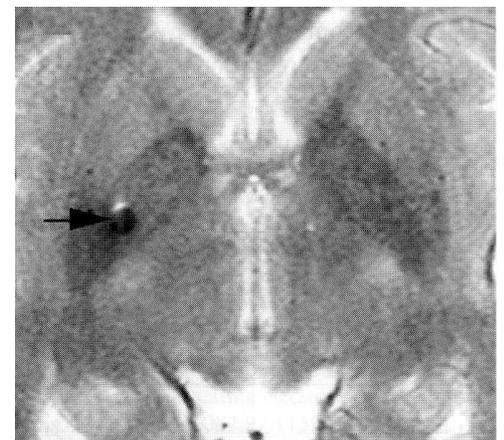
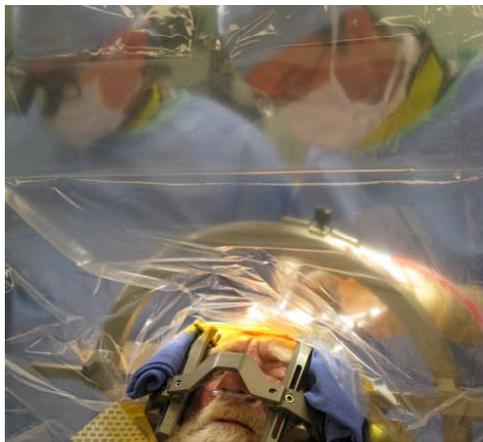
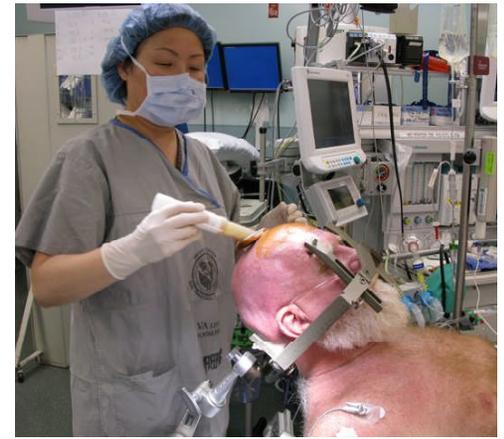
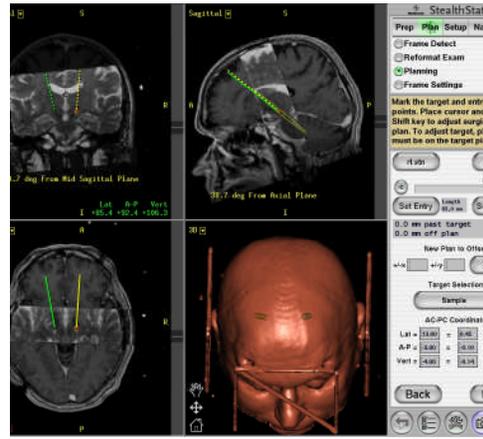
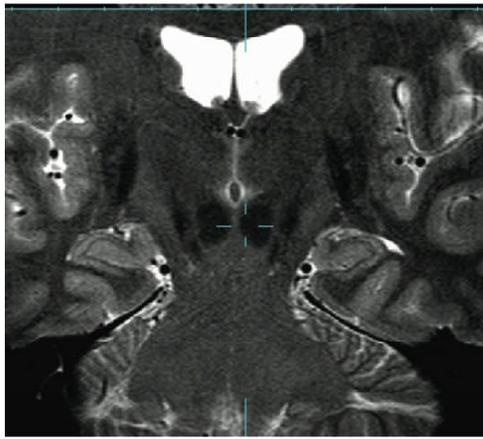


# ***Interventional MRI for DBS Implantation***

***Paul Larson, MD***

**Associate Professor, Neurological Surgery  
University of California, San Francisco**

**Chief of Neurosurgery, Director CanOp  
San Francisco VA Medical Center**



# *Traditional DBS*

Traditional methods:

*Frame-based*

*Microelectrode recording*

*Multiple brain penetrations*

*Awake patient*



# *Traditional DBS*

## Disadvantages...

*Requires awake, cooperative patient*

*MER technically demanding, adds time to the procedure*

*Targeting relies on pre-operative imaging, cannot account for brain shift*

*No immediate feedback*



***iMRI***

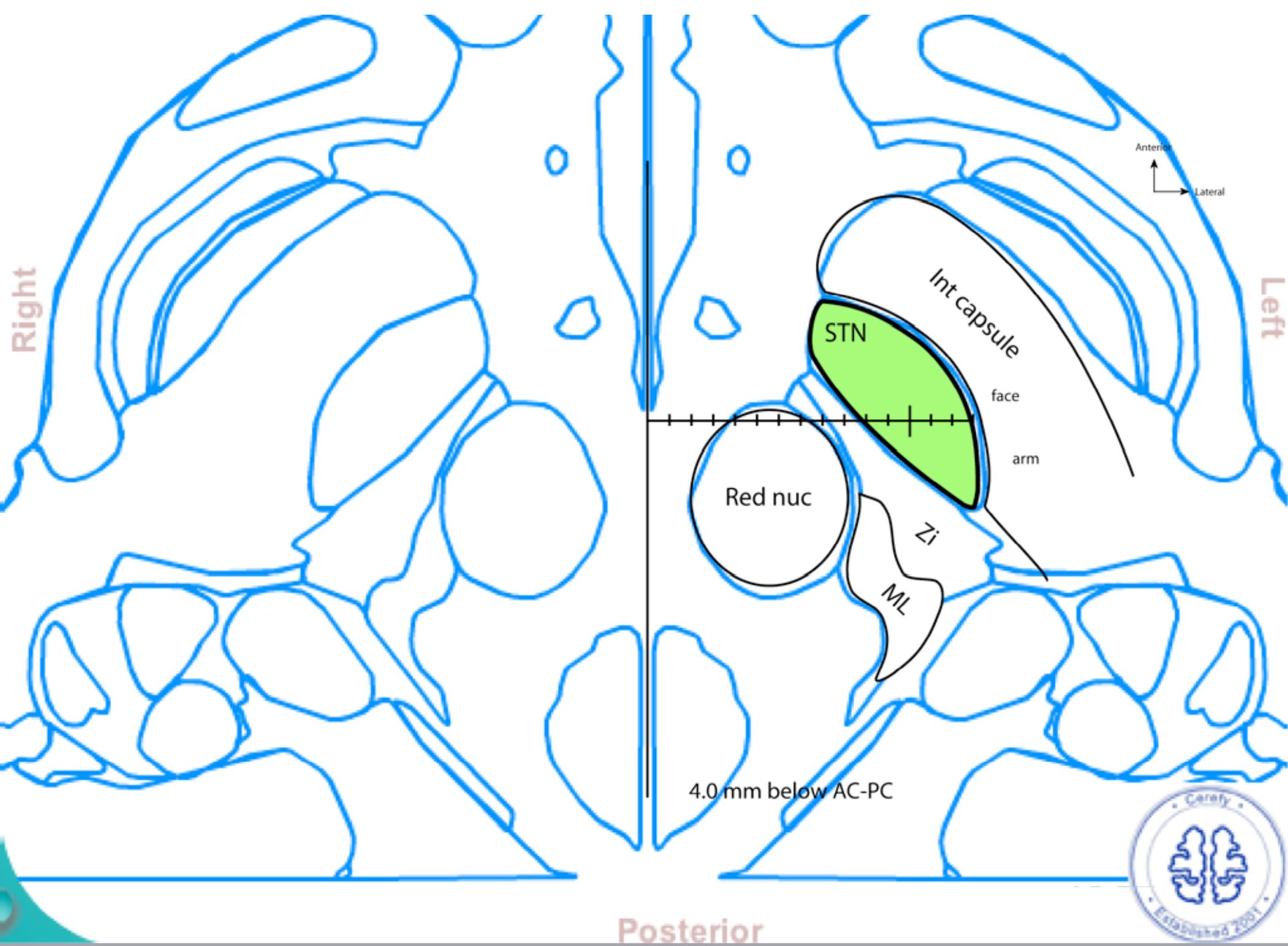


Right

Left

Posterior





Anterior  
Lateral

Right

Left

STN

Int capsule

face

arm

Red nuc

Zi

ML

4.0 mm below AC-PC

Posterior



**Obeso, Vitek, DeLong et al, 2001**

**Lozano, Abosch et al, 2002**

**Lanotte, Rizzone et al, 2002**

**Saint-Cyr, Lozano et al, 2002**

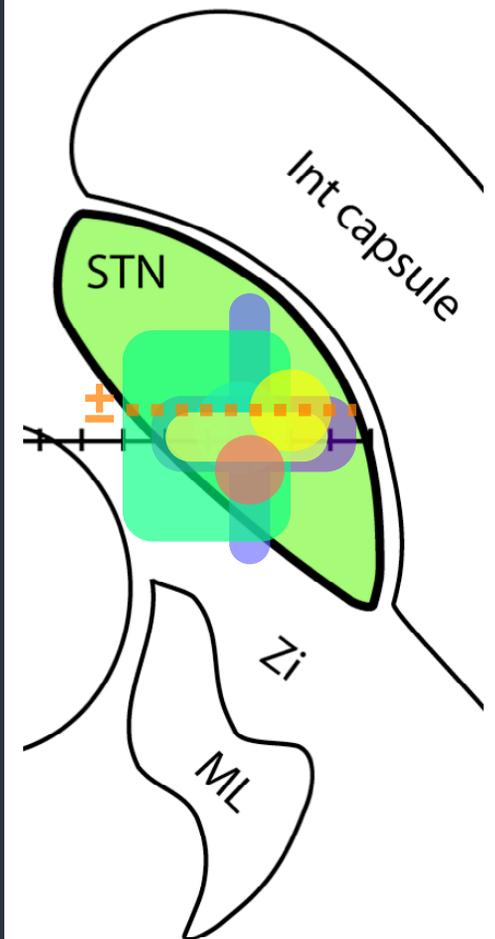
**Starr, Marks et al, 2003**

**Bronte-Stewart, Heit et al, 2004**

**Goodman, McClelland et al, 2005**

**Rezai, Kopell, Gross et al, 2006**

**Others...**



# The “UCSF” target

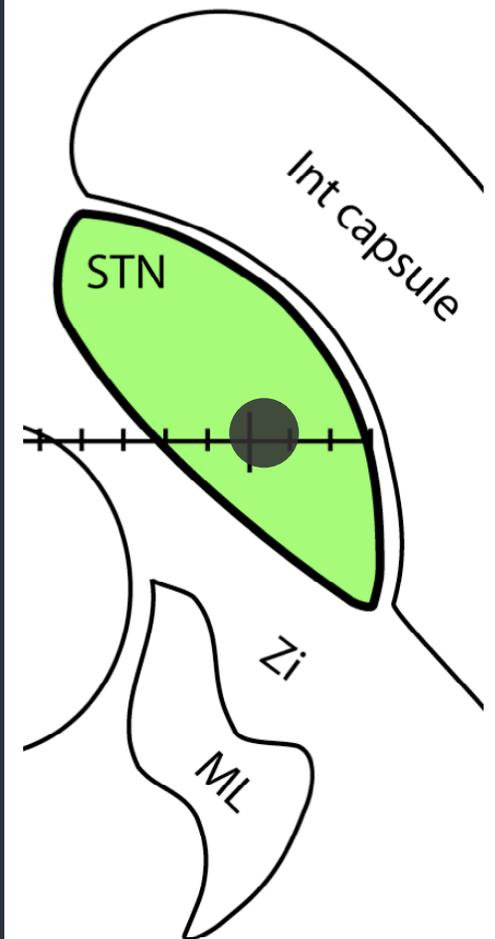
AC-PC based (indirect) targeting:

X = 12

Y = -3

Z = -4

Then, modification based on direct targeting  
with T2 weighted imaging

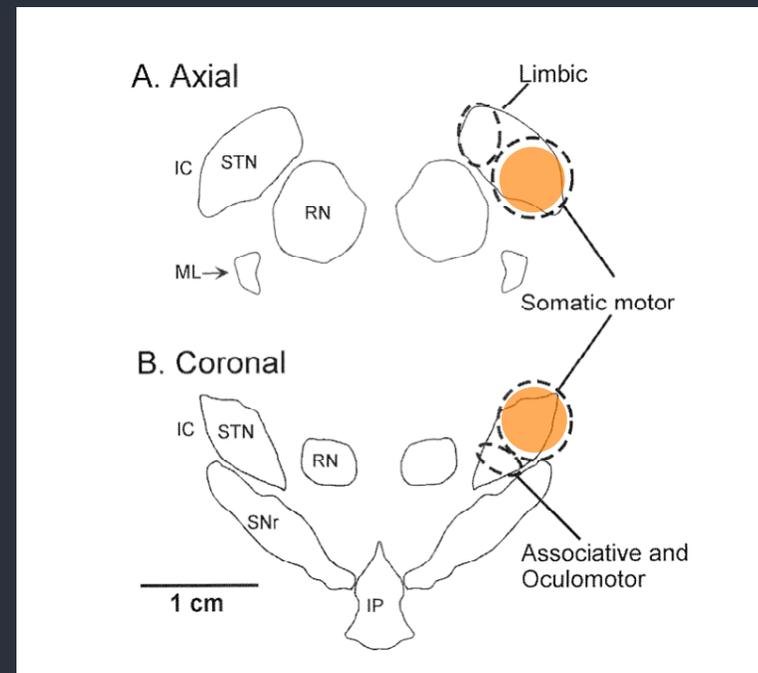


# *iMRI and the STN*

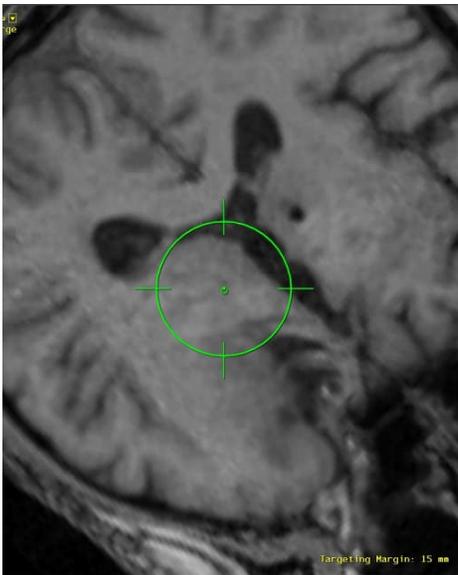
Ideal target for iMRI

Visible on MRI imaging

Placement of lead in motor area associated with good outcomes







# *Frameless DBS*





# Coils

Loop coils









Patient Admin System HC 10.20

T2 Pivot Pt  
07/01/2004,10:15

FOV 256/5.5  
Slice 4/9

Planscan

Geometry Stack A

Delete Copy

Volume Stack Slab

All Midplanes 3PPS

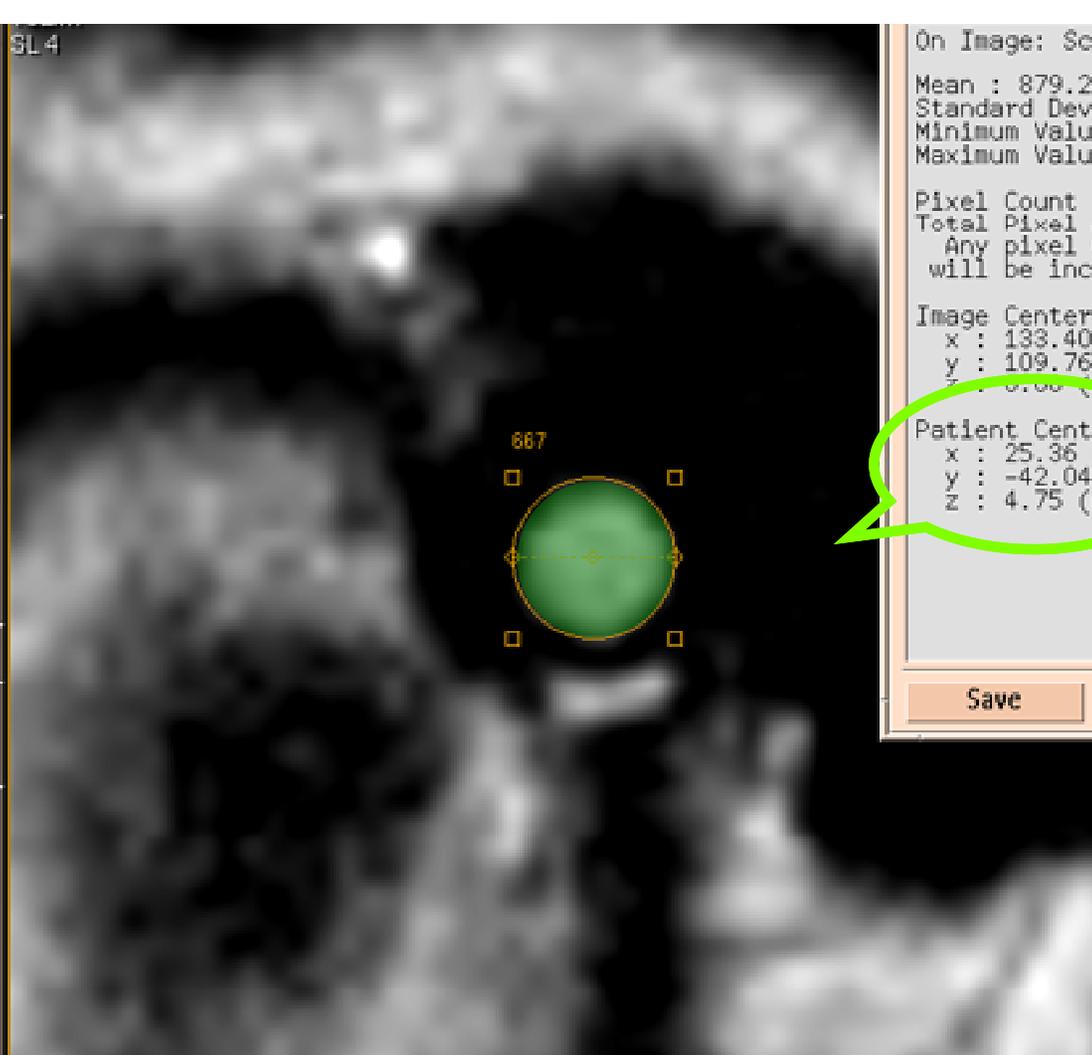
System Ready 9

HC Screen HC Case

Compose Compose

Scan: 3

View Window RAL



On Image: Sc 3, TSE/M, S1 4

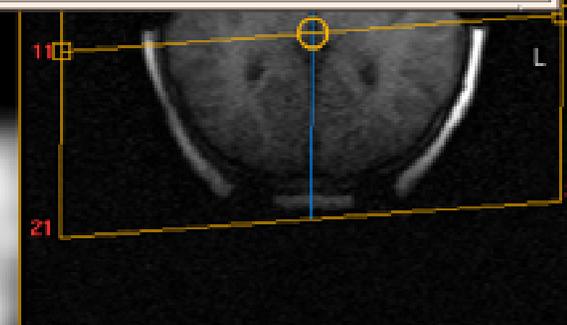
Mean : 879.26  
Standard Deviation : 675.88  
Minimum Value : 0.00  
Maximum Value : 1873.99

Pixel Count : 51  
Total Pixel Area : 51.00 (mm^2)  
Any pixel within (or partially within) the ROI will be included in the calculation.

Image Center :  
x : 133.40 (mm)  
y : 109.76 (mm)  
z : 0.00 (mm)

Patient Center :  
x : 25.36 (mm)  
y : -42.04 (mm)  
z : 4.75 (mm)

Save Hide



sensor not connected

VCG+Resp. 5 s

T2AX TARGET 1/1

Remaining scan time 00:00:42

Autoview ... Scan Control ...

Imaging

Spectro

Anatomy

Scan list

Auto survey

PP Admin

Scan List : Information 1-JUL-2004 10:28

T2AX TARGET, TRA, TSE, 3000, 90, 90	Scan time 08:42	RSL: 100.0%
Coil selection	SENSE-flex-M	0-Body, Knee, H-head ... Test2
ch. combination	12	1, 12, 2
FOV (mm)	260.00	5.00 - 530.00
RFOV (%)	85.00	25.00 - 100.00
Stacks	1	1, 2
slice thickness (mm)	2.00	0.50 - 320.00
foldover direction	RL	AP, RL
TE (ms)	90.00	4.00 - 1000.00
TR (ms)	user defined	shortest, user defined
(ms)	3000.00	100.00 - 50000.00
NSA	6	1 - 4, 6, 8, 10, 12, 14 ... 32
Preparation phases	auto	auto, full, prep_only
Images	M	R, I, M, P, no

Geometry Offc/ang

Contrast

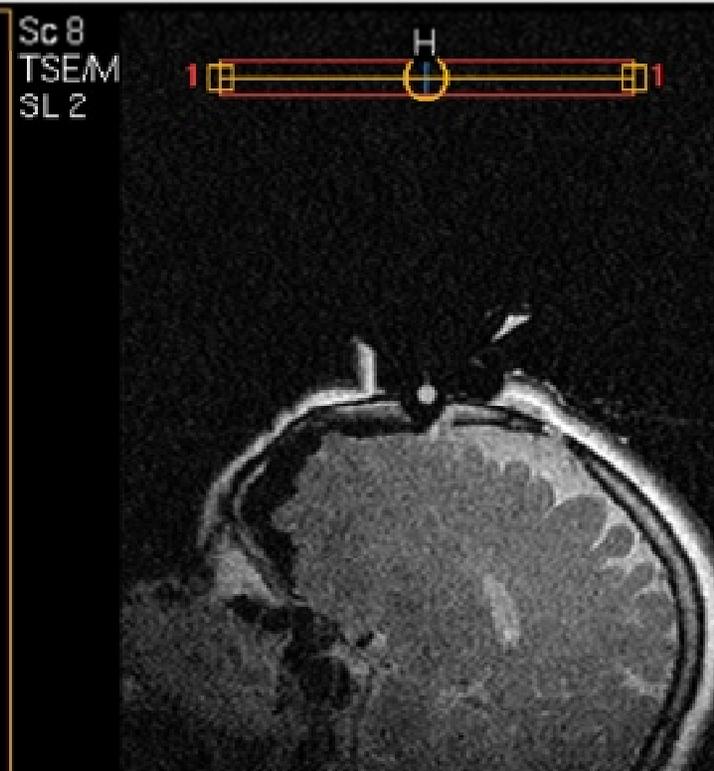
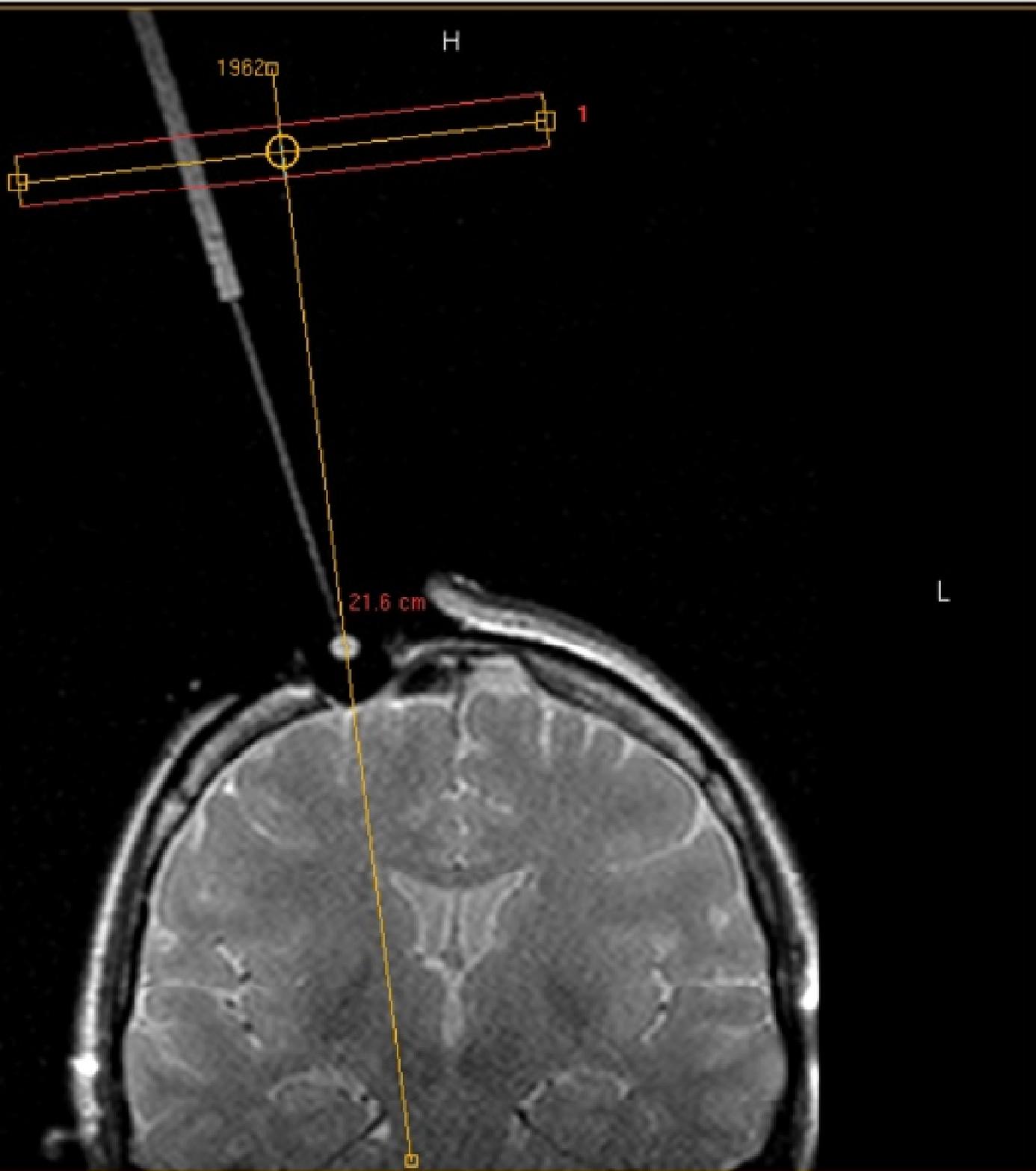
Motion Info

Dyn/ang

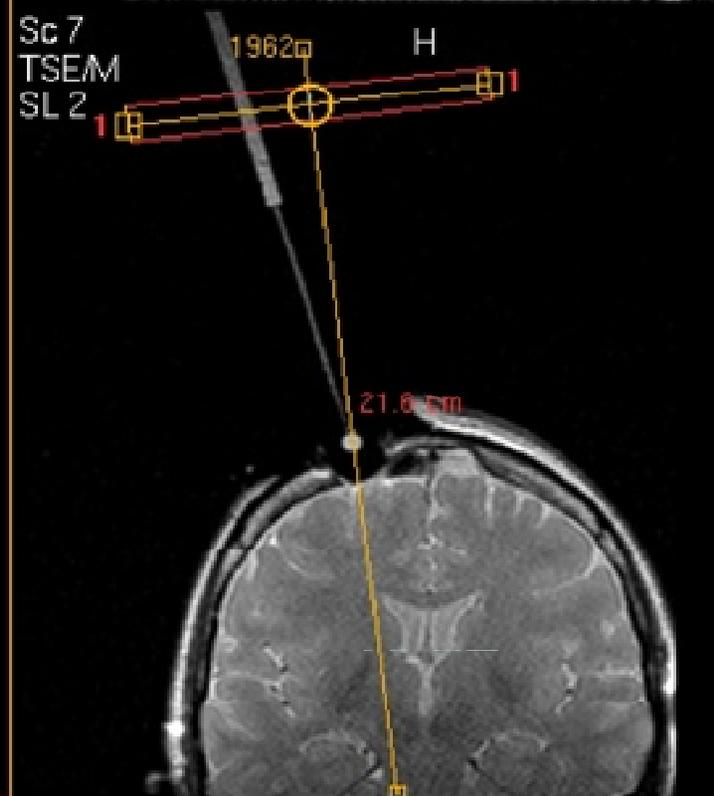
Postproc Reset

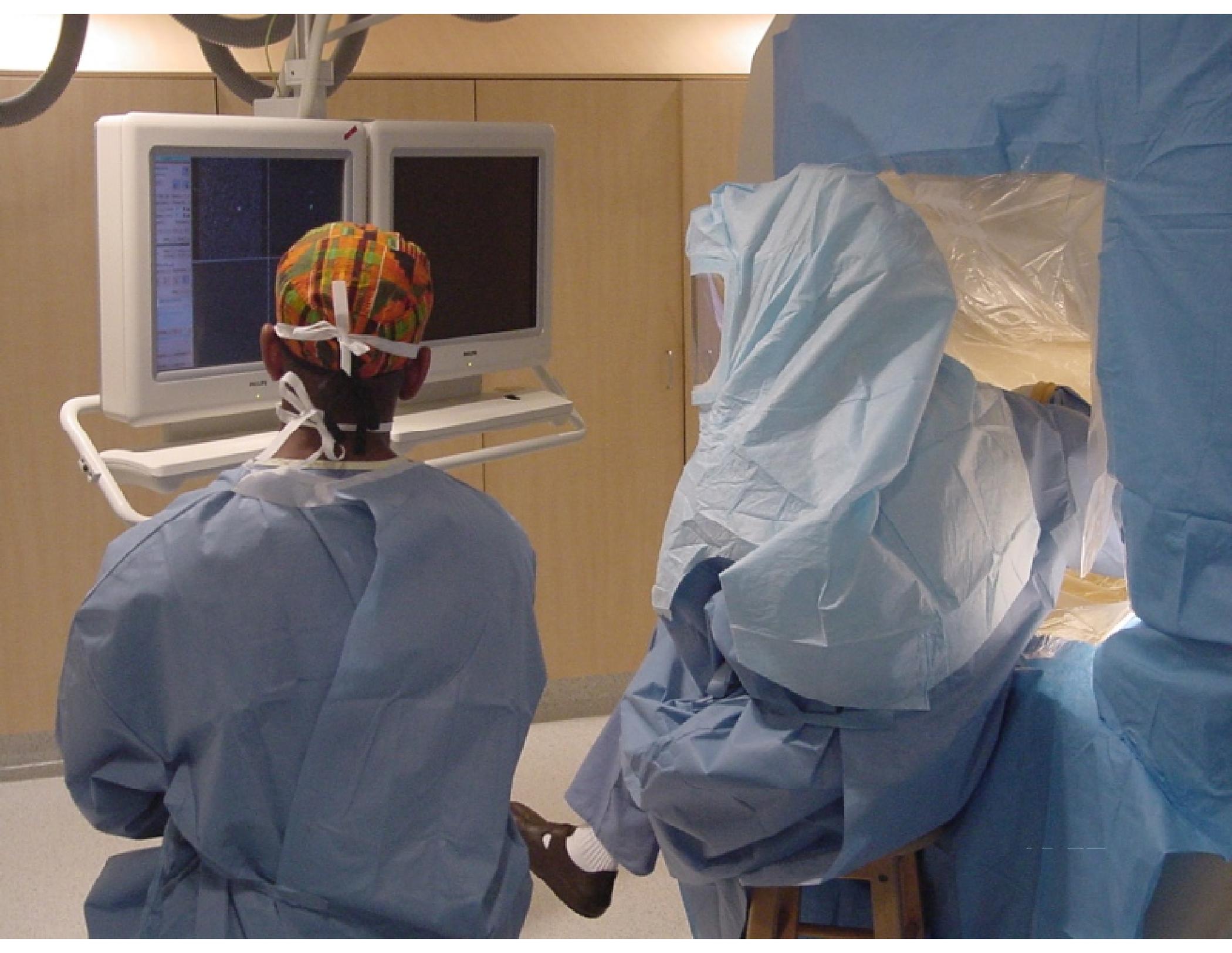
Clear Help

Cancel Proceed



L





IPS Gyroscan Intera  
nt Admin System HC 09:35

ngle image 

ntinuous

king  

Sag Cor Rescan

ane transf Orthog. flip

Angle 90  

push Step 5  

ance Scan pars...

2 3 Scan Off

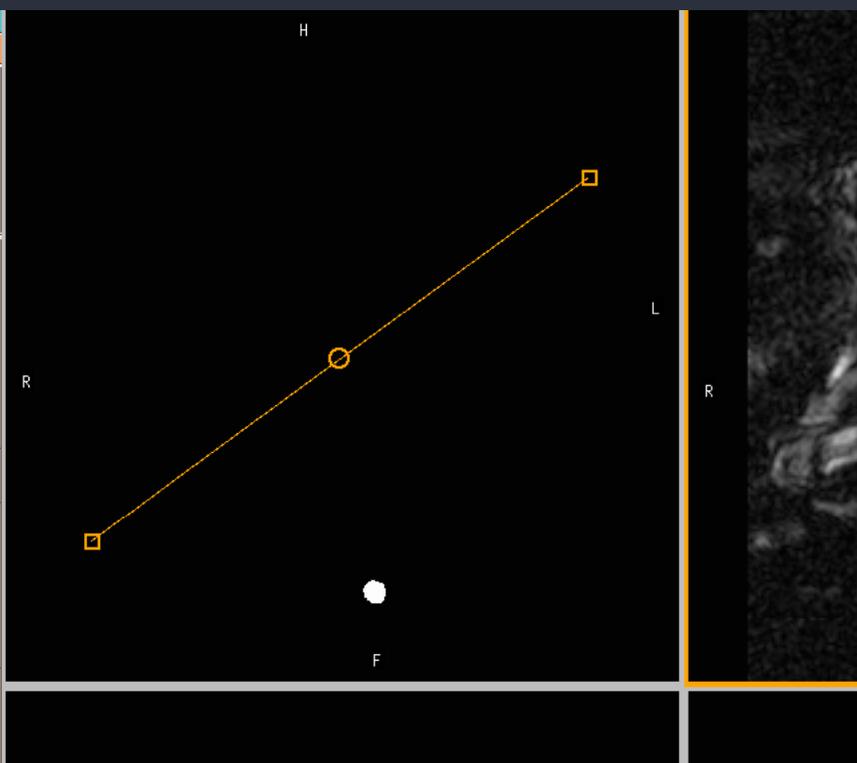
Store Go to

Store Load

Previous Next

diol. view 

et W/L Rotate view



Patient Admin System HC 13:00  
 COR/OBL HREZ F  
 07/01/2004,11:03 FOV 256  
 Slice 6/11

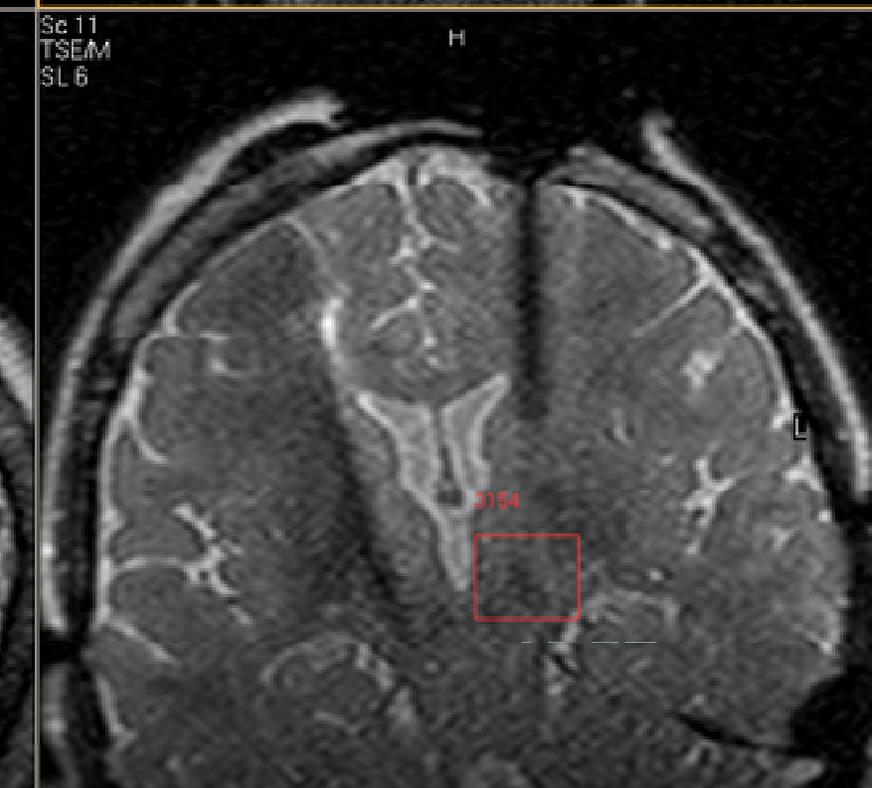
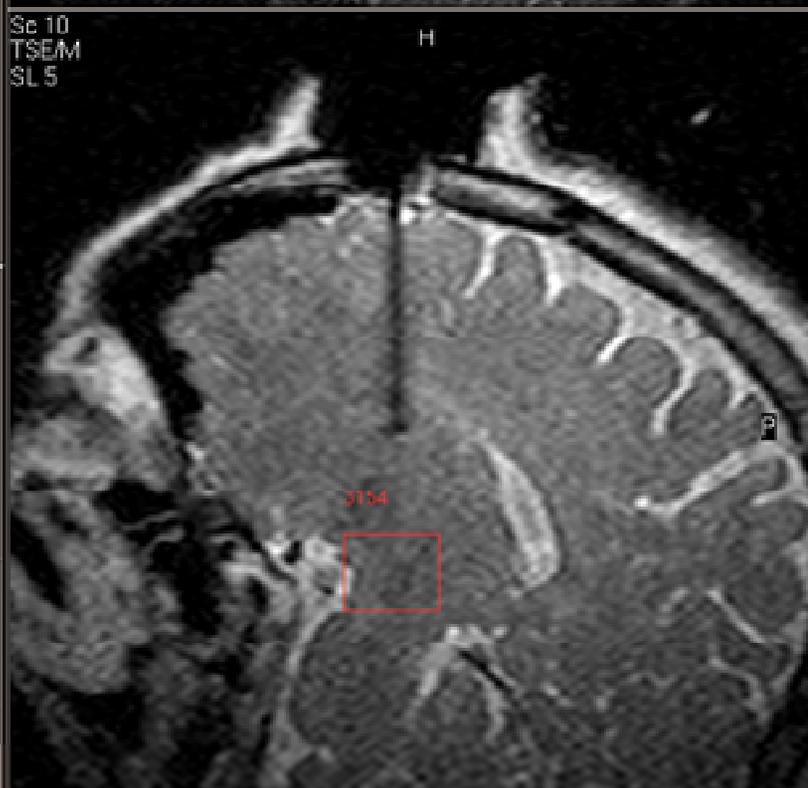
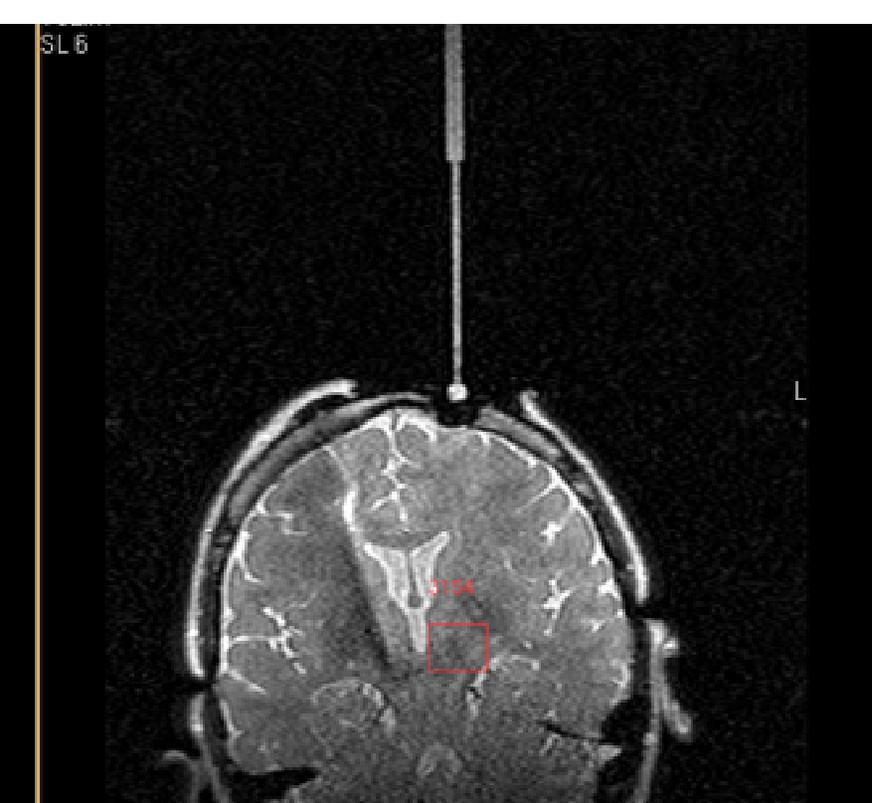
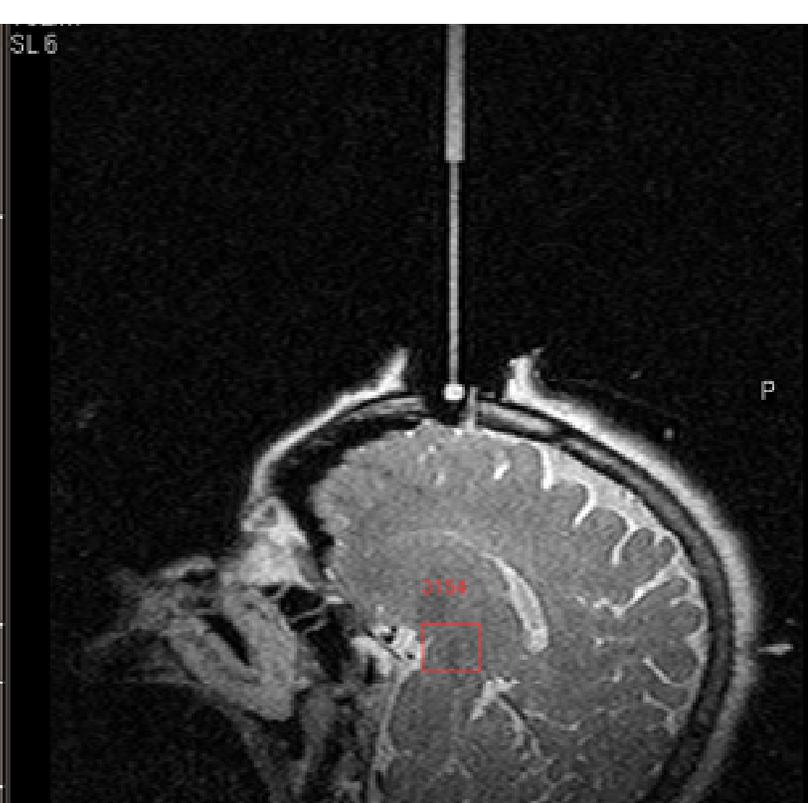
Compare Exit  
 A B ABC ABCD A B C D

View Window Scroll  
 Linked:     
 HC Multi Case

System Ready 11  
 HC Screen HC Case  
 Compose  Compose

Scan: 7  
 More ... All  
 View Window RAL

sensor not connected  
 VCG+Resp. 5 s  
 Remaining scan time  
 Autoview ... Scan Control ...



**CERVANTES, MARIA**

06/05/1957 44187094 F  
 T2AX TARGET FOV 260/2.2  
 07/01/2004,11:51 Slice 9/21

Compare Exit

AB ABC ABCD AB  
CD

View Window Scroll  
 Linked:

HC Multi Case

System Ready 21

HC Screen HC Case  
 Compose  Compose

Scan: 13

More ... All

View Window RAL

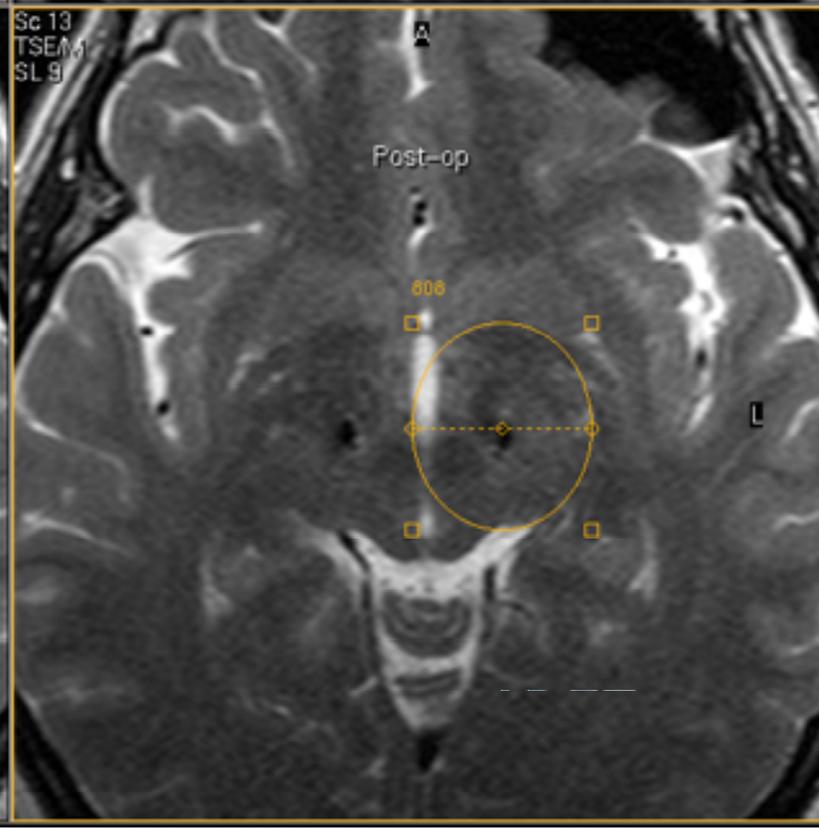
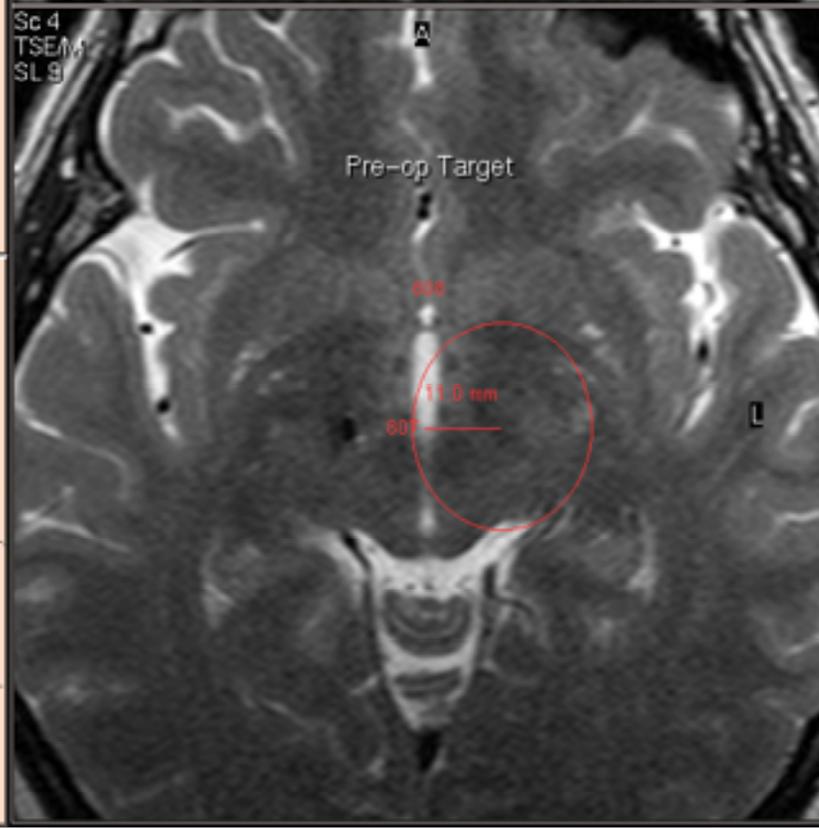
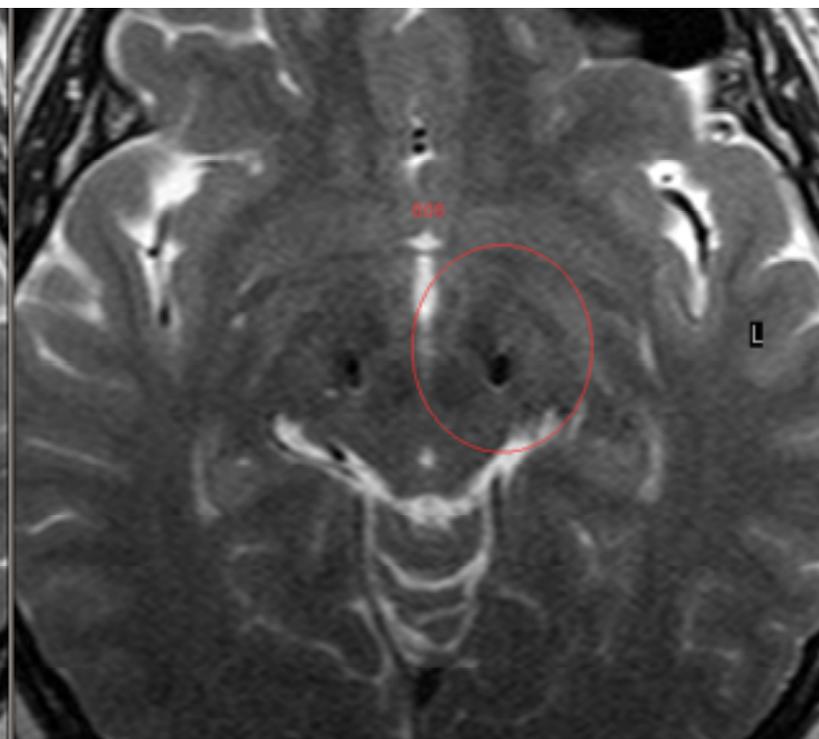
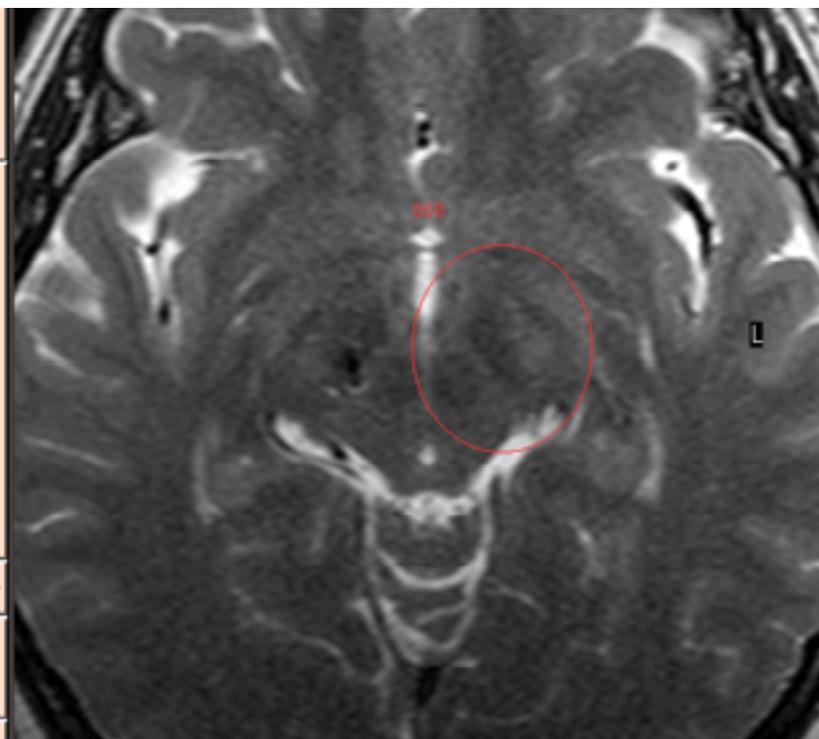
sensor not connected

VCG+Resp. 5 s

Remaining scan time

Autoview ... Scan Control ...

Start Scan Stop Scan



# ***iMRI - advantages***

True real-time image guidance

Accounts for brain shift and variations in anatomy

“One pass” placement, no MER

Patient asleep

Procedure time reduced

Immediate detection of complications

# *Application accuracy*

**53 STN electrodes in 29 patients**

*87% of leads were placed in a single pass*

*Maximum number of brain penetrations per lead = 2*

*“Tip error” defined as difference between expected and actual tip coordinates in AC-PC space*

*Mean tip error =  $2.2 \pm 0.92$  mm*

# Application accuracy

Technique	X error	Y error	Z error	Vector $(X^2+Y^2+Z^2)^{1/2}$
iMRI	-0.07 +/- 0.96	0.15 +/- 1.10	1.36 +/- 1.27	2.18 +/- 0.92
Frame-based stereotaxy	-0.76 +/- 1.48	0.57 +/- 1.73	0.86 +/- 2.14	3.06 ±1.41
p-value for difference between iMRI and frame- based errors	0.004*	0.009*	0.129	.0001*

\*=statistically significant difference in 2-sample unpaired t-test for equality of means at  $p < .05$

# *Clinical outcomes*

13 of 19 pts undergoing bilateral implantation completed pre- and >6 month post-op on/off testing (average f/u 9 months)

## *Pre-op*

*Off meds 49 ± 13*

*On meds 19 ± 8*

## *Post-op*

*Off meds (on stim) 19 ± 14 (mean improvement of 60% vs off baseline)*

# *Complications*

No hemorrhages

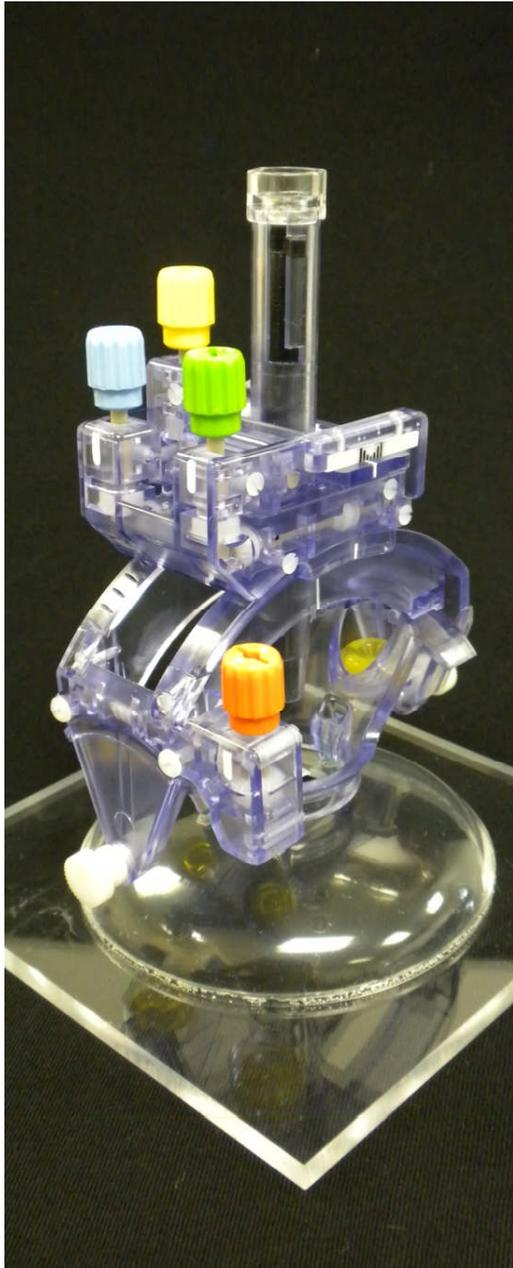
2 infections

*Both occurred in the first 10 patients before availability of an MR-compatible drill*

*No infections in the subsequent patients*

# *NexFrame*

Although adequate, does have limitations...



## ClearPoint

A completely novel, fully integrated system specifically designed to perform iMRI-guided DBS in any 1.5T scanner

