

LETTER

Apples and oranges

1 | INTRODUCTION

We read with interest the article of Irene Wang and co-workers emphasizing the value of 7T magnetic resonance imaging (MRI) to detect (subtle) focal cortical dysplasia (FCP).¹ In a prospective cohort of 67 patients, previously classified as nonlesional epilepsy, they investigated the additional value of 7T MRI morphometric postprocessing (MAP07) using the magnetization prepared 2 rapid gradient echo (MP2RAGE) sequence compared to 3T MRI morphometric postprocessing based on the magnetization prepared rapid gradient echo (MPRAGE) sequence.

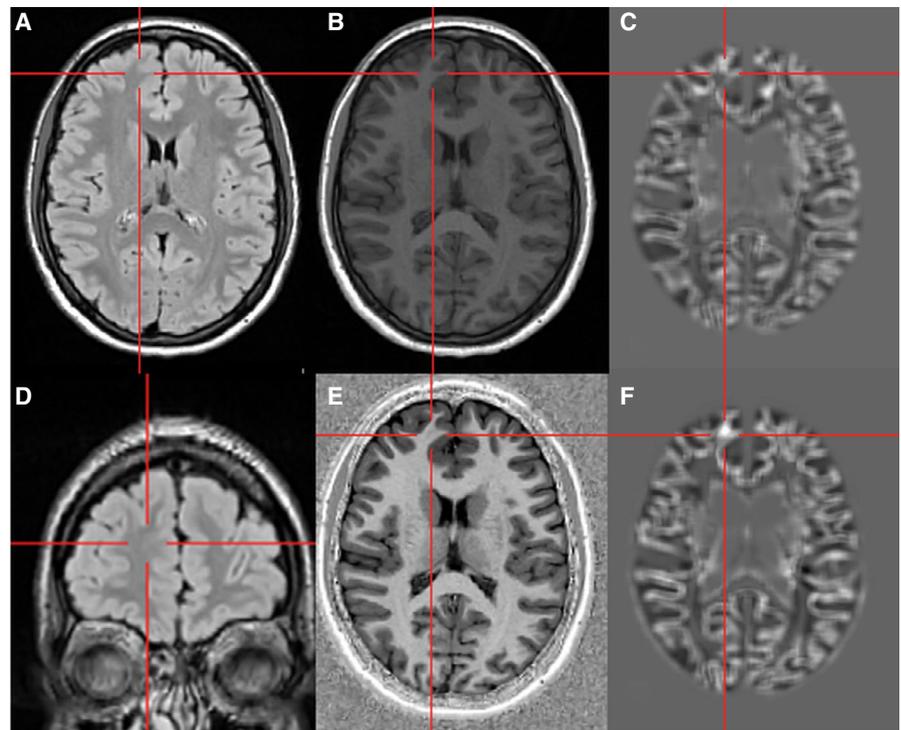
The study clearly shows that the detection and delineation of FCD using MAP postprocessing can be improved by advanced imaging methods. But does this show the superiority of 7T compared to 3T? We advise caution, as junction images generated from 3T MPRAGE sequences were compared with junction images generated from 7T

MP2RAGE-sequences.² The MP2RAGE sequence is a refinement of the MPRAGE sequence. It combines two MPRAGE data sets acquired at different inversion times and creates a homogeneous T1-weighted contrast with an intrinsic correction of B1-inhomogeneities and reduced residual proton density and T2* weighting.³ Compared to MPRAGE images, MP2RAGE “unified” images show a higher contrast ratio and a higher contrast-to-noise ratio, even with the same field strength.

Of note, more FCDs are being detected and FCDs have higher Z-scores and are displayed with larger volumes when MP2RAGE sequence is being used at the same field strength, which has been addressed recently in a study with MAP junction images in FCD patients at 3T⁴ (Figure 1).

Irene Wang and co-workers argue that the detection is particularly improved because FCDs in the 7T group appear to have higher Z-scores than lesions in the 3T group. We would like to point out that Z-scores also represent a function of the

FIGURE 1 A and D are reformatted fluid-attenuated inversion recover (FLAIR) images generated from a 3T sagittal three-dimensional (3D) FLAIR sampling perfection with application optimized contrasts using different flip angle evolution sequence. A subtle focal cortical dysplasia (FCD) of the right superior frontal gyrus is marked with a crosshair. See the higher contrast on magnetization prepared 2 rapid gradient echo (MP2RAGE) (E) compared to magnetization prepared rapid gradient echo (MPRAGE) images (B) and the brighter and larger lesion on MP2RAGE junction (F) compared to MPRAGE junction images (C)



sequence being used; this is an important confounding factor. Furthermore, device-specific normal populations influence Z-scores² and make it difficult to interpret study results between centers. Therefore (also in the study by Wang and co-workers) empirical thresholds are usually applied to the Z-scores, which ultimately has an effect on the number of true and false-positive findings, both to be evaluated and presented separately in each study on morphometric analysis whenever possible.

CONFLICT OF INTEREST

HU received fees as speaker from Bayer AG, Bracco, Eisai, Stryker, and UCB Pharma, and is shareholder of the Veobrain GmbH. TD has no conflict of interest.

ETHICAL PUBLICATION STATEMENT

We confirm that we have read the Journal's position on issues involved in ethical publication and affirm that this report is consistent with those guidelines.

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4. Demerath T, Rubensdörfer L, Schwarzwald R, Schulze-Bonhage A, Altenmüller DM, Kaller C, et al. Morphometric MRI analysis: improved detection of focal cortical dysplasia using the MP2RAGE sequence. *AJNR Am J Neuroradiol*. 2020;4:1009–14.

**LETTER****In response: Apples and oranges**

We appreciate the interest and comments from Demerath et al on our study.¹ We showed compelling evidence that in a substantial percentage of patients undergoing epilepsy presurgical evaluation whose 3T study was negative, that 7T can produce positive findings that were often relevant to the underlying epilepsy. The efficacy of 7T in this setting is directly supported by our data showing that unaided visual review of 7T (without using the voxel-based morphometric analysis program, or MAP) already detected previously unappreciated subtle lesions in 22% of cases, including 5 cases in which MAP was negative. As pointed out by the comment, when it comes to post-processing with MAP, it is indeed important to realize that the junction images generated on the 3T magnetization-prepared rapid acquisition with gradient echo (MPRAGE) sequence were compared with junction images generated on the 7T magnetization-prepared two rapid acquisition gradient echo (MP2RAGE) sequence. We would like to point out that our study was designed to best utilize 7T for subtle lesion detection in a clinical setting, rather than to compare the two sequences at different field strengths. It was necessary to use MP2RAGE at 7T due to the field inhomogeneity at ultra-high field; therefore, by nature of the study design, the question of whether the yield was due to the field strength or different sequence was not the focus of the study. Perhaps, prompted by the interesting data recently published by Demerath et al on 3T,² switching from MPRAGE to MP2RAGE on 3T could be a viable way to improve the subtle focal cortical dysplasia (FCD) detection yield for centers that do not have a 7T.

The points raised on the z-score of MAP are also important and well appreciated. We agree that the z-scores are influenced by many factors, including the number of normal controls and the scanner/sequence used. Empirical thresholds are usually applied to the z-scores, which may differ for studies from different centers, and may prevent direct comparison across these studies. Before automated MAP lesion detection is feasible (and artificial-neural-network-powered studies are already on the horizon), a definite, optimal z-score threshold is likely not attainable. This z-score issue was already pointed out by our Limitations section and hopefully reiterated to the readers by this comment.

KEYWORDS

7T, FCD, MAP, MP2RAGE, MRI, postprocessing

CONFLICT OF INTEREST

Irene Wang reports no disclosures. Stephen Jones received travel and speaker fees from SIEMENS Healthineers.

ETHICAL PUBLICATION STATEMENT

We confirm that we have read the Journal's position on issues involved in ethical publication and affirm that this report is consistent with those guidelines.

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ANNOUNCEMENTS***Epilepsia* – January 2021 – Announcements****ILAE CONGRESSES****XI Congreso Latinoamericano de Epilepsia**

27 February–1 March 2021

Modalidad Presencial a Distancia | Virtual congress

<https://www.epilepsycongress.org/lace/>**13th Asian and Oceanian Epilepsy Congress (AOEC)**

10–13 June 2021

Fukuoka, Japan | Virtual congress

<https://www.epilepsycongress.org/aoec/>**34th International Epilepsy Congress**

28 August–1 September 2021

Paris, France

<https://www.epilepsycongress.org/iecc/>**11th Summer School for Neuropathology and Epilepsy Surgery (INES 2020)**

9–12 September 2021

University Hospital, Erlangen, Germany

<https://www.ilae.org/congresses/11th-international-summer-school-for-neuropathology-and-epilepsy-surgery-ines-2021>**14th European Congress on Epileptology (ECE)**

9–13 July 2022

Geneva Switzerland

<http://www.epilepsycongress.org/ece/>**ILAE WEBINARS****ILAE-EMR Webinars in French and English**

Monthly webinars covering various subjects in epilepsy, ranging from basic to advanced, from neonatal epilepsy to issues in the elderly. See all future and past webinars - <https://www.ilae.org/congresses/webinars>

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OTHER CONGRESSES**Fetal and Neonatal Neurology Congress**

3–5 March 2021

Paris, France

<https://www.mcascientificevents.eu/brain/>**65th Annual meeting: DGKN 2021. German Society for Clinical Neurophysiology and Functional Imaging**

10–12 March 2021

Frankfurt, Germany

<https://www.dgkn-kongress.de/index.php?id=618>

1er Curso Latinoamericano Teórico práctico de Electroencefalografía Clínica

8–10 April 2021
Santiago, Chile
<https://www.ilae.org/congresses/1er-curso-latinoamericano-te-rico-pr-ctico-de-electroencefalograf-a-cl-nica>

11th EPODES - Epilepsy Surgery – Basic

12–16 April 2021
Czech Republic
<http://www.ta-service.cz/epodes2021>

**Treatment Strategies in Pediatric Epilepsies
2nd cycle, 1st EPIPED course**

21–24 April 2021
Girona, Spain
<https://www.epiped-course.com/>

Epilepsy 2020: A Vision of the Future in Epilepsy Research

7–8 May 2021
Montreal Neurological Institute-Hospital (The Neuro) in Canada
<https://www.ilae.org/congresses/epilepsy-2020-a-vision-of-the-future-in-epilepsy-research>

International Training Course on Neuroimaging of Epilepsy

13–16 May 2021
McConnell Brain Imaging Centre, Montreal, Canada
<https://www.mcgill.ca/neuro/events/international-training-course-neuroimaging-epilepsy>

5th Dianalund Summer School on EEG & Epilepsy

18–24 July 2021
Dianalund, Denmark
<https://www.ilae.org/congresses/5th-dianalund-summer-school-on-eeeg-and-epilepsy>

2021 Advanced San Servolo Epilepsy Course Bridging Basic with Clinical Epileptology - 7: Accelerating Translation in Epilepsy Research

20–31 July 2021
San Servolo (Venice), Italy

Annual Meeting on Imaging in Epilepsy, Epilepsy Surgery, Epilepsy Research and Cognitive Neurosciences (AMIE 2021)

13–15 September 2021
Bochum, Germany
<https://www.ilae.org/congresses/annual-meeting-on-imaging-in-epilepsy-epilepsy-surgery-epilepsy-research-and-cognitive-neurosciences-amie-2021>

Summer School on Imaging in Epilepsy, Epilepsy Surgery, Epilepsy Research, and Cognitive Neurosciences (SuSIE 2021)

15–17 September 2021
Bochum, Germany
<https://www.ilae.org/congresses/summer-school-on-imaging-in-epilepsy-epilepsy-surgery-epilepsy-research-and-cognitive-neurosciences-susie-2021>

2020 ILAE British Branch Annual Scientific Meeting

28–30 September 2021
Cardiff, UK
<https://www.ilaebritishconference.org.uk/>

9th Eilat International Educational Course: Pharmacological Treatment of Epilepsy

10–15 October 2021
Jerusalem, Israel
<https://www.eilatedu2021.com/>

7th UAE Epilepsy Congress

22–23 October 2020
Dubai, UAE
<http://congress2020.elae.ae/>

2022

**EPNS: 14th European Paediatric Neurology
Society Congress: Precision in Child Neurology**

28 April–2 May 2022

Glasgow, UK

‘hybrid’ event combining both a physical meeting in Glasgow
with virtual attendance also possible <https://epns-congress.com/>

2023

**15th European Paediatric Neurology
Society Congress (EPNS) From genome and
connectome to cure**

20–24 June 2023

Prague, Czech Republic

<https://www.epns.info/epns-congress-2023/>