



Medical Physics in Diagnostics of Musculoskeletal Diseases

Jukka Jurvelin

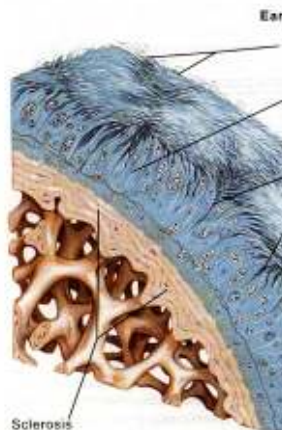
Department of Physics, University of Kuopio, Finland
and
Department of Clinical Physiology and Nuclear Medicine, Kuopio
University Hospital, Finland



F I N N C A R T I L A G E

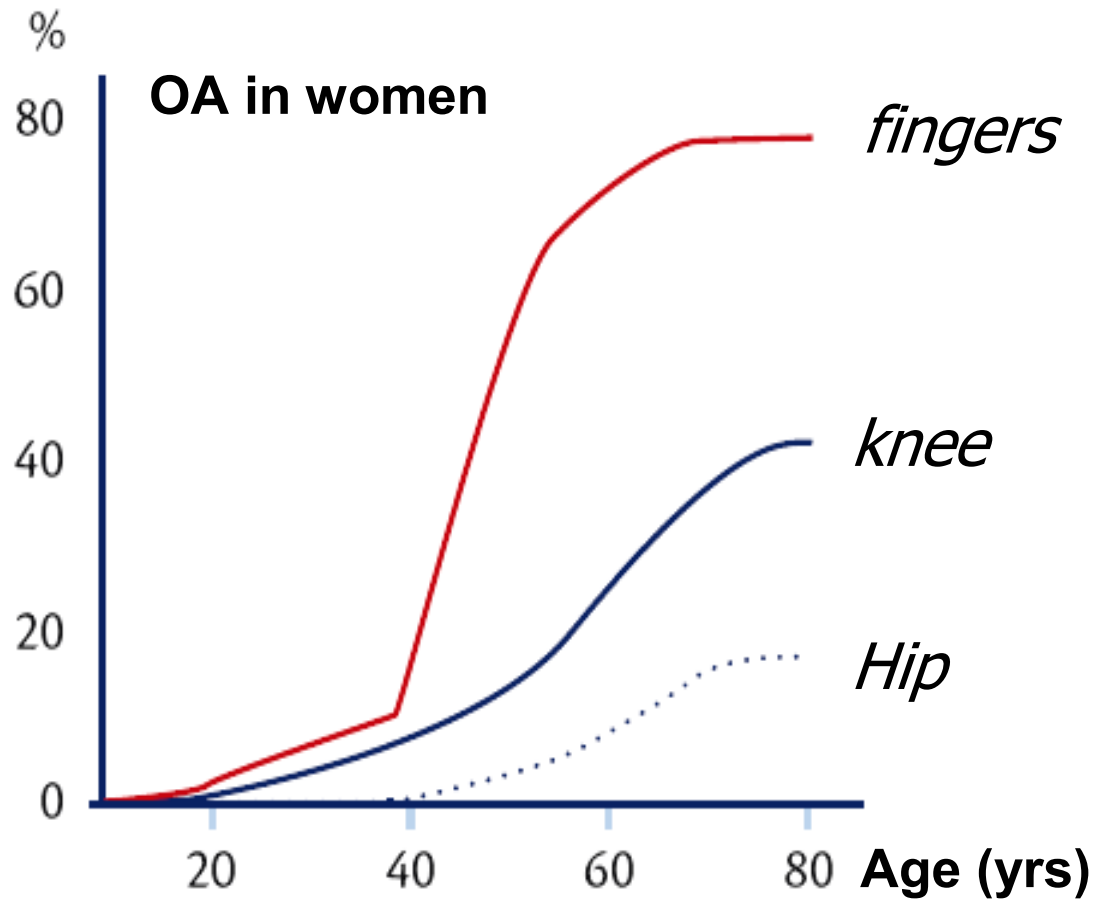


OSTEOARTHRITIS



Sclerosis (thickening) of subchondral bone early sign of degeneration

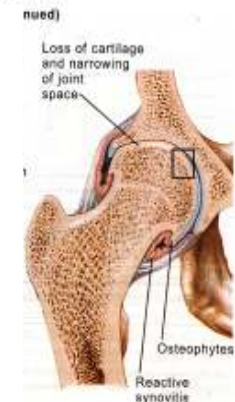
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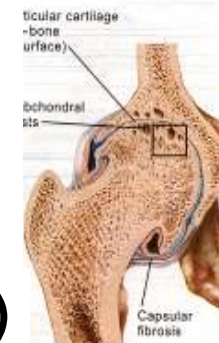
Narrowing of upper portion of joint space with early degeneration of articular cartilage

JOHN A. COOPER, M.D.
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Marked narrowing of joint space with local loss of articular cartilage, osteophyte formation, and bone remodeling

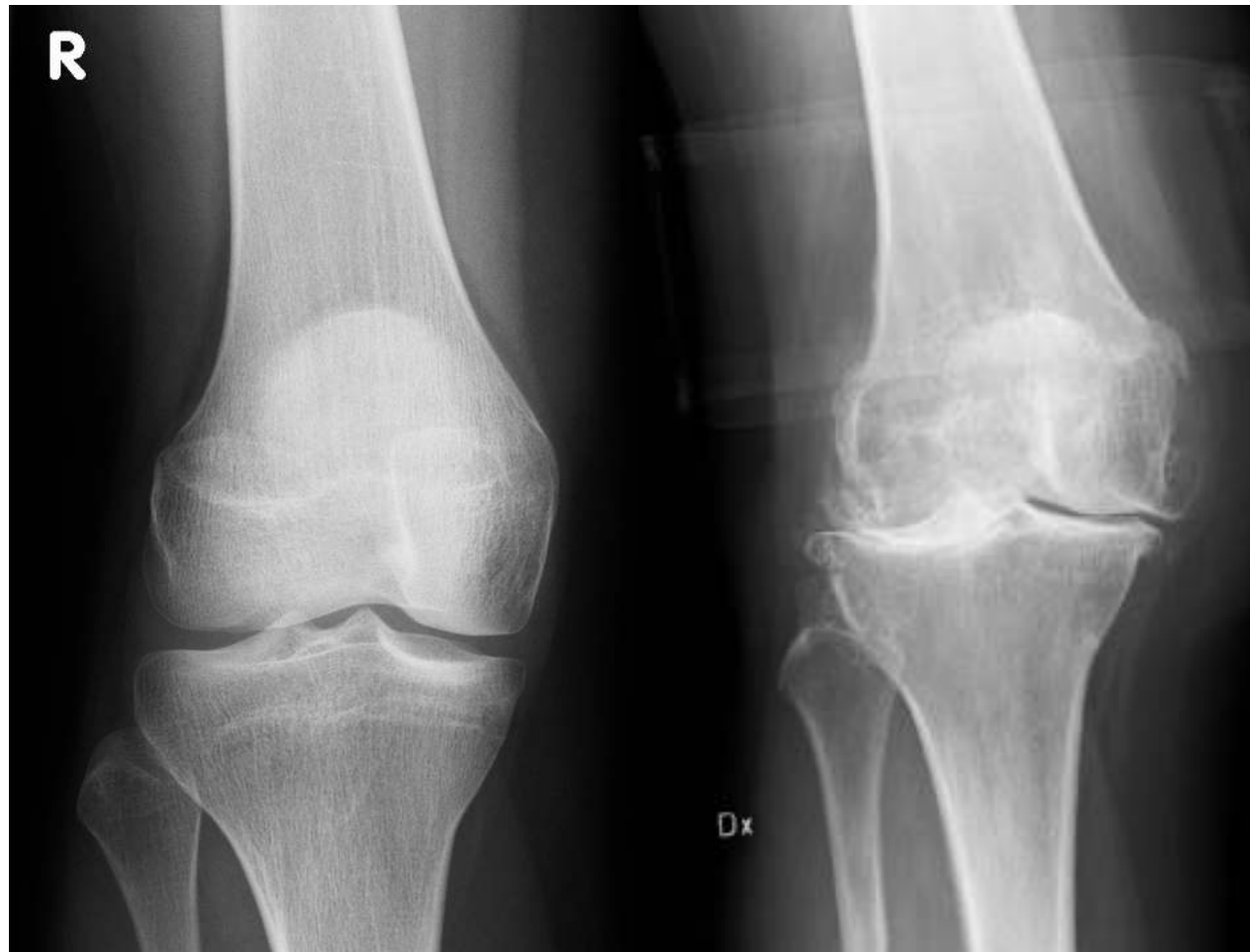


Articular cartilage lost and joint space narrowed. Bone shows remodeling osteophyte and subchondral cysts



OA Diagnostics

ap X-ray



Healthy joint (Male, 16 years) OA joint (Female, 50 years)

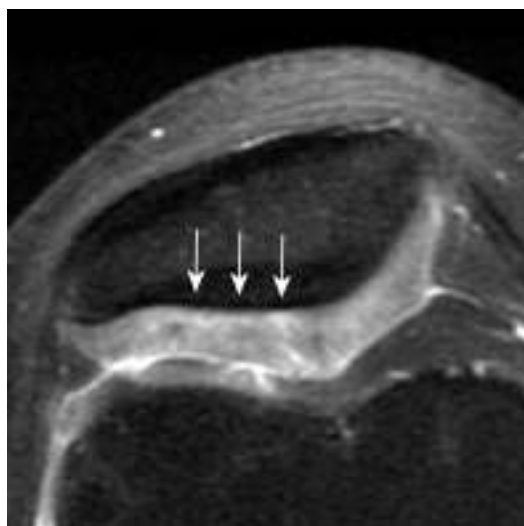


OA Diagnostics

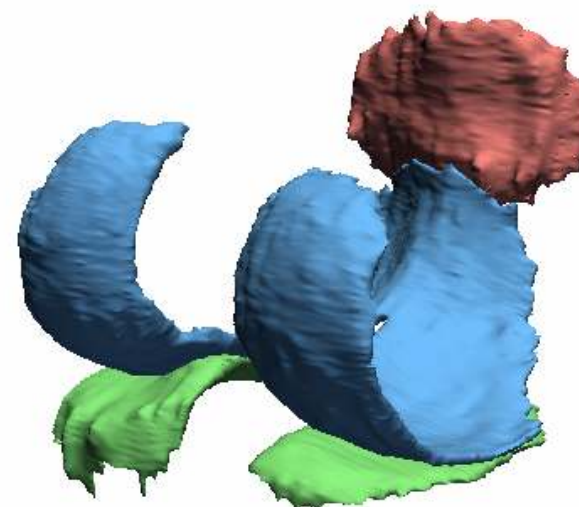
MRI



PD, sagittal,
50 yr, male,
thin, pathological
heterogeneity



PD, axial,
28 yr, female,
chondromalacia



3D-reconstruction
56 yr, female,
OA

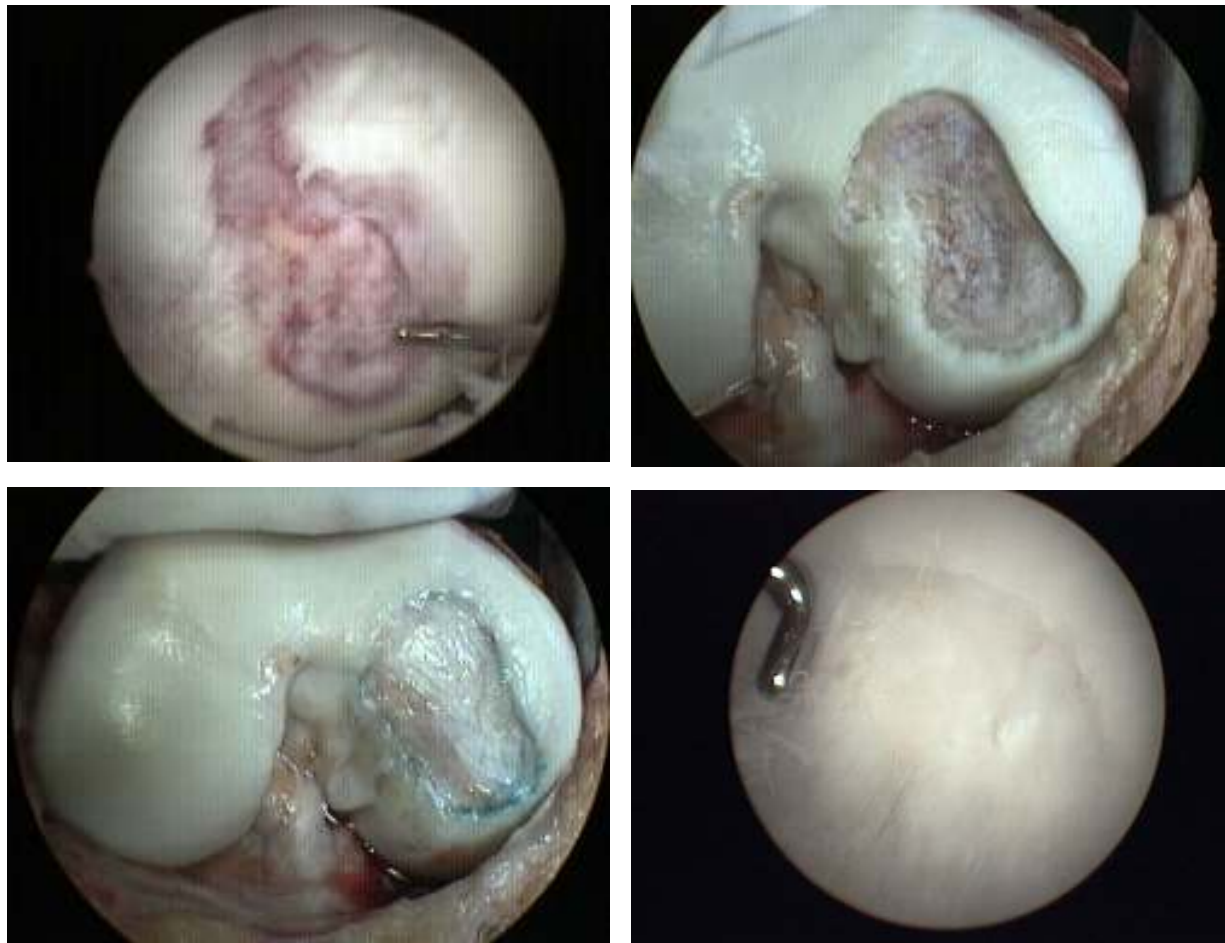
M. Nieminen, BBC 2005

SAT2006, September 7th - 9th, 2006



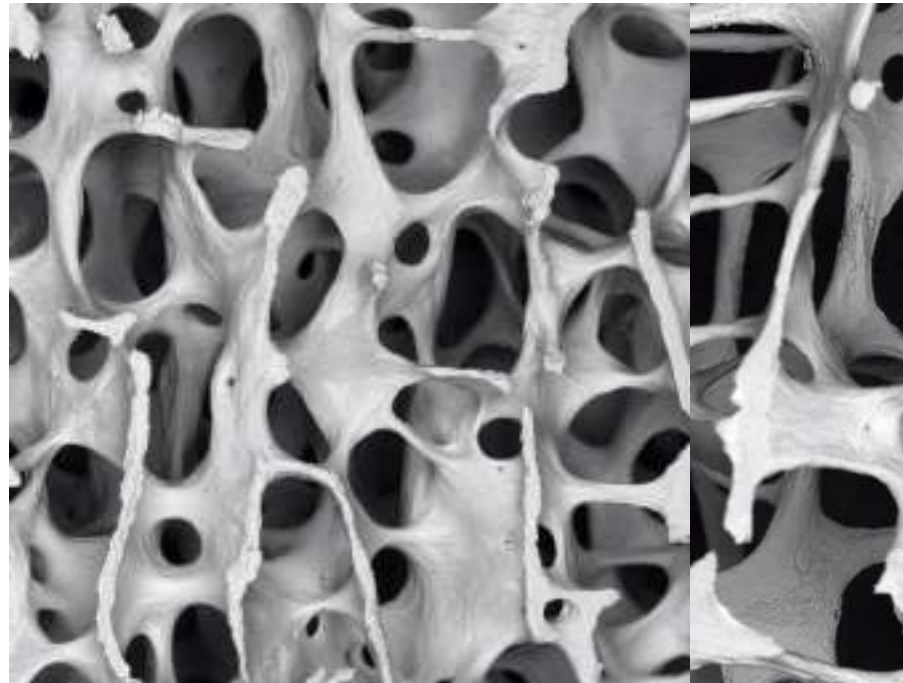
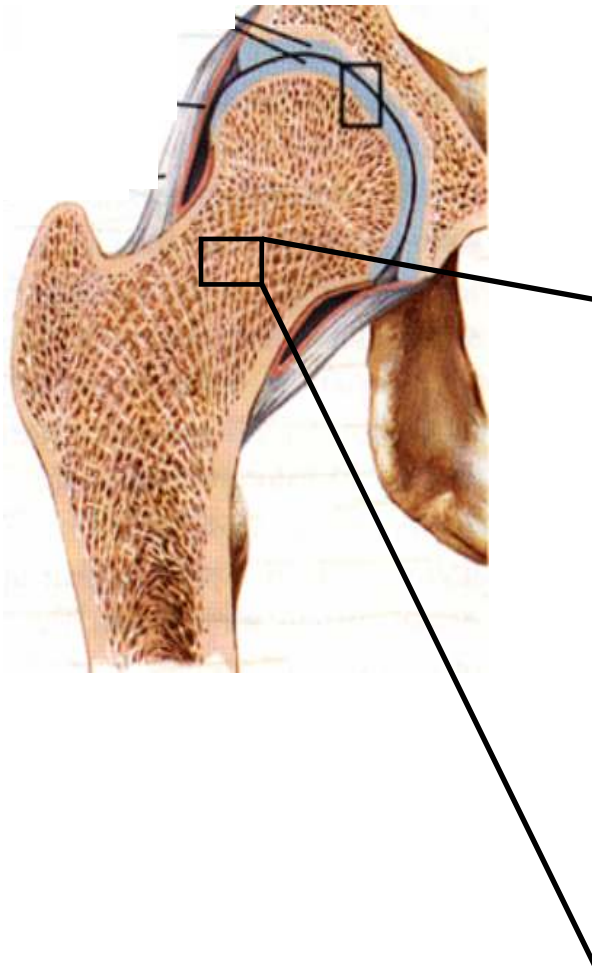
Cartilage Repair

ACT operation, male 34 y, OCD FMC



I. Kiviranta, 2005

OSTEOPOROSIS

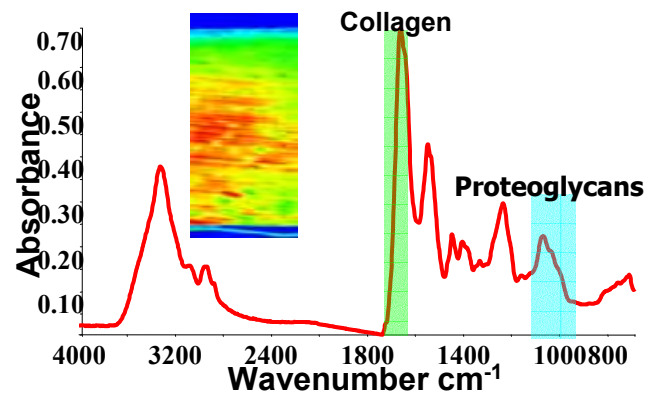
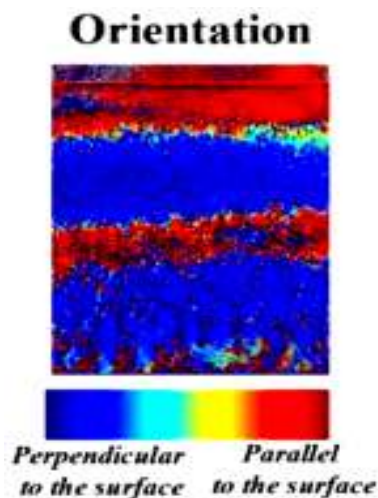




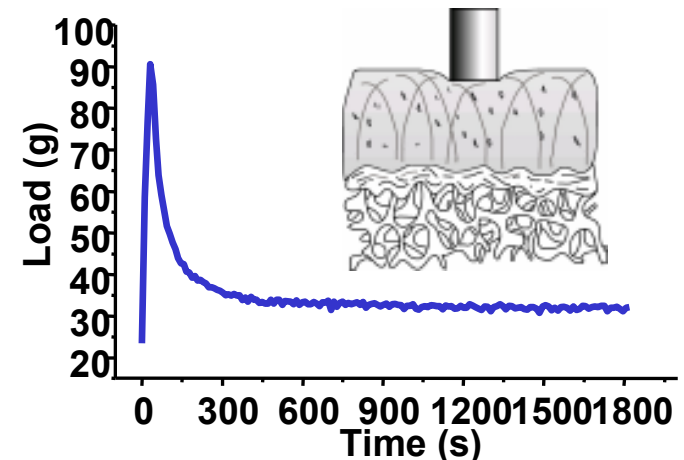
Tissue (e.g. Cartilage) Quality

Integrity of cartilage depends on the tissue

- structure (e.g. MRI, ultrasound, optics)
- composition (e.g. biochemistry, FTIR)
- mechanical properties (e.g. indentation, ultrasound)



PG content





REFERENCE METHODS:

Cartilage/bone structure
- QUANTITATIVE MICROSCOPY

Cartilage/bone mechanical properties
- MATERIAL TESTING
- THEORETICAL MODELLING

NEW METHODS:

Cartilage/bone magnetic properties
- MAGNETIC RESONANCE IMAGING

Cartilage/bone acoustic properties
- ULTRASOUND

CHARACTERIZATION OF NORMAL CARTILAGE/BONE PROPERTIES
DIAGNOSIS OF OSTEOARTHRITIS/OSTEOPOROSIS
MONITORING OF CARTILAGE REPAIR

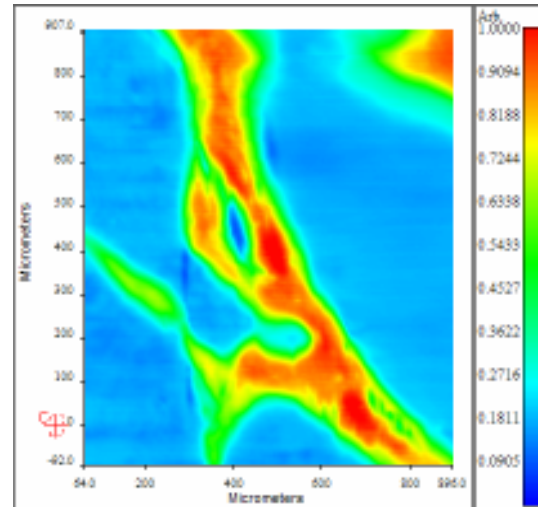
New ultrasound and MRI techniques are developed and applied for the characterization of normal articular cartilage and bone, diagnosis of osteoarthritis and osteoporosis as well as for monitoring of cartilage repair. Microscopic and biomechanical methods provide well-established reference techniques for the validation of ultrasound/MRI techniques



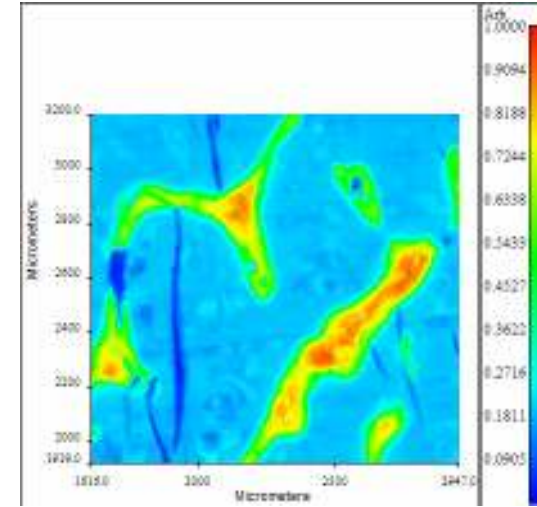
Fourier Transform Infrared Spectroscopy

Mineral content

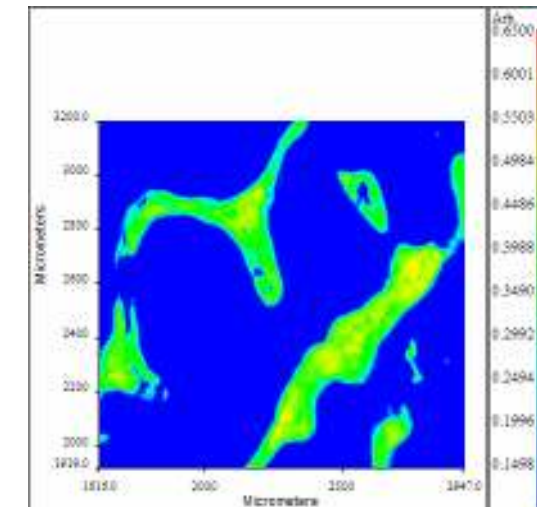
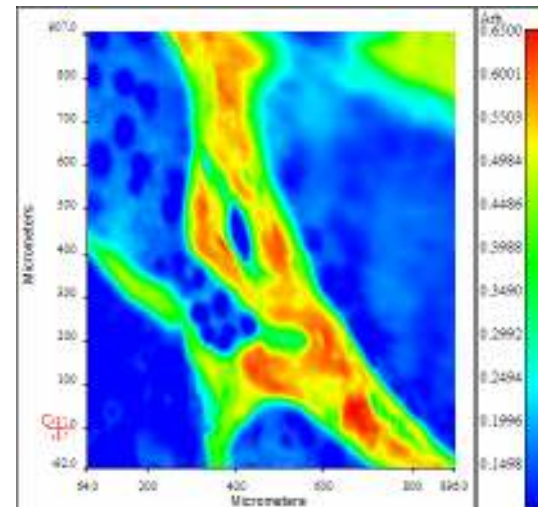
Normal Bone



Osteoporotic Bone

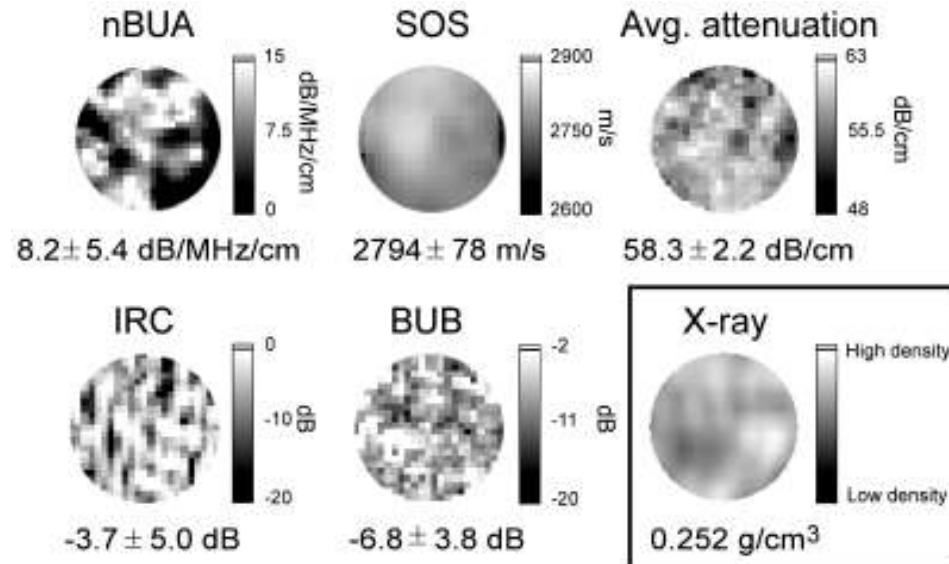
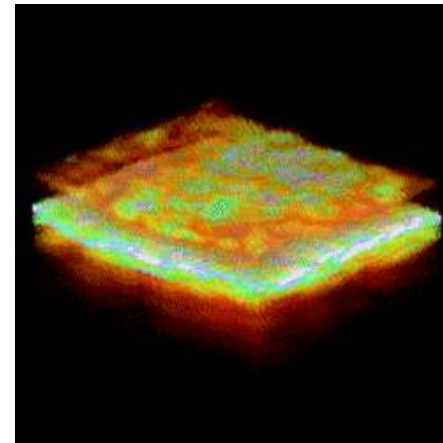
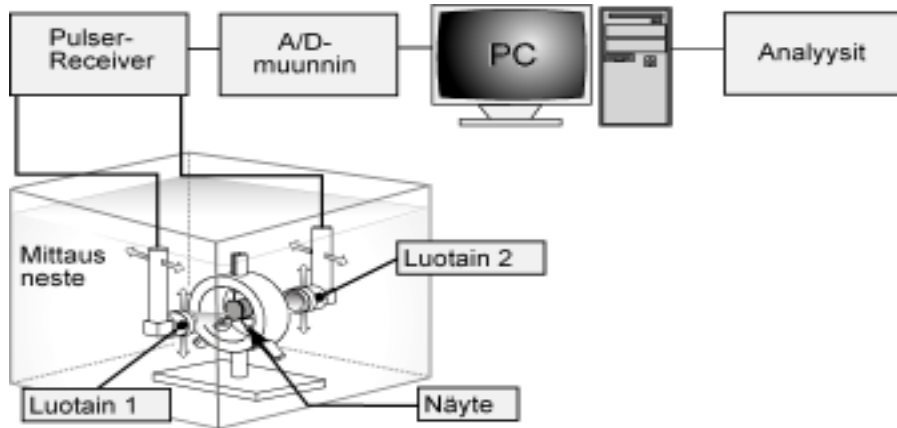


Collagen content



J. Rieppo, BBC 2006

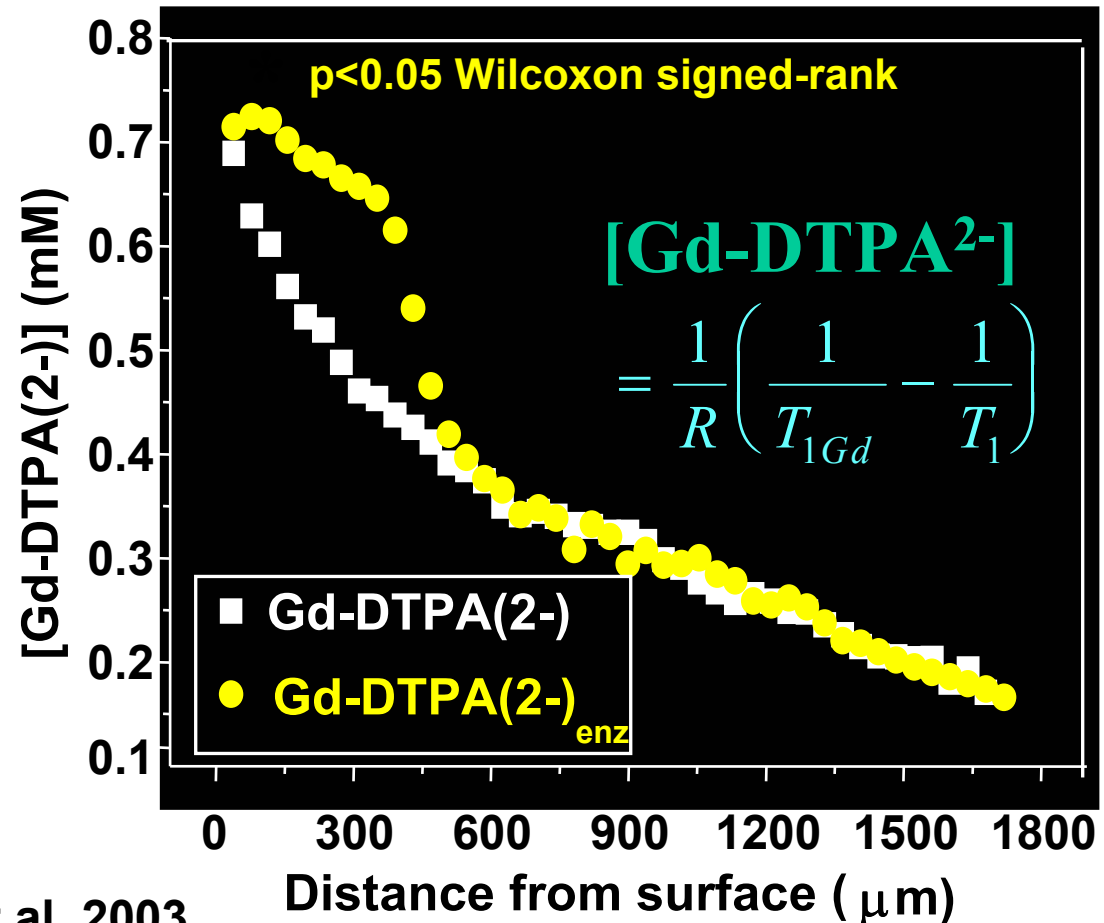
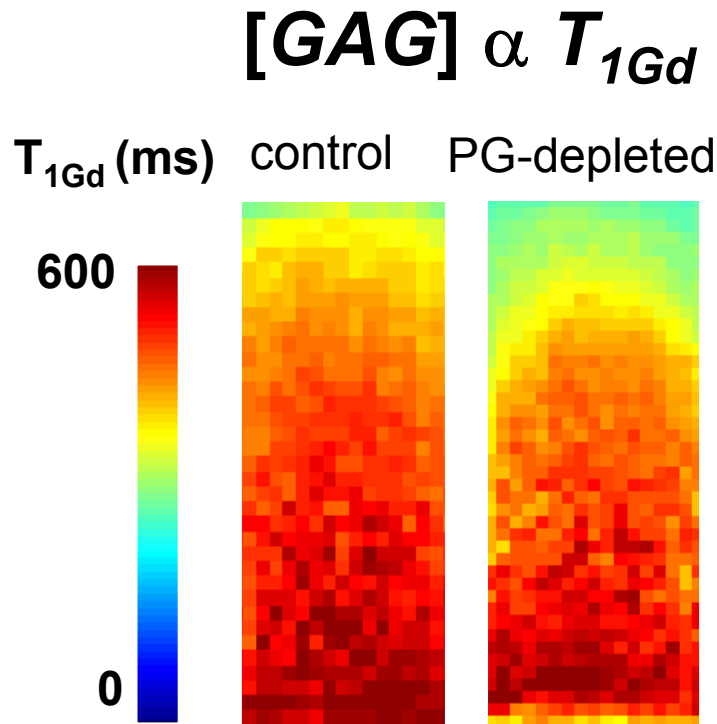
Cartilage and Bone Ultrasound





Quantitative MRI of articular cartilage

Gd-DTPA(2-) –ENHANCED T_1 IMAGING¹⁾



¹⁾ Bashir et al. 1999, Nieminen et al. 2003

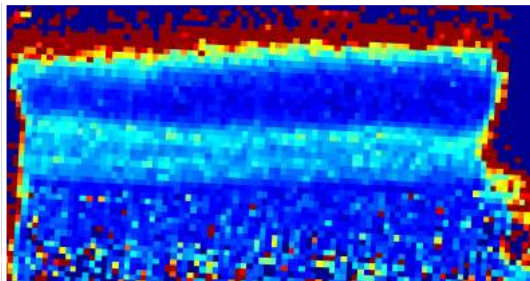



Quantitative MRI of articular cartilage

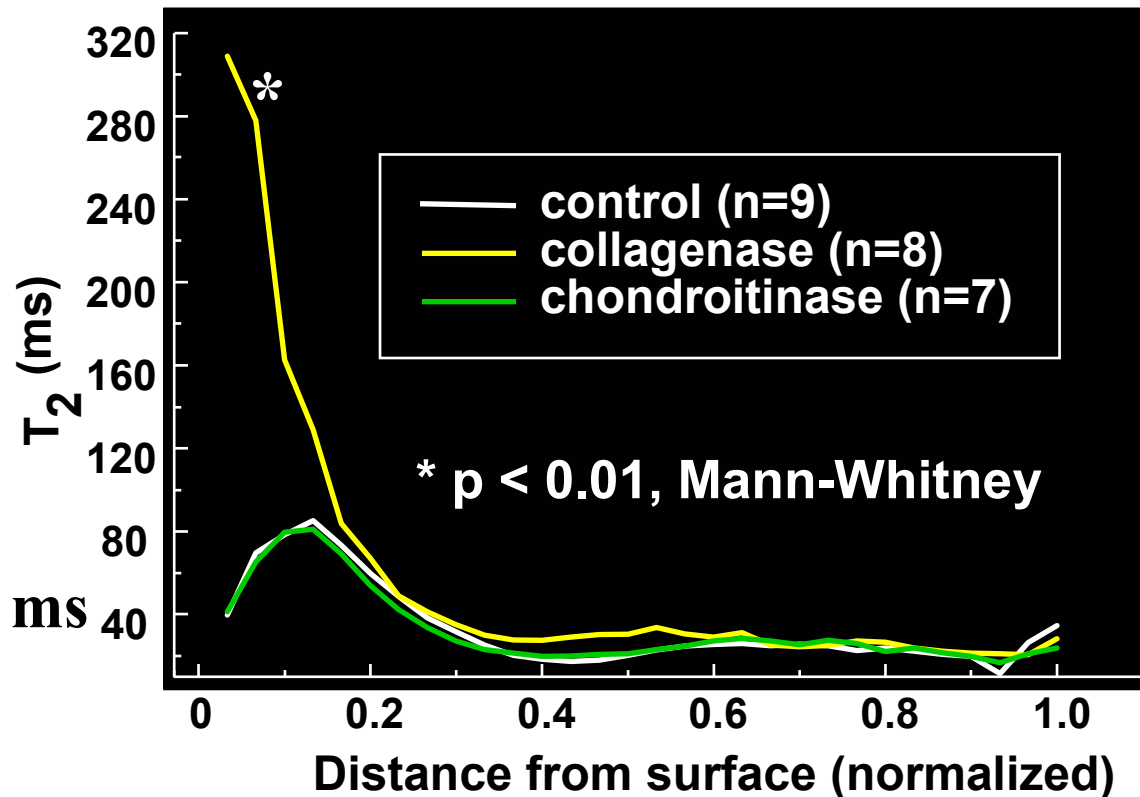
T2 mapping

- Cartilage water strongly interacts with collagen directly/indirectly → T_2 relaxation time of tissue water may be reflective of collagen integrity¹⁾

collagenase



T_2 : 0  150 ms



¹⁾ Nieminen et al. 2000, 2001

Cartilage Mechanics Modelling

Continuity equation:

$$\nabla \cdot (\phi^s \mathbf{v}^s + \phi^f \mathbf{v}^f) = 0$$

Momentum equations:

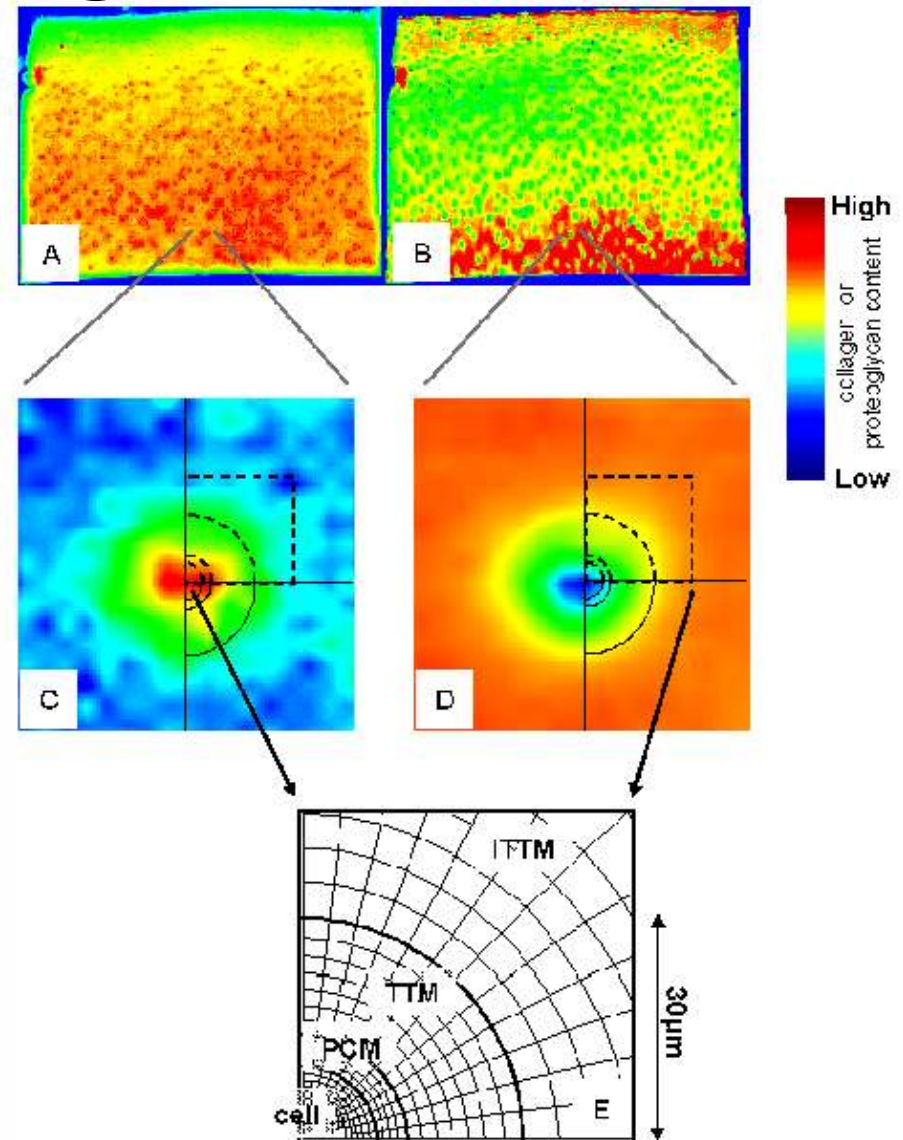
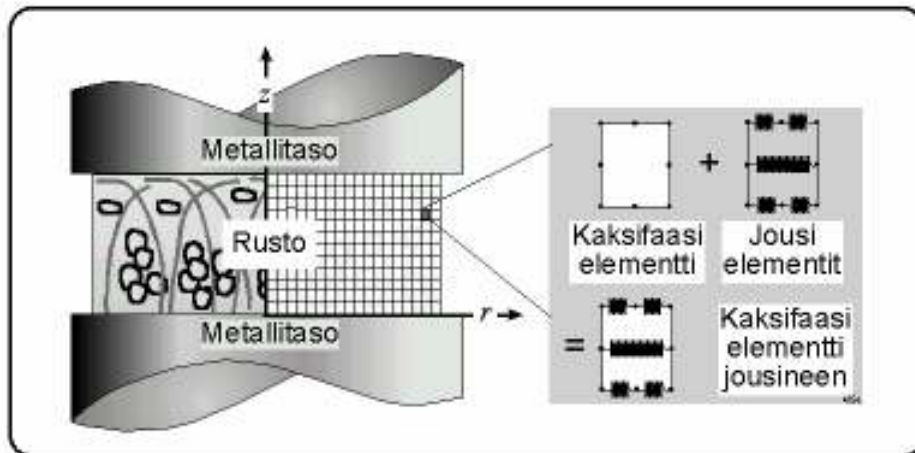
$$\nabla \cdot (\sigma^\alpha + \pi^\alpha) = 0 \quad \alpha = s, f$$

Constitutive equation:

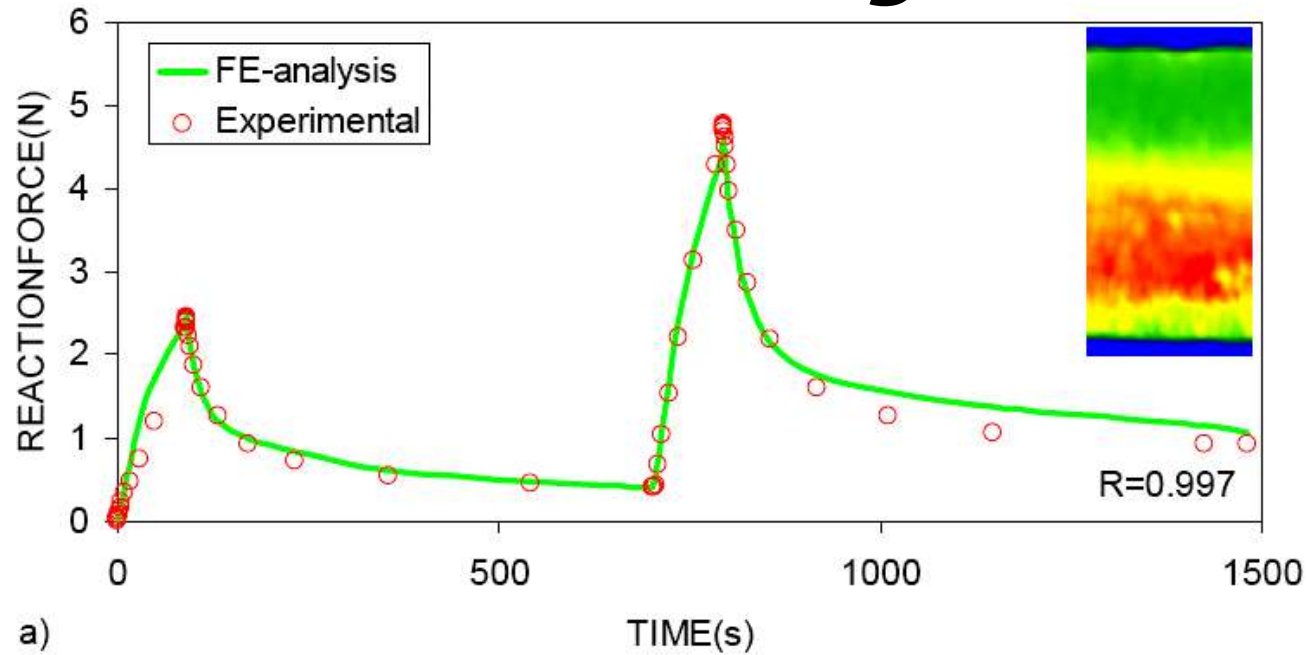
$$\sigma^f = -\phi^f p \mathbf{I}$$

$$\sigma^s = -\phi^s p \mathbf{I} + \bar{\sigma}^s$$

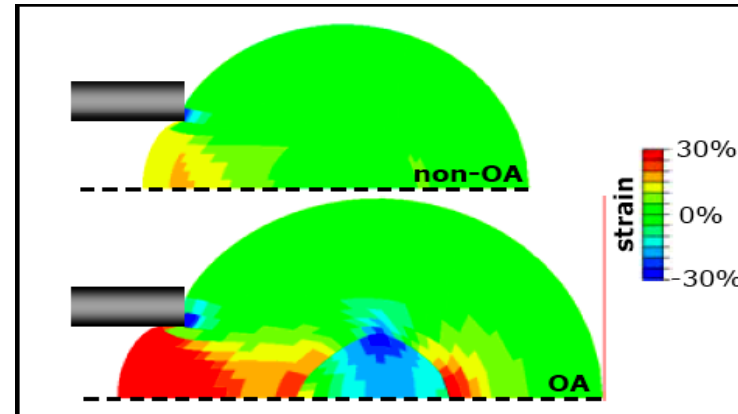
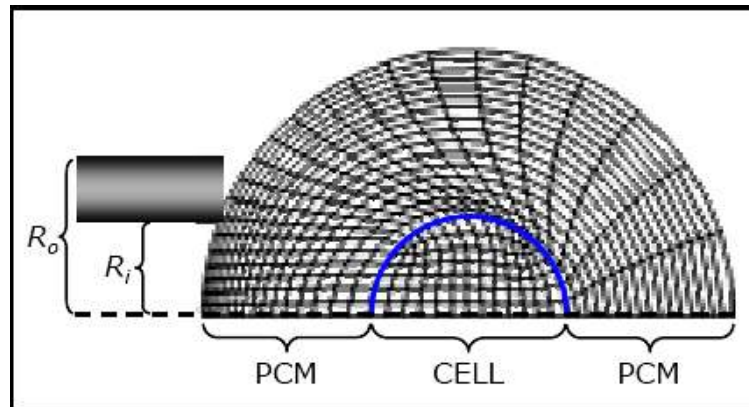
$$\pi^s = -\pi^f = K(\mathbf{v}^f - \mathbf{v}^s)$$



Cartilage Mechanics Modelling

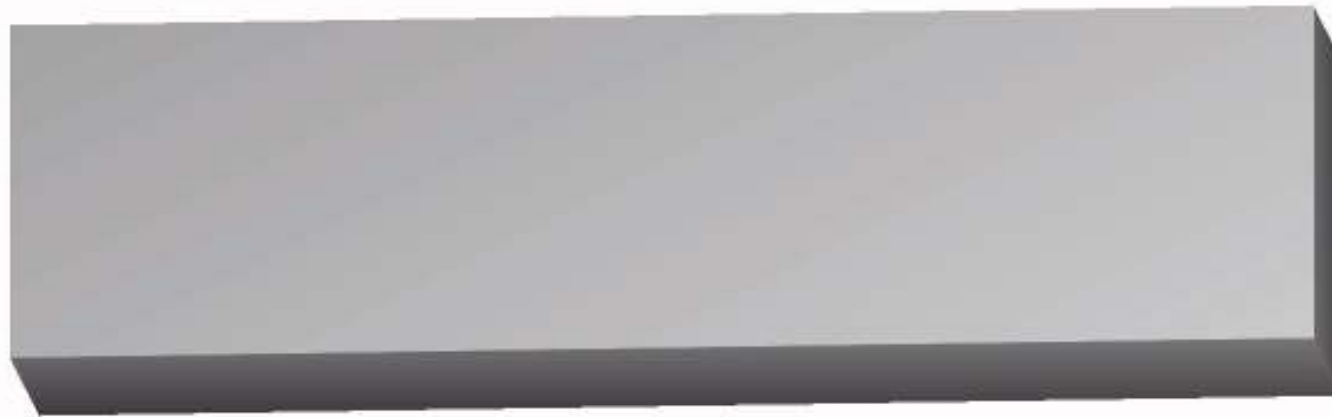
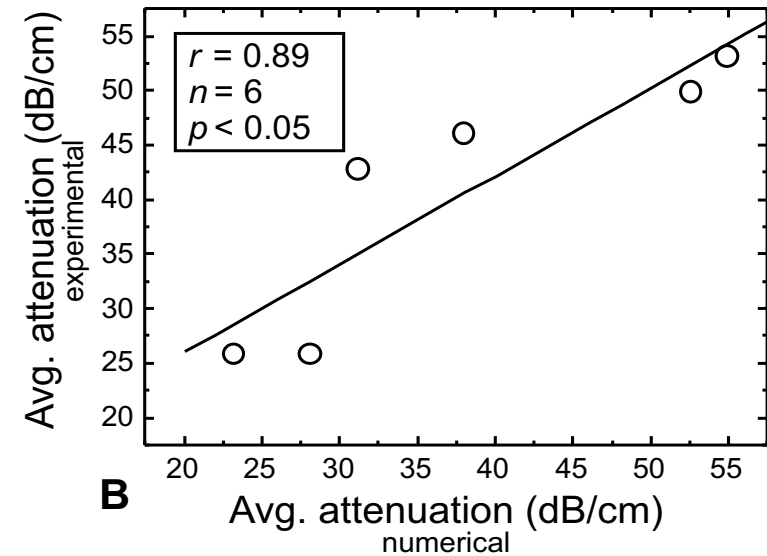
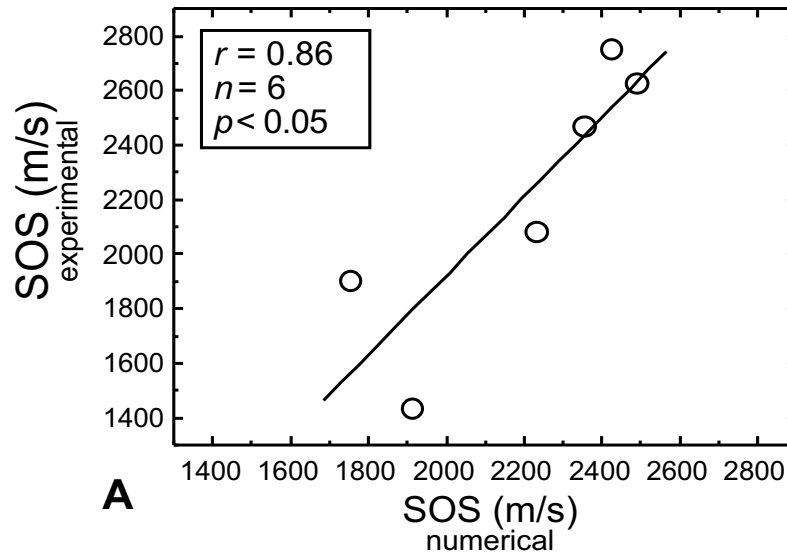


a)





Bone Ultrasound Modelling

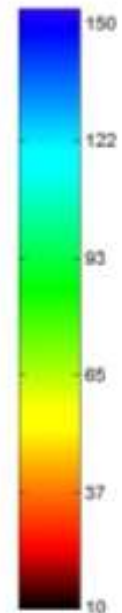
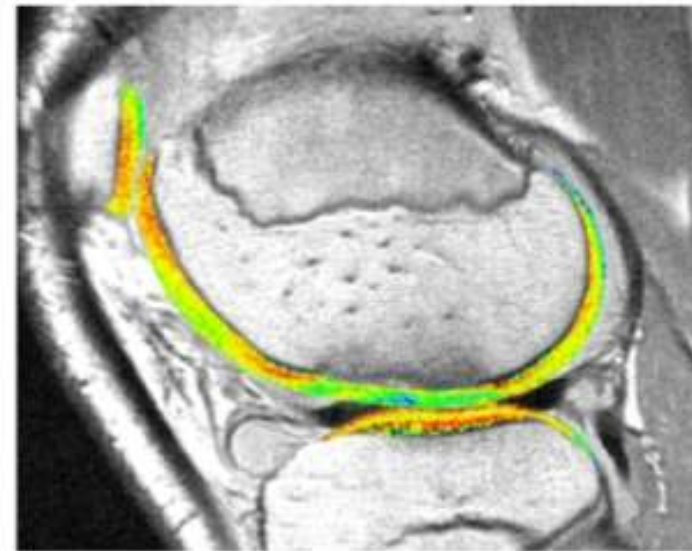




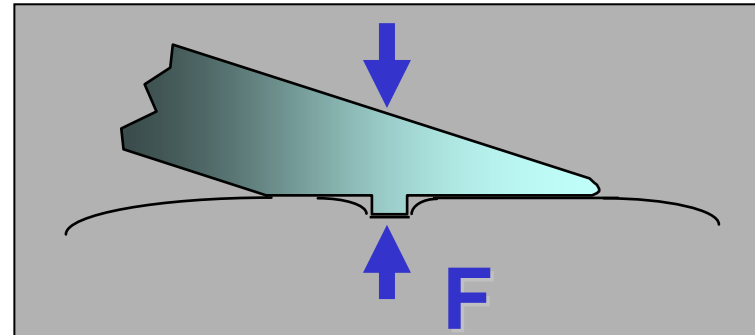
In Vivo Diagnostics

Qualitative technique

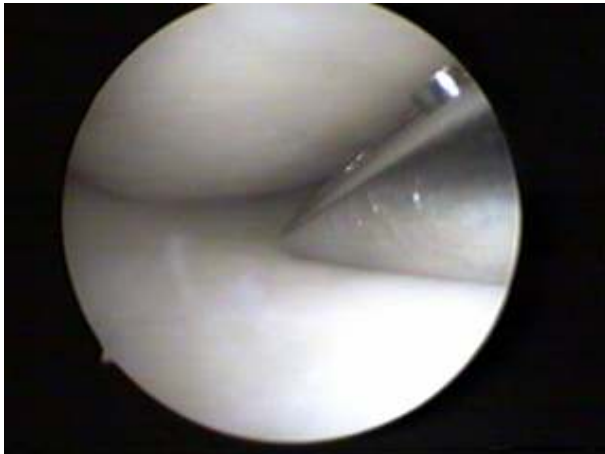
**Quantitative technique
(non-invasive?)**



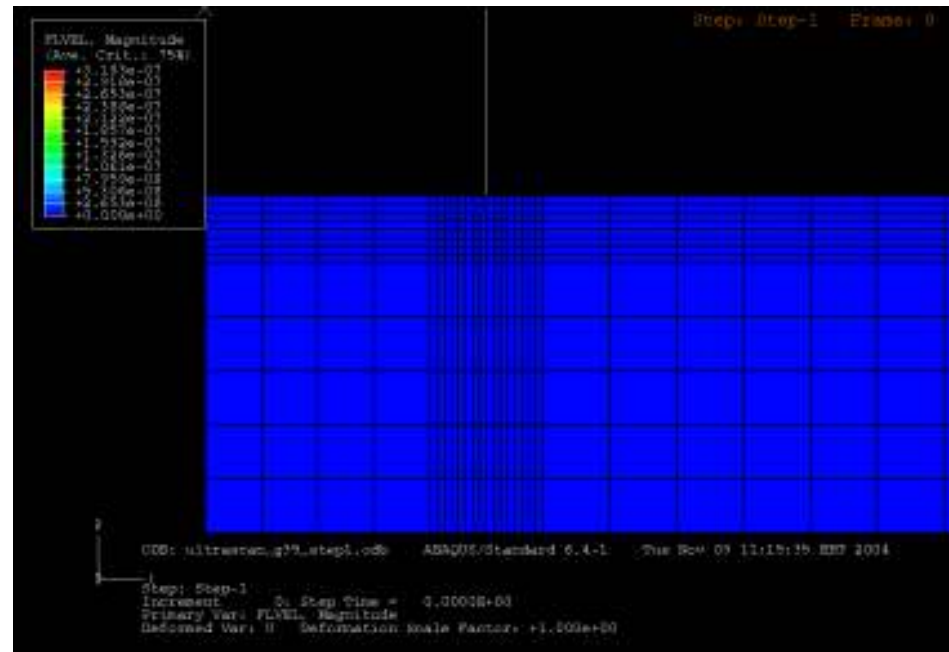
In Vivo Diagnostics Mechanical Indentation



INDENTER FORCE (**F**) INDICATES CARTILAGE STIFFNESS



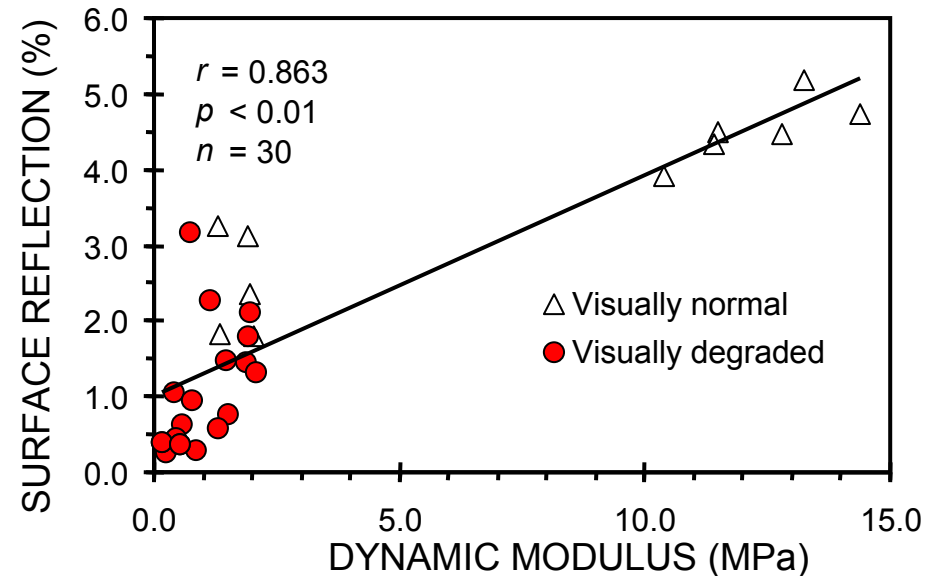
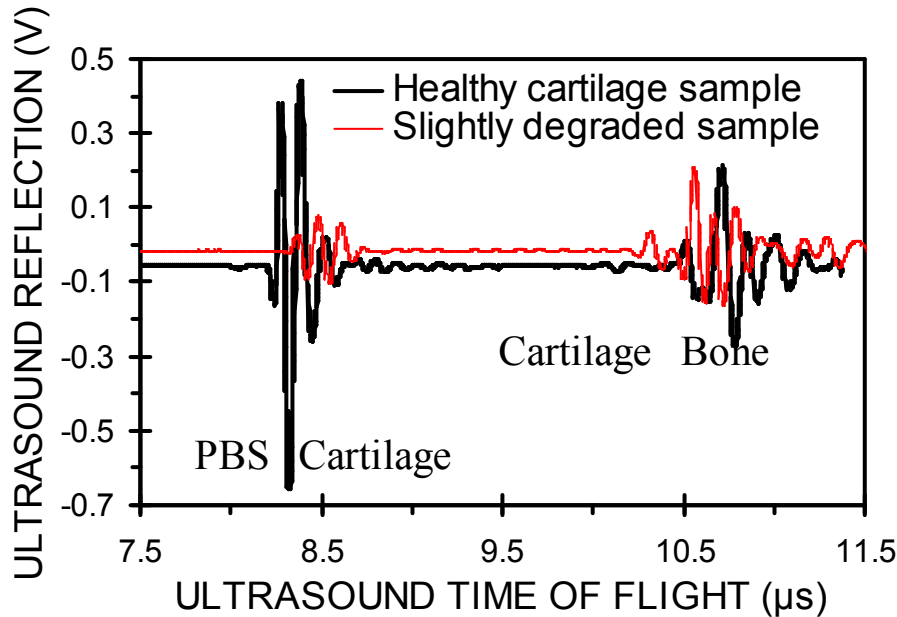
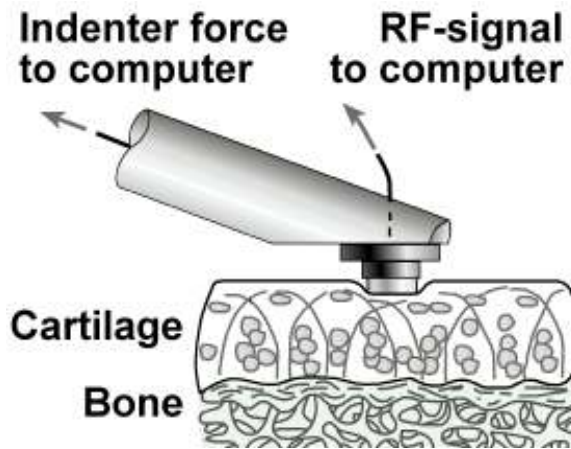
Lyyra et al.; Med. Eng. Phys.
17:395-399, 1995





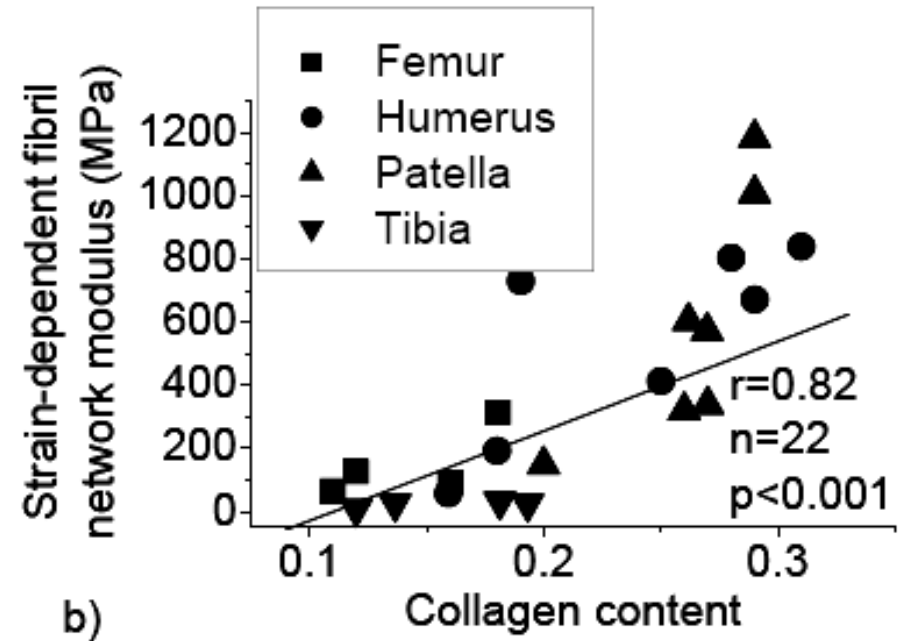
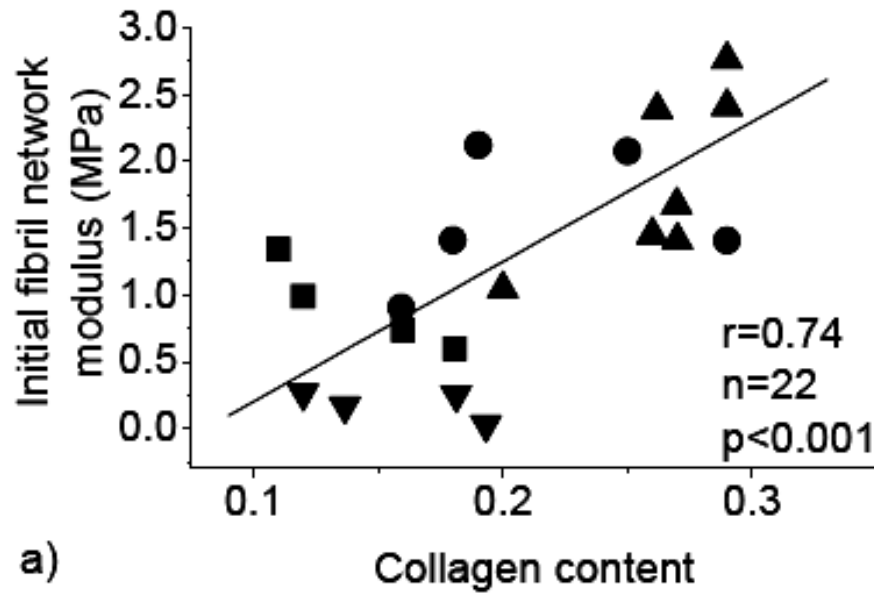
In Vivo Diagnostics

Ultrasound Indentation



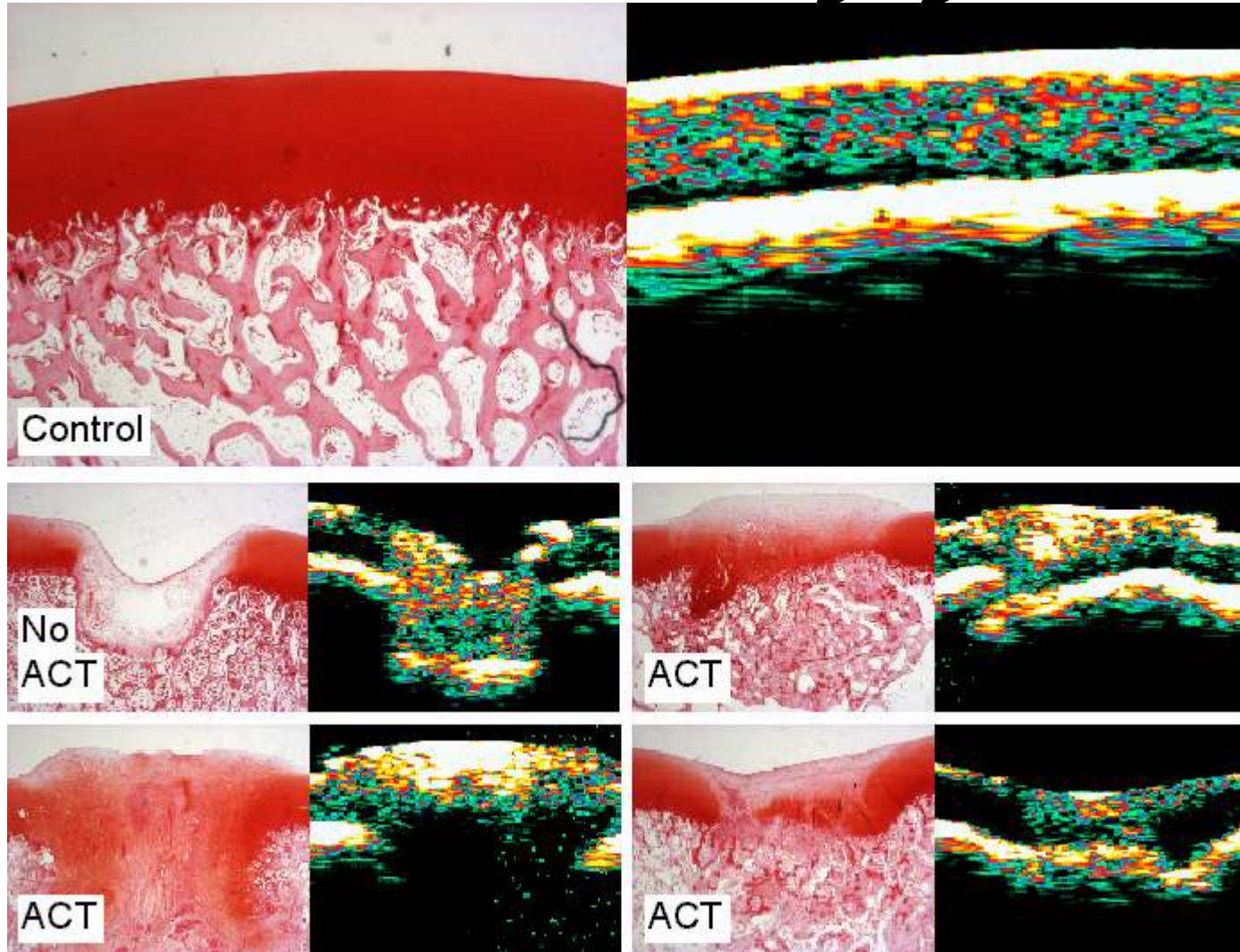


Cartilage Mechanics Modelling



In Vivo Diagnostics

Ultrasound Imaging





Quantitative Ultrasound Analysis

- Ultrasound Reflection coefficient (R) and Integrated Reflection Coefficient (IRC)¹ can be calculated for both *cartilage surface* and *cartilage-bone interface*

$$R = \frac{1}{m} \sum_{i=1}^m \frac{A_i}{A_i^{ref}}$$

m = number of scan lines
 A_i = amplitude from the interface
 A_{iref} = reference amplitude from
PBS-air interface

$$IRC = \frac{1}{\Delta f} \int_{\Delta f} R_c^{dB}(f) df$$

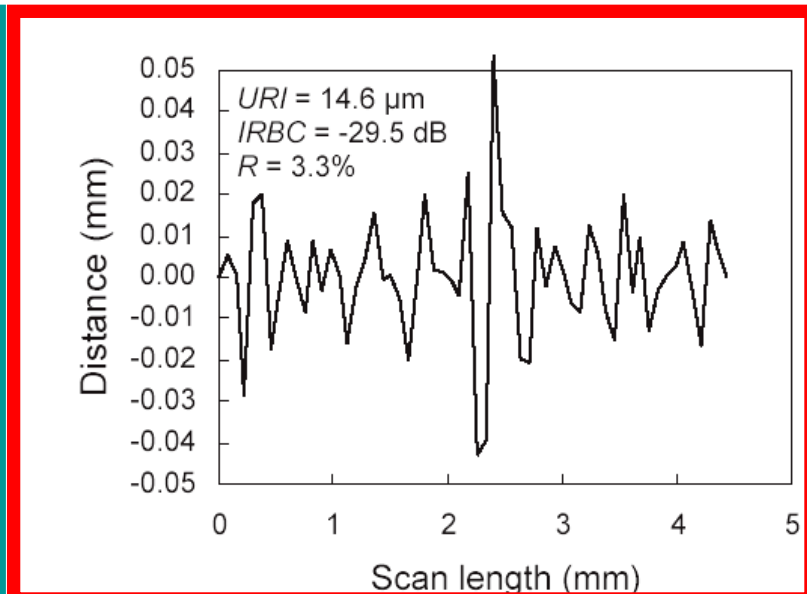
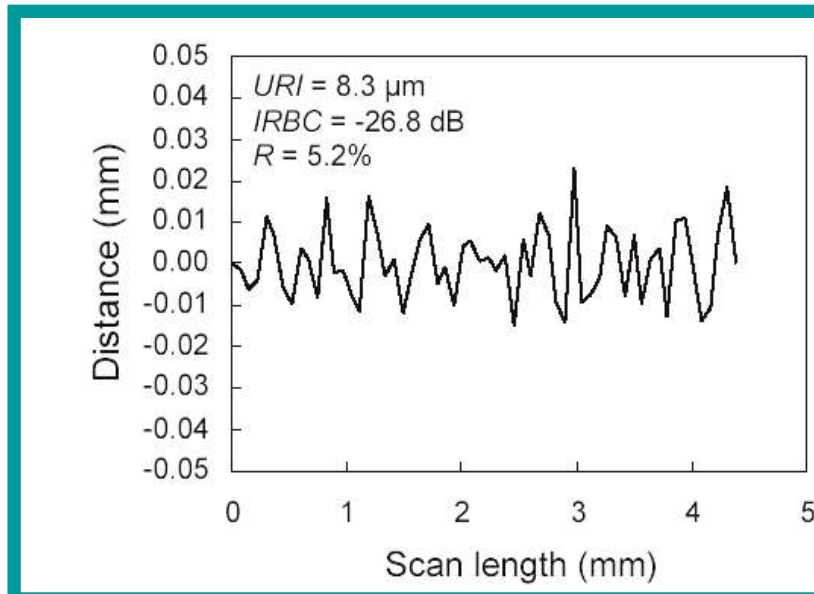
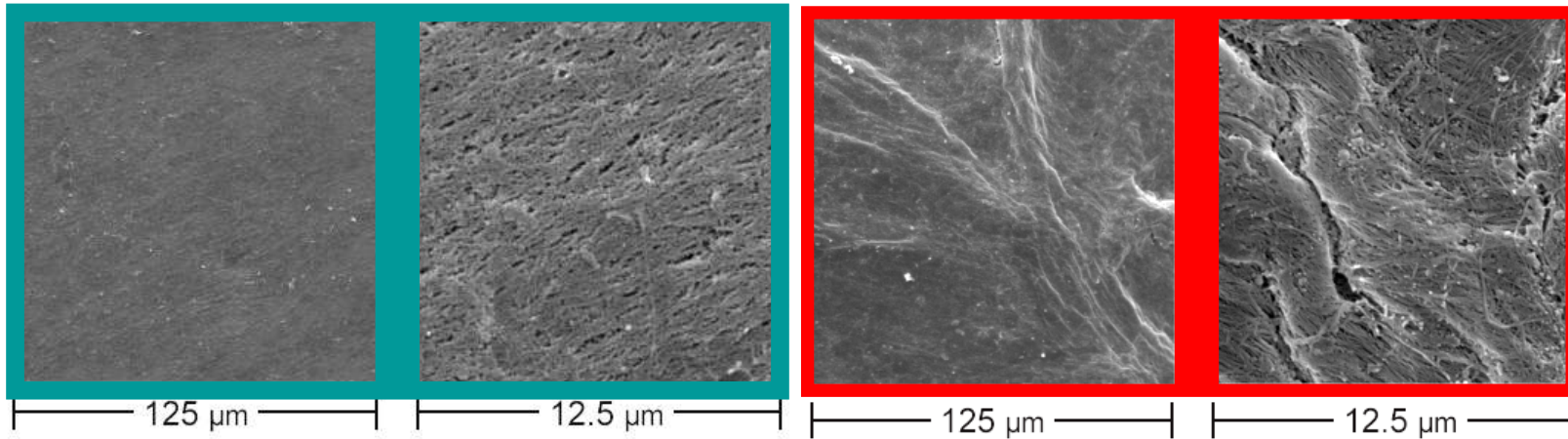
$R_c^{dB}(f)$ = energy reflection coefficient
of the interface (dB scale)
 Δf = frequency range

¹Cherin *et al.*. Ultrasound Med Biol 24:341-354, 1998



In Vivo Diagnostics

High resolution ultrasound imaging

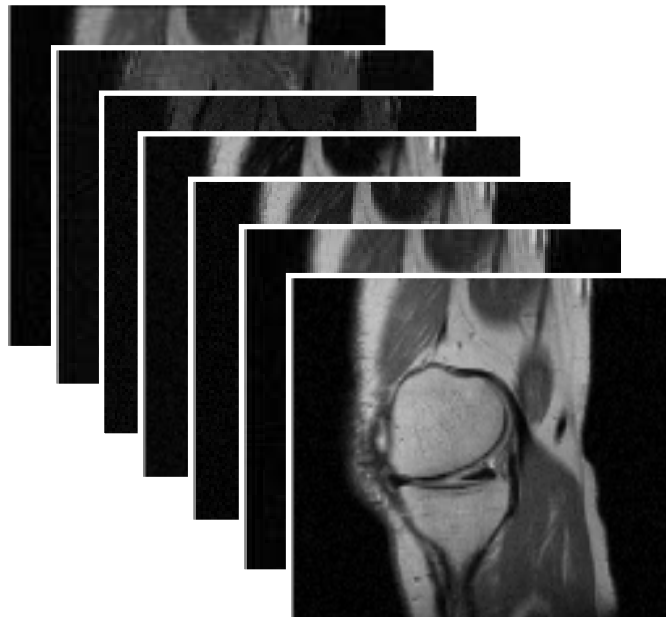




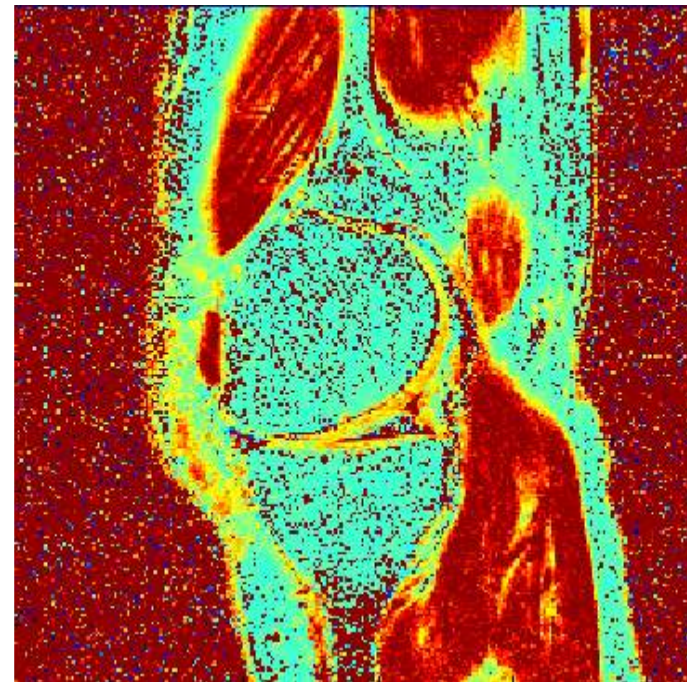
In Vivo Diagnostics

Quantitative MRI

T₁-imaging



T₁-map

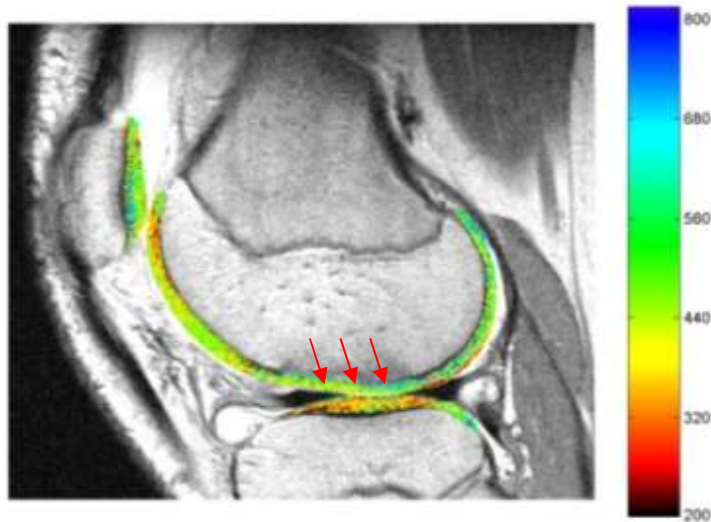


T₁: 0  500 ms

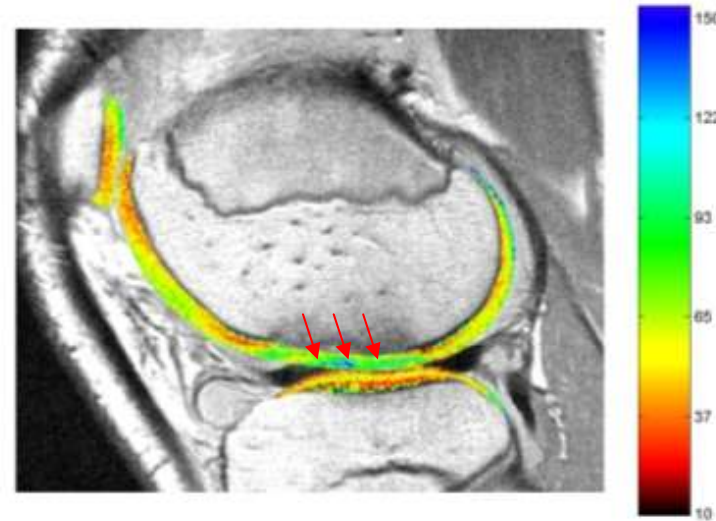


dGEMRIC and T2 in ACT patient

dGEMRIC

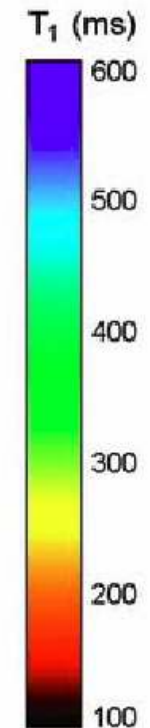
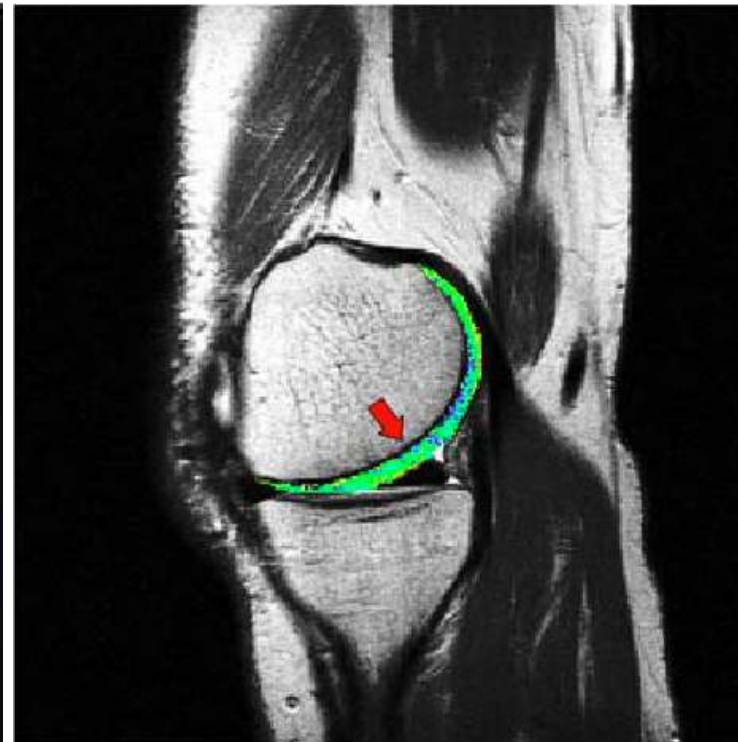


T2



- in ACT graft dGEMRIC shows PG concentrations comparable to adjacent hyaline cartilage
- T2 in graft has higher T2 as compared to surrounding tissue. This is anticipated to relate to a collagen network different from normal cartilage

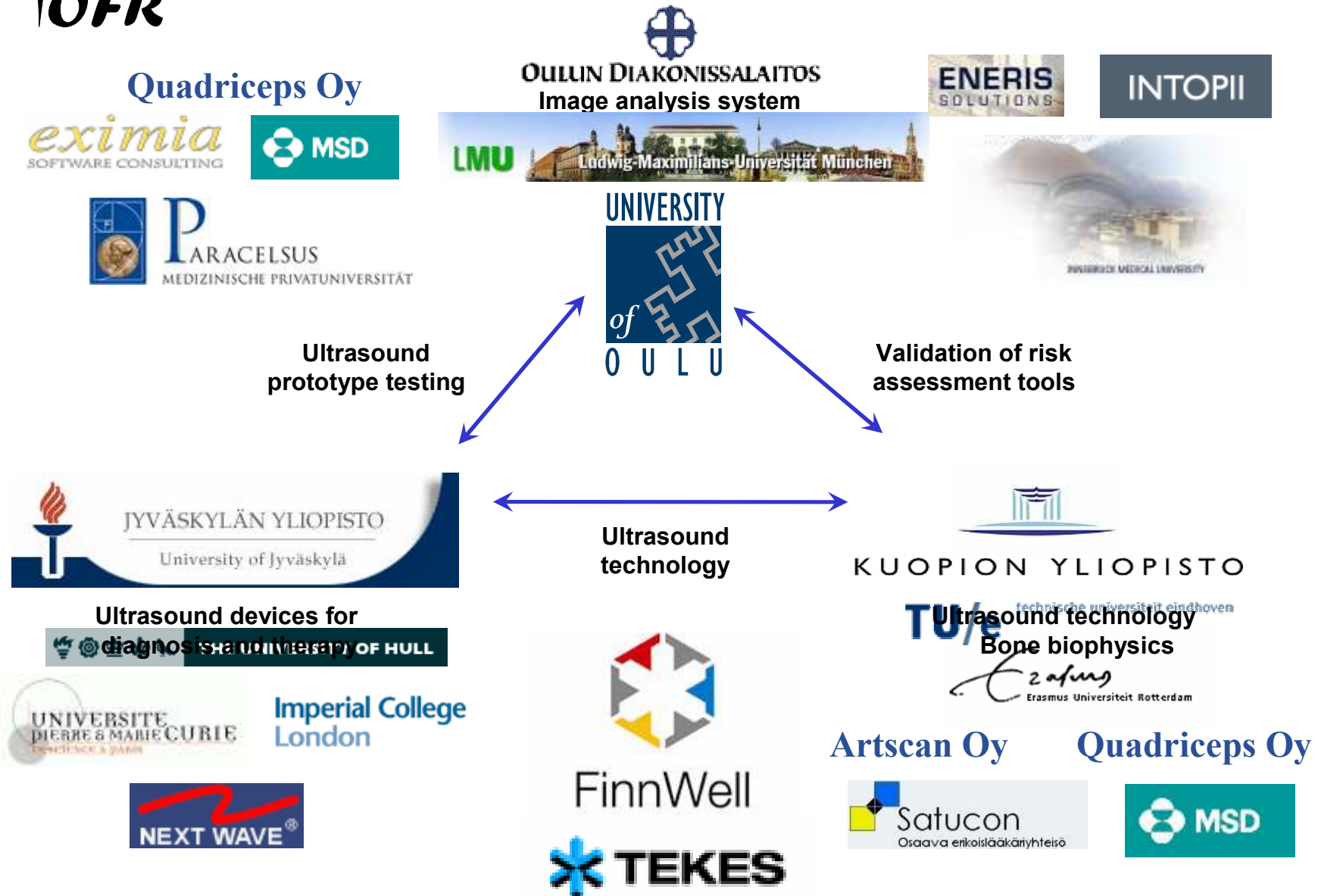
ACT repair in human knee



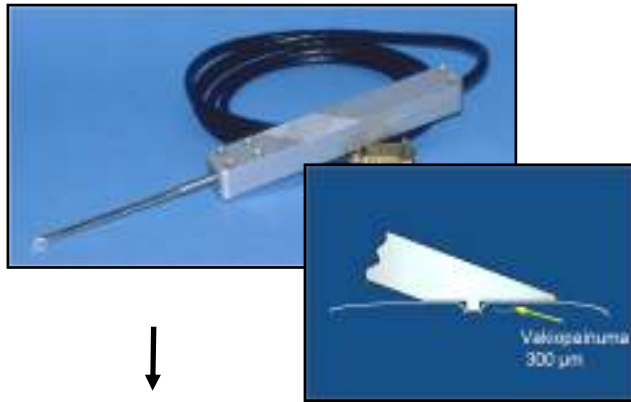
Patient	Arthroscopic finding		INDENTATION FORCE			T1 RELAXATION TIME	
	Nro	ICRS grade	graft (N)	control (N)	ratio (% of control)	graft (ms) mean \pm SD	control (ms) mean \pm SD
27	11	1.8	5.7	31	388 \pm 54	426 \pm 44	91
26	11	1.2	2.1 ^a	59	421 \pm 52	366 \pm 55	115
19	9	1.3	3.3	38	381 \pm 60	422 \pm 64	90
28	10	0.9	3.2	27	470 \pm 44	339 \pm 67	139



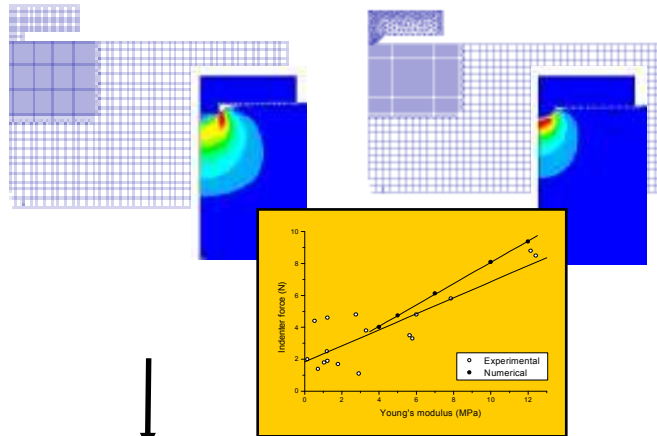
Osteoporotic Fracture Risk (OFR) Study



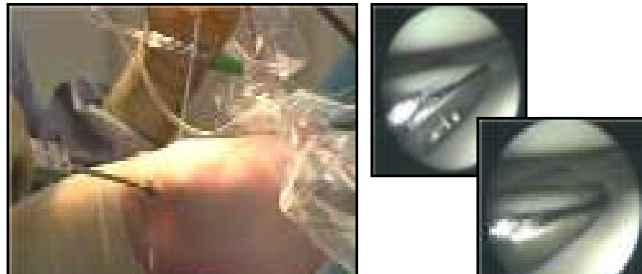
BASIC SCIENCE RESEARCH ->
NEW IDEA AND MEASUREMENT PRINCIPLE



↓
THEORETICAL/COMPUTATIONAL AND
EXPERIMENTAL VALIDATION



↓
CLINICAL APPLICATION



*From innovation to FDA
approved product...*





Acknowledgements

BBC-group

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Docent Ilkka Kiviranta
Professor Heikki Kröger**

**Academy of Finland
TEKES**

