



**ORAL PRESENTATION**

**Open Access**

# Improved late gadolinium enhancement imaging of left ventricle with isotropic spatial resolution

Mehmet Akcakaya<sup>1\*</sup>, Hussein Rayatzadeh<sup>1</sup>, Susie Hong<sup>1</sup>, Thomas H Hauser<sup>1</sup>, Raymond H Chan<sup>1</sup>, Tamer A Basha<sup>1</sup>, Kraig V Kissinger<sup>1</sup>, Beth Goddu<sup>1</sup>, Warren J Manning<sup>1,2</sup>, Reza Nezafat<sup>1</sup>

From 15th Annual SCMR Scientific Sessions  
Orlando, FL, USA. 2-5 February 2012

## Background

Recent studies have shown the prognostic value of the infarct border zone of late gadolinium enhancement (LGE) images in patients with myocardial infarction [1]. This border zone has also been associated with ventricular arrhythmia [2,3]. The accuracy of the characterization of this area depends on spatial resolution of the imaging. 3D LGE allows improved spatial resolution, especially in through-plane direction. However imaging with an isotropic spatial resolution necessitates very long scan time. In this study, we sought to investigate if compressed-sensing (CS) based image acceleration method [4] allows LGE imaging with isotropic spatial resolution.

## Methods

A prospective random under-sampling LGE acquisition was implemented on 1.5T Philips scanner. A free-breathing ECG-triggered inversion-recovery GRE sequence with navigator-gating was used for all acquisitions on 18 patients (5 females, 52.8±16.3 years) 10 to 20 minutes after bolus infusion of contrast agent. Each subject were imaged using two LGE sequence in random order: a) a 3-fold-accelerated LGE scan with isotropic spatial resolution of 1.2-to-1.7 mm<sup>3</sup>, b) LGE scan with non-isotropic resolution of 1.7×1.7×4.0mm<sup>3</sup> were performed with imaging parameters of TR/TE/α=5.2/2.6ms/25°, FOV=320×320×100mm<sup>3</sup>. Random undersampling was implemented as described in [5], where the central k-space (45×35 in ky-kz) was fully-sampled. Acquisition times were 3 mins assuming 100% scan efficiency at 70 bpm for both scans. The images from the

accelerated scans were reconstructed using an advanced CS-technique, called LOST [4].

## Results

Figure 1 shows LGE images from a patient with hypertrophic cardiomyopathy acquired using two different approaches. An improved isotropic spatial resolution allows better characterization of the scar morphology. Figure 2 shows another example in a patient undergoing ICD implantation as a primary prevention of sudden cardiac death.

## Conclusions

Accelerated LGE imaging with isotropic spatial resolution allows improved visualization of scar morphology. Further quantitative measurements of infarct border zones in a larger cohort of patients are needed to better understand the prognostic value of the improved scar imaging.

## Funding

NIH R01EB008743-01A2.

## Author details

<sup>1</sup>Medicine, Beth Israel Deaconess Medical Center, Harvard Medical School, Boston, MA, USA. <sup>2</sup>Radiology, Beth Israel Deaconess Medical Center, Harvard Medical School, Boston, MA, USA.

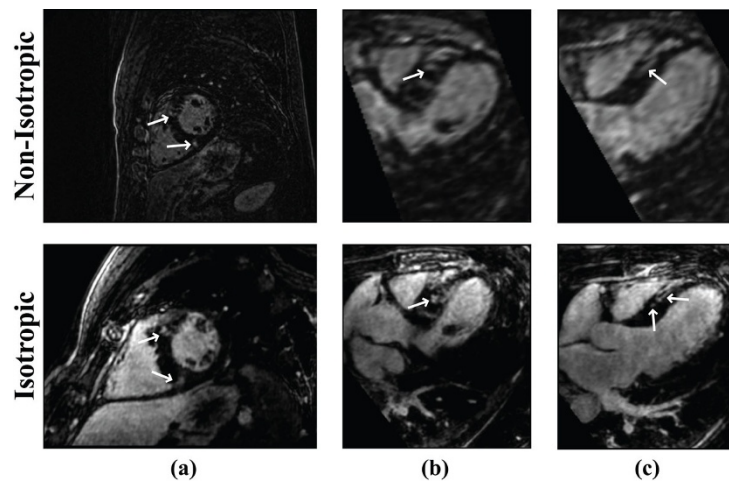
Published: 1 February 2012

## References

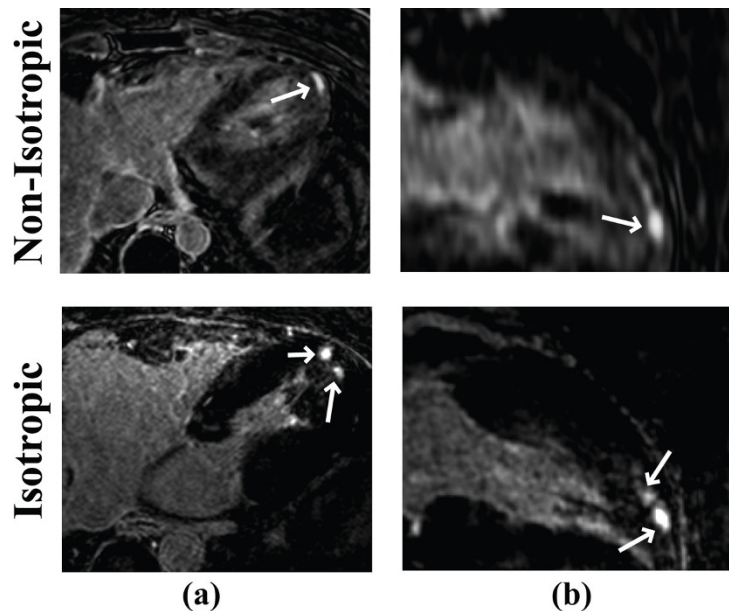
1. Yan : *Circulation*. 2006.
2. Bello : *JACC*. 2005.
3. Nazarian : *Circulation*. 2005.
4. Akcakaya : *MRM*. 2011.
5. Basha : *ISMRM*. 2011.

<sup>1</sup>Medicine, Beth Israel Deaconess Medical Center, Harvard Medical School, Boston, MA, USA

Full list of author information is available at the end of the article



**Figure 1** Reformatted LGE images from a patient with HCM, acquired using non-isotropic spatial resolution (top), and isotropic spatial resolution (bottom). An isotropic resolution allows better visualization of scar morphology in images acquired using LOST-accelerated acquisition.



**Figure 2** Axial (left) and reformatted long-axis (right) LGE images from a patient. Non-isotropic LGE was acquired with a spatial resolution  $1.7 \times 1.7 \times 4.0 \text{ mm}^3$  (top), whereas LOST-reconstructed isotropic resolution images from the accelerated scan had a resolution of  $1.2 \times 1.2 \times 1.2 \text{ mm}^3$  (bottom).

doi:10.1186/1532-429X-14-S1-O22

Cite this article as: Akcakaya et al.: Improved late gadolinium enhancement imaging of left ventricle with isotropic spatial resolution. *Journal of Cardiovascular Magnetic Resonance* 2012 **14**(Suppl 1):O22.

Submit your next manuscript to BioMed Central and take full advantage of:

- Convenient online submission
- Thorough peer review
- No space constraints or color figure charges
- Immediate publication on acceptance
- Inclusion in PubMed, CAS, Scopus and Google Scholar
- Research which is freely available for redistribution

Submit your manuscript at  
[www.biomedcentral.com/submit](http://www.biomedcentral.com/submit)

