

# **Comparing dose and image quality of a conventional 400 speed class film/screen system with a CR system by assessing pediatric chest examinations**

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# Initial situation (since 1996)

- Conventional X-ray film: Curix HT 1.000G PLUS
- Intensifying Screen: Ortho Regular, AGFA
- Sensitivity class 400
- Programmed settings for all age groups
  - On table (free technique)
  - Bucky table (semi automatic)
  - Thoracomat (semi automatic)
  - Bucky wall stand (semi automatic)
  - Bed examination (free technique)

# Known data

- Patient data
  - gender
  - age
  - weight
  - clinical question
- Exposure settings
  - free technique / Semi automatic
  - anti scatter gridwith / without
  - tube voltage [kV]
  - tube current [mAs]
  - dose area product (DAP)

Basis for SOP: [www.uniklinikum-giessen.de/kirad](http://www.uniklinikum-giessen.de/kirad)

# **Settings for chest examinations**

**(Broselow - Luten - Scale)**

- **Thoracomat**

- Infants and togglers up to ~ 9 years
  - Nominal focal spot size 0,6
  - Additional X-ray tube filtration:  
1 mm Al + 0,1 mm Cu
  - **ap** – patient orientation
  - **Without** anti-scatter grid
  - Semi automatic
  - Individual position of AEC chamber

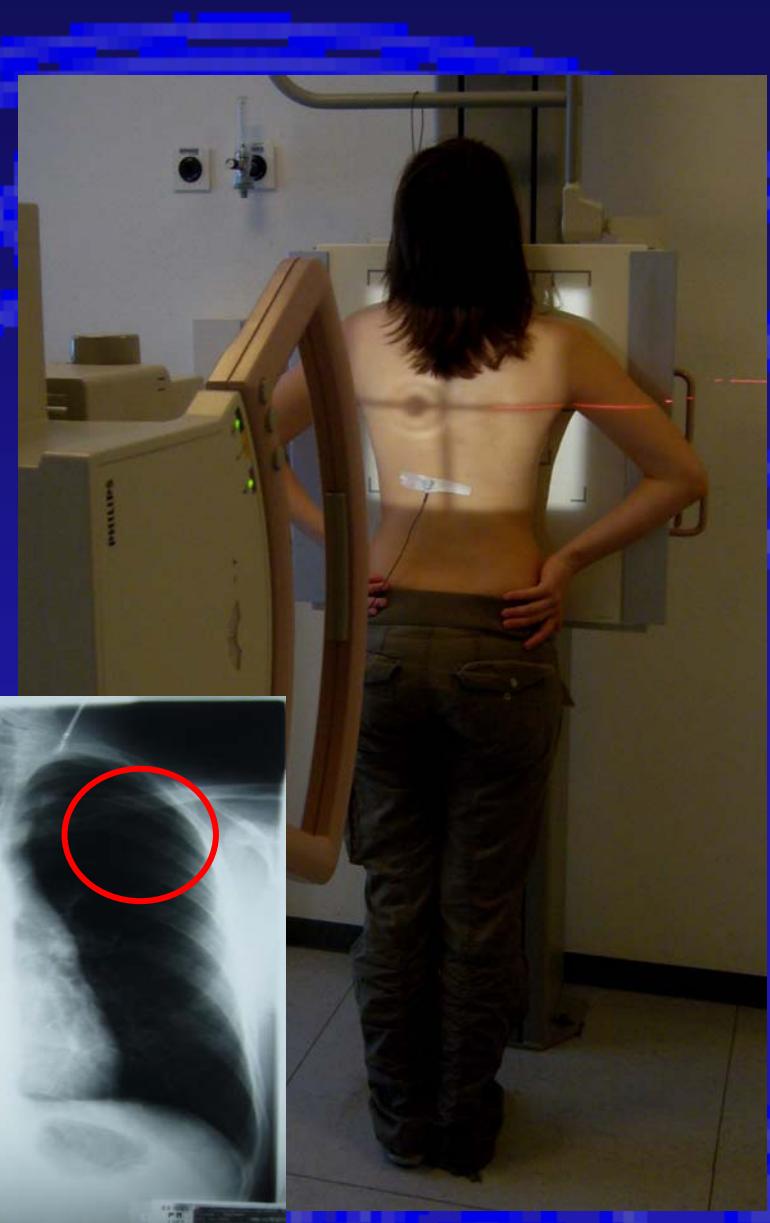
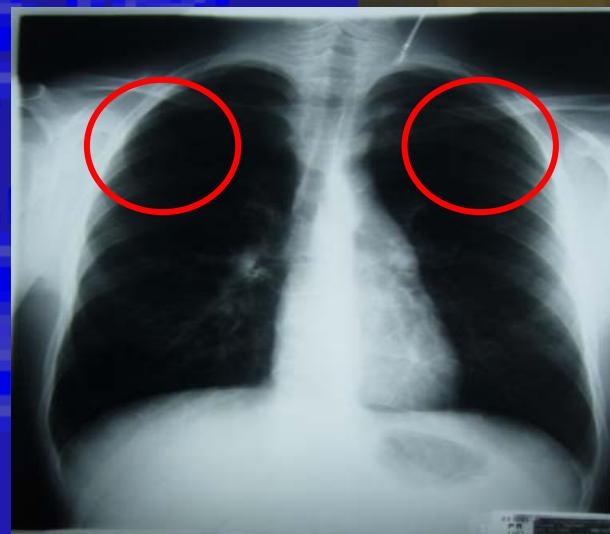


# Settings for chest examinations

- **Bucky wall stand**

- togglers & adolescents as of ~ 9 years
- nominal focal spot size 0,6
- added X-ray tube filtration:  
1 mm Al + 0,1 mm Cu
- **pa** – patient orientation
- **With** Anti scatter grid ( r 8 / 40 )
- semi automatic: AEC measurement  
chambers upper lung fields

GRÖÙE (cm)	>146,5
GEWICHT (kg)	>36
ALTER (Monate)	>107,5
Aufnahmeanart	Raster
Strahlengang	pa
Aufnahmeposition	Stehen
Fokus-Film-Abstand (cm)	150
Streustrahlenraster	ja
Aufnahmespannung (kV)	125

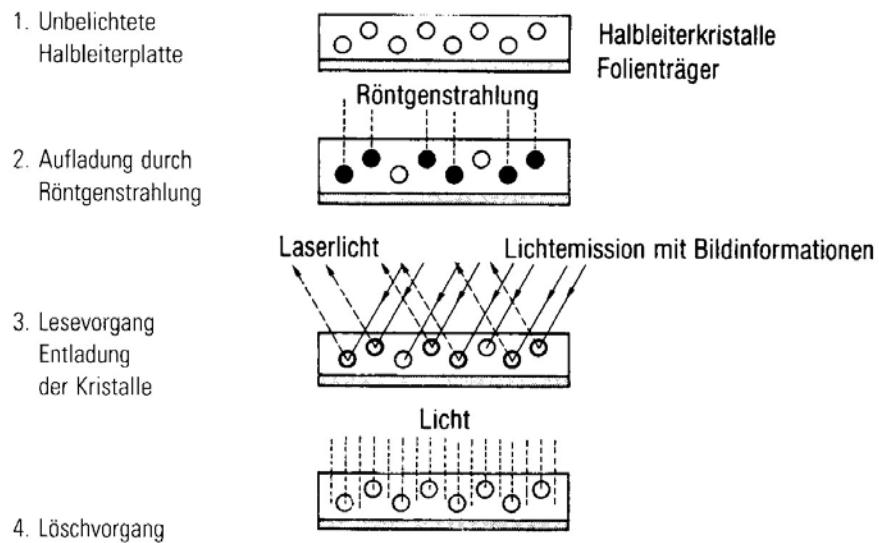


# Motivation for the study

- Conversion to a digital CR-system

**DX - S, AGFA**

(photostimuable luminescence)



- All previous systems were characterized by the need of an increased dose

# Materials and method

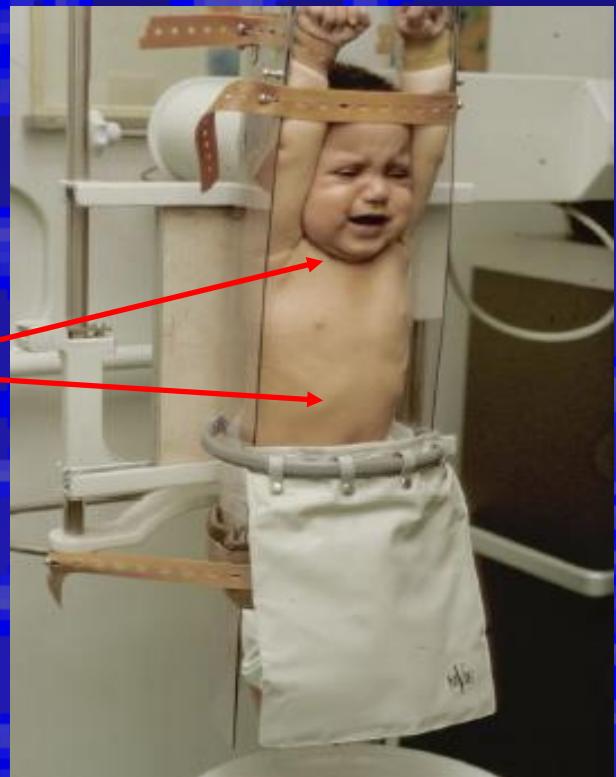
- Additional captured data
  - Body height
  - weight
  - Sagittal thoracic diameter
- Number of patients
  - 400 F/S system (film/screen) n 82
  - DX - S n 79
  - DX - S with dose reduction n 65



# Materials and method

## Dosemetry

- Solid state dose-meter to measure  
Entrance Surface Dose (ESD)  
**UNFORPS PSD** (patient skin dosimeter)
- Two measuring sensors



field

# Characteristics of UNFORS PSD

- Measuring error                     $\pm 6\%$  (calibration at 90 kV)
- Angle dependency                 $\pm 5\%$  at 45°  
 $\pm 10\%$  at 75°
- Bandwidth                          2,4 Hz, 3 dB
- kV dependency                     $\pm 10\%$  (60 - 120 kV)  
 $\pm 15\%$  (40 - 150 kV)  
with 6 mm Al
- Temperature dependency      none
- Air pressure dependency      none
- Dimensions (H x W x L)        4 x 15 x 15 mm



# Entrance surface dose (ESD) after conversion to digital CR

## F/S system (*Semi automatic*)

### 0-1 years

	N	Minimum	Maximum	Mittelwert	Standardabweichung
ESD-Feld ( $\mu$ Gy)	16	22,7	40,1	29,1	5,2

### 1-5 years

	N	Minimum	Maximum	Mittelwert	Standardabweichung
ESD-Feld ( $\mu$ Gy)	35	17,2	38,4	27,2	4,9

### 5-10 years

	N	Minimum	Maximum	Mittelwert	Standardabweichung
ESD-Feld ( $\mu$ Gy)	23	12,4	30,9	20,8	4,7

### 10-15 years (grid)

	N	Minimum	Maximum	Mittelwert	Standardabweichung
ESD-Feld ( $\mu$ Gy)	8	26,7	59,9	41,6	9,5

## DX-S

### 0-1 years (free technique)

	N	Minimum	Maximum	Mittelwert	Standardabweichung
ESD-Feld ( $\mu$ Gy)	17	23,4	31,7	25,3	1,8

### 1-5 years (free technique)

	N	Minimum	Maximum	Mittelwert	Standardabweichung
ESD-Feld ( $\mu$ Gy)	35	21,2	27,6	24,5	1,3

### Deskriptive Statistik

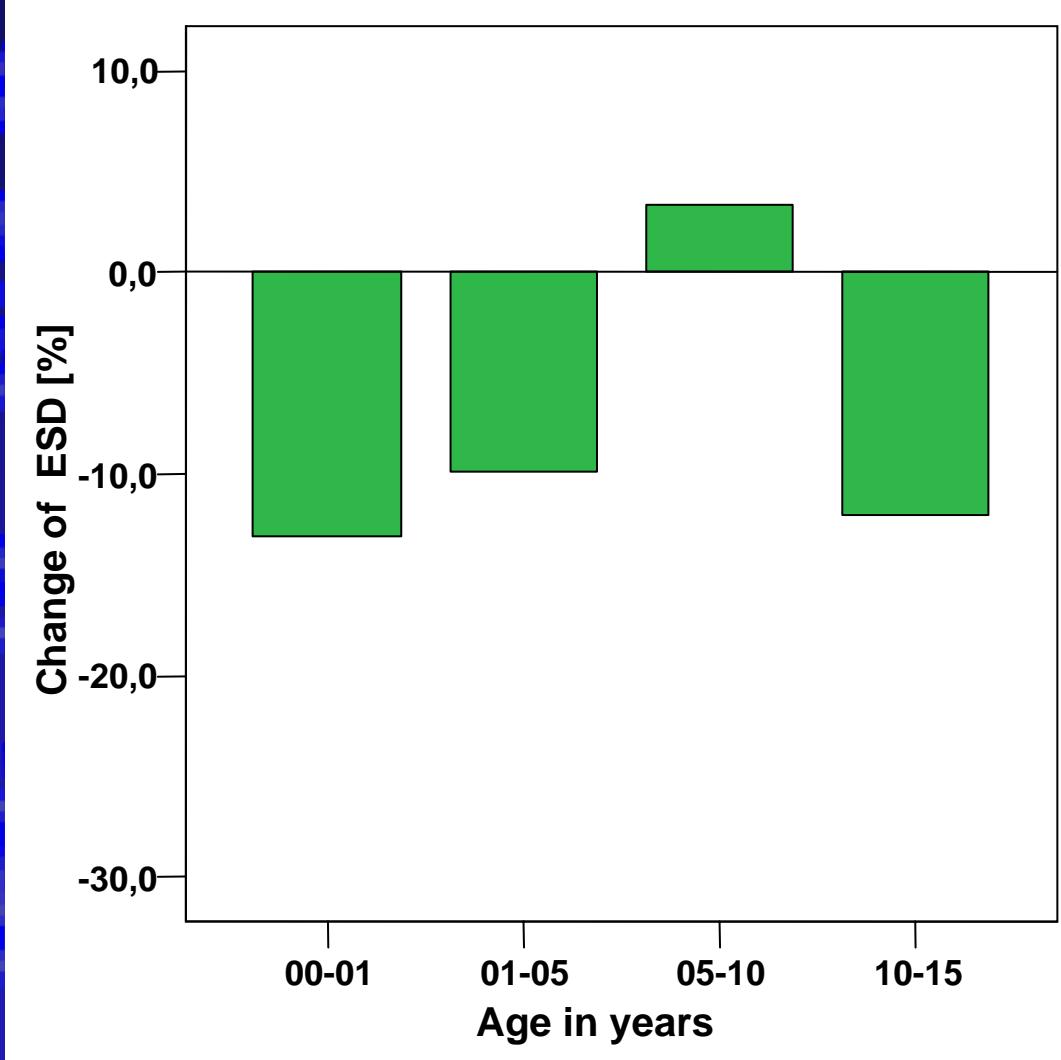
	N	Minimum	Maximum	Mittelwert	Standardabweichung
ESD-Feld ( $\mu$ Gy)	6	20,3	23,4	21,5	1,2

### Descriptive Statistics

	N	Minimum	Maximum	Average	Standard deviation
ESD-field ( $\mu$ Gy)	21	23,1	52,8	36,6	8,4

# Change of ESD after conversion to DX-S using free technique

- F/S system
  - n = 82
  - Semi automatic
- DX-S
  - n = 79
  - free technique



# ESD using additional X-ray tube filtration (1 mm Al + 0,2 mm Cu)

DX-S / 0,1 mm Cu

0-1 years

	N	Minimum	Maximum	Mittelwert	Standardabweichung
ESD-Feld ( $\mu$ Gy)	17	23,4	31,7	25,3	1,8

1-5 years

	N	Minimum	Maximum	Mittelwert	Standardabweichung
ESD-Feld ( $\mu$ Gy)	35	21,2	27,6	24,5	1,3

5-10 years

	N	Minimum	Maximum	Mittelwert	Standardabweichung
ESD-Feld ( $\mu$ Gy)	6	20,3	23,4	21,5	1,2

10-15 years (grids)

	N	Minimum	Maximum	Mittelwert	Standardabweichung
ESD-Feld ( $\mu$ Gy)	21	23,1	52,8	36,6	8,4

DX-S / 0,2 mm Cu

0-1 years

	N	Minimum	Maximum	Mittelwert	Standardabweichung
ESD-Feld ( $\mu$ Gy)	7	13,9	15,6	14,8	,6

1-5 years

	N	Minimum	Maximum	Mittelwert	Standardabweichung
ESD-Feld ( $\mu$ Gy)	27	11,0	16,2	14,6	1,1

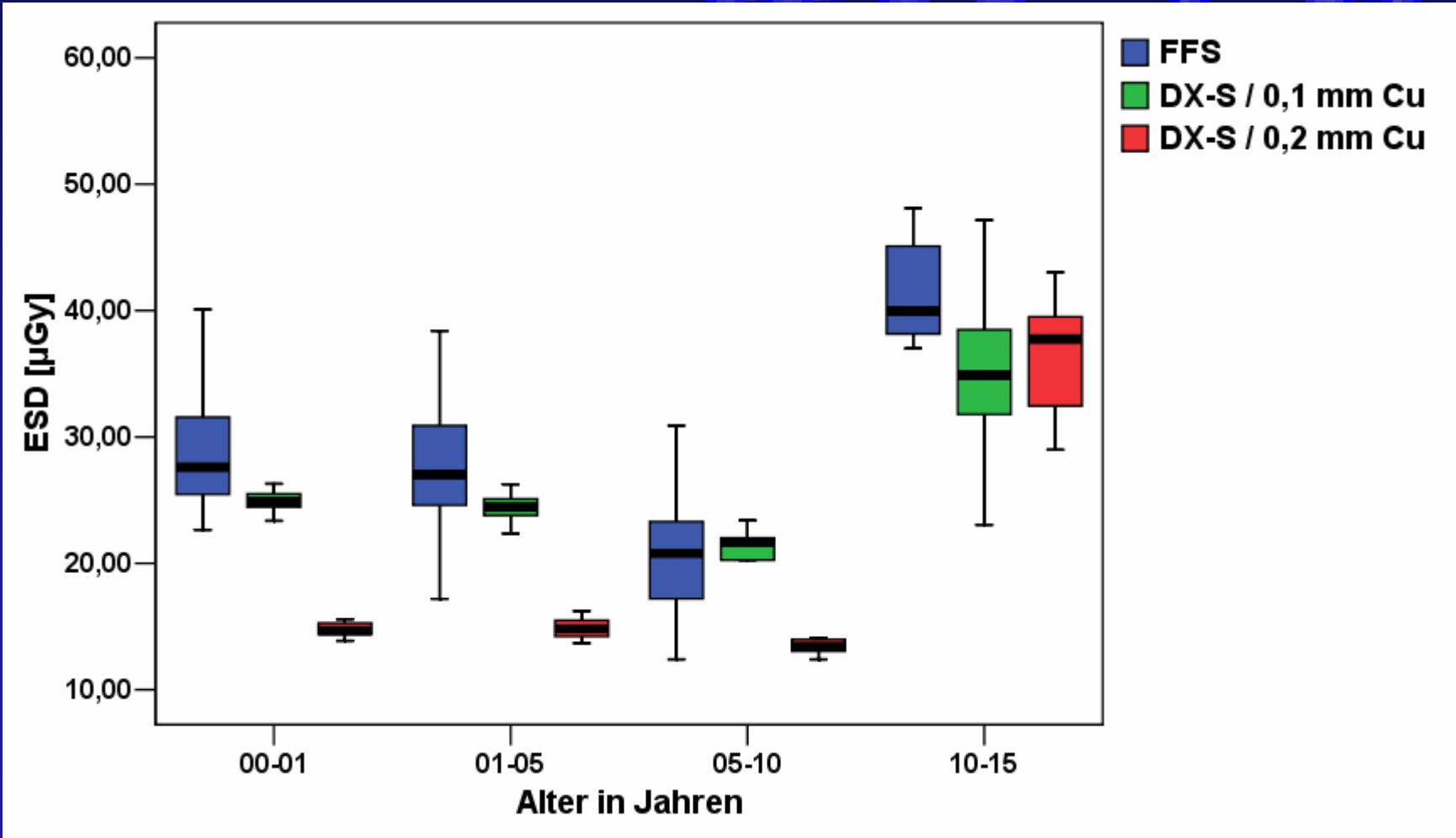
5-10 years

	N	Minimum	Maximum	Mittelwert	Standardabweichung
ESD-Feld ( $\mu$ Gy)	10	12,4	17,2	13,7	1,3

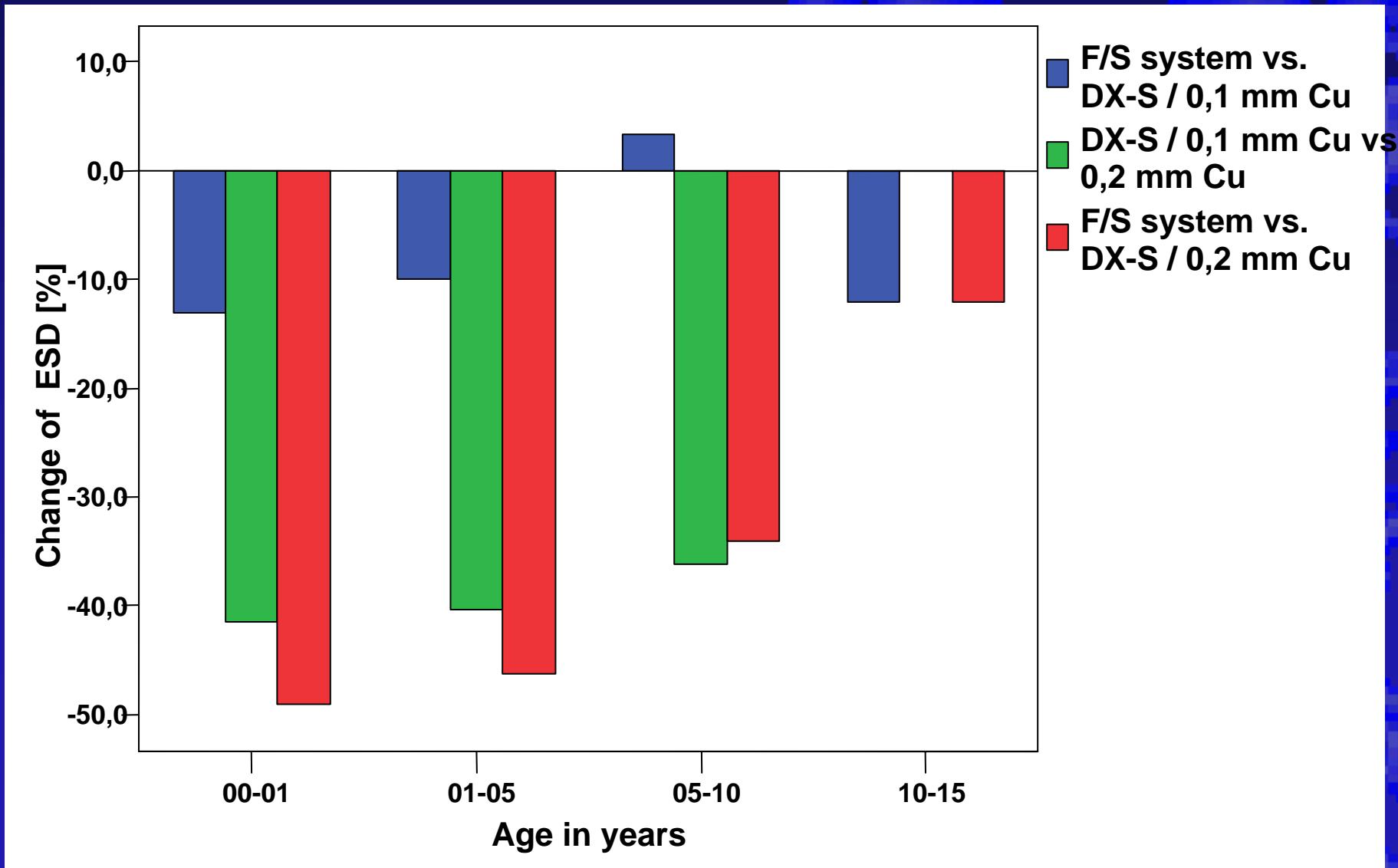
10-15 years (Raster)

	N	Minimum	Maximum	Mittelwert	Standardabweichung
ESD-Feld ( $\mu$ Gy)	12	29,0	43,0	36,6	4,6

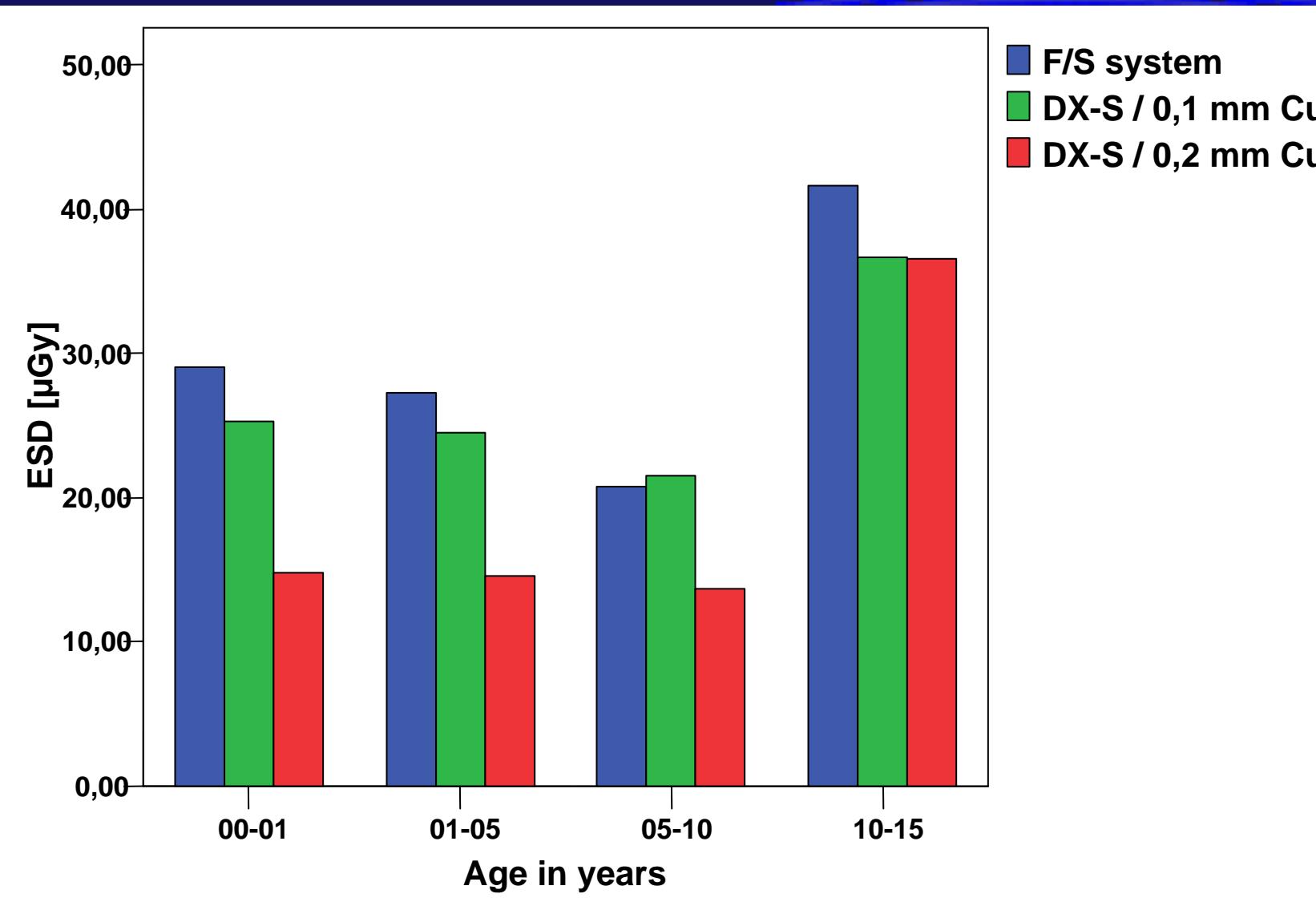
# Statistical spread of the ESD Film/screen (F/S) system vs. DX-S



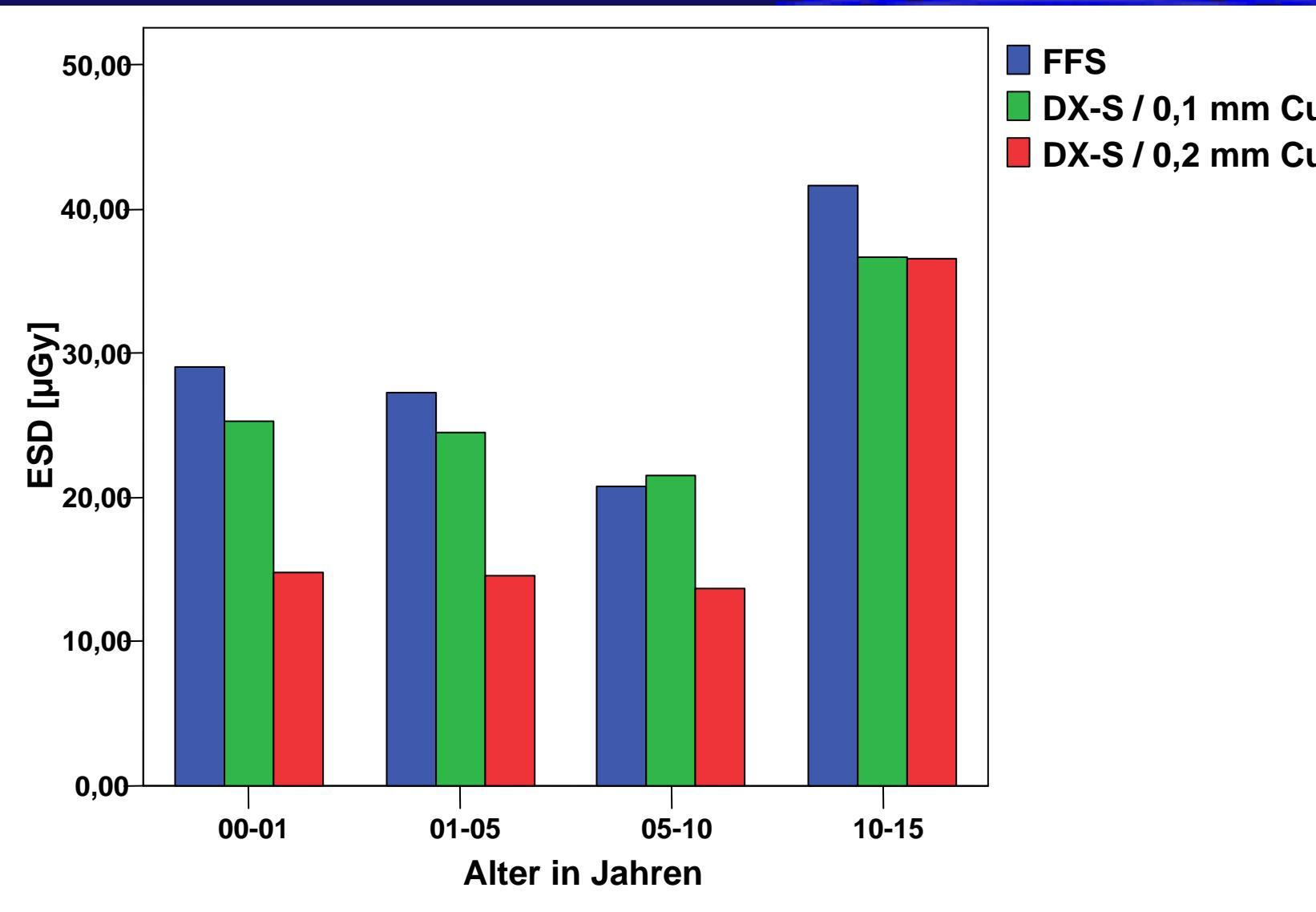
# Reduction of ESD by introducing DX-S



# ESD for F/S systems vs. DX-S with/without additional X-ray tube filtration

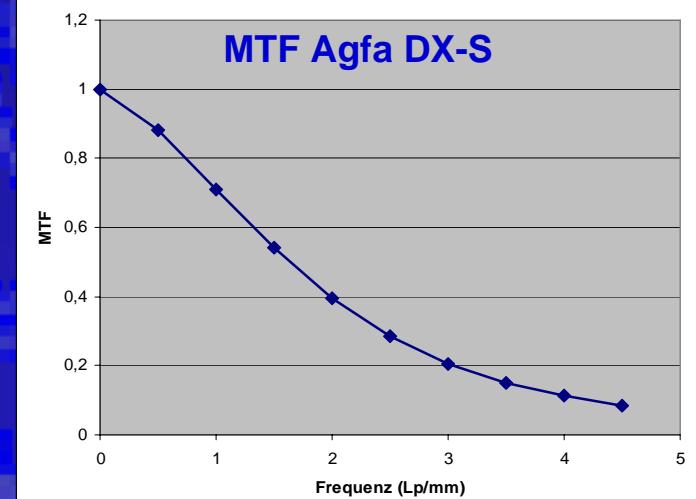


# ESD for F/F systems vs. DX-S with/without additional X-ray tube filtration



# Dose indicators

- Subjective indicators
  - exposure / noise
- Objective indicators
  - Optical density (F/S system)
  - LgM (manufacturer specific dose indicator DIN 6868-58)
  - ROI (grey values)
  - SNR
  - MTF

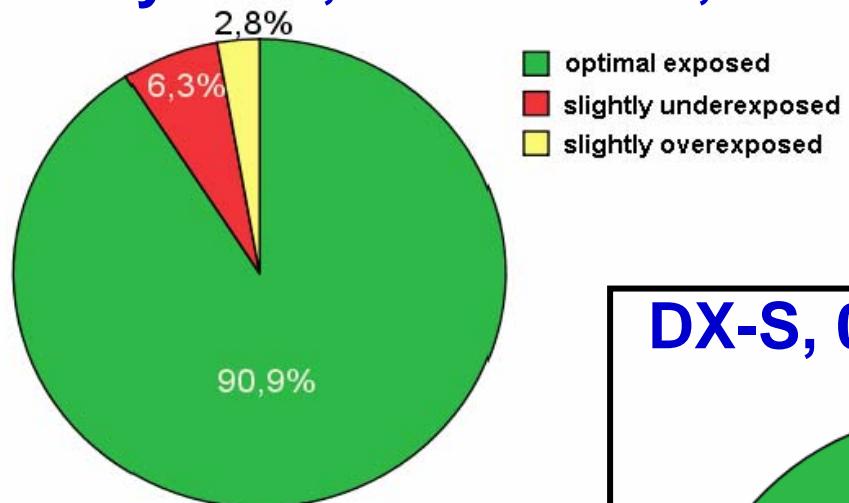


# Subjektive assessment of image quality

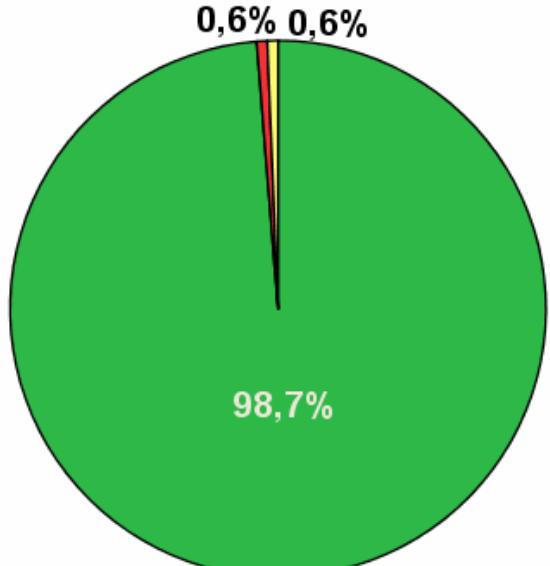
- Assessment by three radiologists
- Three independent assessments
  - exposure
  - collimation
  - centering / positioning

Engelmann et al., Radiologe 2001, 41 (5)

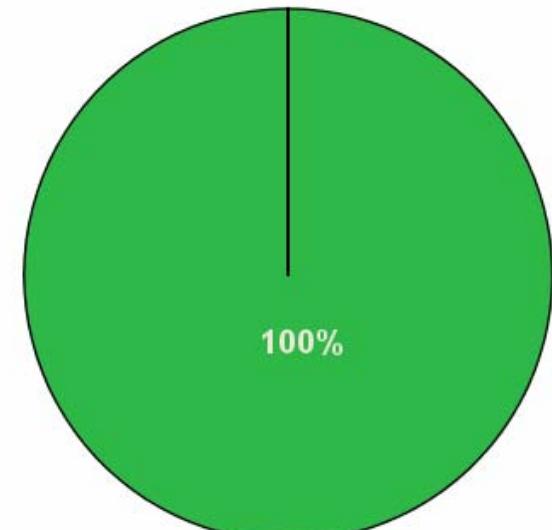
F/S system, 1 mm Al + 0,1 mm Cu

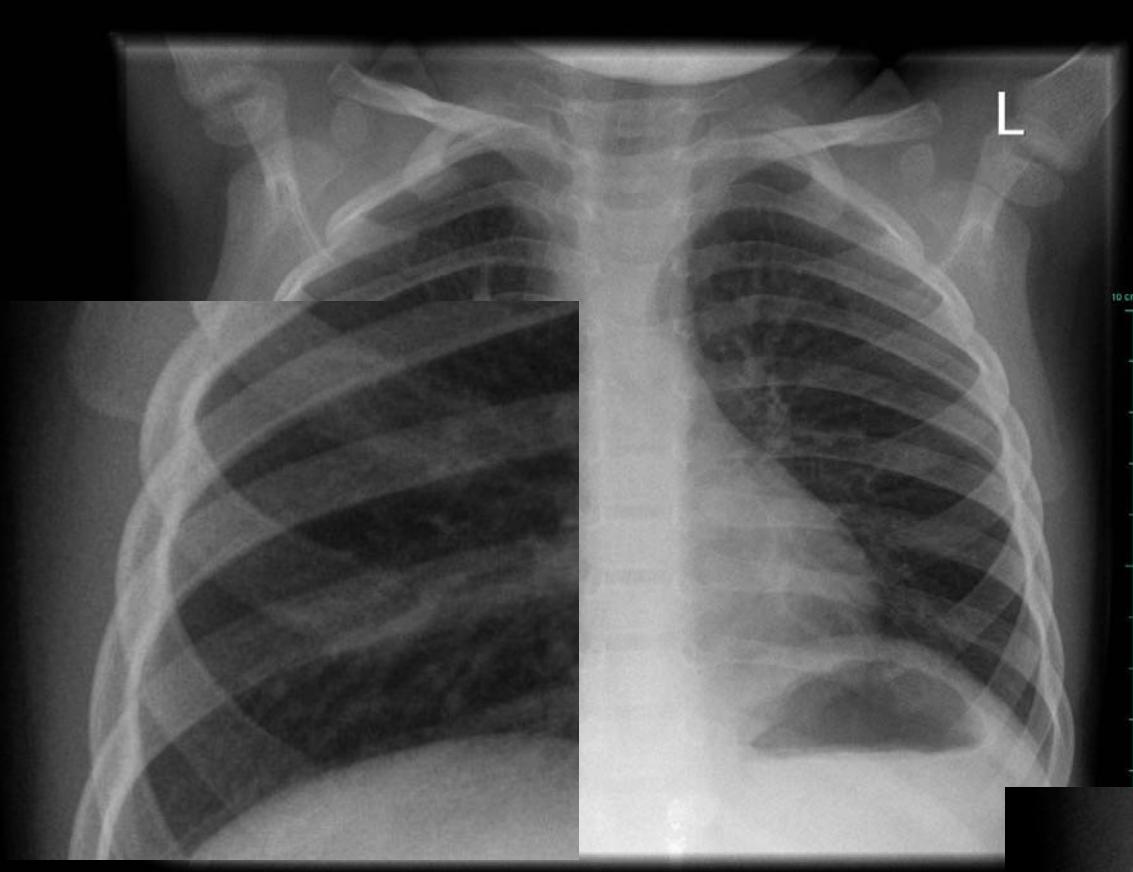


DX-S, 0,1 mm Cu



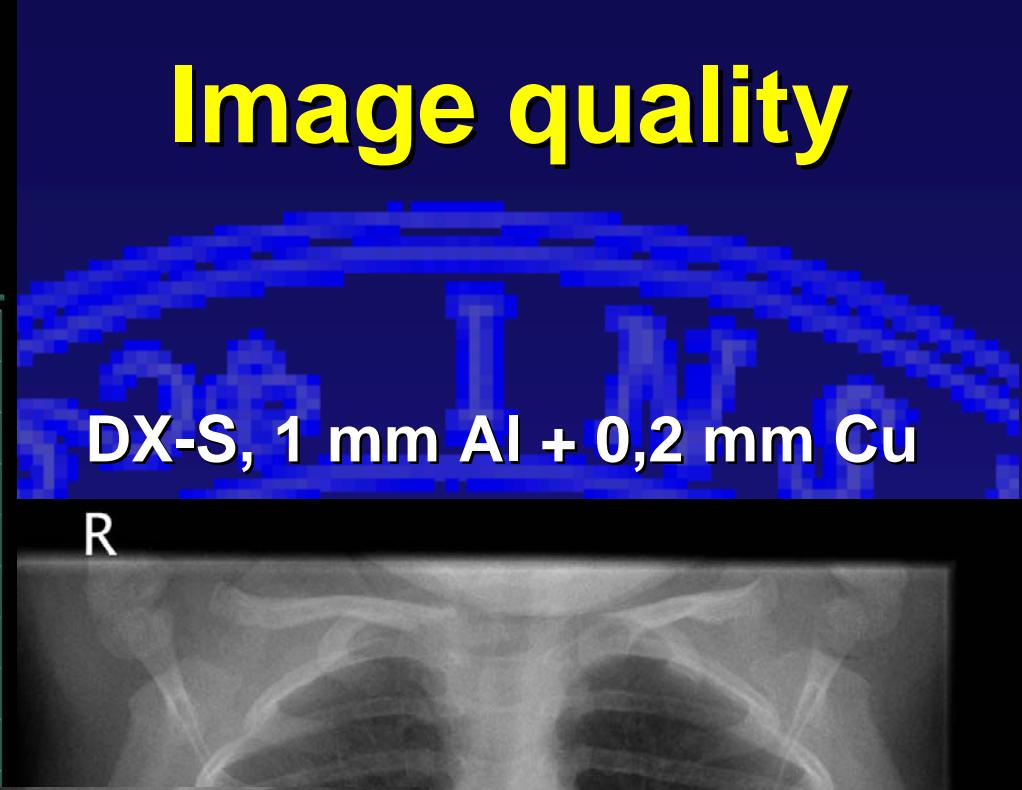
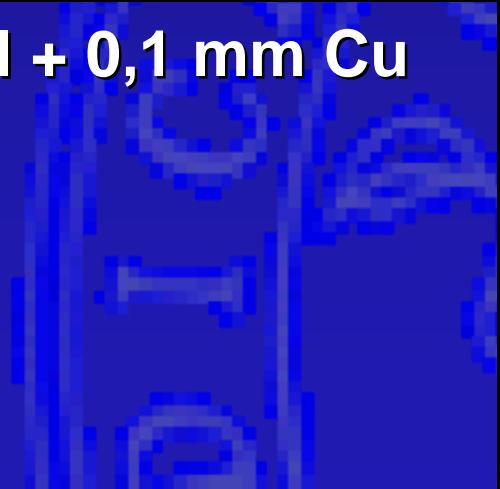
DX-S, 0,2 mm Cu





sitzend

**DX-S, 1 mm Al + 0,1 mm Cu**



sitzend

NR. 1

# Conclusions I

## Dose

- DX-S allows a dose reduction up to 50 % without any perceptible constraints in image quality
- Semi automatic operation causes increased fluctuations in ESD
- Up to now infants and togglers benefit the most from conversion to DX-S
- For examinations on bucky wall stand further dose reduction can be realized without loss in quality

# Conclusions II

## Image quality

- DX-S leads to a more consistent image perception
- CR does not know under/over exposure
- The shortfall of the recommended LgM - value of 1,9 up to 1,7 does not result in a decline of quality
- This study resulted in significantly improved settings for thoracic examinations (positioning, collimation)

