

Margins 1.25 cm all around

Max number of lines

Quantitative MRI evaluation of fatty infiltration and edema-like lesions in skeletal muscles of Myotonic Dystrophy type 1

2

L. Heskamp¹, M. van Nimwegen², B. van Engelen², A. Heerschap¹

2

¹Department of Radiology, Radboud university medical center, Nijmegen, The Netherlands, ²Department of Neurology, Radboud university medical center, Nijmegen, The Netherlands

3

Page format B4 (25.7x36.4 cm)

Page 1: Title, author and affiliations

Please do not change the fonts

Page 2: Abstract body

Margins 1.25 cm all around and top margin 4.75 cm

4.75 cm

Purpose: Myotonic Dystrophy type 1 (DM1) is an inherited muscular dystrophy with a prevalence of approximately 10 per 100.000. On MR images of DM1 affected muscles fatty infiltration and edema-like processes can be identified^{1,2,3}. These studies used only a semi-quantitative analysis^{1,2} or evaluated only a single muscle quantitatively³. In other muscular dystrophies the use of quantitative MRI to evaluate fatty infiltration and edema-like processes have been found to be extremely useful in the understanding of the disease^{4,5}. Quantitative MRI is also essential in the proper evaluation of the natural progression of the disease and necessary to monitor the effect of therapeutic interventions. The aim of this study was to evaluate the extent of fatty infiltration and edema-like processes in muscles of DM1 patients by quantitative MR.

Methods: Patients: 10 genetically proven DM1 patients (7 male, age 50±8 years, MDS score 6.2±0.9)

MR protocol: Patients were examined with a 3T Siemens. To quantify edema-like gap: 20 mm, slices: 5).

Data analysis: Firstly, the T2 relaxation time of muscle (EPG) model⁷: $SI(TE) = A \times FF \times EPG(T1_{fat}, T2_{fat}, EPG(T1_{water}, T2_{water}))$. T2fat was determined per patient. T2water, voxels with a fitted FF>50% were assumed. The 5 slices of the DIXON images that corresponded in average of all 5 seximal slice (p<0.01)(Fig. 2). Finally, a T2water comparable to that of healthy muscles (34.2 ms)(two-sided t-test p<0.0001). Muscles in which more t

Discussion: We investigated disease signatures in muscles of DM1 patients by quantitative MR. The inverse relationship observed between FF and the prevalence of muscles with that FF (pyramid-like shape) indicates that fatty infiltration in DM1 occurs in an, apparently slow, gradual manner. This is in contrast with facioscapulohumeral dystrophy (FSHD), where healthy muscles can become completely fat infiltrated within about 3 years⁴. It was observed that the gastronemicus medialis and soleus are the most severely affected muscles, while the tibialis posterior is spared. This is in accordance with previous semi-quantitative studies^{1,2}. Furthermore, we observed that fatty infiltration is higher in the distal part of the muscles compared to the proximal part. This suggests that the disease process with fatty infiltration starts distally in DM1, which is also observed in affected leg muscles of FSHD patients⁴. To prove this hypothesis longitudinal studies are required. At last, we showed that muscles who are in an apparent active state of fatty infiltration have an elevated T2water compared to muscles who are not in a fat infiltration process. This might indicate reactive edema, but the pathological mechanism causing this increased T2water requires further investigation.

Acknowledgments: EU Seventh Framework Programme (#305697) on DM1 (OPTIMISTIC).

References: ¹Kornblum, J Neurol, 2006, ²Damien, J Neurol, 1993, ³Hiba, J Magn Reson Imaging, 2012, ⁴Janssen, PLoS One, 2014, ⁵Wokke, Neuromuscul Disord, 2014, ⁶Mathieu, Neurology, 2001, ⁷Marty, Proceedings ISMRM 23th, 2015

Page format B4 (25.7x36.4 cm)

Page 1: Title, author and affiliations

Page 2: Abstract body

Font Times New Roman with minimally font size 8pt, figure legends should also not be smaller than 8 pt.

the lower leg. To evaluate the extent of fatty infiltration (FF) (slice: 1x1x5 mm, slices: 32) or a 3pt-DIXON (TE: 17, ES: 8 ms, voxel size: 1.5x1.5x10 mm,

is using a bi-component extended phase graph (EPG) model⁷, with T1water=1400 ms, T1fat=365 ms and T2water signal is needed to obtain a reliable T2water. T2water were drawn around the calf muscles on 5 slices. T2water were determined per slice and as an average of all 5 slices. Muscles with a FF below 20% (blue dots) have a significantly elevated T2water (38.2 ms) compared to muscles with a FF above 20% (34.2 ms) (two-sided t-test p<0.0001).

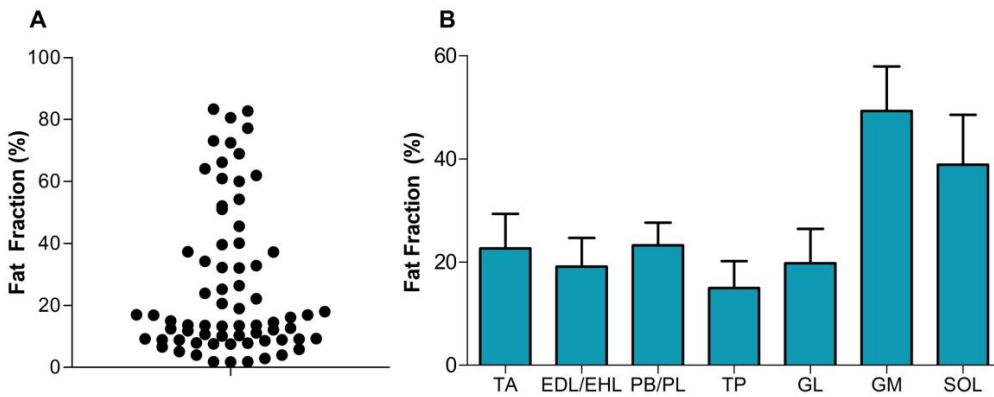


Figure 1: Distribution of average fatty infiltration in the calf muscles of DM1 patients. A: Fat fraction distribution of all muscles. B: Involvement of individual muscles (mean±SE). TA = Tibialis Anterior, EDL/EHL: Extensor digitorum and hallucis longus, PB/PL: Peroneus brevis and longus, TP: Tibialis posterior, GL/GM: Gastronemicus lateralis/medialis, SOL: Soleus.

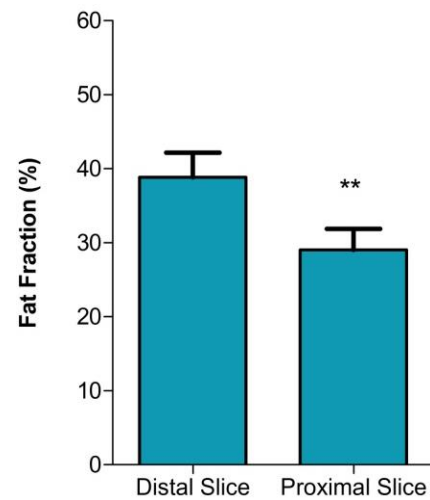


Figure 2: Comparison between the fat fraction (mean±SE) in the most distal slice compared to the most proximal slice. There is a significant decrease in fat fraction from distal to proximal. ** p<0.01

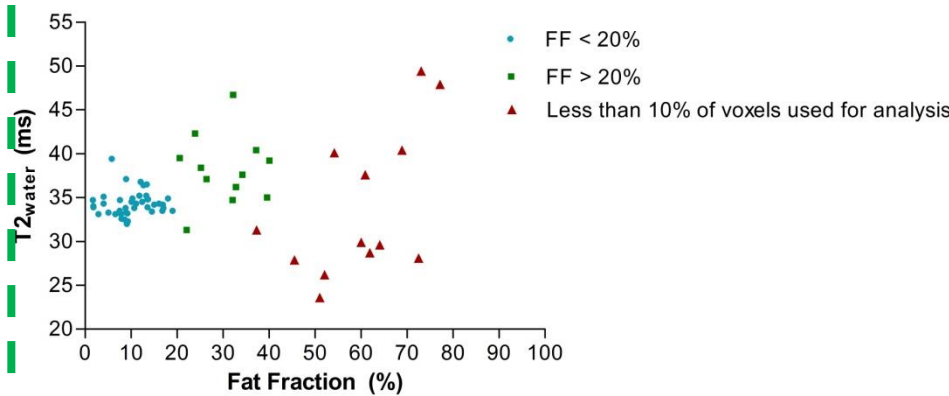


Figure 3: Relation between fat fraction and T2water of all calf muscles. Blue dots and green squares: The muscles with a fat fraction smaller or larger than 20% fat, respectively. Red triangles: Muscles in which less than 10% of all voxels within that muscle were used to calculate T2water.