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# Log subtracted inversion recovery

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## ABSTRACT

Magnetic resonance imaging (MRI) techniques have recently been developed for obtaining high  $T_1$  contrast images using inversion recovery (IR) images at two inversion times (TIs) rather than a single TI. They use simple mathematical operations – multiplication, addition, subtraction, division – to create images not attainable by conventional IR. The present study describes a novel two-point IR technique formed by the subtraction of log images. Results show it has a near-linear response to  $T_1$  between the nullpoints that peaks sharply at the nullpoints. This produces a bright iso $T_1$  contour at interfaces between tissues where partial volume mixing generates specific  $T_1$ s. This can provide anatomical information in areas where the signal is not well-differentiated on conventional images.

### 1. Introduction

Several imaging techniques based on inversion recovery (IR) have recently been developed to generate nonlinear T<sub>1</sub> contrasts with suppression and/or amplification of specific T<sub>1</sub>s. These include *Magnetization Prepared 2 Rapid Acquisition Gradient Echo* (MP2RAGE) [1], *FLuid And Water Suppression-high contrast* (FLAWS-hc) [2] and *divided Subtracted IR* (dSIR) [3]. Contrast is produced by subtracting, adding, dividing and/or multiplying images with different inversion times (TIs) rather than relying on the physical evolution of the signal to produce contrast in a single TI, as with conventional IR techniques.

The MP2RAGE and FLAWS-hc techniques typically use a wide separation between the TIs, which gives a broad T<sub>1</sub> response, while the dSIR is more focused on a narrow *middle Domain* (mD) between the nullpoints. A feature of dSIR is that T<sub>1</sub>s inside the mD are mapped between  $\pm$ 1, which provides high dynamic range, while those outside the mD are mapped towards zero. Clinical studies report changes seen with dSIR in mild traumatic brain injury (mTBI), hypoxic injury, substance abuse and ischemic leukoencephalopathy that are not seen with conventional sequences [4].

Letting  $M_1$  and  $M_2$  represent the magnitude images at different TIs, the dSIR image is formed by Eq. 1.

$$dSIR = \frac{M_1 - M_2}{M_1 + M_2}$$
(1)

As the separation of the TIs ( $\Delta$ TI) approaches zero the equation becomes a differential

$$dSIR \rightarrow \frac{dM}{2M} = \frac{1}{2} dln(M)$$
<sup>(2)</sup>

which for the IR signal model  $M=1-2e^{-TI/T_1}$  has the functional form of Eq. 3.

$$\frac{\partial ln(M)}{\partial TI} = \frac{2}{(e^{TI/T_1} - 2)T_1}$$
(3)

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This represents the fractional change in IR signal with TI. When the signal crosses zero the fractional change exhibits extreme variation over a narrow  $T_1$  domain, as indicated in Fig. 1 (left).

The practical use of this type of contrast is limited. However by replacing the derivative with a finite difference the poles are separated to give the same transition over a wider  $T_1$  domain (Fig. 1, right). This suggests a new variant of dSIR formed from the difference of log images and is referred to as *log subtracted inversion recovery* (ISIR) in the present study.

$$lSIR \equiv \frac{1}{2}ln(M_1) - \frac{1}{2}ln(M_2) \tag{4}$$

The  $T_1$  response of ISIR is shown in Fig. 2 compared to dSIR. The relation between the two can be expressed as the inverse hyberbolic tangent, i.e. ISIR = atanh(dSIR) (see Appendix).

Based on an understanding of contrast as slope versus T<sub>1</sub>, the lSIR has highly elevated contrast at the nullpoints relative to dSIR. When the upper nullpoint is intermediate between two tissues with distinct T<sub>1</sub>s – e. g. white and gray matter – this can greatly enhance the ability to resolve features at the interface. As the partial volume fraction ( $\eta$ ) transitions from 0 to 1 (i.e. white to gray matter), the mixture exhibits intermediate T<sub>1</sub> values associated with the sharp filter response. A simple approximation is to model 1/T<sub>1</sub> as linear in  $\eta$  [5].

$$\frac{1}{T_1} = \frac{1-\eta}{T_1(\text{white})} + \frac{\eta}{T_1(\text{gray})}$$
(5)

Uncertainty in  $T_1$  (white) and  $T_1$  (gray), as well as imperfect knowledge of the relaxation model, makes it difficult to associate the peak with an exact value of  $\eta$ , however images show a bright iso $T_1$  contour that corresponds to a specific voxel composition. This can be a useful as a de facto tissue boundary, or to identify subtle  $T_1$  differences in tissues.

The present study introduces and demonstrates the lSIR technique as a novel variant of dSIR that enhances specific  $T_1$  values to improve visualization at tissue boundaries and in partial volume mixtures.

#### 2. Methods

The study was conducted in accordance with the Declaration of Helsinki and approved by the Auckland Hospital Research Ethics Committee (approval number AHRECAH1006 in 2021). Informed consent was obtained from all subjects whose images are used in this manuscript.

MRI scans were performed on a normal volunteer and a patient with mTBI using a General Electric Premier 3 T scanner: 2D IR fast spin echo, repetition time 9000 ms, echo time 12 ms, echo train length 10, flip angle 150°, no. slices 35, slice thickness 4 mm, matrix 256 [2], field of view 256 mm, bandwidth 260 Hz/pixel, parallel acceleration factor 2. Two separate acquisitions were performed at TI = 350 ms and 500 ms



**Fig. 2.** The  $T_1$  response of ISIR (red) and dSIR (blue) filters. The bipolar shape of the dSIR is amplified in the vicinity of the nullpoints. In this example the nullpoints were chosen to be 505 and 722 ms, corresponding to TIs of 350 and 500 ms. (For interpretation of the references to colour in this figure legend, the reader is referred to the web version of this article.)

with a total scan time of 230 s.

Images were retrieved from the scanner in DICOM format for offline processing in MATLAB 2023a (The Mathworks, Natick MA). The dSIR and ISIR were produced from magnitude images. If signed or complex images are used, the real part contains the ISIR image and the imaginary part contains the phase difference between the two TI images.

## 3. Results

An example from the normal volunteer is shown in Fig. 3. Since dSIR signal is between  $\pm 1$  and lSIR requires a larger number of grayscales, the dSIR images are shown with two window/level settings to allow unbiased comparison.

The images show that ISIR exhibits many regions with enhanced clarity relative to dSIR. While the image appears to be edge-enhanced, the edge is specific only to a single  $T_1$  value. It can be interpreted physically as representing a specific volume fraction of white matter and gray matter (nominally 50 %).

Figure 4 shows a zoomed detail of the images in Fig. 3. The isoT<sub>1</sub> contour highlights a boundary along which the partial volume fraction is constant, i.e. voxels either side are either  $< \eta$  or  $> \eta$ . This helps to define the boundary between white matter and gray matter in regions of the image that are indistinct. The boundaries are much more obvious on the ISIR image than the dSIR.

An example from a patient with mTBI is shown in Fig. 5. The patient has elevated  $T_1s$  in white matter which appear at the top of the dynamic range in the dSIR image. The lSIR image reveals that the  $T_1$  crosses the



**Fig. 1.** Plot (left) shows the fractional change in IR signal as the signal crosses zero (Eq. 3). The curve has extreme sensitivity to  $T_1$  over a narrow domain. By using a finite  $\Delta$ TI instead of a derivative, the poles are separated to give the same transition over a wider  $T_1$  domain (right).



**Fig. 3.** Comparison of dSIR (left/center) and lSIR (right) images in the normal volunteer. To ensure a fair comparison the dSIR is shown with two colorbar settings since the lSIR image requires additional grayscale levels. In all images white matter appears low signal (black) providing a background against which structures with slightly longer  $T_1s$  appear mid-gray. At the boundary between white matter and gray matter, the image intensity reaches a maximum at a  $T_1$  intermediate between those of white and gray matter.



**Fig. 4.** Detail of Fig. 3 illustrating the ability of ISIR to clarify morphology at tissue boundaries. Compared with the dSIR images (left and center), the ISIR (right) reveals structures that are present but hidden in a grayscale of similar intensities. The line-plot shows the intensity variation across the image (indicated by dashed line in the left image). There is no simple window/level that can align the blue and red lines. (For interpretation of the references to colour in this figure legend, the reader is referred to the web version of this article.)



Fig. 5. Comparison of dSIR and lSIR images in a patient with mTBI in which the T<sub>1</sub> of white matter equals or exceeds the upper nullpoint. The lSIR image provides higher precision at the boundary with gray matter and shows structured changes in white matter. These changes are present on the dSIR image but are more obvious on the lSIR image.

mD in numerous places; since only a narrow range of  $T_1s$  give the sharp signal response, it is likely these are generated by a partial volume effect which implies there are tissues with different  $T_1s$  within the white matter. These contours may represent a complex interface between

tissues formed by specific partial volume mixtures. The tissues involved are not necessarily white matter and gray matter but rather microstructural white matter alterations due to edema, inflammation and/or demyelination. The presence of such features shows that the diffuse

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white matter dSIR signal elevation reported in patients [4] may contain discernable structures.

# 4. Discussion

The difference of log images is in some ways a natural way to look at MR images. This can be understood more easily for TE, where the difference of log images is proportional to  $1/T_2$ , but also for TI where the difference of log images is (almost) proportional to  $T_1$ . Specifically, it is a bipolar-filtered  $T_1$  map that is linear at the center of the mD and has nonlinear amplification at the nullpoints. This produces a bright contour at the interface between tissues where partial volume mixtures generate  $T_1$ s associated with the asymptote of the atanh filter.

Log subtraction is additive for multiple contrast types so if  $M_1$  and  $M_2$  are acquired with different TEs as well as different TIs then the difference of logs becomes  $ISIR \pm \Delta TE/2T_2$  where the  $T_1$  information is in the first term and the  $T_2$  information in the second term. Mixed contrast filters can be tuned to emphasize specific tissue property combinations.

Noise amplification may be expected around the peak of the ISIR filter, however this is mitigated by the reduction of standard deviation of rectified noise close to zero. Infinities due to log(0) or  $atanh(\pm 1)$  are implicitly regularized by noise bias in the image [6] but may be explicitly avoided by using similar filters that are well-behaved, e.g.  $dSIR + \frac{1}{3}dSIR^3$ , which is the 2-term Taylor expansion of atanh. Filters may be applied to T<sub>1</sub> maps obtained by other techniques, however results may vary if the TIs are substantially different or if another method of T<sub>1</sub> estimation was used. Although T<sub>1</sub> represents a specific tissue property (spin-lattice relaxation) it is often measured in samples where there is exchange between heterogeneous pools in unequal initial magnetization states, under varying degrees of RF irradiation, using data blended from multiple time-points during the recovery [7-10]. Furthermore, not all tissues exchange magnetization, or may exhibit complicated relaxation behavior in mixtures [11]. Distinguishing monoexponential, biexponential or other behavior is not possible with two data points, although this is not necessary for ISIR to amplify

# Appendix A

The inverse hyperbolic tangent obeys the following trigonometric identity [13]

$$\operatorname{atanh}(x) = \frac{1}{2} ln \left( \frac{1+x}{1-x} \right)$$

which can be rewritten as  $\frac{1}{2}ln(1+x) - \frac{1}{2}ln(1-x)$ . Substituting argument x with dSIR (Eq. 1) yields

$$\frac{1}{2}ln\left(1+\frac{M_1-M_2}{M_1+M_2}\right)-\frac{1}{2}ln\left(1-\frac{M_1-M_2}{M_1+M_2}\right).$$

The terms in parentheses may be collected over a common divisor to give

$$rac{1}{2}lniggl(rac{2M_1}{M_1+M_2}iggr) - rac{1}{2}lniggl(rac{2M_2}{M_1+M_2}iggr)$$

which expands to

$$\frac{1}{2}ln(2) + \frac{1}{2}ln(M_1) - \frac{1}{2}ln(M_1 + M_2) - \frac{1}{2}ln(2) - \frac{1}{2}ln(M_2) + \frac{1}{2}ln(M_1 + M_2).$$

Most of the terms cancel to leave the final result:  $\operatorname{atanh}(\operatorname{dSIR}) = \frac{1}{2}\ln(M_1) - \frac{1}{2}\ln(M_2)$ .

The effect on contrast, i.e. the ability to discriminate tissues with similar  $T_1s$ , can be calculated by taking the derivative with respect to  $T_1$ . Based on the linear approximation of dSIR inside the mD [6] and the derivative of atanh [13] the following is obtained:

$$\frac{d(\text{ISIR})}{dT_1} \approx \left(T_1 - \frac{TI_1}{\ln 2}\right)^{-1} \left(T_1 - \frac{TI_2}{\ln 2}\right)^{-1} \frac{\ln 4}{\Delta TI}$$

This shows that ISIR has the same overall slope as dSIR but with poles at the nullpoints.

boundaries. The interpretation of the boundary as a specific partial volume fraction *is* model-dependent and this is also limited by uncertainty in the  $T_1$  values [12]. Tissue boundaries are affected by susceptibility, chemical shift and point spread function contamination, which may complicate interpretation.

In conclusion, the present study has described an ultrahigh contrast technique for enhancing signal at tissue interfaces. In vivo results sharpen the white matter-gray matter boundary and provide additional clarity in regions of indistinct signal.

## CRediT authorship contribution statement

Mark Bydder: Writing – original draft, Investigation, Formal analysis, Conceptualization. Daniel M. Cornfeld: Software, Investigation, Conceptualization. Tracy R. Melzer: Investigation. Paul Condron: Resources, Methodology, Investigation. Gil Newburn: Supervision. Eryn E. Kwon: Investigation, Conceptualization. Maryam Tayebi: Validation, Data curation. Miriam Scadeng: Resources, Investigation. Samantha J. Holdsworth: Investigation, Funding acquisition. Graeme M. Bydder: Writing – review & editing, Resources, Project administration.

#### Declaration of competing interest

None.

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