

POSTER PRESENTATION

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# Detection of myocardial oedema with the use of diffusion-weighted imaging in acute myocardial infarction

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## Introduction

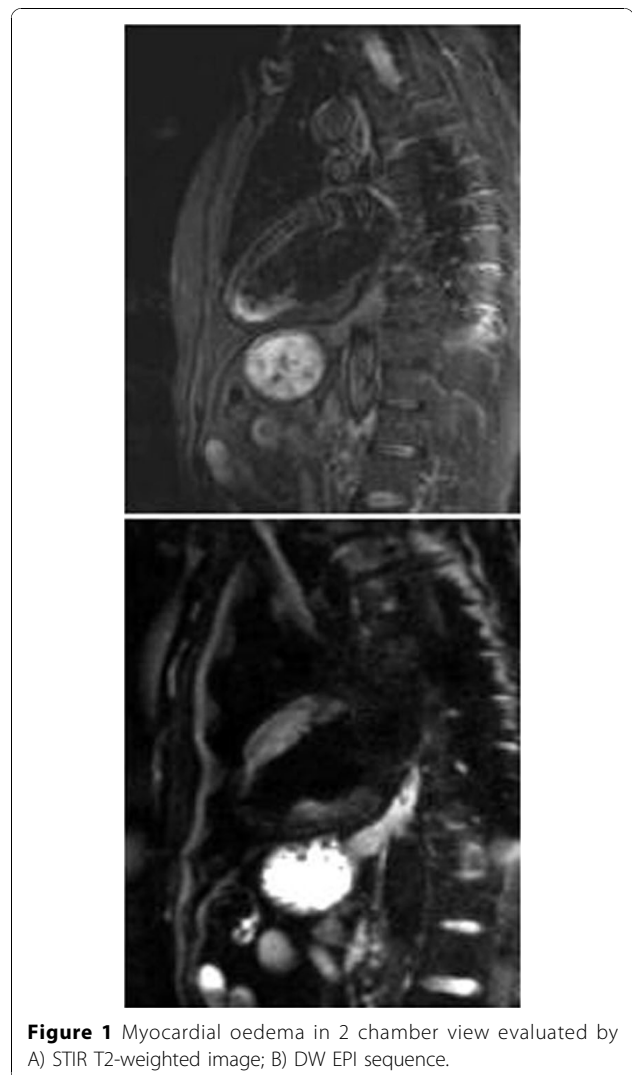
MR diffusion-weighted imaging is an important application for oedema detection in various tissues. Evaluation of the area at risk in reperfused acute myocardial infarction (AMI) is currently performed with STIR T2-weighted and LGE sequences.

## Purpose

The aim of the study was to find practical application for a new diffusion-weighted sequences in evaluation myocardial oedema and compare it with routinely used STIR-T2 techniques.

## Methods

In preliminary study myocardial oedema in 15 patients (13 male) with STEMI within 2-4 days were evaluated. The CMR examination was performed on a 1,5 T scanner (Magnetom Avanto; Siemens; Germany; Erlangen;) using a 8-channel phased-array coil. The parameters of the diffusion-weighted EPI sequence (DWI) were as follows: slice thickness 10mm, repetition time (depending on patient breath cycle) 3-4s, echo time 78ms, bandwidth 1,736 Hz/Px. The DW sequence was ECG-gated and synchronized to the respiratory cycle using PACE technique. Each slice was acquired with  $b = 50 \text{ s/mm}^2$ ,  $400 \text{ s/mm}^2$  and  $800 \text{ s/mm}^2$  with three perpendicular directions of the diffusion gradient. DW, STIR T2-weighted and LGE images were obtained in 2-chamber, 4-chamber or short-axis planes. Images were analysed quantitatively, contrast to noise ratio (CNR) of high signal (oedema) to healthy myocardium (CNR1)



**Figure 1** Myocardial oedema in 2 chamber view evaluated by A) STIR T2-weighted image; B) DW EPI sequence.

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and high signal to blood (CNR2) were calculated. For statistical analysis a non parametric Wilcoxon test with significance level of  $p < 0,05$  was used.

### Results

The CNR were significantly higher on DWI than on STIR T2-weighted images: CNR1 ( $22 \pm 7$  vs  $12 \pm 8$   $p = 0,004$ , respectively) and CNR2 ( $28 \pm 10$  vs  $21 \pm 9$ ,  $p = 0,02$ , respectively).

### Conclusions

Our study confirms DW EPI is feasible sequence for myocardial oedema detection with even better contrast to noise ratio than standard STIR T2 sequences.

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