



ORAL PRESENTATION

Open Access

Equilibrium contrast CMR for the detection of amyloidosis in mice

Adrienne E Campbell^{1*}, Anthony N Price², Stephan Ellmerich³, Paul Simons³, Raya Al-Shawi³, Philip N Hawkins³, Roger J Ordidge⁴, Mark B Pepys³, James C Moon⁵, Mark F Lythgoe¹

From 2011 SCMR/Euro CMR Joint Scientific Sessions
Nice, France. 3-6 February 2011

Objective

In this study, we optimise equilibrium contrast CMR (EQ-CMR) protocols in mice and apply EQ-CMR to detect AA amyloidosis in the heart and liver of mice with inducible transgenic overexpression of serum amyloid A protein.

Background

Systematic amyloidosis is a severe, diagnostically challenging, disorder characterised by the extracellular deposition of insoluble abnormal protein fibrils [1]. Recently, Flett et al [2] showed that the volume of distribution of gadolinium (Gd) contrast agents, calculated by EQ-CMR, can be used to measure fibrosis. This technique uses the extracellular nature of Gd to relate the volume of distribution of the agent (V_d) to extracellular pathology.

Methods

A bolus followed by steady infusion of Magnevist was used to generate a blood - tissue equilibrium of [Gd]. The optimal dose and timing protocol, determined empirically, is displayed in Figure 1. An ECG-gated Look-Locker technique [3] was used to measure the T_1 and the V_d can be calculated: $V_d = \Delta R_{1,tissue} / \Delta R_{1,blood}$

Nine control and 11 amyloidotic mice [4] (confirmed by histology to have major amyloid deposits in the liver and minor deposits in the heart) were imaged using a standard cine stack and EQ-CMR. A mid-ventricle short-axis slice through the heart, which included a section of liver was used. The hematocrit (Hct) was measured using a blood sample from the tail vein.

Results

Analysis of cardiac functional parameters calculated from cine images showed no significant difference between the groups. Figure 2 presents box-and-whisker plots comparing V_d between groups for the (a) myocardium and (b) liver. The amyloidotic group shows a significantly increased V_d of Gd compared to the control group in both organs. The V_d of the control group was $15.4\% \pm 0.2\%$ (myocardium) and $15.4 \pm 0.3\%$ (liver) and of the amyloidotic group $19.8 \pm 0.4\%$ (myocardium) and $23.6 \pm 0.4\%$ (liver) (mean \pm s.e.m).

Conclusion

An EQ-CMR procedure has been optimised in the mouse. The results of this study show that EQ-CMR techniques can detect minor amyloid deposits with good sensitivity. This approach has the potential to become a sensitive diagnostic tool with considerable utility in serial quantitative monitoring of response to novel therapy aimed at elimination of amyloid deposits [5,6].

Author details

¹Centre for Advanced Biomedical Imaging, University College London, London, UK. ²Robert Steiner MRI Unit, Imperial College London, London, UK. ³Centre for Amyloidosis and Acute Phase Proteins, Division of Medicine, University College London, London, UK. ⁴Department of Medical Physics and Biomedical Engineering, University College London, London, UK. ⁵Heart Hospital and Division of Medicine, University College London, London, UK.

Published: 2 February 2011

References

1. Pepys MB: *Annu Rev Med* 2006, **57**:223-224.
2. Flett AS, et al: *Circulation* 2010, **122**:138-144.
3. Kober F, et al: *MRM* 2004, **51**:62-67.
4. Simons P, et al: *Amyloid* 2010, **17**(s1):45-46.
5. Pepys MB: *Clin. Med.* 2007, **7**:562-578.
6. Bodin K, et al: *Nature* 2010.

¹Centre for Advanced Biomedical Imaging, University College London, London, UK

Full list of author information is available at the end of the article

