

Currents induced by standard movements in a 3T static magnetic field

Abstract. MRI magnets generates strong and uniform magnetic fields within the field of view, but spatial field gradients are present outside this central region, and as consequence people moving within magnet room experience time-varying magnetic field inducing electric fields and currents in tissues. Aim of this study is the assessment, through direct static field measurements and model based calculations, of induced currents at trunk and head as effect of translating or rotational body movement within the magnet room.

Streszczenie. Urządzenie do rezonansu magnetycznego generuje bardzo silne stałe pole magnetyczne w polu obserwacji ale gradient przestrzenny pola istnieje na zewnątrz pola obserwacji. Konsekwencją tego jest narażenie osób poruszających się wewnątrz pomieszczenia na ekspozycję w polu elektromagnetycznym, co skutkuje indukowaniem się pola elektrycznego i prądów w ich tkankach. Celem artykułu jest oszacowanie poprzez pomiary stałego pola magnetycznego oraz symulację komputerową wartości prądów indukowanych w tułowiu i głowie osób poruszających się w pomieszczeniu. (*Prądy indukowane poprzez standardowe poruszanie się w stałym polu magnetycznym 3T*).

Keywords: nuclear magnetic resonance, magnetic field, induced currents, Directive 2004/40/EC

Słowa kluczowe: magnetyczny rezonans jądrowy, pole magnetyczne, prądy indukowane, dyrektywa 2004/40/EC .

Introduction

Recent developments in Magnetic Resonance Imaging (MRI) based diagnostic technologies are leading hospitals towards high static magnetic fields scanners use; current tendency indicates the use of 3T scanners for common diagnostics and 7T units for interventional procedures in operating room. This may lead to increased static magnetic fields exposure for the personnel.

In year 2004 European Union adopted the 2004/40/EC Directive [1] which gives the minimum health and safety requirements to protect workers from risks due to electromagnetic fields exposure; this Directive application may lead to severe limitations in MRI based techniques use for diagnostics.

Considering all those factors, European Parliament has postponed the deadline for transposing the Directive by Member States to year 2012 in order to permit a complete limits and guidelines revision by the ICNIRP [2].

From a physiological point of view the only transitory proved effect is the formation of visual stimuli, such as phosphenes, with induction thresholds varying from subject to subject. Detailed studies of physiological parameters including body temperature, respiratory rate, number of hearth pulses, blood pressure and body extremities oxygenation status, showed no significant changes in exposures up to 8 T [4], electrocardiogram plot distortion and a slight increase in systolic blood pressure have been observed. From a behavioural point of view, no significant changes in short term memory, in reaction time and in performing working activities have been observed [5,6].

The study we present in this paper is based on the premises above presented.

Aim of this study is the assessment, through direct static field measurements and model based calculations, of currents induced at head and trunk as effect of translating body movement within different patterns into magnet room during ordinary clinical activities.

Static magnetic field levels in proximity of MRI scanners can be easily measured using an Hall effect probe on an appropriate measure grid; but this data, can be representative only of a motionless body exposure and in total absence of physiological movements (blood flowing in veins and arteries included), as consequence it is not a reliable parameter to be considered.

Scientific literature [5,6] reports that motion induced electric fields produced in head and trunk may be considered a problem; for this reason an assessment of additional parameters taking into account the subject movement into the static field is needed. This parameter is the magnetic flux density dB/dt , related to the induced electric field by the equation:

$$(1) \quad \oint E_b \cdot dl = \int \frac{d(B \cdot ds)}{dt}$$

where E_b is the induced electric field.

The electric field is induced by changes occurring in magnetic field vector due to linear or rotational body movements into a static field.

Material and Methods

Measurements have been performed on a GE Signa 3.0 T clinical scanner, using a Metrolab THM1176 isotropic Hall effect probe able to detect static magnetic fields within the range 0 – 1999 mT with 2% of reading accuracy.

The scanner's isocentre has been chosen as reference system's origin and the axis has been identified as shown in Figure 1.

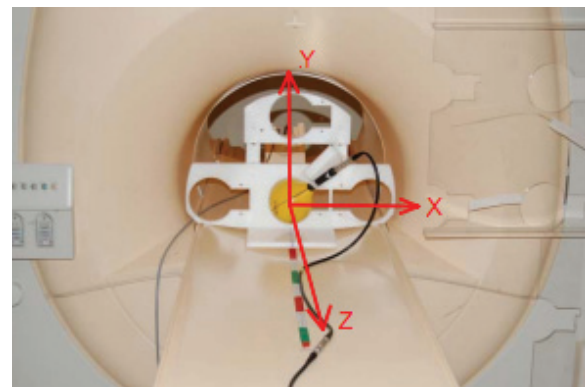


Fig. 1 . Reference system

The magnet room has been divided into four quadrants symmetrical in respect to x and z axis; the symmetry of the static magnetic field make it possible to perform measurements only on a single quadrant.

A 25 cm square microgrid was traced in the room; the instrument was placed at the top of every single square at 100, 120, 150, 170 cm from the floor; seven different standard walking patterns, reported in Figure 2 have been investigated. Pattern selection is based on operators answers to an interview on ordinary activity standards.

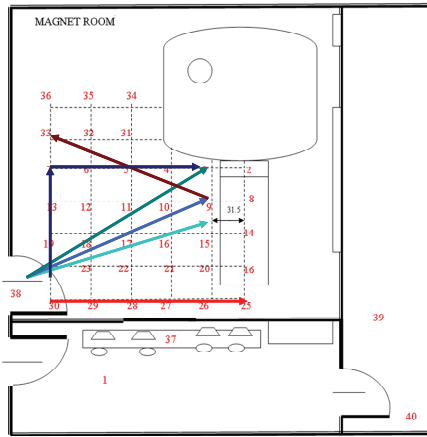


Fig. 2. Investigated patterns

The analytical model used to calculate induced current provides the human body section modelled as a radius R, constant conductivity homogeneous disk, thus ignoring the biological tissues anisotropic proprieties. Under these conditions, from the integral form of magnetic flux

$$(2) \quad \oint_L E \cdot dl = - \frac{d}{dt} \int_S B \cdot u_n \cdot ds$$

where L is the disk circumference and S its surface, follows

$$(3) \quad J(R) = \frac{\sigma_t R}{2} \left| \frac{dB_{ave}}{dt} \right|$$

where J(R) is the current density induced in the radius R section, σ_t is the tissue conductivity (0.2 S/m), B_{ave} is the average value of the magnetic field through the coil..

The quantity described in (3) can be decomposed in the product:

$$(4) \quad \left| \frac{dB_{ave}}{dt} \right| = \left| \frac{dB_{ave}}{dx} \right| \left| \frac{dx}{dt} \right|$$

as consequence the induced current density can be calculated as:

$$(5) \quad J(R) = \frac{\sigma_t}{2} R v \left| \frac{dB_{ave}}{dx} \right|$$

where R is assumed to be 0.1 m for the head, 0.2 m for the trunk, translational v have been considered 1 m/s [9], this speed value is a rational choice, as it leads to a maximization of the dosimetric quantity J(R).

In order to perform the measurements necessary to the model application each path has been divided into multiple subpaths, represented by segments on the floor. ΔB and Δx values have been directly measured for every single segment and relative J(R) has been calculated using the expression in (5).

Just to complete the investigation induced currents at wrists have been calculated using the same model for two different arm movement:

- vertical lift: static magnetic field has been measured every 10 cm over an ideal circular path from the relaxed arm position (parallel to hips) to an extended position
- horizontal opening: field has been measured over a circular path representative of the natural horizontal arm opening

Results

For what concerns body movements in static magnetic fields effects, calculations performed for seven different paths, have shown current densities at head and trunk contained in the range 0.02 – 7.14 mA/m², well below the Directive 2004/40/EC 40 mA/m² basic restriction. The trajectory segmentation shows that the highest contribution to the induced current density is referable to the last 70 cm of the path, when, approaching to the magnet the quantity ΔB_i significantly increases: the relative contributions of the external part of the trajectory are. Table 1 shows the data for room entrance-bore edge diagonal walking path, B has been measured at 170 cm from the floor for the head and 150 cm from the floor for the trunk .

Table 1. Induced current for diagonal path 1

Point	B _{meas} (mT)	Δx_i (m)	ΔB_i (mT)	$ \Delta B / \Delta x _i$ (mT/m)	J _{trunk} (mA/m ²)
Start	0.3				
X ₁	0.7	0.70	0.4	0.56	0.011
X ₂	2.8	0.70	2.1	2.97	0.059
X ₃	19.9	0.70	17.1	24.2	0.48
X ₄	260	0.70	240.1	339.6	6.8
Point	B _{meas} (mT)	Δx_i (m)	ΔB_i (mT)	$ \Delta B / \Delta x _i$ (mT/m)	J _{head} (mA/m ²)
Start	0.3				
X ₁	0.7	0.70	0.4	0.56	0.0056
X ₂	2.4	0.70	1.7	2.40	0.024
X ₃	12	0.70	9.6	13.6	0.13
X ₄	166.4	0.70	154.4	218.4	2.18

Table 2 shows the results for room entrance-patient couch (near to bore entrance) diagonal path.

Table 2. Induced current for diagonal path 2

Point	B _{meas} (mT)	Δx_i (m)	ΔB_i (mT)	$ \Delta B / \Delta x _i$ (mT/m)	J _{trunk} (mA/m ²)
Start	0.3				
X ₁	1.7	1.11	1.4	1.26	0.025
X ₂	7.2	0.70	5.5	7.78	0.16
X ₃	51.9	0.70	44.7	63.2	1.26
Point	B _{meas} (mT)	Δx_i (m)	ΔB_i (mT)	$ \Delta B / \Delta x _i$ (mT/m)	J _{head} (mA/m ²)
Start	0.3				
X ₁	1.4	1.11	1.1	0.99	0.00099
X ₂	6.6	0.70	5.2	7.36	0.074
X ₃	25.8	0.70	21.9	30.97	

Table 3 shows the results for an hybrid , part of the trajectory is parallel and part perpendicular to the patient couch

Table 3. Induced current for hybrid path

Point	B_{meas} (mT)	Δx_i (m)	ΔB_i (mT)	$ \Delta B / \Delta x _i$ mT/m	J_{itrunk} (mA/m ²)
Start	270				
X ₁	81.6	0.5	178.4	356.8	7.14
X ₂	16.5	0.5	65.1	130.2	2.60
X ₃	2.4	0.5	14.1	28.2	0.56
X ₄	0.4	0.70	2	2.8	0.024
Point	B_{meas} (mT)	Δx_i (m)	ΔB_i (mT)	$ \Delta B / \Delta x _i$ mT/m	J_{ihead} (mA/m ²)
Start	166.4				
X ₁	57.6	0.5	108.8	217.6	2.18
X ₂	11.0	0.5	46.6	93.2	0.93
X ₃	2.1	0.5	8.9	17.8	0.18
X ₄	0.4	0.70	1.7	2.4	0.02

The calculated values as well as being affected by instrumental errors represent an overestimation of the parameter under study, because the calculation was performed assuming that the motion takes place perpendicular to the bore axis; in real situations the trajectory angle differs from a perfect 90°.

For what concerns induced current at wrists, measured have been performed for slow and fast arm motion. From our observation emerged that current induced at wrists is strongly dependent from movement speed and higher than current induced at head and trunk. Induced currents for horizontal arm translation in a 3T static magnetic field are higher than currents induced as effect of vertical arm lifting within the same static magnetic field and distance from the isocentre.

Conclusions

For what concerns currents induced at head and trunk as effect of translational body movement in a 3T static magnetic field generated by a MRI scanner, measurements and calculations based on the described model have been performed on seven different patterns: diagonal, parallel and perpendicular to z axis. These trajectories that have been divided into specific subpatterns are representative of all the possible trajectories covered by operators during standard clinical activity.

In each case the calculated values resulted well below the Directive 2004/40/EC 40 mA/m² basic restriction.

Just to complete the induced currents assessment we performed measurements and calculations based on the same model on arm movements, in particular vertical arm lift and horizontal arm opening. The calculated induced currents resulted higher than the ones induced at head and trunk.

The proposed simplified analytical model represents a good way to perform "in first approximation" induced currents calculation and assessment.

For what concerns workers protection the proposed approach provides a simply and quite non expensive

method to assess induced currents based on a preliminary exhaustive environment investigation, operators interviews, direct field measurements performed within established patterns and subsequent model based calculation.

This methodology can be applied for working exposure periodic assessment, requiring a relatively short time for measurement activities and therefore not interfering with the normal clinical activity; measurements can be carried out very fast before or after the regular daily clinical activity.

The next step that we intend to pursue is the evaluation, starting from magnetic field targeted measures, of induced current at aortic, sinus and atrioventricular nodes as effect of blood movement in a subject standing still within a strong static magnetic field.

The evaluation will be performed by applying a more complex review of the above described models on patients undergoing to MRI exams and occupationally exposed subjects.

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