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1. Introduction

As the X-ray beam widths for modern multi-detector-row CT (MDCT) scanners get wider, the current Computed Tomography Dose Index (CTDI) methodology based on the measurement of the integral of the single scan dose profile (SSDP) using a 100-mm-long pencil ionization chamber (CTDI₁₀₀) may no longer be adequate.

2. Objective

We measured the SSDP as D_m for several X-ray beam widths on 64-slice MDCT using a micro ionization chamber, and assessed the association of the CTDI₁₀₀ with phantom length.

3. Materials and Methods

The SSDP was measured as D_m using radiation monitor (Model 9015, Radcal, Monrovia, CA) with micro ionization chamber (10X5-0.18, Radcal, Monrovia, CA) which have an active length of 19 mm and a 0.18 cm³ active area on 64-slice MDCT (Aquilion CX, Toshiba Medical Systems, Nasu, Japan). The 64-slice MDCT was used with a tube voltage of 120 kV, tube current of 200 mA, rotation time of 1 second, and nominal X-ray beam widths of 4, 12, and 32 mm (4*1 mm, 4*3 mm, and 64*0.5 mm axial slice acquisitions, respectively). A micro ionization chamber placed in the center (Z=0) of the single CT dose phantom (SDP), and we acquired several axial scans as 5 mm increments of phantom length, 0.5 mm increments in peripheral area of the center. Then two coupled dose phantom (TCDP) placed together to simulate a 300-mm-long phantom, and we acquired several axial scans in similar method. The CTDI₁₀₀ value was calculated from the 100-mm-long integral dose of D_m .



Fig. 1: 10X5-0.18 Micro Ionization Chamber

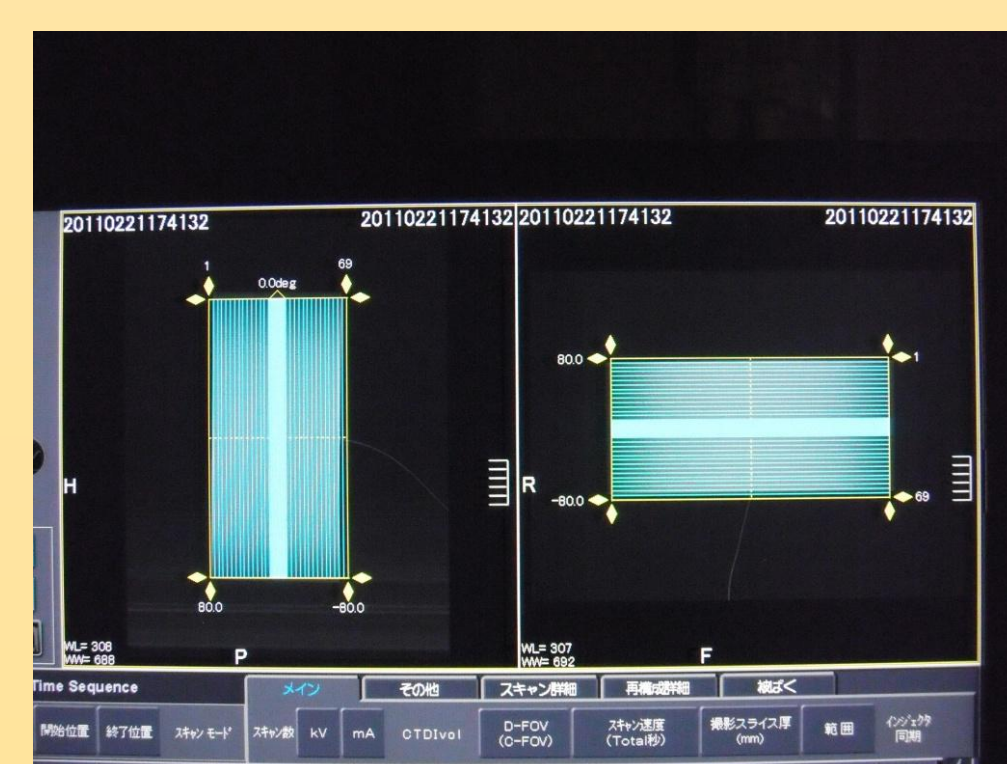


Fig. 2: Experimental setup of the SSDP measurement in single dose phantom

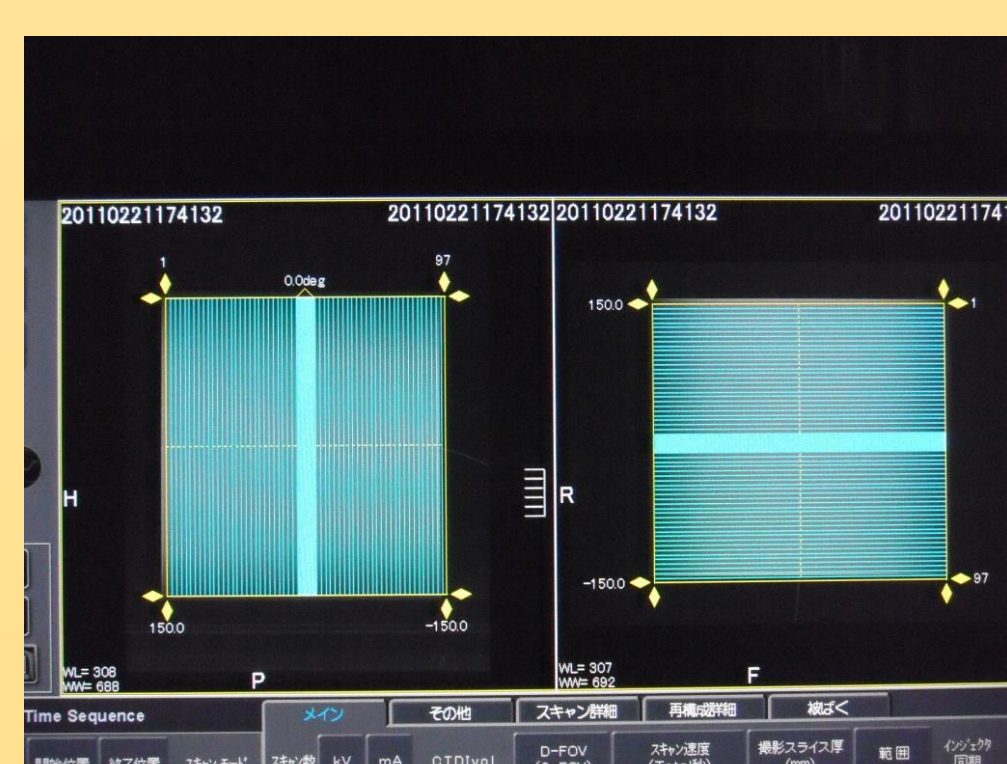


Fig. 3: Experimental setup of the SSDP measurement in two coupled dose phantom

4. Results

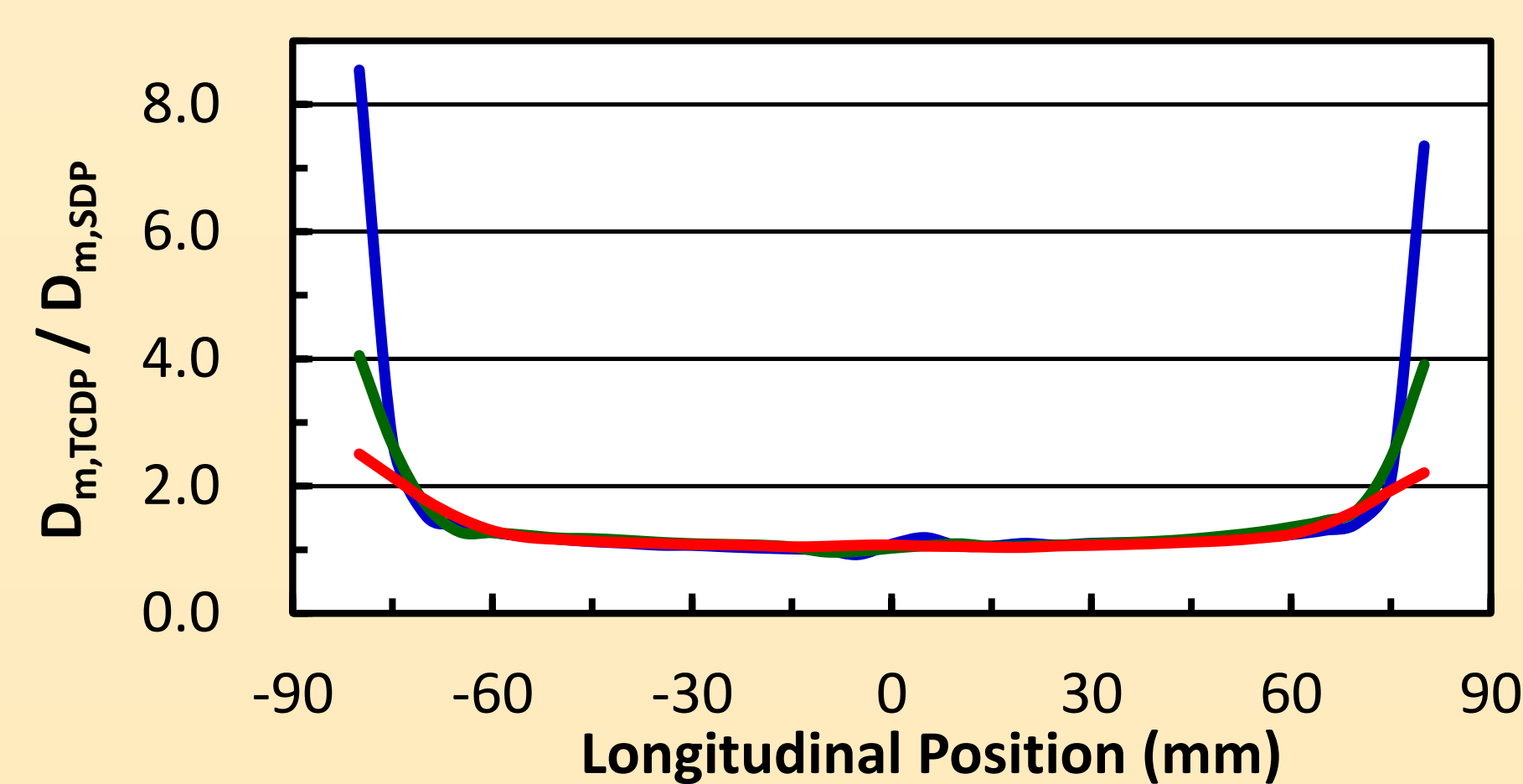


Fig. 4: Increment of D_m ($D_{m,TCDP} / D_{m,SDP}$) for several X-ray beam width versus Longitudinal Position of CT Dose Phantom

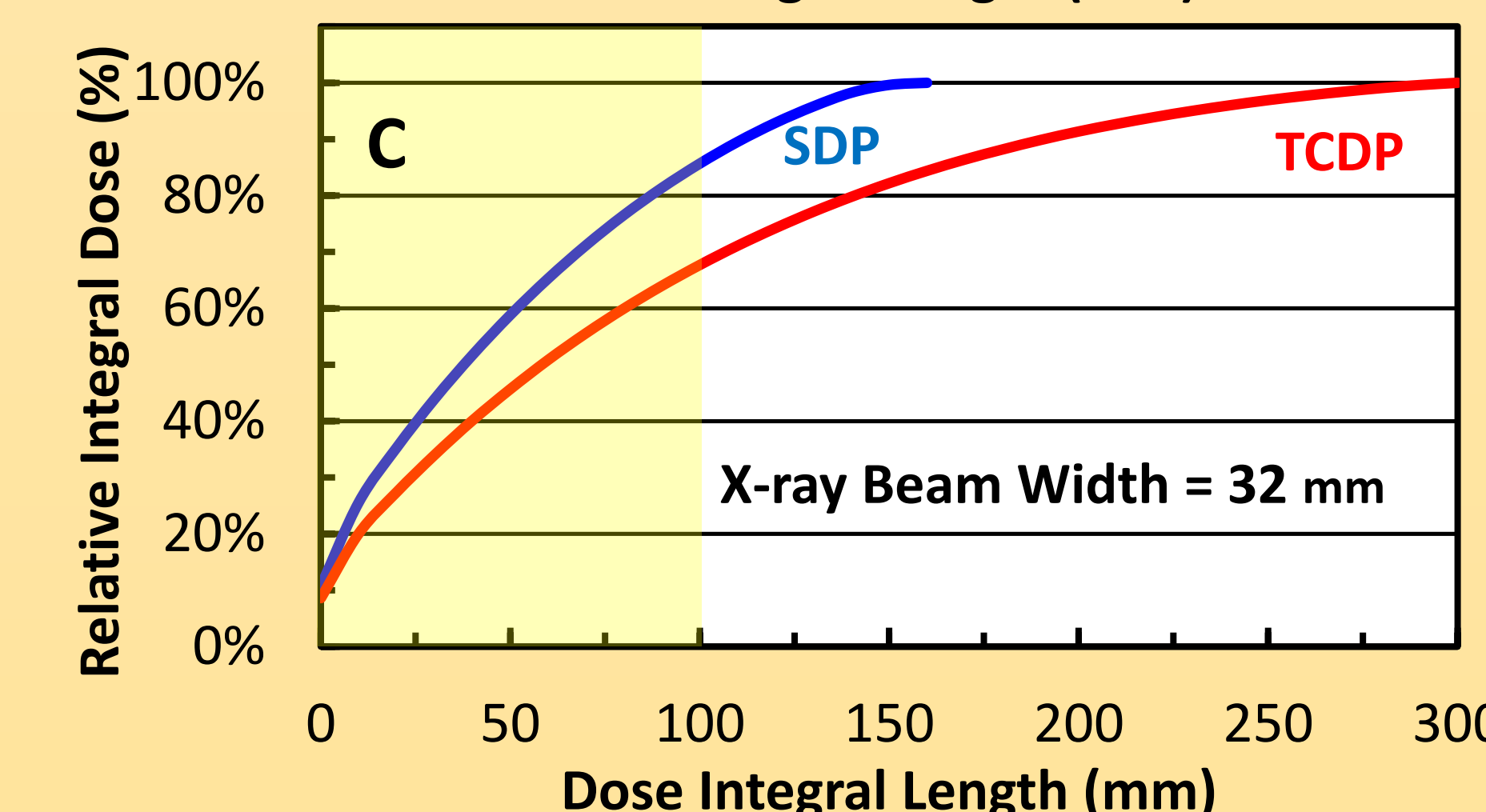
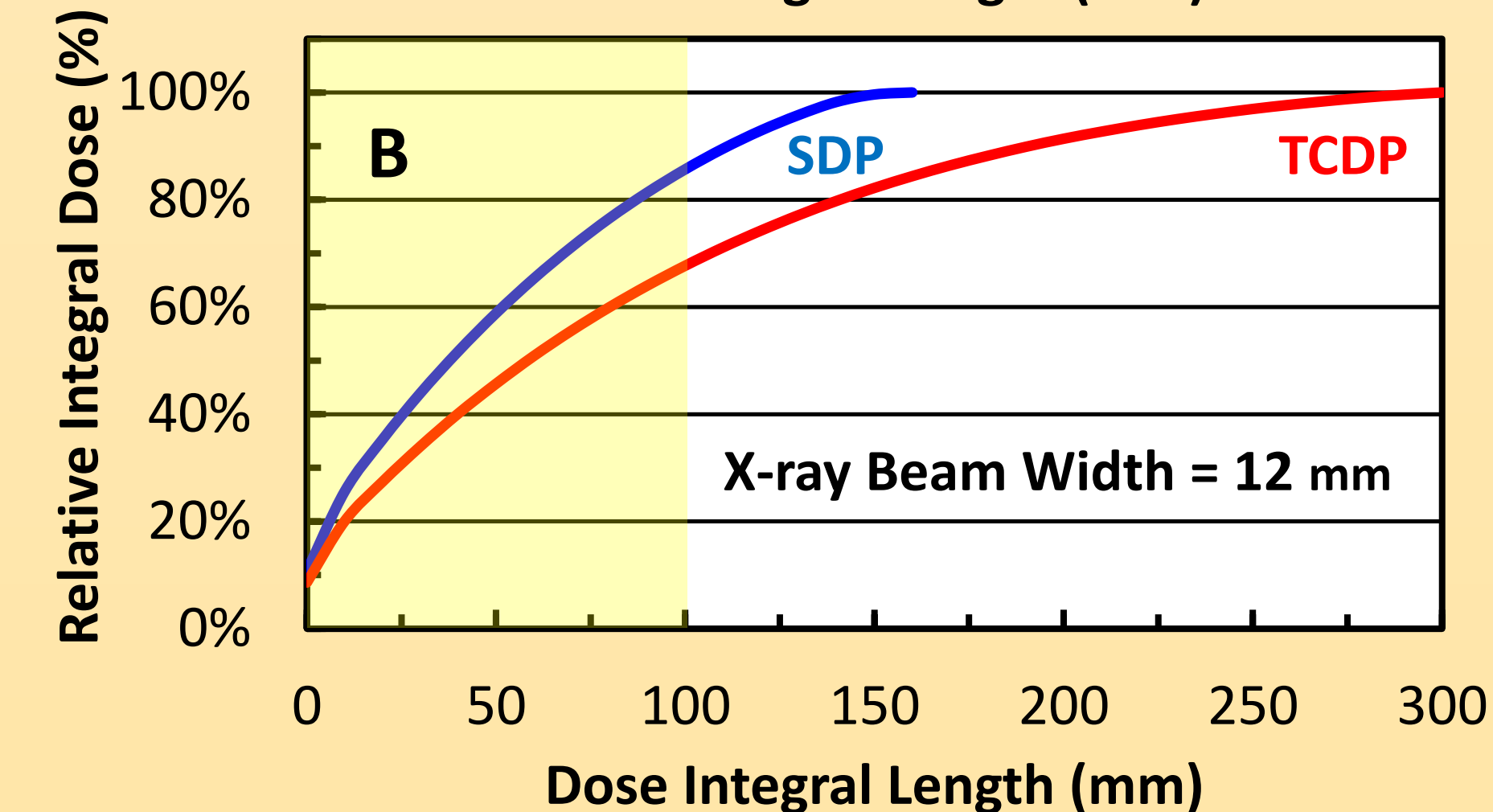
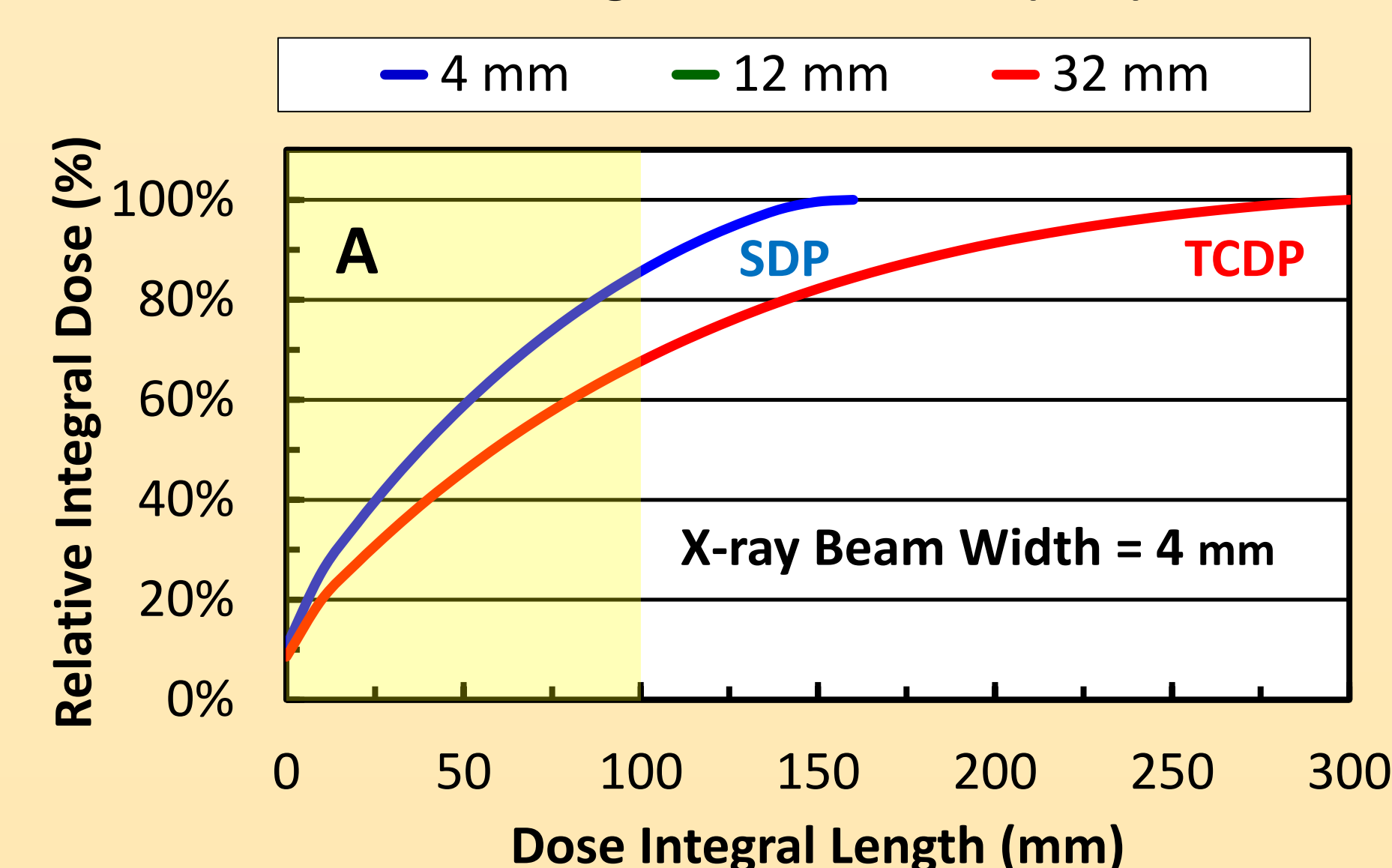


Fig. 5_{A-C}: Integral Dose of SDP and TCDP in several X-ray beam widths

The observed percent increase of the D_m with extended length of the CT dose phantom was 120 % at range from -60 to 60 mm. However, it was greatly increased toward peripheral area of the SSDP. The CTDI₁₀₀ value was contained about 85 % for the SDP, 67 % for the TCDP. Both integral doses were no relationship to the X-ray beam widths.

5. Conclusion

Some investigators shown the CTDI measurements in recent MDCT systems have been required to using longer CT dose phantoms. Generally, almost facility in Japan not have longer CT dose phantom. These results will become useful to decision of a guideline for CTDI dosimetry in recent MDCT systems.



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