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Association of MR Relaxation Times with Muscle Morphology and Functional Loading at the Knee

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BACKGROUND

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Knee OA: Scope of the Problem

- Need for early identification in knee osteoarthritis (OA)
 - since it is **too late** once structural changes occur
 - because **current management ineffective** at long-term symptom modification or any disease modification^{3,4}
 - to develop sub-group specific **preventative interventions**
 - depends on ability to detect **early biochemical changes**
 - using promising **quantitative MR imaging techniques**^{3,4}

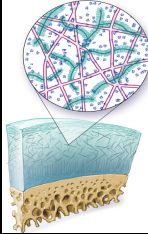
1. Zhang et al. 2008
2. Zhang et al. 2009

3. Mosher et al. 2004
4. Li et al. 2007

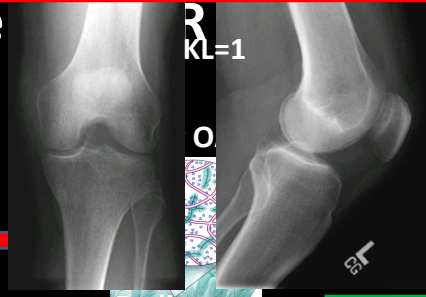
BACKGROUND MQIR UCSF

Knee

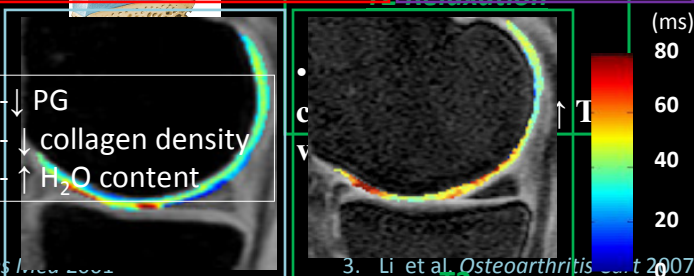
Healthy



Radiographs



SPGR images



T2 Relaxation

(ms)

80
60
40
20


↓ PG
↓ collagen density
↑ H₂O content

1. Akella et al. *Magn Res Med* 2002
2. Mosher et al. *Semin Musculoskelet Physiol* 2004
3. Li et al. *Osteoarthritis Cart* 2007
4. Li et al. *Magn Res Imag* 2010

PURPOSE MQIR UCSF

Knee OA: Risk Factors

Alignment

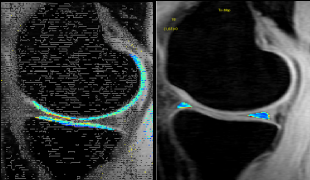


↑ incidence & progression¹

↑ adduction moment (KAM)

– Young / old with knee OA^{4,5}

Articular & Meniscal Cartilage T1ρ/T2 Relaxation Times



Association of MR relaxation times with risk factors in young healthy adults

1. Sharma et al. 2010
2. Barrios et al. 2010
3. Barrios et al. 2010
4. Miyazaki et al. 2002
5. Kumar et al. 2011
6. Koo et al. 2010



METHODS

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Subjects

	n	Mean (SD)
Age	25 (42 knees)	27.9 (4.1)
BMI	25 (42knees)	22.7 (2.2)

- Physically active
- No knee pain
- No h/o knee trauma, surgery

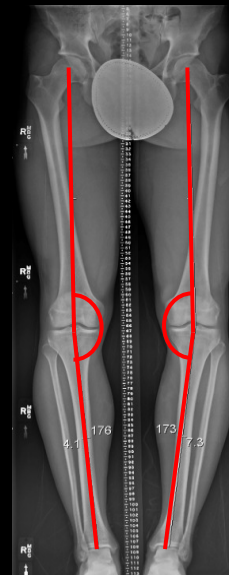


METHODS

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Mechanical Axis (Alignment)

- Standard weight-bearing long limb radiographs
- Internal angle
 - Center of femur head to center of the knee
 - Center of the knee to the center of talar dome
 - **Smaller angle = greater varus**
 - **Available from 27 knees**





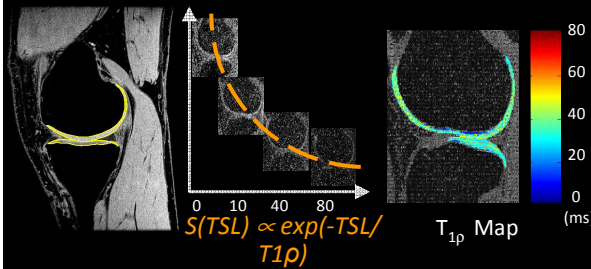
METHODS

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Quantitative MRI of Cartilage

- 3 Tesla MRI with 8 channel T/R knee coil

Sequence	Parameters	Variables
Sagittal 3D fat-saturated high-resolution SPGR	TR/TE = 15/6.7 ms, FA = 18, FOV = 14 cm, matrix = 512 x 512, ST = 1 mm, BW = 31.25 kHz, NEX = 1	Articular Cartilage Thickness
$T_{1\rho}/T_2$ quantification	TSL = 0/10/40/80 ms, prep TE = 0/13.7/27.3/54.7 ms, FOV = 14 cm, matrix = 256 x 128, time of recovery = 1.2 sec, ST = 4 mm	$T_{1\rho}/T_2$ Relaxation times



Cartilage

- FT, PF
- Global
- Medial
- Lateral
- M:L Ratio

Menisci

- Medial
- Lateral
- Global
- M:L Ratio



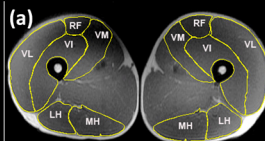
METHODS

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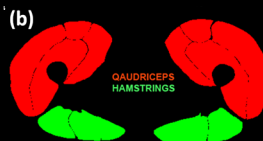
Quantitative MRI of Thigh Muscle

- 3 Tesla MRI with 8 channel T/R knee coil

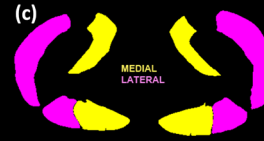
Sequence	Parameters	Variables
Midhigh Axial T1-W	TE/TR = 6.41/800, slice thickness = 10 mm, matrix = 384 x 1932, ETL = 2, bandwidth = 150 kHz, NEX = 4	Quadriceps and Hamstrings Cross-sectional Area



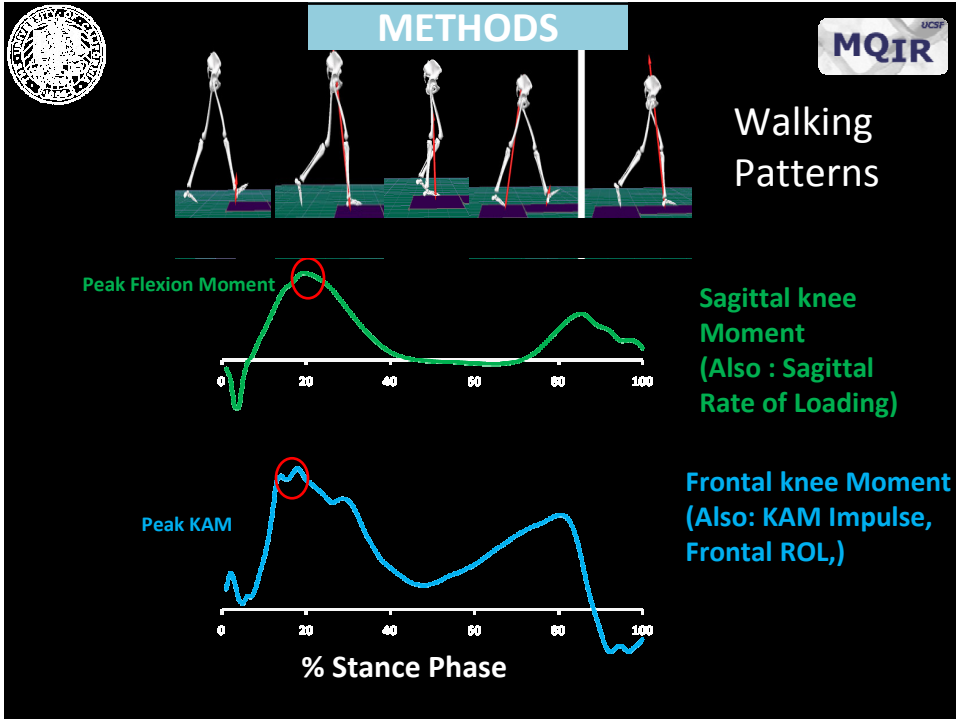
- Mid-thigh
- Mean of 4 slices



- Quadriceps
- Hamstrings
- Q:H Ratio



- Medial
- Lateral
- Quads M:L ratio
- Overall M:L Ratio



-
- METHODS**
- UCSF
MQIR
- Statistics**
- Mechanical Axis and Cartilage Parameters
 - Pearson's correlations
 - Muscle morphology, Loading and Cartilage Parameters
 - Generalized Estimating Equations (GEE)
 - Accounting for age, BMI, gender, walking speed and data from both knees



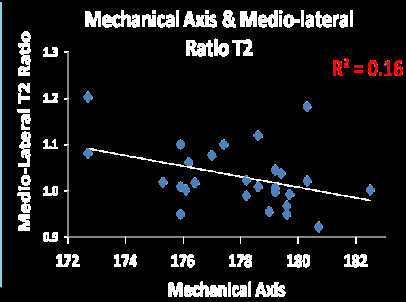
RESULTS & DISCUSSION



Alignment and qMRI

Correlation	Lateral Cartilage		Medio-lateral Ratio	
	T _{1ρ}	T ₂	T _{1ρ}	T ₂
r	0.357	0.489	-0.241	-0.395
p	0.067	0.010	0.225	0.042

- ↑ Varus related to ↑ medio-lateral ratio of cartilage T₂
 - collagen in medial compartment more disorganized compared to lateral
 - Changes evident as early as 3rd decade



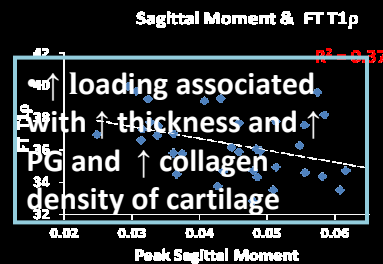
RESULTS & DISCUSSION



Loading & T1ρ/T2 Relaxation Times

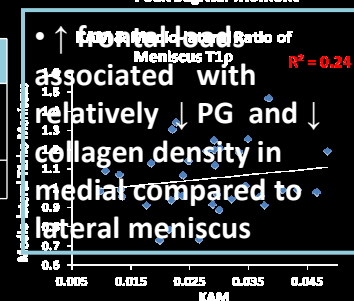
Cartilage

MR variable	Predictors	p
FT, Global T1ρ	Peak Sag Moment	< 0.001
FT, PF, Global T2	Peak Sag Moment	< 0.001



Meniscus

MR variable	Predictors	p
Medial, M: L T1ρ	Peak KAM	0.001 – 0.031
M:L T2	Frontal ROL	0.002





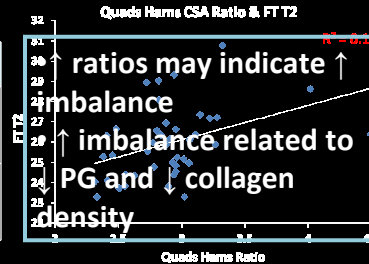
RESULTS & DISCUSSION



Muscle CSA & T1ρ/T2 Parameters

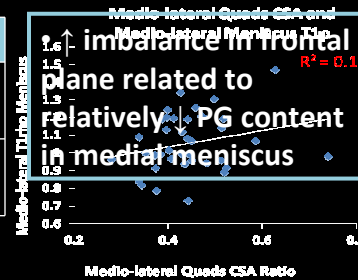
Cartilage

MR variable	Predictors	p
TF, PF, Global T2	Quads Hams Ratio	0.007-0.045
Medial T1ρ, T2	Quads M:L Ratio	0.052-0.057



Meniscus

MR variable	Predictors	p
Medial T1ρ	Quads M:L Ratio	0.002
M: L Ratio T1ρ	Quads M:L Ratio	0.006



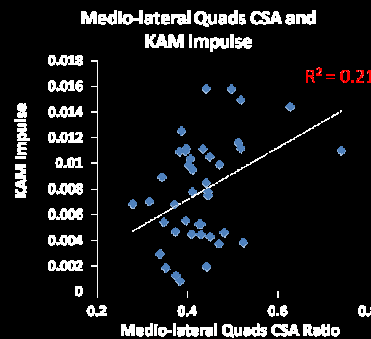
RESULTS & DISCUSSION



Muscle CSA & Walking Patterns

Gait variable	Predictors	p
Peak KAM	Q: H ratio, Quads M:L Ratio	< 0.001
KAM impulse	Quads M:L Ratio	< 0.001
Frontal ROL	Q: H Ratio	0.002

- ↑ imbalance related to ↑ KAM, KAM impulse and frontal ROL
 - ↑ imbalance related to walking patterns that predispose to knee OA
 - ? mechanism by which muscle imbalance impacts cartilage health





CONCLUSIONS

- T1 ρ and T2 relaxation times are sensitive to mechanical loading
 - could be used in interventional and clinical studies.
- Malalignment and KAM are associated with medio-lateral imbalances of cartilage composition
 - as early as 3rd decade, which could progress to OA.
- Impact of loading more pronounced on the meniscus than articular cartilage
 - ? Meniscus degenerates first
- Muscle imbalance is related to walking patterns known to predispose to OA as well as higher MR relaxation times
 - importance of targeted muscle balance training in addition to strengthening



FUTURE STUDIES

- From this dataset
 - Association of spatial distribution of T1 ρ and T2 relaxation times and texture parameters to OA risk factors
 - Focus on weight-bearing cartilage regions
- In people with knee OA and matched controls
 - Cross-sectional analysis of risk factors with cartilage morphology, T1 ρ and T2 relaxation times
 - Longitudinal analysis of relationship of walking patterns, muscle activation patterns, strength changes with cartilage degradation
- General questions
 - Meniscus relaxation times and biochemical correlation



Thank You

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- NIH- NIAMS R01AR046905-11A1



The diagram illustrates a research workflow for osteoarthritis study, centered around the **Center of Research Translation for the Study of Osteoarthritis**. The workflow includes:

- MR Imaging**: A person is shown operating an MRI scanner.
- Semi-quantitative Clinical Grading**: Multiple MRI slices of a knee joint are shown with various labels and arrows indicating areas of interest.
- Quantitative Imaging**: Two MRI slices of a knee joint with colored overlays (yellow and green) highlighting specific regions.
- MR Kinematics**: A sequence of images showing a 3D model of a knee joint in different positions, with red and green highlights.
- Functional Performance**: A person is shown performing a physical task (possibly a jump or squat) on a force plate.
- Functional Biomechanics**: A person is shown performing a physical task (possibly a squat) on a force plate, with a diagram illustrating the biomechanical forces involved.

<http://www.radiology.ucsf.edu/research/centers/translation-study-osteoarthritis>