

# **POSTER PRESENTATION**

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# Ultrashort echo-time MRI as a substitute to CT for skull aberration correction in transcranial focused ultrasound: in vitro comparison on human calvaria

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### **Background/introduction**

Clinical transcranial MR-guided focused ultrasound (TcMRgFUS) brain treatment systems compensate for skull-induced beam aberrations by adjusting the phase and amplitude of individual ultrasound transducer elements. These corrections are currently calculated based on a pre-acquired CT scan of the patient's head. The purpose of the work presented here is to demonstrate the feasibility of using ultrashort echo-time (UTE) MRI instead of CT to calculate and apply aberration corrections on a clinical TcMRgFUS system.

# **Methods**

Phantom experiments were performed in three *ex vivo* human skulls filled with tissue mimicking hydrogel. Each skull phantom was imaged with both CT and UTE

MRI. The MR images were then segmented into "skull" and "not-skull" pixels using a computationally efficient, threshold-based algorithm, and the resulting threedimensional binary skull map was converted into a series of two-dimensional virtual CT images. Each skull was mounted in the head transducer of a clinical TcMRgFUS system (ExAblate Neuro, Insightec, Israel), and transcranial sonications were performed using a power setting of approximately 750 Acoustic Watts at several different target locations within the electronic steering range of the transducer. Each target location was sonicated three times: once using aberration corrections calculated from the actual CT scan, once using corrections calculated from the MRI-derived virtual CT scan, and once without applying any aberration correction. MR thermometry was performed in conjunction

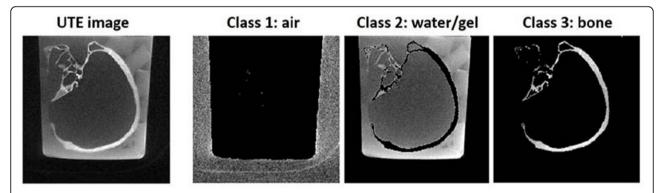


Figure 1 Representative UTE MR image and segmentation results from skull #3. For imaging, the skull was immersed in a bucket of water. The segmentation algorithm assigned each image voxel to one of three classes: (1) air, (2) water/gelatin, (3) bone.

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Figure 2 Photograph of one of the skull phantoms (#2), and a 3D surface rendering generated from the MR-derived bone map.

with each 10-second sonication, and the highest singlepixel temperature rise and surrounding-pixel mean were recorded for each sonication.

#### **Results and conclusions**

Fig. 1 shows a UTE MR image and segmentation results from one of the skull phantoms. Fig. 2 shows a photograph of another skull phantom along with a 3D surface rendering generated from the binary bone map. The sonication results are summarized in Fig. 3. The measured temperature rises were ~45% larger for aberration-corrected sonications than for non-corrected sonications.

This improvement was highly significant (p < 10–4). The difference between the single-pixel peak temperature rise and the surrounding pixel mean, which reflects the sharpness of the thermal focus, was also significantly larger for aberration-corrected sonications. There was no significant difference between the sonication results achieved using CT-based and MR-based aberration correction.

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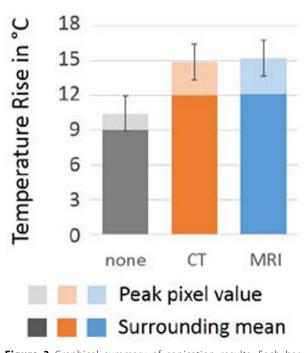
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**Figure 3** Graphical summary of sonication results. Each bar represents the average temperature rise of all sonications performed in all skulls using the same aberration correction method (none, CT-based, or MR-based).

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