# Diffusion Kurtosis - a Sensitive Marker For Traumatic Brain Injury

Jiachen Zhuo, Su Xu, Julie Hazelton, Roger Mullins, Jonathan Simon, Gary Fiskum, Rao Gullapalli

> Dept. of Radiology, University of Maryland School of Medicine Dept. of Electrical & Computer Engineering, University of Maryland College Park Dept. of Anesthesiology and Center for Shock Trauma and Anesthesiology Research, University of Maryland School of Medicine Program in Neuroscience, University of Maryland Baltimore









# Declaration of Relevant Financial Interests or Relationships

Speaker Name: Jiachen Zhuo

I have no relevant financial interest or relationship to disclose with regard to the subject matter of this presentation.

# Traumatic Brain Injury

• Traumatic injuries remain the leading cause of death in children and in adults aged 45 years or younger.



• **Primary injury:** Structural changes due to mechanical forces

- Secondary injury: Widespread degeneration of neurons, gial cells, axons
- Patient outcome is hard to predict!
- The major focus of TBI management:
  **Prevention of secondary injuries**

### **Diffusion Tensor Imaging in Evaluating TBI**

Normal

Patient



#### Whole brain ADC histogram



**Abnormal DTI** despite negative conventional MRI and CT findings!



# Does normal DTI mean no injury?

- Acutely post injury:
  - Increased FA
  - Reduced MD

<u>Possible cause:</u> cytotoxic edema, reduced extracellular space, etc.

#### • Chronic stage:

- Reduced FA
- Increased MD

<u>Possible cause:</u> edema, cellular destruction, axonal degeneration, etc.

- At sub-acute stage, DTI parameters may undergo pseudo-normalization<sup>1,2</sup>.
- Does this mean there is no injury?

### **Beyond DTI: Diffusion Kurtosis**

- the Non-Gaussian property of water diffusion



\* Jensen JH, et al. Magn Reson Med. 2005; 53:1432-40.

### **Diffusion Kurtosis**

- the Non-Gaussian property of water diffusion



#### Diffusion kurtosis

- tissue complexity (heterogeneity)<sup>1</sup>
- higher sensitivity in characterizing tissue microstructure<sup>2,3</sup>

<sup>1</sup>Jensen JH, Helpern JA, 2010. <sup>2</sup> Falangola MF et al, 2008. <sup>3</sup>Hui ES et al., 2008.

# Our Goal

- To investigate whether diffusion kurtosis parameters provide information over and beyond that available from DTI parameters regarding tissue damage following TBI
- Whether DKI is sensitive to microstructure changes in grey matter

# **Animal Preparation**

Controlled Cortical Impact (CCI) injury model\*



#### **DKI protocol:**

- 30 directions
- 2 b-values (b=1000 and 2000 s/mm<sup>2</sup>)
- 2 averages
- TR/TE = 6000/50 ms

- Rats (Adult male Sprague-Dawley): n = 12
- Imaging (Bruker 7T): baseline (1 day before injury) acute stage (2 hours post injury) sub-acute stage (7 days post injury, n = 7)
- Histology: 7 days post injury after imaging

\* Dixon et al., J Neurosci Methods. 1991; 39:253-62.

#### Parametric maps of a representative rat

base

2 hour

7 day



MD

MK

 $T_2$ -weighted

### **Regional evolution of DKI parameters**

7 day

#### Injured site









### Tissue microstructure & kurtosis

domains

GFAP+

#### a Astrocytes in healthy CNS tissue



b Mild to moderate reactive astrogliosis



C Severe diffuse reactive astrogliosis



#### d Severe astrogliosis with compact glial scar formation











Increased severity of injury

# MK Î

Sofroniew & Vinters, Acta Neuropathol 2010

#### Diffusion Kurtosis - Imaging Marker for Astrogliosis?



### Correlation between histology & MK



# Conclusion

- We observe a clear association of mean kurtosis with increased GFAP immunoreactivity.
- Mean Kurtosis is increased despite the fact that DTI parameters such as *MD* and *FA* were normal.
- Mean Kurtosis appears to be a sensitive marker for mild inflammatory responses, even in grey matter regions and may help in the management of secondary injury.
- Other biological factors (processes associated with neurodegeneration, microglia, etc.) can also affect mean kurtosis.
- Future studies will focus on understanding how these factors affect diffusion and kurtosis parameters.

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