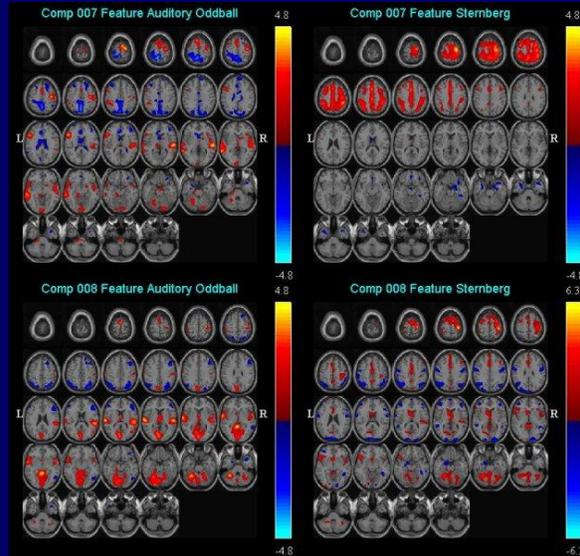


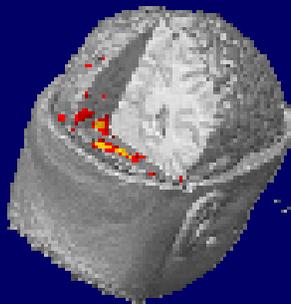
# fMRI

## Functional Magnetic Resonance Imaging



# fMRI

## Functional Magnetic Resonance Imaging



**Functional:** investigate brain functions

**Magnetic:** source of signal (B0, RF pulses, ...)

**Resonance:** excitation and detection

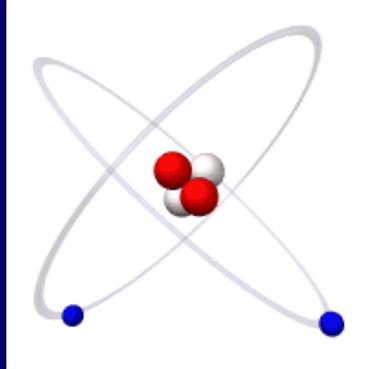
**Imaging:** turning signals into images

### Advantages of MRI

- non invasive
- non ionizing radiations
- visualization of soft tissues
- flexibility of contrasts – broad applicability
- flexibility of protocols (targeted nuclei , DTI, ...)
- high spatial resolution



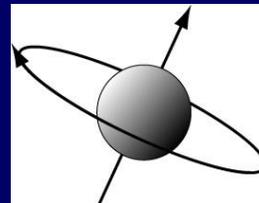
## Main actors



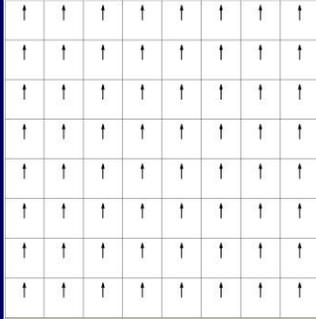
Atoms are made of protons, neutrons and electrons.  
Here: He

## Main actors

- **Hydrogen** is the widespread and lightest element in the human body:
  - fat
  - water
- Hydrogen nuclei are made of 1 p+
- Protons have an intrinsic physical property: **spin**.
- This vector is randomly oriented in space

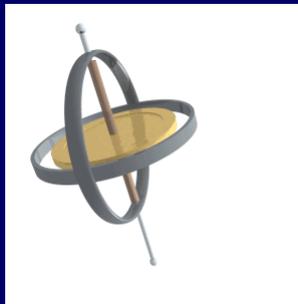


## Main actors



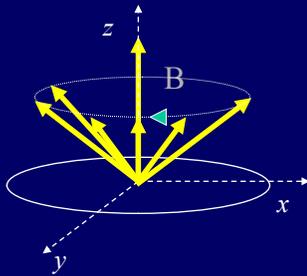
- Normally, the orientation of spins is random
- In a strong magnetic field ( $B_0$ ), spins like to align with this field, leading to a net magnetization, when averaging over a large number of nuclei.

## Precession



## Larmor frequency

It's the characteristic frequency in which spins are **precessing**



Larmor frequency =  
physical properties of the nucleus ( $\gamma$ )  
the local magnetic field ( $B_0$ ):

$$\omega = \gamma B_0$$

At 3T, free protons precess at  $\sim 120$  MHz

## Larmor frequency

Gyromagnetic ratio (MHz/T) = cst

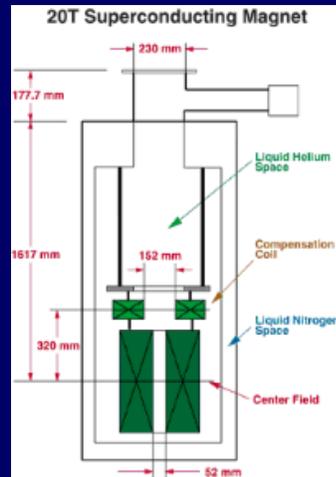
$$\omega = \gamma B_0$$

Ex. For hydrogen  
 $\gamma = 42$  MHz/T, thus in a  
3T magnetic field,  
 $\omega = 120$  MHz

Intensity (T)

## Magnets

- In RMN,  $B_0$  is about 1-11T
- Earth magnetic field: 10-6T
- Fridge magnet 0.01 T
- Research needs powerful (electro) magnets [superconductivity is required]



## Magnets



A new electromagnet being built at Florida's National High Magnetic Field Laboratory will be the world's first reusable 100T magnet. Its pull will be about two million times stronger than the average refrigerator magnet.

## Security and screening

- Very strong magnetic fields cause ferromagnetic objects to fly
- Intra-body (vital) materials:
  - pace makers
  - shrapnel
  - tatoos
- Check compatibility of material before entering the magnet room
- Intensity and gradients : can cause muscular and cardiac fibrillations
- Skin contacts !
- Loops in cables (ECG monitoring)

## Security and screening

Specific Absorption Rate (SAR)

*Defined as the RF power absorbed per unit of mass of an object, and is measured in watts per kilogram (W/kg).*

High SAR can cause local heating in tissues.

Can be decreased:

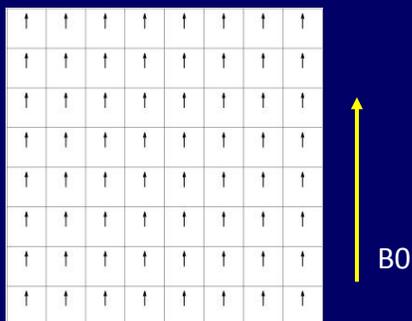
- by using small volumes of emission
- By optimizing sequence parameters ( $\uparrow$  TR,  $\downarrow$  nb slices,  $\downarrow$  echo trains)

Security norms (IEC 601-2-33): no increase  $> 1$  deg C  
(induced by 1W/kg during an hour)

## Security and screening

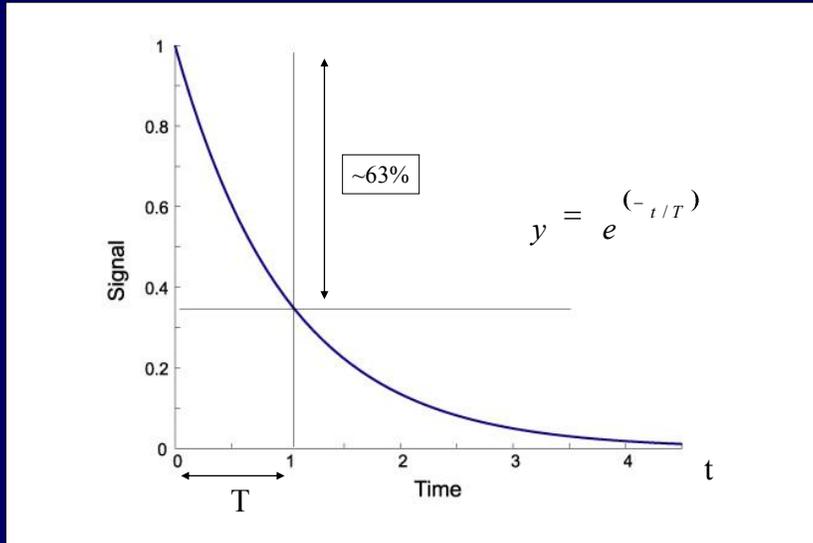


## Magnetization

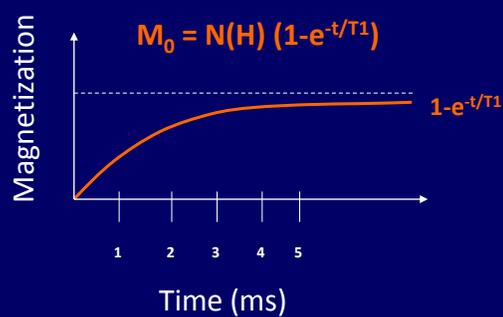


In  $B_0$ , spins align with this field, leading to a net magnetization, when averaging over a large number of nuclei.

## Alignment takes some time



## Alignment takes some time

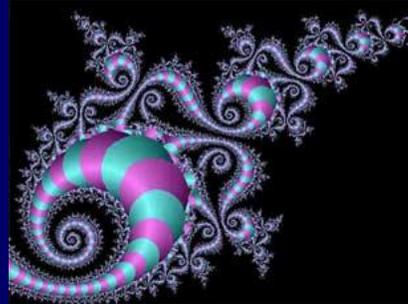


For a given  $B_0$ , the net magnetization  $M_0$  depends on:

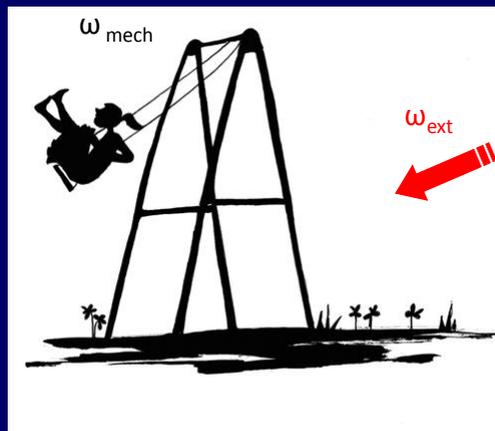
1.  $T_1$  (time constant of  $1 - e^{-t/T_1}$ ) specific to the material
2. Spin density:  $N(H)$

## RF Pulse

- RF waves are electromagnetic waves for which the frequency is set by convention between 9 kHz and 3000 GHz
- An RF pulse can interact with a nuclei spin precessing at the same frequency as the pulse. This exchange of energy is resonance
- When frequency of excitation is performed at proper frequency, the exchange of energy between the system and the stimulation is optimal. In particular: stimulate spins at Larmor frequency.



## Resonance



$\omega_{\text{mech}}$  depends on *length and gravity*

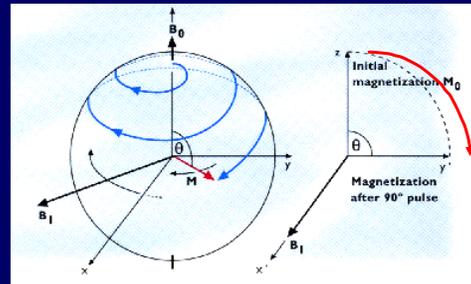
If  $\omega_{\text{ext}} = \omega_{\text{mech}}$   System gains energy

## How to measure the magnetic field?

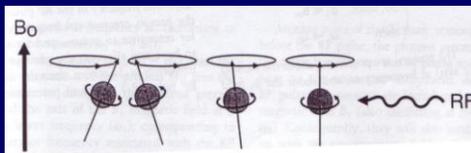
- Impossible to measure directly a MF // external MF (e.g.  $B_0$ )
- To be able to measure the longitudinal MF, we need to alter its orientation to induce a transverse component
- But only RF pulses at the Larmor frequency (precession) are not blind



**RF Pulses**



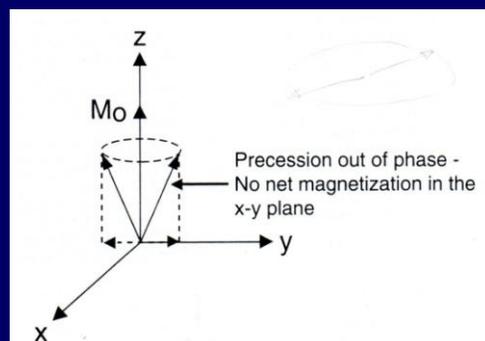
## How to measure the magnetic field?



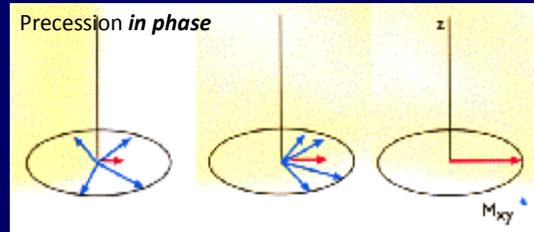
- Spins precessing about  $B_0$  become out of phase

- This phase shift cancels the transverse component (x-y) of magnetization

The RF Pulse reduces the longitudinal component

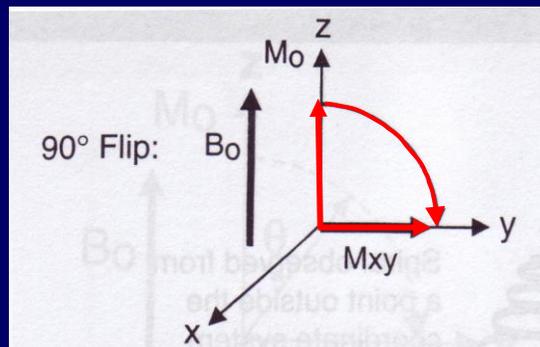


## How to measure the magnetic field?

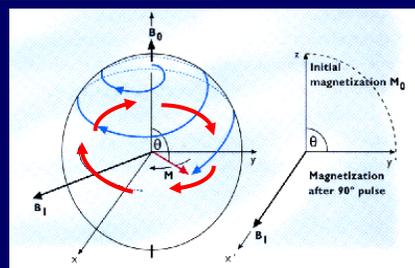


RF pulses put nuclei precessions back into phase (synchronize) and induce a transverse magnetization

## How to measure the magnetic field?



- The RF pulse cancels  $M_z$  and produces a  $M_{xy}$  of same magnitude
- $M_{xy}$  rotates in the horizontal plane and can therefore be measured by a receptive antenna



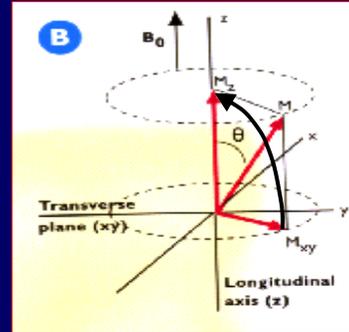
## Relaxation times

As soon as the RF pulse is off:

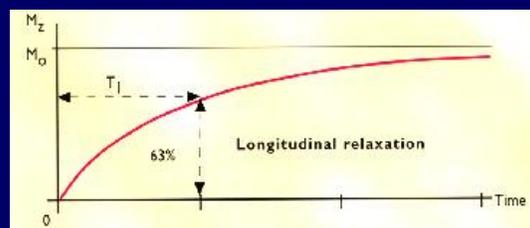
- spins converge back to their original phase shifts
- spins go back to their initial energy states

Therefore:

- $M_{xy}$  decreases  
(transverse relaxation)
- $M_z$  increases  
(longitudinal relaxation)

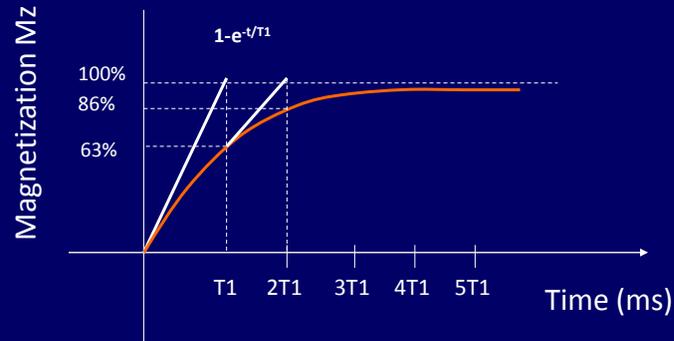


## T1 Relaxation time



- T1 is the longitudinal relaxation time because related to the recovery of the  $M_z$  component
- T1 is a time constant of an increasing exponential function

## T1 Relaxation time

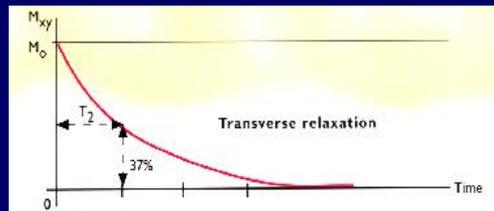
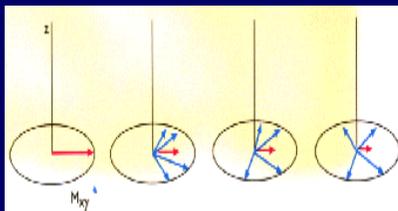


$T_1$  is the amount of time necessary for the system to recover 63% of  $M_z$ .

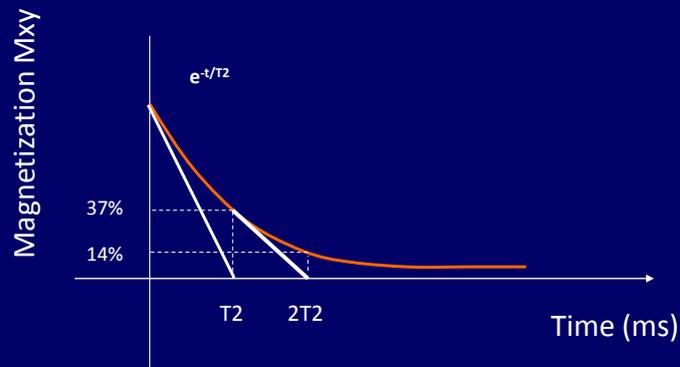
$$\text{For } t = T_1 \quad 1 - e^{-t/T_1} = 1 - e^{-1} \approx 1 - 1/2.72 = 1 - 0.37 = 0.63$$

## T2 Relaxation time

- As soon as the RF pulse is switched off, spins go back to their original phase shifts
- The transverse component  $M_{xy}$  decreases
- $T_2$  is the transversal relaxation time
- $T_2$  is a time constant of a decreasing exponential function



## T2 Relaxation time

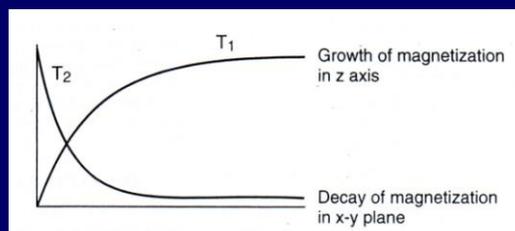


At time  $T_2$ , only 37% of initial transverse magnetization remains ( $M_{xy}$ ).

For  $t = T_2$ ,  $e^{-t/T_2} = e^{-1} \approx 1/2.72 = 0.37$

## T1 and T2 reflect independent processes

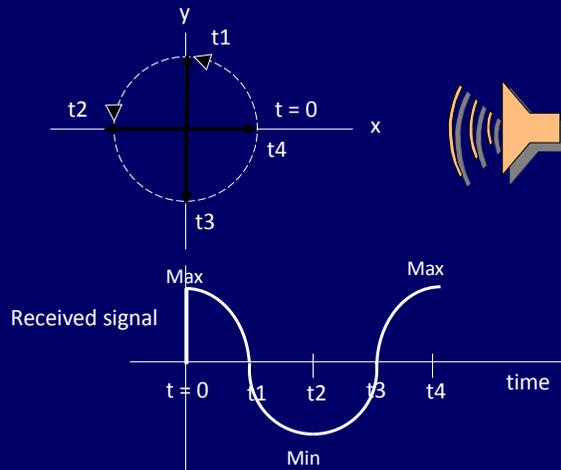
- The recovery of the longitudinal component and the decrease of the transverse component are two independent processes
- $M_{xy}$  decreases 5 times faster than  $M_z$  recovers



- $T_1$  and  $T_2$  time constants depend material properties:  
 $T_1$ : 200 to 8000 ms    5500 ms Water, 1200 ms Gray Matter, 860 ms White Matter  
 $T_2$ : 30 to 150 ms

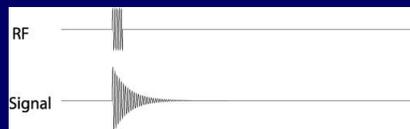
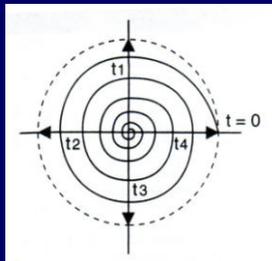
## How to measure the signal?

A coil positioned around the body detects variations of the transverse magnetic field  $M_{xy}$

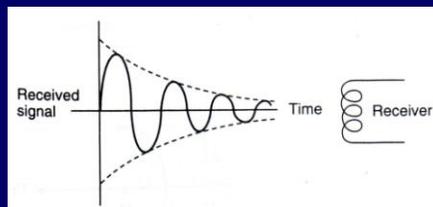


## How to measure the signal?

When the RF pulse is switched off, the phase shifts of spins decrease the transverse component. The  $M_{xy}$  vector traces a spiral.



The signal captured by the antenna is a damped sinusoid.



## Free induction decay

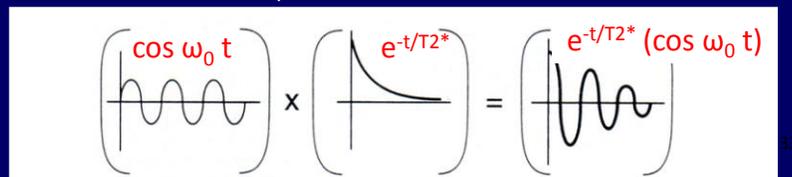
The signal received is called the **Free Induction Decay** signal.

When the RF pulse is off:

1. Spins precess freely (**free**)
2. Norm of the transverse component ( $M_{xy}$ ) decreases (**decay**)
3. When  $M_{xy}$  rotates, it induces an electric signal received by the antenna (**induction**)

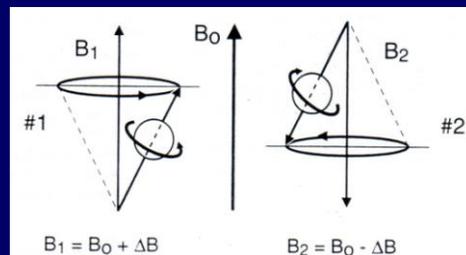
The signal is a sinusoid damped by an exp of time  $T_2^*$ :

$$M_{xy}(t) = M_0 e^{-t/T_2^*} (\cos \omega_0 t)$$



## $T_2^*??$

$T_2$  mainly depends on **heterogeneity of the magnetic field**. Slightly different local molecular environments induce different angular velocities ( $<\omega_0$  or  $>\omega_0$ ):



$$\omega_1 = \gamma(B_0 + \Delta B) \quad \omega_2 = \gamma(B_0 - \Delta B)$$

First cause of phase shift is linked to physical properties of the material. This is captured by  $T_2$ .

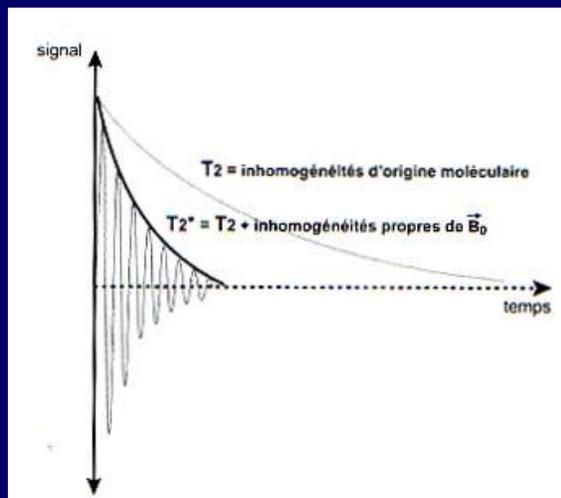
## T2\*??

T2\* depends on:

- Local heterogeneity of the magnetic field due to material properties (molecular origin) – T2
- Also heterogeneity of B<sub>0</sub> itself:
  - Protons are submitted to different magnetic fields according to their position
  - Consequently, the resonant frequency (precession) will be different and will put spins out of phase

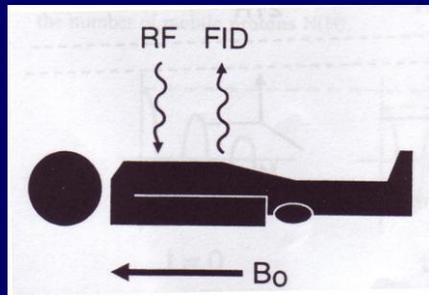
Second cause of phase shift is external and depends on the quality of B<sub>0</sub>. This is captured by T2\*. [T2\* is T2 + TB<sub>0</sub>]

## T2\* and T2



The FID signal decreases faster than expected, should we not have taken into account inhomogeneity of B<sub>0</sub>...

## But how to create an image from spins?



- After the RF pulse has been transmitted, the antenna receives a FID signal coming from all protons of the body lying in the bore, without any spatial discrimination.
- To link spatial coordinates to the signal, we need to perturb the magnetic field **smartly** and **iteratively**.
- The image is build upon information from a sequence of FIDs

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## Scan timing

### TR: time of repetition

TR corresponds to the interval between two 90-deg excitation RF pulses

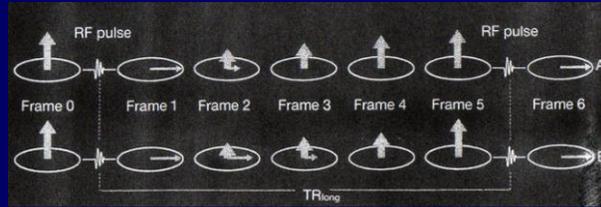
### TE: time of echo

TE corresponds to the time elapsed between the RF pulse and detection of the FID (spin echo).

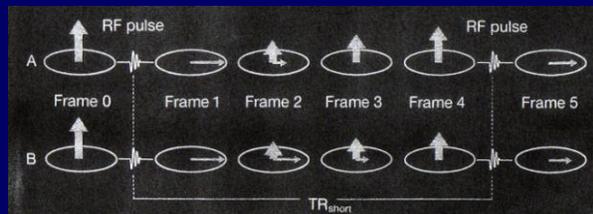
Both TE and TR can be adjusted by the operator and will modulate the signal. **Flexibility!**

## TR: Time of Repetition

Example :

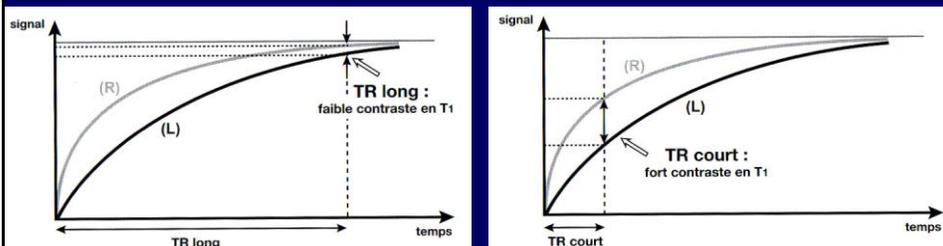


Tissue A has a relaxation time  $T_1$  shorter than tissue B. After a long TR, both A and B will have fully recovered their initial longitudinal component.



However, after a short TR only tissue A will have recovered its initial longitudinal component. At the second RF pulse, the transverse component of will be larger. Therefore, the signal received by the antenna will be different for A and B

## TR: T1-weighted images



**A long TR decreases the effect of T1:**

$TR_{long}$  : both the R and L tissues have nearly recovered their longitudinal component (steady state)

$TR_{long} > 2000$  ms (if  $TR=5 T_1$ , the effect becomes negligible)

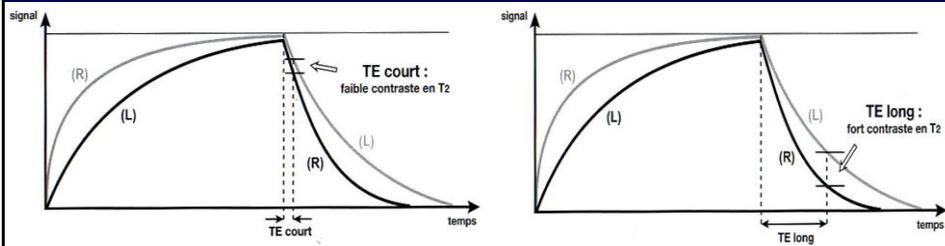
**A short TR increases the effect of T1:**

$TR_{court}$  : signal of tissue R will have a higher signal (brighter) than L (darker)

$TR_{court} < 500$  ms

**! Contrast !**

## TE: T2-weighted images



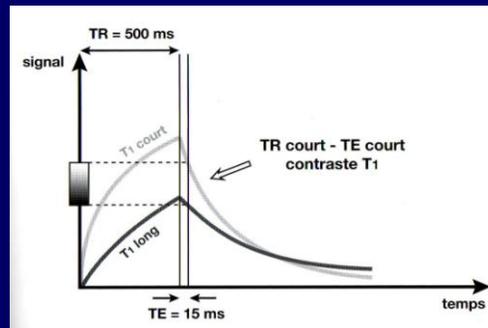
A short TE (<20-30 ms) decreases the T2 effect:

$TE_{court}$  : differences in decreasing rates after the RF pulse are too tiny to be measurable

A long TE (>80-100 ms) increases the T2 effect:

$TE_{long}$  : signal of tissu L (longer T2 constant) will be brighter than tissue R (darker).

## T1-weighted short sequence



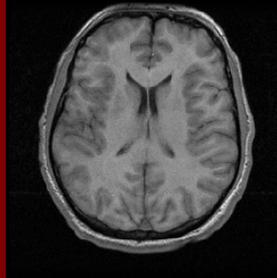
A medium TR (400-500 ms) to enhance the contrast in T1

A short TE (15 ms) to minimize the contrast in T2

Tissue with the shortest T1 yields the brighter signal

## T1-weighted short sequence

### $T_1$ Weighted Image

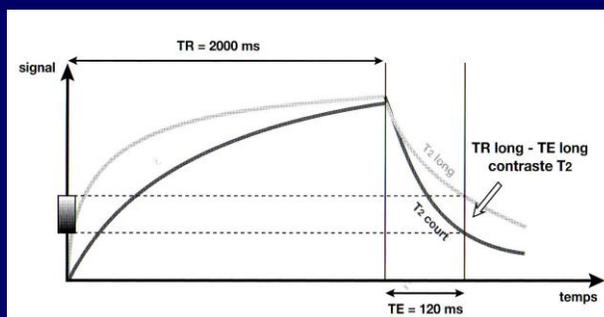


	$T_1/s$	$R_1/s^{-1}$
white matter	0.7	1.43
grey matter	1	1
CSF	4	0.25

1.5T

SPGR, TR=14ms, TE=5ms, flip=20°

## T2-weighted long sequence



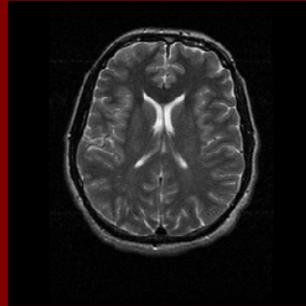
A long TR (2000 ms) to minimize the contrast in T1

A medium TE (120 ms) to enhance the contrast in T2

Tissue with the longest T2 yields the brighter signal

## T2-weighted long sequence

### $T_2$ Weighted Image

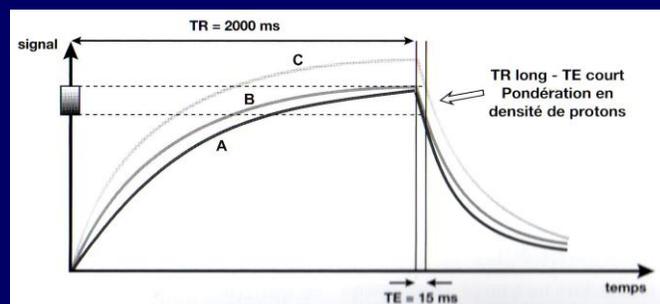


	$T_2$ /ms
CSF	500
grey matter	80-90
white matter	70-80

1.5T

SE, TR=4000ms, TE=100ms

## Proton density



A long TR (2000 ms) to minimize the contrast in T1

A super short TE (15 ms) to minimize the contrast in T2

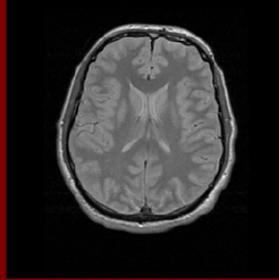
No T1-dependance ( $M_z$  recovered) not T2-dependence (no dephasing of  $M_{xy}$ )

More protons => larger  $M_z$ ... but weak contrast for brain tissues

## Proton density

### Proton Density Contrast

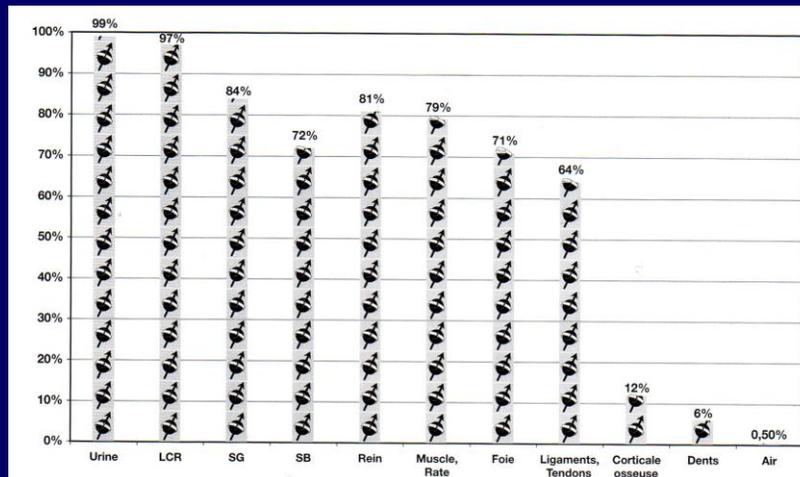
long TR (no  $T_1$  weighting), short TE (no  $T_2$  weighting)



SE, TR=4000ms, TE=15ms

	Proton Density
CSF	1
grey matter	0.92
white matter	0.79

## Water in biological tissues



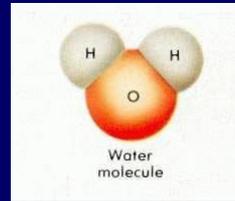
No protons => no signal whatever the sequence (bones, air)

Similar p+ density => low contrast (with proton density)

## Physical properties of substances

H<sub>2</sub>O : most important molecule because

- present in the body
- MRI is based on H<sup>+</sup>



In the water molecule , H<sup>+</sup> has a precession rate >> its Larmor frequency => **T1 is long**. Thermal agitation prevents release of energy to the environment.

$$\omega (\text{H}_2\text{O}) > \omega_0$$

Consequently, these rapid movements tend to cancel out inhomogeneities of the magnetic field => **T2 is long**.

Water appears as low signal (dark) on a T1-weighted scan and as high signal (bright) on a T2-weighted scan.

## Physical properties of substances

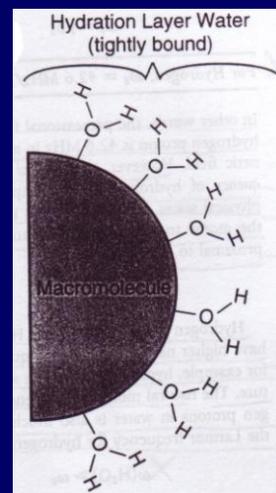
Proteins + water : calm down movement of water molecules.

Hydrophile macromolecules capture free H<sub>2</sub>O.

Therefore, precession of H<sup>+</sup> will decrease and approach its Larmor frequency  $\omega_0$ .

⇒ **T1 and T2 decrease**

Signal level will be intermediate.



## Physical properties of substances

Fat:

H<sup>+</sup> in fat have a precession frequency close to its Larmor frequency.

$$\omega (\text{fat}) \approx \omega_0$$

⇒ T1 is short.

The structure of these molecules is such that dephasing is faster wrt H<sub>2</sub>O.

⇒ T2 is short.

## Physical properties of substances

Solids :

H<sup>+</sup> in solids have a precession frequency shorter to its Larmor frequency.

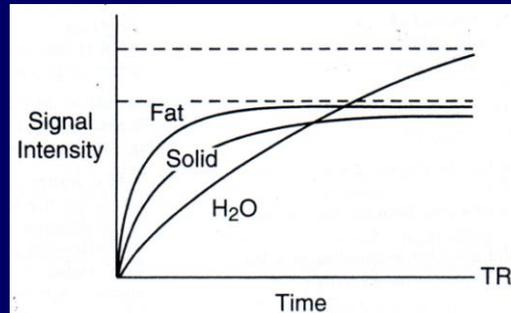
$$\omega (\text{solid}) < \omega_0$$

⇒ T1 is intermediate.

Compact structure having a lot of interactions between protons. Dephasing is fast.

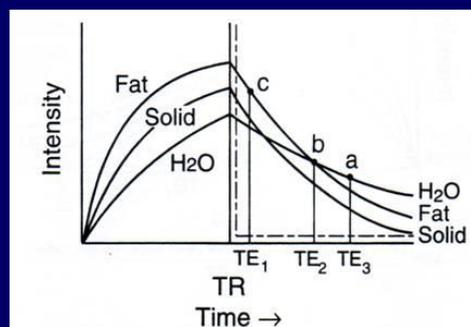
⇒ T2 is short.

## Comparison of T1 across materials



- Fat and proteins + water: short T1 court
- Water : T1 very long => slow recovery
- Solids : T1 intermediate

## Comparison of T2 across materials



- Water: very long => slow decrease of  $M_{xy}$
- Solids : short T2 => rapid decrease of  $M_{xy}$
- Fat: intermediate T2
- Proteins: short/intermediate T2  $f(\text{protein})$

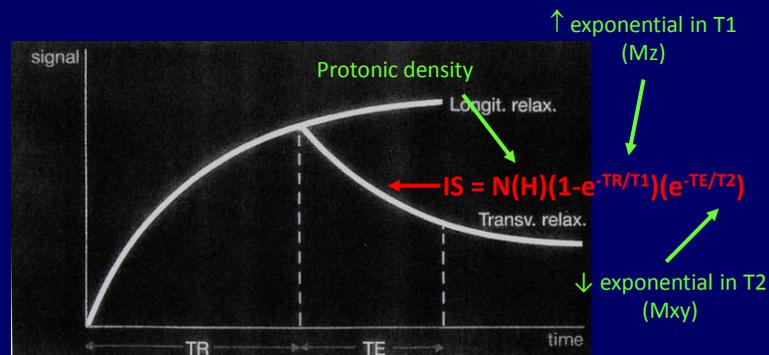
## To give ideas

	T <sub>1</sub> en ms	T <sub>2</sub> en ms
Eau	3000	3000
Substance grise	810	100
Substance blanche	680	90
Foie	420	45
Graisse	240	85

- TE < TR (always?)
- TR is short if comparable to the shortest T<sub>1</sub> (<500 ms)
- TR is long if 3 times a short T<sub>1</sub> (> 1500 ms)
- Short TE if < 30 ms
- Long TE if 3 times a short T<sub>2</sub> (> 90 ms)

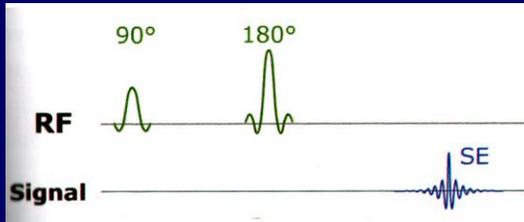
## How to interpret the received signal?

To interpret the signal received at the antenna after a RF pulse, we need to combine the T<sub>1</sub> and T<sub>2</sub> phenomenon.

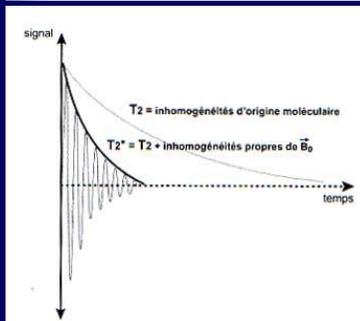


From time constants T<sub>1</sub> and T<sub>2</sub> of a given tissue, and values of TE and TR of the sequence, one can calculate the characteristic signal of a tissue.

## Basic sequence: spin echo

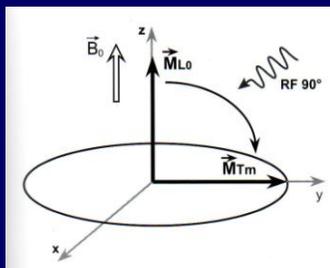


The spin echo sequence is a train of RF pulses.

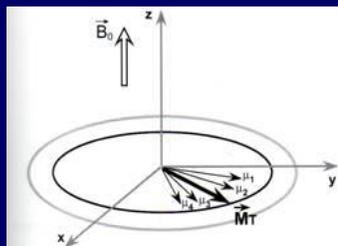


It allows to tackle the true  $T_2$  and avoid the problem due to  $\vec{B}_0$  inhomogeneities that damp the signal much faster..

## How does spin echo work?

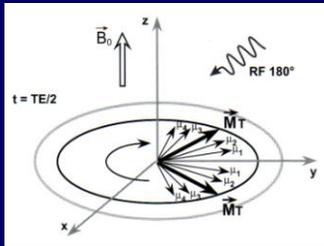


- At  $t = 0$ 
  - impulsion RF 90 deg
  - spins are in phase,
  - vector  $M_{xy}$  is maximal

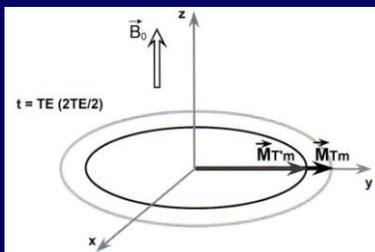


- spins start dephasing
  - faster spins ( $\mu_3 \mu_4$ ) lead slower spins ( $\mu_1 \mu_2$ ) that stay behind
  - $M_{xy}$  decreases in  $T_2^*$

## How does spin echo work?

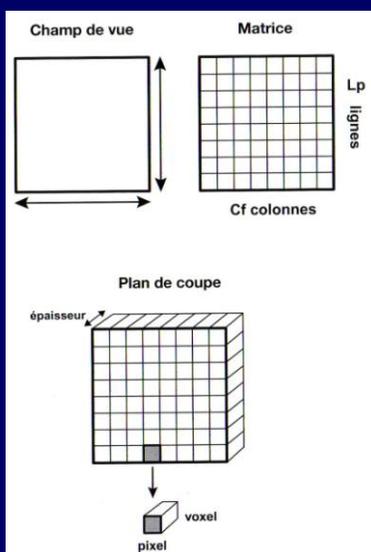


3. At  $t = TE/2$
- impulsion RF 180 deg invert phase shifts
  - slower spins ( $\mu_3 \mu_4$ ) now **lead** faster spins ( $\mu_1 \mu_2$ )



4. At  $t = TE$
- All spins are nearly in phase:
  - $M_{xy'}$  is maximal and generates a measurable spin echo signal
  - spin-spin dephasing is not corrected:  $M_{xy'} < M_{xy}$
  - $M_{xy'}$  decreases in T2

## Image reconstruction



**Field of view (FOV):** dimensions (height and width) in cm of the cutting plane.

**Matrix size (MS):** number of lines (freq encoding) and columns (phase encoding).

Third dimension is slice thickness.

**Spatial resolution (pixel dimension):** depends on FOV and MS

Ex.: if FOV=25cm, and a 128x128 matrix, a pixel will cover 5 mm<sup>2</sup>

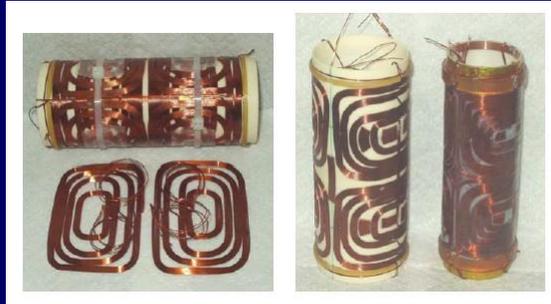
## Image reconstruction

Spatial localization of the signal needs small **gradients of the magnetic field** that superimposed to  $B_0$

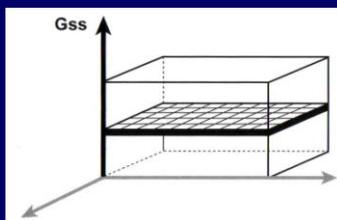
3.0001 T

3T

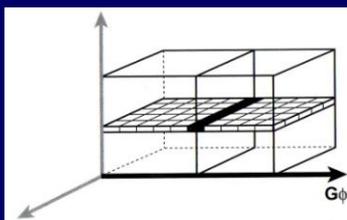
2.9999 T



## Image reconstruction

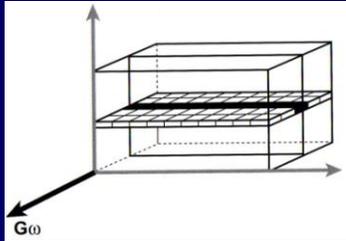


**Slice selection gradient ( $G_{ss}$ ):**  
selects a cutting plane inside a volume



**Phase encoding gradient ( $G_\phi$ ):**  
selects rows inside the cutting plane

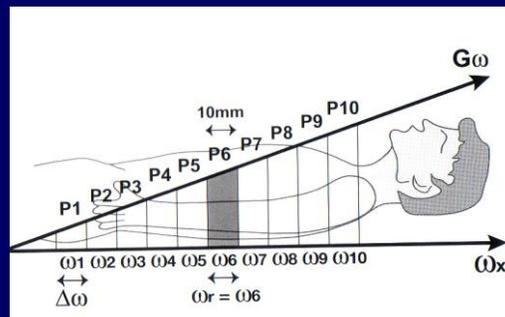
## Image reconstruction



Frequency gradients ( $G_\omega$ ):

Select columns within the cutting plane

## 1. Slice selection

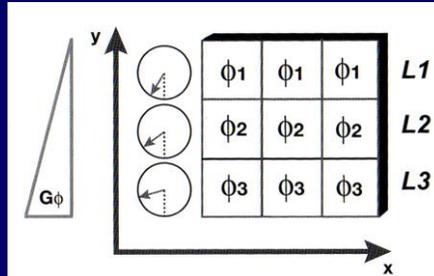


When exciting with a GSS, frequency will grow linearly in space.

If  $\omega_r = \omega_6$ , only P6 protons will flip by 90 deg (selectivity – notch).

By increasing the frequency of the RF pulse, one can successively select all the cutting plane in turn ( P1, P2, P3 ... )

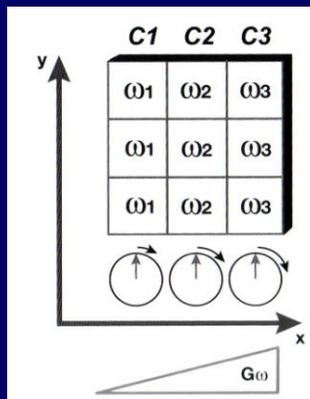
## 1. Phase coding



Excitation with  $G\phi$  along Y-axis will increase the precession frequency of protons and induce the same phase shift  $\phi_1$ ,  $\phi_2$ ,  $\phi_3$  in each row (L1, L2, L3).

When  $G\phi$  is shut down, protons will recover their initial precession frequency BUT will keep their phase shift.

## 2. Frequency coding



Excitation with  $G\omega$  along the X-axis will increase the precession frequency  $\omega_1$ ,  $\omega_2$ ,  $\omega_3$  of protons in each column (C1, C2, C3)

Frequency coding is done when  $G\omega$  is shut down: protons precess again at the same frequency.

Hence...

	C 1	C 2	C 3	
$\phi_1$	$\phi_1$	$\phi_1$	$\phi_1$	L 1
$\omega_1$	$\omega_2$	$\omega_3$		
$\phi_2$	$\phi_2$	$\phi_2$	$\phi_2$	L 2
$\omega_1$	$\omega_2$	$\omega_3$		
$\phi_3$	$\phi_3$	$\phi_3$	$\phi_3$	L 3
$\omega_1$	$\omega_2$	$\omega_3$		

Proton identified by the  $(\phi_1, \omega_1)$  coding is easy in the frequency domain.

Then, **inverse Fourier Transform** to get space coordinates.

## Temps d'acquisition d'une séquence « Tac »

Le Tac est un élément primordial car il conditionne:

- la durée de l'immobilité du patient
- la qualité de l'exploration

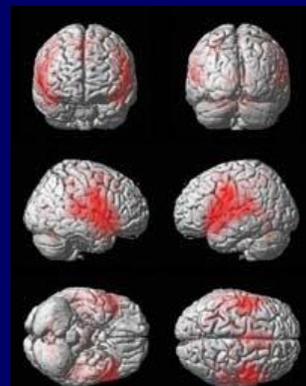
$$\text{Tac} = \text{TR} \times \text{NL} \text{ (nombre de lignes de la matrice)}$$

$$\text{Tac} = \text{TR} \times \text{NL} \times \text{Nex} \text{ (nombre d'excitations)}$$

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## IRM fonctionnelle cérébrale (IRMf)

L'IRMf visualise sur une image IRM les aires cérébrales qui sont activées lors de la réalisation d'une tâche : on peut faire appel à des fonctions motrices, sensibles, sensorielles ou cognitives.



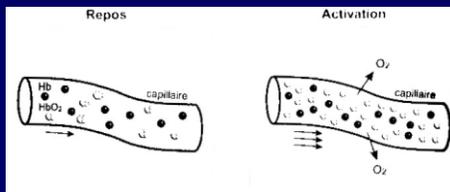
71

78

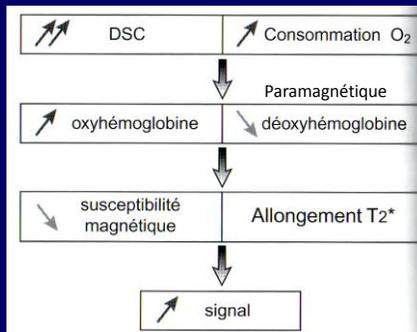
## IRM fonctionnelle cérébrale

### Méthode BOLD (Blood Oxygenation Level Dependent)

Cette méthode ne permet pas de mesurer directement l'activité neuronale, mais elle visualise les variations de perfusion pendant l'activation cérébrale.



Excès d'oxyhémoglobine dans les capillaires de l'aire activée



## IRM fonctionnelle cérébrale

↑ du signal faible dans la zone activée très faible (2-3%)

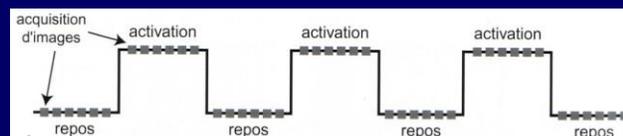


✓ multiplication des mesures

✓ Bo élevé (1,5 T)

### Déroulement d'un examen :

PARADIGME : Alternance de périodes de repos et de périodes d'activation



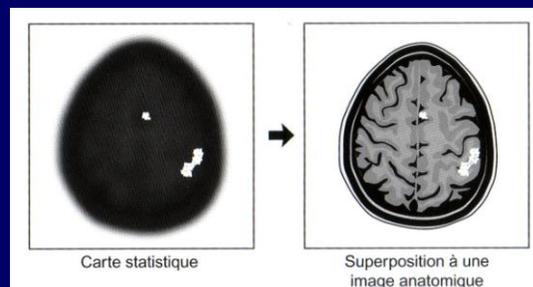
Acquisition EPI (écho-planar) : effectuée durant l'ensemble du paradigme, plus sensible aux susceptibilités magnétiques, ultra rapide, permet de couvrir tout le cerveau.

## IRM fonctionnelle cérébrale

### Le traitement des données :

Traitement statistique pour évaluer (pour chaque voxel) la différence de signal entre période d'activation et repos

Les résultats sont présentés sous forme de carte statistique, superposées à une image anatomique



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## IRM fonctionnelle cérébrale

### Domaines d'applications

#### En recherche

Études neurophysiologiques

Études cognitives

#### En pratique clinique

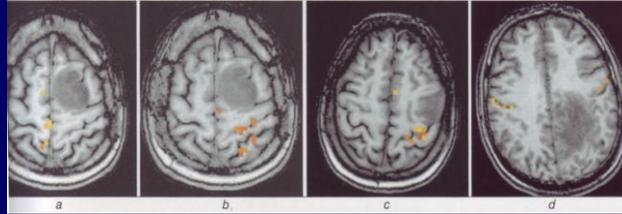
Localisation des régions de la motricité et du langage du cortex visuel et auditif à visée préopératoire

Détermination de la dominance hémisphérique du langage

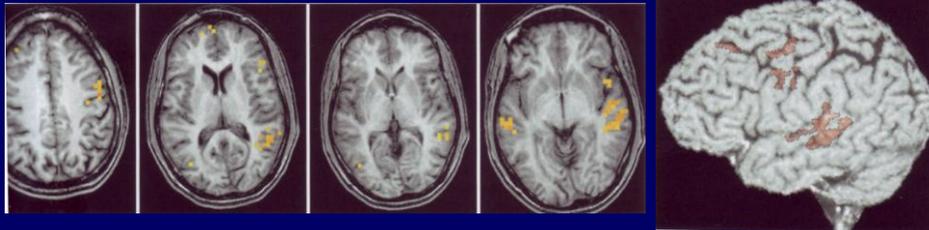
Évaluation des possibilités de récupération fonctionnelle

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## IRM fonctionnelle cérébrale



Cartographie d'activation des aires motrices primaires avant intervention chirurgicale: a) pied, b) épaule, c) main, d) face



Aires du langage

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## INDICATIONS

### Éléments anatomiques étudiés par l'IRM

Le cerveau et la moelle épinière : maladies neurologiques inflammatoires

Le rachis : hernie discale, lésions traumatiques du rachis et de la moelle...

Les viscères, les muscles, les articulations et les structures adjacentes

Les gros vaisseaux : sont étudiés pour le bilan de maladie athéromateuse, sténoses ...

Les malformations artério-veineuse et cardiaques congénitales

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