

POSTER PRESENTATION

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Comparison of great artery dimensions in 3-D dual-phase SSFP, compared with 3D CE-MRA and phase-contrast imaging (magnitude image)

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Background

The dimensions of great vessels are measured in different methods in different institutes. The purpose of this study was to evaluate the benefits of 3D dual phase steady-state free-precession (3D-DP SSFP) for measuring great arteries dimension, compared with 3D contrast-enhanced magnetic resonance angiography (3D CE-MRA) and 2D phase contrast imaging (Magnitude image) (2DPC-MI), in order to find which was the most suitable and reproducible technique for follow-up.

Methods

29 patients with repaired Tetralogy of Fallot or complete transposition of the great arteries after arterial switch operation (mean age 6.5yrs; range 6m to 25yrs) were included in the study. Cross-sectional diameter and area measurements were taken of the ascending aorta (Ao), main pulmonary (MPA) and branch pulmonary arteries (BPA) by using 3D DP SSFP, 3D CE-MRA and magnitude image of 2DPC-MI. Image quality was scored by a five-point scale (0 = invisible to 4 = excellent). Statistical comparison between 3D DP SSFP and other two techniques (2DPC-MI and 3D CE-MRA) was performed by using paired-t tests and Intraclass correlation coefficient.

Results

All great artery cross-sectional measurements were significantly ($P < 0.001$) greater in systole than in diastole. Measurements (diameter and area) of great arteries were greatest for 2DPC-MI, followed by 3D SSFP in systole and 3D CE-MRA, and smallest for 3D DP SSFP in

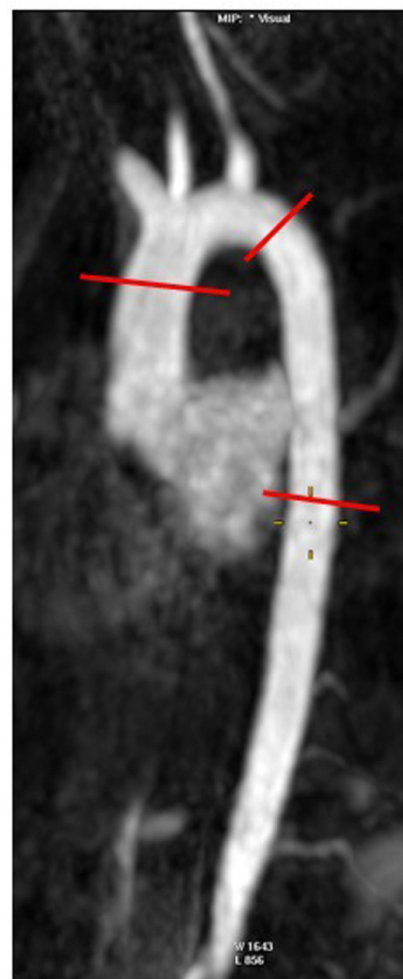


Figure 1

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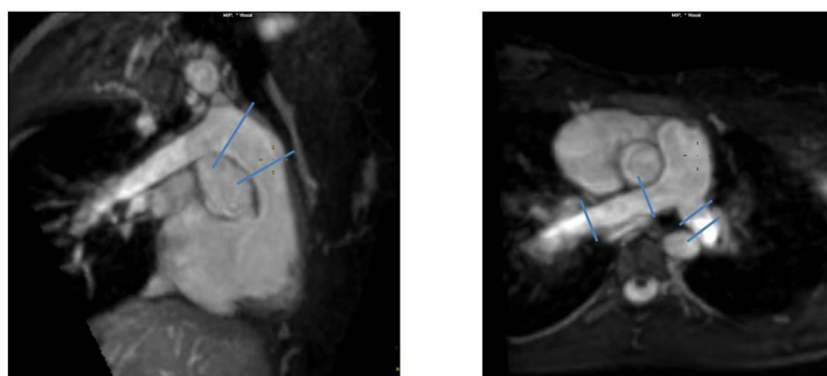


Figure 2

diastole. There was no significant difference of aortic measurements between 3D DP SSFP in systole and 3D CE-MRA, but significance was observed between 3D DP SSFP in systole and 2D PC-MI ($P < 0.05$). The measurements of MPA and BPA showed no significant difference for 3D DP SSFP in systole compared to other two techniques. Intra-observer agreement of aortic measurements was uniformly >0.95 , with 2DPC-MI being the best, followed closely by 3D DP SSFP in systole, and 3D CE-MRA being the worst. The average image quality of 3D DP SSFP and 2DPC-MI were ≥ 3 . But the image quality was significantly poorer for 3D CE-MRA compared to other two techniques ($P < 0.001$).

Conclusions

All Ao and PA cross-sectional measurements were significantly ($P < 0.001$) greater in systole than in diastole. Measurements of Ao and PA were greatest for 2DPC-MI, followed by 3D SSFP in systole and 3D CE-MRA, and smallest for 3D DP SSFP in diastole. There was no significant difference of aortic measurements between 3D DP SSFP in systole and 3D CE-MRA, but significance was observed between 3D DP SSFP in systole and 2D PC-MI ($P < 0.05$). The measurements of MPA and BPAs showed no significant difference for 3D DP SSFP in systole compared to other two techniques. Intra-observer agreement of Ao measurements was uniformly >0.95 , with 2D PC-MI being the best, followed closely by 3D DP SSFP in systole, and 3D CE-MRA being the worst. The image quality of 3D DP SSFP and 2D PC-MI scored ≥ 3 . But the image quality was significantly poorer for 3D CE-MRA compared to other two techniques ($P < 0.001$).

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