

# Motion Compensation for Free-Breathing Diffusion-Weighted Imaging (MoCo DWI)

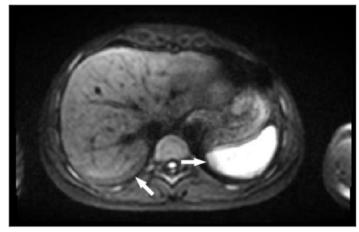
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### Introduction

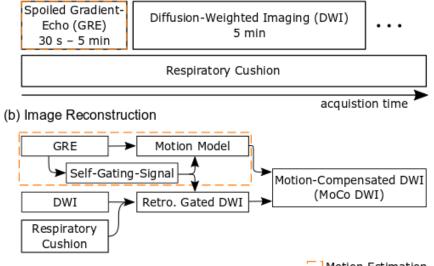
- Typical DWI acquisition times require several minutes ⇒ respiratory motion occurs
- Can cause motion blurring or inconsistent motion phases between b-values
- (Prospective) triggering prolongs acquisition roughly three fold and is thus unfavorable
- Presenting a new method to estimate motion first using a GRE sequence with high contrast and highest resolution in main direction of motion for optimal motion estimation
- DWI images especially with high b-values show low SNR This makes motion estimation challenging, this issue is avoided in MoCo DWI
- The same GRE sequence can also be used for motion-compensated PET imaging in PET-MR



 $b = 400 \text{ s/mm}^2$  with 8 averages without motion handling, suffers from motion blurring

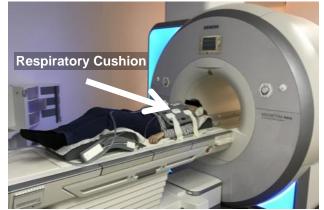
### **Methods**

(a) Image Acquisition



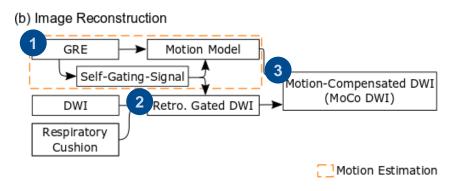
Motion Estimation

10 volunteer Measurements using a pneumatic cushion for detection of respiratory motion phases





### **Methods**



**GRE**: a golden-angle stack-of-stars prototype pulse sequence<sup>1</sup>. Radial views = 1300, TA = 287 s, FA =  $12^{\circ}$ , TR = 3.7 ms, FOV =  $385 \times 385 \times 395$  mm<sup>3</sup>, matrix =

256 × 256 × 80 with sagittal plane
orientation for highest spatial resolution in
the main motion direction. Self-gating is
used to detect respiratory motion phases.

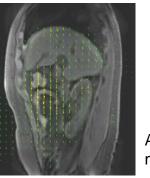
**DWI**: Prototype diffusion-weighted single-shot echo-planar imaging sequence with Cartesian k-space sampling,  $b \in \{50, 400, 800\}$  s/mm<sup>2</sup> and  $\{8, 8, 16\}$  averages in 3D diagonal mode, respectively, and axial slice orientation. TA = 227 s, FOV =  $378 \times 307 \times 204$  mm<sup>3</sup>, matrix =  $256 \times 208 \times 35$ .

During the acquisition, the respiratory motion is tracked with a respiratory cushion.

Measured 10 healthy volunteers on a 1.5 T MRI scanner (MAGNETOM Aera, Siemens Healthcare, Erlangen, Germany).

### Motion Estimation

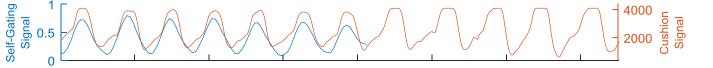
Using Joint-MoCo-HDTV<sup>2</sup> algorithm to estimate motion on the GRE measurement.

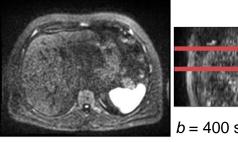


- High temporal resolution of respiratory motion phases with self-gating.
- Distinguishing in- and exhale.
- Sagittal plane orientation offers optimal resolution in main motion directions.

A representative slice of the 3D volume of the GRE measurement with an overlay of the motion vector field.

The cushion signal is used for retrospective amplitude-gating into 10 motion phases. Distinguishing between in- and exhale.





- · Retrospectively gated images show low SNR.
- Volumes usually contain holes.
- Error prone to signal voids.
- No diagnostic value.

 $b = 400 \text{ s/mm}^2$ , end-exhale, missing slices are red

- Deform gated images to reference phase using the motion estimation from 1.
- These volumes are averaged to the final MoCo DWI volume.

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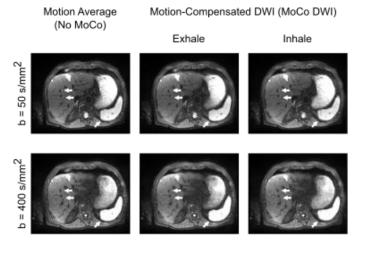
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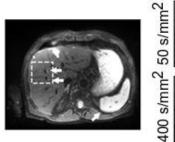


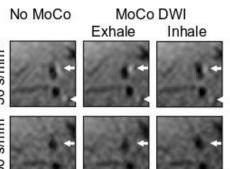
### **Results**

#### MoCo DWI by b-Value

Comparison of the gold standard (No MoCo) with MoCo DWI for a volunteer. Motion blurring reduced in structures and especially edges.

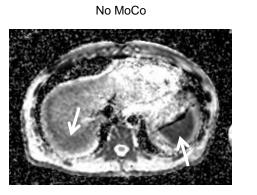




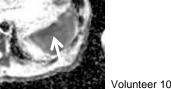


#### Impact on Apparent Diffusion Coefficient (ADC) maps

- Often motion blurring is not dominant in the 5 mm thick axial slices
- Additionally, reproducibility of motion phase between b-values increases
- ADC maps profit from this reproducibility observed at increased homogeneity and less motion artifacts



MoCo DWI



### Conclusion

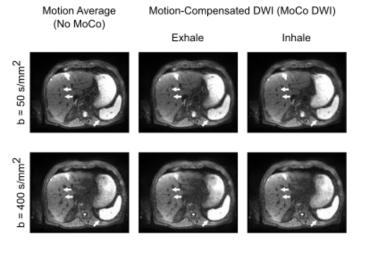
- MoCo DWI in abdomen is feasible.
- Allows free-breathing, thus low patient compliance required.
- Improves motion blurring. However, motion blurring not dominant without MoCo.
- · Noise not increased.
- Motion compensation independent from image quality of DWI to high extent.
- Reduces artifacts in ADC map, promises improvement in other derived volumes

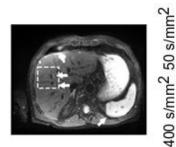


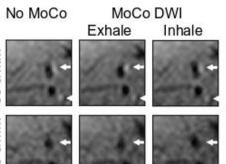
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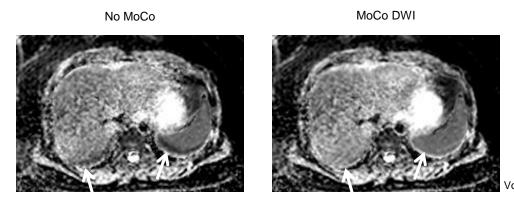






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