

# Establishing an acquisition and processing protocol for resting state networks with a 1.5 T scanner

## A case series in a middle-income country

Michela Moreno-Ayure, MD<sup>a</sup>, Cristian Páez, MD<sup>a</sup>, María A. López-Arias, MD<sup>a</sup>, Johan L. Mendez-Betancurt, MD<sup>b</sup>, Edgar G. Ordóñez-Rubiano, MD<sup>c</sup>, Jorge Rudas, PhD(c)<sup>d</sup>, Cristian Pulido, MSc(c)<sup>e</sup>, Francisco Gómez, PhD<sup>e</sup>, Darwin Martínez, PhD(c)<sup>f,g</sup>, Cesar O. Enciso-Olivera, MD, MSc<sup>b</sup>, Diana P. Rivera-Triana, MD<sup>h</sup>, Rosangela Casanova-Libreros, Est.<sup>h</sup>, Natalia Aguilera, MD<sup>h</sup>, Jorge H. Marín-Muñoz, MD<sup>a,\*</sup>

### Abstract

**Objective:** The aim of this study was to characterize the capability of detection of the resting state networks (RSNs) with functional magnetic resonance imaging (fMRI) in healthy subjects using a 1.5T scanner in a middle-income country.

**Materials and methods:** Ten subjects underwent a complete blood-oxygen-level dependent imaging (BOLD) acquisition on a 1.5T scanner. For the imaging analysis, we used the spatial independent component analysis (sICA). We designed a computer tool for 1.5 T (or above) scanners for imaging processing. We used it to separate and delineate the different components of the RSNs of the BOLD signal. The sICA was also used to differentiate the RSNs from noise artifact generated by breathing and cardiac cycles.

**Results:** For each subject, 20 independent components (IC) were computed from the sICA (a total of 200 ICs). From these ICs, a spatial pattern consistent with RSNs was identified in 161 (80.5%). From the 161, 131 (65.5%) were fit for study. The networks that were found in all subjects were: the default mode network, the right executive control network, the medial visual network, and the cerebellar network. In 90% of the subjects, the left executive control network and the sensory/motor network were observed. The occipital visual network was present in 80% of the subjects. In 39 (19.5%) of the images, no any neural network was identified.

**Conclusions:** Reproduction and differentiation of the most representative RSNs was achieved using a 1.5T scanner acquisitions and sICA processing of BOLD imaging in healthy subjects.

**Abbreviations:** AAN = Arousal Network Atlas, Aa = ascending arousal network, ADC = apparent diffusion coefficient, AIC = analysis of independent component, AN = auditory network, BOLD = blood-oxygen-level dependent, CBLN = the cerebellar network, DIPY = diffusion imaging in python, DMN = default mode network, DOC = disorder of consciousness, DTI = diffusion tensor imaging, DTT = diffusion tensor tractography, DWI = diffusion weighted imaging, FA = fractional anisotropy, FC = functional connectivity, FSL = FMRIB Software Library, LECN = left executive control network, LMICs = low-to-middle income countries, LVN = lateral visual network, MoCA = Montreal Cognitive Assessment, MVN = medial visual network, ODF = orientation distribution function, OVN = occipital visual network, RECN = right executive control network, RF = reticular formation, ROI = region of interest,

Editor: Maya Saranathan.

This article is funded by the Administrative Department of Science, Technology, and Innovation of the government of Colombia (Colciencias) under grant number 702-2016.

The authors report no conflicts of interest.

The datasets generated during and/or analyzed during the current study are not publicly available, but are available from the corresponding author on reasonable request.

<sup>a</sup> Department of Radiology, <sup>b</sup> Department of Critical Care and Intensive Care Unit, Fundación Universitaria de Ciencias de la Salud (FUCS), Hospital Infantil Universitario de San José, <sup>c</sup> Department of Neurological Surgery, Fundación Universitaria de Ciencias de la Salud (FUCS), Hospital de San José, <sup>d</sup> Department of Biotechnology,

<sup>e</sup> Department of Mathematics, <sup>f</sup> Department of Computer Science, Universidad Nacional de Colombia, <sup>g</sup> Department of Computer Science, Universidad Central,

<sup>h</sup> Division of Clinical Research, Fundación Universitaria de Ciencias de la Salud (FUCS), Hospital de San José, Hospital Infantil Universitario de San José, Bogotá, Colombia.

\* Correspondence: Jorge H. Marín-Muñoz, Neuroradiology, Department of Radiology, Fundación Universitaria de Ciencias de la Salud (FUCS), Hospital Infantil Universitario de San José, Carrere 52 #67a-71, Bogotá, Colombia (e-mail: jmarin@imexhs.com).

Copyright © 2020 the Author(s). Published by Wolters Kluwer Health, Inc.

This is an open access article distributed under the Creative Commons Attribution License 4.0 (CCBY), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

How to cite this article: Moreno-Ayure M, Páez C, López-Arias MA, Mendez-Betancurt JL, Ordóñez-Rubiano EG, Rudas J, Pulido C, Gómez F, Martínez D, Enciso-Olivera CO, Rivera-Triana DP, Casanova-Libreros R, Aguilera N, Marín-Muñoz JH. Establishing an acquisition and processing protocol for resting state networks with a 1.5 T scanner: A case series in a middle-income country. *Medicine* 2020;99:28(e21125).

Received: 19 December 2019 / Received in final form: 20 May 2020 / Accepted: 4 June 2020

<http://dx.doi.org/10.1097/MD.00000000000021125>