

Pulsatile lung deformation derived from maximum principal strain of cardiac cine magnetic resonance imaging: assessment of systemic sclerosis related pulmonary fibrosis

> Noriko Kasuga^{a)}, Michinobu Nagao^{a)}, Ryoko Ohashi^{a)}, Reiko Sakai^{a)}, Umiko Ishizaki^{a)}, Yuko Ogawa^{a)}, Shingo Suzaki^{a)}, Kenji Fukushima^{b)}, Yuka Matsuo^{c)}, Shuji Sakai^{a)}

a)Department of Diagnostic imaging and nuclear medicine, Tokyo Women's Medical University, Tokyo, Japan.

- b) Saitama medical university International medical
- C) Saiseikai Kawaguchi general hospital





☑ The author has no conflict of interest to disclose with respect to this presentation.





Backgrounds

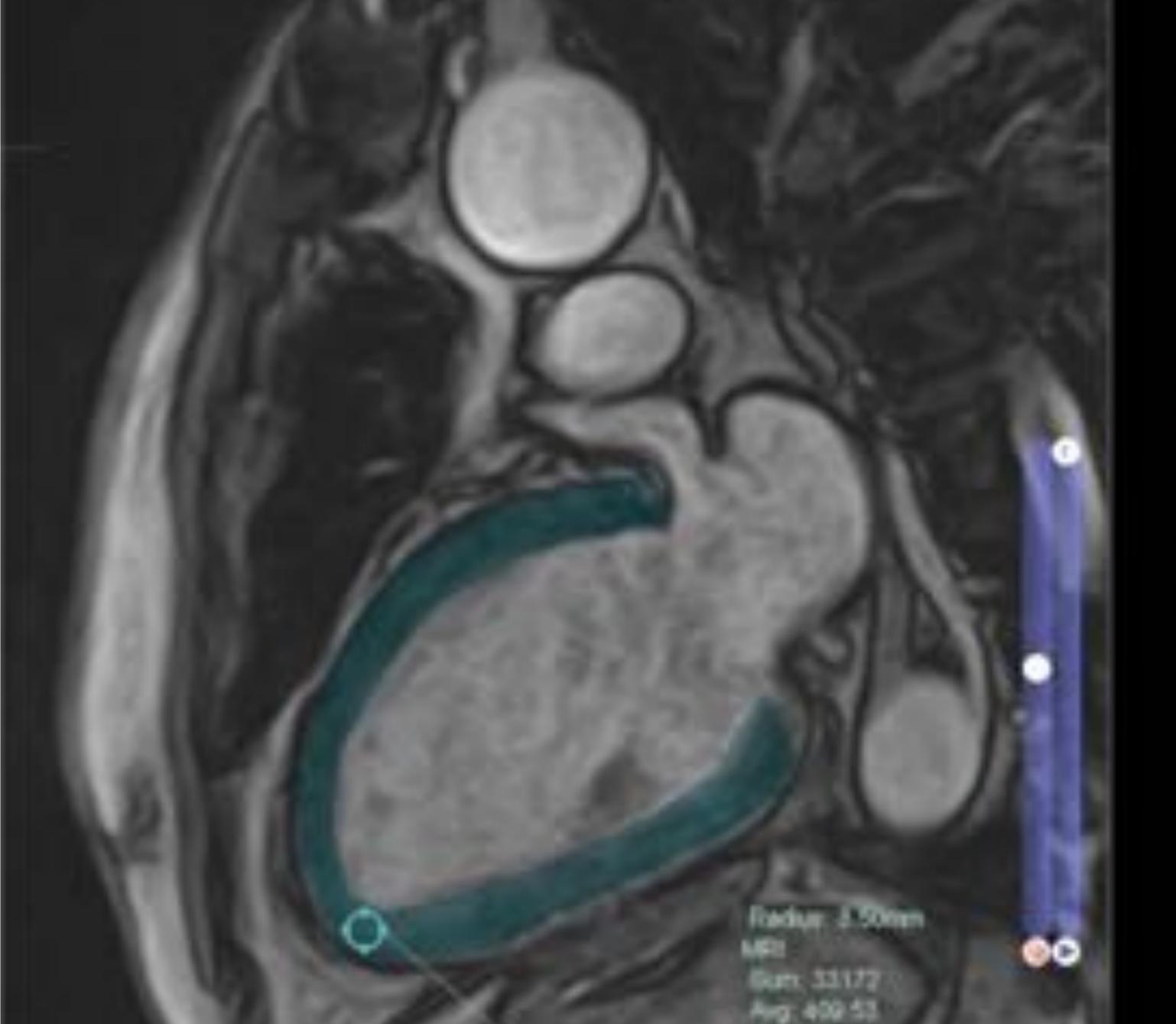
✓Systematic sclerosis (SSc) is characterized by the progression of fibrosis in the all organs.

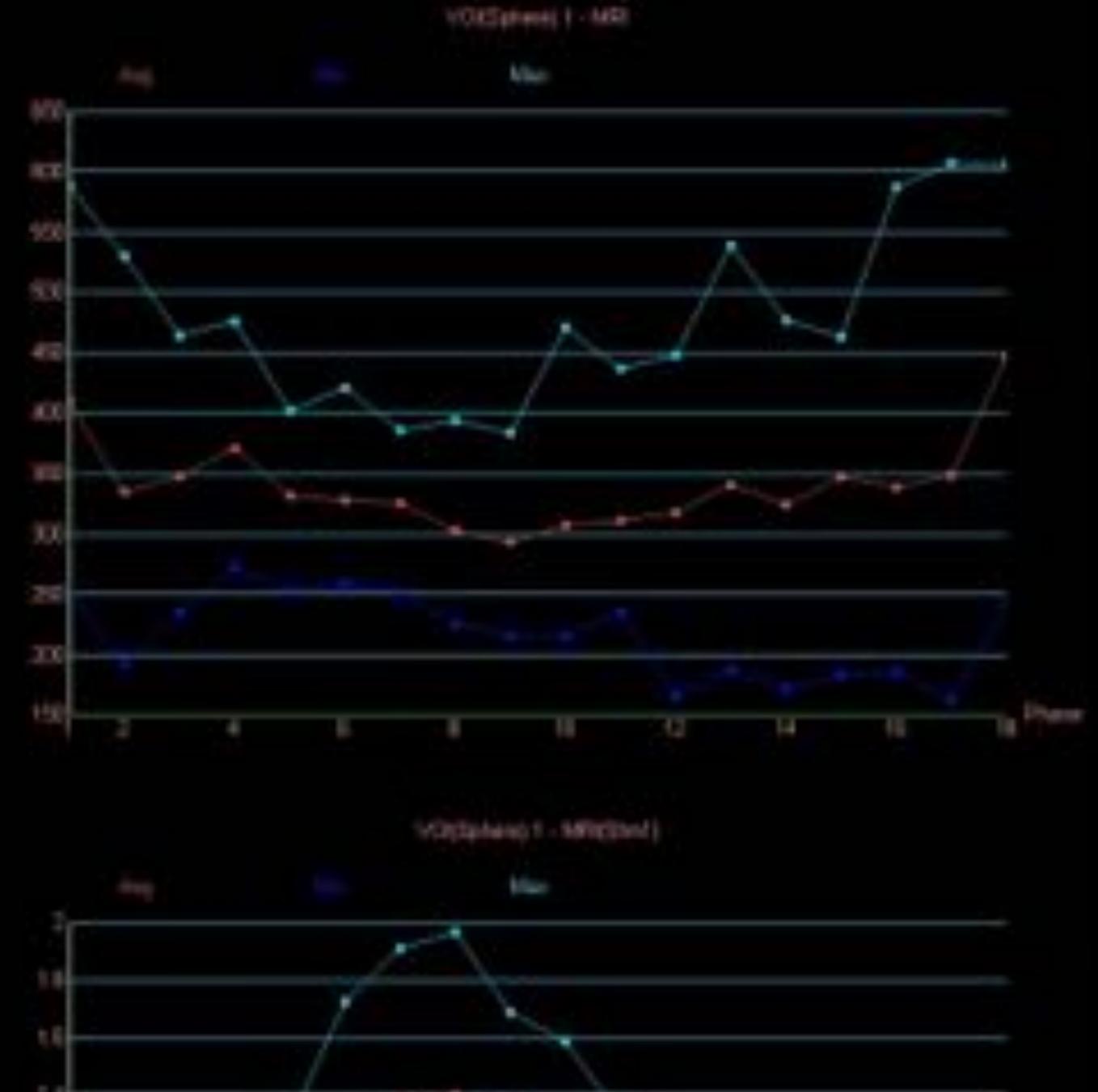
 ✓ Pulmonary fibrosis: SSc related interstitial lung disease(SS-ILD)¹⁾ and cardiac involvement are important prognostic factors.

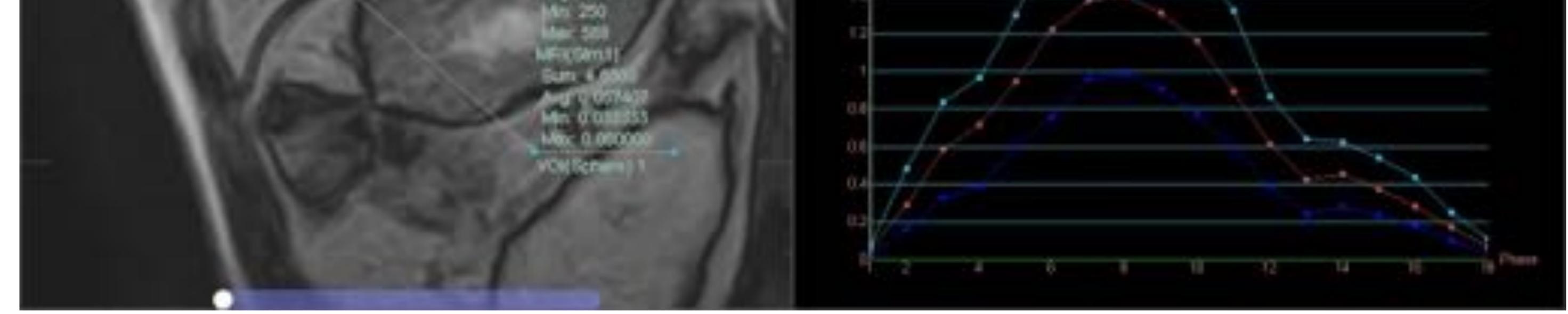
1) Am J Respir Crit Care Med. 2011 Mar 15;183(6):788-824



2D Motion Analysis







M Nagao, et al ,CVIA 2018;2(2):76-84 Ziostation2, Ziosoft, Inc.





✓The present study proposes a new imaging technique to analyze pulsatile lung deformation using 2D motion analysis of cardiac cine MRI (Strain-CMR), and investigates the relation to

pulmonary fibrosis and cardiac deterioration in SSc



Patient Characteristics

Vumber : 50 SSc patients Mean age : 58.04 years
 Female : 40 (80%)

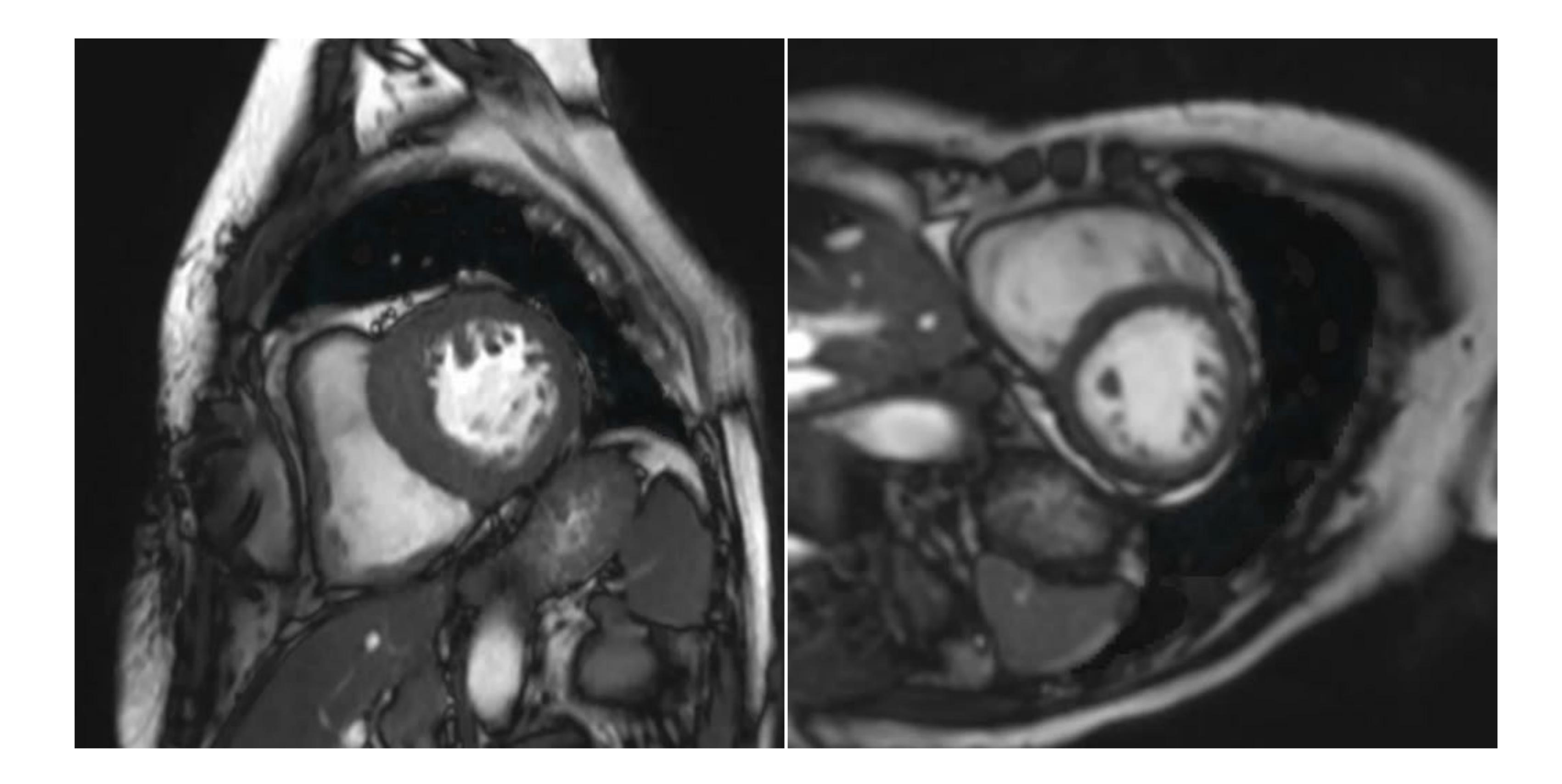
	SSc SS-ILD(+)	SSc SS-ILD(-)
Number	23 (46%)	27 (54%)
Age(y)	57.1 (44- 79)	56.4 (24-76)
EF (%)	55.8 (13.5-69)	58.7 (45-69)
KL-6(U/mL)	788.3 (116-1840)	236.6 (165-363)
BNP(pg/mL)	140.1 (15.8-1514.6)	91.5 (6.1-276.2)

The presence of pulmonary fibrosis(SS-ILD) was identified by chest high-resolution CT. Image findings of PF were evaluated based on the findings of inconsistent with usual interstitial pneumonia: UIP according to the guidelines¹⁾.



Lung motion using maximum principal strain of cardiac cine MRI

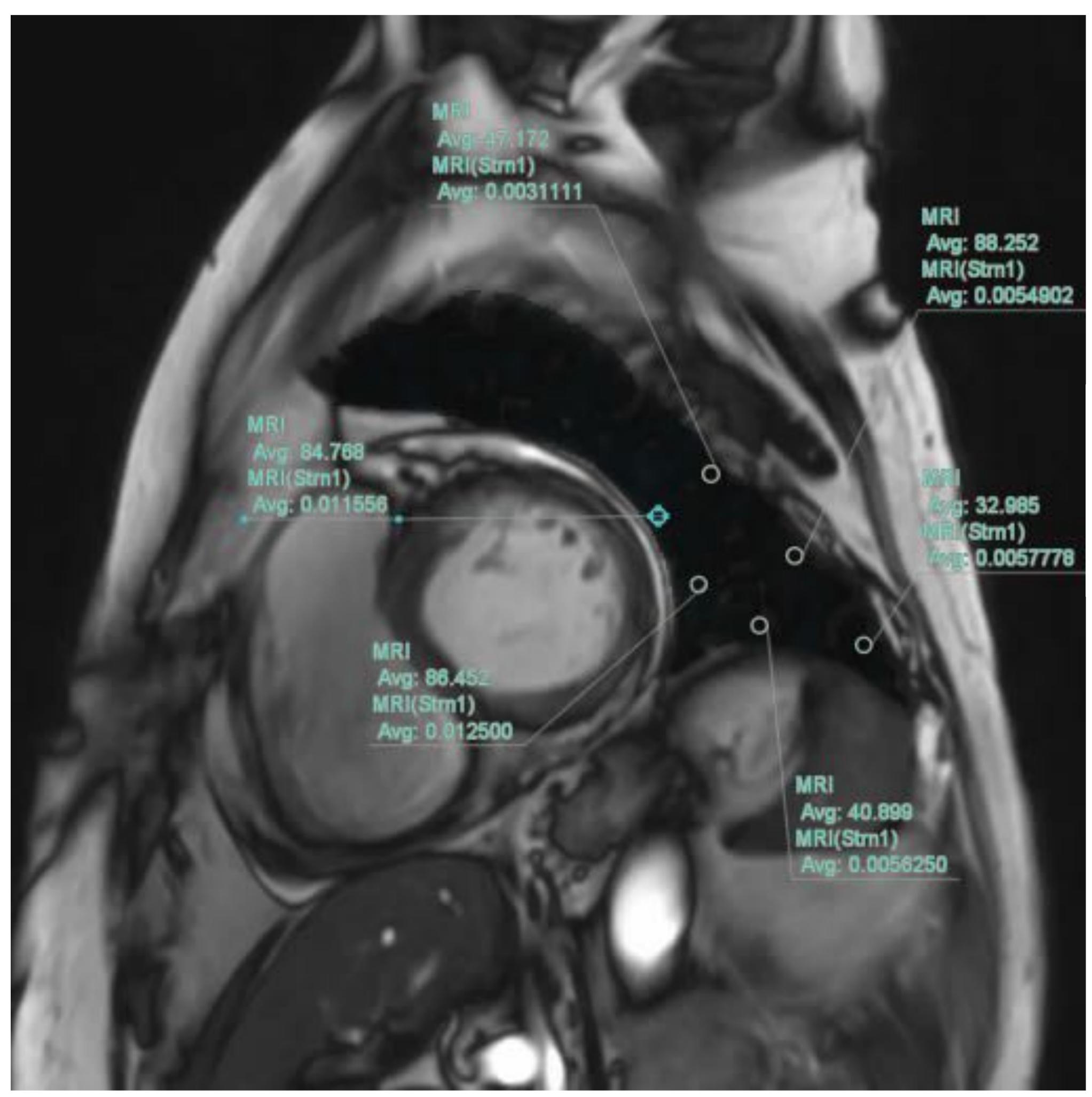
Cardiac cine MR imaging of short-axis left ventricle was performed using a SSFP sequence with 3.0 tesla.





Lung motion using maximum principal strain

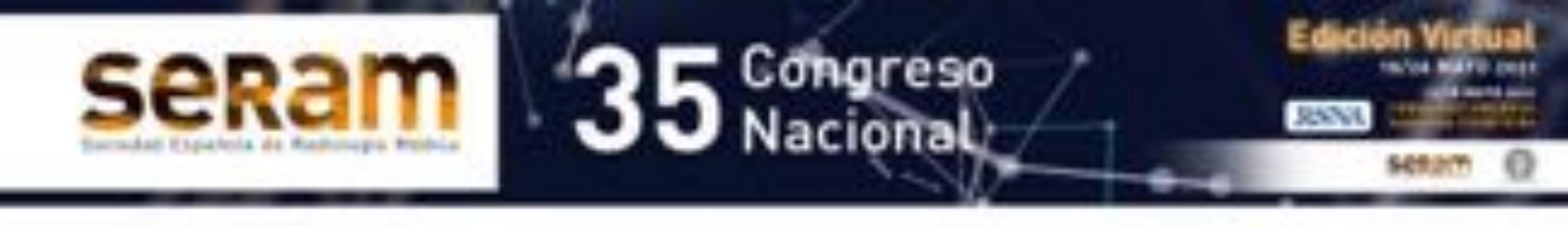
The maximum absolute value of the strain during a cardiac cycle was defined as lung strain, and was used as an estimate of pulsatile lung deformation.



No.1 and 2: Heart-adjacent segment No. 3, 4, 5 and 6: Peripheral segment

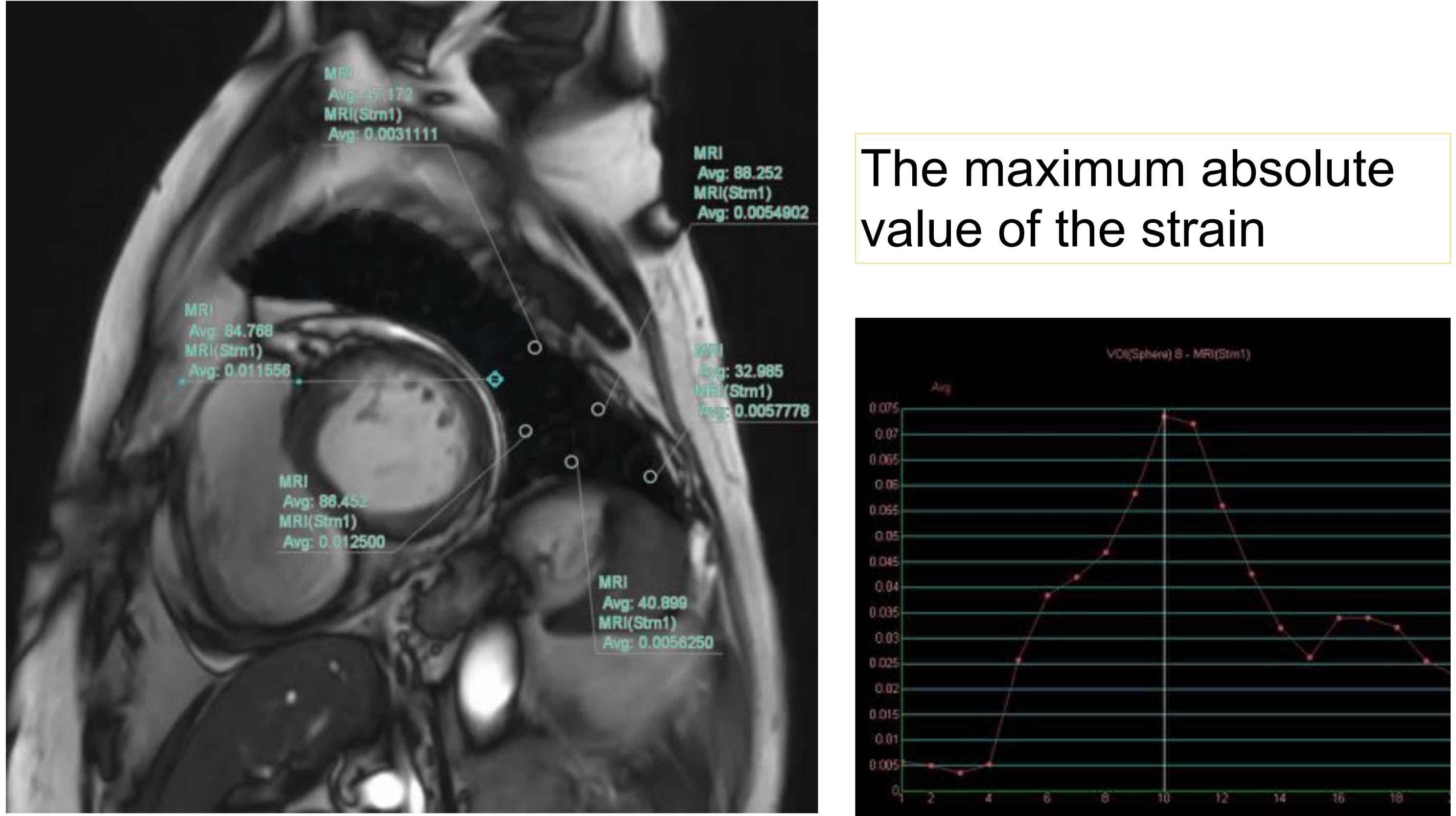
- 1.Cine image is closest to the left lung and the mostly movement by heart beat were selected.
- 2.Peripheral zone of the lower lung with a depth of 1 cm from the pleura were set as a region of interest, and the strain in the radial direction to the

center of the left lung was calculated using Strain-CMR.



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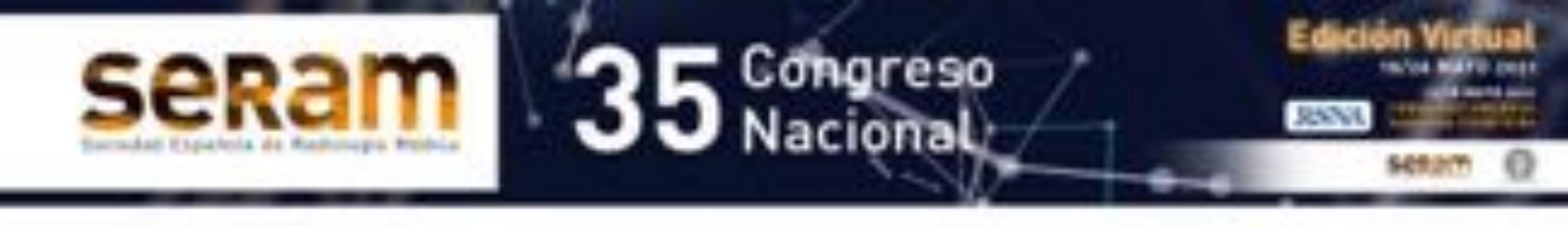
Evaluation

• two types of lung strains

Heart-adjacent segment : segments of No.1 and 2
Peripheral segment : segments of No. 3, 4, 5, and 6

1. Comparison of heart-adjacent and peripheral lung strain, un paired t-test

- 2. Comparison of lung strain between patients with and without SS-ILD, Mann-Whitney U-test
- 3.Comparison of lung strain between patients with KL-6 <500 U/mL, Mann-Whitney U-test
- 4. Correlation between lung strain and EF, Pearson correlation coefficient

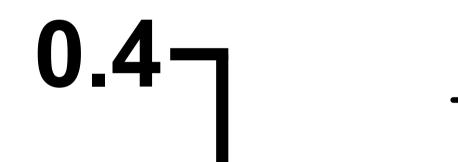


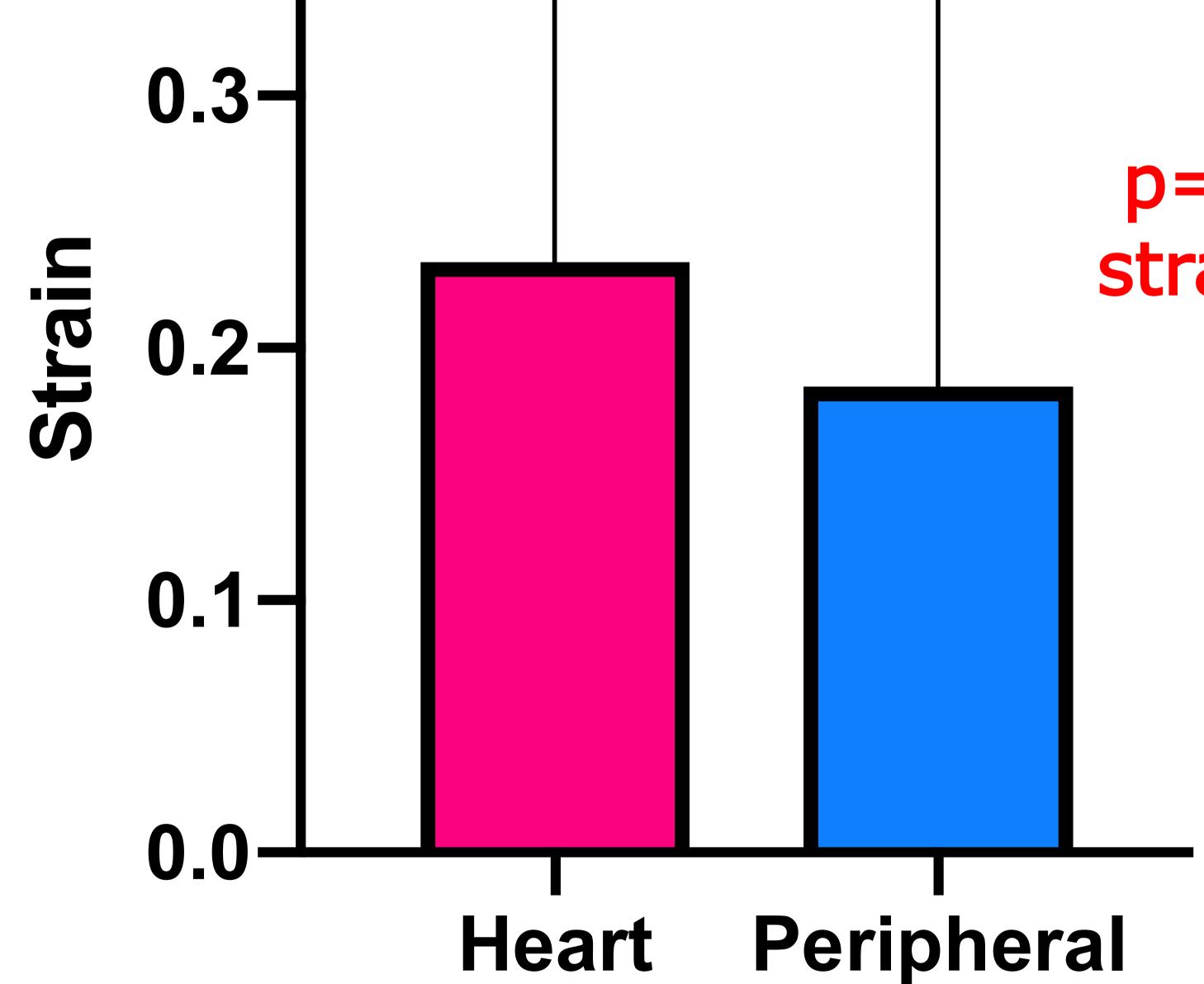
Result-1

Heart-adjacent vs. Peripheral lung strain

✓Two types of lung strain can be calculated for all patients.

p=0.0189





p=0.0189, vs. Heart-adjacent lung strain



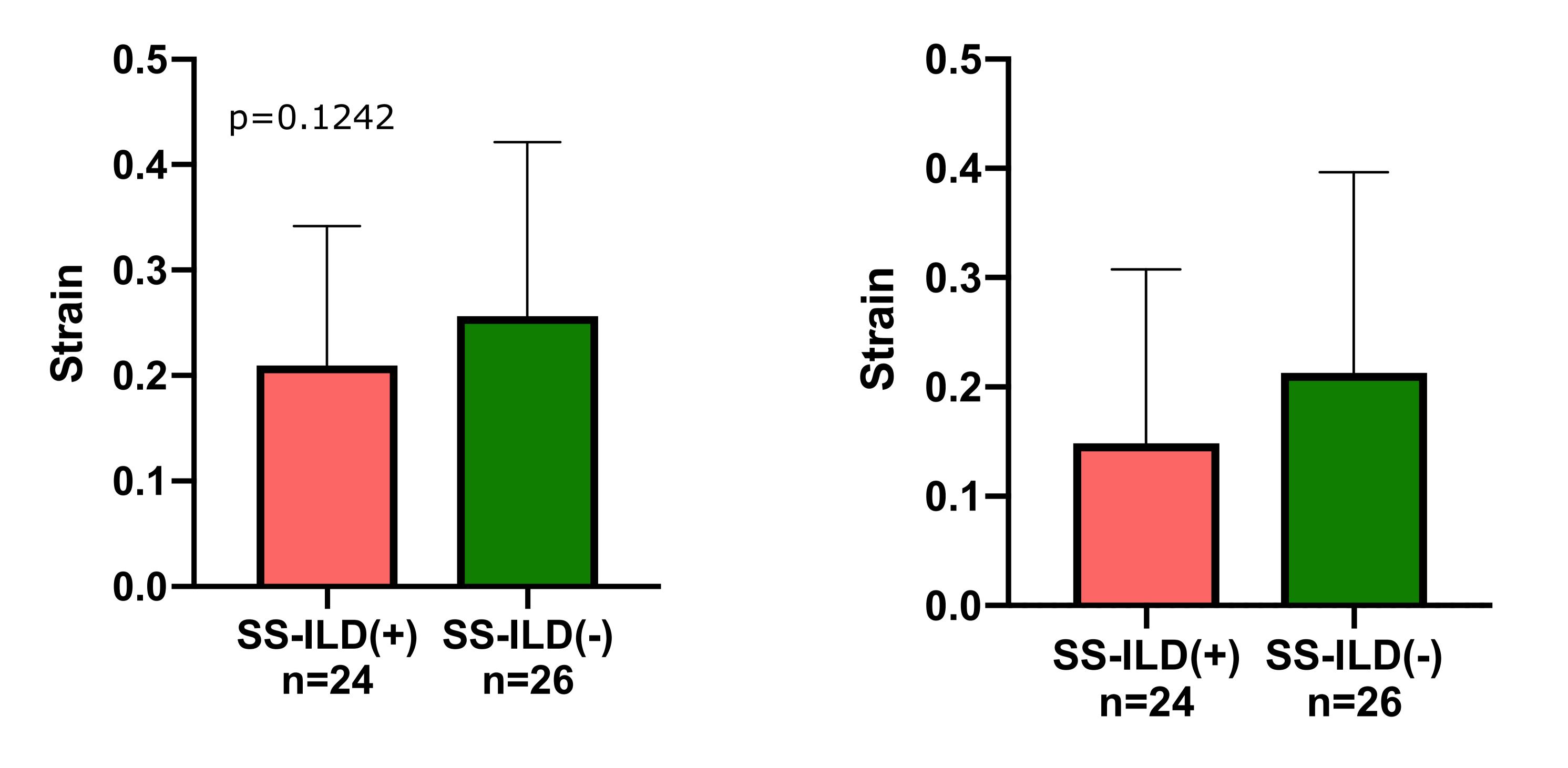




Comparison of lung strain between patients with and without SS-ILD

Heart-adjacent segment

Peripheral segment



 0.20 ± 0.13 0.54 ± 0.65 0.14 ± 0.15 0.21 ± 0.18

p=0.0064, vs Peripheral segment lung strain

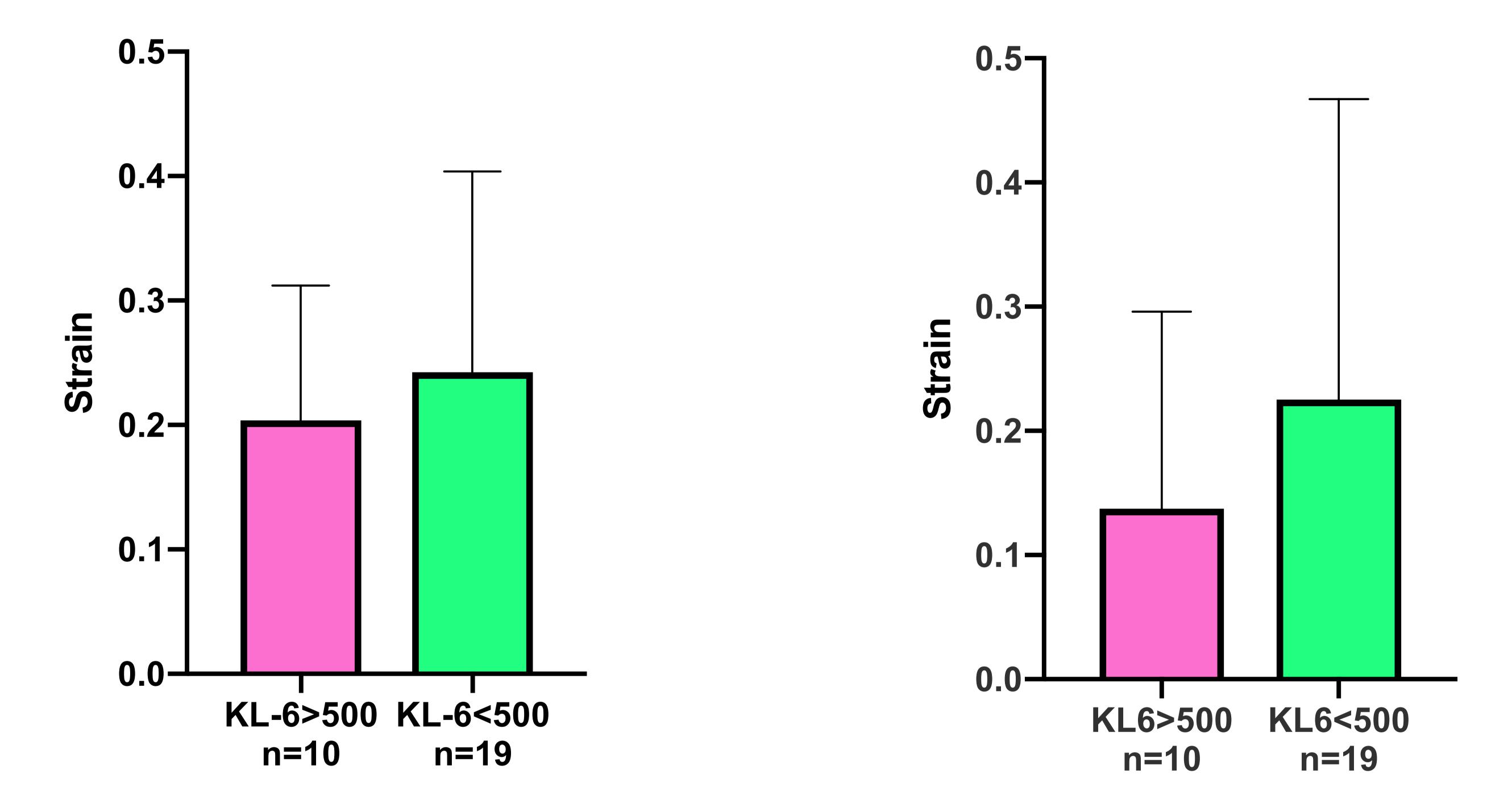




Comparison of lung strain between patients with KL-6 < 500 U/ mL and > 500 U/mL

Heart-adjacent segment

Peripheral segment



p=0.0412, vs Peripheral segment lung strain

0.20 ± 0.10 0.24 ± 0.16

0.13 ± 0.15 0.22 ± 0.24

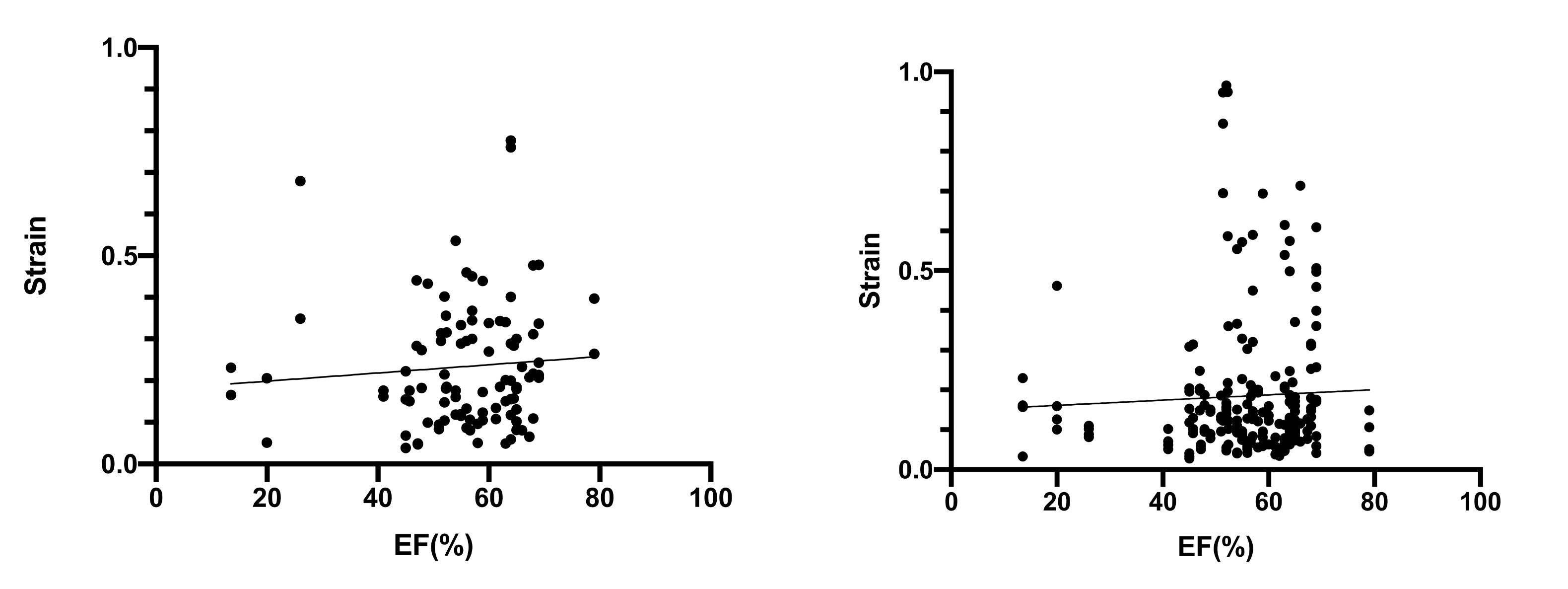




Correlation between lung strain and EF

Heart-adjacent segment

Peripheral segment



$$r=0.0062, p=0.4336$$
 $r=0.002, p=0.5289$

No correlation between strain and EF was observed.

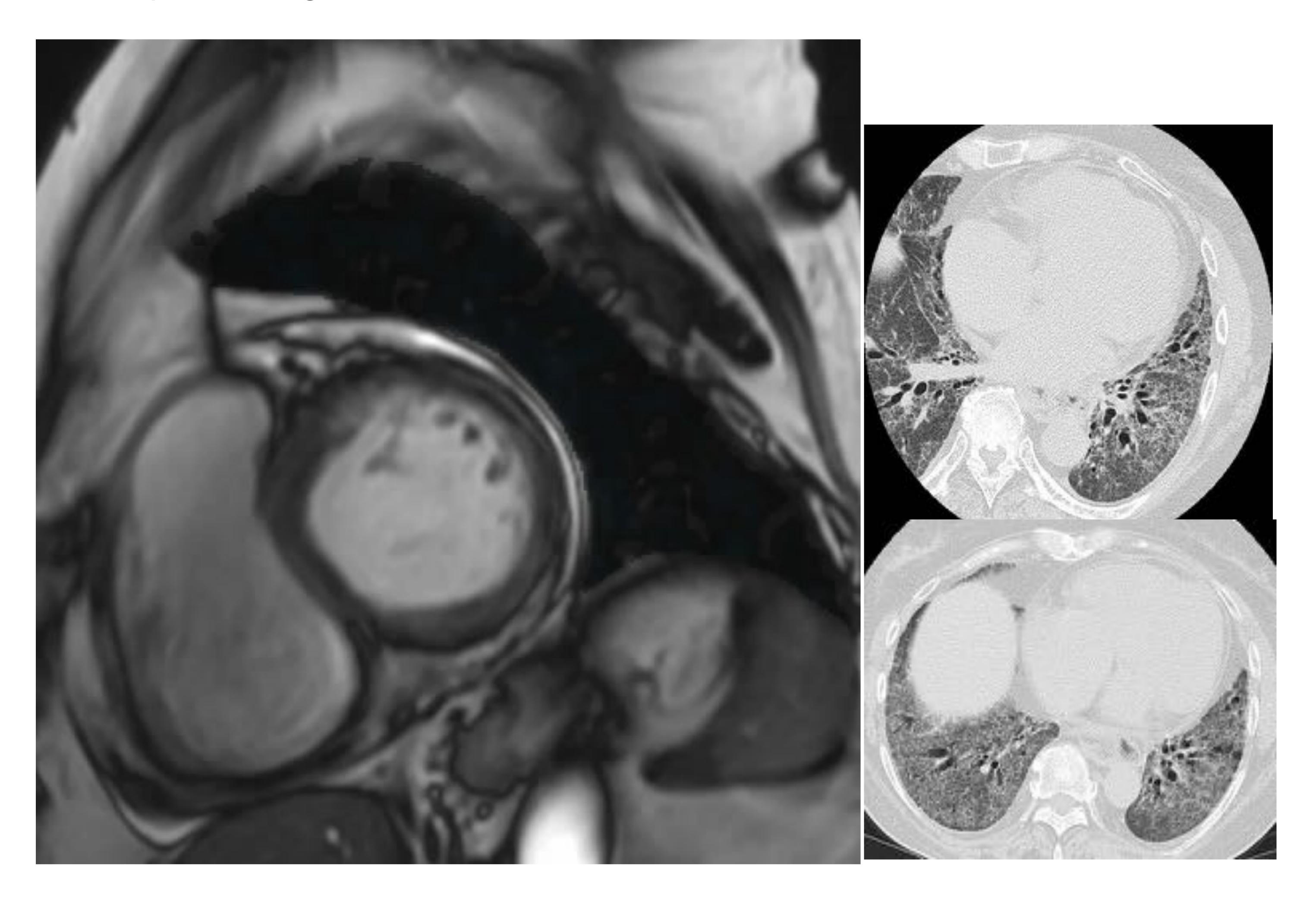
No significant correlation between lung strain and EF was observed.



<u>60's Female with SS-ILD</u> KL-6 1792 U/mL, BNP 45 pg /mL, EF 45% Lung Strain: 10.038 20.067 30.033 40.027 50.040 6 0.118

*Mean

Lung strain, 5.0% Heart-adjacent lung strain, 5.1% Peripheral lung strain, 4.9% Heart 0.23 Peripheral 0.18





Discussion

✓We have developed a new method for evaluating fibrosis of the lung using 2D motion analysis of heart cine MRI.

✓Cardiac cine MRI adding lung strain enables noninvasively both evaluations of cardiac function and pulmonary fibrosis.

✓ Lung fibrosis is seen in the peripheral lower lung. Therefore, significant results were obtained from

peripheral strain of the lower lung.

Lung strain is independent from cardiac movement.



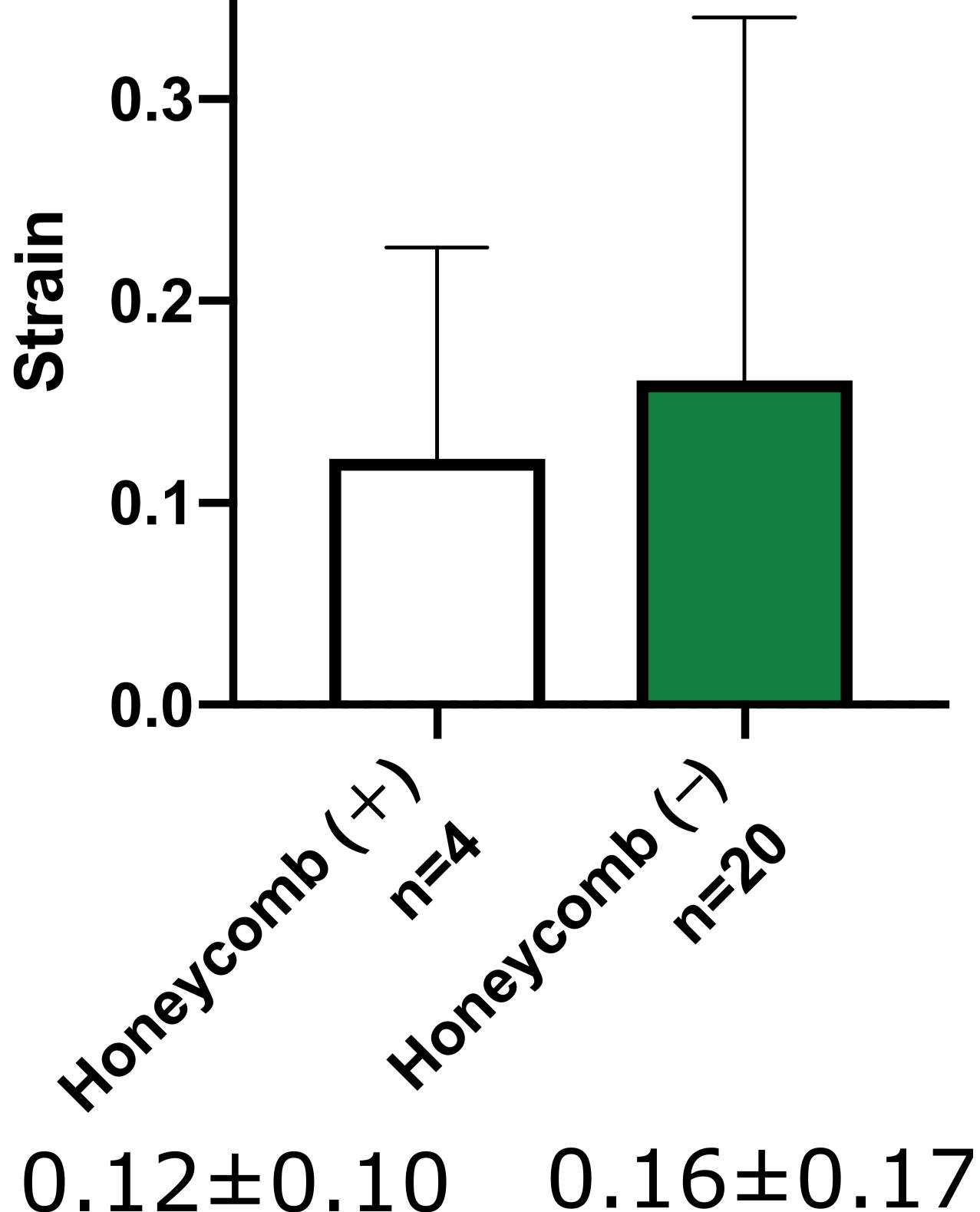
Discussion

The presence of honeycomb lung decreases lung strain?

Peripheral segment

0.47

✓ It seems to be a correlation between lung strain and honeycomb lung, but this number is small and future study is necessary.



0.12 ± 0.10

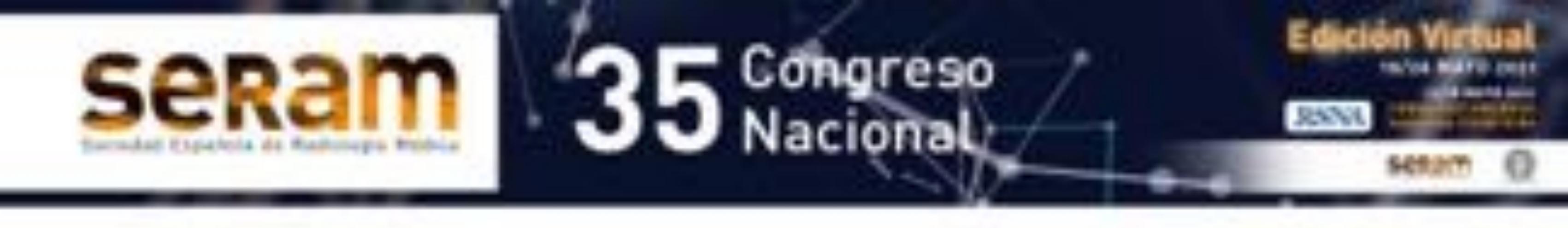


Conclusion

✓ Development of pulmonary fibrosis in SSc associates with decreasing pulsatile lung deformation.

✓ Strain-CMR derived 2D motion analysis is a new

functional technique for assessment of pulmonary fibrosis.



• thank you