

Poster presentation

Relation between age and aortic wall compliance in the Marfan syndrome: evaluation with Velocity-Encoded MRI

Jos J Westenberg*¹, Arthur J Scholte¹, Zuzana Vaskova², Maarten Groenink³, Rob J van der Geest¹, Gerda Labadie¹, Pieter J van den Boogaard¹, Teodora R Radonic³, Yvonne Hilhorst-Hofstee¹, Lucia J Kroft¹, Albert de Roos¹ and Johan H Reiber¹

Address: ¹Leiden University Medical Center, Leiden, Netherlands, ²St. Anne's Hospital, Brno, Czech Republic and ³Academic Medical Center, Amsterdam, Netherlands

* Corresponding author

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Introduction

Progressive aortic root dilatation due to reduced compliance often leads to dissection in Marfan syndrome. Aging also has progressive negative effect on compliance.

Purpose

To describe age-related change in compliance, expressed in Pulse Wave Velocity (PWV), Distensibility (Dist) and Stiffness Index (SI), with Phase-Contrast (PC) MRI in Marfan syndrome.

Methods

Twenty-five patients (mean age 36 ± 14 years, range 18-63 years, 13 men) with Marfan syndrome and twenty-five age/gender-matched healthy volunteers were examined. None of the patients had undergone elective aorta replacement. Informed consent and medical ethical approval was obtained.

MRI was performed on 1.5 T Philips Achieva MRI (Philips Medical Systems, Best, The Netherlands). PC-MRI with through-plane velocity encoding ($V_{enc} = 150$ cm/s) and free-breathing was performed perpendicular to the ascending and descending aorta at the level transecting the pulmonary trunk. Another acquisition ($V_{enc} = 100$ cm/s) was performed at the abdominal aorta. PWV was deter-

mined for the aortic arch (AA), distal aorta (DA) and total aorta using the transit-time method described by Grotenhuis.¹ Brachial-cuff systolic and diastolic blood pressure (BP) were obtained. Distensibility (= luminal area change/(diastolic luminal area \times pulse pressure)) and Stiffness Index (= $\ln [(BP_{Systolic}/BP_{Diastolic})]/(\text{diameter change}/\text{diastolic diameter})$) were determined at the ascending aorta in gradient-echo PC-MRI magnitude images. Reduced wall compliance is expressed as increased PWV and SI and decreased Dist. PWV, Dist and SI were compared in Marfan and controls using paired t-tests. Age relation was determined by linear regression.

Results

See tables 1 and 2 and figure 1.

In Marfan, PWV is increased at AA, DA and total aorta. Dist is decreased. SI not statistically significantly different. In Figure 1, age relation of PWV_{tot} is shown.

PWV in AA, DA and total aorta shows significant increase with age: 7 cm/s to 10 cm/s increase in PWV per year; except PWV_{AA} in controls only shows 3 cm/s increase per year. Age relation of Dist and SI was not statistically proven, except only for increasing SI in controls.

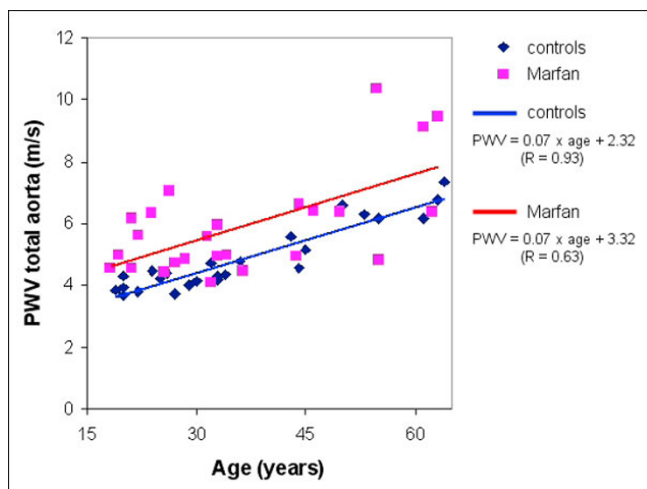


Figure 1

Conclusion

Age-related increase in aortic wall compliance can be studied with Phase-Contrast MRI. Patients with Marfan syndrome present with increased Pulse Wave Velocity and

Table 1: Compliance in Marfan versus healthy controls.

	PWV _{AA} m/s	PWV _{DA} m/s	PWV _{tot} m/s	Dist mmHg ⁻¹	SI (-)
Marfan	5.6 ± 1.4	6.4 ± 2.4	5.9 ± 1.6	446 ± 262	3.0 ± 0.5
Control	4.8 ± 0.9	5.0 ± 1.5	4.9 ± 1.1	674 ± 426	2.7 ± 0.6
p-value	0.004	0.003	<0.001	0.02	0.07

stiffness index and decreased distensibility. Age-related change in compliance is expressed in increasing PWV.

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References

- Grotenhuis HB, et al.: *J Magn Reson Imaging* 2009, **30(3)**:521-6.

Table 2: Age-related compliance by linear regression A × age + B.

		A ± Standard Error	B ± SE	Pearson R
PWV_{AA}	Marfan	0.07 ± 0.01 m·s ⁻¹ ·year ⁻¹ (p < 0.001)	3.25 ± 0.56 m/s (p < 0.001)	0.69 (p < 0.001)
	Control	0.03 ± 0.01 m·s ⁻¹ ·year ⁻¹ (p = 0.02)	3.70 ± 0.46 m/s (p < 0.001)	0.47 (p = 0.02)
PWV_{DA}	Marfan	0.08 ± 0.03 m·s ⁻¹ ·year ⁻¹ (p < 0.001)	3.52 ± 1.22 m/s (p = 0.008)	0.47 (p = 0.02)
	Control	0.10 ± 0.01 m·s ⁻¹ ·year ⁻¹ (p < 0.001)	1.47 ± 0.28 m/s (p < 0.001)	0.94 (p < 0.001)
PWV_{tot}	Marfan	0.07 ± 0.02 m·s ⁻¹ ·year ⁻¹ (p = 0.001)	3.32 ± 0.72 m/s (p < 0.001)	0.63 (p = 0.001)
	Control	0.07 ± 0.01 m·s ⁻¹ ·year ⁻¹ (p < 0.001)	2.32 ± 0.23 m/s (p < 0.001)	0.93 (p < 0.001)
Dist	Marfan	-6.3 ± 3.6 mmHg ⁻¹ ·year ⁻¹ (p = 0.09)	676 ± 139 mmHg ⁻¹ (p < 0.001)	0.35 (p = 0.09)
	Control	-11.4 ± 5.7 mmHg ⁻¹ ·year ⁻¹ (p = 0.06)	1088 ± 240 mmHg ⁻¹ (p < 0.001)	0.39 (p = 0.06)
SI	Marfan	0.011 ± 0.007 year ⁻¹ (p = 0.13)	2.5 ± 0.3 (p < 0.001)	0.31 (p = 0.13)
	Control	0.019 ± 0.008 year ⁻¹ (p = 0.03)	2.0 ± 0.3 (p < 0.001)	0.45 (p = 0.03)