



Spinal Cord Diffusion Tensor Imaging

and its clinical applications

"ESSAY"

Submitted for partial fulfillment of Master degree in radiodiagnosis

BY

Adel Mohammed Shehata El Shoraky

.M.B.,B.Ch – Ain Shams University

Under Supervision of

Prof. Mohsen Gomaa Hassan Ismail

Professor of Radiodiagnosis

Faculty of Medicine – Ain Shams University

Dr. Amr Mohammed Ismaeel Saadawy

Lecturer of Radiodiagnosis

Faculty of Medicine – Ain Shams University

Faculty of Medicine – Ain Shams University

2017

Dedication:

*I dedicate this work to **Soul of my Father.***

ACKNOWLEDGEMENT

First of all and above all great thanks to Allah.

*I am deeply and forever indebted to **Prof. Mohsen Gomaa Hassan Ismail** Professor of Radiodiagnosis, Faculty of medicine, Ain Shams University. I sincerely appreciate his endless guidance and encouragement. It has been a privilege to be taught and guided by such a supportive and patient supervisor. His truly instinctive knowledge had inspired and enriched my work and research.*

*I would like to express my deepest gratitude and thanks to **Dr. Amr Mohammed Ismaeel Saadawy** Lecturer of Radiodiagnosis faculty of medicine, Ain Shams University, for giving me the honour of being his candidate, working under his supervision, guided by his experience and precious advices and true concern.*

INDEX OF CONTENTS

SUBJECT	PAGE
I. Introduction and aim of the work	1
II. Anatomy of the spinal cord	4
III. Physics of Diffusion tensor imaging (DTI)	22
IV. Technique of (DTI) in spinal cord imaging	30
V. Clinical Applications of (DTI) in spinal cord Pathology	50
VI. Summary and conclusion	93
VII. References	97
VIII. Arabic Summary	

LIST OF FIGURES

Figure Number	Description	Page Number
Figure (1)	Sacrum from behind	6
Figure (2)	Lower end of the spinal cord exposed by opening the dura and arachnoid mater from behind	7
Figure (3)	Posterior cranial fossa and the vertebral canal opened from behind	8
Figure (4)	Upper thoracic spinal nerve roots, from behind, showing the upward angulation of the roots as they emerge from the spinal theca	9
Figure (5)	Spinal cord in situ: vasculature and meninges with associated spaces	14
Figure (6)	Arterial supply of spinal cord	16
Figure (7)	(A) Sagittal T2 and (B) coronal T1WIs of the cervical spine showing the cervical spinal cord	19

List of Figures

Figure Number	Description	Page Number
Figure (8)	Axial T2WIs of the cervical spine	20
Figure (9)	(A, B) Mid sagittal T2WIs of the thoracic and lumbosacral spine	21
Figure (10)	Measuring water diffusion	25
Figure (11)	Diffusion ellipsoids (tensors)	27
Figure (12)	Ellipsoid Model	28
Figure (13)	Diffusion Tensor: Parameters required to mathematically described a circle, oval, sphere and ellipsoid	29
Figure (14)	Cord contusion. T2-weighted image demonstrates a compression fracture of C5 causing cord edema and swelling	54
Figure (15)	Cord contusion and hemorrhage	54
Figure (16)	Sagittal T2-weighted image in shows extensive syrinx formation throughout the entire cervical cord	55

List of Figures

Figure Number	Description	Page Number
Figure (17)	Post Traumatic Myelomalacic Myelopathy	55
Figure (18)	Conventional MRI and MR tractography showing extensive syrinx formation of the entire spinal cord	56
Figure (19)	Tractograms of the dorsal and lateral columns	57
Figure (20)	DTI tractography of the spinal cord	58
Figure (21)	Cervical spinal cord tractography overlaid onto level C5 FA map	58
Figure (22)	Transverse apparent diffusion coefficient (tADC) histograms in a control subject and subject with chronic spinal cord injury	65
Figure (23)	T2-wighted image (T2WI) and DTI (anisotropy map and colored anisotropy map) of the spinal cord	67
Figure (24)	The magnified b0 image	68

List of Figures

Figure Number	Description	Page Number
Figure (25)	Tractography by the one region-of interest method	68
Figure (26)	Fiber tracking performed on cervical spinal cord	69
Figure (27)	DTT of normal spinal cord	69
Figure (28)	T2WI, DTT and histological features of half cut spinal cord 2 weeks after it was cut	70
Figure (29)	Brain lesions from patients with multiple sclerosis (A,B) Corresponding axial MRI scans slightly above the lateral ventricles	71
Figure (30)	(a, b) Sagittal T2-weighted image of the spinal cord of a patient that shows a posterior lesion at C2-C3 and coronal (c) images	74
Figure (31)	An example of the spinal cord tracts reconstructed using probabilistic tractography in a control subject	75

List of Figures

Figure Number	Description	Page Number
Figure (32)	Schwannomas in 49 year old male with 4 month history of pain radiating down left leg	77
Figure (33)	Right C3 neurofibroma	78
Figure (34)	(A) T1-MRI - sharply circumscribed low-intensity mass (arrows) (B) Contrast T1-MRI - intense enhancement of well-circumscribed extramedullary mass (arrows) which displaces spinal cord to left, widening cistern adjacent to mass	80
Figure (35)	(A) Sagittal T1 shows hypo/Iso - intense well circumscribed mass compressing spinal cord (B) Sagittal T1 post Gadolinium shows hyperintense homogenously enhanced mass	80
Figure (36)	Type 1 lesion. The MR images(A and B) of the cervical spinal cord shows a contrast-enhancing intramedullary lesion(ependymoma)	82

List of Figures

Figure Number	Description	Page Number
Figure (37)	Type 2 lesion. The MR image (A) reveals a partially cystic enhancing intramedullary lesion at the cervico- medullary junction (ependymoma)	82
Figure (38)	An ependymoma of the cervical spine on MRI T2 image (left) and T1 with contrast (right)	83
Figure (39)	Type 3 lesion. The MR images(A and B) show an enhancing intramedullary tumor of the thoracic spine(pilocytic astrocytoma)	84
Figure (40)	Type 3 lesion. The MR images(A and) show an intramedullary partially enhancing lesion of the cervicothoracic cord(malignant astrocytoma)	84
Figure (41)	Astrocytoma in 40 year old male with 6 month history of pain radiating down right leg. sagittal T2-weighted image shows Isointense heterogeneously enhanced mass – represents tumor growth within spine	85

List of Figures

Figure Number	Description	Page Number
Figure (42)	A fibrillary astrocytoma of the cervical spine on T2	85
Figure (43)	Pattern of main fiber tract involvement: displaced. Maintained normal or slightly decreased anisotropy, situated in an abnormal location or presenting in an abnormal orientation. It confirmed an intact tract	87
Figure (44)	Pattern of main fiber tract involvement: invaded. Reduced anisotropy, but remaining identify able on orientation color-coded fractional anisotropy maps	88
Figure (45)	Pattern of main fiber tract involvement: disrupted. Marked reduced anisotropy and unidentifiable orientation color coded fractional anisotropy maps	89

List of Figures

Figure Number	Description	Page Number
Figure (46)	Pattern of main fiber tract involvement: infiltrated. Slightly decreased anisotropy without displacement of white matter architecture, remaining identifiable on orientation color-coded fractional anisotropy maps and tractography	90
Figure (47)	Pattern of main fiber tract involvement: edematous. Marked reduced anisotropy with normal orientation, but located in an abnormal T2-weighted signal intensity area	90

LIST OF DIAGRAMS

Diagram Number	Description	Page Number
Diagram(1)	Cross-section of the spinal cord in the lumbar, thoracic and cervical regions	10
Diagram(2)	Cross-section of the spinal cord showing the main tracts and laminae of grey matter . The small medial vestibulospinal tract (not shown) lies close to the anterior median fissure of the cervical cord.	11
Diagram(3)	Diagrammatic cross section of the spinal cord showing the main tracts	13
Diagram(4)	Diffusion of water molecules	23

LIST OF ABBREVIATIONS

DTI	Diffusion Tensor Imaging
CSM	Cervical Spondylotic Myelopathy
DWI	Diffusion Weighted Imaging
MRI	Magnetic resonance imaging
FA	Fractional Anisotropy
CNS	Central Nervous System
CSF	Cerebrospinal fluid
FSE	Fast spin echo
PDWI	Proton density weighted images
ADC	Apparent diffusion coefficient
RF	Radiofrequency pulse
EPI	Echo Planar Imaging
MD	Mean Diffusivity
WM	White Matter
GM	Grey Matter
LSDI	Line Scan Diffusion Imaging
STEAM	Stimulated Echo Acquisition Mode
PSF	Point Spread Function
SENSE	Sensitivity Encoding
ASSET	Array Spatial Sensitivity Encoding Technique
GRAPPA	Generalized Autocalibrating Partially Parallel Acquisition
COVIPER	Correction of Vibration Artifacts in DTI using Phase Encoding Reversal
ACID	Artefact Correction in Diffusion MRI

List Of Abbreviations

NEX	Number of Excitations
TE	Echo Time
TR	Repetiton Time
MD	Diffusion Maps
NIFTI	Neuroimaging Informatics Technology Initiative
NRRD	Nearly Raw Raster Data
FDT	FMRIB`S Diffusion Toolbox
AIR	Automated Image Registration
SIMEX	Simulation and Extrapolation
OLS	Ordinary Least Squares
NLLS	Non-Linear Least Squares
WLLS	Weighted Linear Least Squares
LAI	Lattice Anisotropy Index
HARDI	High Angular Resolution Diffusion Imaging
HYDI	Hybrid Diffusion Imaging
DSI	Diffusion Spectrum Imaging
QBI	Q-Ball Imaging
QSI	Q-Space Imaging
PAS-MRI	Persistent Angular Structure MRI
TBSS	Tract-Based Spatial Statistics
VBA	Voxel Based Analysis
SPM	Statistical Parametric Mapping
fMRI	Functional Magnetic Resonance Imaging
CCEPs	Cortico-Cortical Evoked Potentials
TMS	Transcranial Magnetic Stimulation