

SCIENTIFIC SESSION PRESENTATION

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Multiparametrical diffusion weighted imaging for the detection of anaplastic transformation of low-grade gliomas

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Aim

The precise detection of anaplastic transformation in low-grade gliomas using magnetic resonance imaging (MRI) is impeded by postoperative changes in brain tissue. We tested the diagnostic value of diffusion tensor-derived axial diffusivity (AD), mean diffusivity (MD) (=apparent diffusion coefficient) and radial diffusivity (RD) maps in comparison to T1w and T2w sequences.

Methods

The study was approved by the local ethics committee. Forty-seven patients with histopathologically proven low-grade glioma II° were included, 28 were stable and 19 patients had post-surgical anaplastic transformation. All patients underwent pre-operative MRI, surgery and subsequent post-operative MRI follow-ups at 1.5T including T1w, T2w sequences and a DTI-protocol. The scalar indices AD, MD and RD were calculated voxel-by- voxel for all patients from the tensor eigenvalues and the minimum value within a gross tumour segmentation was extracted using MITK-Diffusion, respectively.

Results

Hypointense clusters were seen in every patient with anaplastic transformation in the DTI maps with best contrast-to-noise in AD. In 65% of patients with anaplastic transformation, these clusters were noticed at the same time when compared to contrast enhancement. In 35% of patients, hypointense changes were visible in AD maps in examinations prior to the initial contrast enhancement.

ADmin showed best combined sensitivity/specificity (94.4%/89.7%, AUC 0.96) to indicate transformation.

Conclusion

AD maps provide additional essential information for anaplastic transformation of low-grade gliomas after resection and indicate the progress at the same time or earlier when compared to T1w-CE. We conclude that it is advisable to use a DTI-protocol instead of standard diffusion-weighted imaging for neuro-oncological exams.

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