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V/Q lung imaging

- Perfusion imaging with Tc-99m MAA
- Ventilation imaging
 - Kr-81m
 - Tc-99m aerosol
 - Tc-99m smoke technegas
- New work with SPECT

Normal V/Q



Criteria for diagnosis Biello, PIODED

- Normal
- Low probability
 - 1x segmental V/Q defect
 - <5%
- Inderminate
 - 2x segmental V/Q defects
 - Abnormal ventialation
 - 5-95%

High

more than 2 segments V/Q defects in both lungs Lobar V/Q defect >95%

V/Q scan ?PE





? **P**E



CTPA or V/Q

- CT Radiologists concerned at being inundated with requests for CTPA
- Concern over radiation dose (CTPA breast dose 4mSv, V/Q <1mSv)
- During normal working hours nuclear medicine acts as 'gate keeper' for CTPA
- Those with equivocal V/Q, known lung disease or abnormal CXR are considered for CTPA



Results

39 PEs diagnosed (1.5 per week)

- -25 diagnosed by initial V/Q
- -9 diagnosed by initial CTPA
- -6 diagnosed by CTPA after initial V/Q
- -1 False positive on V/Q v CTPA

VQ Scans (Sept 02 - Feb 03)



CTPAs (Sept 02 - Feb 03)



V/Q SPECT

- Recommended by EANM for diagnosing PEs
- Developed by Baljic et al
- Reduces the rate of equivocal results
- However technically difficult
- High dose with Kr-81m

PE



COAD



V/Q SPECT with Kr-81m-PE



V/Q SPECT with Kr-81m flu



DTPA aerosol

- Developed by O'Doherty
- Works of the principle of increased permeability if alveolar wall damaged
- Permeability is defined as
 - Flow of molecules/unit area
 - Conc gradient across membrane

Lung permeability



DTPA clearance



Abnormal and normal

