

SF 14 MS-02

English

Special Focus Session (SF 14)

Sep. 23 (Sat), 08:40-09:00

Grand Ballroom 103, 1F

Chairperson(s):

Sang Hoon Lee *University of Ulsan College of Medicine, Asan Medical Center, (Korea)*

Sheen-Woo Lee *The Catholic University of Korea Eunpyeong St. Mary's Hospital, (Korea)*

DECT : crystal and edema

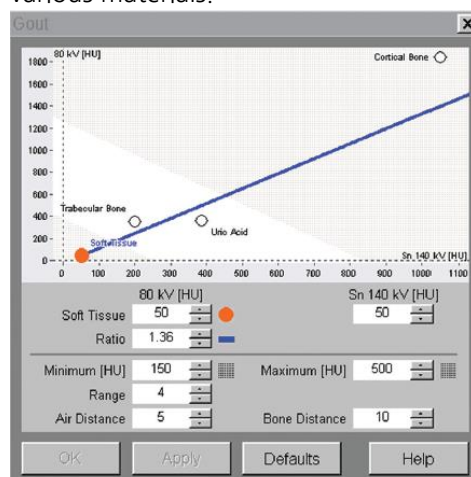
Eun Hea Park

Jeonbuk National University Hospital, Korea mbgracie@gmail.com

[Gout and DECT]

General introduction

Initially, dual-energy CT was shown to be capable of enabling reliable diagnosis and identification of uric acid nephrolithiasis by taking advantage of attenuation differences among various materials.



Artifacts of DECT

TABLE 2: Incidences and Types of Artifact Identified on Dual-Energy CT

Artifact	Patients (n = 50)	
	No.	%
Nail bed	44	88
Skin	22	44
Submillimeter	14	28
Beam hardening	8	16
Other	6	12

AJR 2014; 203:W103-W109

TABLE 4: Artifact-Reduction Methods by Artifact Type

Artifact Type	Artifact-Reduction Methods
Motion	<ul style="list-style-type: none"> • Use tape or blocks to immobilize the patient's limbs • Increase the speed of the gantry from 1 rotation per second to 1 rotation every 0.3 s
Single pixel	<ul style="list-style-type: none"> • Use D24 kernel or Q34 kernel (iterative reconstruction) • Increase Range parameter from 3 to 5
Beam-hardening and metal	<ul style="list-style-type: none"> • Use D24, D34, or Q34 kernel to reconstruct • Remove metal (e.g., jewelry) where possible
Nail bed, skin, plantar fascia	<ul style="list-style-type: none"> • Increase Air Distance parameter from 5 to 10 • Decrease Bone Distance parameter from 10 to 5 • Use D33 kernel to reduce skin artifact
Vascular	<ul style="list-style-type: none"> • Increase Minimum and Range parameters • Add a new reconstruction with a softer kernel (D20 or D24) or add iterative reconstruction (e.g., Q30)

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[Primary Image findings of Gout in other studies, US]

Hyperechoic tophi : Double line sign, Wet sugar sign, Speckle sign

Eccentric bony erosion: Overhanging edge

[Nonspecific Image findings]

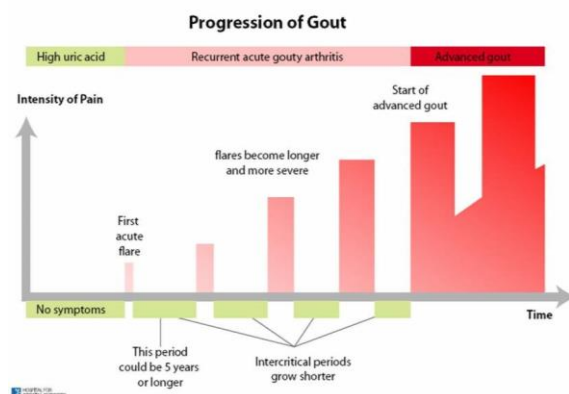
Soft tissue edema

Joint effusion

Synovial hypertrophy

Hyperechoic spots

[Clinical Progression of Gout]



Time course of episode(s) ever

Presence (ever) of ≥ 2 , irrespective of anti-inflammatory treatment:

- ▶ Time to maximal pain < 24 h
- ▶ Resolution of symptoms in ≤ 14 days
- ▶ Complete resolution (to baseline level) between symptomatic episodes