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T_1 Correlates Age: A Short- TE MR Relaxometry Study *in vivo* on Human Cortical Bone Free Water at 1.5T

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Abstract. Large pores of human cortical bone ($>30 \mu\text{m}$) are filled with fluids, essentially consisting of water, suggesting that *cortical bone free water* can be considered as a reliable surrogate measure of cortical bone porosity and hence quality. Signal from such pores can be reliably captured using Short Echo Time (STE) pulse sequence with echo-time in the range of 1-1.5 msec (which should be judiciously selected correspond to T_2^* value of free water molecules). Furthermore, it is well-known that cortical bone T_1 -relaxivity is a function of its geometry, suggesting that cortical bone free water increases with age. In this work, we quantified cortical bone free water longitudinal relaxation time (T_1) by a Dual-TR technique using STE pulse sequence. In the sequel, we investigated relationship between STE-derived cortical bone free water T_1 -values and age in a group of healthy volunteers (thirty subjects covering the age range of 20-70 years) at 1.5T. Preliminary results showed that cortical bone free water T_1 highly correlates with age ($r^2 = 0.73$, $p < 0.0001$), representing cortical bone free water T_1 as a reliable indicator of cortical bone porosity and age-related deterioration. It can be concluded that STE-MRI can be utilized as proper alternative in quantifying cortical bone porosity parameters *in-vivo*, with the advantages of widespread clinical availability and being cost-effective.

Keywords: Relaxometry, Cortical Bone, Porosity, Bone Water, T_1 quantification

1. Introduction

Bone has a complex hierarchical structure which supports skeletal frame of the human body. This structure is responsible for the bone metabolic, synthetic and mechanical functions, and acts as a reservoir for calcium and phosphorous (1). At the macroscopic level, bone is categorized as trabecular and cortical bone. Cortical bone constitutes about 80 percent of the bone skeleton and is more prone to fracture (2). It consists of three different components; minerals ($\sim 42\%$ by volume), organic matrix ($\sim 35\%$ by volume) and water ($\sim 23\%$ by volume) (3), each with a different and particular role as follows: minerals are responsible for stiffness (4), collagen contributes to energy absorption (5-7), and water guarantees the poroelasticity of the cortical bone (8).

Until now, scientists have mostly concentrated on minerals as a good predictor of bone quality; hence, commonly used bone assessment methodologies in clinics, i.e. Dual-Energy X-ray Absorptiometry (DEXA) and peripheral Quantitative Computed Tomography (pQCT) measure Bone

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