

**WORKSHOP PRESENTATION**

**Open Access**

# Myocardial iron quantification using modified Look-Locker inversion recovery (MOLLI) T1 mapping at 3 Tesla

GC Camargo<sup>1\*</sup>, T Rothstein<sup>1</sup>, FP Junqueira<sup>1</sup>, E Fernandes<sup>1</sup>, RL Lima<sup>1</sup>, A Greiser<sup>4</sup>, R Strecker<sup>5</sup>, JA Lima<sup>2</sup>, SS Xavier<sup>3</sup>, I Gottlieb<sup>1</sup>

From 16th Annual SCMR Scientific Sessions  
San Francisco, CA, USA. 31 January - 3 February 2013

## Background

Quantification of myocardial iron overload is critical for the management of patients with hemochromatosis. The effects of excess iron on T1 and T2\* relaxation times correlate directly with tissue iron concentration. T2\* became the clinical standard at 1.5T as it can be easily obtained in a fast one breath-hold ECG gated multi-echo GRE sequence. At 3T, however, T2\* quantification can be limited by pronounced susceptibility artifacts and signal sampling restraints due to shorter T2\* times at higher iron concentrations. Since myocardial T1 time is up to thirty times longer than T2\*, it can be quantified with short echo-time inversion-recovery sequences even at high iron concentrations, and is less sensitive to susceptibility artifacts. We aimed to validate a recently developed modified Look-Locker inversion recovery (MOLLI) sequence to quantify myocardial T1 in healthy controls and patients with iron overload at 3T, comparing to standard GRE based multi-echo T2\* times at 1.5T.

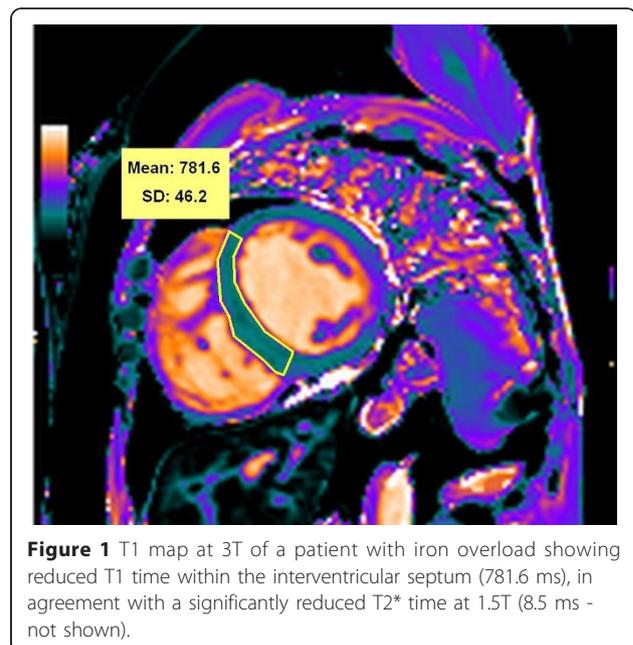
## Methods

A total of 15 normal volunteers and 7 chronic anemia patients (with a myocardial T2\* measure <20 ms at 1.5T in the last 2 years, five of these on iron chelating therapy) were prospectively enrolled. Myocardial T2\* and T1 times were quantified in the same day, the former using a breath-hold multi-echo GRE sequence at 1.5T (Symphony, Siemens, Erlangen, Germany) and the latter using the T1 mapping -MOLLI sequence at 3T (Verio, Siemens, Erlangen, Germany). All ROIs were placed at

mid-interventricular septum, carefully avoiding the blood pool (Fig 1). All analyses were blinded.

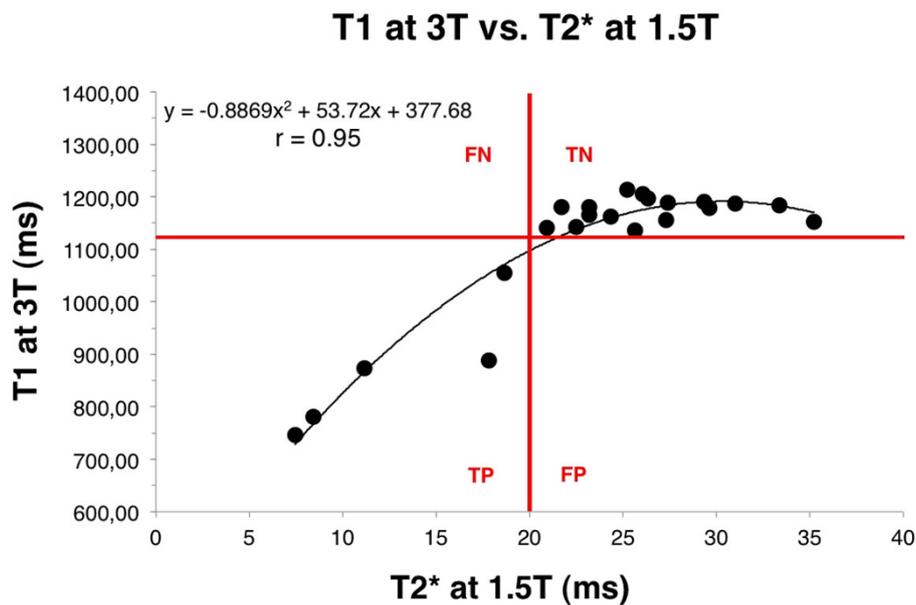
## Results

All patients had regular heart rhythm and all MRI exams showed diagnostic image quality. Volunteers and patients had significantly different mean myocardial T2\* (27.2 ms +/- 3.9 vs. 15.4 ms +/- 6.3 p<0.05 respectively) and T1 times 1175.7 ms +/- 22.8 vs. 952.1 ms +/- 173.2 p<0.05 respectively). 3T T1 times strongly correlated with 1.5T T2\* times (r=0.95 and Fig 2). Using the 3T T1 cut-off of 1130 ms, sensitivity and specificity for 3T



**Figure 1** T1 map at 3T of a patient with iron overload showing reduced T1 time within the interventricular septum (781.6 ms), in agreement with a significantly reduced T2\* time at 1.5T (8.5 ms - not shown).

<sup>1</sup>CDPI - Clínica de Diagnóstico por Imagem, Rio de Janeiro, Brazil  
Full list of author information is available at the end of the article



**Figure 2** Correlation curve between T1 at 3T and T2\* at 1.5T. The whole data were best fitted by a quadratic curve with  $r=0.95$ . Red lines delimitate true positives (TP), true negatives (TN), false positives (FP) and false negatives (FN) based on a T1 cutpoint of 1130 ms for the prediction of a T2\* < 20 ms.

T1 to predict a T2\* < 20 ms at 1.5T (standard reference) were both 100%.

## Conclusions

Myocardial T1 value obtained with a MOLLI sequence has excellent iron quantification capability at 3T.

## Funding

Internal.

## Author details

<sup>1</sup>CDPI - Clínica de Diagnóstico por Imagem, Rio de Janeiro, Brazil. <sup>2</sup>Medicine/ Cardiology, Johns Hopkins University, Baltimore, MD, USA. <sup>3</sup>Cardiology, Hospital Universitário Clementino Fraga Filho - UFRJ, Rio de Janeiro, RJ, Brazil. <sup>4</sup>Siemens Healthcare, Erlangen, Germany. <sup>5</sup>Siemens LTDA, Sao Paulo, SP, Brazil.

Published: 30 January 2013

doi:10.1186/1532-429X-15-S1-W8

**Cite this article as:** Camargo et al.: Myocardial iron quantification using modified Look-Locker inversion recovery (MOLLI) T1 mapping at 3 Tesla. *Journal of Cardiovascular Magnetic Resonance* 2013 **15**(Suppl 1):W8.

**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)

