

# Accelerating MRI to Treat Rare Birth Conditions

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### Background

- Twin-to-Twin Transfusion Syndrome (TTTS) is a condition that occurs in identical twins that share a placenta.
- TTTS occurs when blood vessels in the placenta connect the two fetuses, allowing one twin to receive too much blood and the other twin to receive too little.
- Without intervention, both twins die, and often the mother as well.



Source: Johns Hopkins Medicine

Figure 1. In TTTS, fluid flows along the connected blood vessels (in red) from the **donor** to the **recipient** as indicated by the yellow arrow.

- One treatment that shows promise is laser surgery, where surgeons cut connected blood vessels using laser.
- The success of the surgery depends on how many blood vessels the surgeon cuts.
- Imaging the placenta in advance gives the surgeon a map to the blood vessels.
- MRI is too slow to make this map—-a scan of a fetus may take **up to 10 minutes**.
- One way to accelerate MRI goes unused because it can be unreliable. We found out why.

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## Parallel Imaging

- **Parallel Imaging** takes advantage of multiple coils in the MRI machine.
- Each coil images the same part of the body, and these images are then **combined**.
- Combining these images can make scan time shorter by leaving out some data.
- Sometimes this combination creates bad images (Fig. 4).



Figure 2. Cartoon of a typical MRI birdcage-style coil. This style of coil is very common. Each rung of the coil receives the image. The blue dots are capacitors.



Figure 3. An example image produced by a coil like Figure 2. Notice how each image has a different "brightness" pattern.



Figure 4. An example of a good image (left) and a bad image (right).

## Parallel Imaging, cont.



Figure 5. More examples of good (left) and bad (right) reconstructions. Each row uses the same amount of data.

Since the reconstruction can be bad quality, this technique is **not used in the clinic**. Our Work

We have discovered why this technique can fail.

With this knowledge, the image quality is **always** good.

Using this technique in the clinic can reduce scan time by **up to a factor of 10** 



Figure 6. The difference between a good (top) and a poor (bottom) reconstruction is the direction of undersampling, shown by the red arrow.