

Cerebral perfusion Magnetic Resonance Imaging reveals significantly lower cerebral blood flow in very preterm compared to term-born adults

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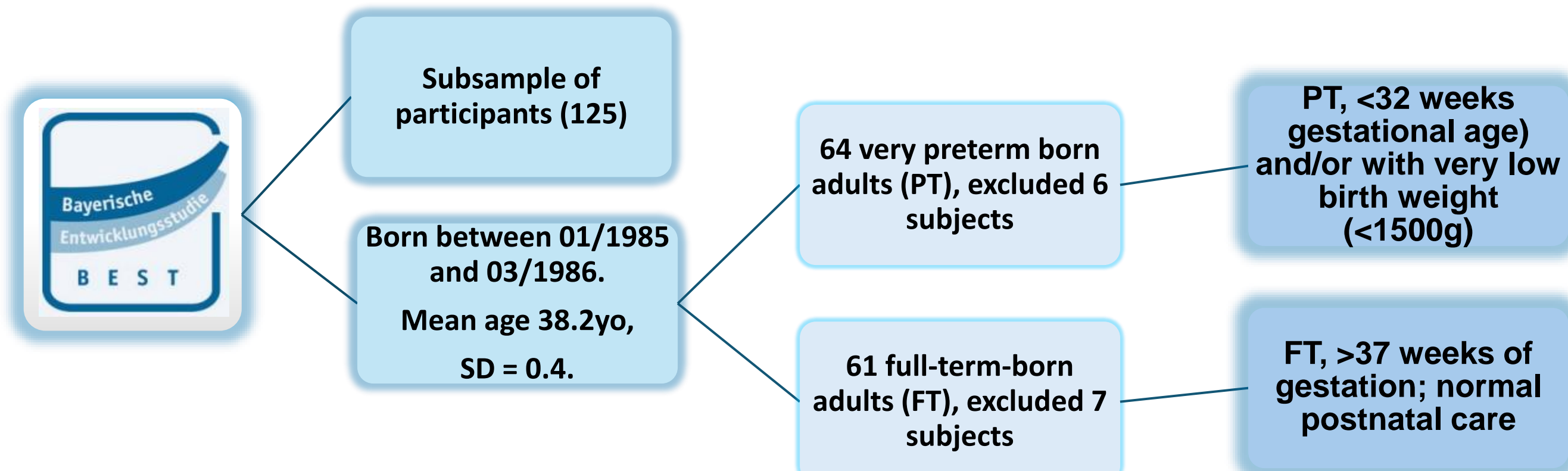
Introduction

- Preterm birth (birth before 37 weeks of gestation) represents 11% of births worldwide.¹
- Despite advancements in neonatal care, these infants often face long-term neurodevelopmental challenges, e.g., motor and cognitive deficits.²
- Cerebral Blood Flow (CBF) supports brain metabolism.
- Impaired CBF in preterm infants may disrupt metabolism, thus affecting brain development.^{3,4}
- However, whether perfusion alterations persist into adulthood remains unclear.

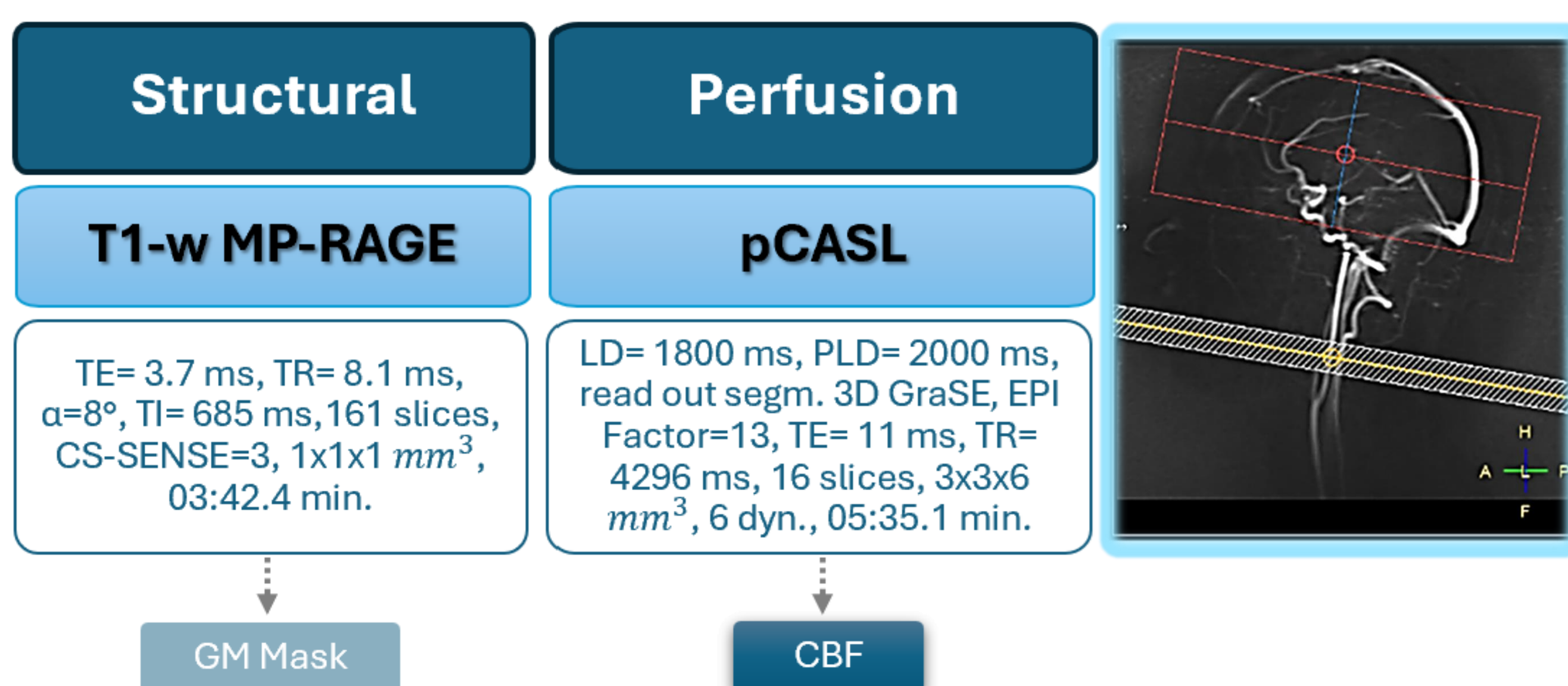
→ **Aim:** Evaluate CBF differences between term and preterm-born adults in adulthood, using Arterial Spin Labelling (ASL) MRI.

Methods

Participants⁵:



Multiparametric MRI: 3T Phillips MRI scanner.

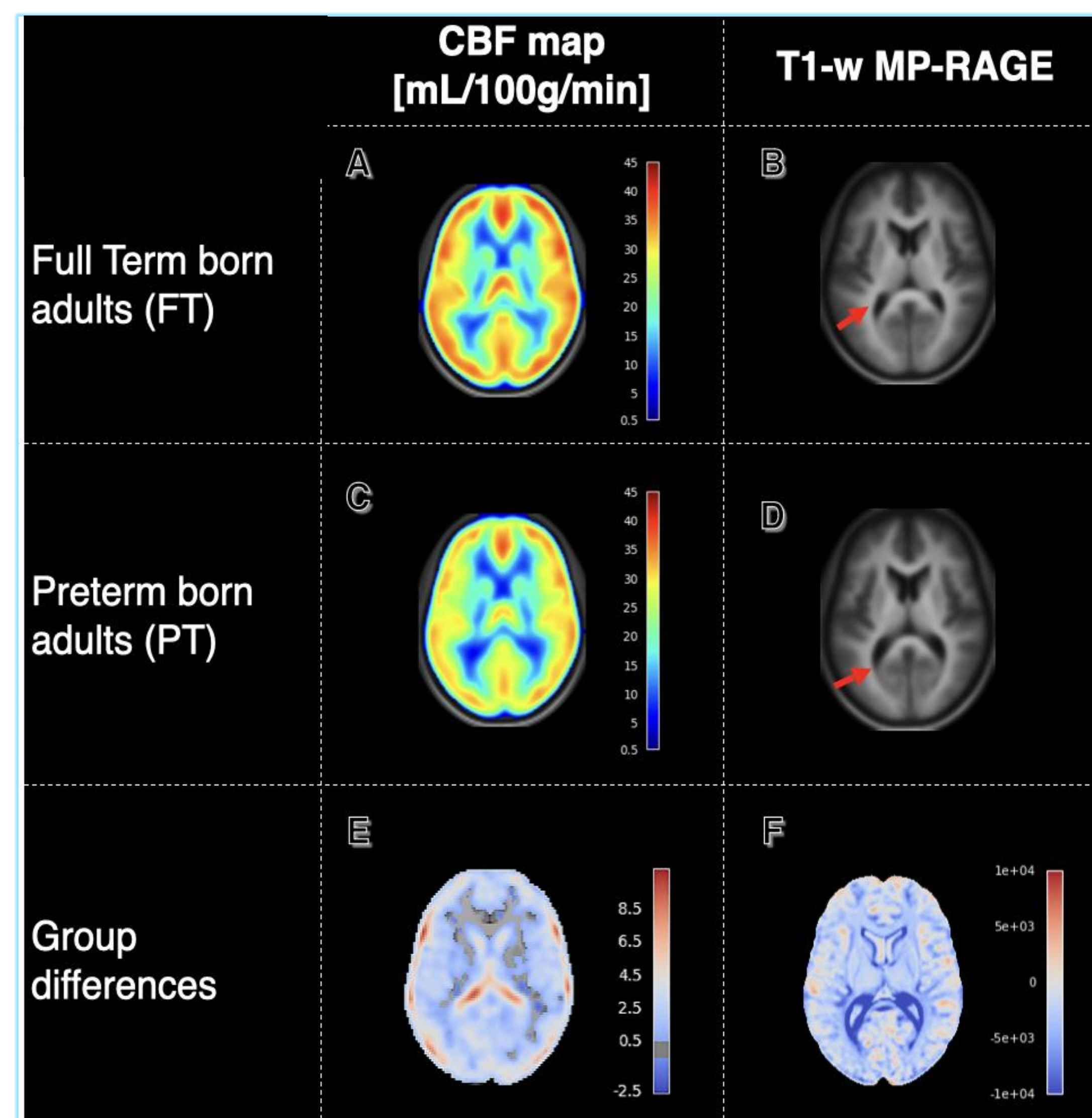


Evaluation and statistical analysis:

- CBF maps were calculated using a custom pipeline in MATLAB, including normalization to MNI space.
- Voxel-wise group comparisons of CBF values were conducted using FSL randomise (unpaired t-test) with 5000 permutations, applying a GM mask and assuming significance at $p < .05$ after Threshold-free cluster enhancement (TFCE) and family-wise error correction.
- Association with birth-related variables via partial correlations analyses.
- Visualization: FSL, MRICron and Nilearn10 with 5mm FWHM Gaussian filter in Python.

Results

Figure 1. Group average term and preterm CBF parameter maps and T1-weighted MP-RAGE MRI in MNI space.



In preterm-born adults, CBF (C) is clearly lower compared to term-born individuals (A), whereas the ventricles (red arrow, B, D) appear to be larger.

Group mean subtraction maps (PT-FT) of CBF (E) and T1w MP-RAGE MRI (F) highlight noticeable CBF and brain volume differences between both groups.

Figure 2. Significantly lower CBF in preterm (PT) compared to term-born (FT) adults.

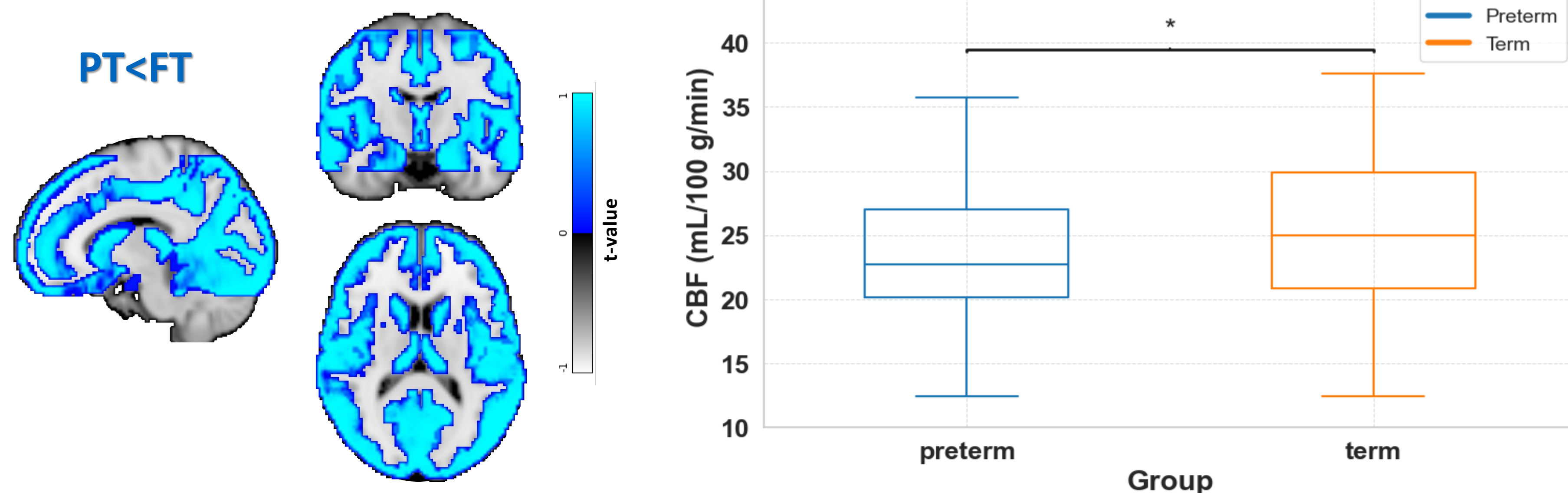
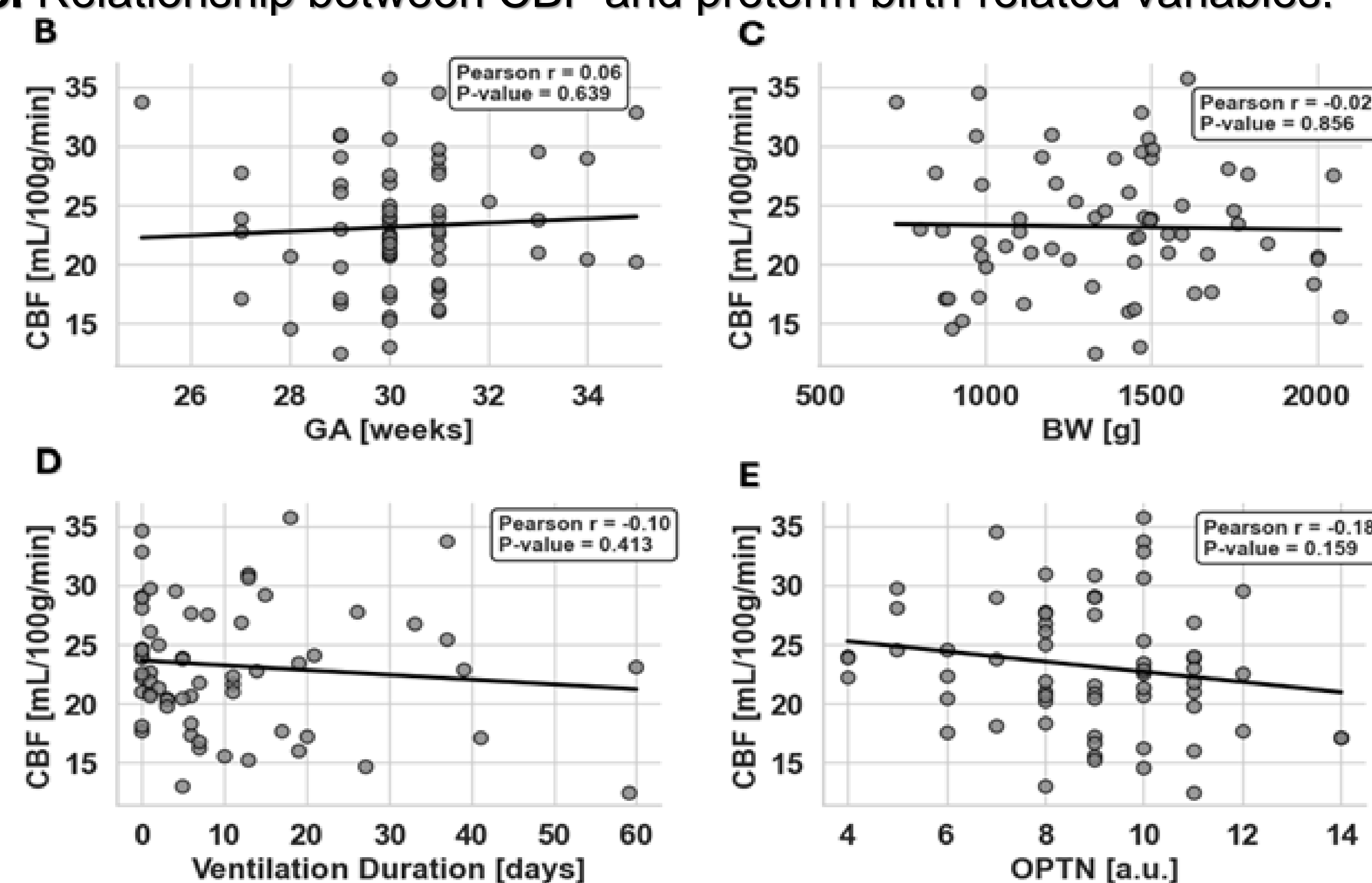


Figure 3. Relationship between CBF and preterm birth-related variables.



Discussion & Conclusion

- CBF in the PT group is significantly lower compared to FT subjects across widespread cortical and subcortical areas, including the thalamus and temporal lobes. This hypoperfusion likely reflects the long-term effects of early brain injuries or developmental issues that originate in infancy.
- Further region-specific ROI analysis is needed to reveal more specific relations and to better elucidate the enduring effects of preterm birth on adult cerebral perfusion.

References

- Chawanpaiboon, et al. (2019). The Lancet Global Health, 7(1), e37-e46.
- Larroque, B., et al. (2008). The Lancet, Volume 371, Issue 9615, 813 – 820.
- Greisen, G. (2005). Early Human Development, 81(5), 423-428.
- Brew, N., et al. (2014). Frontiers in Physiology, 5, Article 351.
- Bayerische Entwicklungsstudie (BEST). (n.d.). Bavarian Longitudinal Study. Ludwig-Maximilians-University Munich. Available from: <https://www.bayerische-entwicklungsstudie.de/>

Funded by



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