

# Contrast and Pulse Sequences

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## Image contrast

- ◆ Contrast determined by:
  - sample properties:
    - Proton density,  $T_1$ ,  $T_2$ , ...
  - pulse sequence type:
    - IR, SE, ...
  - pulse sequence timing:
    - TI, TE, TR, ...
- ◆ Main source of contrast between tissues in MRI is differences in  $T_1$  and  $T_2$

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## The Bloch Equations

- ◆ Set of coupled differential equations, describing the behaviour of the magnetisation  $\mathbf{M}$
- ◆ The Bloch equations can be solved to give the  $x'$ ,  $y'$ ,  $z$  components of  $\mathbf{M}$  as a function of time.

$$\frac{dM_x}{dt} = (\omega_0 - \omega) M_y - \frac{M_x}{T_2}$$

$$\frac{dM_y}{dt} = (\omega_0 - \omega) M_x - \frac{M_y}{T_2} + \gamma B_1 M_z$$

$$\frac{dM_z}{dt} = \frac{(M_z - M_z^0)}{T_1} - \gamma B_1 M_y$$

If  $B_1$  is present along  $x'$

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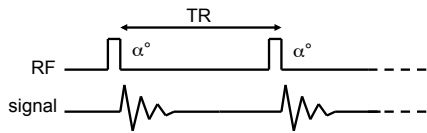
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### Saturation recovery sequence

- ◆ SR is the simplest pulse sequence
  - repeated excitation pulses (with gradients)



- ◆ Contrast depends on
  - $T_1$  value
  - flip angle of pulses ( $\alpha$ )
  - repetition time (TR)

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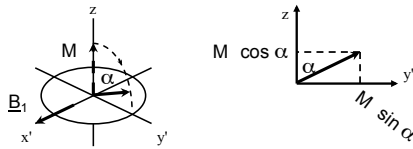
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### Effect of RF pulse

- ◆ Effect of an RF pulse with flip angle  $\alpha$ :



- ◆ Signal  $M$  which in turn is  $M$  which existed before the  $90^\circ$  pulse
- ◆ A  $90^\circ$  pulse converts all longitudinal magnetisation into transverse magnetisation

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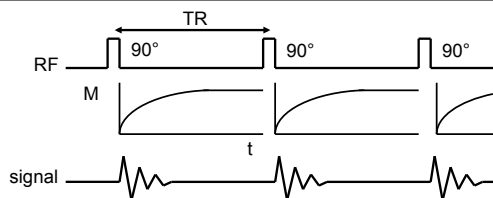
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### Saturation recovery: $TR > T_1$



- ◆ If  $TR > T_1$ , magnetisation can relax back fully to  $M_0$  between RF pulses
- ◆ Maximum signal strength ( $\propto M_0$ ) is obtained after each pulse

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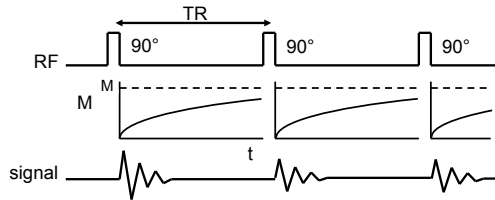
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### Saturation recovery: $TR < T_1$



- If  $TR < T_1$ , magnetisation cannot recover fully to  $M_0$  between pulses
- Signal strength is less than  $M_0$  (except for the signal following the first 90° pulse)
- This is called **partial saturation**

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### SR - expressions for signal

- Need to solve the Bloch equations to obtain an expression for the signal strength as a function of  $M_0$ ,  $T_1$  and TR
- Use the following facts:
  - 90° pulse converts longitudinal magnetisation into transverse magnetisation
    - so  $M_z = 0$  immediately after each 90° pulse ( $t=0$ )
  - Transverse magnetisation dephases rapidly after excitation, i.e.  $T_2 \ll TR$ 
    - therefore  $M_{xy} = 0$  before each 90° pulse
  - We only need to solve for the behaviour of  $M_z$

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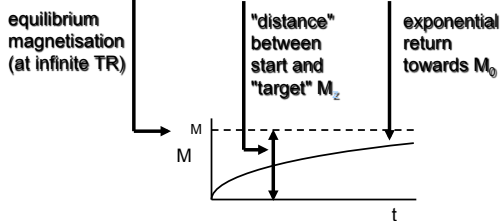
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### SR - expression for signal

- The general solution is given by:

$$M_z(t) = M_0 - (M_0 - M_z(0)) \exp(-t/T_1)$$




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### SR - expressions for signal

- Expression for signal (90° pulses):  
 $S(M_0, T_1, TR) = M_0 [1 - \exp(-TR/T_1)]$
- If  $TR \geq 5T_1$ ,  $\exp(-TR/T_1) = 0$ , so  $S = M_0$   
"proton density" image
- General expression for signal,  
no longer assuming 90° pulses:  
( $\alpha$  = flip angle)  
$$S(M_0, T_1, TR, \alpha) = M_0 \frac{[1 - \exp(-TR/T_1)] \sin \alpha}{[1 - \exp(-TR/T_1) \cos \alpha]}$$

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### Ernst Angle

- If  $TR < T_1$ , a 90° pulse does not give the largest signal, due to partial saturation
- The flip angle which gives the maximum signal is called the Ernst Angle
  - obtained by differentiating general expression for S w.r.t.  $\alpha$ , and finding the stationary value
- Ernst angle:  $\alpha_E = \cos^{-1} [\exp(-TR/T_1)]$   
e.g.  $TR = T_1 = 1000\text{ms}$ :  $\alpha_E = 68^\circ$   
 $TR = 100\text{ms}$ ,  $T_1 = 1000\text{ms}$ :  $\alpha_E = 25^\circ$

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### SR - effect of $T_2^*$

- We should also take account of the effect of transverse relaxation ( $T_2^*$ ) during the time between the 90° pulse and the centre of the gradient echo
  - to do this, simply multiply the expression for the signal by  $\exp(-TE/T_2^*)$ :  
$$S = M_0 [1 - \exp(-TR/T_1)] \exp(-TE/T_2^*)$$
- If TE is short ( $TE \ll T_2^*$ ), the contribution of this term will be very small

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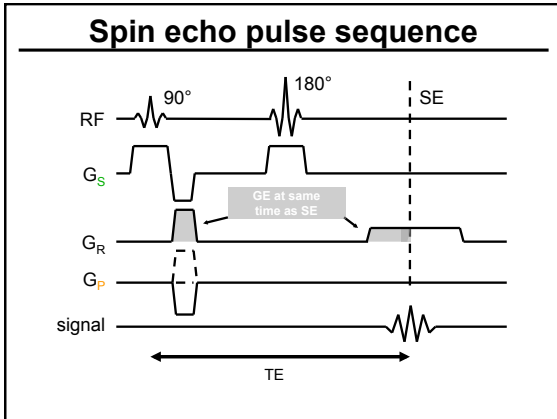
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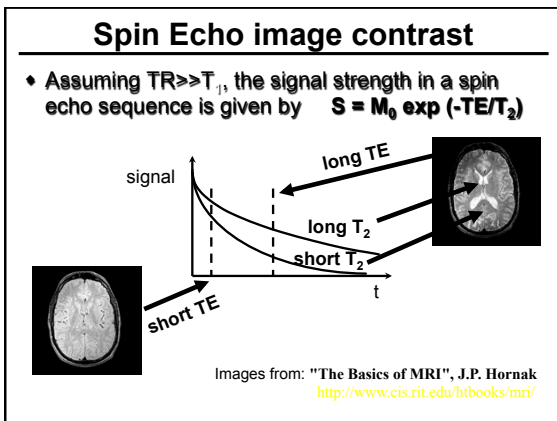
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### Spin echo image contrast

- ♦ A full analysis should include the possibility of  $TR \leq T_1$ , i.e it should include the effect of partial saturation
- ♦ As in the case of SR, in order to determine the effect of saturation, we assume:
  - $TE \ll TR$ , so that  $M_{xy} = 0$  before each  $90^\circ$  pulse
- ♦ Therefore, we only need to consider the behaviour of the longitudinal magnetisation  $M_z$  during the pulse sequence

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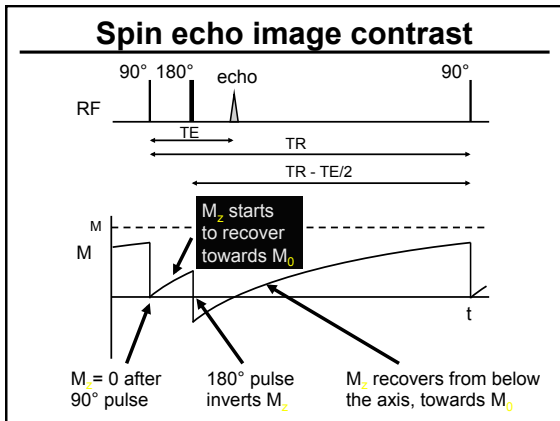
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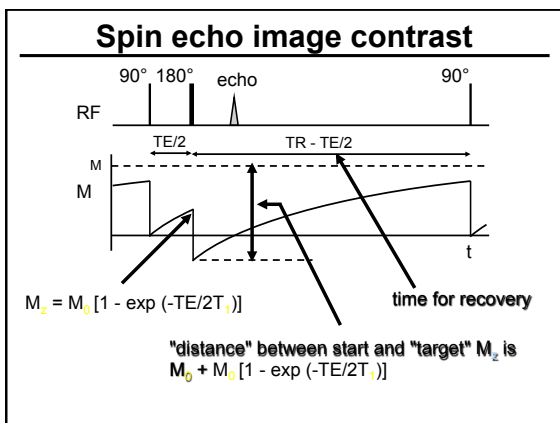
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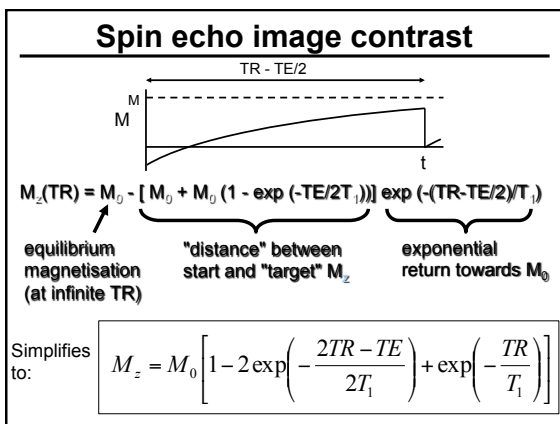
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### Spin echo image contrast

$$M_z = M_0 \left[ 1 - 2 \exp\left(-\frac{2TR - TE}{2T_1}\right) + \exp\left(-\frac{TR}{T_1}\right) \right]$$

- 90° pulse converts  $M_z$  to  $M_{xy}$ , so signal strength is equal to above expression multiplied by spin-spin relaxation factor:

$$S = M_0 \left[ 1 - 2 \exp\left(-\frac{2TR - TE}{2T_1}\right) + \exp\left(-\frac{TR}{T_1}\right) \right] \exp\left(-\frac{TE}{T_2}\right)$$

- The above is the full expression for the signal strength in a spin echo experiment, taking into account partial saturation and spin-spin relaxation

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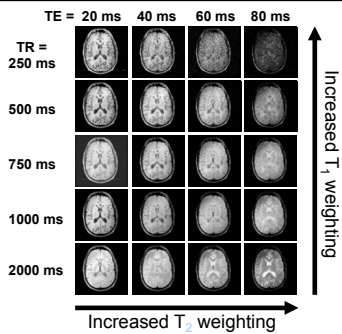
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### Spin Echo - $T_1$ and $T_2$ contrast



Images from: "The Basics of MRI", J.P. Hornak: [www.cis.rit.edu/htbooks/mri/](http://www.cis.rit.edu/htbooks/mri/)

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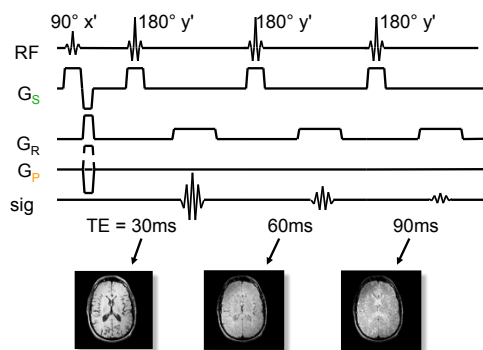
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### Multi-echo pulse sequence (CPMG)




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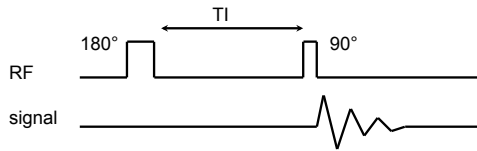
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### T<sub>1</sub> contrast: Inversion recovery

- ◆ 180° inversion pulse followed, after delay T<sub>I</sub>, by 90° pulse




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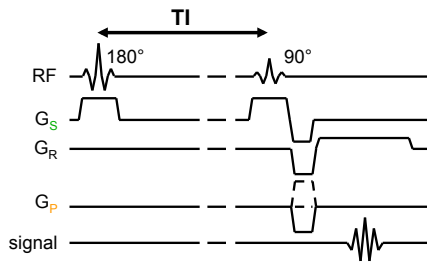
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### Inversion recovery pulse sequence




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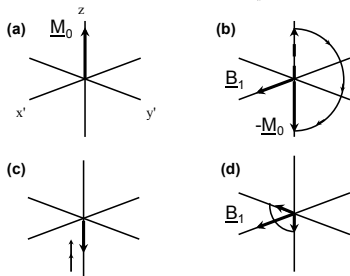
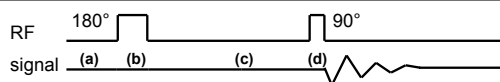
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### Inversion recovery




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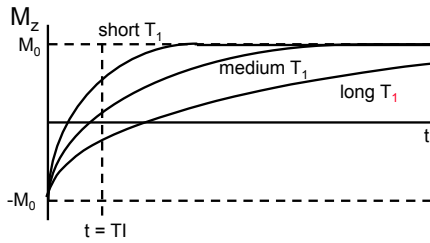
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## Inversion recovery

$$M_z(t) = M_0[1 - 2\exp(-t / T_1)]$$



**NMR signal:  $S(TI) = M(TI) = M [1 - 2\exp(-TI / T_1)]$**

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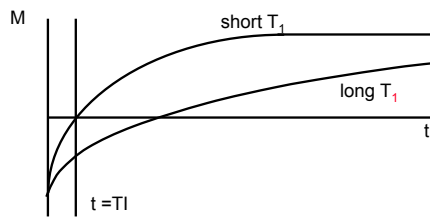
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## STIR (Short TI Inversion Recovery)



- ◆ Zero signal from short-T sample
- ◆ Large signal from long-T sample
- ◆ Used to "null out" fat from image (fat has short T compared with muscle etc.)

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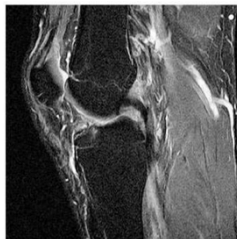
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## STIR sequence – example of use

From: **MRI in Practice** By Catherine Westbrook, Carolyn Kauf Roth, John Talbot

Short TI (tau) 150–175 ms (to suppress fat depending on field strength)  
 Long TE 50 ms+ (to enhance signal from pathology)  
 Long TR 4000 ms+ (to allow full recovery)  
 Long turbo factor 16–20 (to enhance signal from pathology)  
 Average scan time 5–15 min



**Figure 5.19** Sagittal STIR sequence of the knee. Normal bone marrow has been nulled. Synovial fluid in the joint has a high signal as the TE is long and the angle is therefore T2-weighted.

STIR is an extremely important sequence in musculoskeletal imaging as normal bone, which contains fatty marrow, is suppressed and lesions within bone such as bone bruising and tumors are seen more clearly (Figure 5.18 and 5.19). It is also a very useful sequence for suppressing fat in general MR imaging (see Chapter 6).

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### FLAIR (fluid attenuated inversion recovery)

- ◆ Similar concept to STIR, but used to “null out” signal from long- $T_1$  fluid, especially cerebro-spinal fluid (CSF)
- ◆ Used with spin-echo sequence to attenuate signal from ventricles in brain, allowing surrounding structures and pathology to be seen
- ◆  $T_{1null} = \ln(2) \times T_1 \approx 2000\text{ms}$  (approx) for CSF

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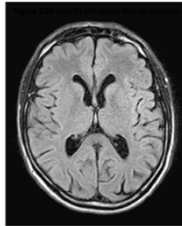
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### FLAIR sequence – example of use

From: MRI in Practice By Catherine Westbrook, Carolyn Kaut Roth, John Talbot

Long T1	1700–2200 ms (to suppress CSF depending on field strength)
Long TE	70 ms + (to enhance signal from pathology)
Long TR	6000 ms + (to allow full recovery)
Long turbo factor	16–20 (to enhance signal from pathology)
Average scan time	13–20 mins

FLAIR is used in brain and spine imaging to see periventricular and cord lesions more clearly, as the high signal from CSF that lies adjacent is nulled. It is especially useful in visualizing multiple sclerosis plaques, acute sub-arachnoid hemorrhage and meningitis (Figure 5.20). Sometimes gadolinium is given to enhance pathology. However, the contrast mechanism is not due to T1 shortening but to T2 prolongation. Another modification of this sequence in brain imaging is selecting a T1 time that corresponds to the null point of white matter. This nulls the signal from normal white matter so that lesions within it appear much brighter by comparison. This sequence (which requires a T1 of about 300 ms) is very useful for white matter lesions such as periventricular leukomalacia and for congenital gray/white matter abnormalities (Figure 5.21).



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