

Combination of two fat saturation pulses improves detectability of glucose signals in carbon-13 MR spectroscopy

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Abstract: In order to improve the fat suppression performance of *in vivo* ^{13}C -MRS operating at 3.0 Tesla, a phantom model study was conducted using a combination of two fat suppression techniques; a set of pulses for frequency (chemical shift) selective suppression (CHESS), and spatial saturation (SAT). By optimizing the slab thickness for SAT and the irradiation bandwidth for CHESS, the signals of the $^{-13}\text{CH}_3$ peak at 49 ppm and the $^{-13}\text{CH}_2$ peak at 26 ppm simulating fat components were suppressed to 5% and 19%, respectively. Combination of these two fat suppression pulses achieved a 53% increase of the height ratio of the glucose C1 β peak compared with the sum of all other peaks, indicating better sensitivity for glucose signal detection. This method will be applicable for *in vivo* ^{13}C -MRS by additional adjustment with the *in vivo* relaxation times of the metabolites.

Keywords: ^{13}C , MRS, CHESS, spatial saturation (SAT), fat suppression, glucose

Introduction

In vivo carbon-13 magnetic resonance spectroscopy (^{13}C -MRS) is expected to be potentially useful for clinical application, especially to monitor glucose metabolites in the tissues or organs. One such application of glucose monitoring using ^{13}C -MRS is to improve early detection of metabolic change in the liver or muscle and to evaluate post-therapeutic changes in diabetic patients.^{1)–4)} Higher static magnetic field (B0) of the MR system is advantageous to detect subtle signals originating from the compounds distributed *in vivo*, however, heating due to the radio frequency (RF) pulse for decoupling, which is applied

to extract each peak of the ^{13}C spectra, increases depending on the B0 strength. To minimize heating and avoid tissue damage, surface coils are employed to detect local signals; however, this method does not permit the suppression of the lipid signal. In ^{13}C MRS measurements without stable isotope labeling, natural ^{13}C signals originating from the subcutaneous fat tissue and the visceral lipid signals included in the organ tissue of interest are much larger than those from the target metabolites.

A three-dimensional localization technique such as ISIS⁵⁾ or outer volume suppression (OVS), which uses six hyperbolic secant pulses,^{6),7)} has been proposed to remove the contamination of ^{13}C lipid signals attributed to extra-cerebral fat tissue.⁸⁾ The disadvantage of these techniques is the inability to suppress the signals from visceral fat. The following two methods have been employed to suppress lipid signals in ^1H MRS, 1) frequency (chemical shift) selective suppression pulses (CHESS)⁹⁾ based on the frequency difference due to the chemical shift, such as those between a proton of water and that of fat, and 2) spatial saturation (SAT) pulses to reduce all signals included in the slab located on the subcutaneous fat layer. In this study, we performed a phantom model study to validate these two types of lipid suppression pulses and their combination for ^{13}C MRS on a clinical 3.0 Tesla (T) MR scanner. The

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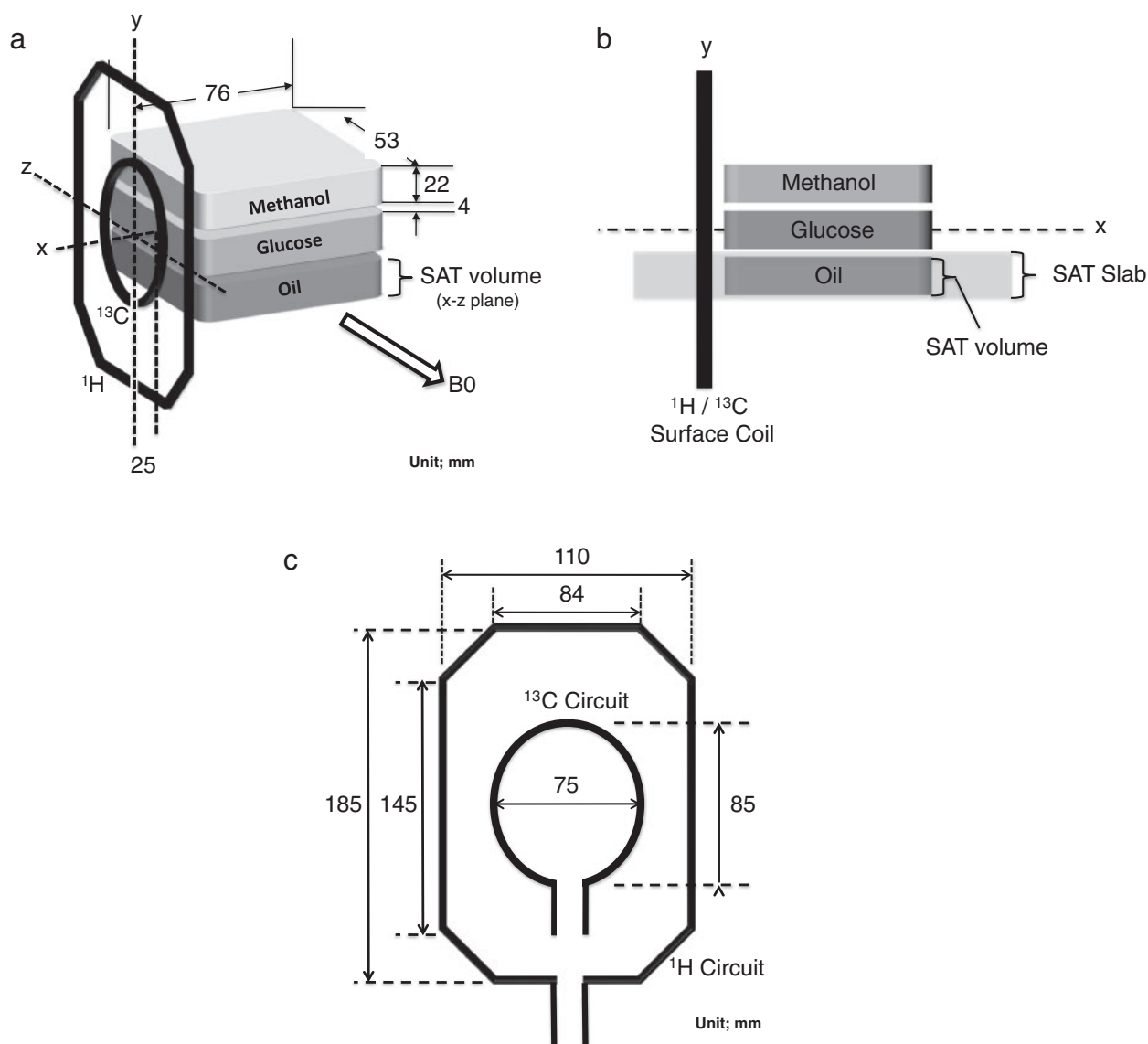


Fig. 1. Design of a phantom study using a pair coil set for ^1H and ^{13}C . 1a: The three phantom components were stacked and placed beside the coil surface in the axial view. The surface coil was placed parallel to the B_0 direction (in y - z plane). SAT pulse was applied to the slab in x - z plane (1b) covering the oil component ('SAT volume' corresponding to the plastic case at the bottom). Using a proton MR image of the phantom, the spatial location of 'SAT volume' was automatically configured. CHESS pulse was applied to and ^{13}C spectra were obtained from the whole volume including the three components. 1c: Circuit design of the surface coil pair. The inner oval coil was adjusted for ^{13}C resonance and the outer octagon circuit for ^1H . These two circuits are electrically independent.

optimal parameters to achieve lipid suppression *in vivo* were investigated.

Materials and methods

MR systems for the ^{13}C MRS experiments. All MRI and MRS experiments were performed with a 3.0 T clinical MR system equipped with a second channel transmit/receive system (Signa VH/i 3.0 T; GE Healthcare, Milwaukee, WI). Proton and

^{13}C MR data were obtained using a custom-made transmit/receive surface coil unit (GE Healthcare, Fig. 1) with external dimensions of $195 \times 130 \text{ mm}^2$. The resonator circuits were designed to be independent of each other. The ellipsoid of the ^{13}C resonator (32.16 MHz) was $85 \times 75 \text{ mm}^2$, and that of the proton resonator (127.89 MHz) was $185 \times 110 \text{ mm}^2$ (Fig. 1c). The ^{13}C resonator was located concentrically inside of the proton resonator.

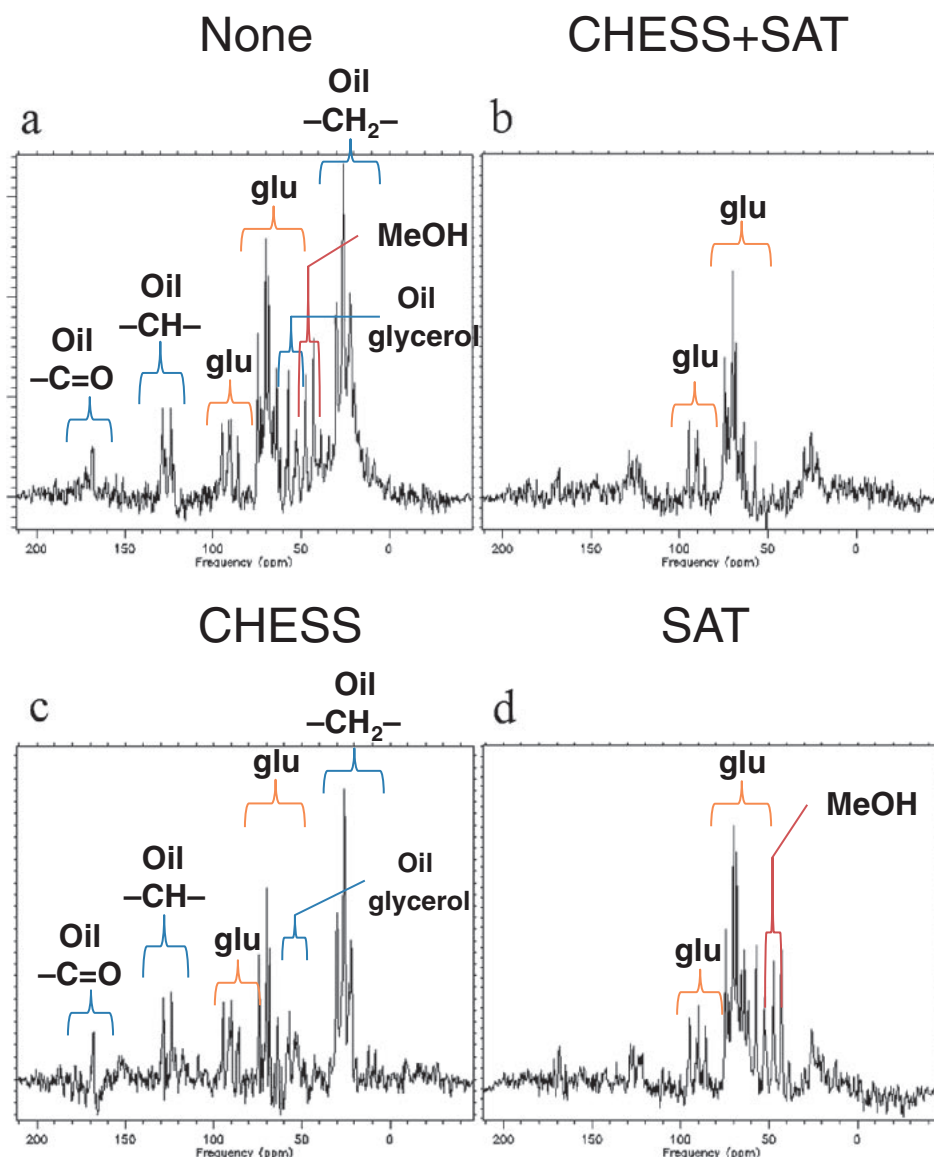


Fig. 2. The ^{13}C MR spectra of the phantom. The ^{13}C MR spectra of the methanol, glucose and oil phantoms. The scale of vertical axes is arbitrary unit. Signals from methanol and lipid were observed in a wide range of chemical shift without CHESS and SAT pulses (2a). For example, spectral quantification analysis using SA/GE indicated that signal residue of the carbonyl carbon at 168 ppm was 40% with CHESS and SAT pulses (2b). The methanol signals around 49 ppm were suppressed with the CHESS pulse (2c). The lipid signals at various frequencies (26 (CH_2), 128 (CH) and 168 ppm ($\text{C}=\text{O}$)) were well suppressed by the SAT pulse (2d).

Phantom preparation. A phantom was designed to include three components, 99.9% methanol (Aldrich Chemical, Milwaukee, WI), a mixture of canola and soybean oil (Nisshin Oil Group, Tokyo, Japan) and non-enriched D(+) glucose–water solution (3.2 mol/kg, Nacalai Tesque, Kyoto, Japan). Glucose rather than glycogen was chosen as the target metabolite in this study for better quantification of signal detection. The oil signals imitated the ^{13}C spectra originating from subcutaneous fat, and

those of methanol partially simulated visceral fat in an organ. Methanol was employed to simulate the $-\text{CH}_3$ peaks of lipid components, since they are located within a similar chemical shift range to the lipid peaks and can be distinguished from other peaks originating from the mixture oil compounds. In order to assess the efficacy of the SAT pulses on each component, the three components were spatially separated in three plastic cases (Fig. 1). The internal dimension of each case was $76 \times 53 \times 22 \text{ mm}^3$.

Table 1. Relative signal intensities (residual rate) of the ^{13}C spectra

Phantom component	Glucose	Glucose	Glucose	Glucose/Oil	Methanol	Oil	Oil	Oil
Carbon group	C1 α	C1 β	C3/C5	C6/glycerol	CH ₃	CH ₂	CH	C=O
Chemical shifts (ppm)	90	96	70	58	49	26	128	168
CHES and SAT (%)	100	86	87	44	5	19	53	40
CHES (%)	96	100	77	56	13	90	95	98
SAT (%)	100	100	100	100	87	18	49	83

Each peak was obtained by applying Fourier transformation to the average of 1024 FIDs. The baseline (100%) was obtained by using the highest peak induced by J couplings without the two fat suppression pulse sequences. The chemical shifts (ppm) were observed in this experiment and their assignments were based on the references^{12),13),14),15)} (see Fig. 2).

Discussion and conclusions

It was demonstrated that ^{13}C fat signals could be most effectively suppressed *in vitro* by the combination of SAT and CHES pulses, which reduce the signals of both subcutaneous and visceral fat. The optimum TR value for the best fat suppression condition and better detection of the target metabolite depends on their relaxation times. Since longer TR increases the total scan time, shorter TR will be practical for clinical usage, however, shorter TR reduces the detectability of glucose or low molecular weight metabolites with longer T1 than those of fat components. It was reported that *in vivo* and *in vitro* T₁ relaxation times of [1- ^{13}C] liver glycogen were 150–170 ms^{16),17)} at 4.7 T, while those of *in vivo* human fat at 1.9 T were within 500 ms or longer¹⁸⁾ in rat at 2.0 T, except for the carbonyl carbons (1.94 s).¹⁹⁾ Based on the T1 of glycogen in these reports, we chose TR of 500 ms in this study. Further optimization of TR for glycogen monitoring should be conducted using an *in vivo* model.

Another factor to reduce fat suppression is chemical shift displacement (CSD) of off-resonance signals induced by the field gradient in SAT. The signals of the metabolites contained in an organ are partially displaced into the volume selected for SAT, while some of those in the volume escape irradiation. This CSD problem is potentially not negligible, especially in ^{13}C MRS, since the chemical shift range (approximately 220 ppm) is wide, while that of protons is 10 ppm. A practical method to minimize the CSD is to set the center frequency of SAT on the chemical shift of the most interest. In this study, the CSD of glucose $^{13}\text{C}1\beta$ (96 ppm) was 1.9 mm with a field gradient strength of 2.21 gauss/cm, which was less than the gap (4.0 mm) among the components (Fig. 1), suggesting that the glucose signal was not strongly suppressed by the SAT pulse.

This CSD depends on the slice thickness of SAT. In order to avoid a significant effect of CSD, slice (slab) thickness of SAT should be optimized depending not only on the extent of CSD of the target signals but also on the anatomical (spatial) distance between the visceral fat and the tissue of interest obtained by the proton MR image. By arranging the gradient direction, the off-resonance signals of the metabolites can be shifted to the opposite side of the selected slice, leaving some signals out of the irradiated volume. When the peaks of interest are close to the lipid signals in frequency, the irradiation bandwidth of the CHES pulses needs to be further optimized based on their excitation profile. Increasing the number of CHES pulses, such as a triple CHES pulse set frequently used in ^1H -MRS, will achieve more lipid signal suppression, however, it will not be an effective solution for ^{13}C -MRS, since it is difficult to safely cover the chemical shift range of lipid components widely distributed over the 200 ppm scale. Furthermore, it demands longer TR, resulting in a longer data acquisition time. Thus, we propose the combination pulse technique of a single CHES pulse to suppress the main part of lipid peaks close to the glucose signal and a SAT pulse to spatially suppress the main part of fat tissue close to the surface coil.

One explanation for the discrepancy of the carbonyl signal reduction rate between the SAT pulse alone and the combination of SAT and CHES pulses may be the pulse profile instability due to interference. The carbonyl carbon (168 ppm) of the oil is configured to be suppressed by the SAT pulse. The excitation profile in the frequency domain by the SAT pulse was close to rectangular and its bandwidth was ± 3000 Hz with a center frequency of 82 ppm. The ^{13}C hard pulse to obtain ^{13}C FID signal has a *sinc* shaped profile with a bandwidth of ± 4000 Hz with the same center frequency. The carbonyl carbon was in the 2770 Hz lower field from the center frequency, and the location was near the

ends in both profiles. Since the methanol signal was within the suppression range of the CHESS pulse in the frequency domain, it was reasonable that most of the signal intensity was reduced (residual rate 13%). On the other hand, SAT pulse partially decreased the methanol signal (residual rate 87%), although the signal source was spatially out of the SAT suppression range. One possible explanation is spatial extension of the suppression profile by the side lobes, although it cannot be verified in this experiment design. The methanol component will not be the major factor in this contamination, since the CSD was calculated to be 4.5 mm and the inter-space between the components was 4.0 mm.

In conclusion, the potential advantage of combining two kinds of lipid suppression pulses for *in vivo* ^{13}C -MRS was demonstrated in this phantom study. As a future direction, the suppression profiles of the chemical shift domain by these two types of pulses should be further customized based on the *in vivo* ^{13}C peaks of interest. To achieve further improvements to extract the highest glucose peak (C1 β) using this combined pulse method, the relaxation times in an *in vivo* environment, which are different from those *in vitro*, will be the main point to be considered.

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