







# Methodology of Magnetic Resonance Spectroscopy: MRS

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## Welcome to New Haven





## What is MRS?

# What is Spectroscopic Imaging? What is Image Segmentation?

What is <sup>13</sup>C MRS?



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# What is Spectroscopic Imaging? What is Image Segmentation?

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## **Methods: What is MRS?**

#### Nuclear Magnetic Resonance Spectroscopy



#### Spin of nucleus is either 'up' or 'down'.

## **Methods: What is MRS?**

#### Subject lies inside a large magnet to orient the spins.



## **Rotating Magnetic Dipole**



In a large magnetic field (scanner magnet), the magnetic dipole precesses about the axis of the large field with a frequency  $v = \gamma B_0/2\pi$ .

Only nuclei with spin can be detected with MRS.

## **Some NMR-Visible Nuclei**

 $^{1}$ H – water, lipids, amino acids, many other metabolites  $\gamma = 2.67 \times 10^{4}$  radians/sec/Gauss

 $^{13}\text{C}$  - amino acids, neurotransmitters, glucose, lipids, acetate  $\gamma = 0.67 \ x \ 10^4$  radians/sec/Gauss

- <sup>15</sup>N metabolism of ammonia, amino acids
- <sup>19</sup>F pharmacokinetics of fluoxetine and fluvoxamine
- <sup>23</sup>Na effects of hypoxia, challenges to Na pumps
- <sup>2</sup>H metabolism of fats
- <sup>7</sup>Li pharmacokinetics of lithium

# **Transition from Quantum to Classical Mechanics**

1.5 mM GABA, 13.5 cc voxel contains 2.4 x 10<sup>22</sup> hydrogen nuclei for GABA detection

The large number of particles allows a meaningful analysis of the behavior of the whole group.

Boltzmann distribution: N<sub>+</sub>/N<sub>-</sub> =  $\exp(-\gamma hBo/2\pi kT)$ 

approximated as  $N_{+}/N_{-} = 1 - \gamma h Bo/2\pi kT$ 

N<sub>+</sub> minus N- is the net magnetization:



# Spin Orientation in a Head (Outside the Scanner)





## What is MRS?

Subject lies inside a large magnet to orient the spins.



## **Radio Frequency Energy Applied**



The net magnetization is altered by the application of energy at the proper frequency.

## Longitudinal (T<sub>1</sub>) Relaxation



The magnetization returns to its original orientation at a rate governed by the exponential constant  $T_1$ .

## **Transverse** (T<sub>2</sub>) **Relaxation**



Phase coherence is lost as the spins dephase due to microscopic magnetic field inhomogeneity.

# MRS Frequencies Distinguish Chemicals: Sources of Differences in NMR Frequencies

1. Nucleus and Magnetic Field Strength (MHz) Nucleus:

Example: <sup>13</sup>C frequency  $\approx 25\%$  <sup>1</sup>H frequency

Magnetic Field Strength: For <sup>1</sup>H, 42.6MHz x field strength (Tesla) Examples:

a. 1.5T = 63.9 MHz

b. 2.1T = 89.4 MHz (~public radio - Bridgeport)

c. 4 T = 170 MHz

## **Sources of Differences in NMR Frequencies**

2. Molecular identity (Hz to thousands of Hz)



- Different molecules respond with slightly different frequencies.
- At 2.1T, glutamate responds at 89,633,931 Hz glutamine responds at 89,633,940 Hz
- 3. J-coupling: (Hz to hundreds of Hz) (used for GABA editing)

#### **MRS of the human brain: chemicals separated by frequency**



# **MRS: Significance**













<sup>1</sup>H MRS measurement of GABA, Bruker 2.1T MR scanner, 13-22 cc occipital voxel: J-editing difference method





#### •8 cc at 4T.





Spectra of cortical GABA obtained in one subject at one week and one month of sobriety. GABA was reduced at one month.

## **Effects of 1 Month of Sobriety on GABA**



•Changes in GABA levels with sobriety depended on smoking (p = 0.03).

•GABA in non-smokers fell by  $0.39 \pm 0.18$  mmol/kg (p = 0.004), but GABA in smokers did not (p = 0.75).

•GABA in non-smokers at time 1 differed from the non-smokers' GABA at time 2 (p = 0.03).



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# <sup>1</sup>H MR Spectroscopic Imaging TE = 25 ms Metabolite Distribution and Quantification





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**Image Segmentation** 

#### **Creating images to quantify GM, WM, and CSF**





### **Image Segmentation**



**Volumes expressed as % of intracranial volume (ICV)** 

Meyerhoff, ICANA 2004

**Correlations of Gray, White, and Total Tissue Volumes** 



in Alcoholism •Across timepoints, there was a significant correlation between white matter content in the voxel and the total solid tissue (p < 0.0005), but not between grey matter and solid tissue (p = 0.36).

•Significance: long-term improvements in occipital tissue composition are primarily from white matter.



Short-term sober subjects



Long-term sober subjects

# **Alcohol-Related Brain Atrophy**



### **How Can Segmented Data Be Useful?**



When pure tissue is not accessible, regression analysis can be used to estimate concentrations in pure tissue. Chu et al., *Magn Reson Med*, 2000

## **How Can Segmented Data Be Useful?**

Bilateral

#### Unilateral



A disease state can be examined with MRSI and image segmentation. Statistically abnormal pixels can be highlighted. Chu et al., *Magn Reson Med*, 2000

## **How Can Segmented Data Be Useful?**

#### % GM Line Fit Plot



When pure tissue is not accessible, regression analysis can be used to estimate T2 effects in pure tissue. Sammi et al., *Magn Reson Med*, 2000



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## <sup>13</sup>C MRS:

## **Rates of Metabolism and Neurotransmission, Clear Resolution of Glutamate and Glutamine**

- <sup>13</sup>C  $\rightarrow$  non-radioactive isotope of carbon.
- 1% natural abundance means low background.
- No isotope effect on metabolism.

• Natural labeled substrates in blood yield MRS-detectable products in glutamate, glutamine, and other compounds in the brain.

# <sup>13</sup>C Isotopic Labeling

[4-<sup>13</sup>C]Glutamate



[4-<sup>13</sup>C]Glutamine

Time courses of labeling yield rates of metabolic pathways.

[1-<sup>13</sup>C]Glucose

## A <sup>13</sup>C NMR Spectrum of a Human Brain in Vivo



140 cc voxel, 45 min accumulation

# **Isotopic Flow**

#### Yellow Dye





•Faster flow  $\rightarrow$  more rapid appearance of dye at each pool

•Precursor pools "trap" dye temporarily

# <sup>13</sup>C Labeling of Neuronal Glutamate & Astroglial Gln by Glutamate/Glutamine Cycle



# <sup>13</sup>C Labeling of Neuronal Glutamate & Astroglial Gln by Glutamate/Glutamine Cycle: V<sub>X</sub>, V<sub>tca</sub>, V<sub>cycle</sub>



## Determining a Relationship Between Glutamate Release and Glucose Oxidation



 $CMRgl(ox) = 0.13 + 0.96Vcycle, R^2 = 0.74$ 

~1:1 relationship between changes in glucose oxidation and glutamate-glutamine neurotransmitter cycling

# <sup>13</sup>C MR Time Courses of Glu and Gln in Individual Patients and Controls



No difference in oxidative metabolism.

Glutamateglutamine cycling is reduced in depression.

# <sup>13</sup>C MRS Application to Human Disease: Measurement of NAA *Synthesis* in Canavan Disease

Journal of Neurochemistry, 2001, 77, 347-350

#### RAPID COMMUNICATION

Direct determination of the *N*-acetyl-L-aspartate synthesis rate in the human brain by <sup>13</sup>C MRS and [1-<sup>13</sup>C]glucose infusion

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#### Abstract

A non-invasive <sup>13</sup>C magnetic resonance spectroscopy (MRS) technique is described for the determination of the *N*-acetyl-L-aspartate (NAA) synthesis rate. *V*<sub>1144</sub> in the human brain *in vivo*. In controls, the mean *V*<sub>NAA</sub> was 9.2 ± 3.9 nmol/min/g. In Canavan disease, where [NAA] is increased (p < 0.001) and [aspartate] is deceased (p < 0.001). *V*<sub>1144</sub> was significantly reduced to 3.6 ± 0.1 nmol/min/g (p < 0.001). These rates are in close agreement with the activity of the biosynthetic enzyme measured *in vitro* in animals, and with the rate of urinary excretion of NAA in

consistent with the regulation of NAA synthesis by the activity of a single enzyme, L-aspartate-*N*-acetyltransferase, *in vivo*, and with its control in Canavan disease by limited substrate supply and/or product inhibition. The <sup>13</sup>C MRS technique provides the means for further determination of abnormal rates of neuronal NAA synthesis among neurological disorders in which low cerebral [NAA] has been identified.

**Keywords:** <sup>13</sup>C MRS, [1-<sup>13</sup>C]glucose infusion, Canavan disease, humans, *N*-acetyl-L-aspartate synthesis.

J. Neurochem. (2001) 77, 347-350.

#### Moreno et al., J Neurochem, 2001

# <sup>13</sup>C MRS Application to Human Disease Grading of Hepatic Encephalopathy



Blüml et al., Magn Reson Med, 2001



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