





Modeling Resting Cerebral Perfusion from BOLD Signal Dynamics During Hyperoxia





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Introduction

- Perfusion parameters: CBV, CBF, and MTT can be calculated with different techniques
- Additional inhaled oxygen changes the concentration of deoxygenated hemoglobin and the signal intensity of blood oxygen level dependent (BOLD) MRI
- This work proposes a new method for obtaining perfusion parameters by the modeling the dynamic passage of oxygen



Experimental Paradigm



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Methods – assert O₂'s effect on CBF

- One subject was imaged with phase contrast velocity mapping under normoxia and hyperoxia (inhaling 70% oxygen)
- Flow volume was measured at several segments for Bland Altman analysis
- Three subjects were imaged with arterial spin labeling, with and without hyperoxic stimulus (Correction for T1 of blood)
- Difference images in the CBF maps were calculated



Results – Phase Contrast



Results – Arterial Spin Labeling



Theory

 $\delta S_t \approx \text{TE CBV}_V \Delta [\text{Hb}]$ $CBV_V = \left(\frac{A}{TE} + B\right) \left(\frac{C}{\Delta PaO_2} + D\right) \delta S_t$ $C_a = \phi |Hb| Sa_{O2} + \epsilon Pa_{O2}$ $Sa_{O2} = \frac{1}{\left(\frac{23400}{(Pa_{O2})^2 + 150(Pa_{O2})} + 1\right)}$ $C_{t}(t) = k_{2} TE \left(\frac{S_{T2}(t) - S_{T2}|_{0}}{S_{T2}|_{0}} \right)^{\beta}$ $_{\mathbf{8}} C_{t}\left(t\right) = CBF \ C_{a}\left(t\right) \otimes R\left(t\right)$

Methods

- Images acquired on a GE Discover 750 with a 12 channel head coil
- Five subjects were imaged with a BOLD imaging protocol:
 - EPI TR/TE/flip of 2000 ms/30 ms/80°
 - 64 x 64 x 43

over 224 mm x 224 mm 150.5 mm

- 390 volumes in 13 minutes
- 3-5-5 minute paradigm normoxia - hyperoxia (70%) - normoxia



Methods

- Post processing: motion correction, spatial smoothing
- Calculated t-stat maps using a fixed gamma PDF response (FWHM 60 seconds)
- Implemented the model and calculated perfusion parameters
- Performed deconvolution operation with spectral division
- Performed model fitting with a conjugate gradient lease squares implementation



Results – Statistical Maps



Results – End-tidal Values



Results – Parameters





Results – Concentration Functions



Results – Cerebral Blood Volume (CBV)



Results – Cerebral Blood Flow (CBF)



Results – Mean Transit Time (MTT)



Results – GM and WM Measurements

	CBF (ml 100g-1 min-1)		CBV (ml 100g-1)		MTT (seconds)	
	GM	WM	GM	WM	GM	WM
Subject 1	61.2	26.5	1.57	0.93	2.05	2.73
Subject 2	64.4	24.1	1.07	0.78	2.54	3.91
Subject 3	82.2	34.4	1.84	1.11	1.64	2.12
Subject 4	59.7	27.2	1.97	1.25	2.48	3.39
Subject 5	86.1	30.1	2.79	1.46	2.53	3.47
Average	70.7	28.5	1.85	1.11	2.25	3.12

Discussion – Part 1

- Phase contrast and arterial spin labeling asserted no significant change in CBF during this hyperoxia stimulus
- Shorter repeated blocks (like in the abstract) were found to be undesirable as the slow hyperoxia stimulus took longer to plateau
- No problems with partial volume effects as the arterial function is derived from the end-tidal measurements



Discussion – Part 2

- This method demonstrates a new contrast mechanism for obtaining perfusion parameters
- Very slow uptake allows for more images unlike gadolinium passage
- Perfusion parameters are weighted towards the venous circulation
- No injection required, and still able to detect to longer delayed times (unlike ASL)



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