Abdominal MRI made easy with orally administered manganese: a CMR 2005: 14.02

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Histology supports this hypothesis.

Manganese was readily taken up and transported through the spinal cord although means of uptake and transportation need to be elucidated. Changes in manganese uptake profiles on comparing injured and healthy mice suggest a function-dependent decrease in uptake in the injured mice. The decrease in enhancement proximal to the lesion site may correlate with dying back of axons. The decrease to baseline levels just at the lesion site.

Conclusion: An in vivo method for structural and functional spinal cord imaging in mice using MEMRI was developed. Manganese was shown to be readily taken up and transported through the spinal cord although means of uptake and transportation need to be elucidated. Changes in manganese uptake profiles on comparing injured and healthy mice suggest a function-dependent decrease in uptake in the injured mice.

Results:

After 2–3 days, a homogeneous enhancement in the SC lasting for 36 h was observed, after which a slow washout started. Uninjured animals displayed a homogeneous SNR of about 18 without and 36 with contrast agent throughout the SC. Proximal to the injury, injured mice showed an SNR comparable to uninjured mice. On moving further distal towards the lesion, the SNR gradually decreased, reaching background levels just at the lesion site.

Conclusion: An in vivo method for structural and functional spinal cord imaging in mice using MEMRI was developed. Manganese was readily taken up and transported through the spinal cord although means of uptake and transportation need to be elucidated. Changes in manganese uptake profiles on comparing injured and healthy mice suggest a function-dependent decrease in uptake in the injured mice. The decrease in enhancement proximal to the lesion site may correlate with dying back of axons. The decrease to baseline levels just at the lesion site. Correlation with histology supports this hypothesis.

References


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Abdominal MRI made easy with orally administered manganese: a liver-specific contrast agent and a bowel marker

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Rationale and Objectives: A first clinical trial of orally administered manganese with and without ascorbic acid as a promoting agent in liver MRI was planned. The objectives of the study were to assess efficacy of the contrast agent in doses up to 100 μmol/kg bw, assess whether addition of ascorbic acid (molar ratio 1:2) to the contrast agent improved enhancements in the liver to such a degree that it may be of clinical importance and to assess acute safety.

Methods: Eighteen healthy adult males were enrolled in the trial. The mean age was 25.0 years and mean weight 77.6 kg. Contrast medium: MnCl2 doses were 25, 50 and 100 μmol/kg bw, respectively and means of uptake and transportation need to be elucidated. Changes in manganese uptake profiles on comparing injured and healthy mice suggest a function-dependent decrease in uptake in the injured mice. The decrease to baseline levels just at the lesion site. Correlation with histology supports this hypothesis.

Results: All pulse sequences showed a clear dose–response in the liver.

High enhancements in the liver were seen between 2.5 and 6 h after MnCl2 intake. At a manganese dose of 50 μmol/kg bw with ascorbic acid and at a dose 100 μmol/kg bw both without and with ascorbic acid, the hepatic enhancements were higher than 100%. GE pulse sequence. Using the volunteers as their own controls, the promoting effect of ascorbic acid was significant at a manganese dose of 100 μmol/kg bw.

The contrast agent distributed well in the small intestine, delineating intra-abdominal organs well. No serious or unexpected adverse events were encountered. The drug was generally tolerated well except for gastrointestinal adverse events such as loose stool (n = 12), nausea (6) and vomiting (1). No significant alteration in hematology or clinical chemistry was seen.

Conclusion: Oral manganese is easy to use and has few side-effects. Besides the liver-specific effect, the agent delineates the intestine.

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Preliminary clinical experience with oral manganese (CMC-001) for liver imaging in daily routine

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Rationale and Objectives: Recently, a new liver specific MR agent has been introduced that is administered orally and only small amounts enter the general circulation. It is the only contrast medium that is delivered to the liver in high doses in the portal vein and very low doses in the hepatic artery. It is taken up by the hepatocytes and excreted together by the bile. We recently received permission from the Danish Health Authorities to use CMC-001 clinically (phase IV). In this paper we evaluate retrospectively our preliminary experience.

Methods: Six patients were studied. All had known liver metastases from colorectal cancers. From midnight the patients were not allowed to drink or eat. Between 8 and 9 a.m. the patients drank CMC-001 dissolved in 400 mL of water and 2 h later the MR examination (1.5 T) took place. The sequences are still being optimized.

Results: In three of the six patients, important new knowledge was obtained. The uptake in the liver was excellent in all patients. There were segmental differences in the uptake in four of the six patients, probably due to early fibrosis induced by chemotherapeutics or decreased portal vein flow due to metastatic compression. There was excellent visualization of the biliary system on the T1-weighted images. No contrast medium adverse events were reported.

Conclusion: CMC-001 seems to be useful in the work-up of patients with liver metastases regarding both the liver parenchyma and the biliary tract. Further research is strongly warranted.


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Oral manganese as contrast medium in detecting liver metastases with MR imaging at 1.5 and 3 T

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Objective: Evaluation of the diagnostic performance of oral mangane-
sese as a new contrast medium in liver MR imaging in patients with liver
metastases.
Method and Materials: Fifteen patients with known liver metastases
were examined with MRI at 1.5 and 3 T before and after oral
administration of Mn contrast agent diluted in 400 mL of water. MRI
included T2-weighted FLASH breathhold sequences in coronal and
transversal planes. At 1.5 T, contiguous 5 mm slices and at 3 T 3 mm
slices were made. Additionally, a T2-weighted true-FISP sequence
was performed to recognize liver cysts and hemangiomas. Contrast between
liver tissue and metastases was determined on the pre- and post-Mn
contact scans. The homogeneity of liver enhancement was evaluated. In
addition, the number of detected liver metastases and bowel and bile
duct opacification was evaluated.
Results: There were no side-effects after the intake of oral Mn contrast
agent. The mean liver metastases contrast improved at 1.5 and 3 T by
factors of 2.1 and 1.5, respectively. Higher liver metastases contrast
increased the number of detected liver metastases by more than 50% at
both 1.5 and 3 T. In patients with a history of chemotherapy, liver
enhancement was inhomogeneous, probably owing to disturbance of the
portal circulation; nonetheless, this did not influence the improved
metastases detection. In addition, bowel opacification was improved in
all patients and excretion of contrast medium through the bile allowed
visualization of the hepatic duct, gallbladder and choledochal duct on
T1-weighted images in all patients.
Conclusions: This pilot study shows that oral Mn contrast medium is a
simple and promising contrast agent, which results in improved
visualization of liver metastases by a selective increase in the liver
signal and also bowel and bile duct opacification is obtained using this
contrast agent.

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First use of intra-articular carbon dioxide for MR arthrography;
a feasibility study
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Rationale and Objective: Although the use of CO2 for intra-articular
conventional arthrography is feasible, it is hardly used because there are
no advantages over the use of air. In MRI, direct arthrography is performed
by using dilute Gd–DTPA. However, this intra-articular use lacks FDA
approval and gadolinium compounds are expensive in comparison with
CO2. We decided to evaluate its feasibility for direct MR arthrography.
Materials and Methods: For the animal experiment, a pig weighting 15
kg was used. After baseline imaging and MRI-guided puncture of the knee
joints, 12 cm3 of CO2 was injected intra-articularly. A 1.5 T system
(Magnetom Sonata, Siemens Medical Solutions, Erlangen, Germany) was
used. MR images were acquired using sagittal T1-weighted 3D spoiled
gradient-echo (TR/TE 40/10 ms slice thickness 2.5 mm) and T2-weighted
(TR/TE 500/12 ms, slice thickness 4 mm) and T2/proton density-weighted
(TR/TE 1740/1180 ms, slice thickness 4 mm) spin-echo sequences.
Results: CO2 resulted in loss of signal and hardly caused susceptibility
artifacts. Owing to its bright appearance with most MR sequences,
articular cartilage was sharply delineated on the CO2 MR arthrograms.
Also, structures with low signal intensity such as cruciates and menisci
were well visualized. Only tiny susceptibility artifacts occurred.
Discussion: As is known, CO2 is a cheap agent suitable for direct intra-
articular injection and ready for clinical use. As in CO2 MR angiography
(1), CO2 replaces the H-spins present, resulting in signal loss without
inducing significant susceptibility artifacts.
Although this new kind of direct MR arthrography especially improves
the delineation of structures with high signals in various sequences such
as cartilage and bone, structures with relatively low signals such as
menisc and cruciates are also well visualized. This is also true during
the use of the driven equilibrium sequences used for visualization of
cartilage (2).
Owing to the high contrast, CO2 MR arthrography might visualize
smaller lesions and ruptures better than diagnostic methods applied so
far (3).
In conclusion, direct CO2 MR arthrography is new, feasible and possibly
helpful in cartilage imaging.

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Noninvasive hyperpolarized helium-3 imaging studies in rats under
spontaneous breathing conditions using a retrospective radial cine
imaging technique
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Rationale and Objectives: Helium-3 ventilation imaging studies in
rats are usually performed using tracheotony or intubation approaches
combined with assisted ventilation using respirator devices (1,2). These
approaches are not appropriate for longitudinal ventilation studies or
for precise assessment of subtle patho-physiological lung function changes.
In this work, we developed and applied a fully noninvasive imaging
protocol based on retrospective radial cine imaging under spontaneous
animal breathing conditions.
Methods: MRI experiments were performed on a 2 T magnet in Lyon.
A home-built spin-exchange apparatus was used to polarize 1.2 L of
helium-3 to around 20%. Male Sprague–Dawley rats were anesthetized
by intraperitoneal injection of sodium pentobarbital. A home-made
mask was placed on the animal head. For the imaging protocol, a plastic
bag containing 30 mL of hyperpolarized helium-3 gas was screwed on to
the mask. The projection–reconstruction sequence was triggered 2 s
later. The imaging parameters were 128 acquired samples, 200 radial
directions per image. TR = 10 ms, TE = 40 μs, FOV = 80 mm, flip angle
3°. The total acquisition time was 20 s. Retrospective cine ventilation
image reconstructions were based on the NMR signal variations induced
by the animal breathing.
Results: Figure 1 shows the time evolution of the helium-3 NMR signal
intensity in the animal lungs following every RF pulse. This signal
evolution curve was obtained by plotting the magnitude of the signal in
the center of the k-space after each RF pulse. The signal amplitude
oscillation corresponds to the animal breathing cycle with maxima and
minima corresponding to the end-inspiration and end-expiration phase,
respectively. The decrease in the maximum signal intensities is due to
helium-3 T1 relaxation and RF depolarization. In most of the
acquisitions, the breathing pattern was very regular and suitable for
retrospective cine imaging. Typically, cine images were reconstructed
using a 200 ms image window. Figure 2(a) represents the ventilation
image obtained during the animal maximum lung inflation and
corresponding to the dashed box in Fig. 1. Figure 2(b) shows the lung

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