following parameters: TR/TE 14.0/5.22 ms, flip angle 30°, 28 partitions, partition thickness 0.5 mm, FOV 80 mm, matrix size 512×512, voxel size 0.15×0.15 mm, 32 averages. The total imaging time was 60 min. Images were evaluated using a scanner software package (Syngo, Siemens). The SC was outlined and the mean signal was calculated. A second ROI was placed outside the animal contours for noise measurement. The mean signal-to-noise ratio (SNR) and standard deviation (SD) were calculated.

**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 may indicate a near total loss of functional neurons at these levels. 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: drug: MnCl₂ doses were 25, 50 and 100 μmol/kg bw, respectively and marketed as CMC-001 clinically (phase IV). In this paper we evaluate retrospectively our preliminary experience.

**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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**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.

Objective: Evaluation of the diagnostic performance of oral manganese 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 T1-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 contrast 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 was performed. After baseline imaging and MRI-guided puncture of the knee, 1.2 L of liquid CO2 resulted in loss of signal and hardly caused susceptibility artifacts. Owing to its bright appearance with most MR sequences, CO2 resulted in loss of signal and hardly caused susceptibility artifacts. Owing to its bright appearance with most MR sequences, cartilage (2), as cartilage and bone, structures with relatively low signals such as menisci and cruciates are also well visualized. This is also true during the use of the driven equilibrium sequences used for visualization of cartilage (2).

In conclusion, direct CO2 MR arthrography might visualize smaller lesions and ruptures better than diagnostic methods applied so far (3).

References

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Noninvasive hyperpolarized helium-3 imaging studies in rats under spontaneous breathing conditions using a retrostereal radial cine imaging technique

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Rationale and Objectives: Helium-3 ventilation imaging studies in rats are usually performed using tracheotomy 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 subplethysmological 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 onto the mask. The projection–deconstruction 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...