

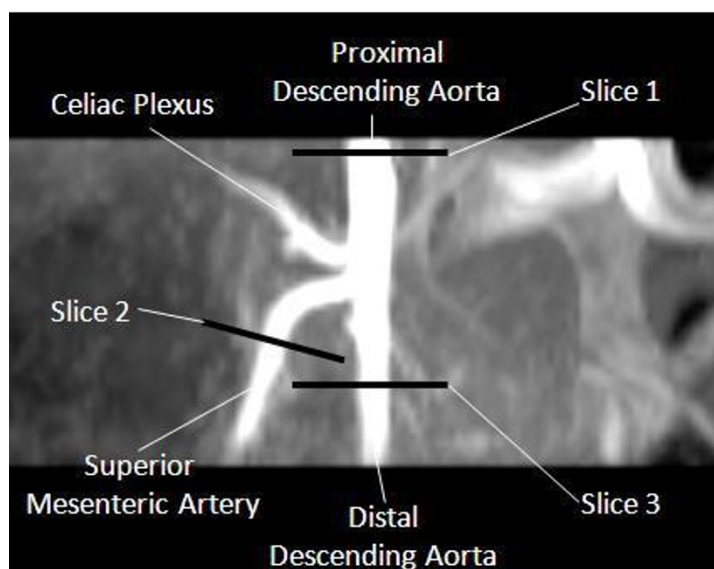
## PHASE CONTRAST MAGNETIC RESONANCE ASSESSMENT OF VOLUME OF ABDOMINAL VISCERAL BLOOD FLOW IN NEWBORN INFANTS

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**Background:** Episodes of intestinal ischaemia are likely to be central to the pathogenesis of necrotising enterocolitis. Echocardiographic techniques can estimate volume of superior mesenteric artery(SMA) flow<sup>1</sup>, however these measures have not yet been validated. Phase Contrast Magnetic resonance(PCMR) techniques have been shown to provide repeatable quantifications of cardiac output and systemic perfusion in newborn infants<sup>2</sup>. The aim of this study was to assess the feasibility of performing PCMR assessments of abdominal visceral blood flow in newborn preterm infants.

**Methods:** Scans were performed on 7 infants with median(range) gestation 34(30.3-37.7) weeks, weight at scan 1833(790-2800)grams using a Philips 3.0T scanner. PCMR slices(resolution-0.6/0.6/4mm,TR/TE-5.9/3.1ms) were placed at the proximal SMA and on the descending aorta(DAo) proximal to the celiac plexus and distal to the renal arteries(Figure). Flow was quantified using in-built software(ViewForum) incorporating automated vessel-edge detection.



**Abdominal Aortogram of Newborn Infant Showing Slice Placement for Abdominal Visceral Blood Flow Imaging**

[sma]

**Results:** Intestinal flow was taken as SMA flow; visceral non-SMA(VnonSMA) flow was taken as proximal DAo - SMA - distal DAo (=celiac plexus plus inferior mesenteric and renal artery flow). Images were successfully obtained in all 7 infants. Median intestinal flow was 31.8(12.1-67.1)ml/kg/min, VnonSMA was 55.7(34.3-99)ml/kg/min.

**Conclusions:** PCMR assessment of volume of SMA and visceral non-SMA blood flow is feasible in newborn infants. Further study is required to assess repeatability and correlation with echocardiography.

**References:** 1-Van Bel, Ped Rad 1990;174:165-1692-Groves, Arch Dis Child Fetal Neonatal Ed. Epub 2010.