

# Diffusion Tensor Imaging (DTI) - A New Imaging Technique Applied in Multiple Sclerosis

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**W**ater molecules' motion or diffusion was found to be much faster along the white matter fibers than perpendicular to them. The difference between these two motions (parallel and perpendicular to the fibers, also termed diffusion anisotropy) is the basis of DTI (1-4).

Diffusion tensor imaging (DTI) has become one of the most popular MRI techniques in brain research, as well as in clinical practice. It is used to study the white matter architecture and integrity of the normal and diseased brains (multiple sclerosis, stroke, aging, tumors, dementia, schizophrenia, etc.) (5-8). □

## PHYSICAL PRINCIPLES

**B**rownian motion is traditionally regarded as discovered by the botanist Robert Brown in 1827 while studying, under a microscope, pollen grains suspended in water.

The molecules of any substance in a continuous media have a random movement determined by their thermal energy. *The motion*

*takes place over a distance in space which is determined by the diffusion coefficient (D), in accordance with Stokes-Einstein's law:*

$$D = kT/f,$$

- where **k** represents Boltzmann constant, and
- **f** depends on particle dimensions and fluid viscosity.

**Diffusion Tensor Imaging (DTI)** is a MRI-based technique, used for describing biologic tissues microstructures, that exploit quantification of water diffusion in tissues.

The **diffusion** can be either:

- **isotropic**, when there are no hindrances to diffusion, being statistically the same in all directions in space, or (ex in CSF)
- **anisotropic**: when has barriers against diffusion for some directions (ex. white matter).

Diffusion parameters are fractional anisotropy (FA) and apparent diffusion coefficient (ADC).

- **FA (fractional anisotropy)** – that represents the degree of **directionality** of diffusion, the preference for a single direction of diffusion.

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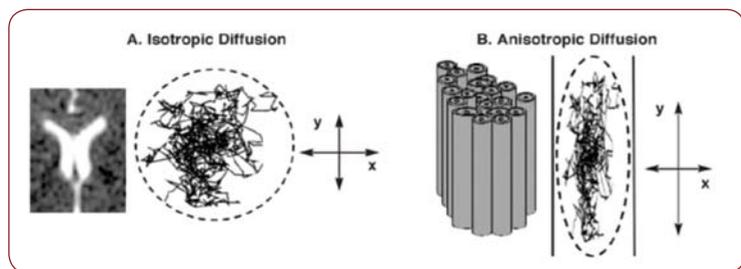


FIGURE 1. Isotropic and anisotropic diffusion.

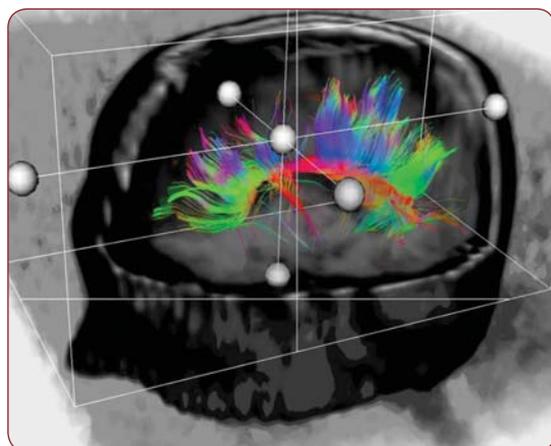


FIGURE 2. Normal subject – reconstruction of corpus callosum.

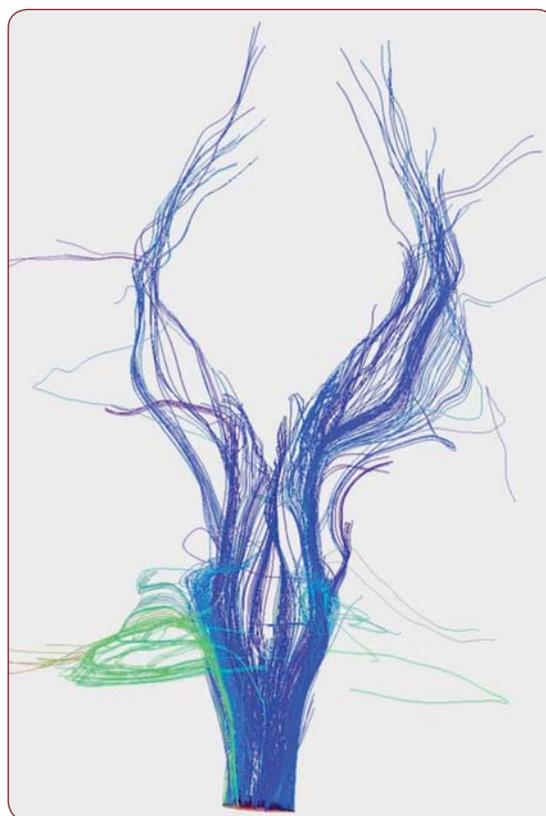


FIGURE 3. Normal subject – reconstruction of cortico-spinal tract.

FA=0 (isotropic diffusion, equal in all space directions).

FA=1 (diffusion occurs only along one axis).

When axons or myelin are destructed **FA decrease** (diffusion will not be restricted only to one direction).

- **ADC (apparent diffusion coefficient)**, estimates total diffusion for each voxel analyzed. We also determine the magnitude of axial ( $\lambda_1$ ) and radial diffusivity ( $\lambda_3, \lambda_2$ ).

ADC increase if biological tissues are affected (no diffusion hinders) – due to increase in radial diffusion.

In nervous tissues (white matter), water diffuses preferentially along axons and nerve fiber bundles ( $\lambda_1$ - axial diffusivity).

On perpendicular direction diffusion process is hindered by axonal membranes and is modulated by myelin. ( $\lambda_2$  & 3 - radial diffusivity) (9-11).

A diffusion tensor matrix can be generated for each voxel from aquired DWI diffusion weighted images.

RGB (red–green–blue) color-coded scheme attributes a color for each orientation of the fibers:

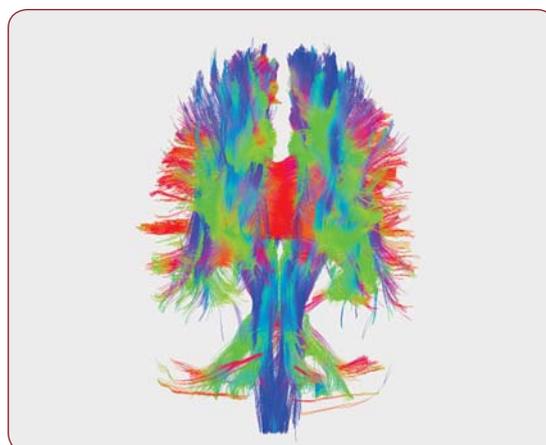
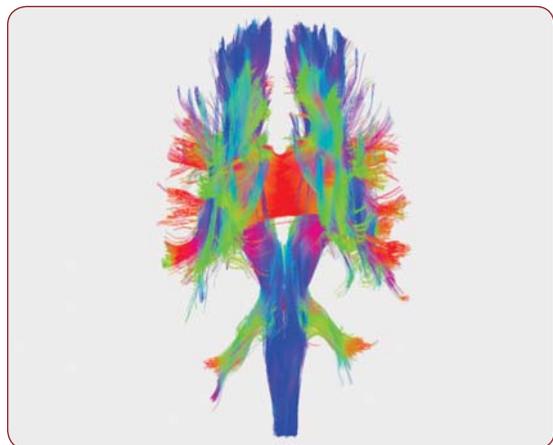


FIGURE 4. DTI reconstruction of white matter tracts in normal subject.

- fibers crossing from left to right are visualized in red,
- fibers crossing anteriorly–posteriorly are visualized in green, and
- fibers crossing inferiorly–superiorly are visualized in blue.

At the Department of Neurology of Emergency University Hospital Bucharest and „Theodor Burghele” Hospital Bucharest, we take advantage of this neuroimaging technique to



**FIGURE 5.** DTI reconstruction of white matter tracts in MS patient.

study how neurological pathologies affect nervous fibers in multiple sclerosis patients (12-13).

Equipment used is GE Signa Excite **1.5 T** MRI equipment, with 6 or 25 gradients, with NEX 1-3, 128x128 matrix,  $b = 1000 \text{ s/mm}^2$ .

As protocol, we start with a classic MRI exam which has a better spatial resolution, and

then we apply **the pulsed gradients of DTI**, with exposure times that vary from 10 to 15 minutes.

After the acquisitions of DTI data we further process them using sophisticated **software** in terms of generating fibers and analyzing the parameters of the diffusion (12).

**Multiple sclerosis** is a demyelinating autoimmune inflammatory disease of central nervous system (CNS), affecting young patients.

Multiple sclerosis in its most typical form is characterized by relapses and remissions of CNS dysfunction. Disease and disability progression is variable.

In addition to simple MRI, other new neuroradiologic techniques and measurements offer a better estimation of disease status and amplitude of injuries. MR Diffusion Tensor Imaging and Fiber Tracking Technique are the means for better understanding the cerebral white matter configuration and the different pathologies that could influence it.

## REFERENCES

1. **Basser PJ, Jones DK** – Diffusion-tensor MRI: theory, experimental design and data analysis – a technical review. *NMR Biomed* 2002; 15:456-467
2. **Stieltjes B, Kaufmann WE, van Zijl PCM, et al.** – Diffusion tensor imaging and axonal tracking in the human brainstem. *Neuroimage* 2001;14:723-735
3. **Pierpaoli C, Jezzard P, Basser PJ, et al.** – Diffusion tensor MR imaging of the human brain. *Radiology* 1996; 201:637-48
4. **Hasan KM, Narayana PA** – Computation of the fractional anisotropy and mean diffusivity maps without tensor decoding and diagonalization: Theoretical analysis and validation. *Magn Reson Med* 2003, 50:589-598
5. **Werring DJ, Toosy AT, Clark CA, et al.** – Diffusion tensor imaging can detect and quantify corticospinal tract degeneration after stroke. *J Neurol Neurosurg Psychiatry* 2000; 69:269-72
6. **Mori S, Frederiksen K, van Zijl PC, et al.** – Brain white matter anatomy of tumor patients evaluated with diffusion tensor imaging. *Ann Neurol* 2002; 51:377-80
7. **Tievsky AL, Ptak T, Farkas J** – Investigation of apparent diffusion coefficient and diffusion tensor anisotropy in acute and chronic multiple sclerosis lesions. *Am J Neuroradiol* 1999; 20:1491-9
8. **Antochi FA, Onu M, Roceanu AM** – “DTI parameters changes in axonal loss due to multiple sclerosis”, 14<sup>th</sup> Congress of the European Federation of Neurological Societies, Geneva, Switzerland, September 25-28, 2010, *European Journal of Neurology*, Volume 17, Supplement 3, 72-350, p. 279 (poster 1535)
9. **Chenevert TL, Brunberg JA, Pipe JG** – Anisotropic diffusion in human white matter: demonstration with MR techniques *in vivo*. *Radiology* 1990; 177:401-405
10. **Lazar M, Weinstein DM, Tsuruda JS, et al.** – White Matter Tractography Using Diffusion Tensor Deflection, *Human Brain Mapping* 18:306 –321(2003)
11. **Westin C, Maier S, Mamata H, et al.** – 2002. Processing and visualization for diffusion tensor MRI. *Medical Image Analysis* 6, 93-108
12. **Ferastraoar V, Roceanu A, Bajenaru O** – Tractography and parameters analysis methods for cerebral fibers using Diffusion Tensor Imaging”, The 7<sup>th</sup> Congress of Romanian Society of Neurology, Romanian Journal of Neurology – Volume VII, Suppl. 1, 2009, p.27
13. **M Onu, A Roceanu, U Soboto-Frankenstien, et al.** – “Diffusion abnormality maps in demyelinating disease: Correlations with clinical scores”, *European Journal of Radiology* 2012, 81: e386-e391.