





DUAL CONTRAST K-EDGE RENAL PERFUSION USING SPECTRAL PHOTON-COUNTING CT

INITIAL EXPERIENCE

Presenter: S. Si-Mohamed, MD, PhD student 2nd year

Salim Si-Mohamed^{1,2}, Gabrielle Normand^{3,4}, Sandrine Lemoine^{3,4}, Monica Sigovan^{1,2}, Daniel Bar-Ness^{1,2}, Jean-Baptiste Langlois⁵, Laurent Juillard^{3,4}, Philippe Douek^{1,2}, Loïc Boussel^{1,2}

- 1 Hospices Civils de Lyon, Radiology Department
- 2- CREATIS laboratoire, CNRS UMR 5220, INSERM U1206, Université Lyon 1, INSA Lyon
- 3 Hospices Civils de Lyon, Nephrology Department
- 4 Carmen Laboratory, INSERM 1060, University Lyon 1, Lyon
- 5 CERMEP





DISCLOSURES

Nothing to disclose: Salim Si-Mohamed Gabrielle Normand Daniel Bar-Ness Sandrine Lemoine Laurent Juillard Loic Boussel Monica Sigovan Nothing to disclose: Philippe Douek



This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 643694

INTRODUCTION

- Renal perfusion
 - essential functional parameter for evaluating renal vascular damage
 - validation of a MDCT renal perfusion method using iodine based media contrast⁽¹⁾
- BUT Drawbacks of iodine media contrast
 - hypersensitivity to iodinated agents
 - contra-indicated for use in patients with moderate renal insufficiency (<30 ml/min)



⁽¹⁾Lemoine et al. Radiology. 2012



INTRODUCTION

- Spectral photon-counting computed tomography (SPCCT) technology
 - New and promising imaging modality
 - Development of energy resolving detectors called photon-counting detectors ⁽¹⁾
 - K-edge imaging
 - Dual contrast imaging
 - Improved intrinsic spatial resolution ⁽¹⁾



⁽¹⁾ Si-mohamed et al. NIMAA. 2017



BACKGROUND

- "K-edge imaging"⁽¹⁾
 - ex: Gadolinium



- Advantages
 - Material specific K-edge imaging
 - Absolute quantification of specific materials





To investigate the feasibility of the SPCCT to assess renal perfusion using gadolinium K-edge maps and iodine maps in comparison with HU conventional images as reference.



MATERIALS/METHODS

- Spectral photon-counting CT system (SPCCT)
 - 5 bins photon-counting detectors system
 - => thresholds set as 30, 51, 64, 72, 85 keV
 - Conventional X ray tube with a field of vue of 160 mm
 - Spatial resolution: 250 μm
 - Parameters used:
 - Tube current of 100 mAs
 - Tube voltage of 120 kVp



Philips Spectral Photon Counting CT pre-clinical prototype UCBL, CERMEP, Lyon, France



MATERIALS/METHODS

- Dynamic renal perfusion imaging
 - 4 rabbits (3.5 kg±0.3)
 - Simultaneous injection of:
 - Macrocyclic gadolinium based contrast agent (0.5 mmol/ml, 3 ml/kg, Dotarem, Guerbet)
 - Iodine based contrast agent (400 mg/ml, 1 ml/kg, Iomeron, Bracco)
 - at 3 mL/sec
 - Similar pharmacokinetics expected





MATERIALS/METHODS

- Under 2 conditions: baseline and dopamine infusion (10 μg/kg/min-30 min)
- Renal perfusion was calculated on gadolinium and iodine maps and HU images using a validated gamma variate model ⁽¹⁾
- Statistical analysis:
 - Values of renal perfusion on gadolinium and iodine maps were compared to HU images using the least squares regression analysis
 - Changes in parameters before and after dopamine infusion were compared using a Wilcoxon signed-rank test

⁽¹⁾Krier et al. Am J Physiol Renal Physiol 2001



RESULTS

Conventional HU images







Conventional HU images and contrast material maps





RSNA 2017-Chicago

MULTIPHASE DUAL CONTRAST IMAGING



NG ALL THE PHOTONS

RESULTS

Modelisation with conventional CT images



Modelisation with iodine images



Modelisation with gadolinium images







RESULTS



*units: ml/min/g



CONCLUSION

– High <u>spatial</u> resolution (250 μm)

- High <u>spectral</u> resolution
 - Discrimination of the contrast agents
 - Accuracy of the renal perfusion parameters using Kedge imaging



PERSPECTIVES

- Great interest to diagnose and prevent the evolution of numerous conditions responsible for a low renal perfusion toward vascular nephropathies, first of them being the renal artery stenosis
- Multiphase biphasic dual contrast imaging in order to reduce number of acquisitions



THANK YOU FOR ATTENTION

State State

University Lyon1 Claude Bernard, Creatis Laboratory, CNRS UMR 5220, INSERM U1206 | Hospices Civils de Lyon, CERMEP, Centre d'image je du vivant | Philips, CT Clinical Science, Suresnes, France | Philips Research Laboratories, Hamburg, Germany | Philips, Global Advansed Technologies, CT, Haifa, Israel | BRACCO Imaging S.P.A | King's College, London | VOXCAN | Universita degli Studi di Torino | Erasme University, Rotterdam | Cliniques Universitaires | Saint-Luc, Bruxelles | Lyon Ingenierie Projet | University of Pennsylvania | Technical University of Munich

Funding from the European Union's Horizon 2020 No 643694.