EMERGENCY MEDICINE ADVANCED IMAGING CASES 2023 Part One

Tracy Leigh LeGros, MD, PhD, FACEP, FAAEM, FUHM Professor of Emergency Medicine Director of Faculty Development UTHSC / Regional One Physicians

I Have No Financial Disclosures to Reveal



MRI ADVANTAGES

- ✓ Lacks Ionizing Radiation: safe in pregnancy and with children
- ✓ Multi-Planer Technology: manipulates images very nicely (many views)
- ✓ Gadolinium: safer than iodinated contrast ???
- ✓ Long Term Studies: no adverse effects found
- ✓ Excellent Resolution vs CT Scans: for soft tissue, CNS, ligaments

MRI COMPATIBLE DEVICES

- ✓ Spinal Metallic Hardware
- ✓ Sternal Wires
- ✓ Coronary Stents
- Prosthetic Heart Valves: exception is the Star-Edwards ball in a cage
- ✓ Dental Hardware

TATTOOS ARE OK FOR MRI SCANNERS Exception: jail tattoos may contain lead and result in burning

JAIL TATTOOS



MRI DISADVANTAGES

- ✓ Claustrophobia: less of an issue
- ✓ Time and Labor Intensive: limited availability and use
- ✓ Early Pregnancy: generally safe in pregnancy, but avoid in the first trimester, as MRIs will increase body temperature

MRI CONTRAINDICATIONS

- Metal: pacemakers, metal FBs, aneurysm clips, infusion pumps, cochlear implants, some shrapnel
- ✓ Morbid Obesity: an issue at some institutions



THE USE OF GADOLINIUM

- Use of Gd^{3*}: The development of gadolinium-based contrast has greatly expanded the diagnostic capabilities of MRI
- ✓ Expanded Use: > 10 million doses annually
- 2006: possible connection to nephrogenic systemic fibrosis (NSF), a debilitating widespread tissue fibrosis in dialysis patients and those with impaired renal function.



NEPHROGENIC SYSTEMIC FIBROSIS

- Definition: serious systemic fibrosis of skin, joint, eyes, and internal organ associated with exposure to gadolinium-based MRI contrast agents in those with severe kidney disease.
- ✓ **First Known As:** Nephrogenic Fibrosing Dermopathy (1997)
- Systemic Symptoms: large areas of hardened skin with fibrotic nodules and plaques, joint contractures, significant pain, limited ROM, fibrosis of the heart, liver and lungs (renamed NSF)

NEPHROGENIC SYSTEMIC FIBROSIS





NEPHROGENIC SYSTEMIC FIBROSIS

Those Most At Risk

 GFR < 60 ml/mn</td>
 GFR < 30 ml/mn</td>

 ESRD on Hemodialysis
 ESRD on Peritoneal Dialysis

 Immunosuppressive Drugs
 Hepatitis C

 ESRD Later in Life (DM patients have 50% risk)
 Annual Enhanced MR Imaging

 (Multiple Sclerosis and BRCA gene positive)

NEPHROGENIC SYSTEMIC FIBROSIS

- Significant Under-Reporting: dialysis registries, dermatopathology files, rheumatology files, radiology information systems
- Cumulative Risk: skin biopsies showed an increasing amount of gadolinium in the skin up to three years after the last exposure to gadolinium contrast
- ✓ Where Is It Coming From: is there Gd³⁺ left in the body??

Answer Forthcoming!!

GADOLINIUM

- ✓ Heightened NSF Awareness: and strict MRI protocols significantly decreased the number of NSF cases. Subsequent studies have confirmed that the chance of developing NSF or other adverse reactions in those with normal renal function is generally < 0.1%</p>
- ✓ The Good News: no new cases of NSF have been reported since 2009

GADOLINIUM

- ✓ Mechanism of Injury: occurs when the compound disassociates and forms free metal (GD³⁺) and uncomplexed ligand due to Zn²⁺, Cu²⁺ and Ca²⁺ transmetallation in vivo
- ✓ Safest Contrasts: least likely to release Gd³⁺ a macrocyclic structure; followed by those with an ionic linear structure, and those with a linear non-ionic structure

NEW TERMS FOR GADOLINIUM "DISEASE"

- ✓ GADOLINIUM STORAGE CONDITION: occurs in those with normal renal function with remnants of gadolinium in their brain tissue or bone.
- GADOLINIUM DEPOSITION DISEASE: occurs in those with normal renal function who develop persistent and painful symptoms, usually in the lower arms and legs, a few hours or weeks after exposure to Gd

GADOLINIUM STORAGE CONDITION

Kanda T, et al. "High Signal Intensity in the Dentate Nucleus and Globus Pallidus on Unenhanced T1-Weighted MR Images: Relationship with Increasing Cumulative Dose of a Gadolinium-Based Contrast Material." Radiology. 2014 Mar; 270 (3): 834 – 841.

The Study That Renewed Concerns Regarding Gadolinium

- Study: 19 patients who had undergone at least 6 contrasted MRIs were compared to 16 patients who had undergone at least 6 unenhanced MRIs.
- Results: High signal intensities in the dentate nucleus and globus pallidus on unenhanced T1-weighted images may be the consequence of a number of previous gadolinium-based contrast administrations.

GADOLINIUM STORAGE CONDITION

McDonald RJ, et al. "Intracranial Gadolinium Deposition After Contrast –Enhanced MR Imaging." Radiology. 2015 Jun; 275 (3): 772 – 782.

- ✓ Institution: Mayo Clinic (Rochester)
- Study Design: Comparison of brain autopsy findings of a contrast group of 13 patients who received between 4 – 29 contrasted MRIs between 2000 – 2014, with a control group of 10 patients who received 1 – 6 unenhanced MRIs.



GADOLINIUM STORAGE CONDITION

McDonald RJ, et al. "Intracranial Gadolinium Deposition After Contrast –Enhanced MR Imaging." Radiology. 2015 Jun; 275 (3): 772 – 782.

- Findings: traces of gadolinium in four areas of the brain (dentate nuclei, pons, globus pallidus and thalamus) several years after MRI contrast administration and no gadolinium in the control group.
- Clinical Significance: unknown, but it appears that IV gadolinium contrast agent is associated with a dose dependent deposition in neuronal tissues that is unrelated to renal function, age or interval between exposure and death.

GADOLINIUM STORAGE CONDITION

- Study: 134 Post-mortem analyses of those who received only Gd contrast via inductively coupled plasma mass spectrometry (ICP-MS) compared to a smaller group of controls who had never been exposed to Gd.
- Results: Gd was found in all brain areas evaluated (putamen, globus pallidus, caudate nucleus, pone and dentate nucleus) with the greatest level in the globus pallidus. There were much higher levels of Gd in the bone then in the brain in all cases (at least nine times greater) compared to the globus pallidus.
- Conclusion: Gd may deposit in bone compared to other tissues because Gd is similar to calcium in terms of is chemical properties and molecular size.

GADOLINIUM DEPOSITION DISEASE







CASE ONE

26 y/o woman, who is 16 weeks pregnant, is BIB EMS complaining of chest pain. She is tachycardic and hypotensive but has good fetal heart tones



DIAGNOSIS??

PULMONARY EMBOLISM

V/Q SCANS FOR PE IN PREGNANCY

V/Q Scan Advantages: Low Radiation (10 – 37 mrad)

V/Q Scan Disadvantages:

- ✓ Fills the Bladder with Technetium During Perfusion: fetus irradiation
- ✓ Have Mom Void Bladder Following Scan
- ✓ Risk of Indeterminate Scans

Now What Do You Do? Physicians Very Hesitant to Order a Second Study In Pregnant Patients Due to an Indeterminate Result

Most PE Studies <u>Exclude</u> Pregnant Patients Ensure Adequate Hydration After Technetium ½ Dose Perfusion Scans May Be Useful

CT SCANS FOR PE IN PREGNANCY

Helical CT Pulmonary Angiography (HCTPA)

BENEFITS

- ✓ Fast and Safe in All Trimesters: (< 6 mrad)</p>
- Greater Accuracy: than V/Q in main, lobar and segmental vessels
- ✓ Evaluates Alternative Diagnoses

RISKS

- Breast Cancer: exposes maternal breast tissue to high radiation dosing (35 mGy per breast)
- Exposures > 10 mGy: have been reported to increase breast cancer risks in those > 35 years of age
- ✓ Non-Diagnostic Scans

CT SCANS FOR PE IN PREGNANCY

NON-DIAGNOSTIC HCTPA SCANS

In pregnancy there is a higher chance of a non-diagnostic study due to changes in plasma volume & hemodynamics

PREGNANT +	ABNORMAL CXR	NORMAL CXR
NON-DIAGNOSTIC	CT = 16%	CT = 30%
SCAN	V/Q = 40%	V/Q = 5%

MRI SCANS FOR PE IN PREGNANCY

MRI PERFUSION or MRI VENOGRAM Should be Considered especially in combination with other studies sensitivities & specificities approaching 100%

BUT IS MRI REALLY SAFE IN PREGNANCY??

MRI GUIDELINES IN PREGNANT PATIENTS

Policies, Guidelines, and Recommendations for MR Imaging Safety and Patient Management Safety Committee of the Society for MR Imaging Adopted by the American College of Radiology Considered "The Standard of Care" Applies to MR Systems up to and including 3 – Tesla)

MRI GUIDELINES IN PREGNANT PATIENTS

"MR imaging may be used in pregnant women if other nonionizing forms of diagnostic imaging are inadequate or if the examination provides important information that would otherwise require exposure to ionizing radiation. Pregnant patients should be informed that, to date, there has been no indication that the use of clinical MR imaging during pregnancy has produced deleterious effects."

CASE TWO: APPENDICITIS IN PREGNANT PATIENTS





APPENDICITIS IN PREGANCY

Ultrasound is Test of Choice (ACR 2011) However, multiple studies revealed show that US does NOT visualize the appendix of pregnant patients 68-97%.

MRI IS Test of Choice

A meta-analysis of 359 pregnant women with suspected appendicitis revealed a specificity of 98% & 99% NPV when a normal appendix is visualized.

Reveals Alternative Diagnoses

Diagnostic rate was 43.3% in finding ovarian masses, ovarian torsion, fibroid tumors, ectopic pregnancies, hernias, renal abscess, as well as appendicitis.

CASE THREE: APPENDICITIS IN CHILDREN



CASE THREE: APPENDICITIS IN CHILDREN

Initial MRI Choice 96.8% sensitive 97.4% specific 97.4%, NPV 98.9%, PPV

MRI Use when US Indeterminate 94% sensitive 100% specific

Additional Diagnoses Pyelonephritis, Constipation, PID, Ruptured Ovarian Cyst, Hemorrhagic Cyst, & Epiploic Appendagitis

CT vs MRI – No Difference In time to antibiotics time to surgery perforation rate

length of stay



TAKE HOME POINTS

- ✓ Gadolinium Storage Condition: accumulation of Gd within bone and brain
- ✓ Gadolinium Deposition Disease: occurs in those with normal renal function and results in painful lower arms and legs
- MRI has advantage over CT scan for the evaluation of stroke and should be employed in further trials
- The American College of Radiology: has stated that the use of MRI in the 2nd and 3rd trimester of pregnancy has no deleterious effects.





REFERENCES

- Baron KT, et al. Comparing the diagnostic performance of MRI versus CT in the evaluation of acute nontraumatic abdominal pain during pregnancy. Emerg Radiol. 2012;19:519-25.
- Chen MM, et al. Guidelines for computed tomography and magnetic resonance imaging use during pregnancy and lactation. Obstet Gynecol. 2008;112 (2 Pt 1):333-40.
- Clemens S, Leeper KV. Newer modalities for detection of pulmonary emboli. Am J Med. 2007;120(10 suppl 2):S2-12.
- De Wilde JP, et al. A review of the current use of magnetic resonance imaging in pregnancy and safety implications for the fetus. Prog Biophys Mol Biol. 2005;87:335-353.
- Duke E, Kalb B, Arif-Tiwari H, Daye ZJ, Gilbertson-Dahdal D, Keim SM, et al. A Systematic Review and Meta-Analysis of Diagnostic Performance of MRI for Evaluation of Acute Appendicitis. AJR Am J Roentgenol. 2016 Mar. 206 (3):508-17.
- Expert Panel on MR Safety, Kanal E, Barkovich AJ, Bell C, et al. ACR guidance document on MR safe practices: 2013. J Magn Reson Imag 2013;37:501-30.
- Gracey D, McClure MJ. The impact of ultrasound in suspected acute appendicitis. *Clin Radiol*. 2007 Jun. 62(6):573-8.
 Kanal E, Barkovich AJ, et al. ACR guidance document for safe MR practices: 2007. AJR Am J Roentgenol. 2007;188:1447-1474.

REFERENCES

- Kikuchi S, et al. Temperature elevation in the fetus from electromagnetic exposure during magnetic resonance imaging. Phys Med Biol. 2010;55:2411-26.
- ✓ Lalli AF. *contrast media reactions: Data analysis and hypothesis. Radiology 1980; 134: 1 12.
- Lee JW, et al. Genotoxic effects of 3 T magnetic resonance imaging in cultured human lymphocytes. Bioelectromagnetics. 2011;32:535-42.
- Masselli G, et al. Acute abdominal and pelvic pain in pregnancy: MR imaging as a valuable adjunct to ultrasound? Abdom Imaging 2011;36:596-603.
- Mun S, Ernst RD, Chen K, Oto A, Shah S, Mileski WJ. Rapid CT diagnosis of acute appendicitis with IV contrast material. Emerg Radiol. 2006 Mar. 12(3):99-102.
- Nickoloff EL, Alderson PO. Radiation exposures to patients from CT. Am J Roentgenol. 2001;177:285-287.
 Redres MC, Hei JK, Conserts MM, Churse JK, Person DW, Catti NN, Exercise to distance and the second seco
- Parker MS, Hui FK, Camacho MA, Chung JK, Broga BW, Sethi NN. Female breast radiation exposure during CT pulmonary angiography. Am J Roentgenol. 2005;185:1228.
- Pedrosa I, Levine D, Eyvazzadeh AD, Siewert B, Ngo L, Rofsky NM. MR imaging evaluation of acute appendicitis in pregnancy. Radiology. 2006 Mar. 238(3):891-9.

REFERENCES

- Pickhardt PJ, Lawrence EM, Pooler BD, Bruce RJ. Diagnostic performance of multidelector computed tomography for suspected acute appendicitis. Ann Intern Med. 2011 Jun 21. 154(12):789-96.
- Reeves MJ, et al. Neonatal cochlear function: measurement after exposure to acoustic noise during in utero MR imaging. Radiology. 2010;257:802-809.
- Repplinger MD, Weber AC, Pickhardt PJ, Rajamanickam VP, Svenson JE, Ehlenbach WJ, et al. Trends in the Use
 of Medical Imaging to Diagnose Appendicitis at an Academic Medical Center. J Am Coll Radiol. 2016 Apr 2.
- Rosen MP, Ding A, Blake MA, Baker ME, Cash BD, Fidler JL, et al. ACR Appropriateness Criteria® right lower quadrant pain-suspected appendicitis. J Am Coll Radiol. 2011 Nov. 8(11):749-55.
- Smith MP, Katz DS, Lalani T, Carucci LR, Cash BD, Kim DH, et al. ACR Appropriateness Criteria® Right Lower Quadrant Pain–Suspected Appendicitis. Ultrasound Q. 2015 Jun. 31 (2):85-91.
- ✓ Wieseler KM, et al. Imaging in pregnant patients: examination appropriateness. Radiographics 2010;30:1215-29.
- Xiong B, Zhong B, Li Z, Zhou F, Hu R, Feng Z, et al. Diagnostic Accuracy of Noncontrast CT in Detecting Acute Appendicitis: A Meta-analysis of Prospective Studies. Am Surg. 2015 Jun. 81 (6):626-9.