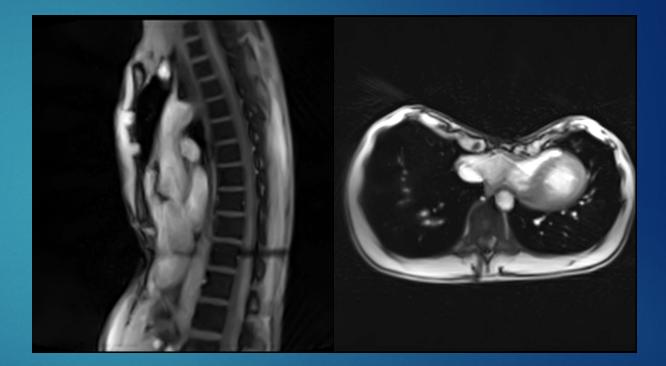
Pectus excavatum in motion: dynamic evaluation using realtime MRI DANIEL GRÄFE, MARTIN LACHER, FRANZ WOLFGANG HIRSCH, PETER ZIMMERMANN UNIVERSITY HOSPITAL LEIPZIG

Introduction

- Pectus excavatum (PE) very prevalent (1:400 to 1:1000)
- Morphologic assessment for therapy planning
- Cross-sectional imaging necessary
- Thoracic morphology highly dynamic
- Conventional MRI and CT highly static
- Aim: Real-Time MRI in free breathing for evaluation of PE

Methods

- Prospective single center study
- 3T MRI with FLASH 2 Real-Time technology
 - Axial and sagittal plane
 - Simulaneous imaging
 - Temporal resolution 30 fps

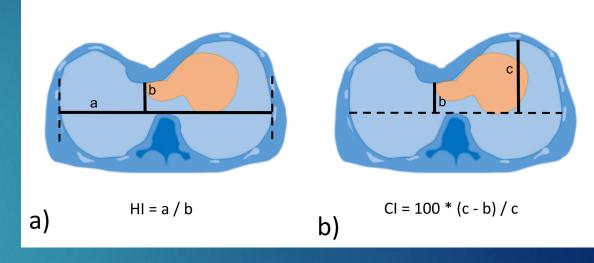


Methods

Indices in free breathing

- Normal breathing and deep breathing
- Haller index and Correction index
- Indices at different breathing states

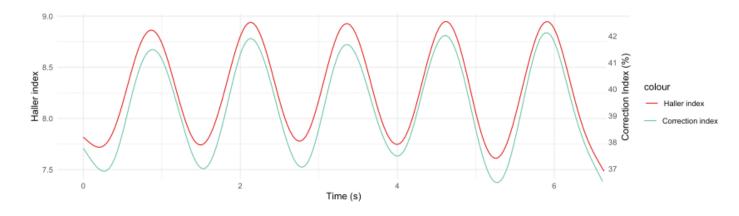
Motion tracking of chest wall



Results

▶ 56 patients

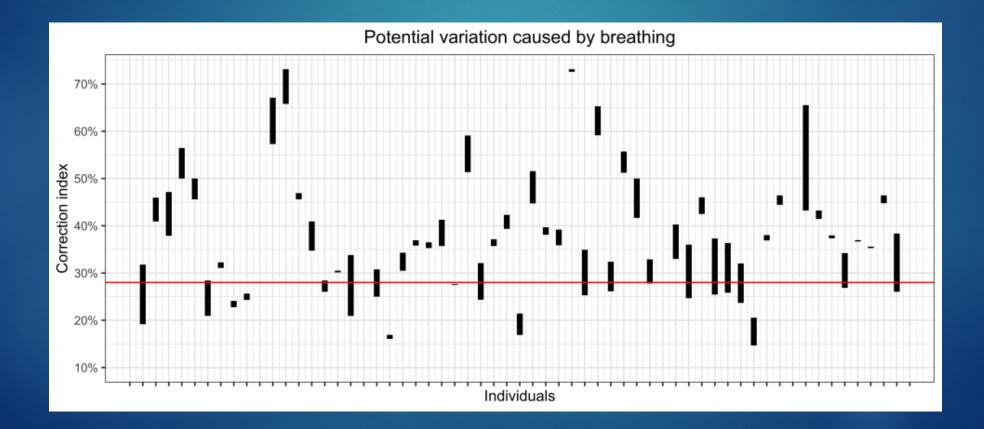
- Median age 15.4 y (IQR 14.3–16.9 y)
- Lower variation in expiration



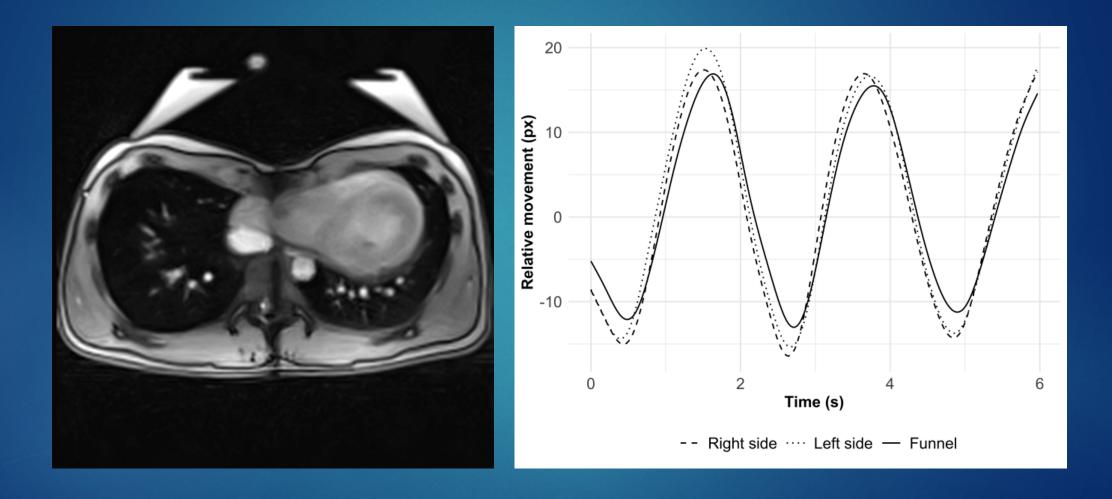
	Haller index	Correction index
Inspiratory variability	0.9 *	4,7% *
Exspiratory variabilty	0.3	2.9%
		* significant

Results

Crossing the "therapeutic line" during breathing

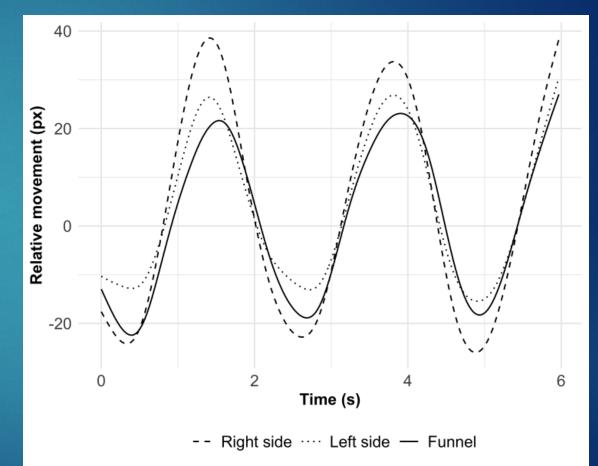


Motion pattern "A"

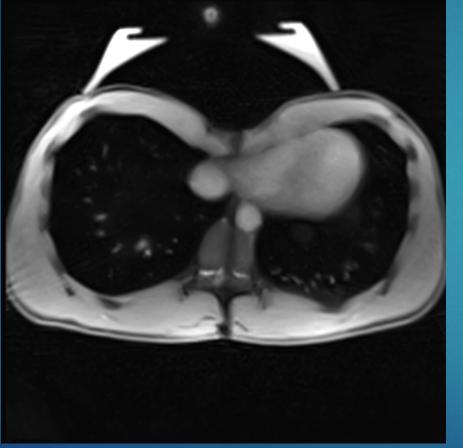


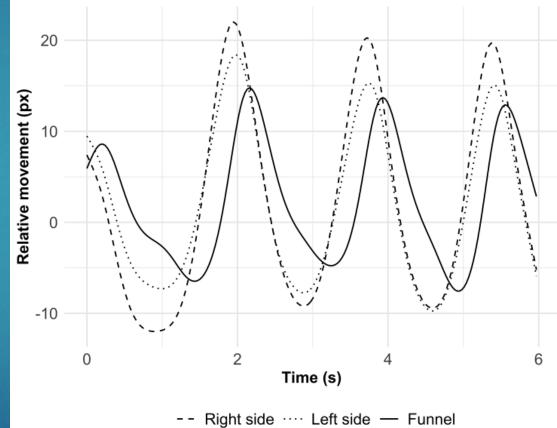
Motion pattern "B"





Motion pattern "C"





Summary



Real-time MRI for Pectus excavatum is feasible



When breath-hold: Prefer mild expiration



3 different motion patterns -> prognostic factor?

Thank you

