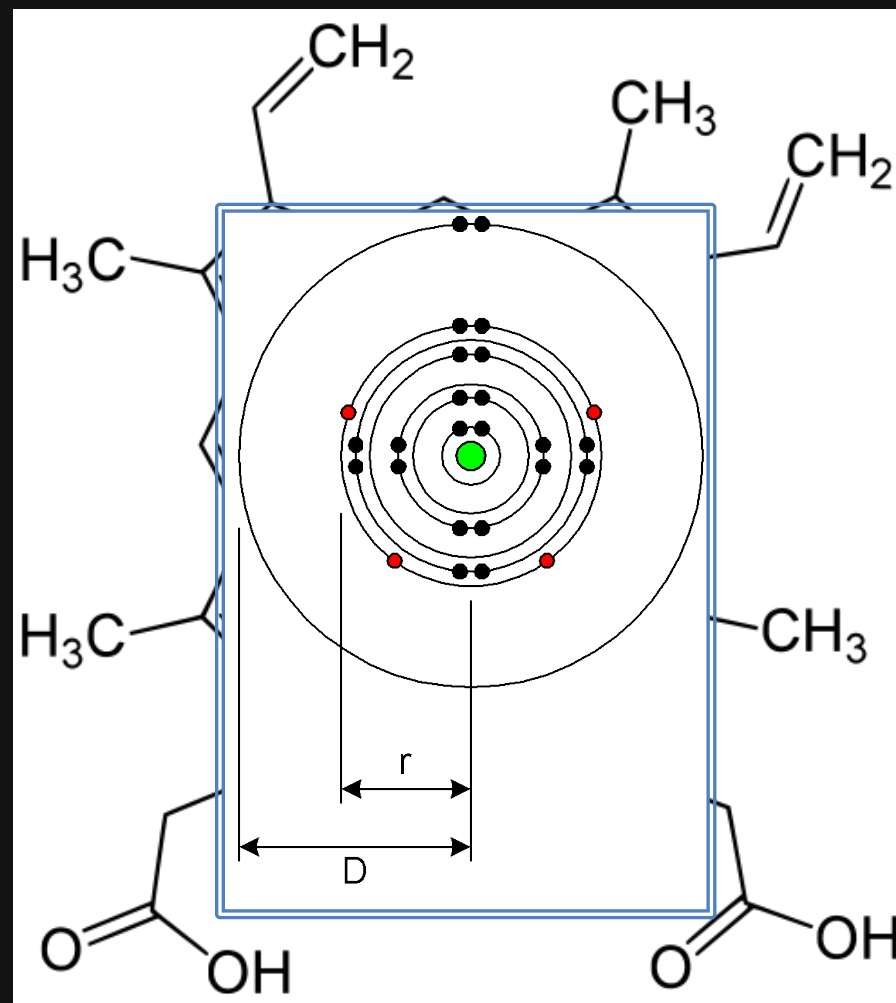
Spin Echoes (T2)

- Use a 180° pulse to flip dephased spins.
- Some dephasing now rephases until TE (then dephasing again)



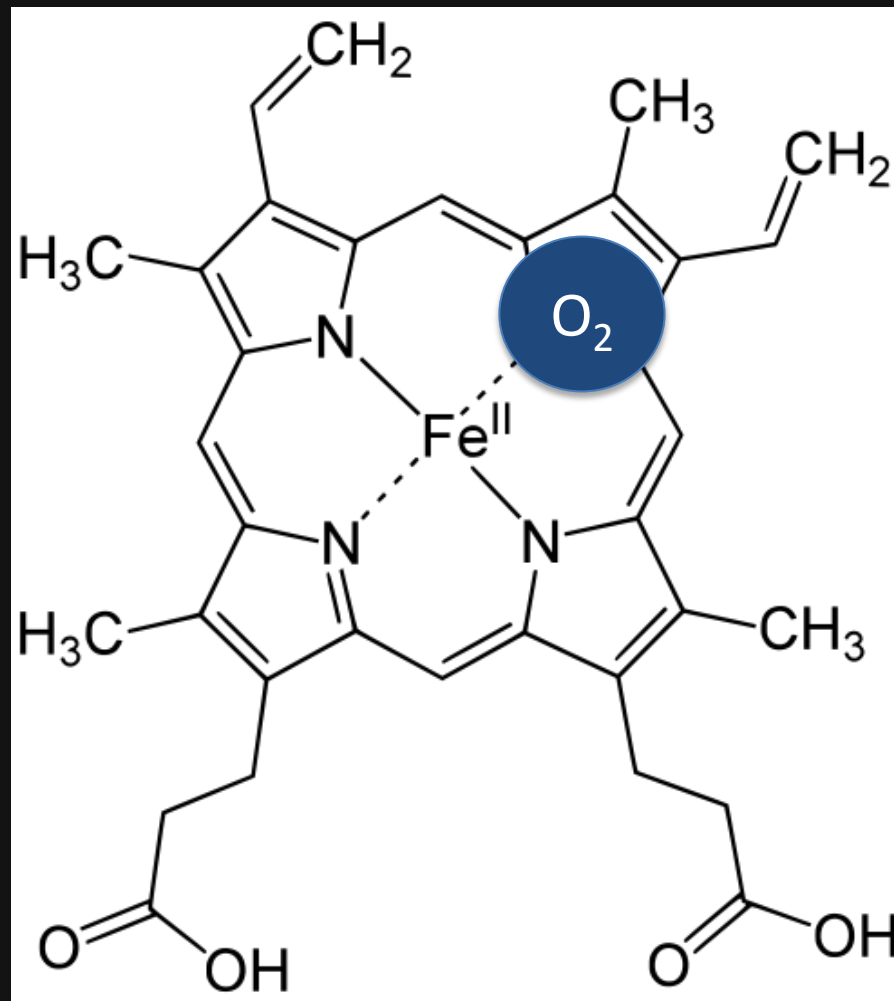
(Deoxy-) Haemoglobin

- Haemoglobin contains 4 sub-groups
 - Each subgroup contains an iron atom (Fe)
- Electrons have spin
 - Paired electrons have opposite spins
 - An unpaired electron results in an orbital magnetic moment.
 - Fe \rightarrow 4 unpaired electrons
- Deoxy-haemoglobin
 - Fe results in a paramagnetic effect on our imaging spins
 - Paramagnetic = increased magnetic field
 - Magnetic susceptibility (χ) is higher for Deoxy-Hb than for surrounding tissue



(Oxy-) Haemoglobin

- Haemoglobin contains 4 sub-groups
 - Each subgroup contains an iron atom (Fe)
- Electrons have spin
 - Paired electrons have opposite spins
 - An unpaired electron results in an orbital magnetic moment.
 - Fe \rightarrow 4 unpaired electrons
- Oxyhaemoglobin
 - Oxygen is strongly electronegative
 - Fe-O₂ complex is not paramagnetic but diamagnetic
 - Diamagnetic = weakens magnetic field
 - Surrounding tissue water spins also diamagnetic.
 - Magnetic susceptibility (χ) is similar for both



Previous Talk in 1 Slide

- Increased metabolic demand from neuronal activity:
 - blood flow \uparrow ~30%
 - O_2 consumption \uparrow ~10%
 - Blood volume \uparrow ~5-30%
- Results in:
 - \uparrow Oxy-Hb
 - \downarrow Deoxy-Hb
 - Reduces the $\Delta\chi$ between blood and brain tissue
 - Changes amount of MR Signal acquired

Now: How can NMR measure these changes?

fMRI BOLD: Rapid Overview

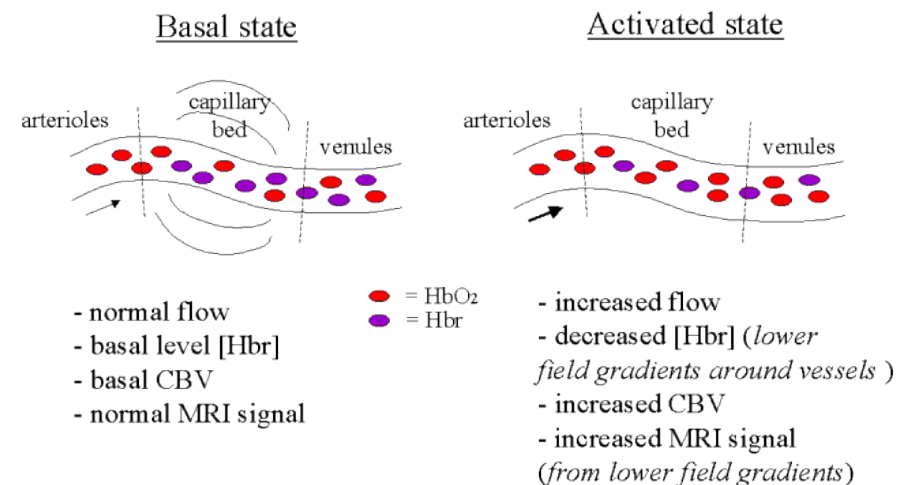
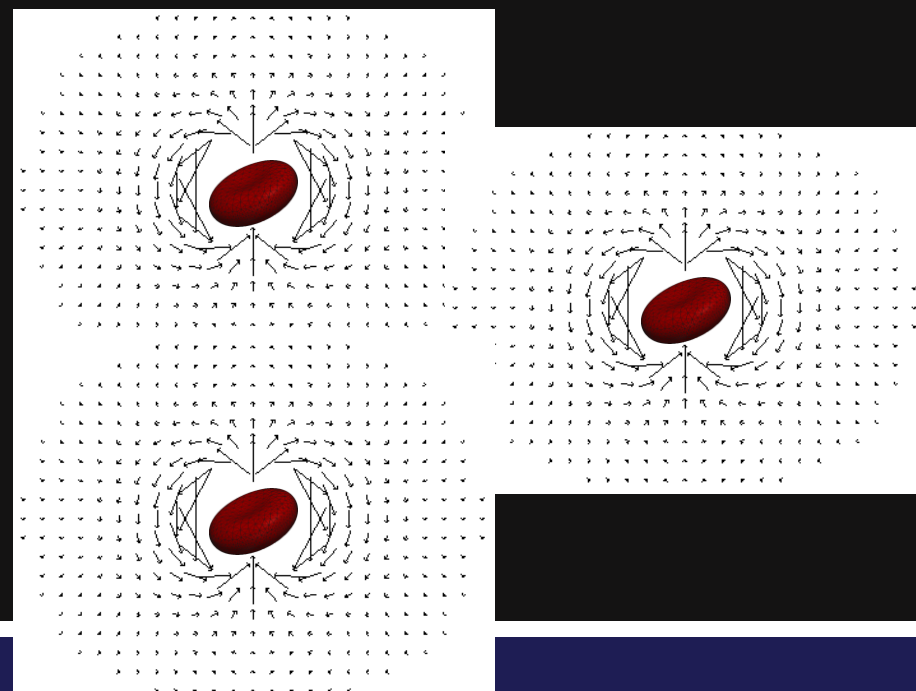
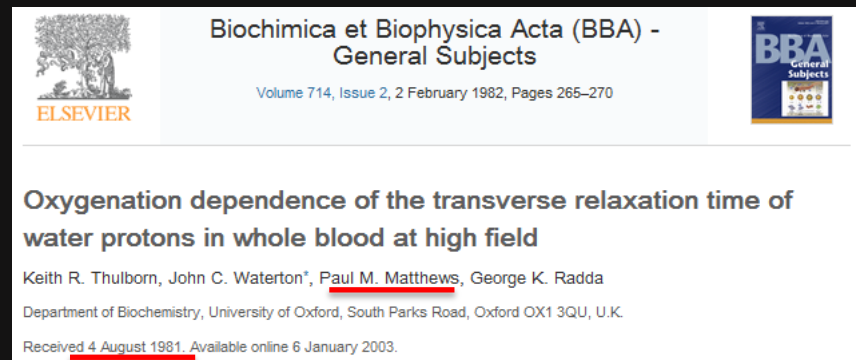


Image from P Jezzard / I Tracey

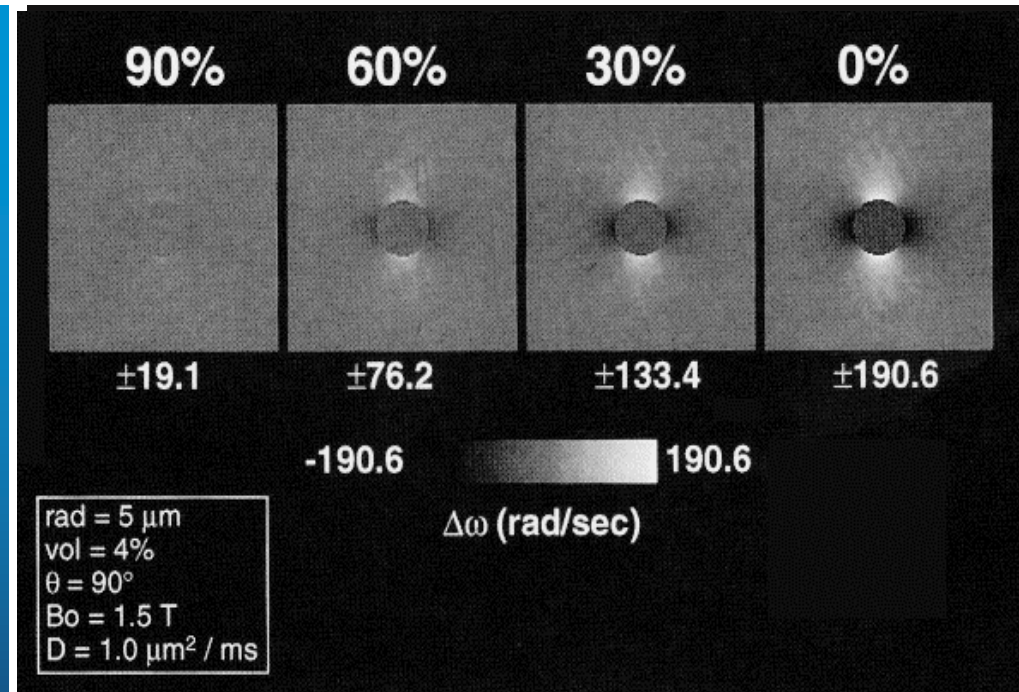
Paramagnetic Effects (RBC)

- Deoxy-Hb
 - Paramagnetic heme-iron
 - Efficient relaxation mechanism
 - Highly localized effect
 - $1/d^6$
 - Water Spins unable to approach
 - Little T1 effect (unless Hb breaks down)
- Compartmentalization in RBCs
 - Red blood cells have $\sim 1 \times 10^9$ Fe's
 - If Deoxy, local magnetic field higher inside RBC's than outside in the plasma
 - Affects T2/T2* in the plasma
 - Hold on for 3 more slides
 - Effect is small in BOLD in the brain
 - CBV = 2-4%



Paramagnetic Effect (Vessel)

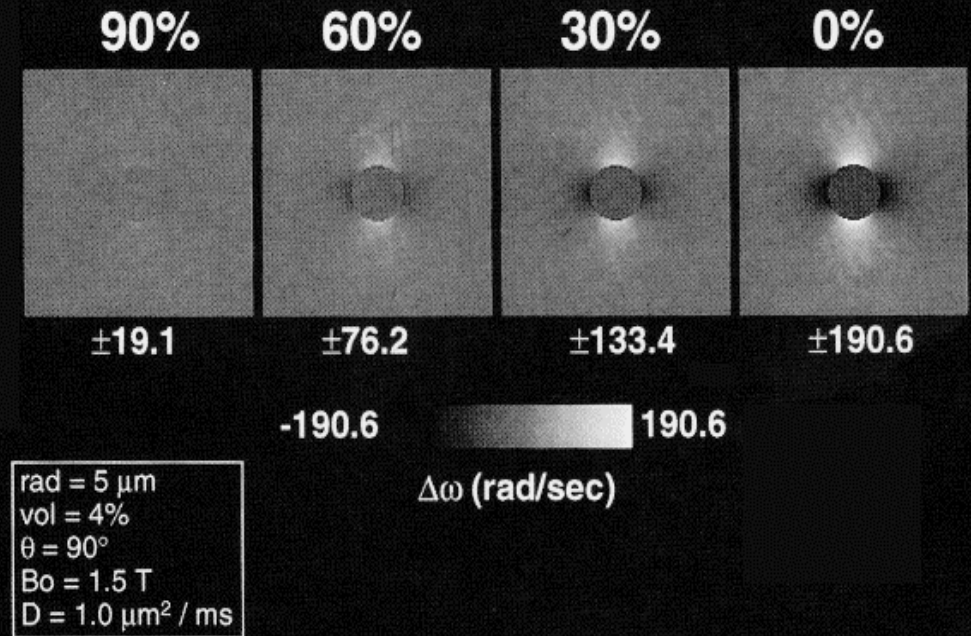
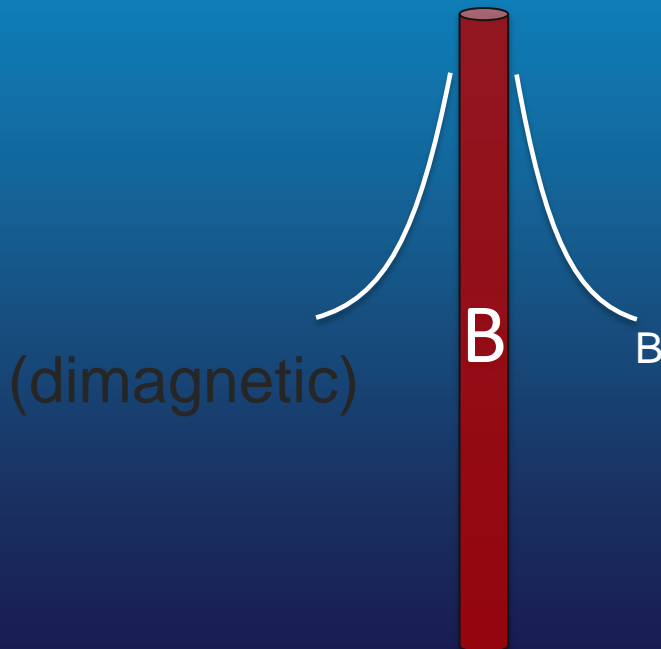
- Compartmentalization happens at the vessel level as well
 - Blood is 40-45% RBC's
 - De-Oxy: Magnetic Field is greater in vessel than outside
 - Oxy: Magnetic Field is similar to outside
- Affects T2 and T2* in tissue outside of the vessels
 - Hold on for 2 more slides
- The effect of vessels' magnetic fields on the tissue is the majority of the BOLD effect.
- CBV changes with activity; minor countereffect.



Bandettini/Wong, Intl Jnl of Imaging Systems and Technology
(6), 2-3, 133–152, 1995

Local Magnetic Gradients

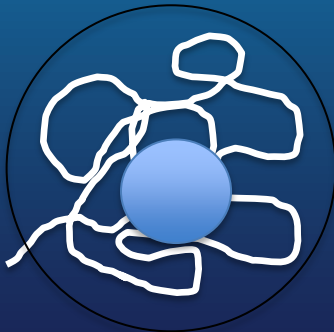
- Presence of paramagnetic Fe's changes local B field
- Maxwell dictates no step-changes in B field
 - Field must vary smoothly with distance: Magnetic Field Gradients
- For vessels, on the order of the diameter



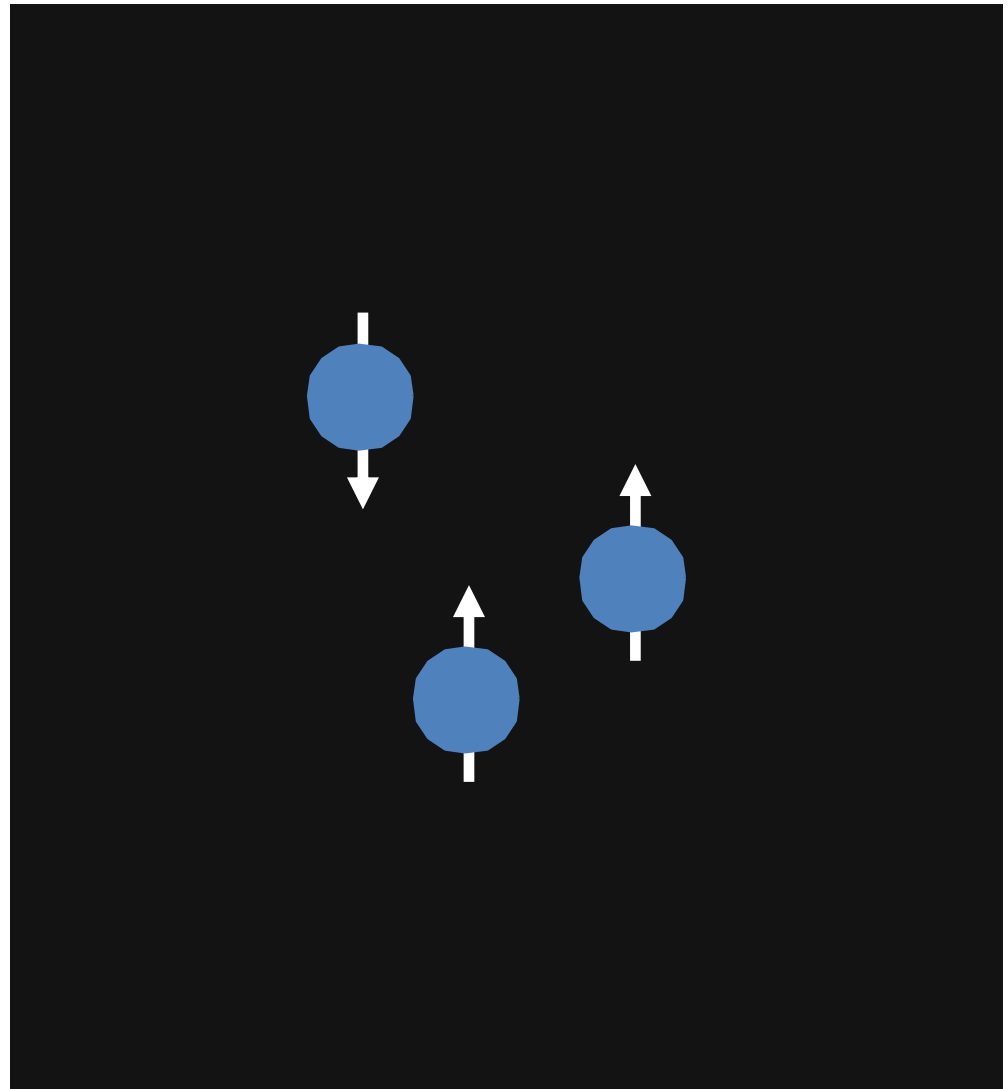
Bandettini/Wong, Intl Jnl of Imaging Systems and Technology
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Diffusion of Spins

- Thermal energy of particles induces a random motion
- Distance travelled is characterized by radius.
 - Defines the sphere in which we will find the spin
 - Radius of sphere is proportional to $\sqrt{\text{time}}$ and the diffusion coefficient, D
 - For free water molecules, $D = 3 \times 10^{-3} \text{ mm}^2 / \text{s}$ at 37° C .
- For fMRI timings, distance is on the order of $10\mu\text{m}$

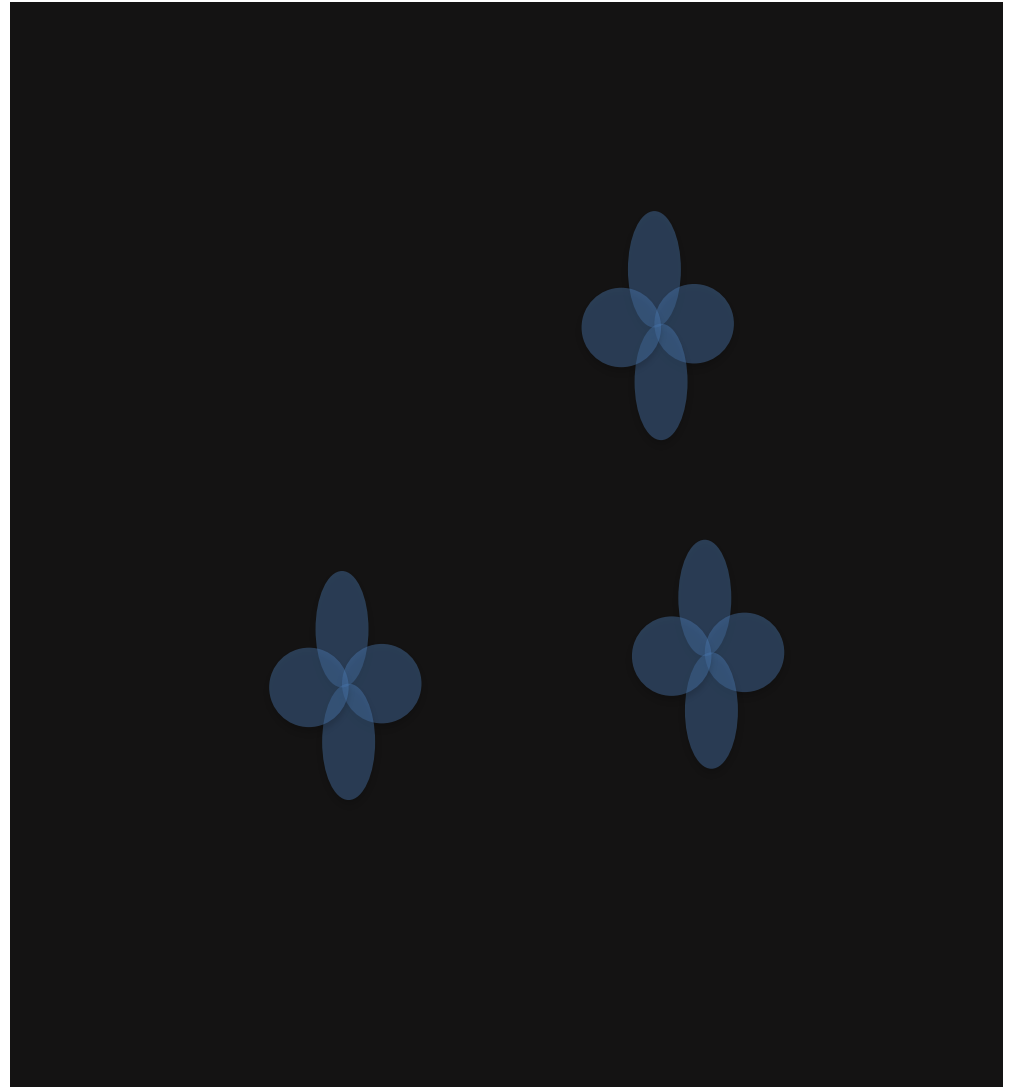


$$l = \sqrt{2Dt}$$



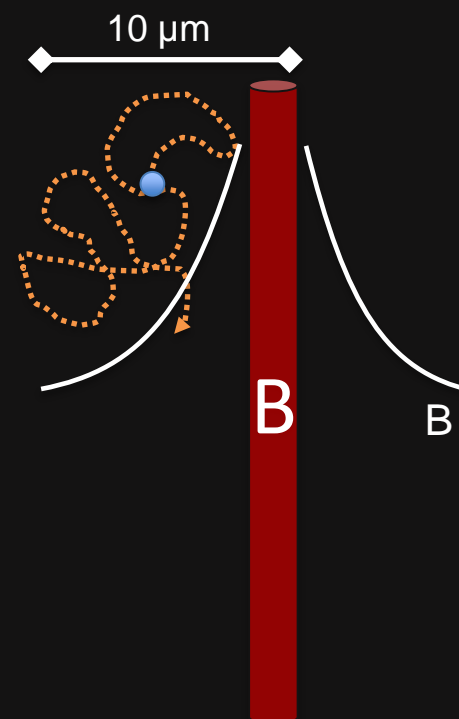
Effects of Microscopic Field Gradients

- Microscopic = on the order of nm
- Random interactions with other magnetic moments
 - Spin-nucleus and spin-electron interactions.
- Interactions induce relaxation of the spin systems
 - Stimulated, not spontaneous
- Give rise to T2 and T1 relaxation mechanisms
 - Signal loss cannot be recovered
- Dependent on the local chemical environment



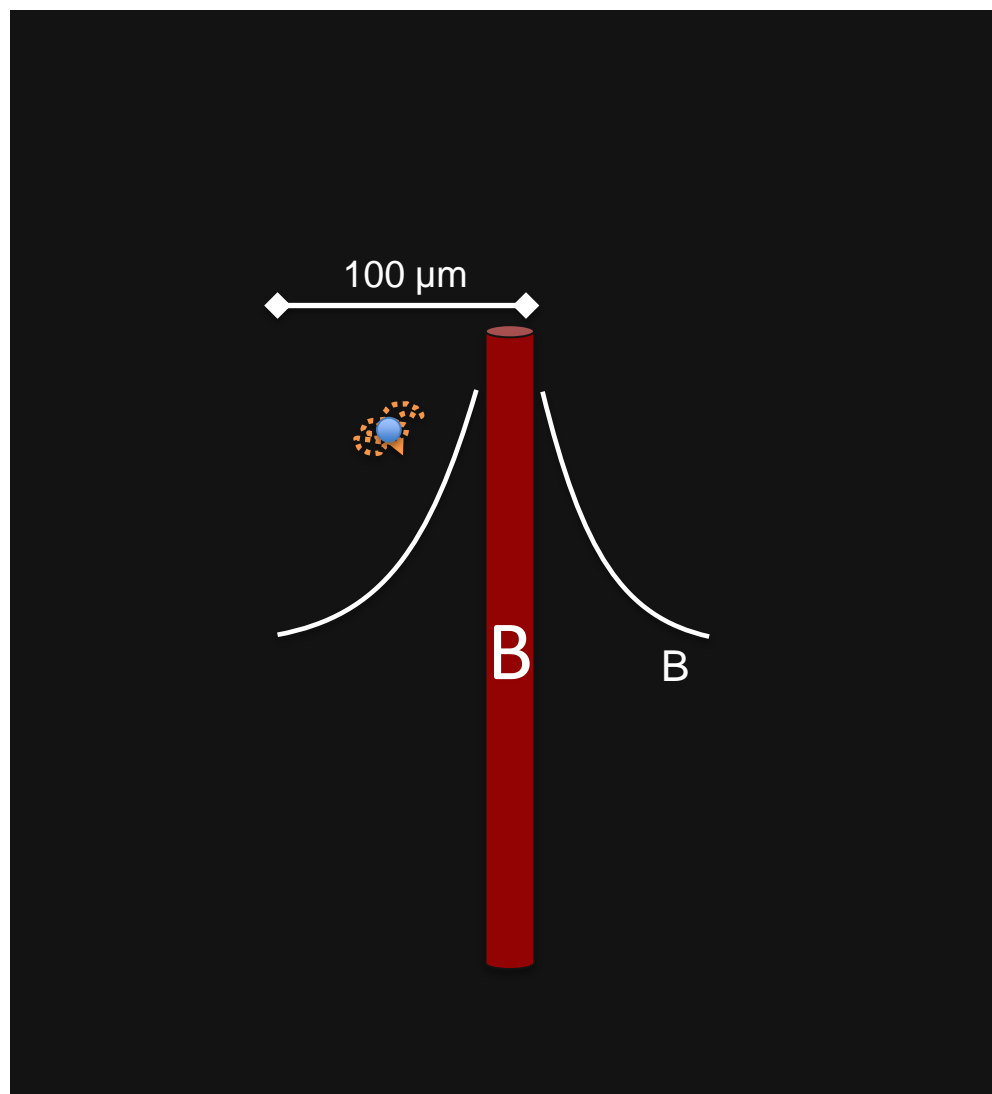
Effects of Short-Mesososcopic Field Gradients

- Specific to inhomogeneous tissue.
- Capillaries on order of 3-5 μm
- Experience a variety of magnetic fields
 - Varies the precessional frequency with time
 - Results in accrual of phase
- Diffusion results in random accruals
 - Can't be refocused by 180° pulse
- In a voxel, many randomly oriented capillaries
 - Length \gg diameter
 - Often modelled as randomly oriented infinitely long cylinders.
- Adds to the T2 effect seen.



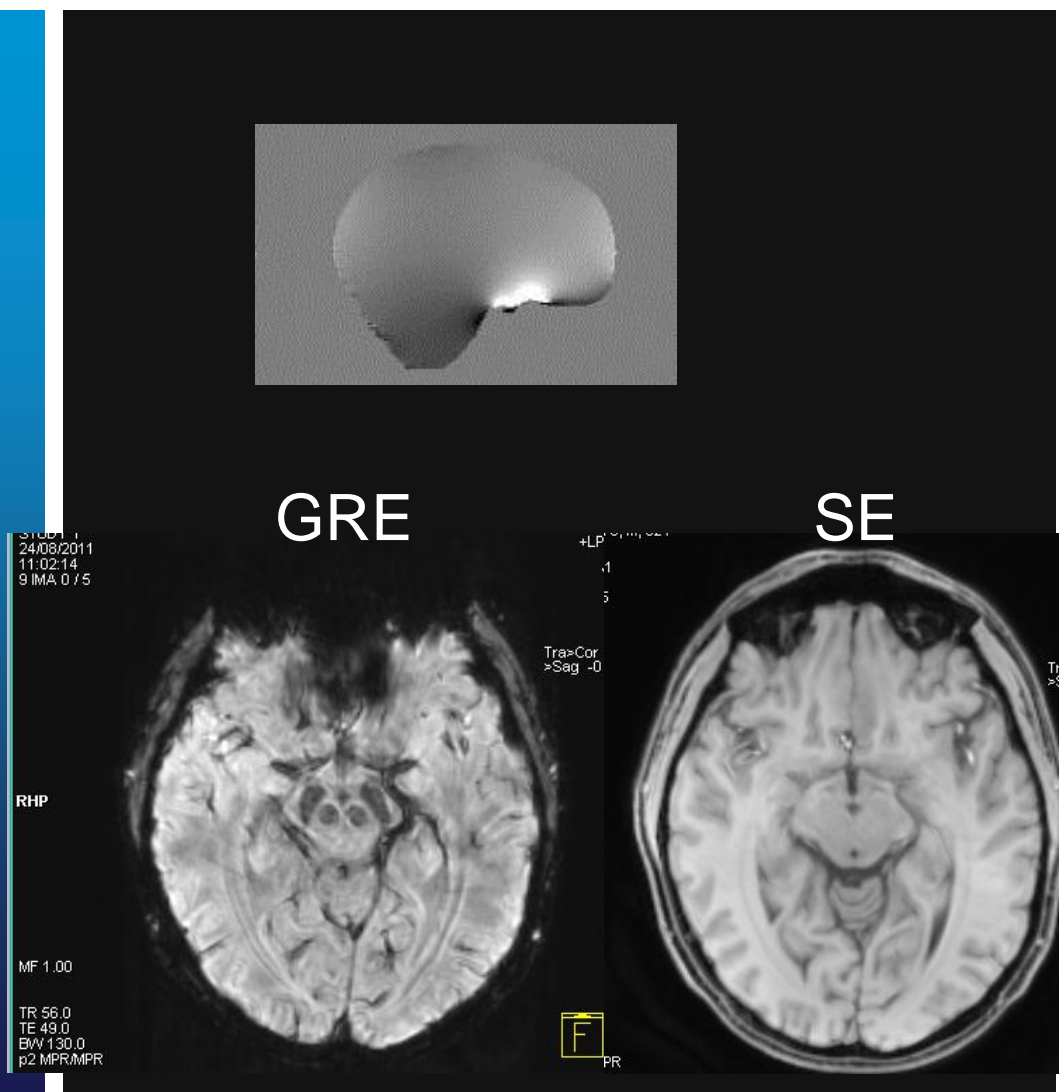
Effects of Long-Mesososcopic Field Gradients

- Arterioles, Venules, etc: 10-50um in radius
- Mid-range vessels: 100-500um in radius
 - Smaller than but approaching voxel size
- Still ~10um diffusion
 - Diffusion distance is small compared to field gradient
 - Spin experience an approximately static magnetic field
 - Magnetic field is not identical to main magnetic field
- 180° pulse can refocus phase accrual from the presence of a field gradient on this order
- GRE = signal loss
- SE = no signal loss
- Contributes to R2' (dephasing that could be refocused)
 - $R2^* = R2 + R2'$
 - $R2 = 1/T2$ $R2^* = 1/T2^*$ $R2 = 1/T2'$



Effects of Macroscopic Field Gradients

- Larger than voxel size (cm scale)
- Usually not physiologically interesting
 - Air->Tissue Interfaces
 - Imperfections in Main Magnetic Field
- 180° pulse can refocus phase accrual from the presence of a field gradient on this order
- GRE = signal loss
- SE = no signal loss
- Contributes to R2' (dephasing that could be refocused)
 - $R2^* = R2 + R2'$

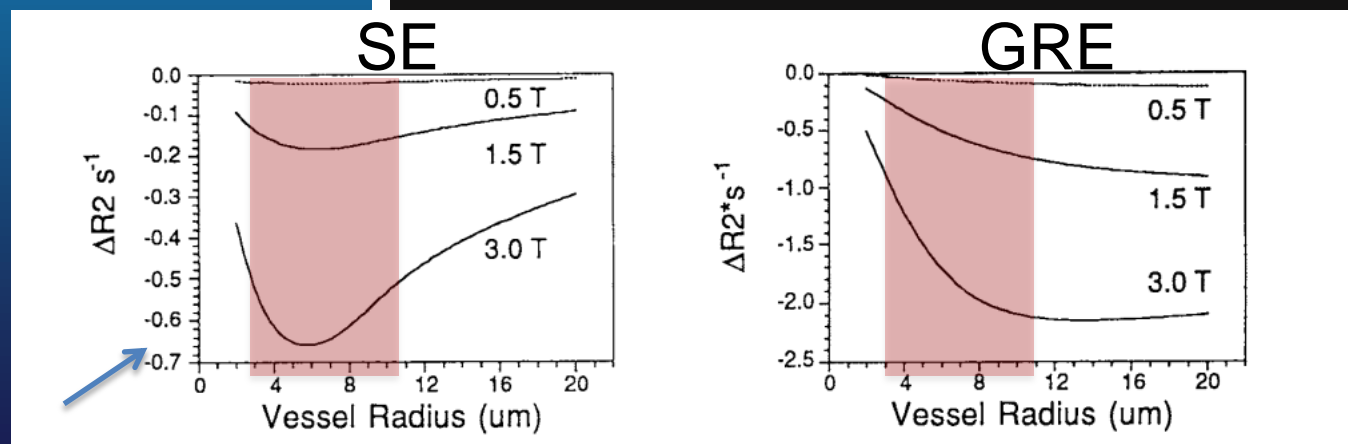


Spin Echo vs Gradient Echo

- Sensitive to:

	Spin Echo	Gradient Echo
Micro	Y	Y
Meso (short)	Y	Y
Meso (long)	N	Y
Macro	N	Y

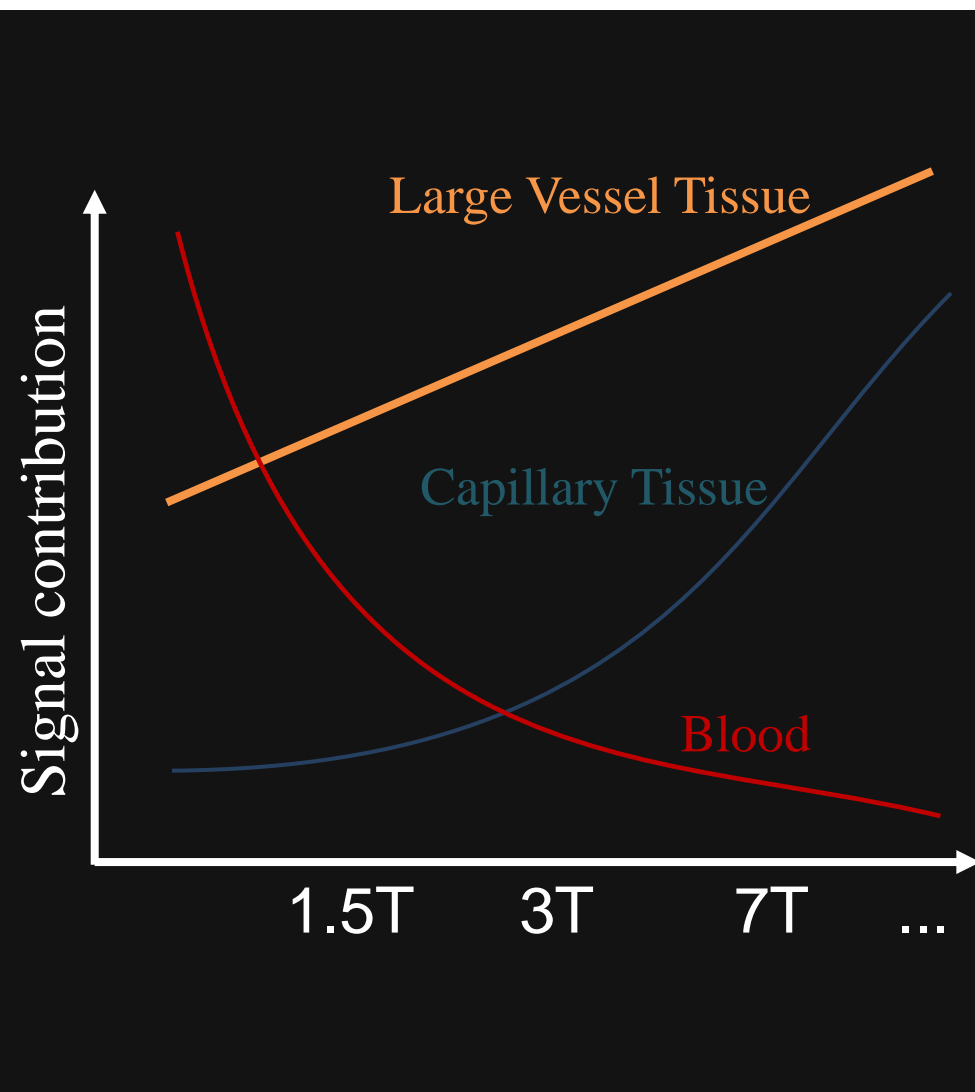
- Most interested in capillaries



Bandettini/Worthington, Intl Jnl of Imaging Systems and Technology (6), 2-3, 133-152, 1995

High Field ~~Concerns~~ Benefits

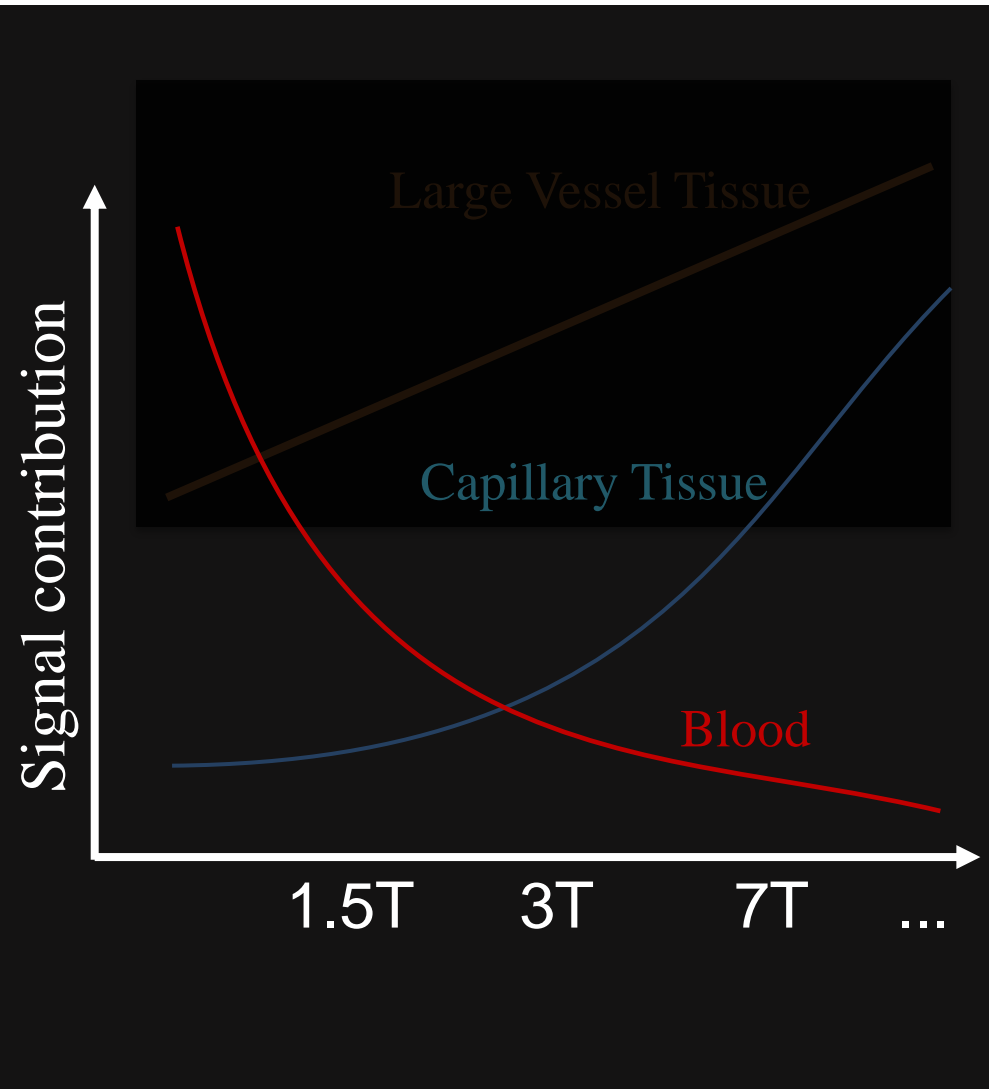
- At increased fields, the signal change due to BOLD increases
- At increased fields, **the proportion of signal from large vessels increases.**
- BOLD is already weighted towards venous side
 - More Deoxy
- GRE is already weighted towards large vessels





High Field (or short TE) ~~Concerns~~ Benefits

- Spin-echo has stronger advantages at higher fields.
- Insensitive to large vessels
- BOLD change due to small vessels increases
 - Less CNR penalty with SE

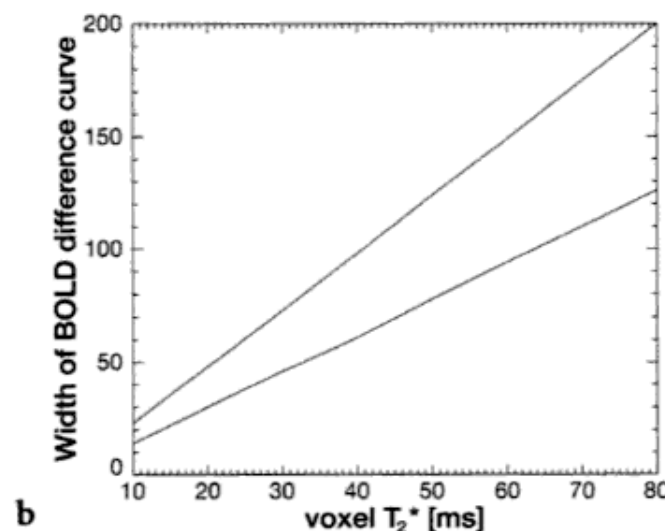
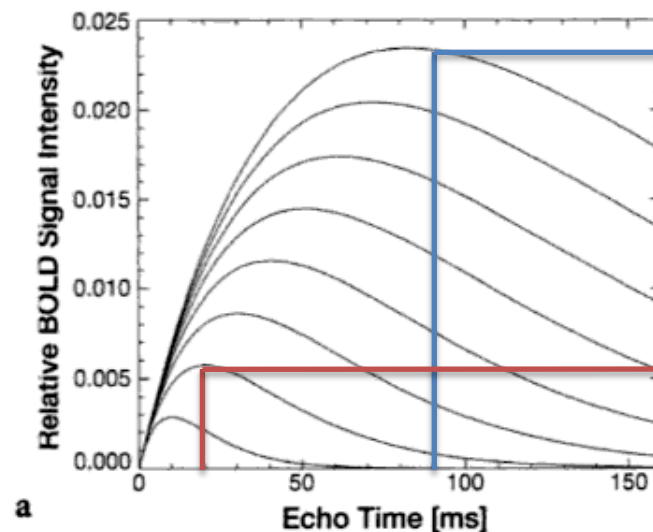


Practical Concerns – How long to wait

- The echo time (TE) is the time between excitation and acquisition of the signal.

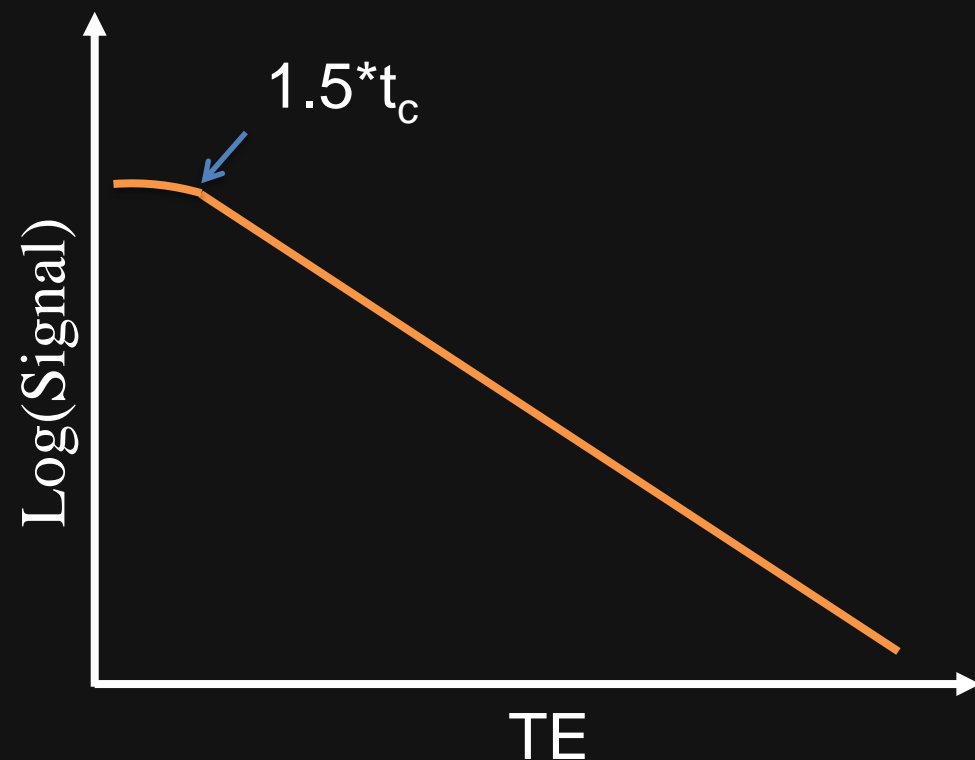
$$TE_{opt} = \frac{\ln(R_2^{rest}) - \ln(R_2^{act})}{R_2^{rest} - R_2^{act}} \approx \frac{1}{R_2^{rest}}$$

- Acquire at TE = Underlying T2*
- Commonly:
 - ~40ms at 1.5T, ~30ms at 3T for GRE
 - Shorter at higher fields
 - ~70-80ms for SE
 - Less data per unit time



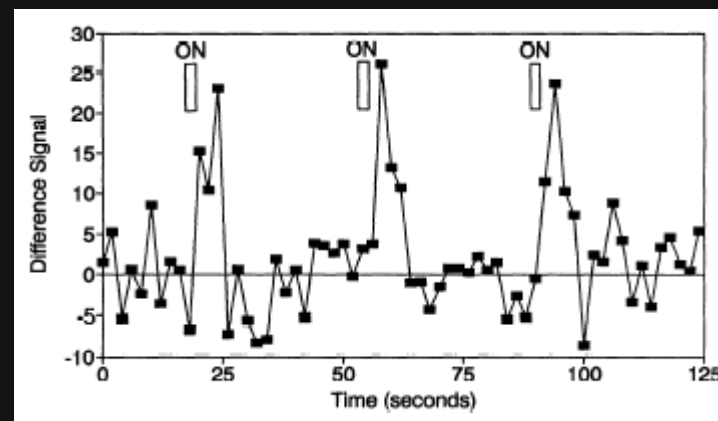
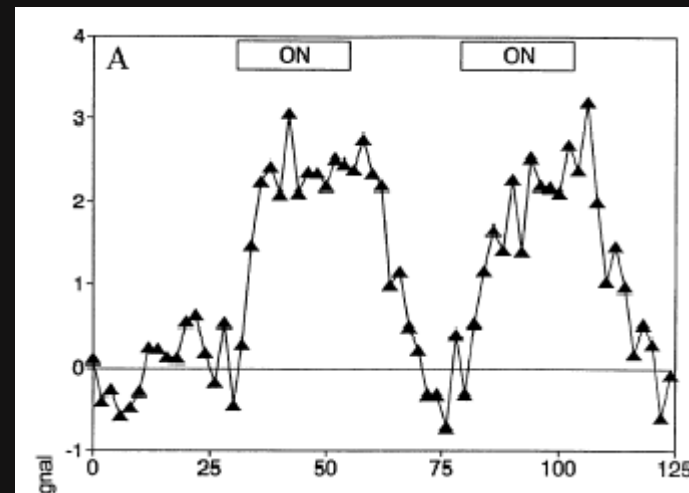
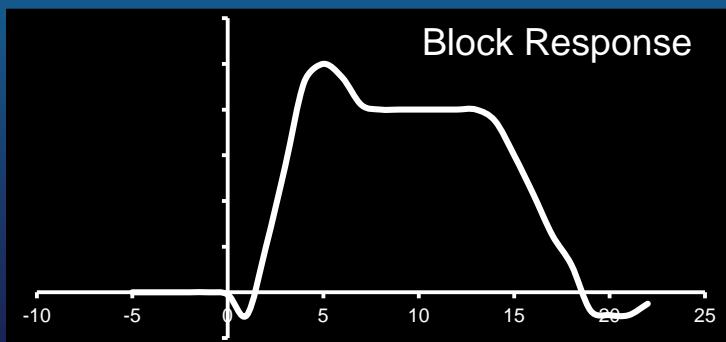
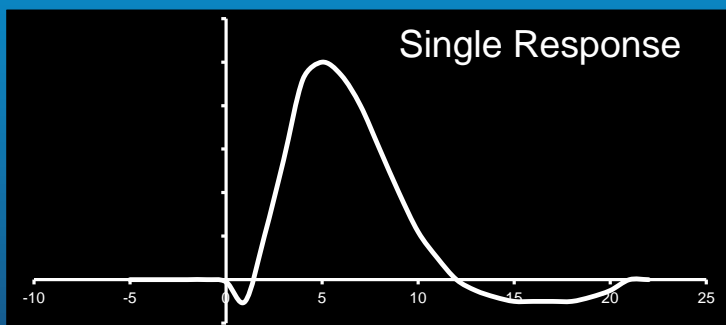
High Field (or short TE) ~~Concerns~~ Benefits

- Static Dephasing Regime
 - Static dephasing is the phase dispersion effect of spatially varying magnetic fields without the averaging effects of diffusion.
 - Diffusion of spins takes time
 - At higher fields, the static dephasing effect is stronger.
- Time taken to diffuse through mesoscopic (vessel) gradients (t_D) is $\propto \text{radius}^2/4D \sim 5\text{ms}$ in capillaries.
- The characteristic time (t_c) of static dephasing:
 - At 1.5T, t_c is $\sim 20\text{ms}$
 - At 9.4T (FZJ), t_c is $\sim 3\text{ms}$
 - At 11T (UM), t_c is $\sim 2\text{ms}$
- If $t_c \ll t_D$, in the static dephasing regime.
- Before $TE > 1.5 \cdot t_c$ the signal is NOT proportional to $\exp(-TE/T_2^*)$, the measured T_2^* is a function of TE
- GRE only



Temporal Resolution

- Each stimulating event has a response in the vascular network with a shape called the HRF
- HRF lasts about 15 seconds
- Multiple events together in time linearly add their HRF's

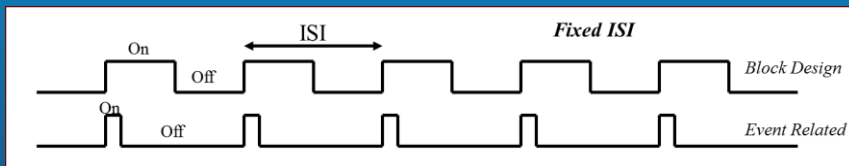


Blamire, *Proc. Natl Acad. Sci. USA* 89,11069–11073 (1992)

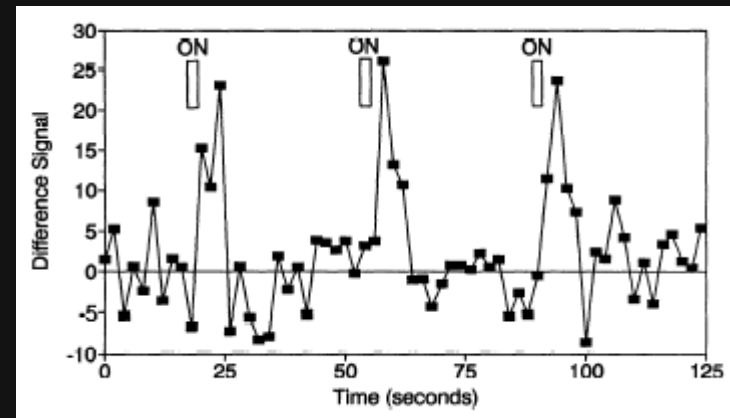
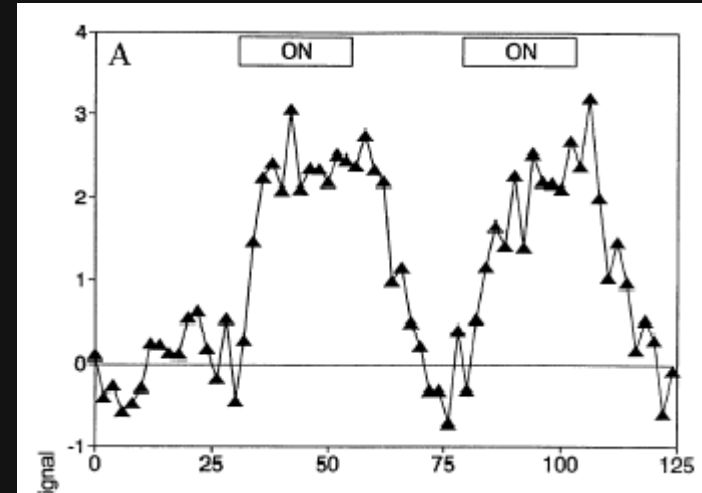


Temporal Resolution

- For best statistics, want several-many points to sample each stimulus response
- Stimuli that are too long have drawbacks:
 - Less definition of the response (weaker stats)
 - Want good definition of both active/rest states
 - Brain loses focus
- Inter-stimulus-intervals (ISI) of 15-45s are common



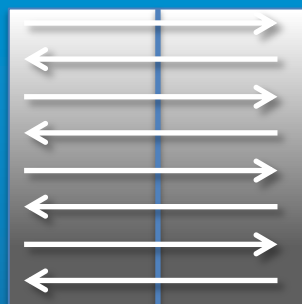
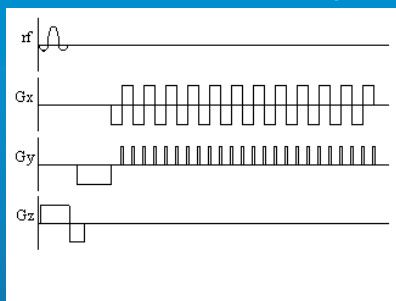
- Want to cover most (all) of the brain several to many times in ~15s
- Need rapid readouts that can give you a volume every 2-3s!



Blamire, *Proc. Natl Acad. Sci. USA* 89,11069–11073 (1992)

Rapid Readout - EPI

- Echo-planar imaging forms an entire image from as little as a single excitation

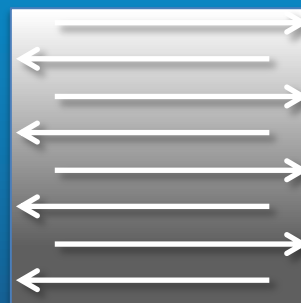


K-space

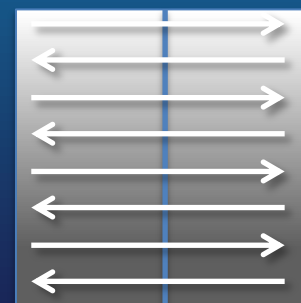
- Modern MR scanners are well-tuned for EPI, but some niggles remain
 - Heavy gradient use: generates heat in gradients, can change magnetic field
 - Scanners (esp high field ones) tend to exhibit drift of the field through time

Common EPI issues:

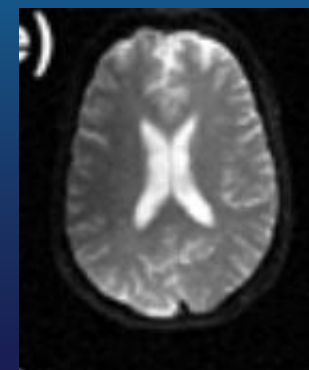
- Odd-even readout mismatch (Nyquist or FOV/2 ghosting)



K-space

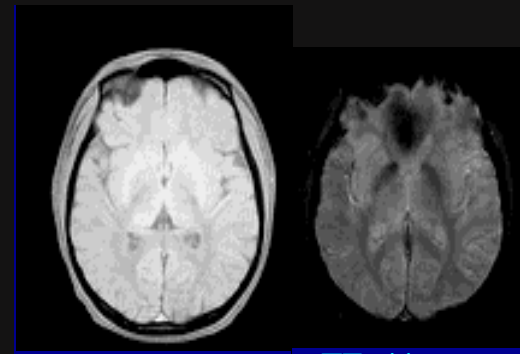
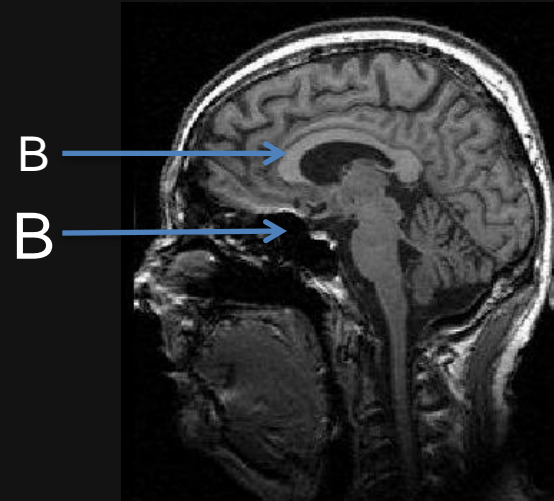


K-space



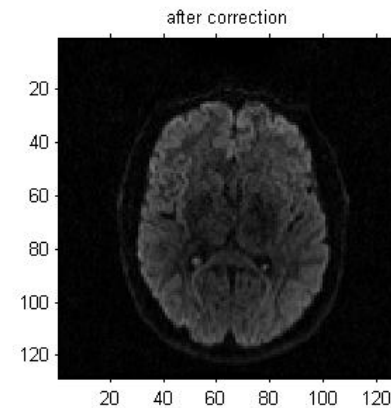
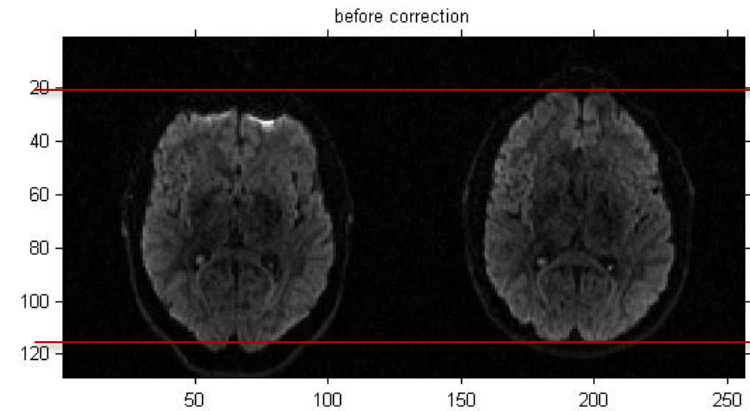
Susceptibility Dropouts (GRE-EPI)

- Macroscopic field gradients as discussed previously
- Air is paramagnetic
- Tissue is diamagnetic
 - Field gradient from air-filled sinuses several cm into the tissue
 - Phase dispersion in the Z-direction
 - Slices sum up those phases
- Large dropout regions above sinuses (OFC) and auditory canals (temporal lobes)
 - Short TE (but less BOLD)
 - Thin slices (but less SNR)
 - Z-shim (but hurt sensitivity in other areas)



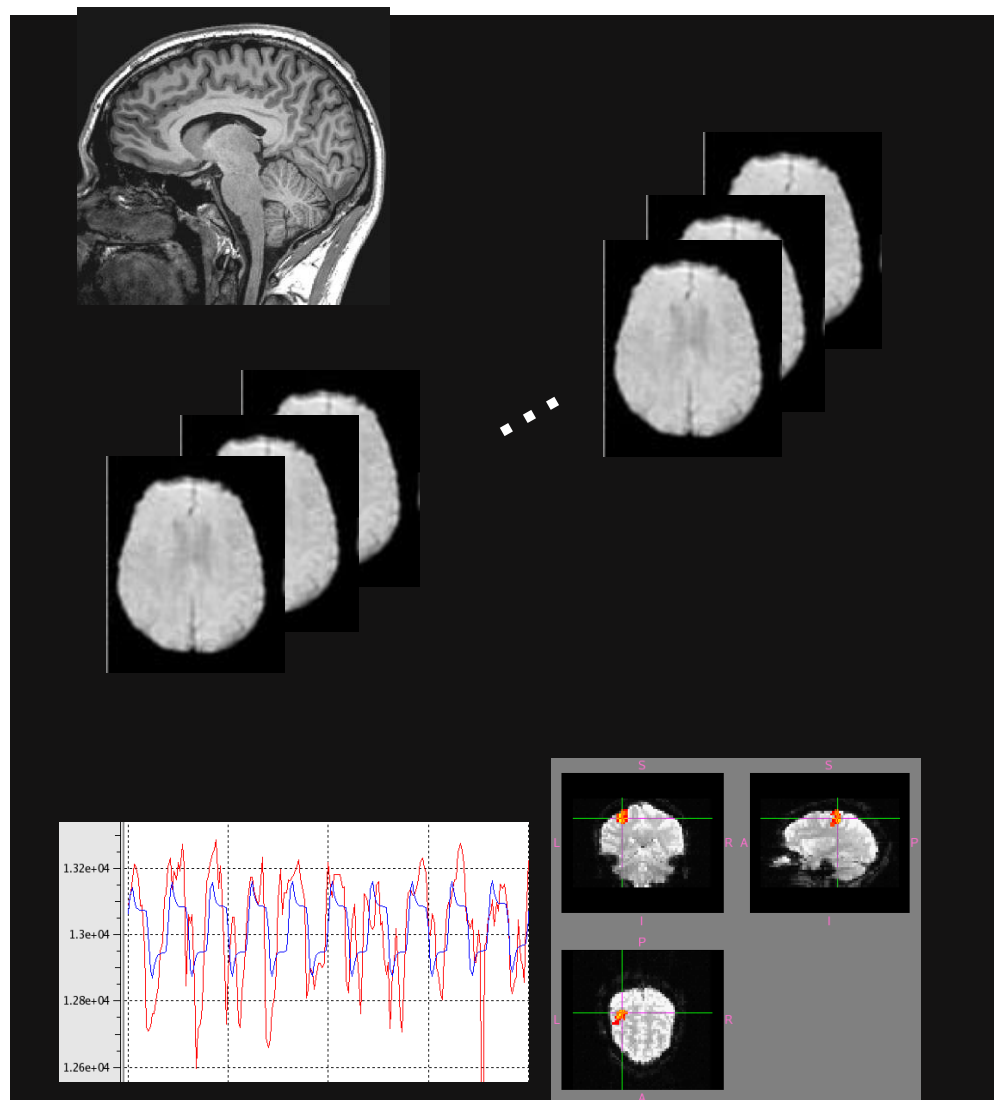
Susceptibility Distortions

- Both SE and GRE EPI
- EPI-based readouts on inhomogeneous areas
 - Global inhomogeneities: Shift, Stretch entire image
 - Focal areas can move many voxels, pile up
- Acquire a map of the magnetic field
 - Can unwarp global shifts
 - Can't unwarp strong focal shifts
- Acquire two images with reversed phase encoding
 - Warps are opposite in each image
 - Can unwarp global and moderate focal areas



Common BOLD-sensitive experiment

- Most processing streams use a T1w structural image for underlays, regions of interest, etc.
- Often also acquire a field map
- 98% of fMRI out there uses GRE-EPI
 - Given TE_{opt} of 30 or 40ms
 - Spatial coverage of ~ 30 slices per TR
 - Repeat every TR (2-3s)
 - Acquire for ~ 10 minutes (6K-9K images, 200-300 volumes) in a mixture of rest and active states
- Correlate a voxel's timecourse over the experiment with predicted BOLD response
 - $HRF * \text{Stimulus pattern}$

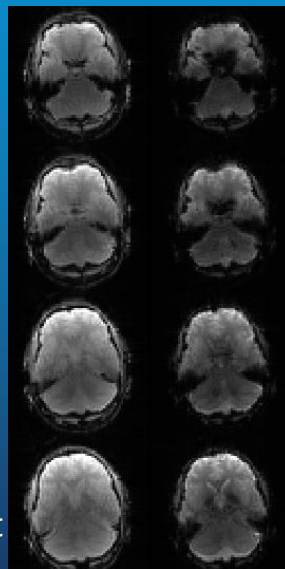


Multi-GRE-EPI

- Optimal TE = T2*
 - But T2* varies throughout the brain!
 - BOLD sensitivity is high when TE > T2*

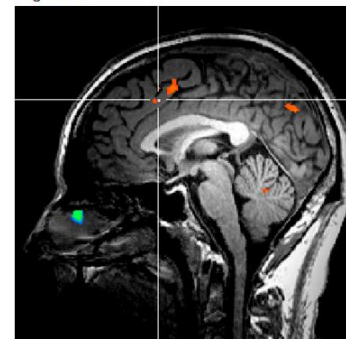


13ms 31ms

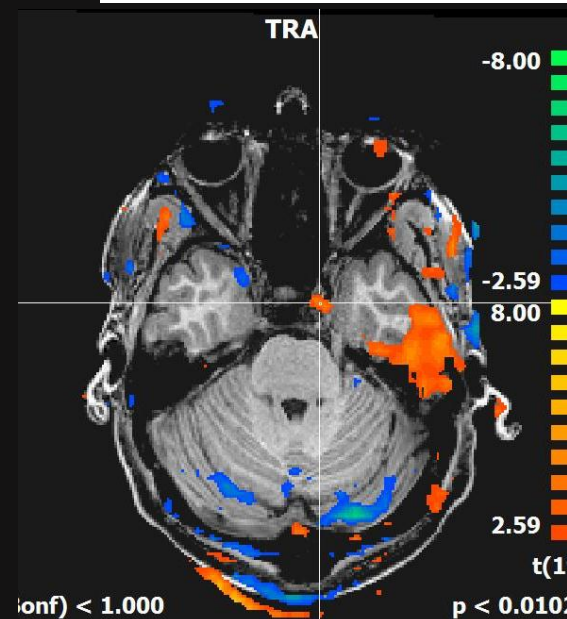
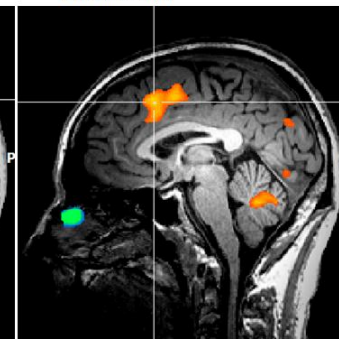


- Can acquire multiple GREs per acq.
- Combine by SNR-weighting
 - Closest to underlying T2* is most heavily weighted in the sum

Anterior Cingulate
Single Echo



Combined Echo



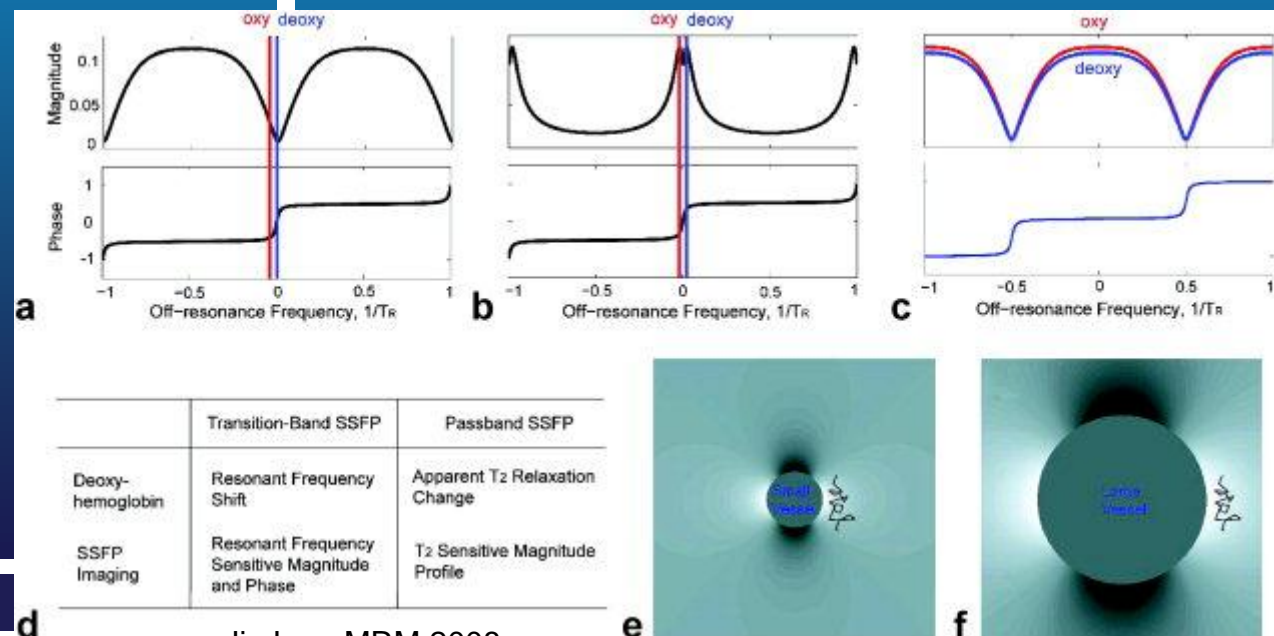
Data from M. Wall, UCL

fSSFP

- SSFP is a very rapid steady-state acquisition method
- Magnitude and Phase measured depends on acq. parameters, and on off-resonance
- 3 methods for BOLD sensitivity:
 - Tailor acq to give strong **mag** change over small **freq shift** btw oxy and deoxy (Scheffler 2001)
 - Tailor acq to give strong **phase** change over small **freq shift** btw oxy and deoxy (K Miller / fMRIB)
 - Tailor acq to give T2* contrast

BOLD contrast *probably* most similar to SE-EPI

Utility may lie in very high field fMRI and fMRI in places GRE-EPI gives little coherent signal



Questions / Comments ?