

## New RF technologies for very high field and very low field magnetic resonance imaging

Andrew Webb

C.J. Gorter Center for High Field MRI

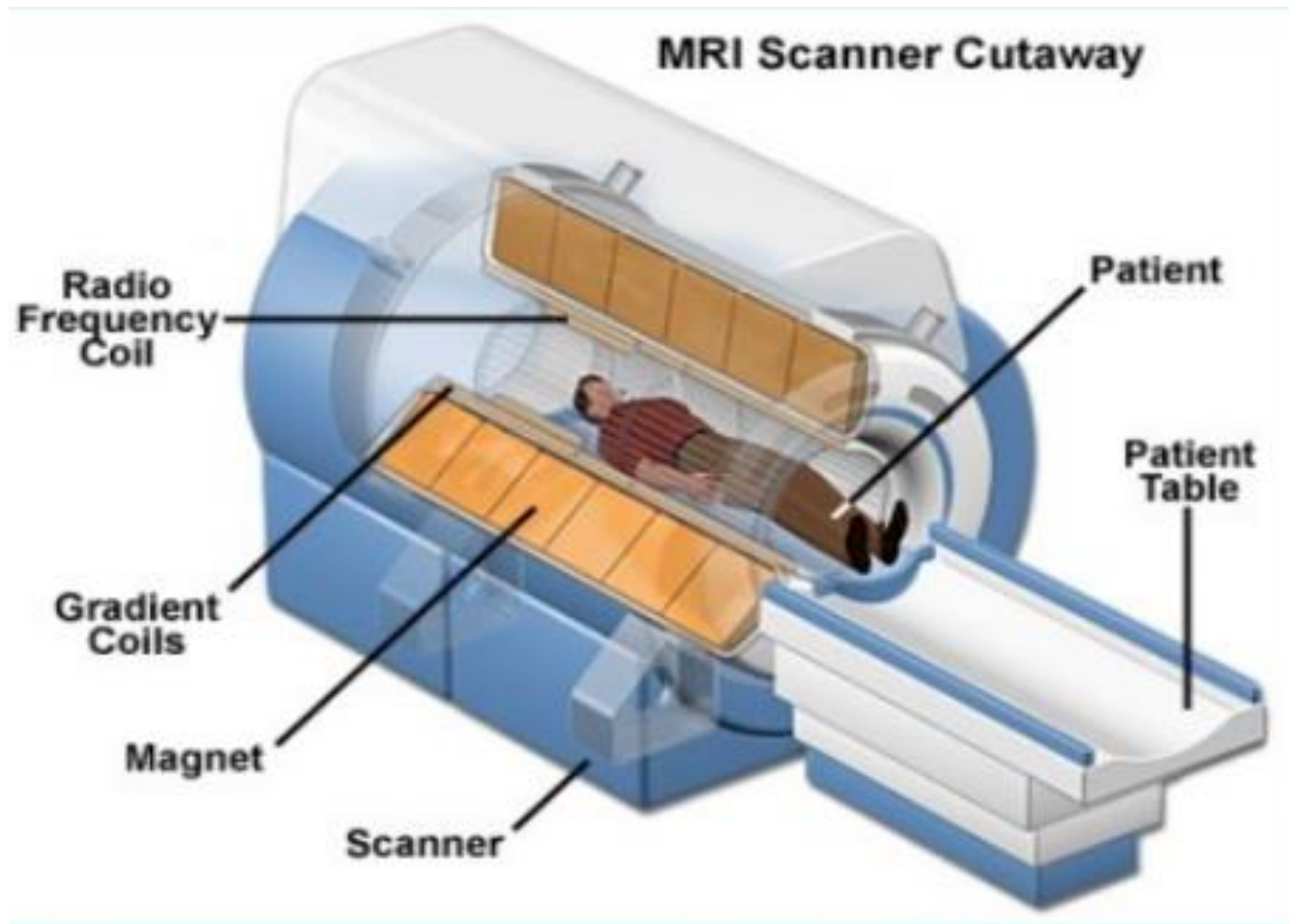
LEIDEN UNIVERSITY MEDICAL CENTER



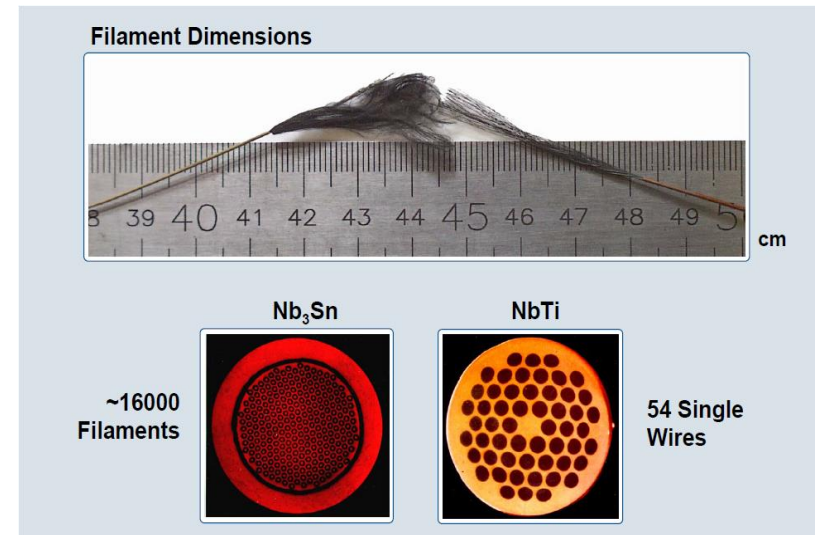
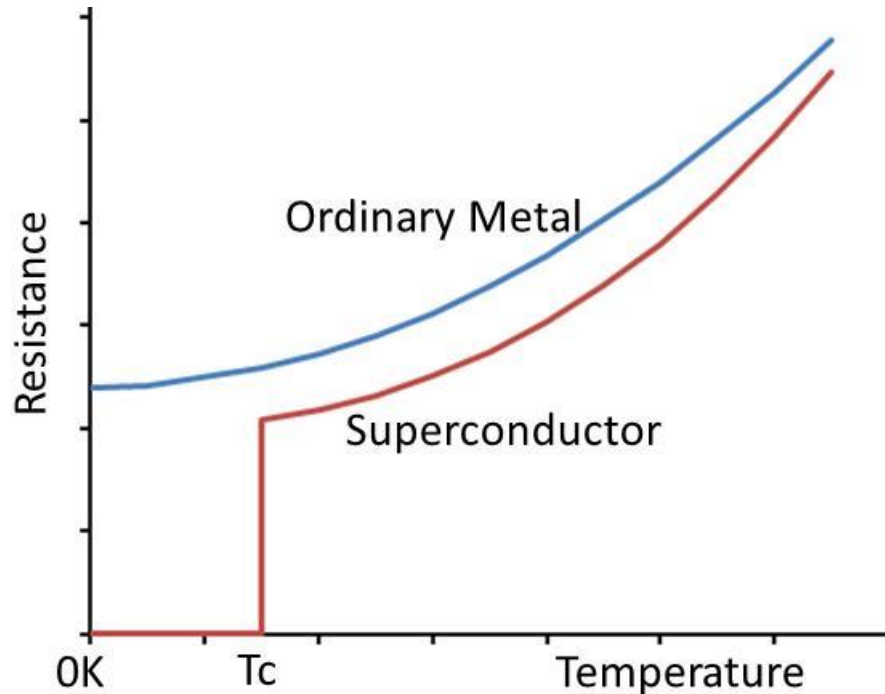
# Outline

1. How does RF technology fit into MRI?  
Similarities and differences to radar/antennas
2. Advantages but also RF challenges of very high frequency MRI  
Interactions with the body
3. What do we use very high frequency MRI for in the hospital?
4. High frequency components, current and future....  
Expert advise welcome!
5. And now for something completely different....  
Ultra low field MRI, why and how

Magnet (DC), gradient coils (100s kHz), RF coil (100s MHz)



# Superconducting wire (tens of km, cooled with liq He)



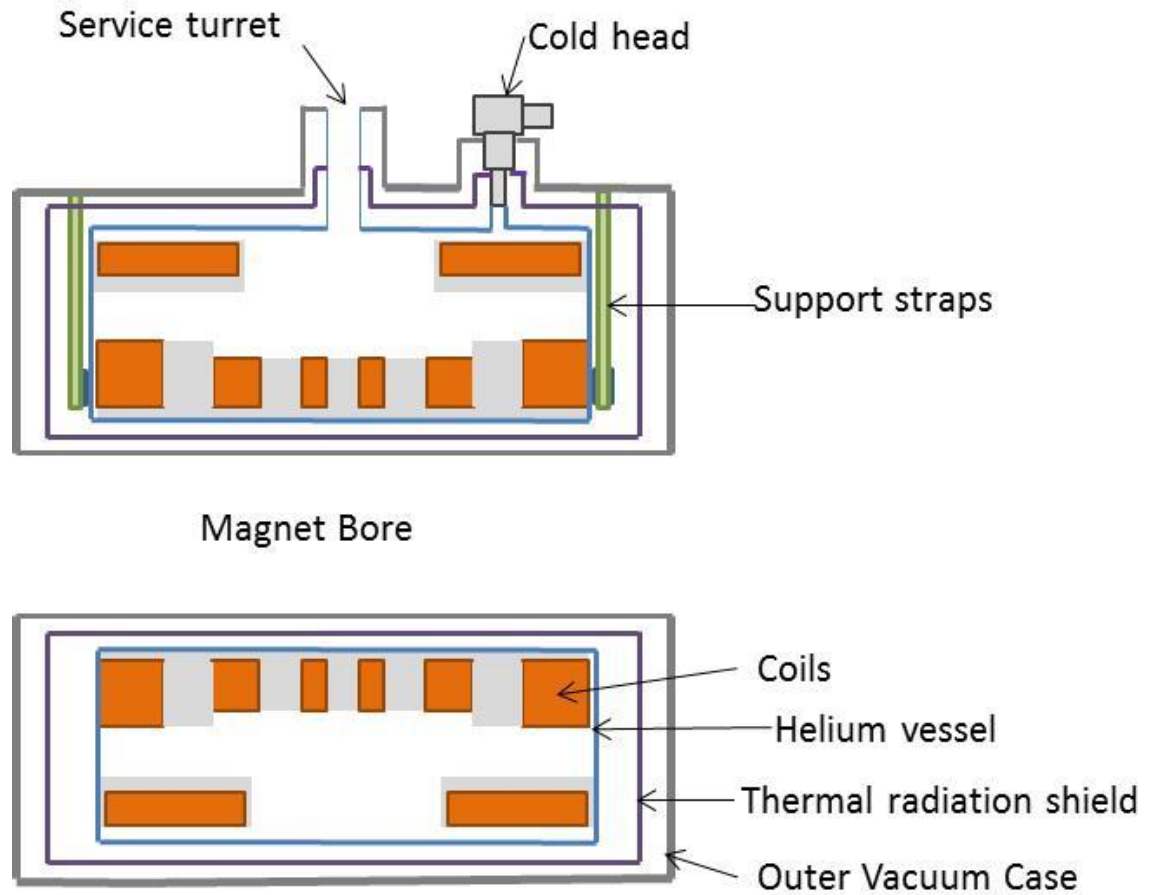
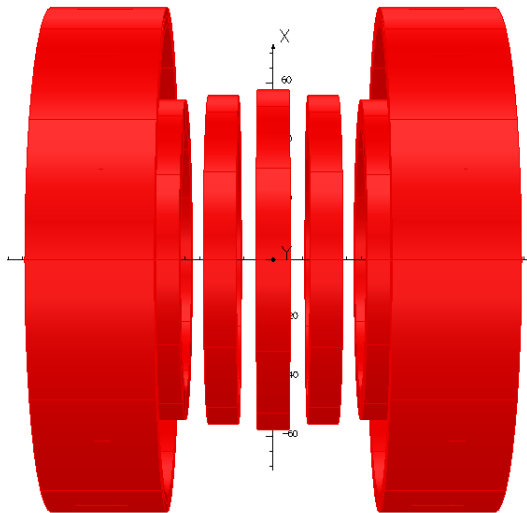
Earth's magnetic field: 50  $\mu$ Tesla

Typical clinical scanner: 3 Tesla

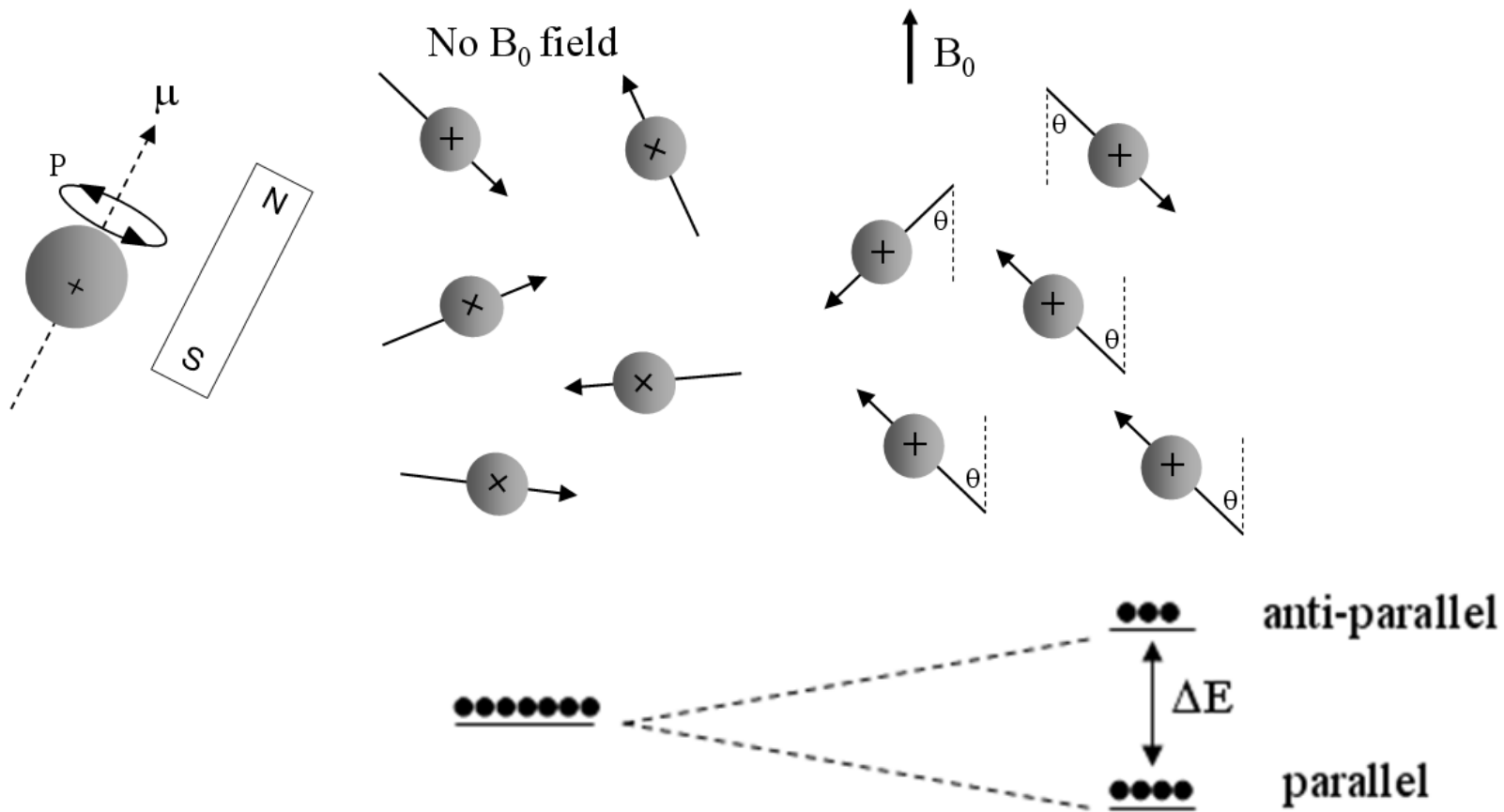
Ultra high field human scanner: 10 Tesla

High field NMR spectrometer: 30 Tesla

# Shielded superconducting magnet



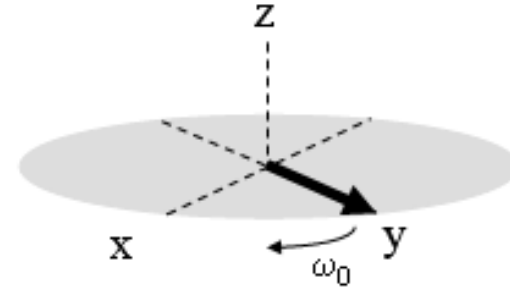
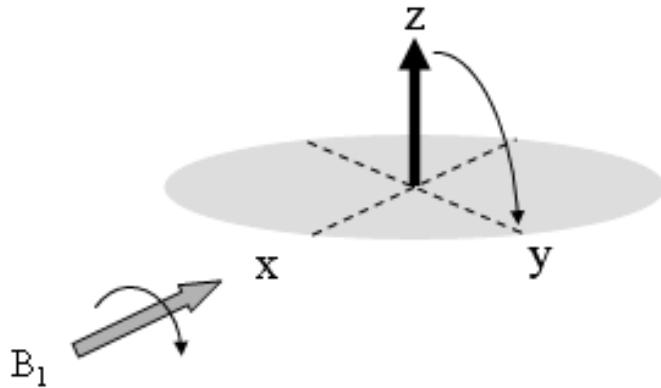
# Why do we need a very strong magnet?



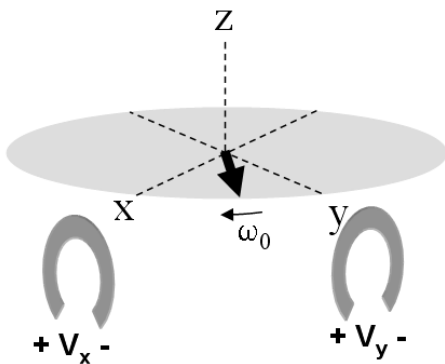
$B_0 = 3$  Tesla  $f = 128$  MHz

$$f = \frac{\gamma B_0}{2\pi}$$

# Effects of a pulse of RF energy



$$f = \frac{\gamma B_0}{2\pi}$$

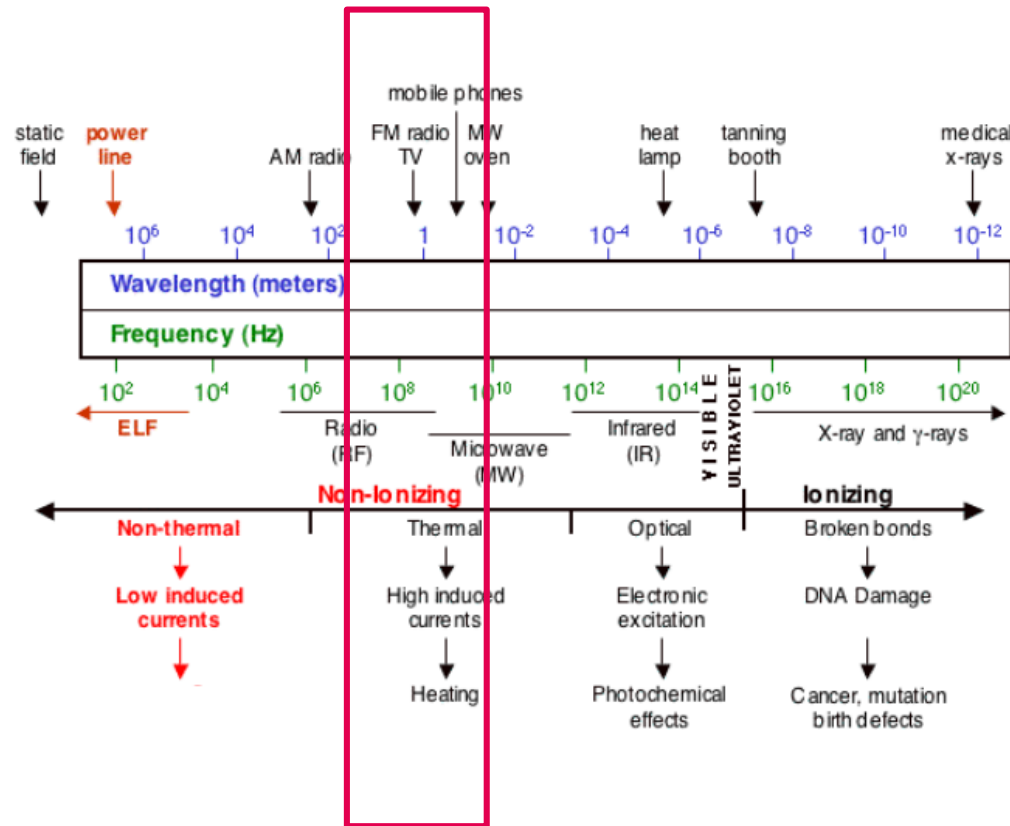


Faradays' law

$$V \propto -\frac{d\phi}{dt}$$



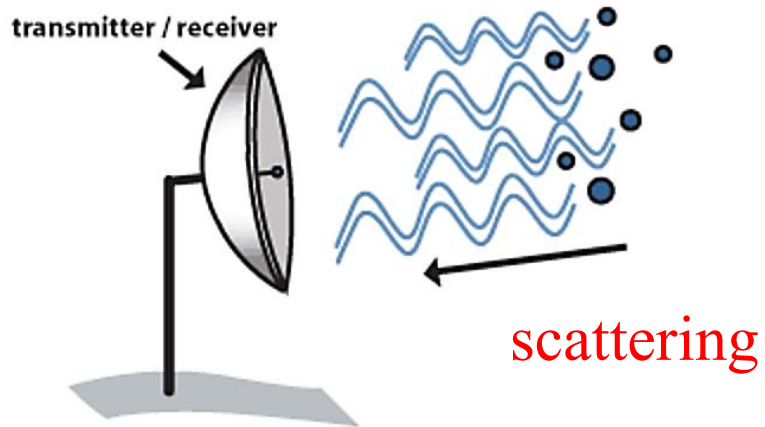
# What frequencies are we dealing with?





# Similarities and differences with radar

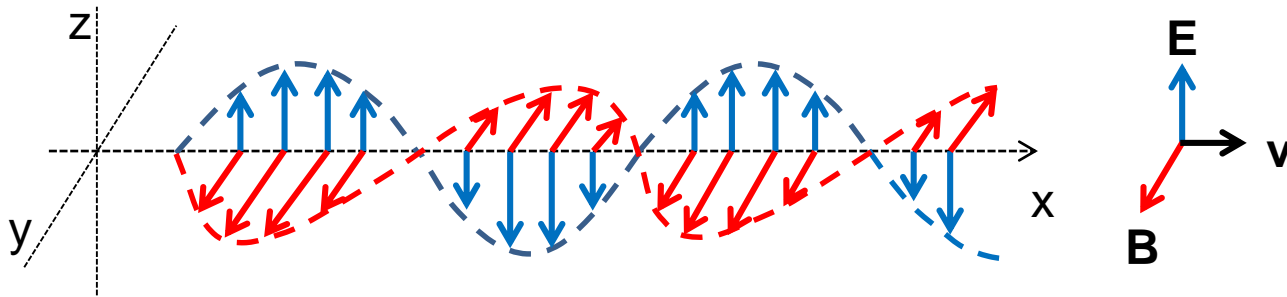
## FAR FIELD



## NEAR FIELD



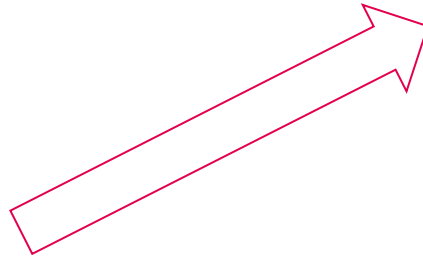
dimensions  $\ll \lambda$



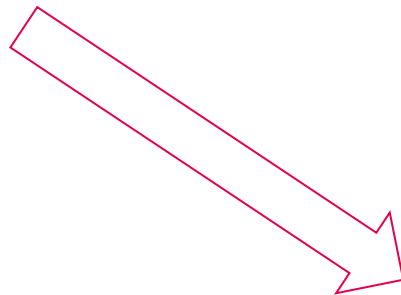
# Multiple coil arrays



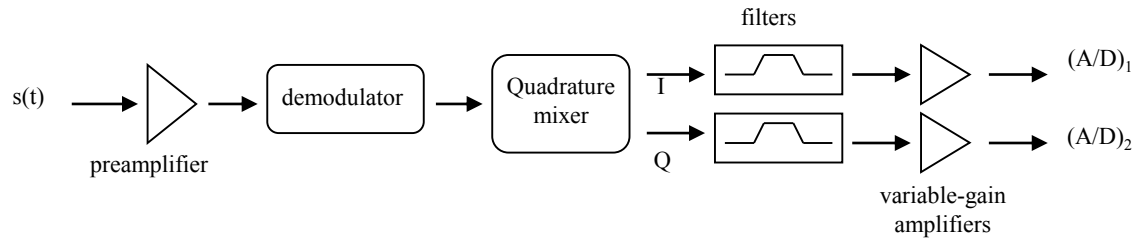
circularly polarized  
transmit



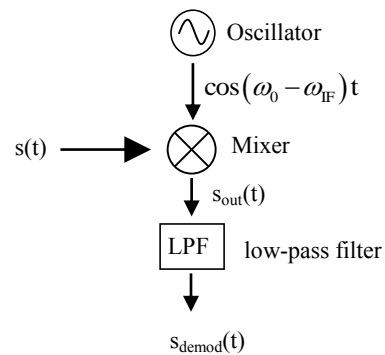
multiple channel  
receive



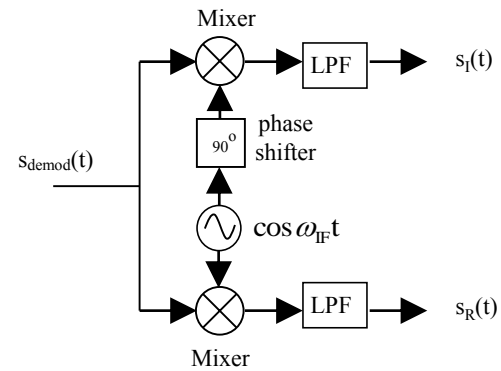
# Superheterodyne detector



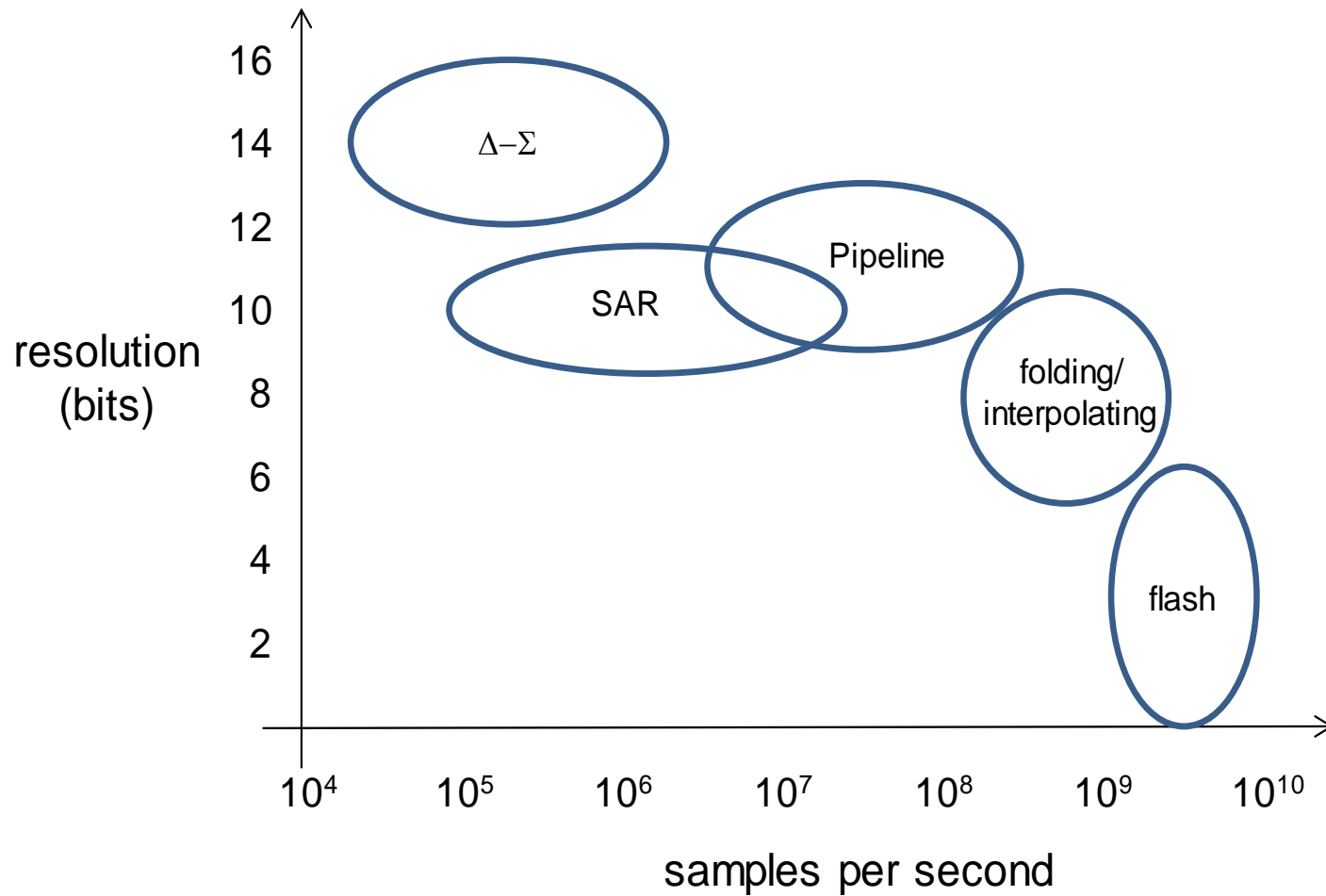
Demodulator



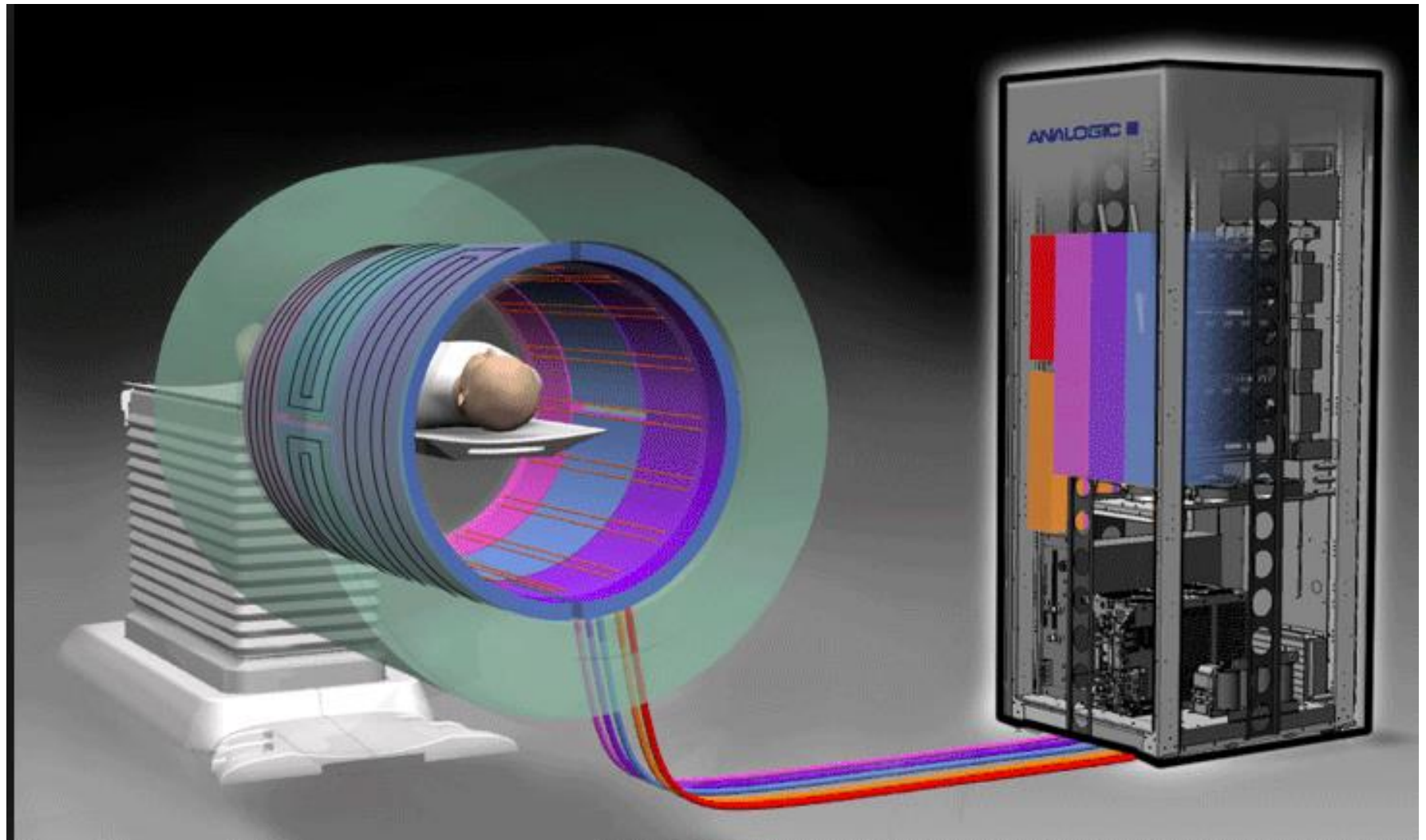
Quadrature mixer



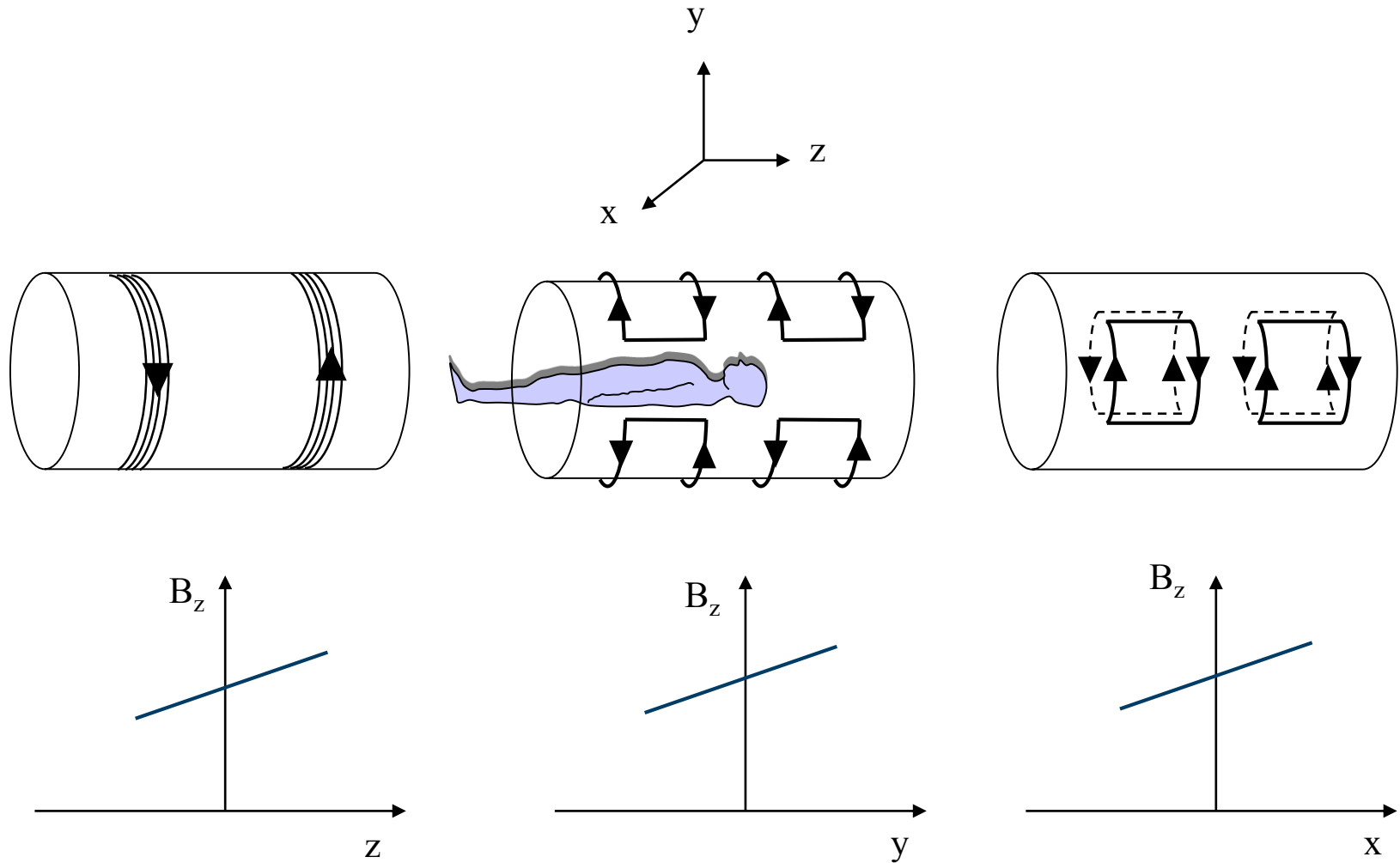
# Analogue-to-digital converters



# High current (400 Amps) gradient power supplies



# Imposing spatial information on precessional frequency



$$\omega(x,y,z) = \gamma B(x,y,z)$$

# What are the main differences to radar and antennas?

Operate in the near field – so coils not antennas

Relatively low frequency so scattering is not relevant

Spatial resolution is not wavelength-related but depends upon the gradient strength, since we impose a frequency/phase difference onto the sample

Magnetic field produces the signal

Electric field produces heating!!



### Advantages and disadvantages of higher fields

## The move to higher fields

Higher signal-to-noise

Higher spatial resolution

Higher spectral resolution

Increased image contrast



C.J.Gorter Center for High Field MRI (established 2008)

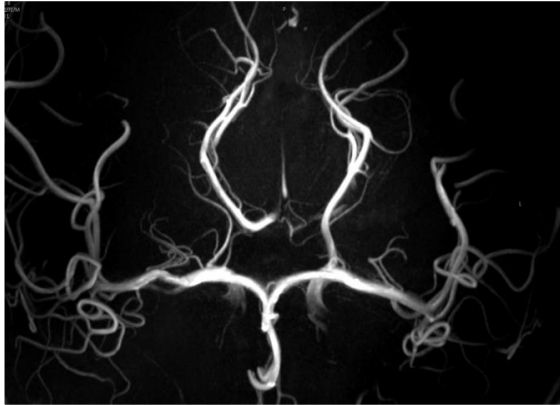
Mission: Develop new technology for clinical, medical research and  
biomedical research in MRI

Technique – application in volunteers – application in patients

Rapid translation of hardware and software – weeks not years

Most rapid – eye coil construction to first patient ~2 weeks

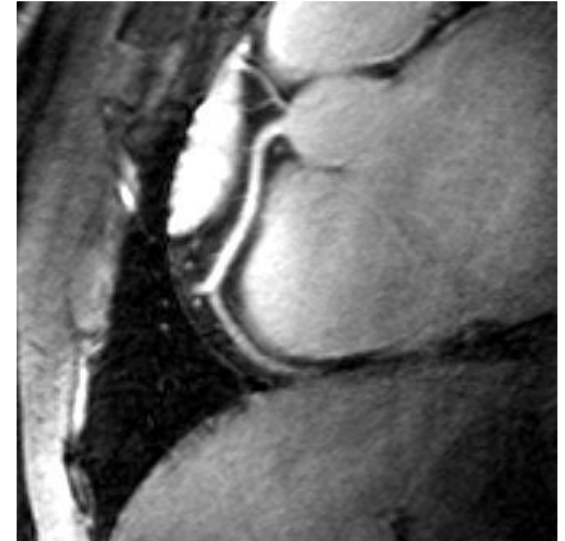
## Examples of 7T MRI projects in Leiden



MR angiography  
small vessel disease

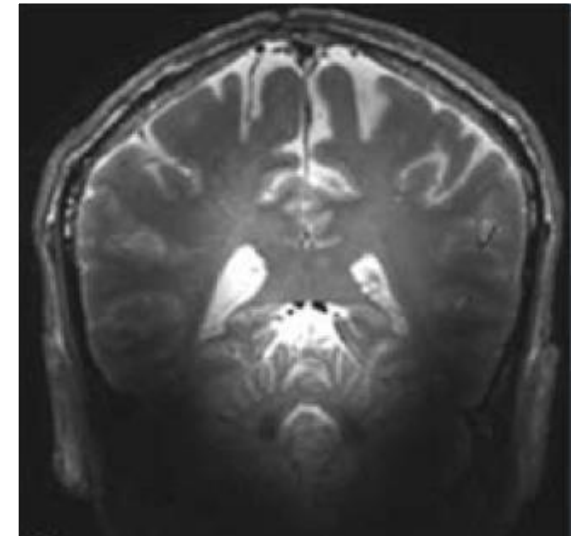
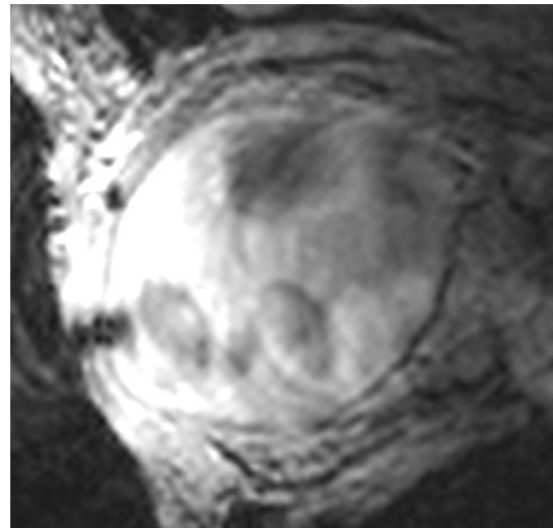
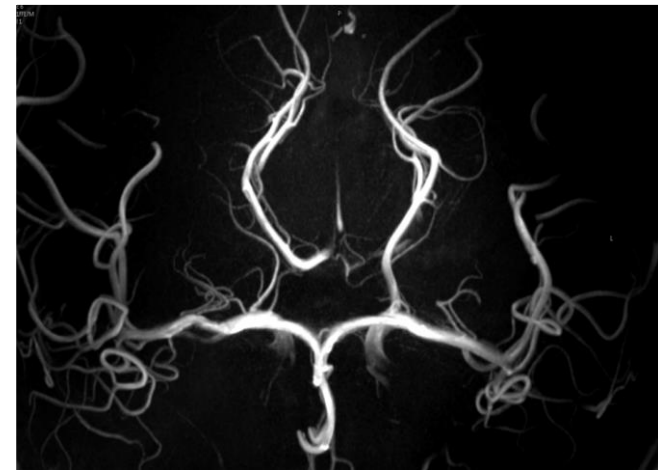
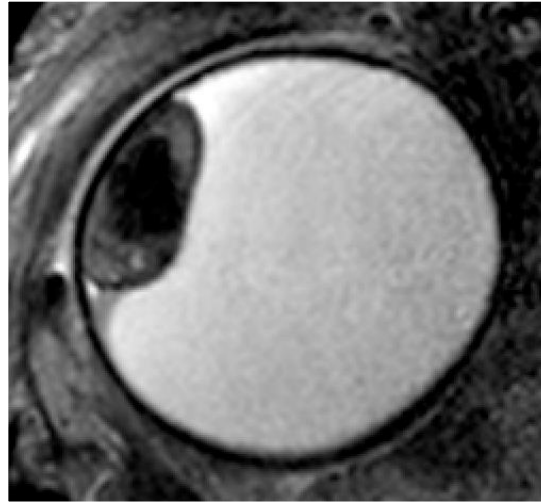
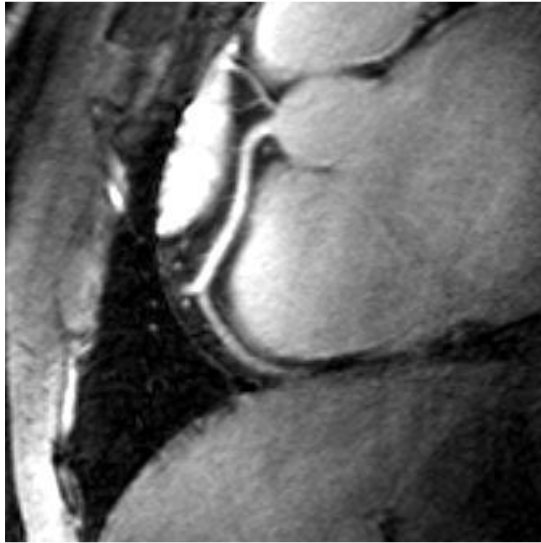


Cartilage for early  
stage osteoarthritis



Coronary artery  
early stenosis

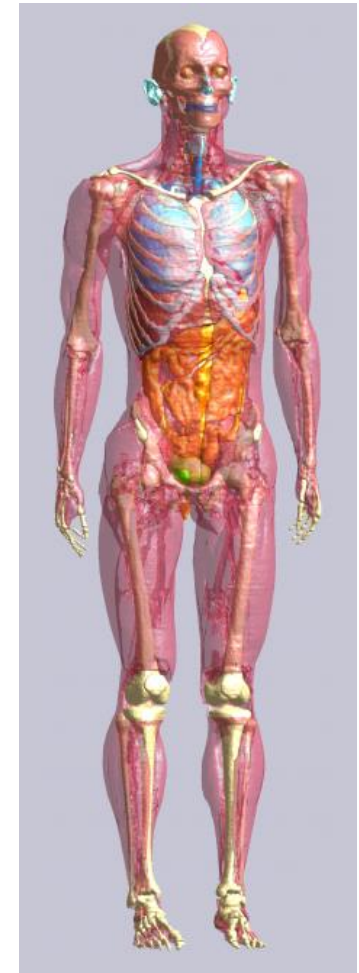
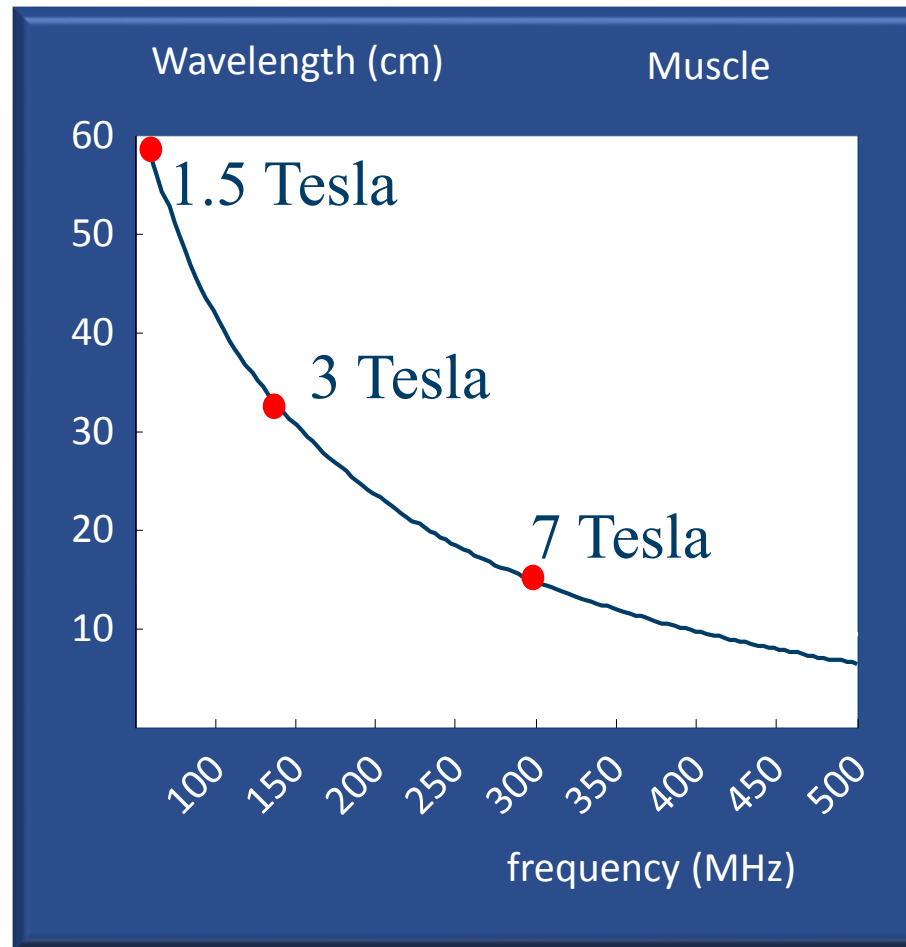
Does it work first time?





## Effects of finite RF wavelength in tissue

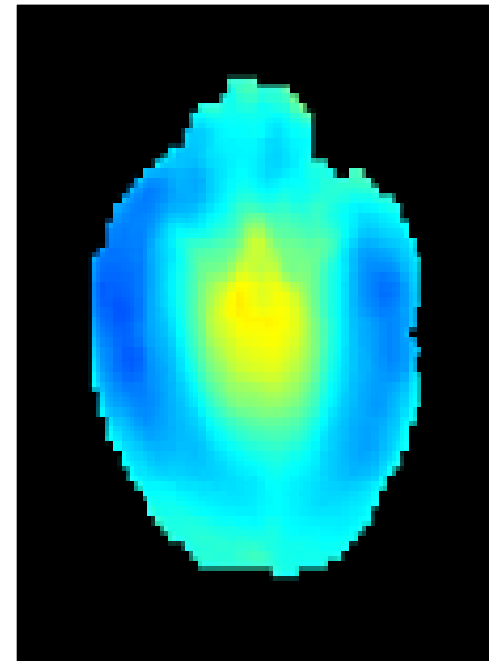
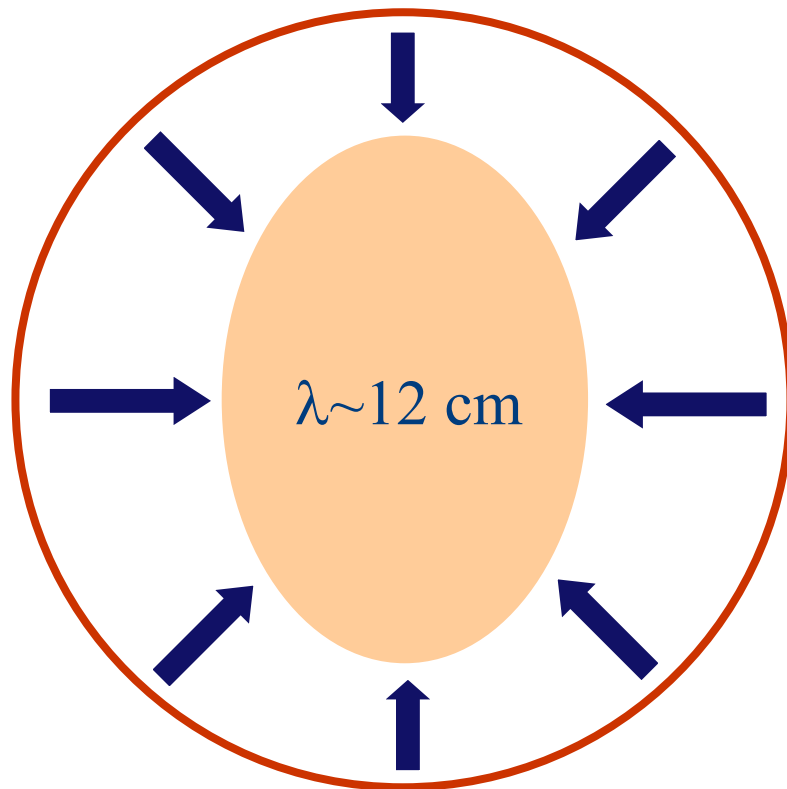
$$\lambda_{tissue} \propto \frac{1}{f \sqrt{\epsilon_r}}$$



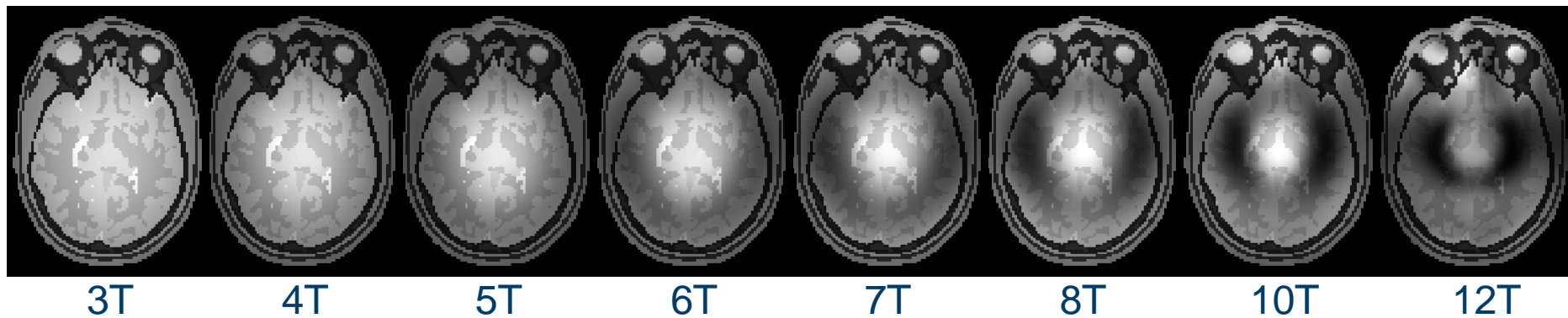
$$\epsilon_r \sim 60$$



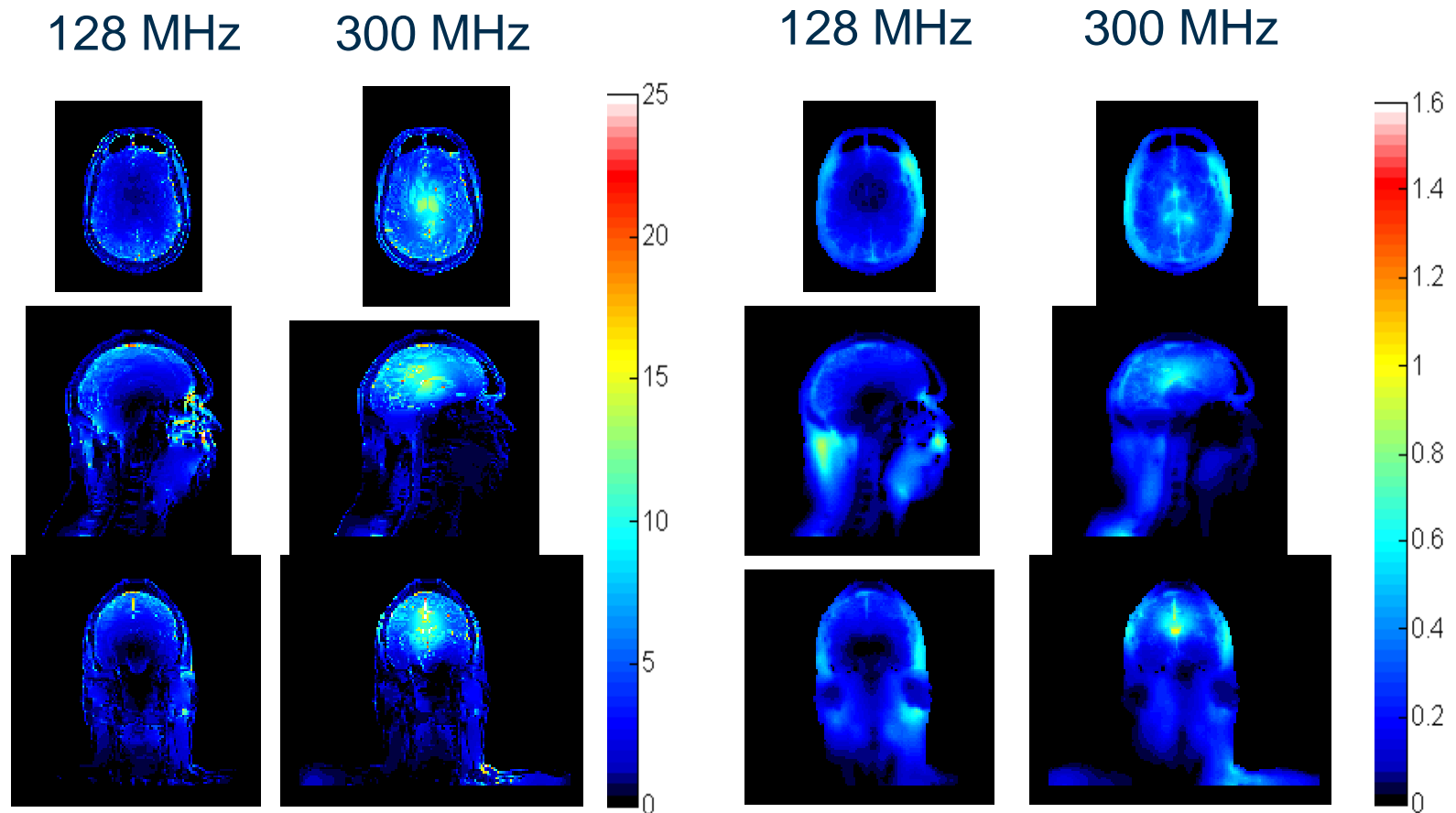
# RF inhomogeneity constructive/destructive interference



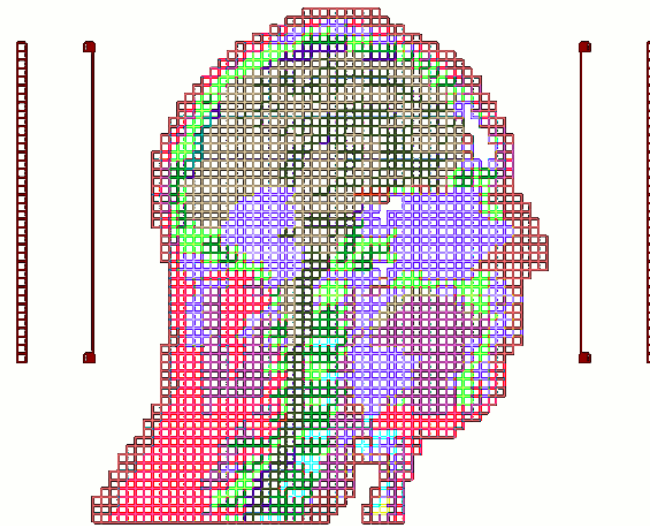
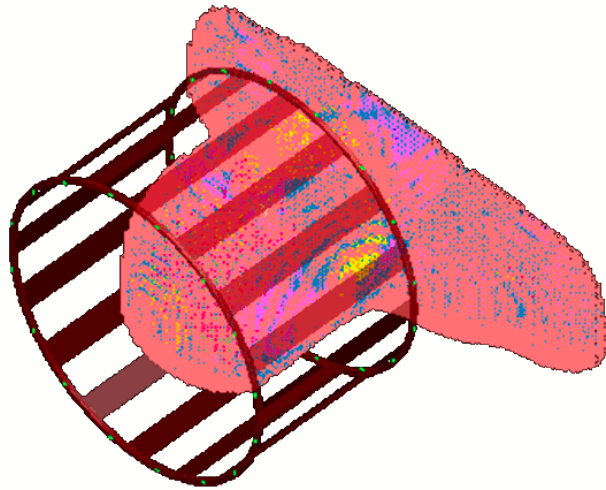
## Image non-uniformities at high field



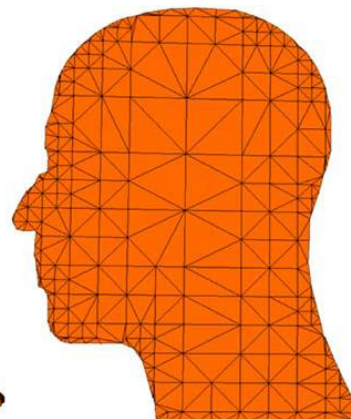
# Increased SAR and heating at 7T



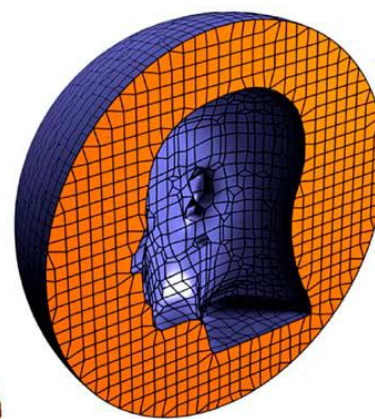
# EM modelling



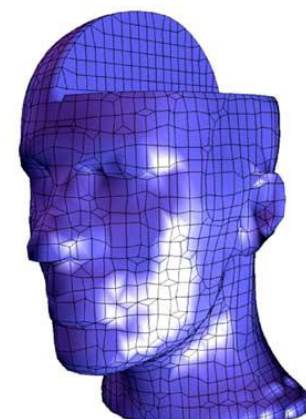
(a)



(b)

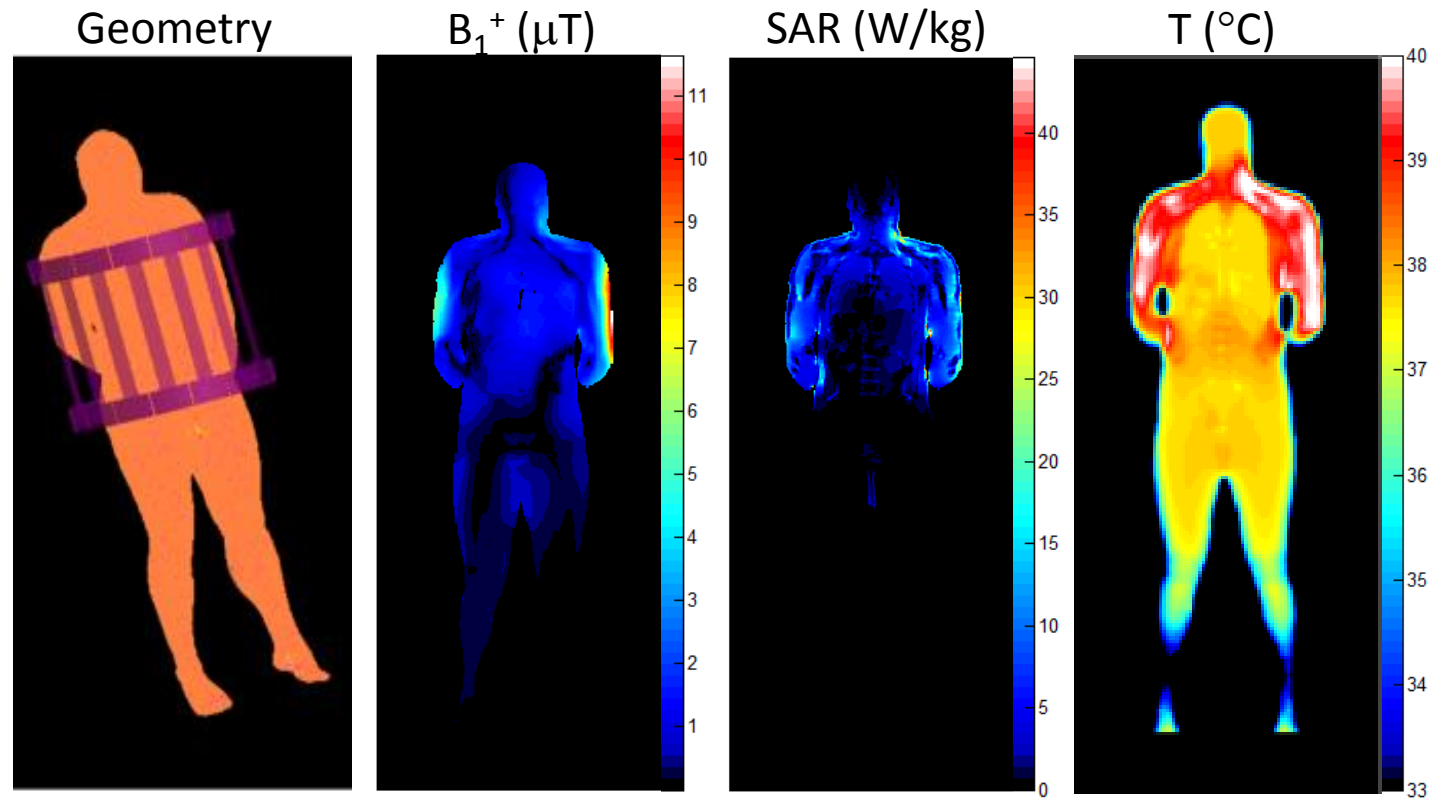


(c)



(d)

# EM modelling



### Uveal melanoma and treatment planning

LUMC is Netherlands Center for uveal melanoma  
200-300 patients per year



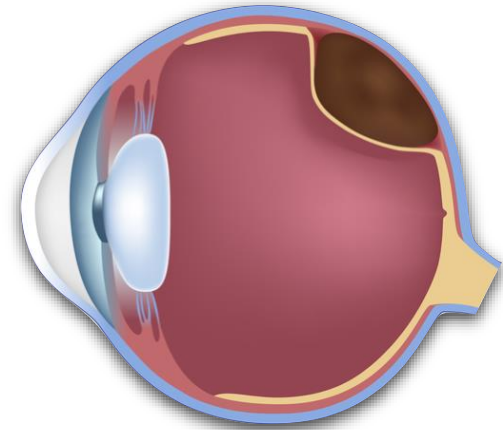
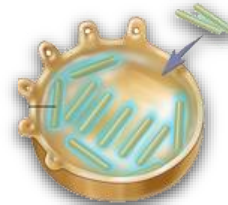
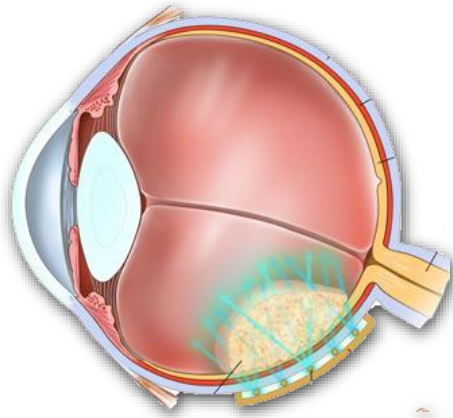


# Treatment options

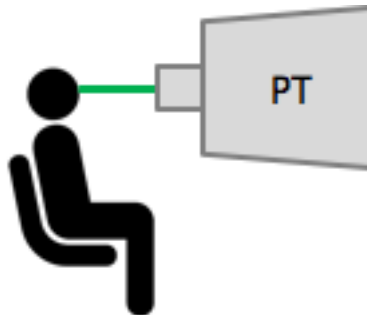
Enucleation



Radiotherapy



External beam  
therapy



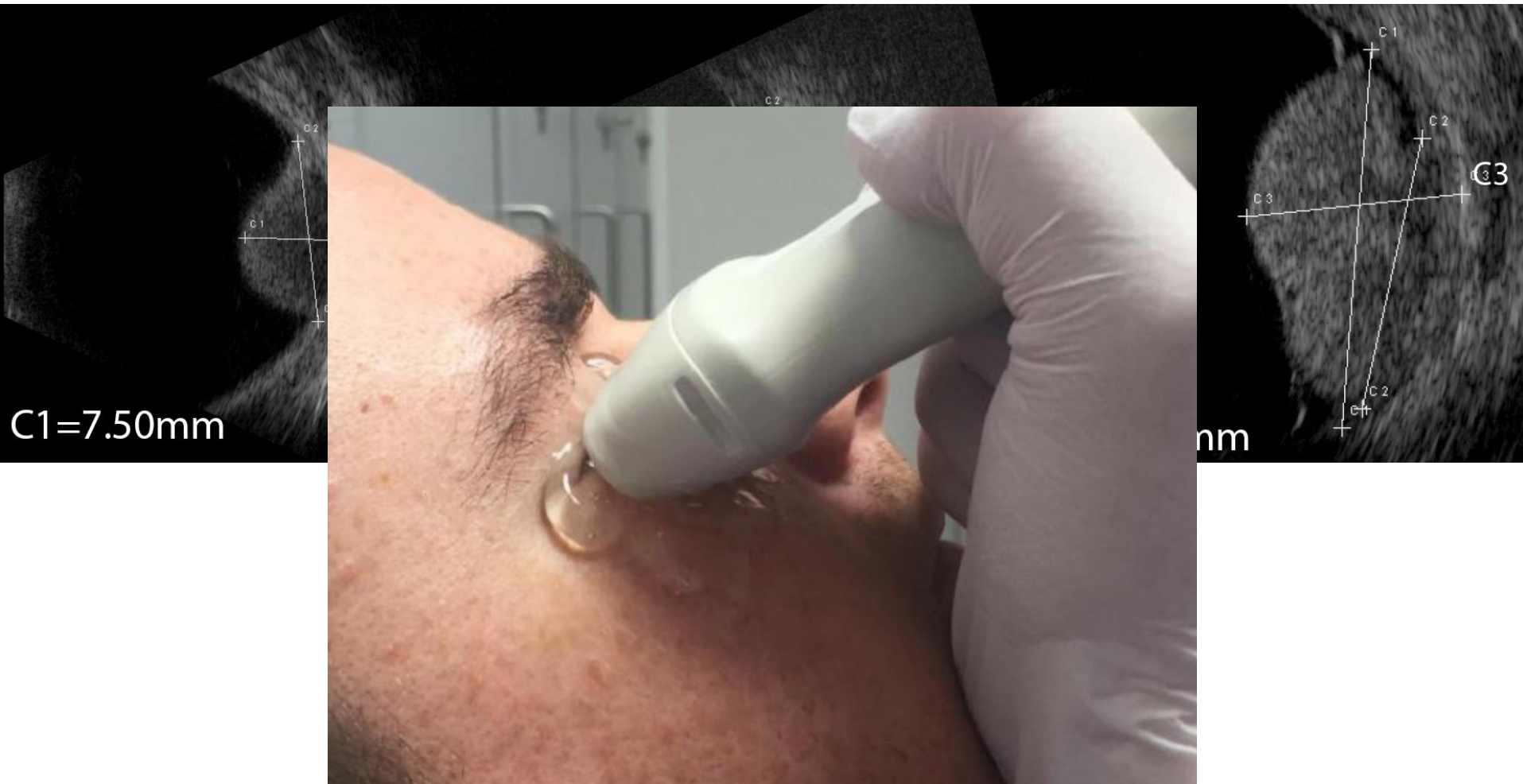


## Ruthenium plaque therapy

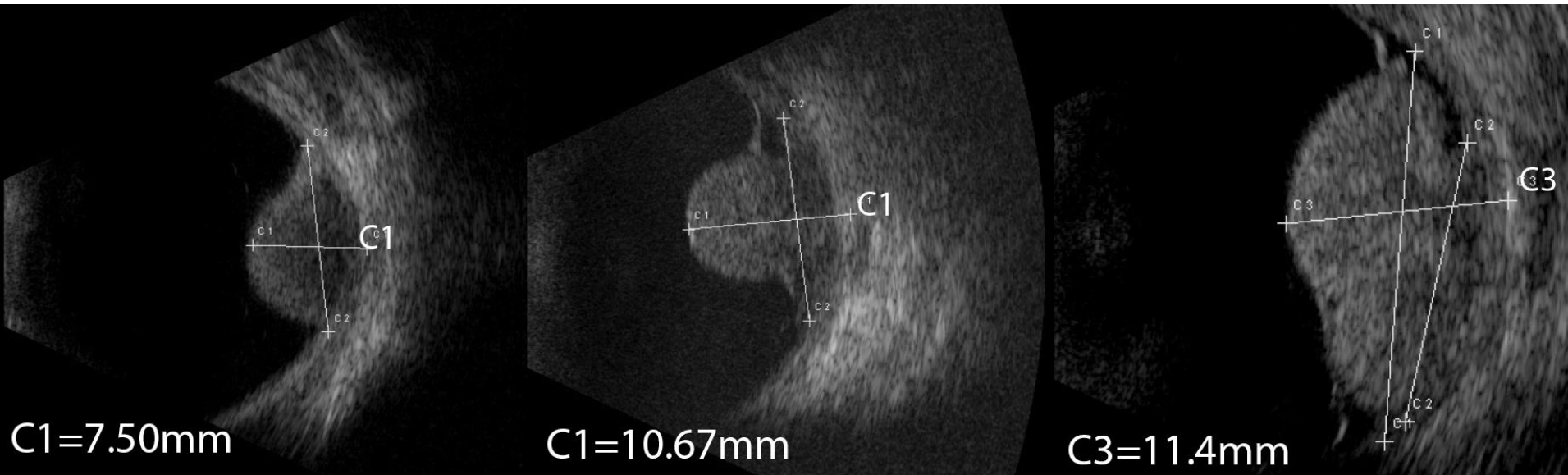
For a patient to be eligible for ruthenium plaque brachytherapy the maximum tumour prominence is 7 mm.

For tumour prominences greater than 7 mm the eye is removed.

# Ultrasound

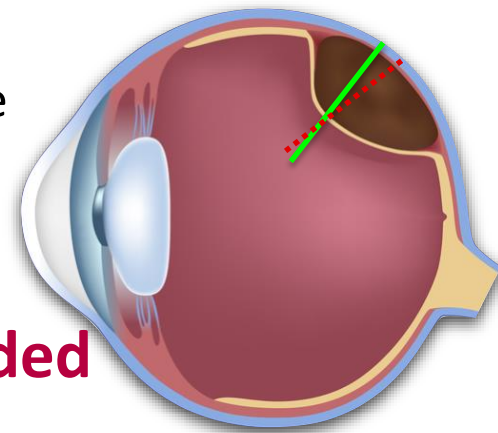


# Ultrasound

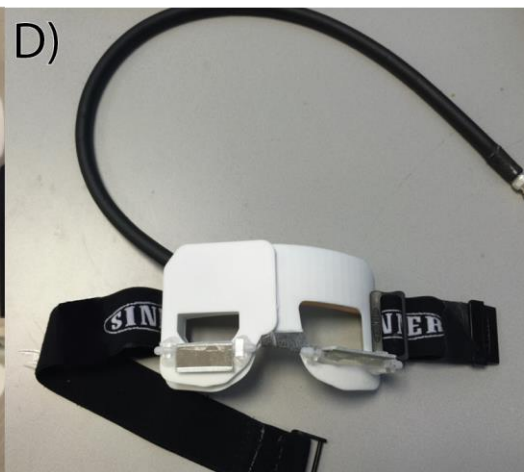
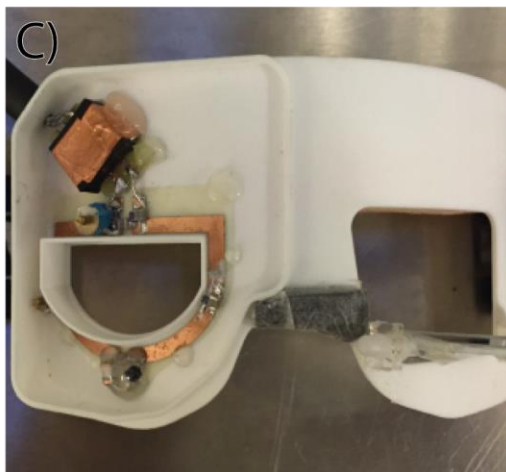
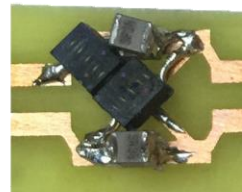
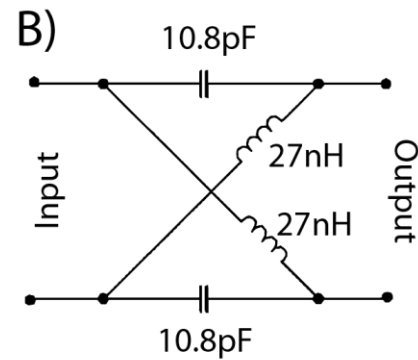
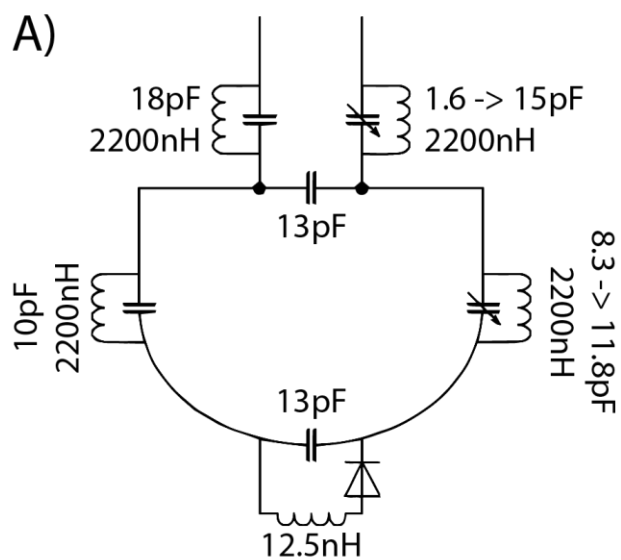


- Only 2D cross-sections
  - Oblique cross-sections typically overestimate tumour size
  - Inadequate for large, complexly shaped tumours
- Low contrast between tumour and sclera

**3D imaging technique with better contrast needed**

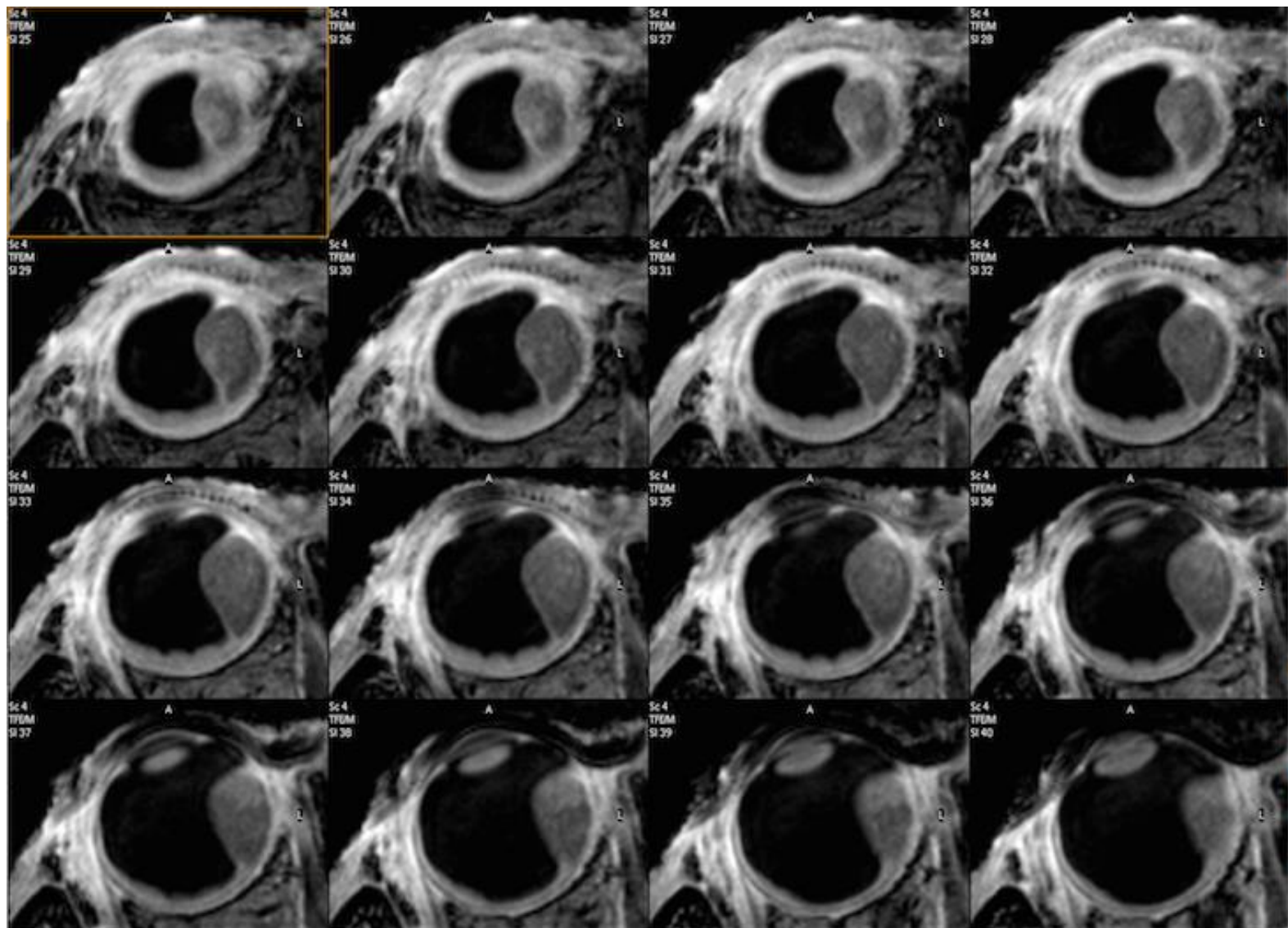


# High resolution imaging of the eye



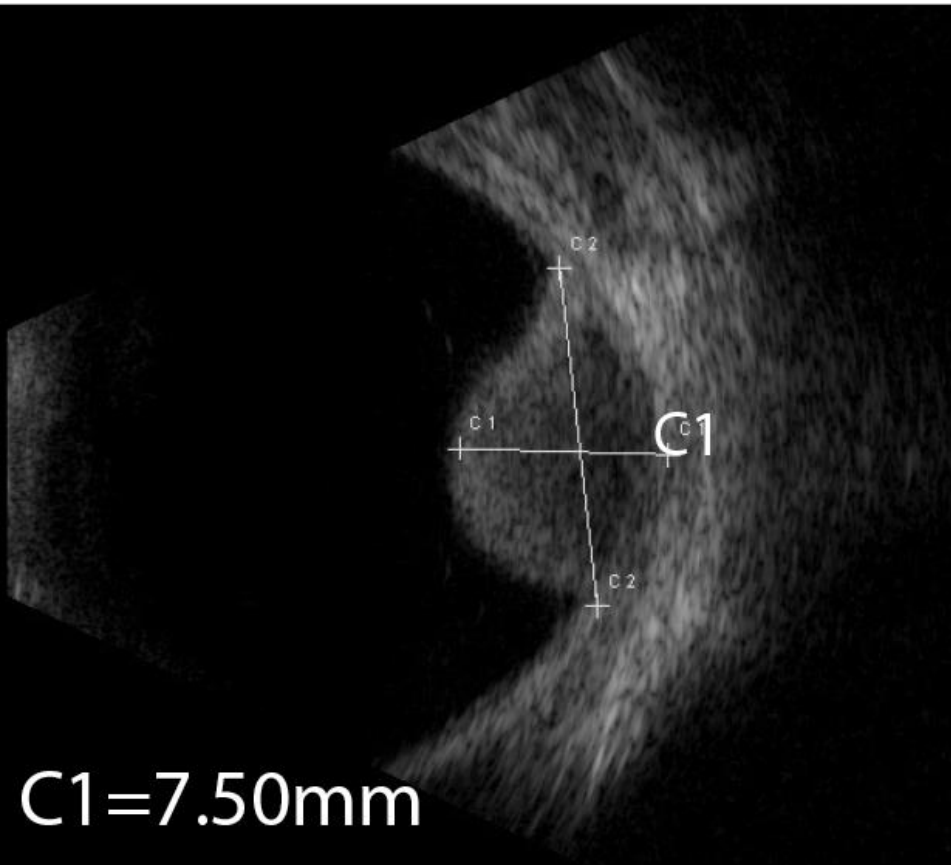


# Uveal melanoma patients

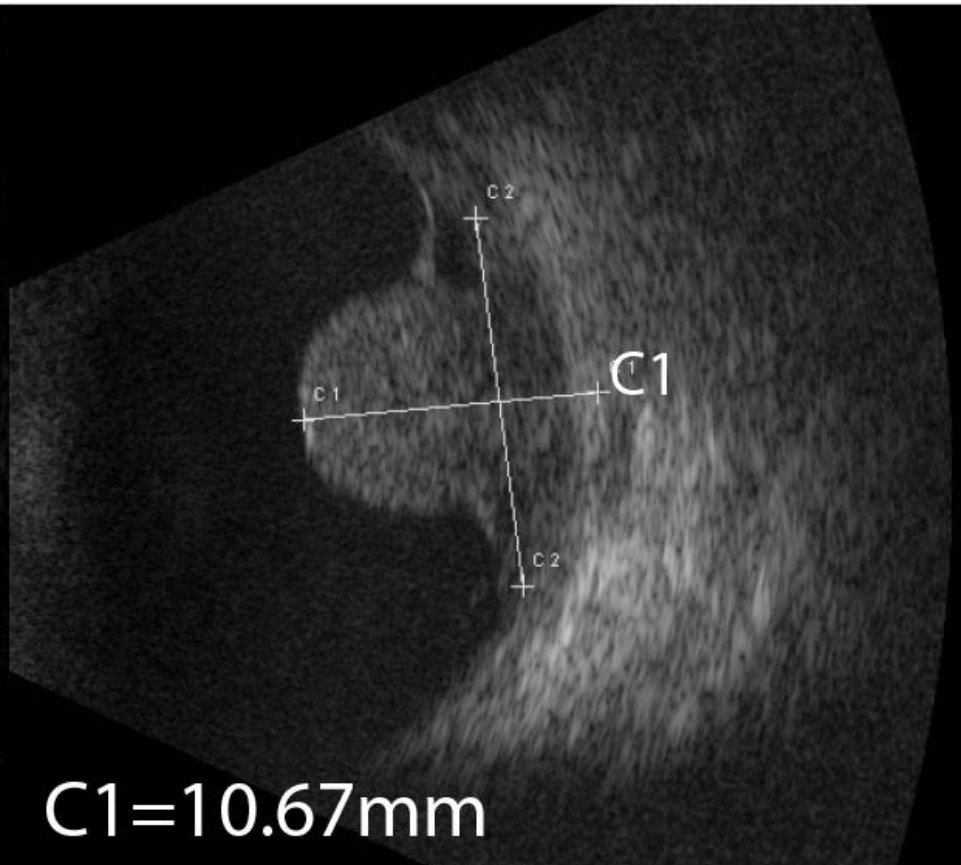


# Two patients

Patient 1



Patient 2



# Two patients

Patient 1 – MRI-estimated tumour prominence was 6.2 mm

Patient 2 - MRI-estimated tumour prominence was 9.2 mm

For patient 1, this resulted a substantial change in treatment plan from eye removal (based on the UBM scan) to treatment with ruthenium plaque therapy

A combined evaluation of all the different sequences showed no extra-scleral extension for either patient.

1-2 patients per week are now being referred to the 7T scanner for treatment planning

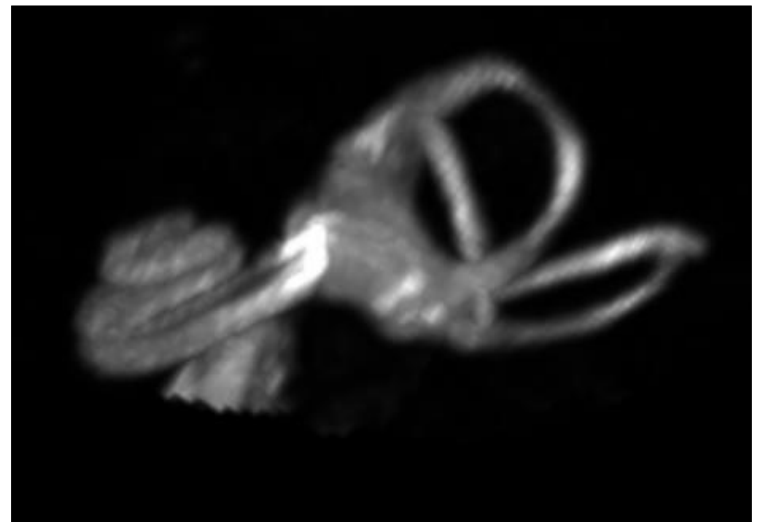
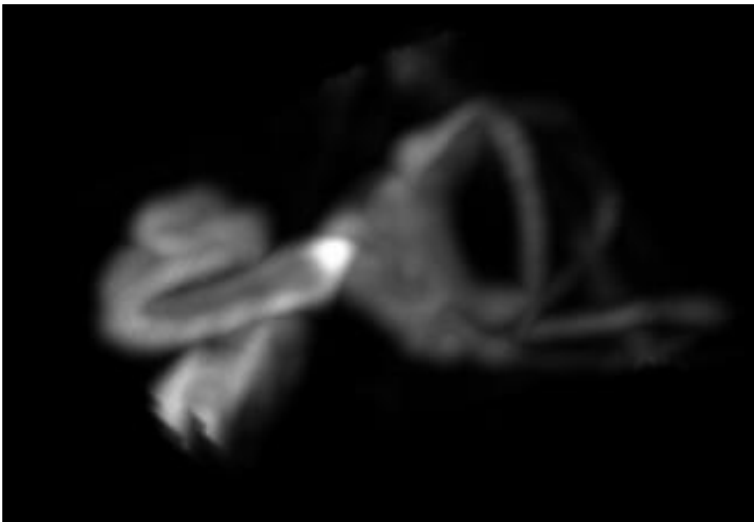
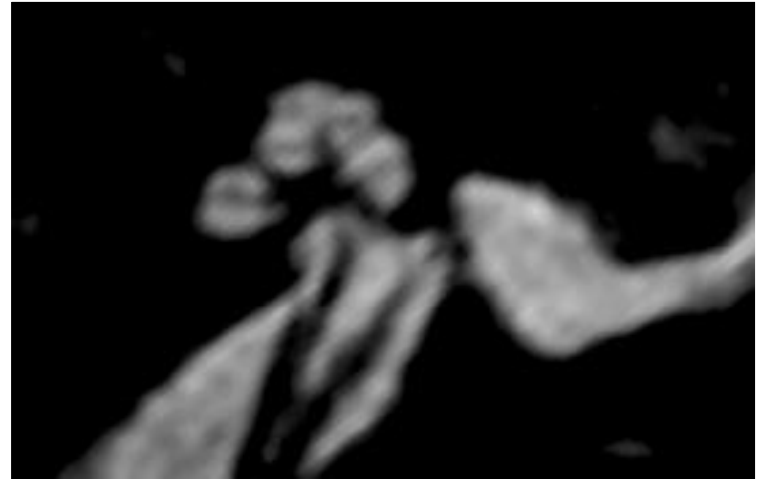


# Imaging patient before cochlear implant

3T

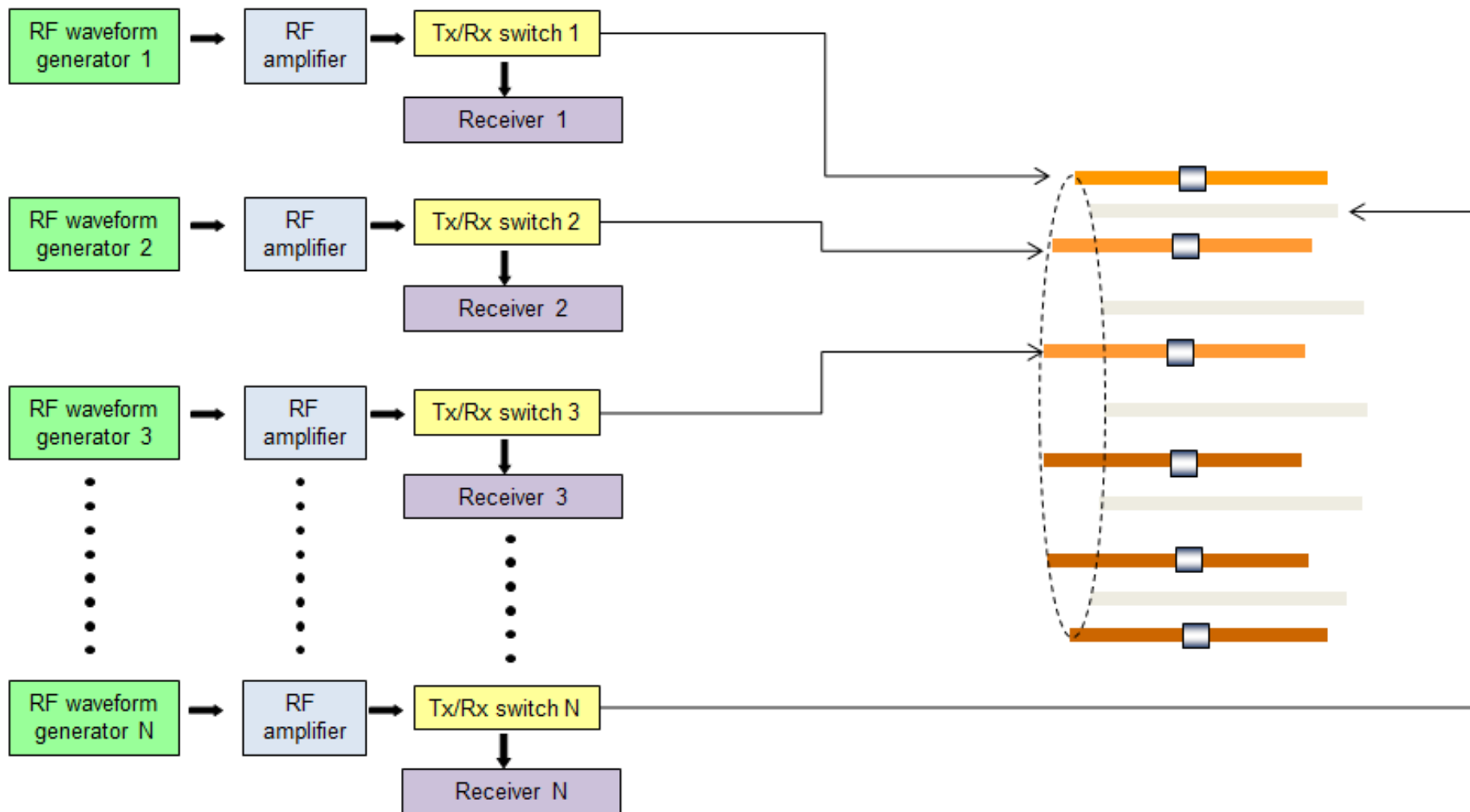


7T

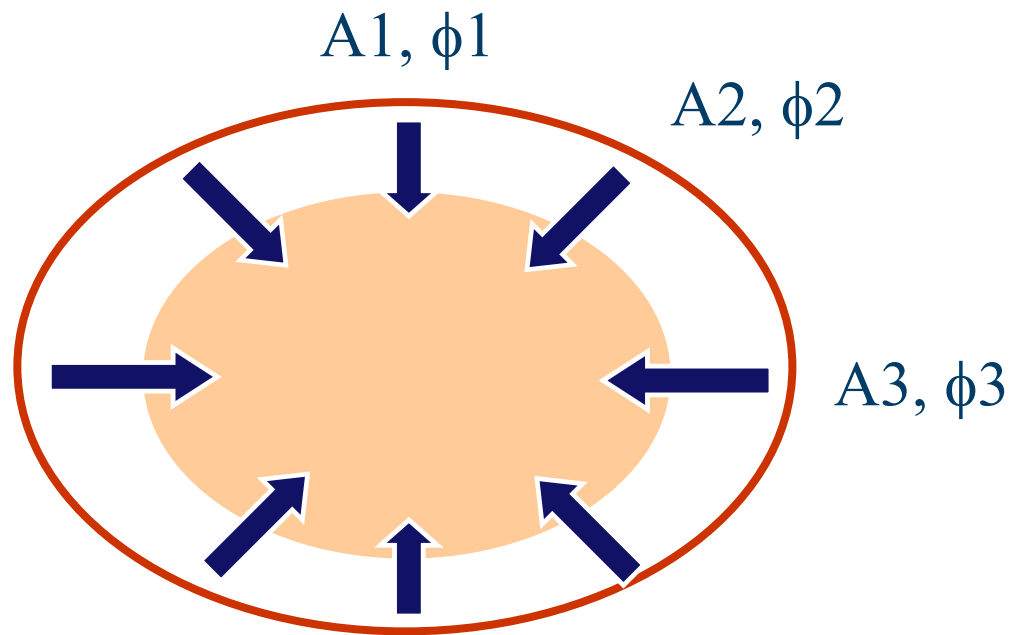


# RF and image inhomogeneities

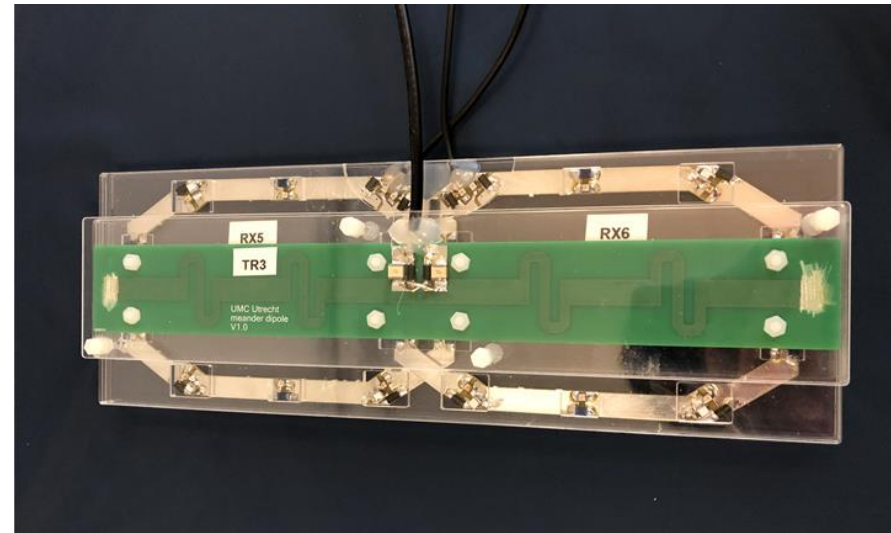
## B1 inhomogeneity – parallel transmit approach



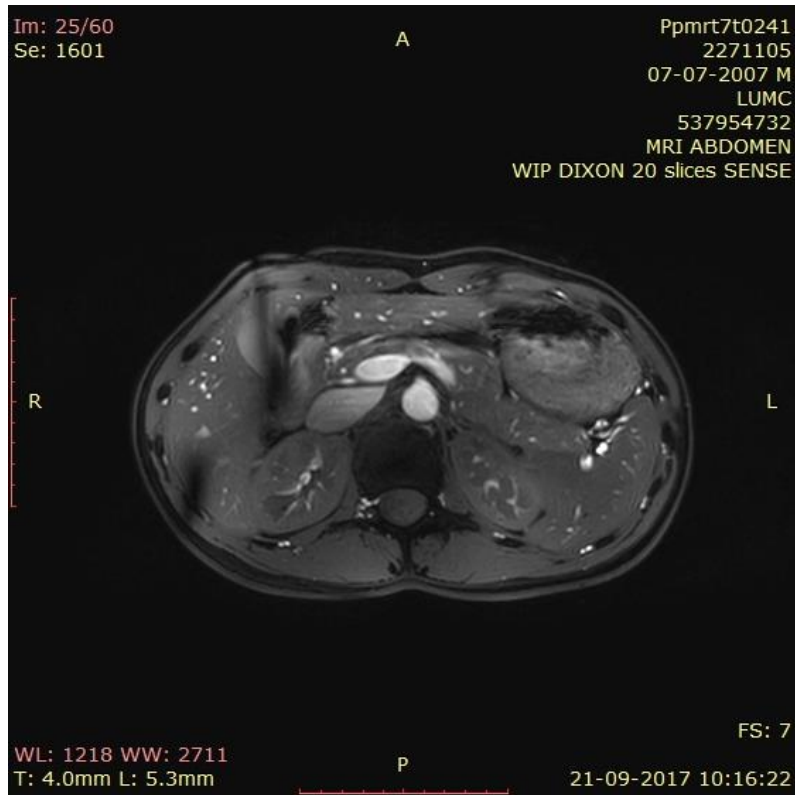
## Parallel transmit approach



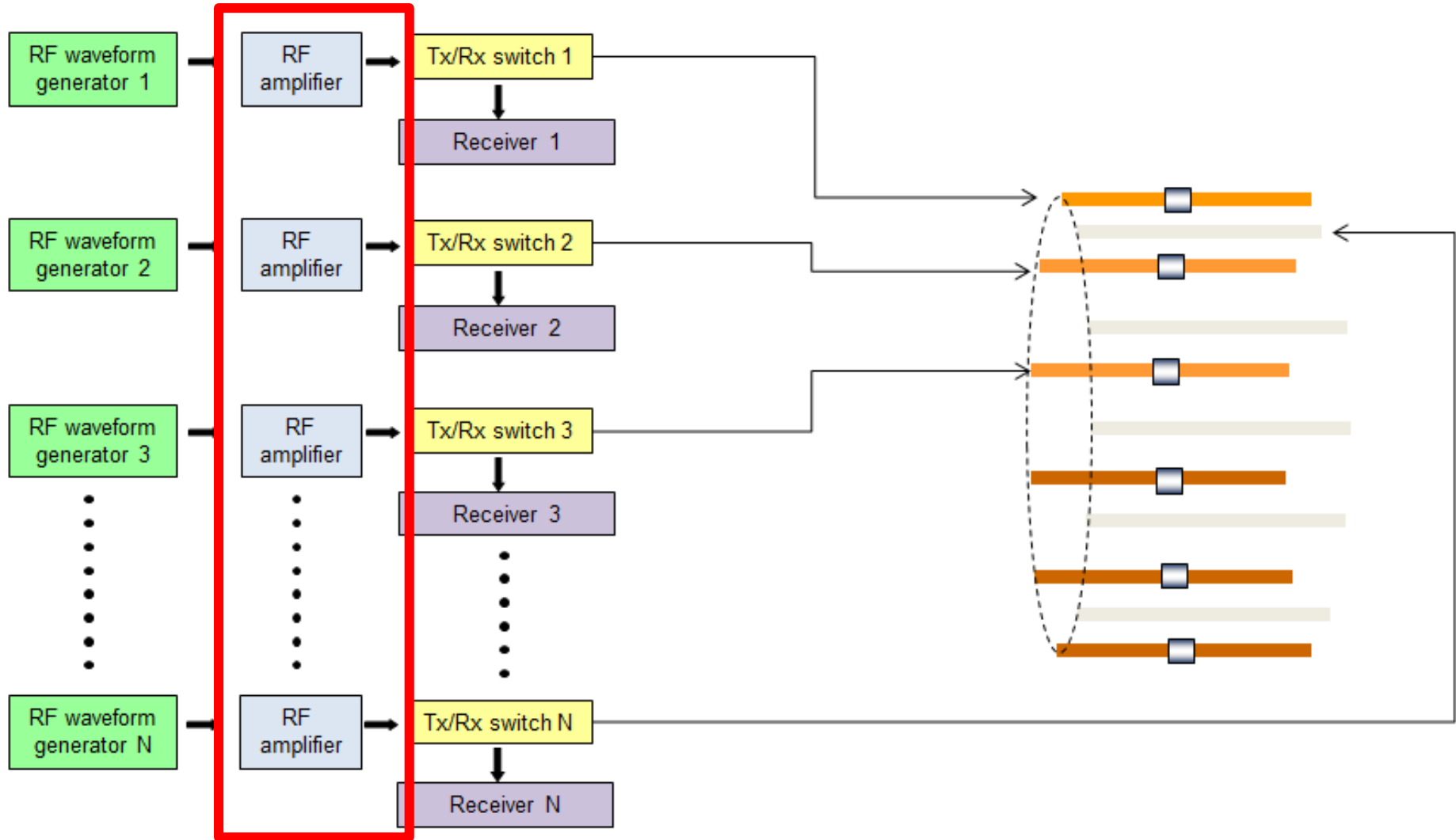
# Multi-element dipole antennas



# First attempts in vivo on the 7 Tesla



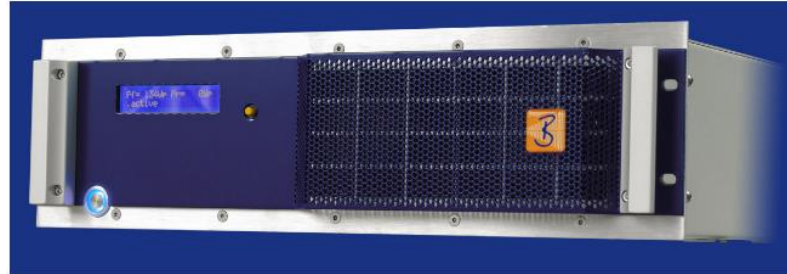
# Parallel transmit approach





# Improving the RF amplifiers?

Class A/B amplifiers  
Broadband

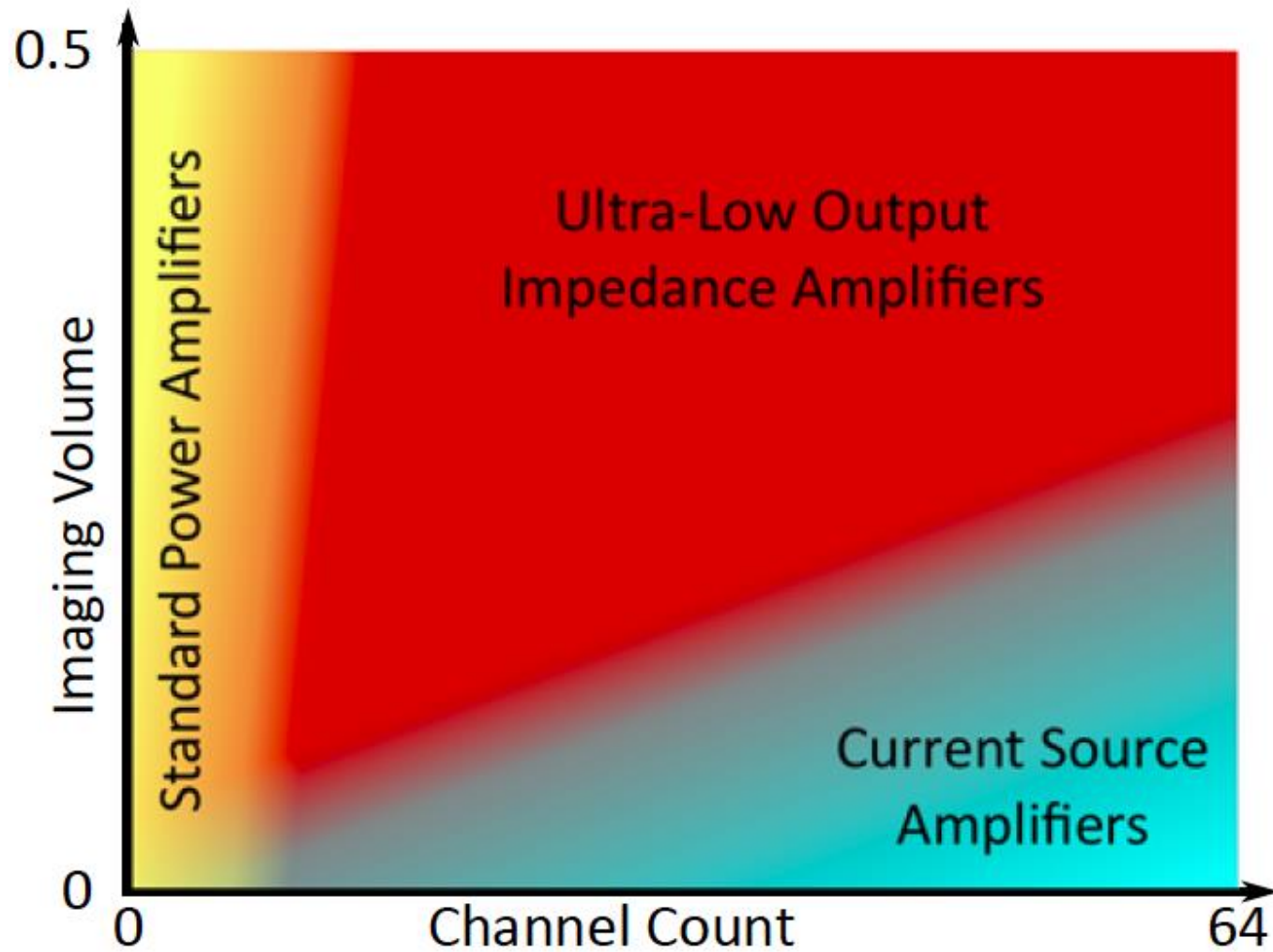


Class D?  
Class E?  
Class H?

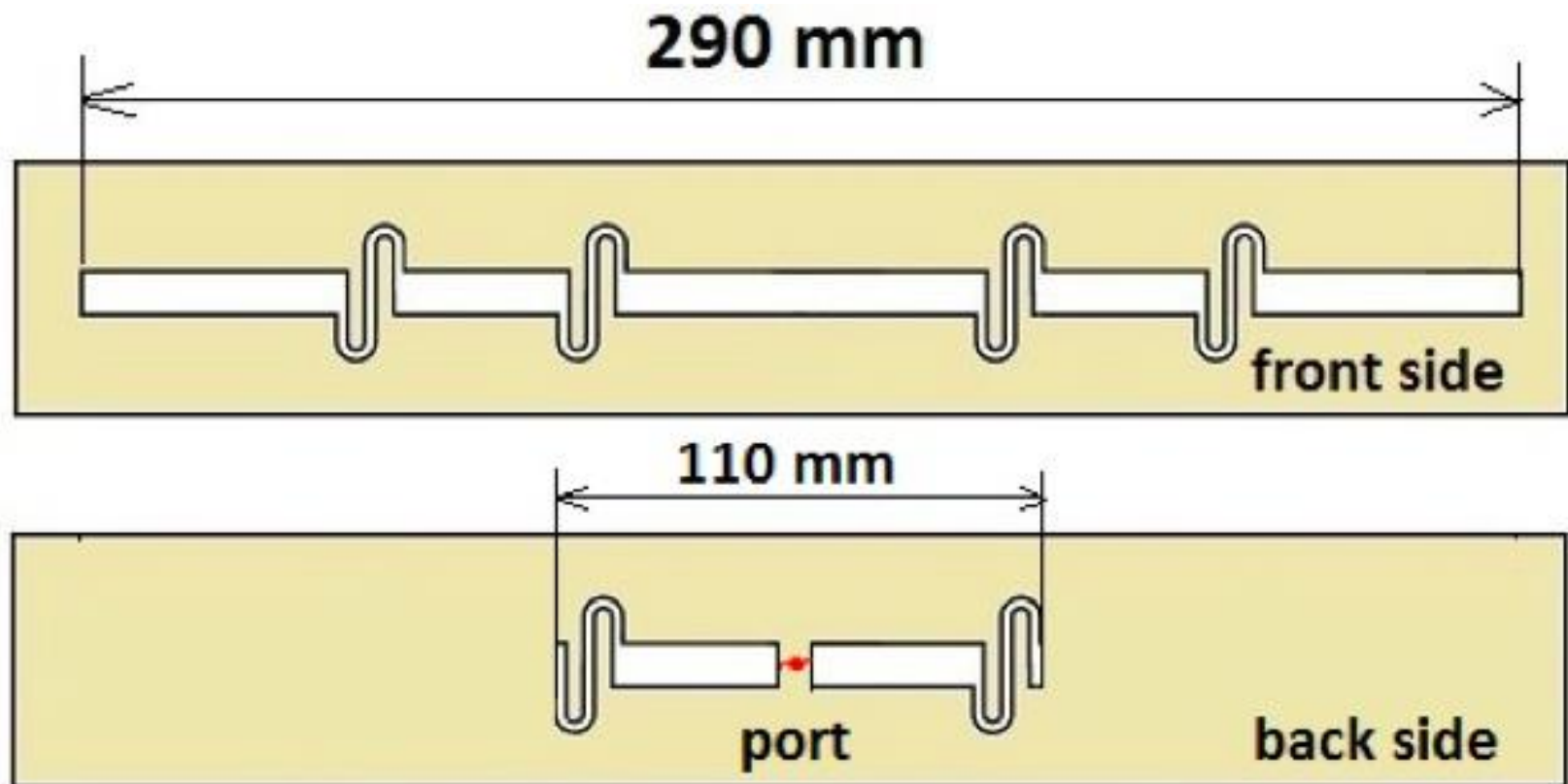


On coil amplifiers to  
avoid enormous power  
losses in cables

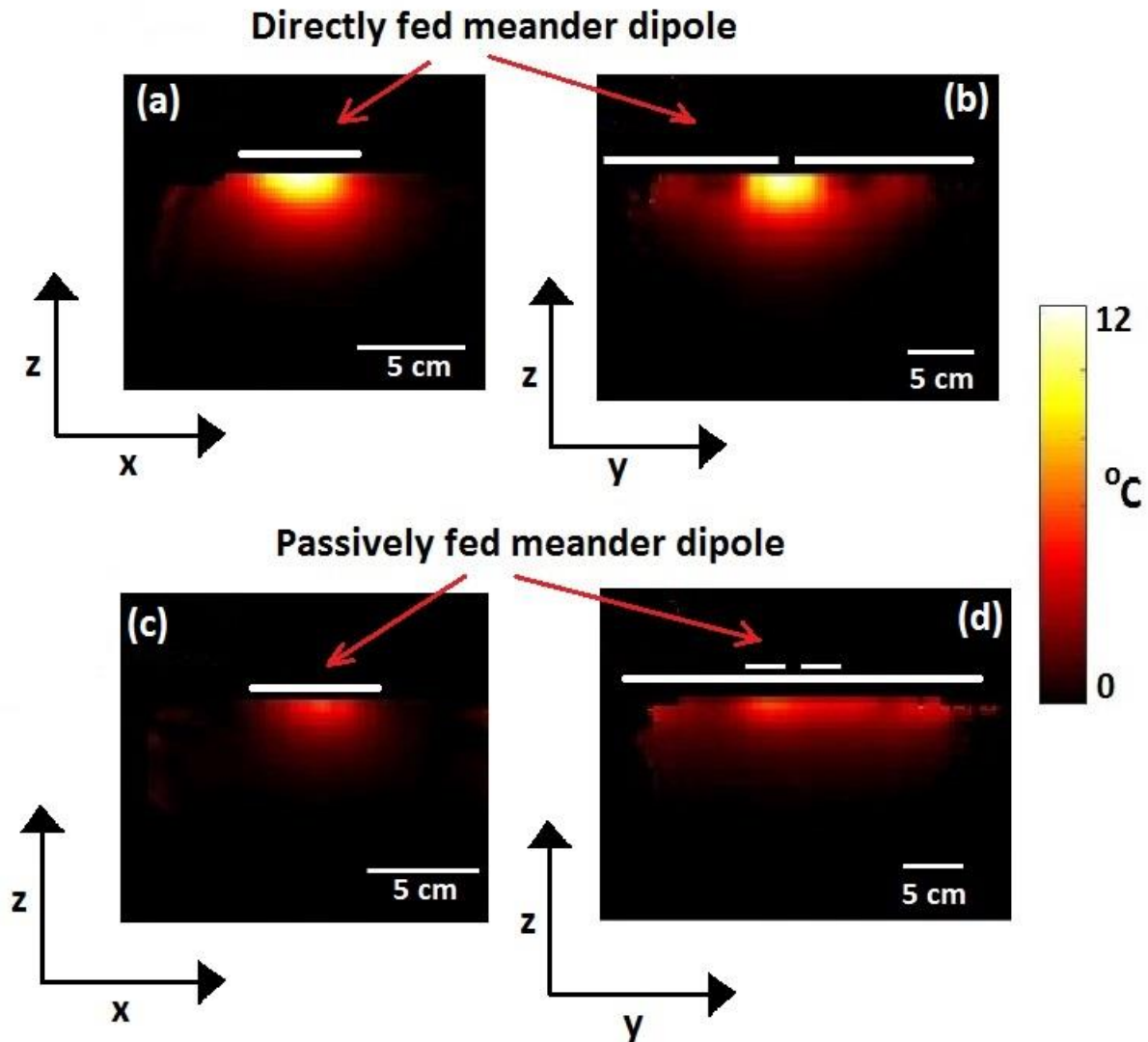
# Different types of amplifiers



## Passively vs. actively fed dipoles



# Passively vs. actively fed dipoles

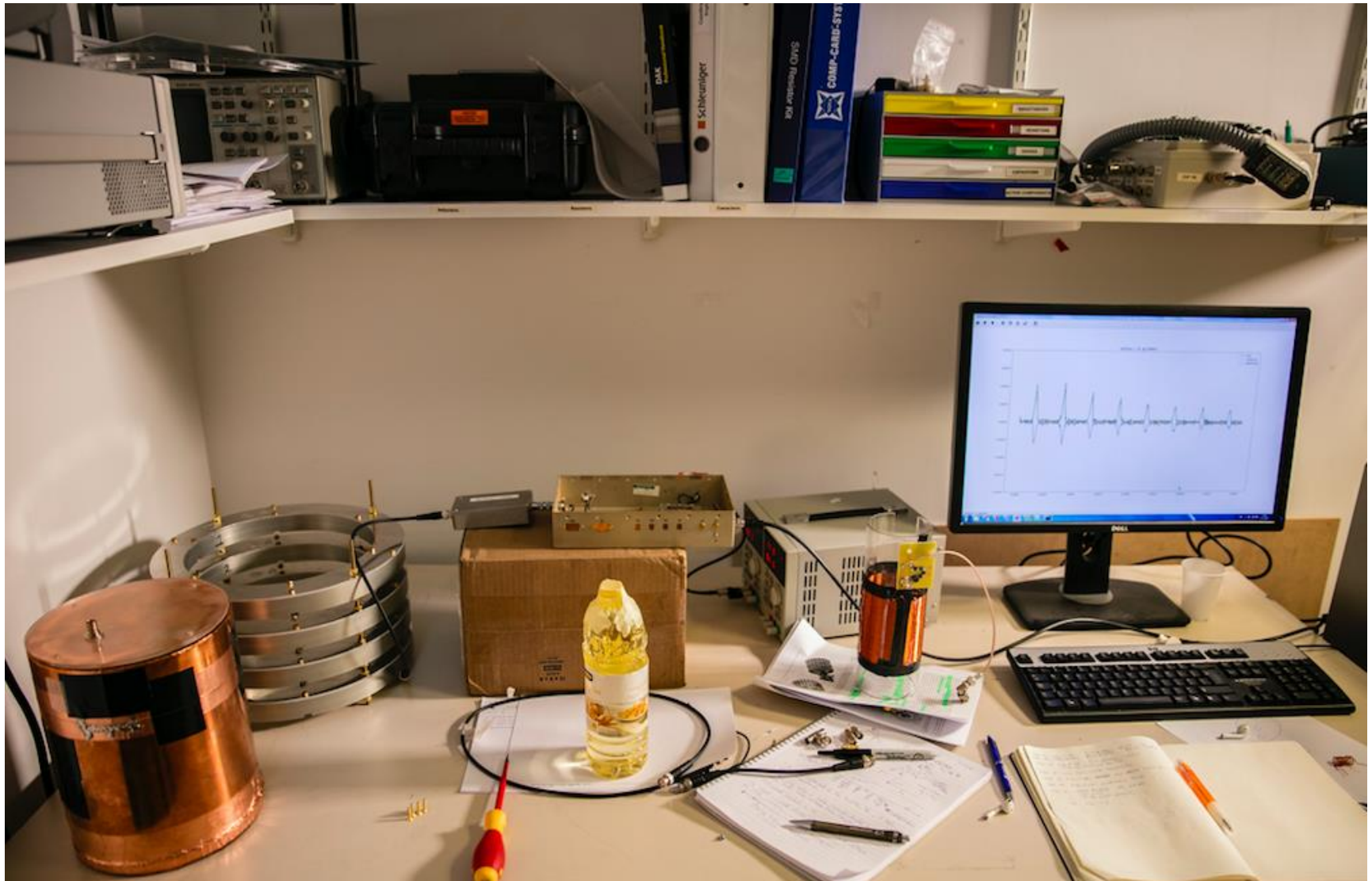


## 5. Ultra-low field sustainable MRI for developing countries

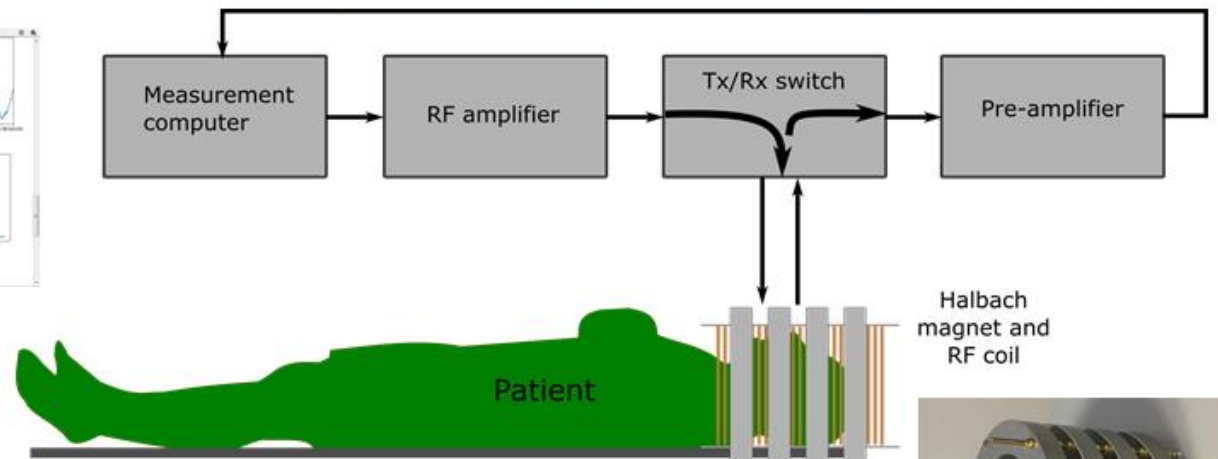
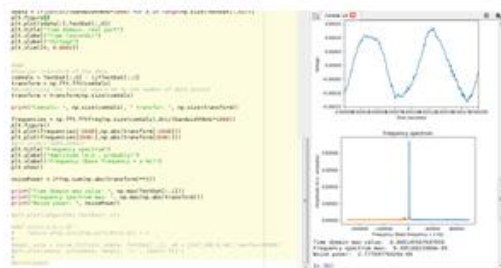
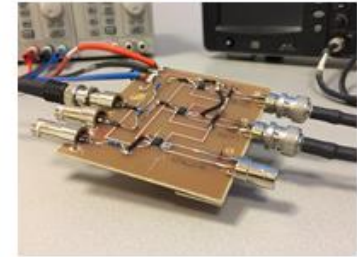




# First prototype system 2018

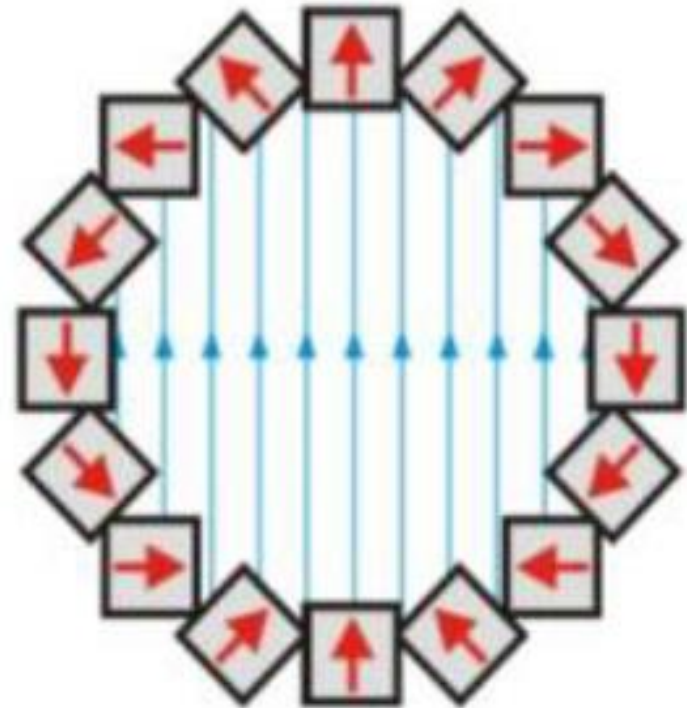
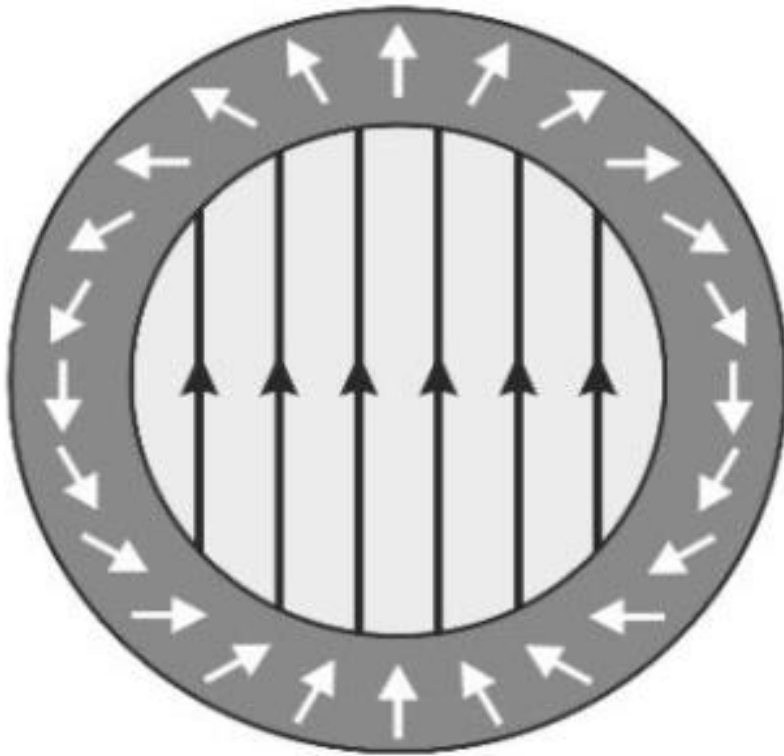


# The system

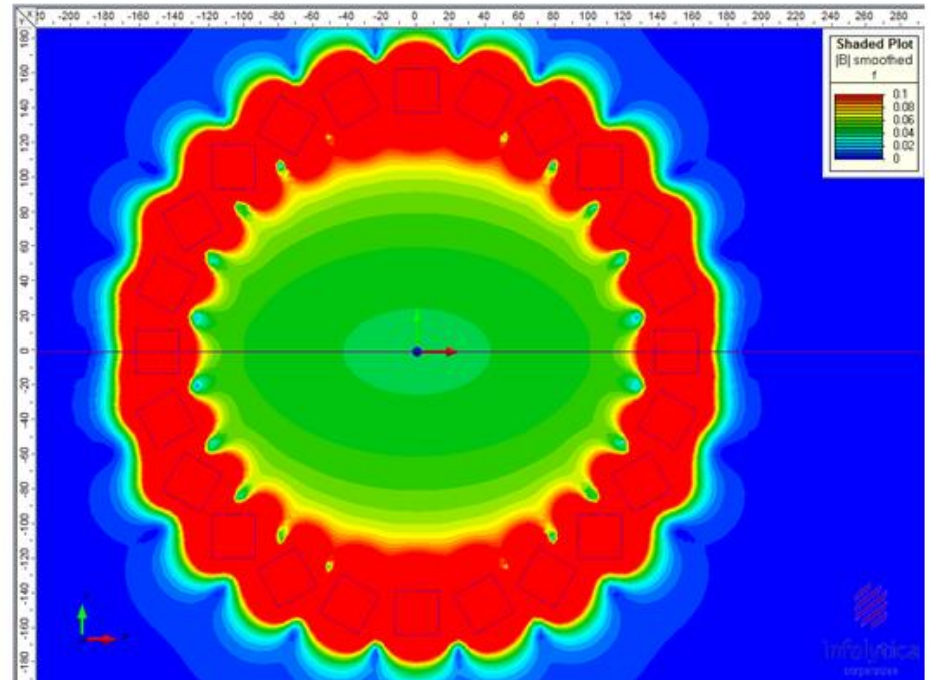
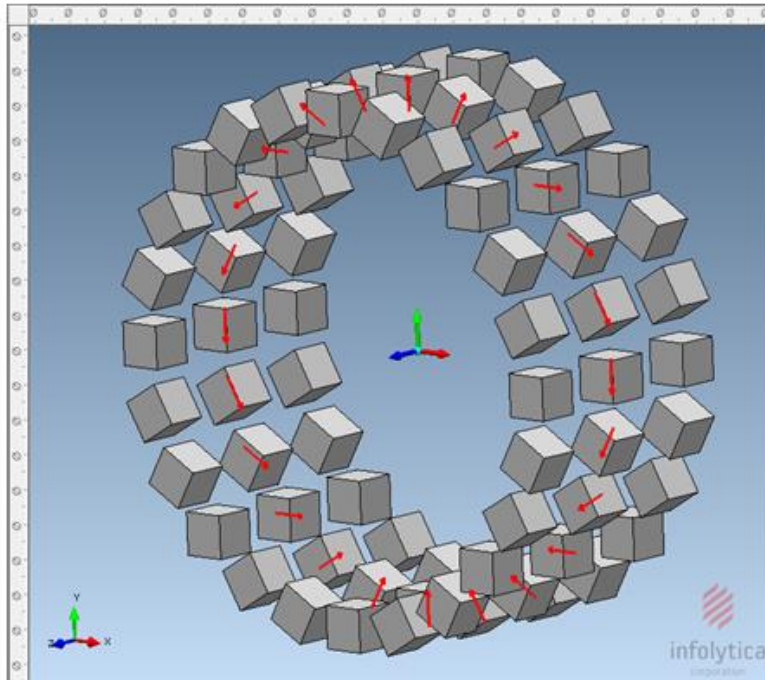




# A Halbach magnet – NdBFe material

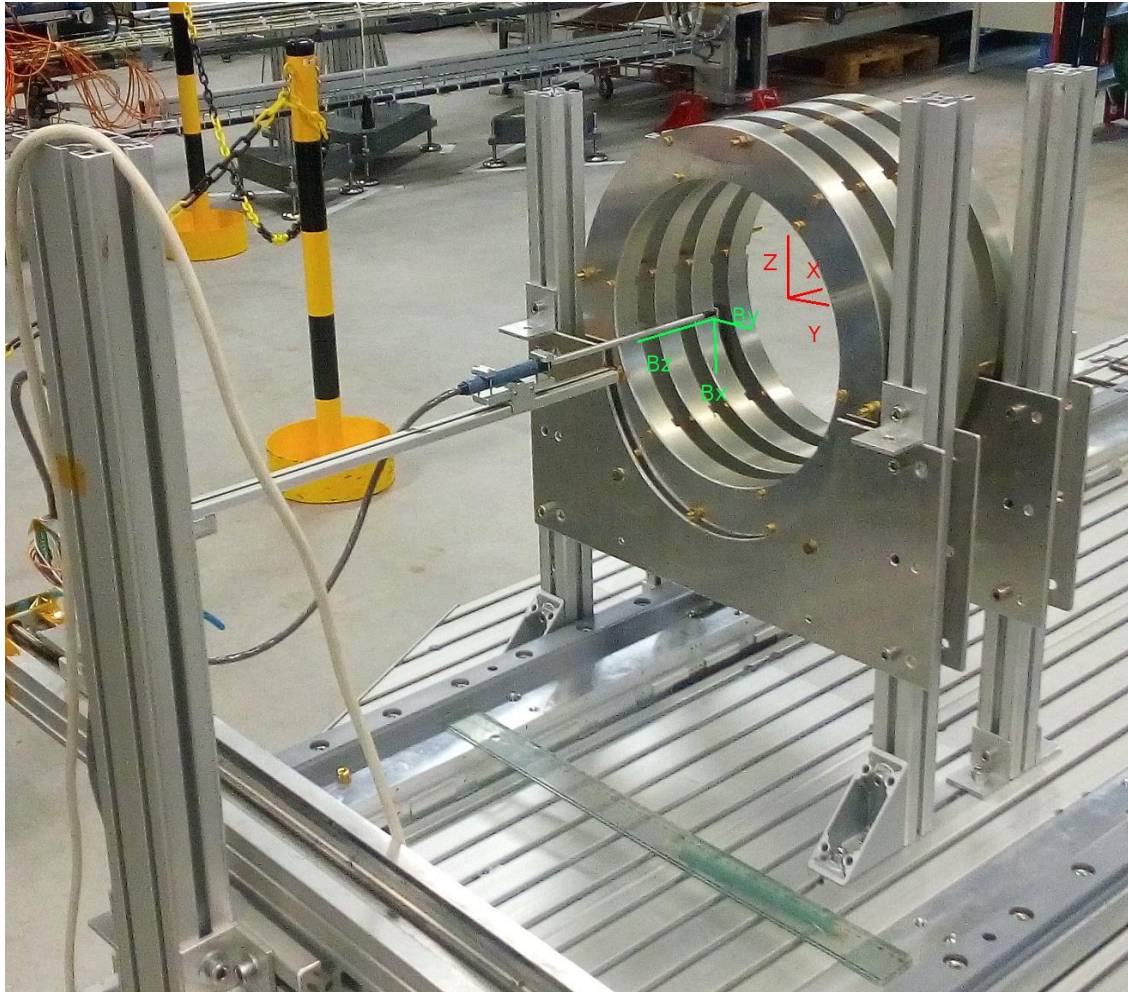


# First iteration modelled



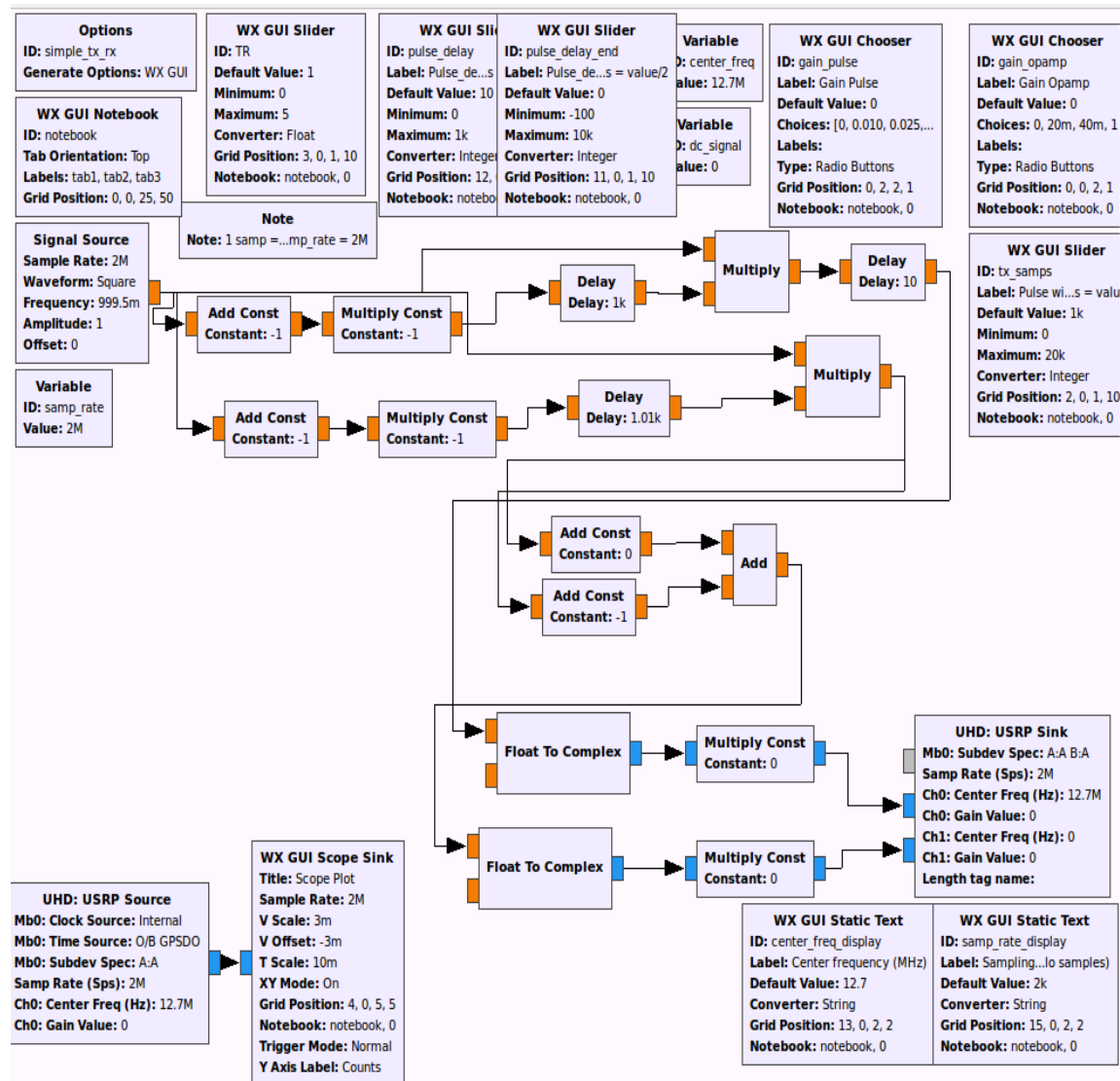
Central frequency 2.5 MHz

And built



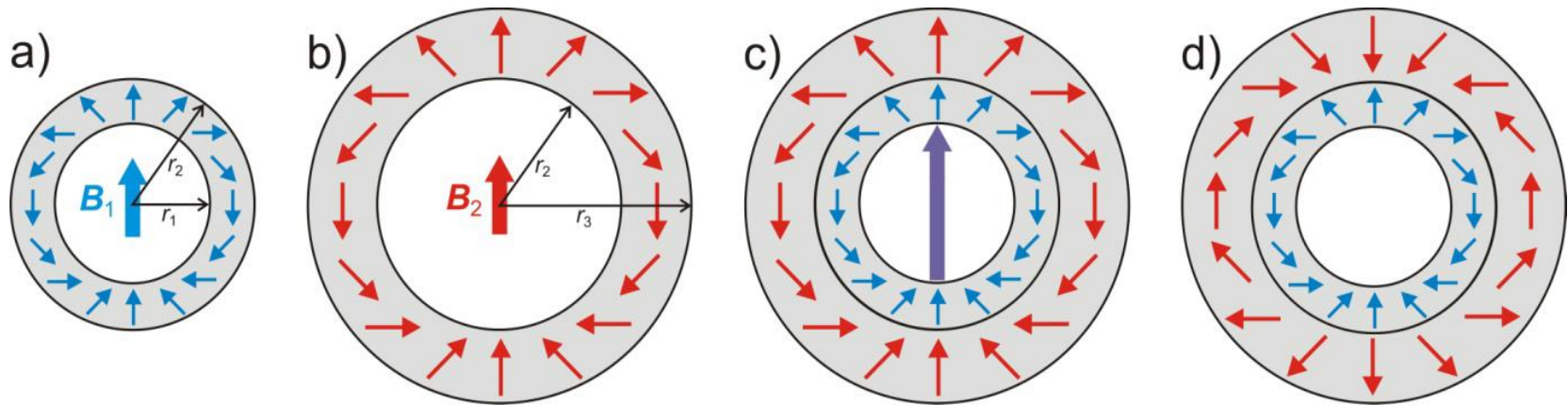


# First software written – open source platform



# How to spatially encode i.e. get an image

Two ring magnet and rotate the outside one



# Collaboration with signal processing from TU Delft

## Image reconstruction

The MR physics in a Halbach array are simulated. Different SNRs are investigated. Due to the inhomogeneity of the field, we use model-based image reconstruction, which leads to a linear least-squares system

$$\mathbf{s} = \mathbf{A}\mathbf{x} + \mathbf{n}, \quad (1)$$

in which  $\mathbf{s}$  is the measured signal,  $\mathbf{A}$  is a known matrix that represents the model,  $\mathbf{x}$  is the initial magnetisation (the unknown image) and  $\mathbf{n}$  is the noise vector. The noise is assumed to be Johnson noise. In order to suppress the noise, total variation regularisation is used, leading to the minimisation problem

$$\min_{\mathbf{x}} \|\mathbf{s} - \mathbf{A}\mathbf{x}\|_2^2 + \lambda \|\mathbf{F}\mathbf{x}\|_1, \quad (2)$$

where  $\lambda$  is the regularisation parameter and  $\mathbf{F}$  is an operator that calculates the value of the jumps between neighbouring pixels. The alternating directions method of multipliers is used in conjunction with conjugate gradient to solve the minimisation problem.

# Steps to improve performance in next 5 years



Figure 4.7: Boost rev2.0, 85 mmX36 mmX18 mm



Figure 4.7: Boost rev2.0, 85 mmX36 mmX18 mm



Figure 4.7: Boost rev2.0, 85 mmX36 mmX18 mm



Figure 4.7: Boost rev2.0, 85 mmX36 mmX18 mm



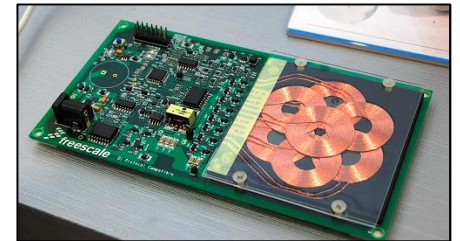
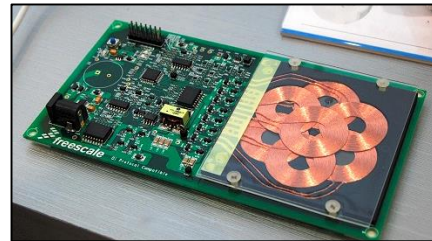
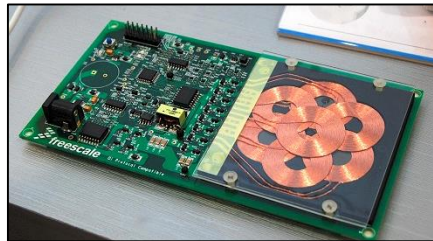
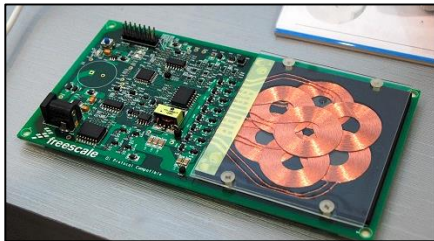
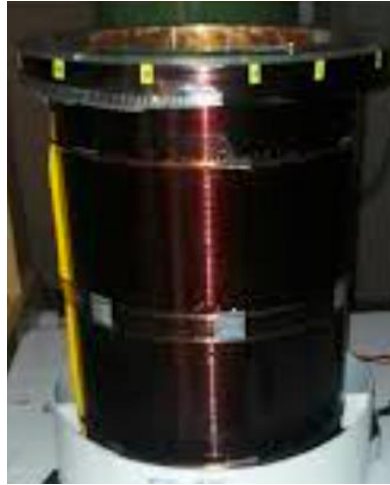
Figure 4.7: Boost rev2.0, 85 mmX36 mmX18 mm



Figure 4.7: Boost rev2.0, 85 mmX36 mmX18 mm



# Steps to improve performance in next 5 years



# Acknowledgements



# Acknowledgements



STW 13375



STW 13783



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Established by the European Commission

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