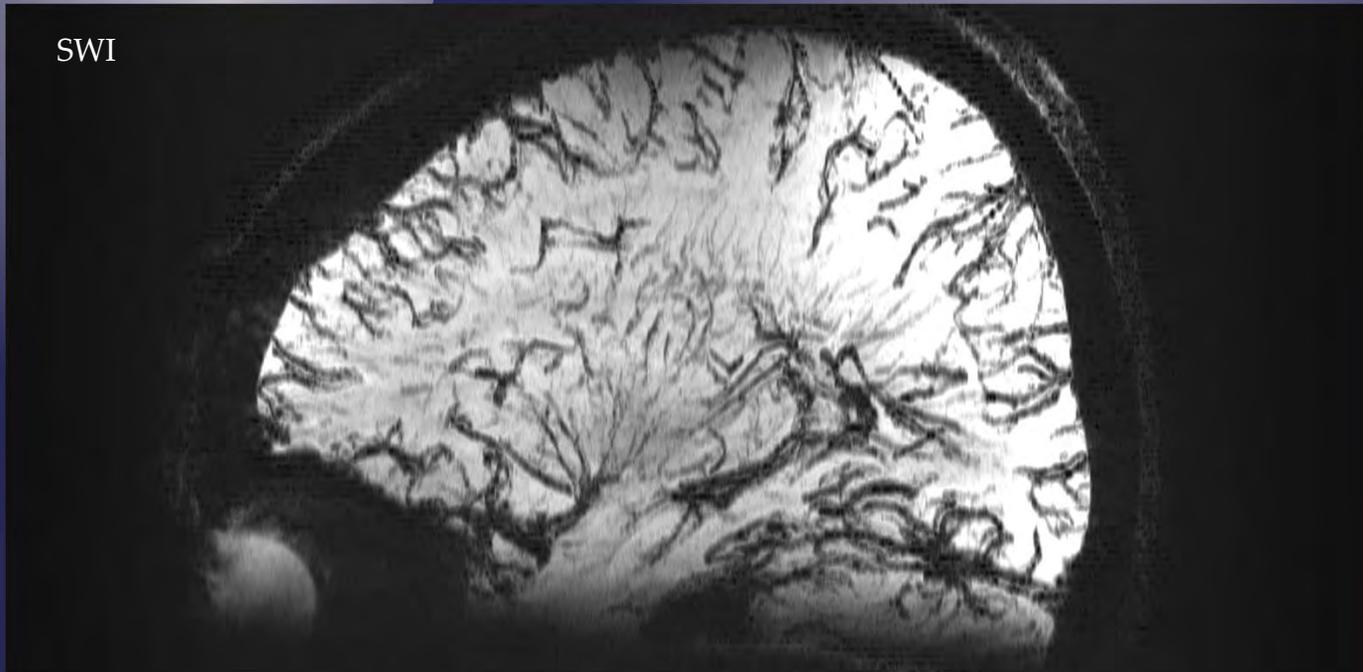


# Imaging the Microvasculature using MRI

E. Mark Haacke  
Department of Radiology,  
Wayne State University  
Detroit, Michigan

in collaboration with  
Yulin Ge, PhD  
New York University  
New York, New York

SWI



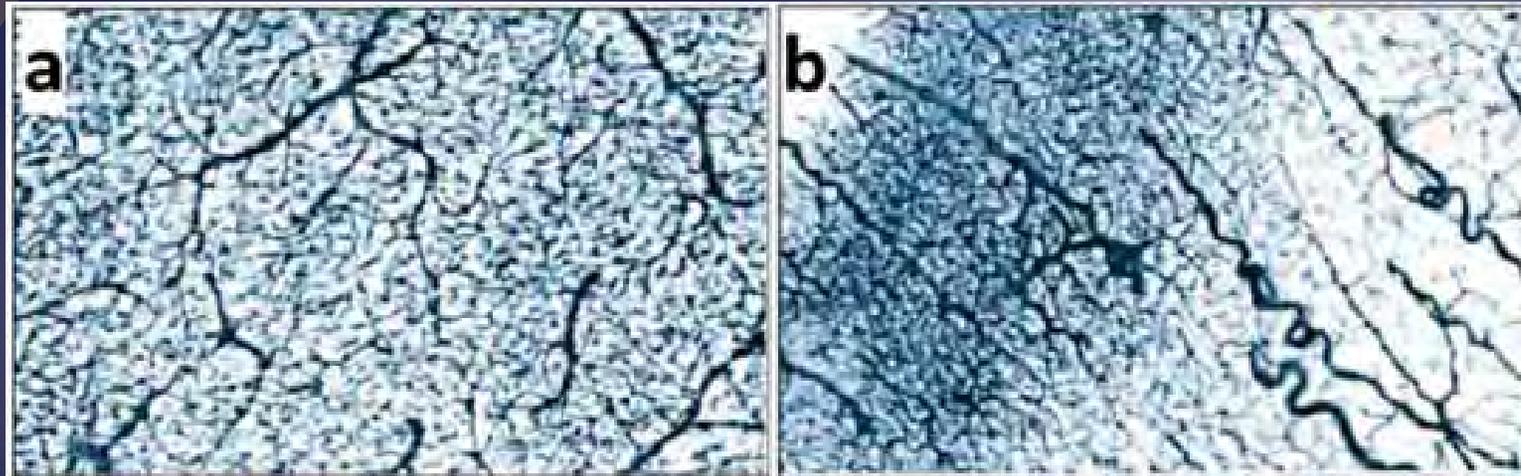
## Conflicts of Interest

- Support from Siemens Medical Systems
- DoD grant on SWI and SWIM
- NIH grant on USPIO susceptibility
- President of MR Innovations, Inc.

# Small vessel morphological changes

Control

Alzheimer's Disease

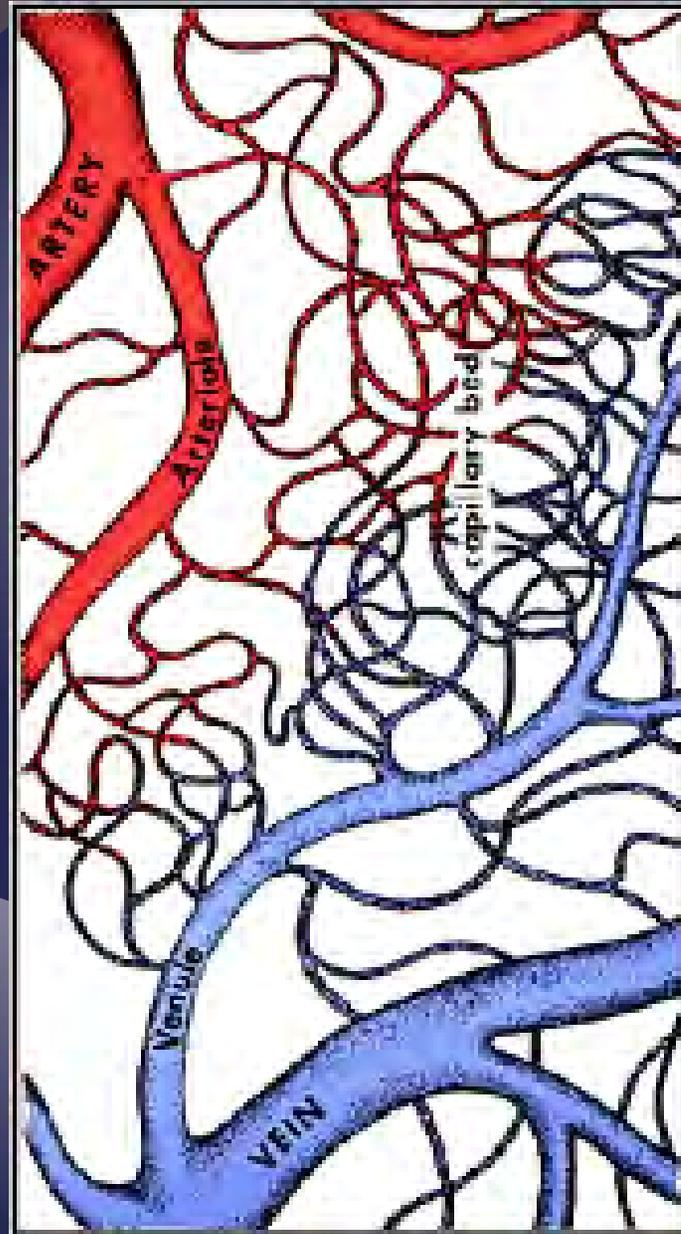


Tortuous vessels have decreased pulse pressure that compromise the flow and oxygen delivery.

Current Macro MRA



Microcirculation



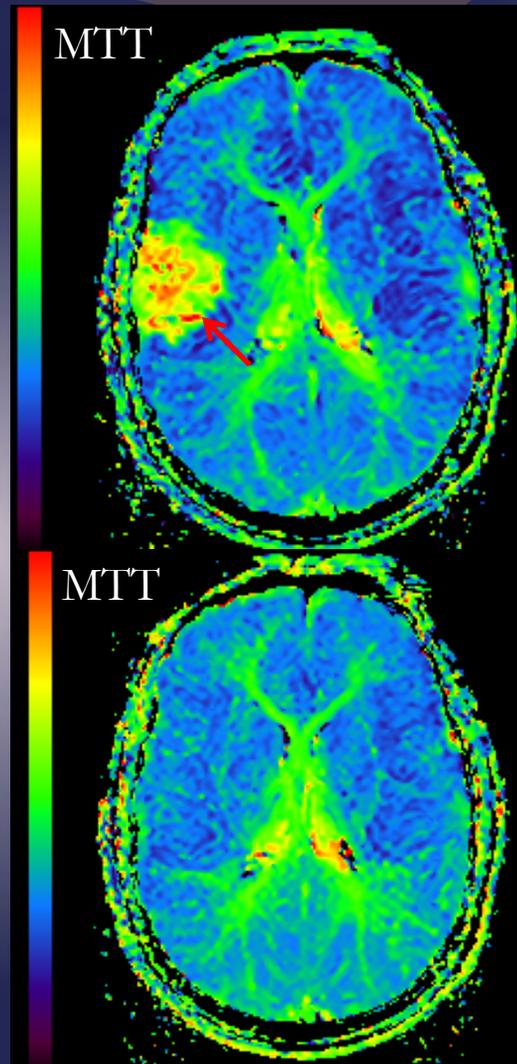
MRI scan date: 2013.01.04



SWI



SWI



## Imaging stroke patients with SWI and PWI<sup>8,9</sup>:

Note that the MTT region indicating reduced perfusion matches the area highlighting the veins in the SWI image which corroborates the fact that flow is reduced and that the deoxyhemoglobin levels are increased in this territory.

After treatment the increases in MTT and the evidence of the asymmetrically prominent cortical veins disappears.

MRI scan date: 2013.01.11

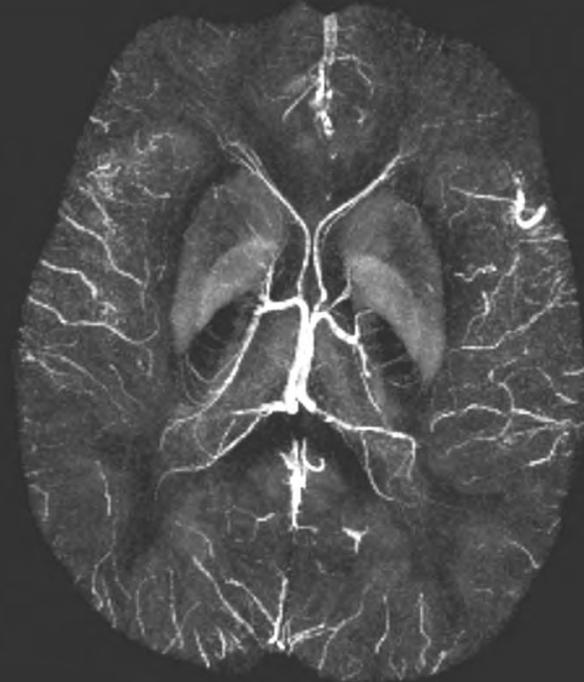
Images from Dr. Yu Luo, Shanghai First Hospital.

Qualitative SWI versus quantitative susceptibility mapping (QSM) or SWIM  
0.5mm isotropic resolution, TE = 20ms, 3T

SWI



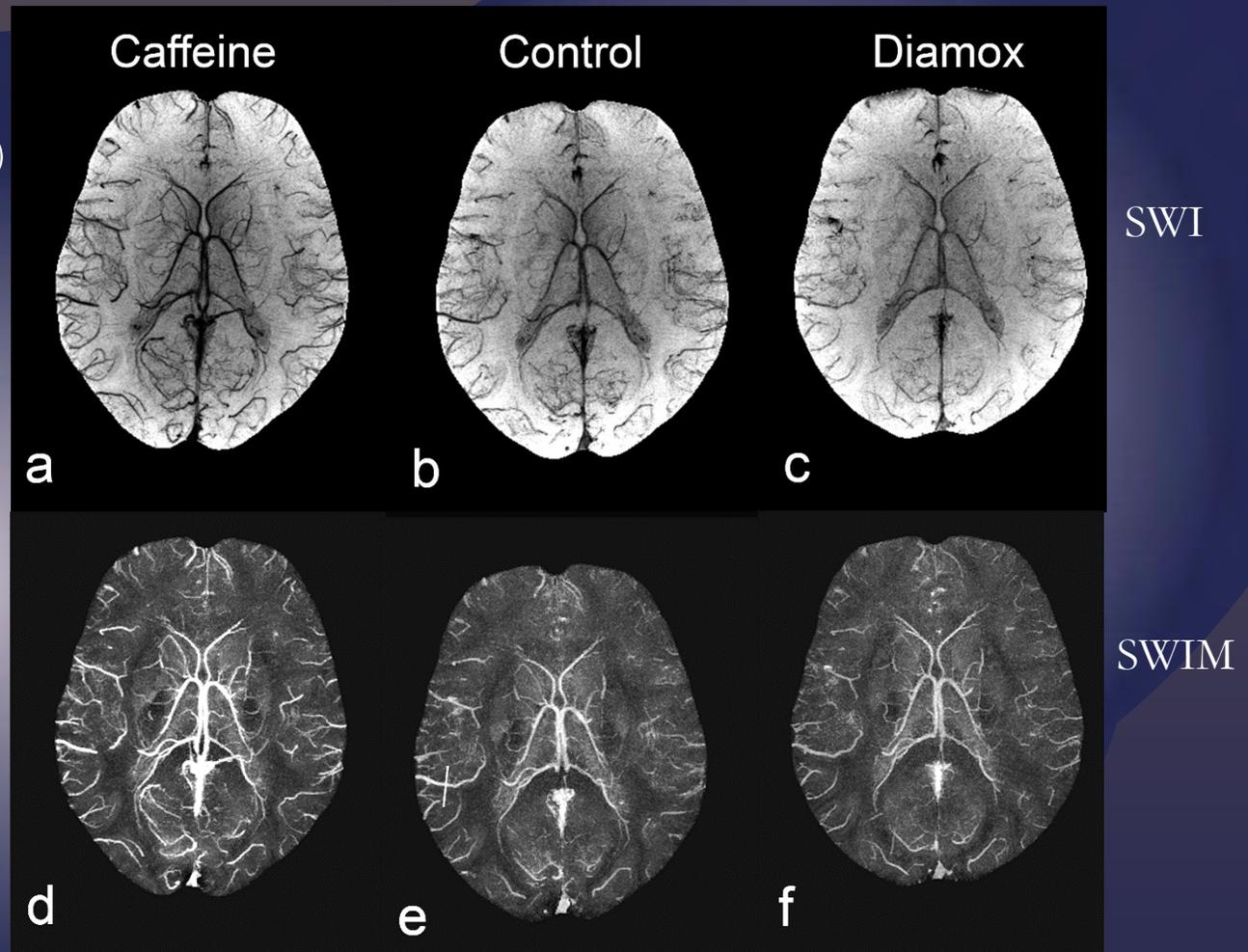
SWIM



# Cerebral Vascular Reserve: Challenging the neurovascular system

200mg caffeine pills (a, d)  
or 1000mg diamox IV  
injection (c, f).

Compared to the control  
condition (b,e),  
significant oxygen  
saturation changes are  
observed post-challenge  
on veins throughout the  
brain.



Caffeine: flow change =  $-27\% \pm 9\%$  and  $\Delta Y = -0.09 \pm 0.02$

Diamox: flow change =  $+40\% \pm 7\%$  and  $\Delta Y = +0.10 \pm 0.01$

Buch S, Ye Y, Haacke EM. Quantifying the changes in oxygen extraction fraction and cerebral activity caused by caffeine and acetazolamide. *J Cereb Blood Flow Metab.* 2016.

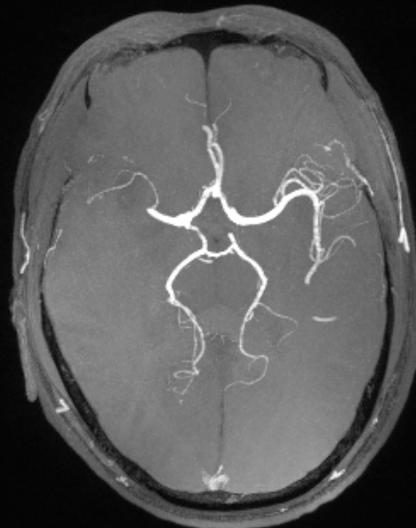
# Imaging veins and arteries using double echo SWI<sup>5</sup>

Images courtesy of Meiyun Wang, Zhengzhou

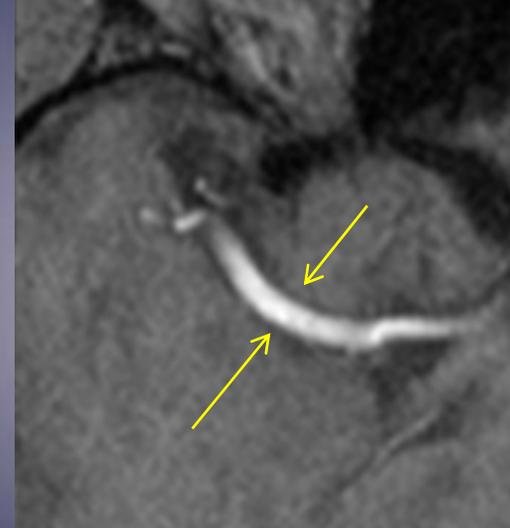
Thrombus dominates the SWI image (TE = 7.5ms)



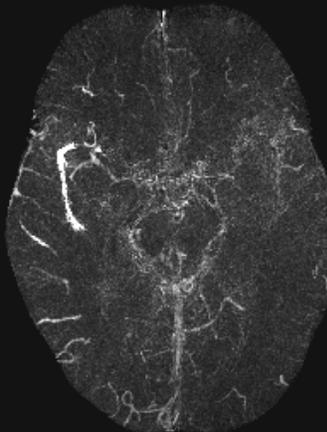
First echo MIP



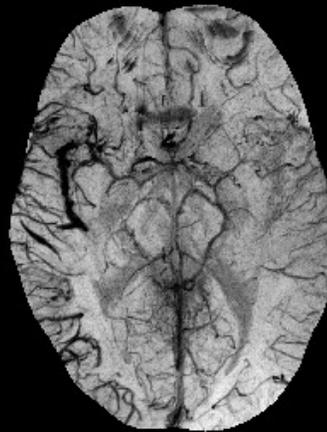
First echo MRA like signal



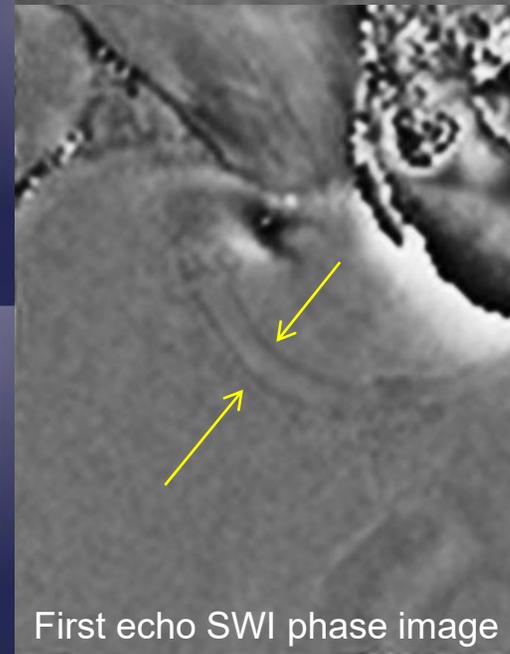
Thrombus dominates the SWIM image (TE = 7.5ms)



Second echo (17.5ms) true SWI

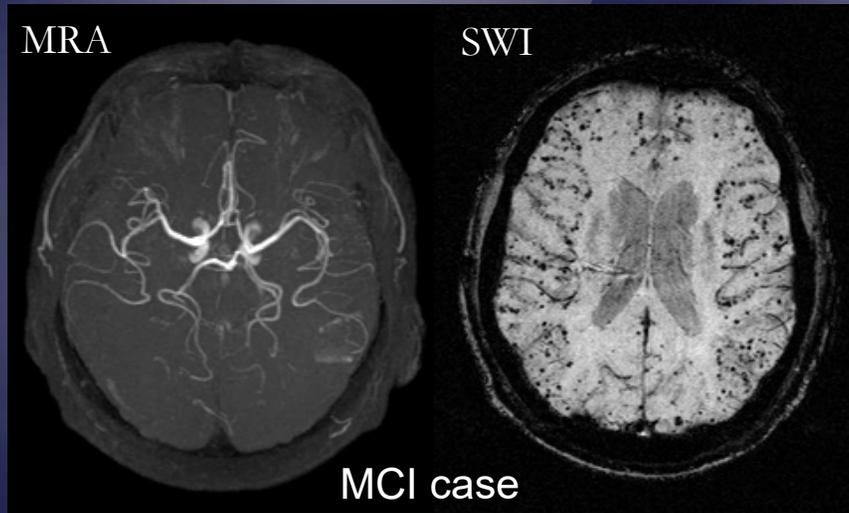


Note the asymmetrically prominent cortical veins



First echo SWI phase image

# Imaging veins and blood products using SWI and SWIM<sup>1-3</sup>



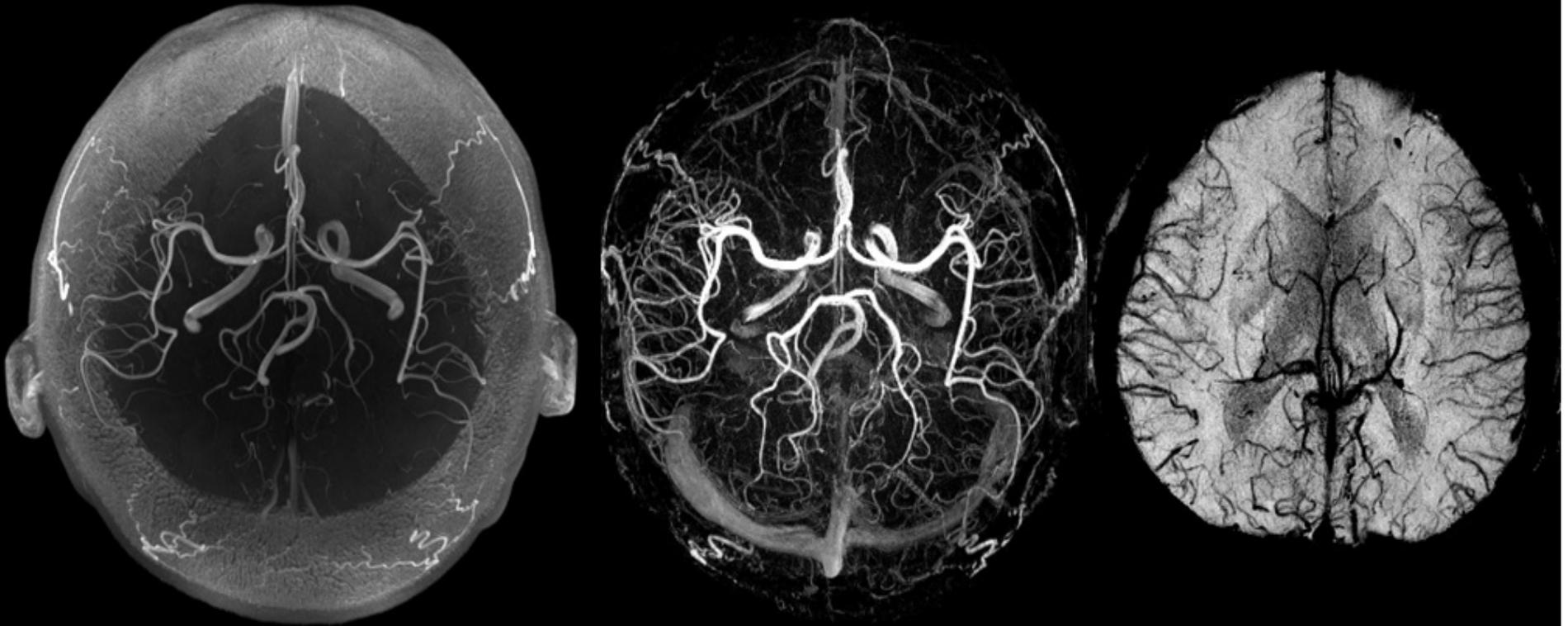
# MRA of major, intermediate and microvessels



a



# High resolution conventional MRA



We can certainly see small vessels here on the order of 0.5mm, but nature is hiding the cerebral arteries at the level of 100 microns in diameter. This central image took 16minutes to acquire. To get 250 $\mu$  resolution would take 32 minutes and would have limited signal-to-noise.

Salamon, G., 1971. Atlas of the arteries of the human brain. Sandoz, Paris.

a



250 $\mu$  x 250 $\mu$  x 500 $\mu$

b

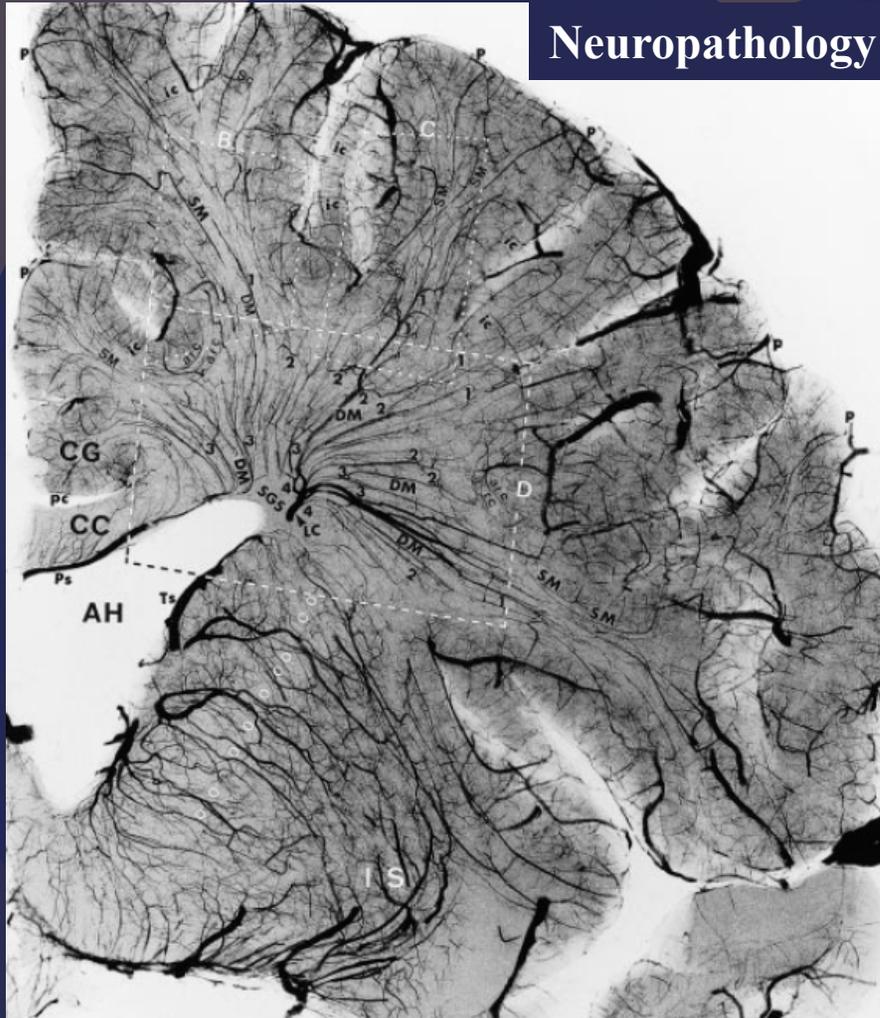


## *Microvascular Arterial and Venous Imaging*

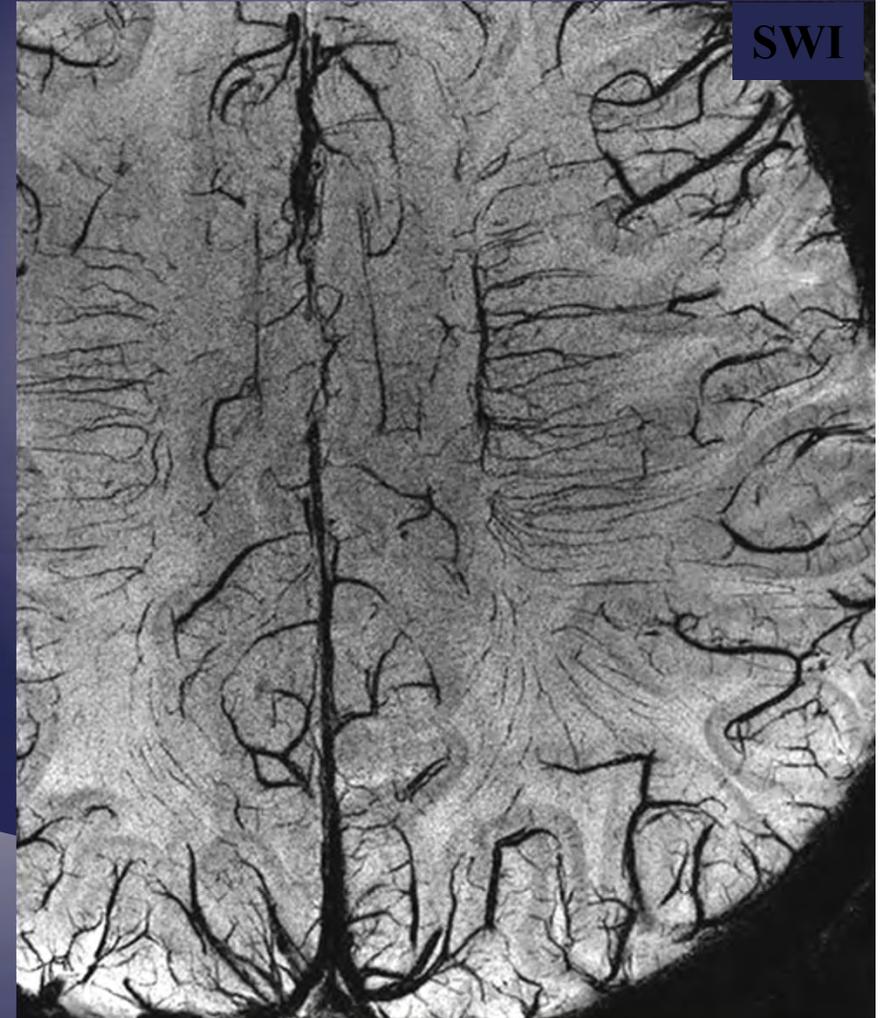
We propose to overcome the obstacles of long acquisition times, visibility of small arteries and a loss of signal-to-noise when high resolution data are collected using the next generation of microvascular imaging, which we call **MICRO** which stands for:

*“Microvascular In-vivo Contrast Revealed Origins”.*

# Periventricular WM Medullary Veins

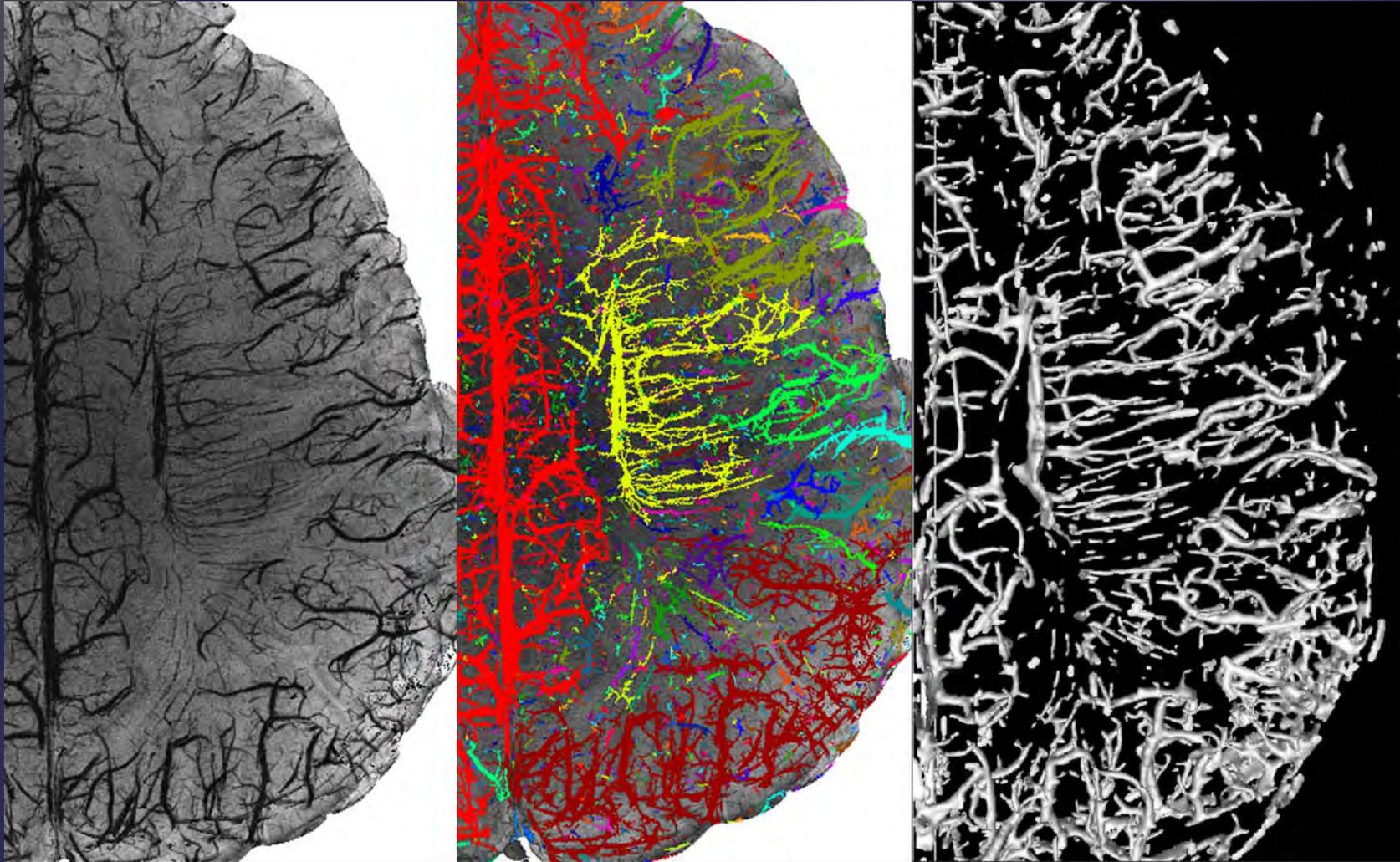


**Okudera et al Neuropathology 1999**



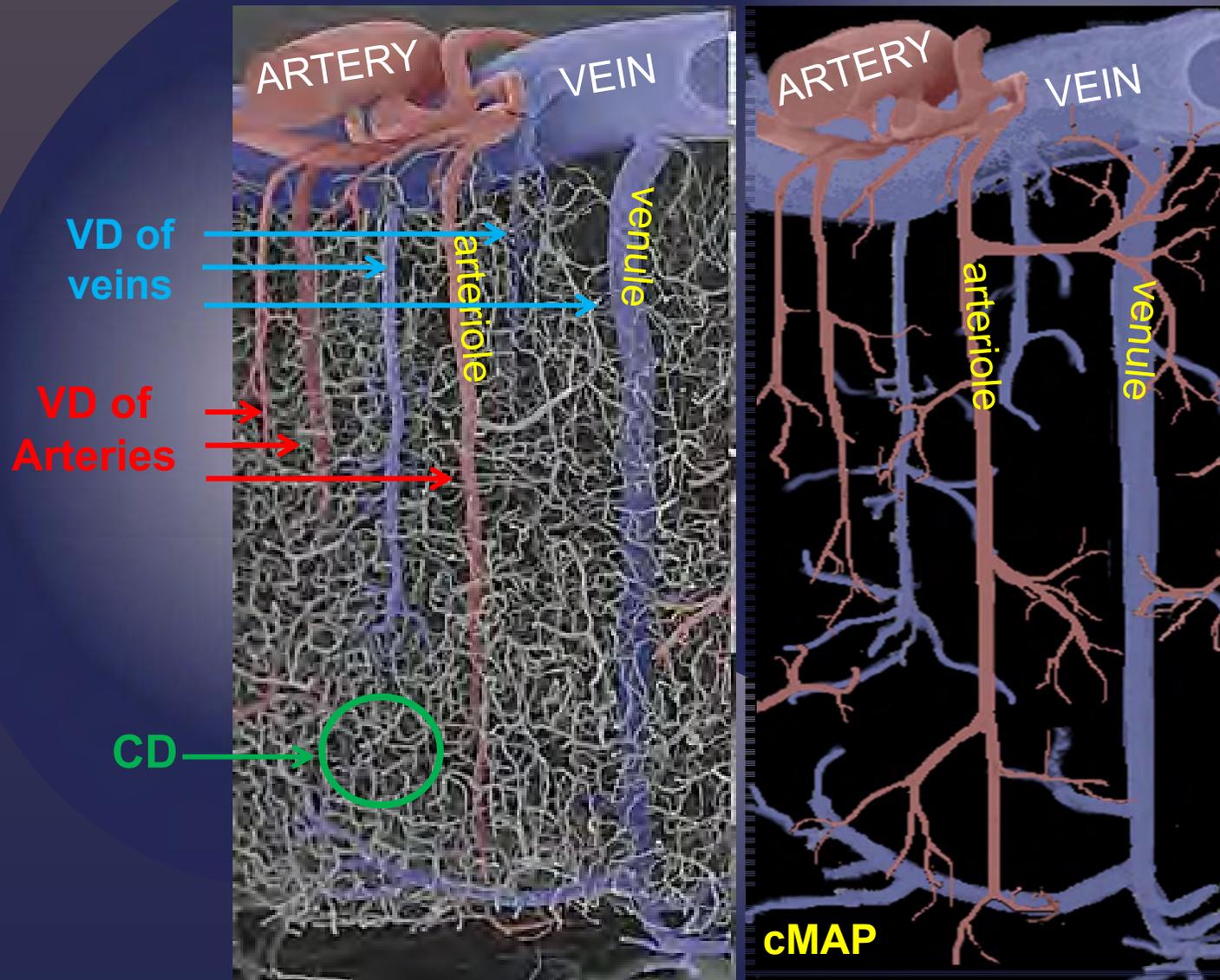
**7T SWI courtesy of Yulin Ge**

# Quantification of SWI venous blood



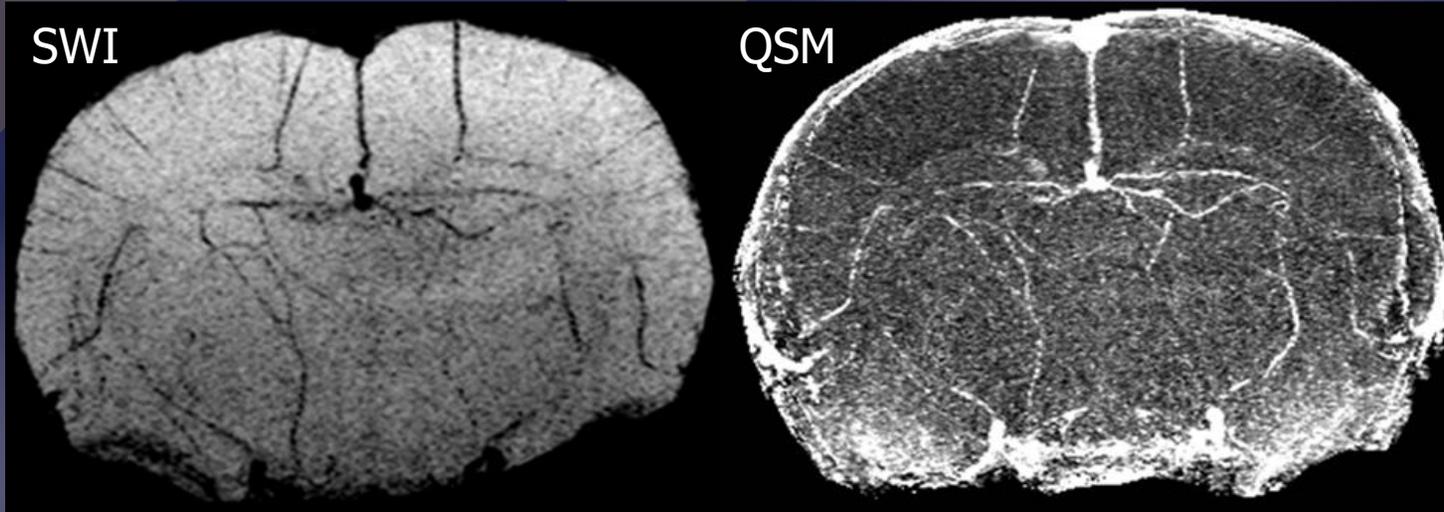
Images from SPIN software courtesy of Sam Barnes and Yulin Ge

We wish to use MICRO imaging to generate a cerebral microvascular architecture print (**cMAP**)



# IMAGING ARTERIES WITH SWI USING P904<sup>21</sup>

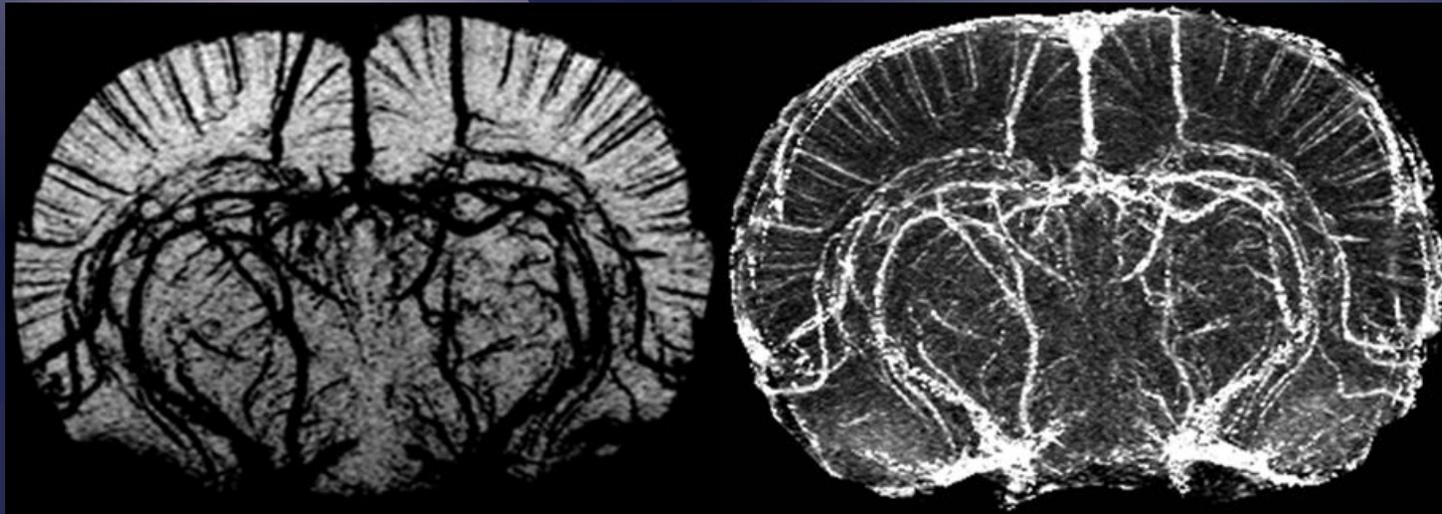
*Past  
20  
Years*



SWI of arteries with P904

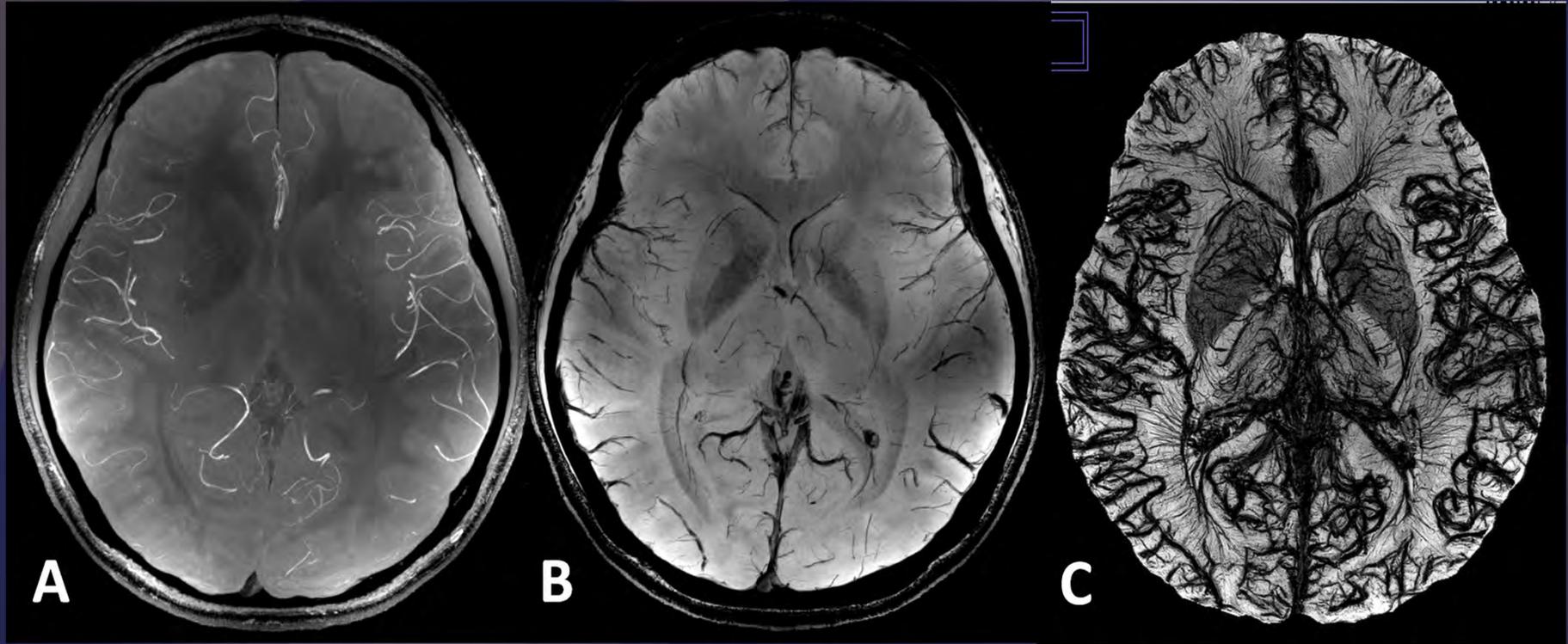
QSM of arteries with P904

*Future  
20  
Years*



YM Shen et al, USPIO Neurovascular Imaging: CJMR 2014: 31, 20-31

# Ferumoxytol enhanced MRAV



MICRO MRI was performed in a healthy volunteer at 7T. For TE = 8ms, 16ms, the resolution is 0.11mm x 0.11mm x 1.25mm and 0.22mm x 0.22mm x 2.0mm. Pre-contrast magnitude (MIP) (A) showing arteries and pre-contrast SWI (TE=8ms) showing veins (B) and post-contrast 4mg/kg Ferumoxytol SWI (TE=16ms) (C).

Data collected in collaboration with Yulin Ge and NYU.

# Ferumoxytol enhanced MRAV

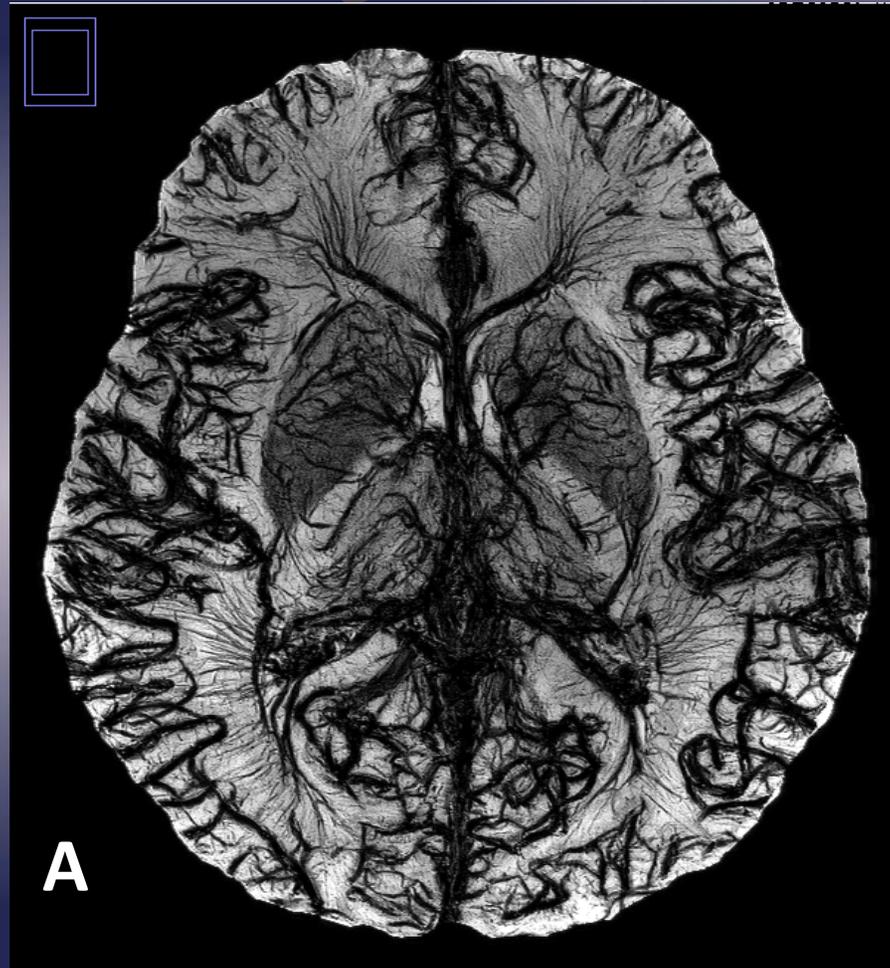
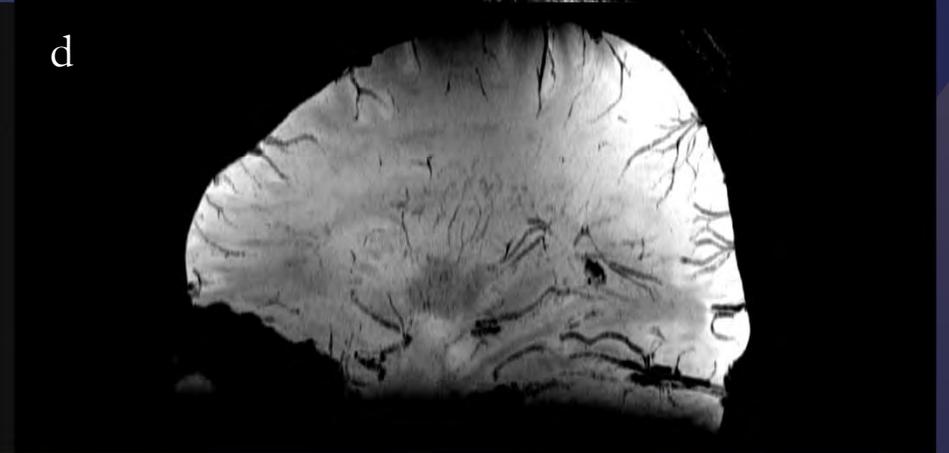
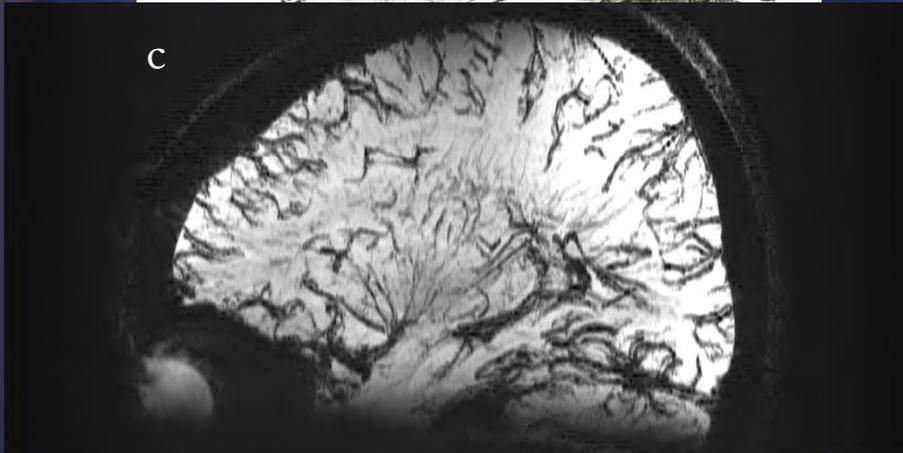
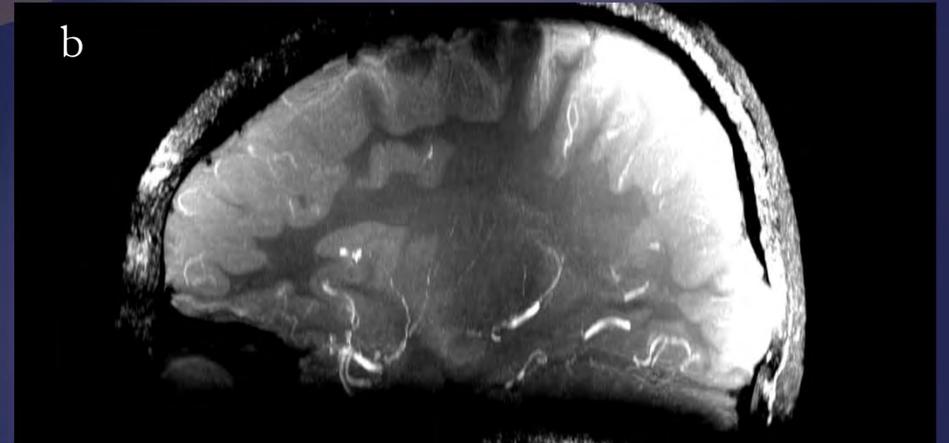


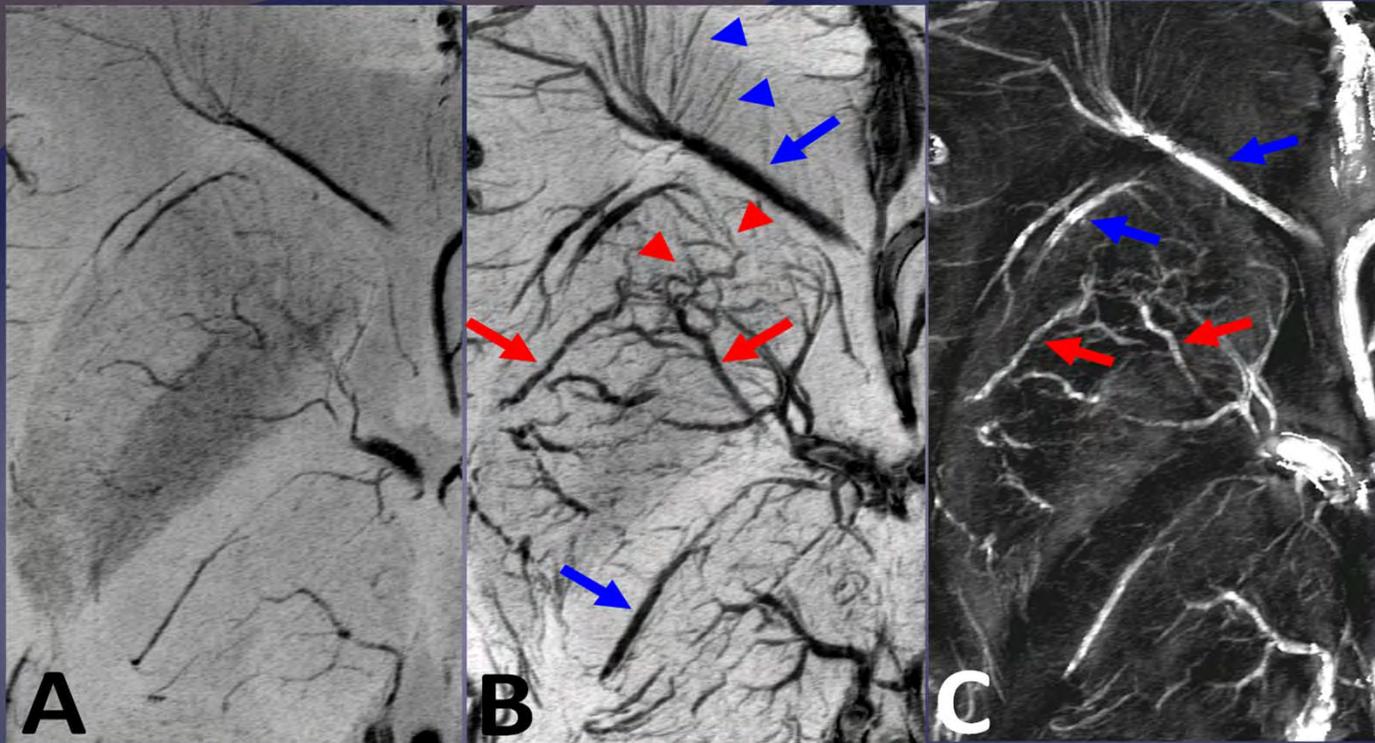
Image courtesy of Yulin Ge and NYU.

## Comparison of MRAV using SWI and cadaver brain dye injection.



a) Georges Salamon's image of arteries in the human brain. b,c,d) Data from TE = 8ms with 0.1mm x 0.2mm x 1.25mm at 7T. b) MRA pre-contrast, c) mIP post-contrast SWI for 4mg ferumoxytol and d) mIP pre-contrast. Note that c) is a mixture of arteries and veins. However, the thalamic arteries are clearly highlighted in the post-contrast image. Image d) can be used as a guide as to where the veins are since it is a pre-contrast SWI.

# Ferumoxytol enhanced MRAV



Pre-contrast SWI (TE=8ms at 7T) **(A)** only shows veins. Post-Ferumoxytol (2mg/kg) SWI **(B)** shows both veins (blue arrows) and arteries (red arrows) including small arterioles (red arrowhead) and venules (blue arrowhead). Post-contrast QSM **(C)** shows higher susceptibility values (blue) in veins than arteries (red). MICRO MRI was performed at TE = 8ms with a resolution of  $110 \mu\text{m} \times 110 \mu\text{m} \times 1.25 \text{mm}$ .

Data collected in collaboration with Yulin Ge and NYU.

$R2^*$  (blooming) changes in the smallest of vessels in the putamen (from the subtraction of pre-post images)

