X-ray

Applications

X-ray

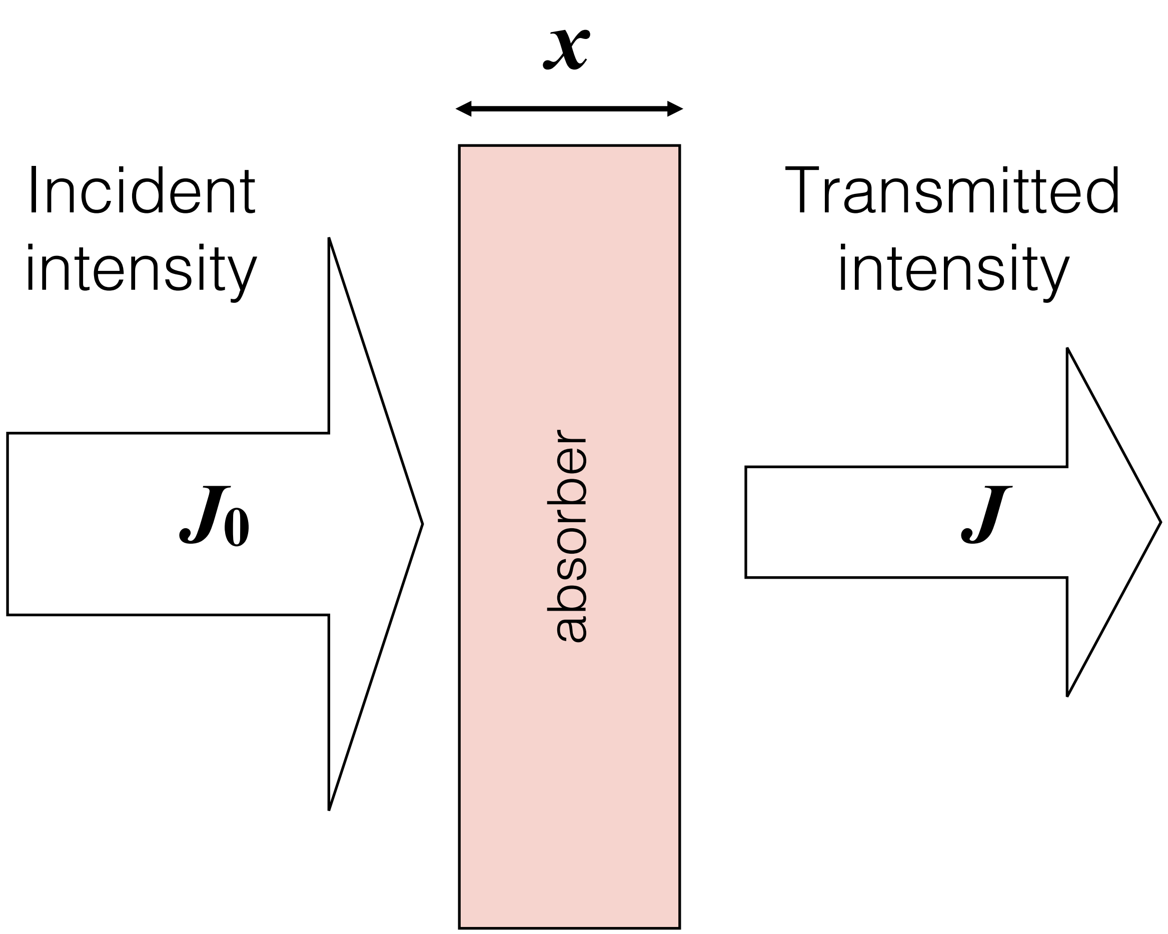
Wilhelm Konrad Röntgen
(1845-1923)
Nobel prize in physics, 1901

Hand mit Ringen (Hand with Ring): print of Wilhelm Röntgen's first "medical" X-ray, of Anna Bertha Ludwig

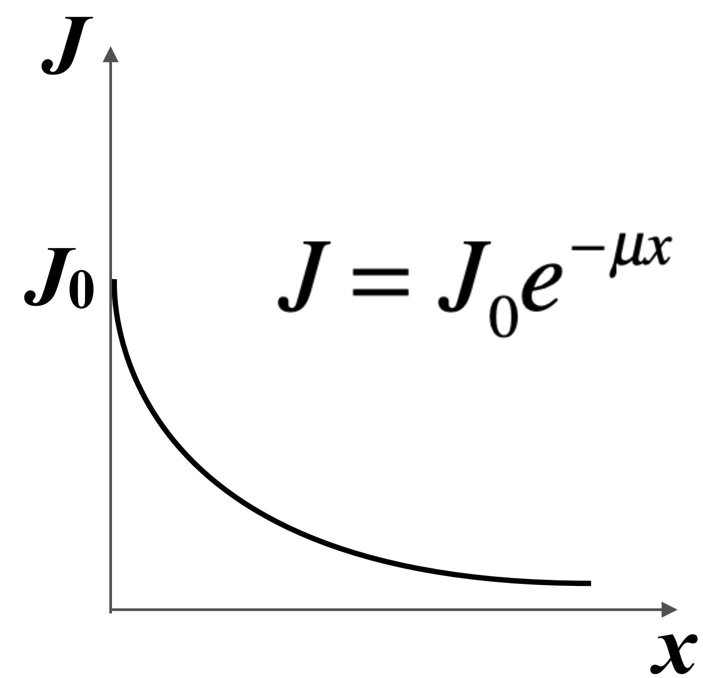
X-ray applications

- Diagnostic imaging
  The X-ray image
  Improvements of X-ray imaging
  CAT scanning
- Absorptiometry
  Bone density testing
- Therapy
  Generation of high-energy X-ray
  Tumor irradiation

X-ray absorption



Exponential attenuation principle

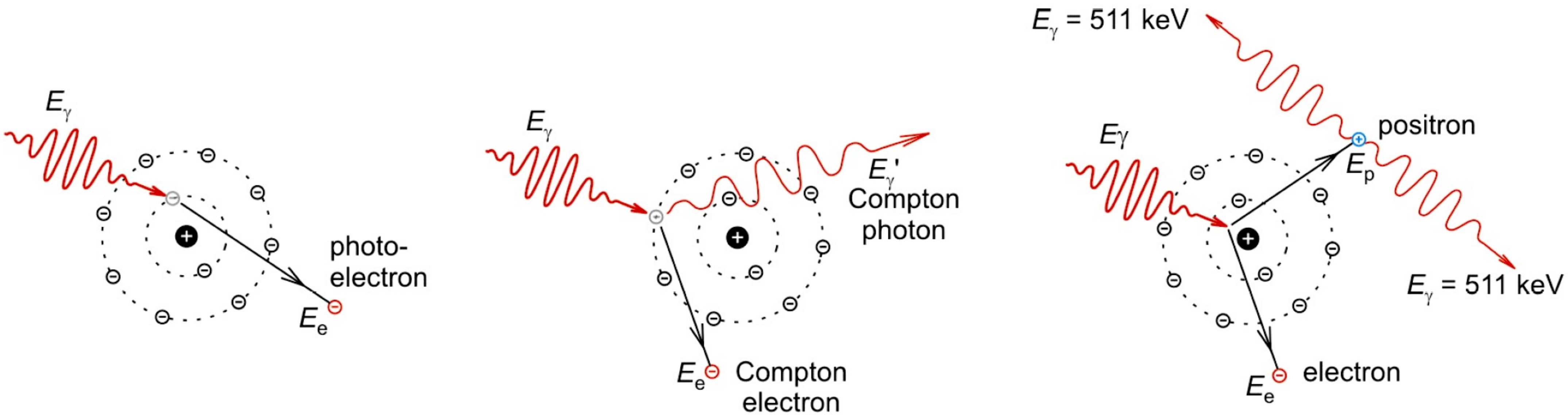


$$\mu = \mu_m \rho$$

μ : attenuation coefficient
μ_m : mass attenuation coefficient (cm^2/g)
ρ : density (g/cm^3)

μ_m is the sum of the mass attenuation coefficients of the different absorption mechanisms.

Attenuation mechanisms



a.) photoeffect

$E_\gamma = A + E_e$

A = work function (escape energy)

b.) Compton scattering

$E_\gamma = A + E_e + E_\gamma'$

c.) pair production, annihilation

$E_\gamma = 2\, m_e c^2 + E_e + E_p$

(if $E_\gamma > 1022$ keV)

$$\tau = \tau_m \rho \qquad \sigma = \sigma_m \rho \qquad \kappa = \kappa_m \rho$$

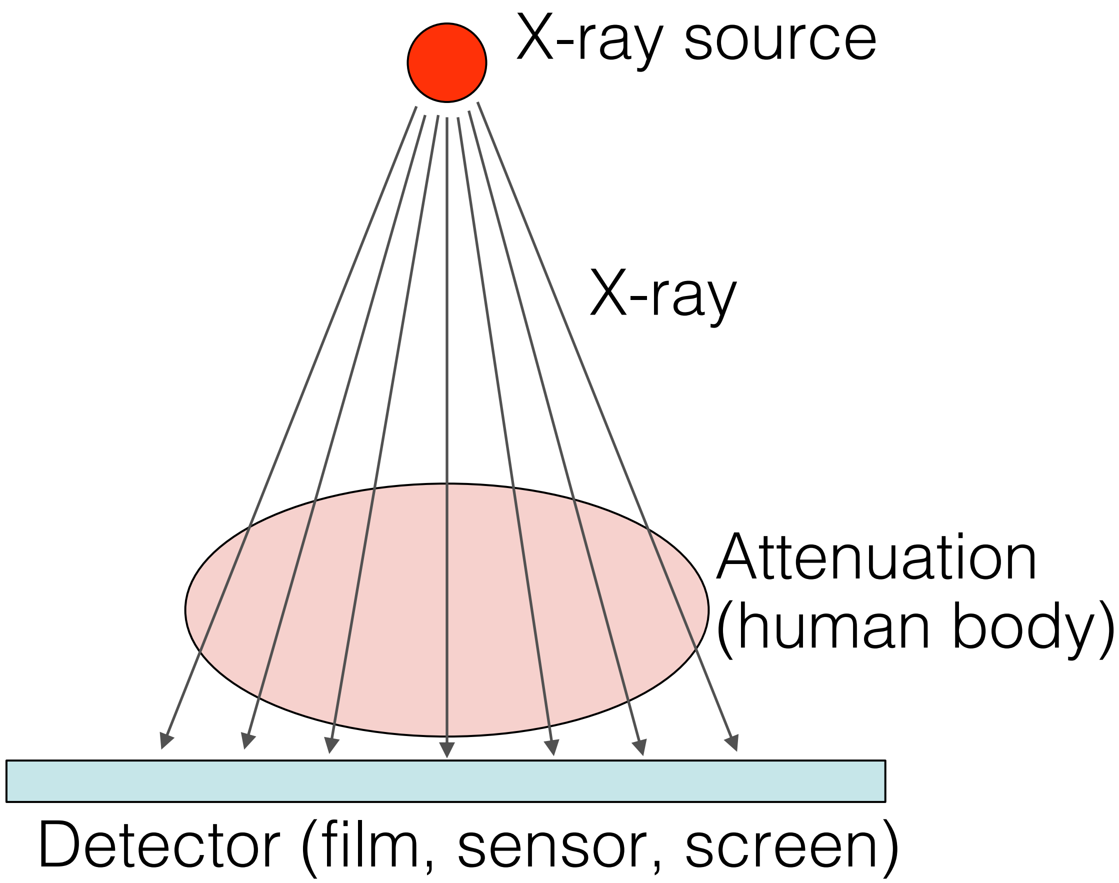
τ_m, σ_m, κ_m: mass attenuation coefficients, ρ: density

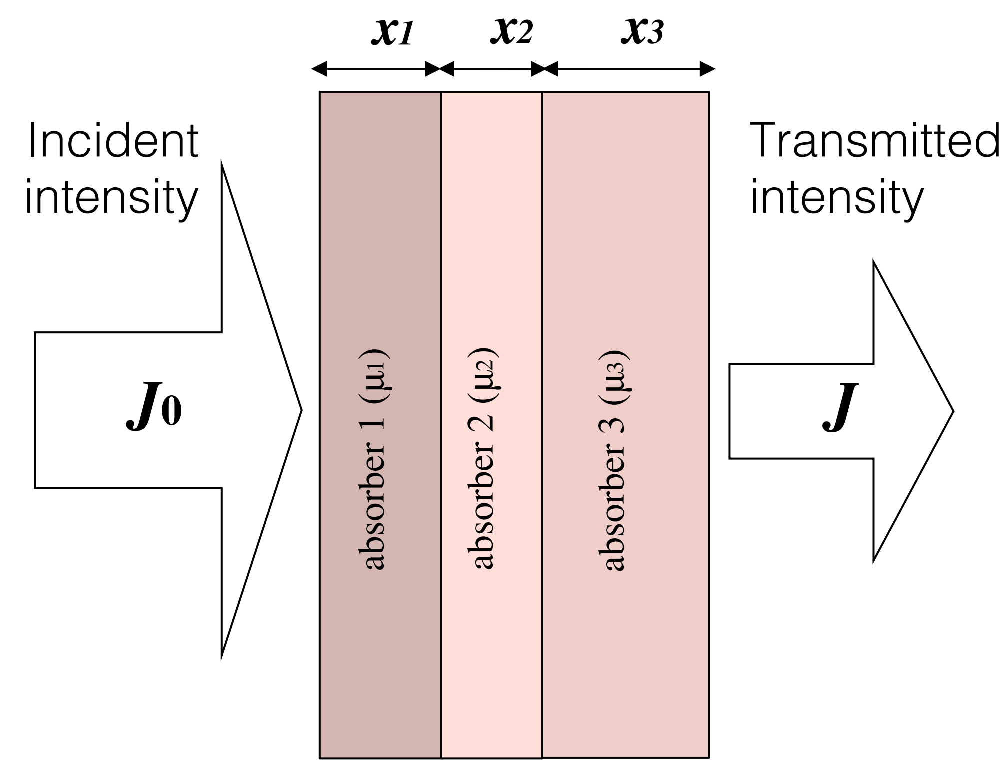
$$\mu_m = \tau_m + \sigma_m + \kappa_m$$

Mechanism	Photon energy (ε) dependence of the mass attenuation coefficient	Atomic number (Z) dependence of the mass attenuation coefficient	Relevant energy range in soft tissue
Photoeffect	$\sim 1/\varepsilon^3$	$\sim Z^3$	10 - 100 keV
Compton scatter	falls gradually with ε	~Z/A (A: mass number)	0.5 - 5 MeV
Pair production	rises slowly with ε	$\sim Z^2$	> 5 MeV

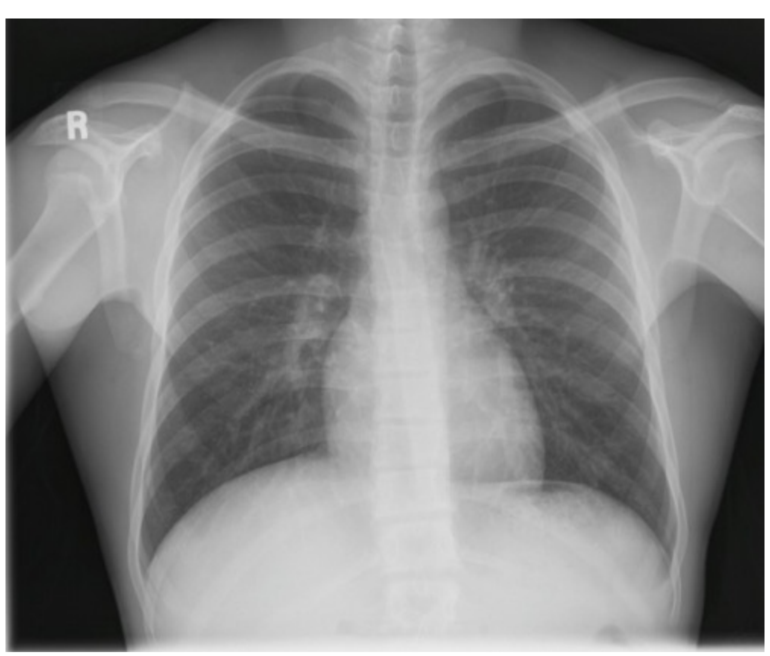
Diagnostic X-ray:
1. Contrast mechanism between soft tissue and bone: photoeffect ($\sim Z^3$)
2. Contrast mechanism within soft tissue: Compton-scatter ($\sim\rho$)

Principles of X-ray imaging





The X-ray image is a **summation image** ("X-ray image", "radiographic image", "roentgenogram"). Contrast arises due to spatially varying attenuation.



$$J = J_0 e^{-(\mu_1 x_1 + \mu_2 x_2 + \mu_3 x_3 + \ldots)}$$

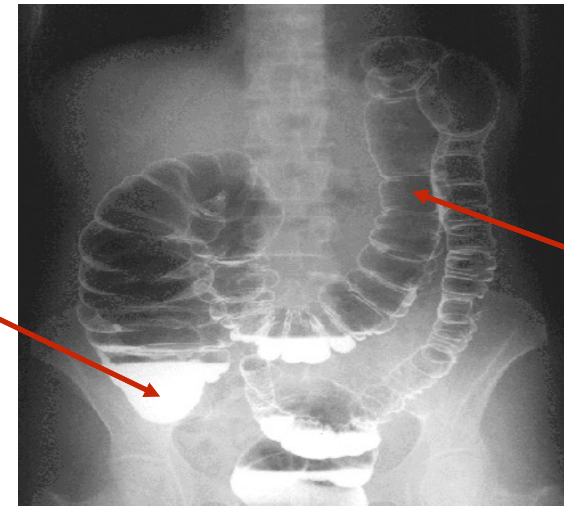
$$\lg \frac{J_0}{J} = (\mu_1 x_1 + \mu_2 x_2 + \mu_3 x_3 + \ldots) \cdot \lg e$$

μ_n : n^{th} absorber's attenuation coefficient
x_n : n^{th} absorber's thickness

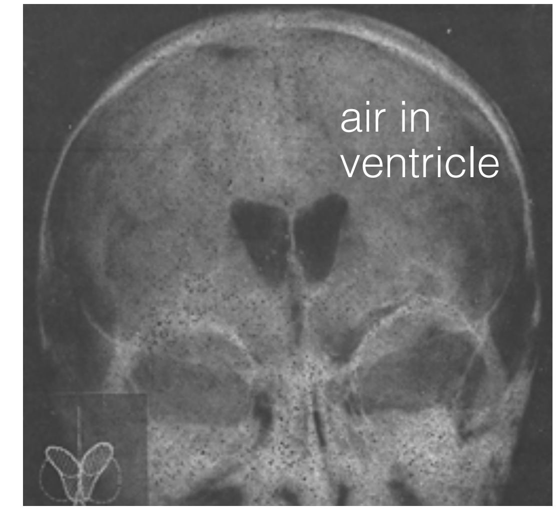
Improving X-ray imaging I.

Increasing contrast: contrast agents

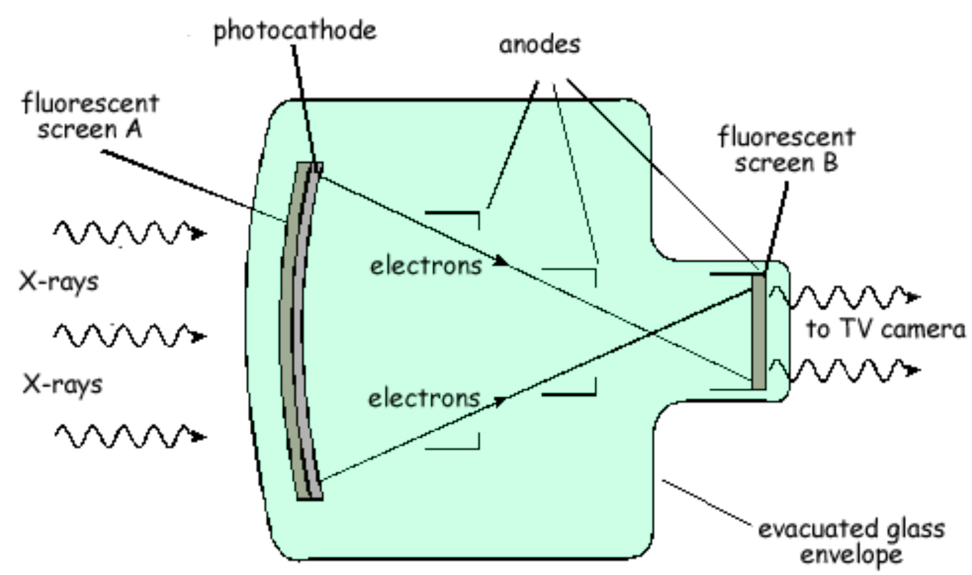
Positive contrast (large Z, e.g., Ba)



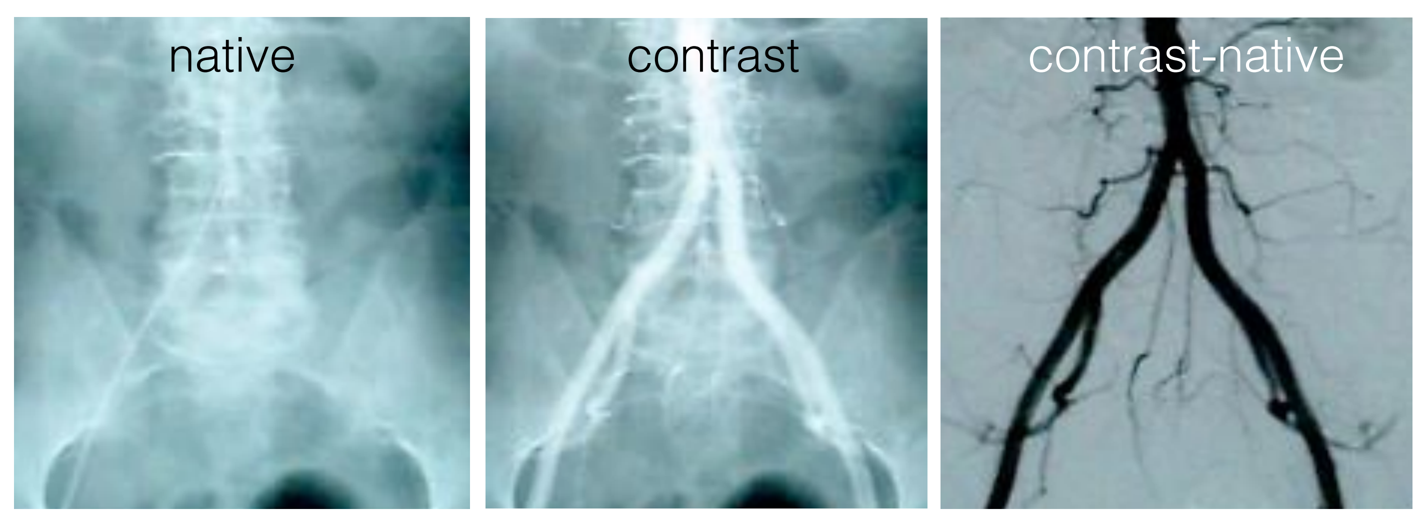
Negative contrast (small density, e.g., air)



Enhancing sensitivity: intensifier

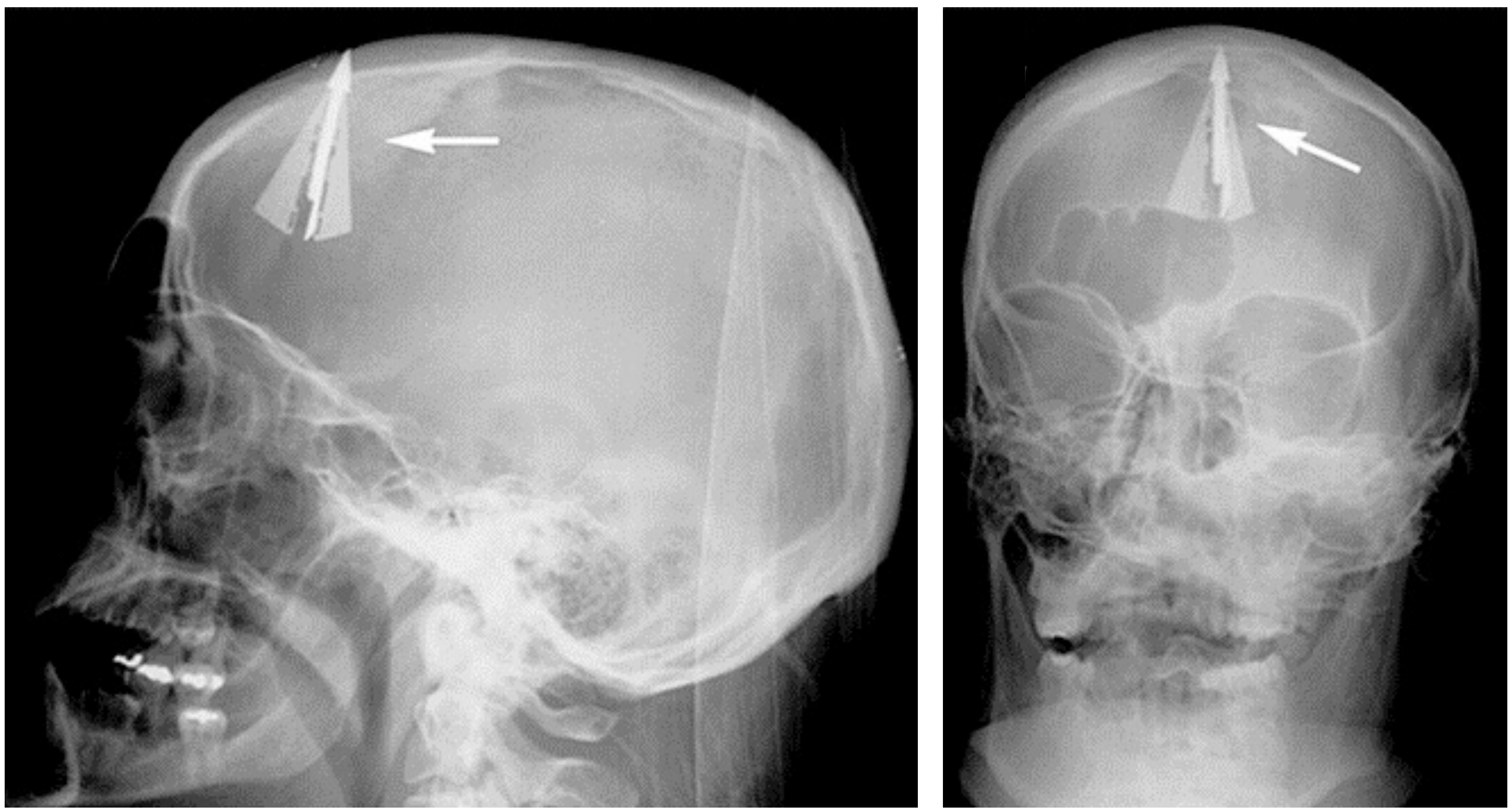


Background subtraction: "Digital Subtraction Angiography" (DSA)



Improving X-ray imaging II. Spatial resolution

Bi-directional X-ray imaging

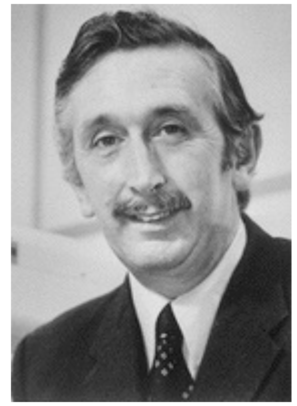


Bi-directional cranial X-ray of an individual who tried to commit suicide with a crossbow.

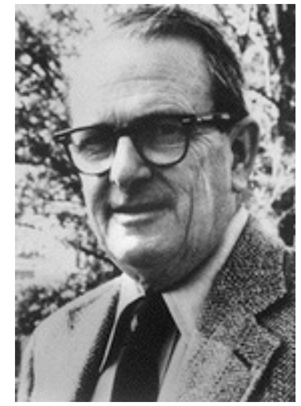
Improving X-ray imaging: the CAT scanner

History

- Röntgen, Hounsfield and Cormack
- 1967: first CAT scan
- 1972: prototype
- 1974: first clinical CAT image (head)
- 1976: whole body CAT scan
- 1979: Nobel-prize
- 1990: spiral CAT scanner
- 1992: multislice CAT scanner
- 2006: 64 slice (and more…)
- multiple and hybrid modes: SPECT-CT, PET-CT, Dual-source CT

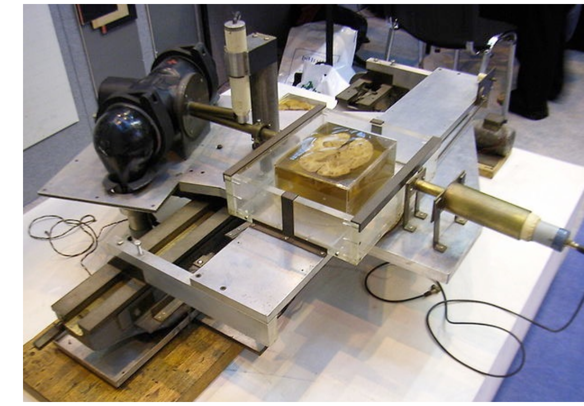


Godfrey Hounsfield



Allan Cormack

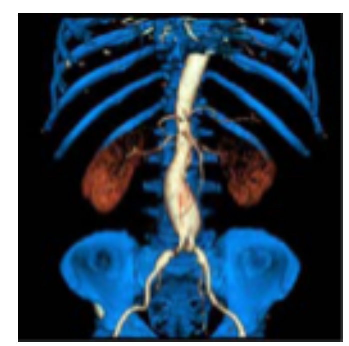
First, lab CT of a brain slice

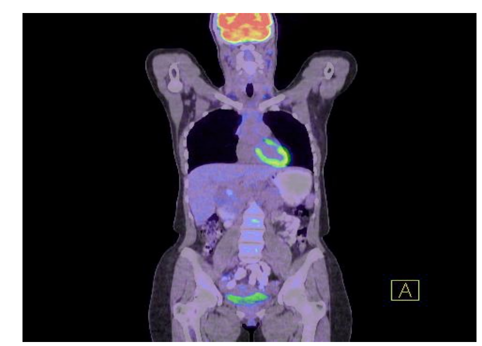


Prototype CAT scanner (EMI)

„Siretom" head scanner (1974)

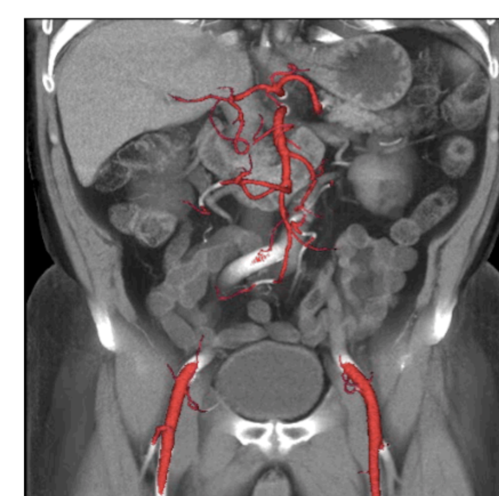
128x128 pixel image (1975)





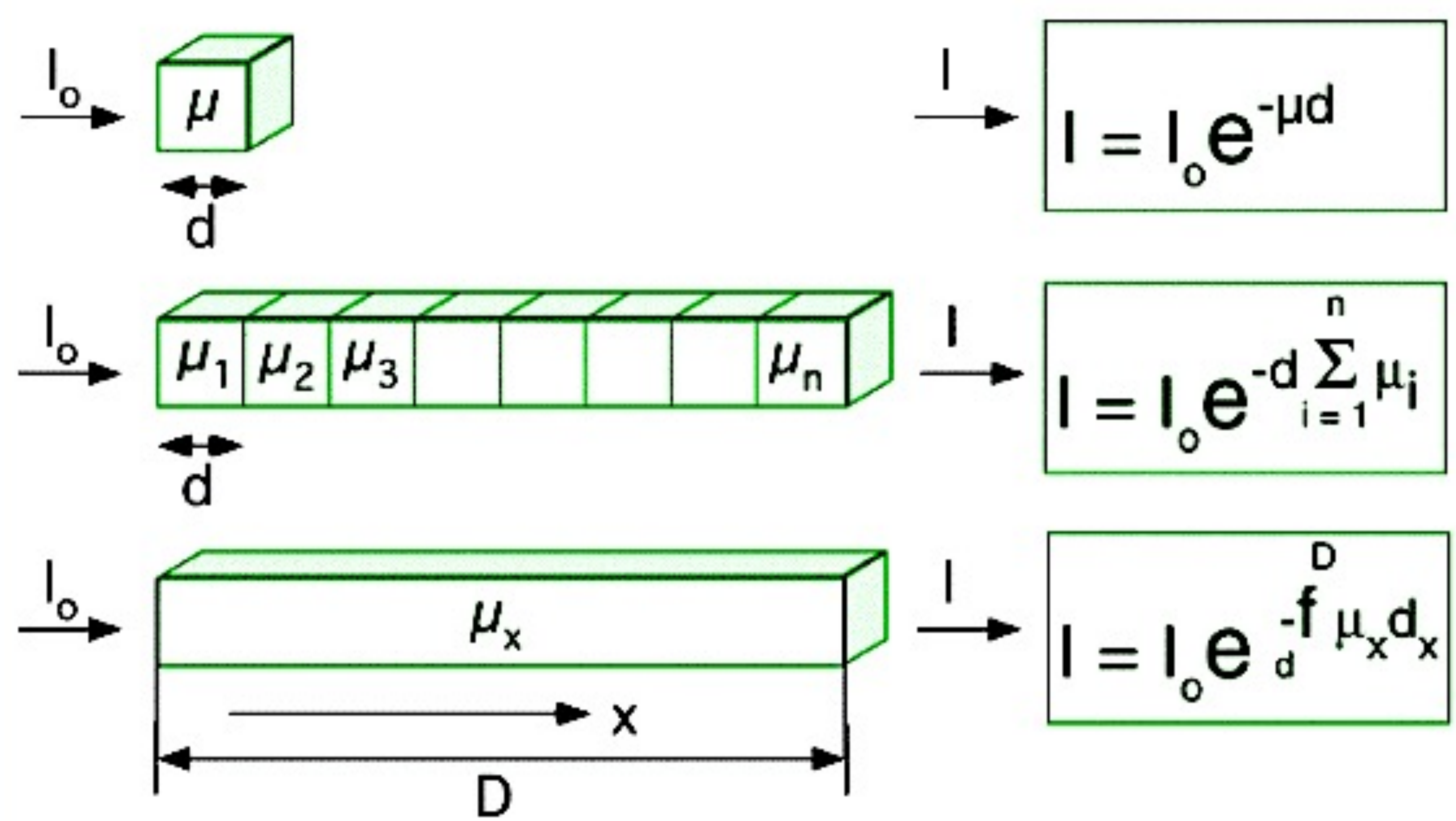
Multi-modal (combined) images

Current CAT scanner



CT Foundations I: determination of μ

Objective: to determine the attenuation coefficient (μ_x) of the individual volume elements (voxels)



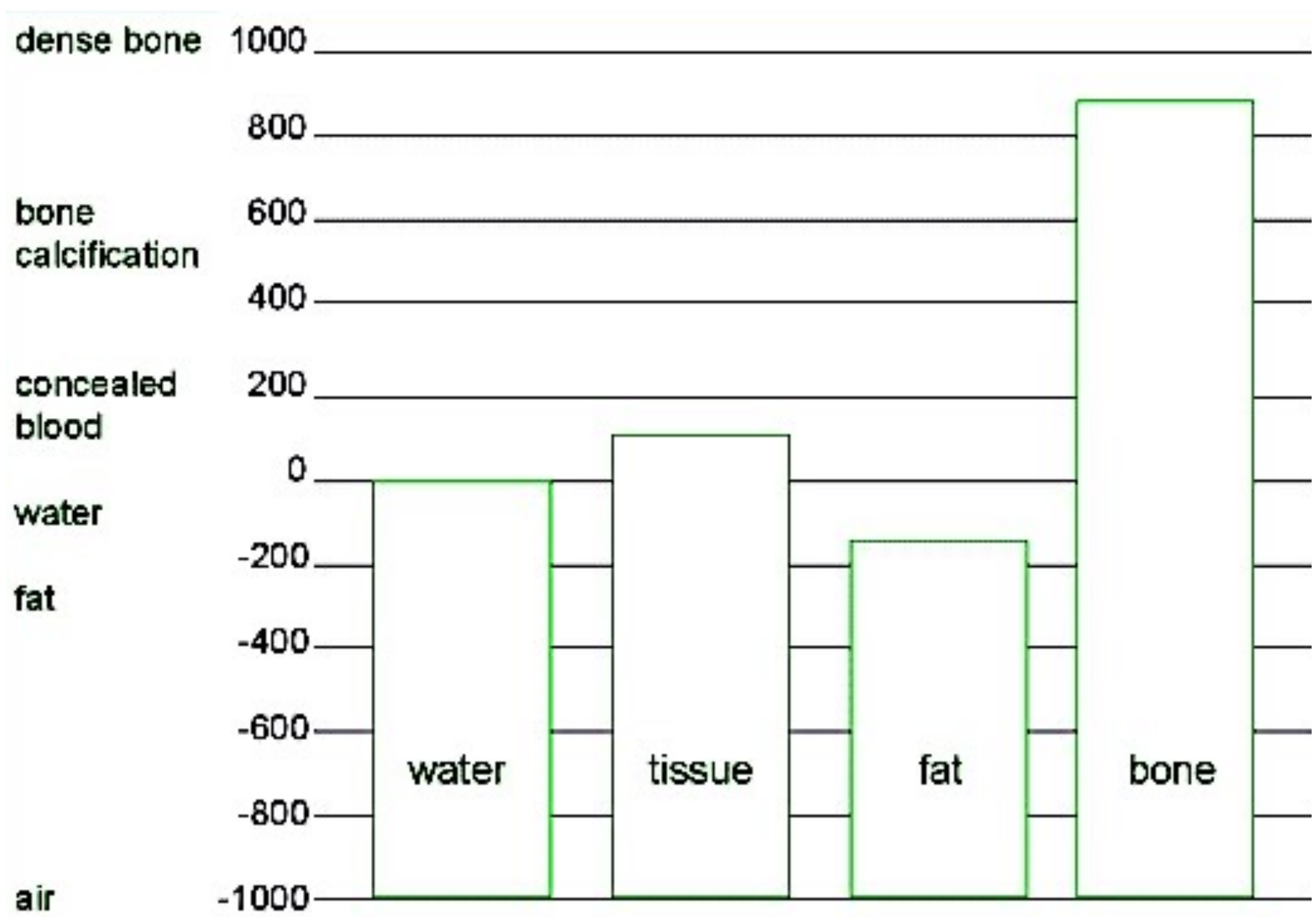
μ_x: linear attenuation coefficient
d_x: size of the voxel

CT Image:
Density matrix

$$N_{CT} = 1000 \frac{\mu - \mu_w}{\mu_w}$$

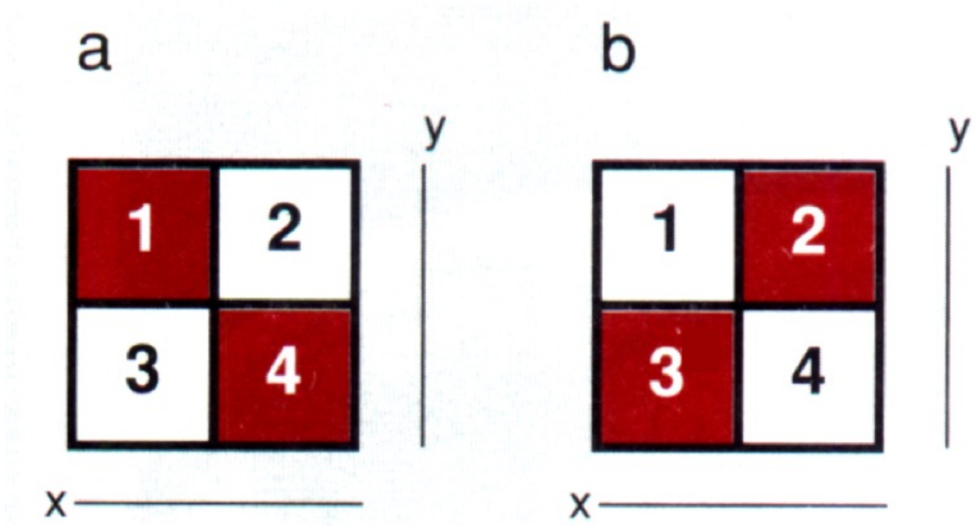
μ: attenuation coefficient of voxel
μ_w: attenuation coefficient of water

Density ("CT number"): Hounsfield units

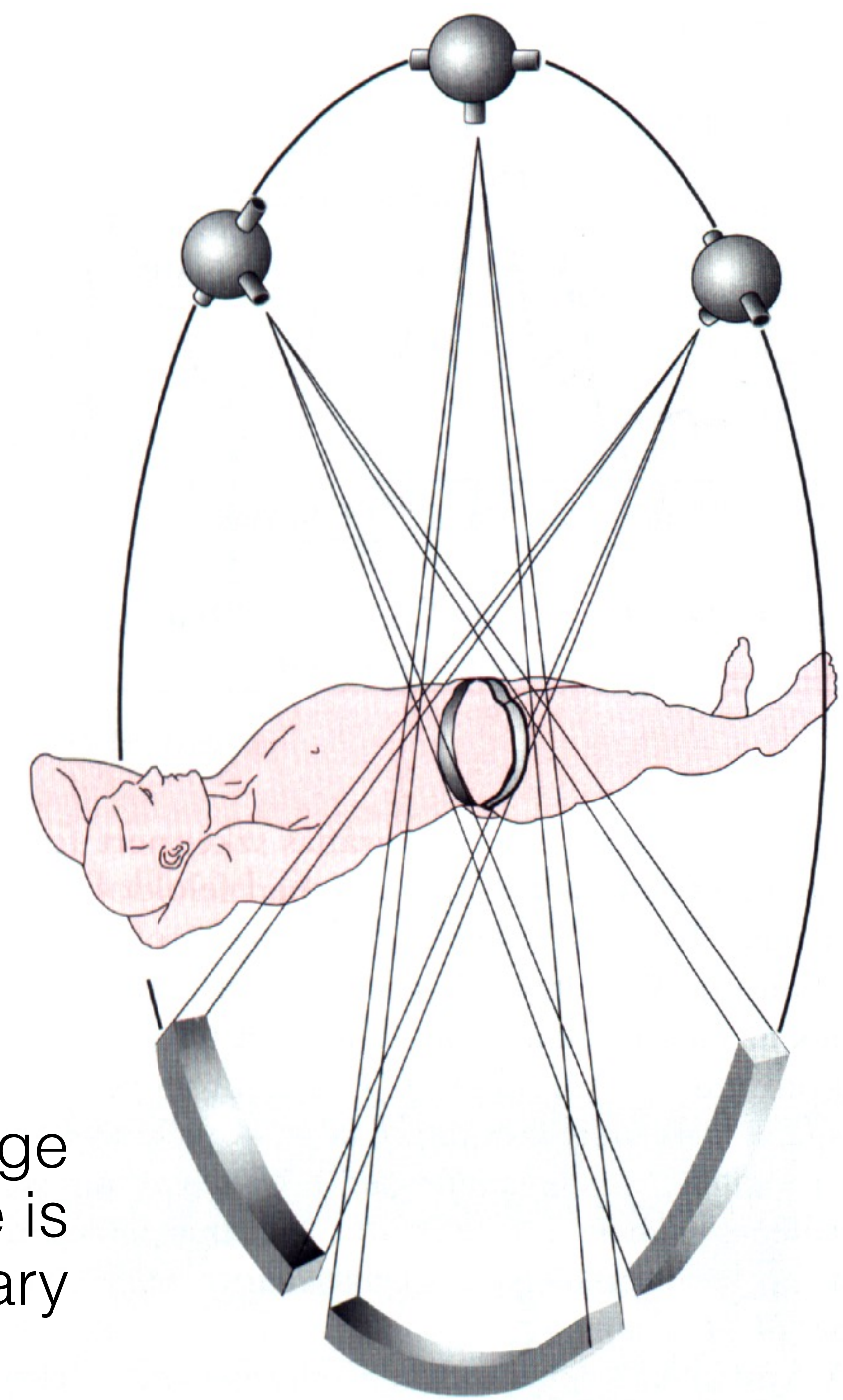


CT Foundations II: scanning

Scanning in transaxial tomographic slices

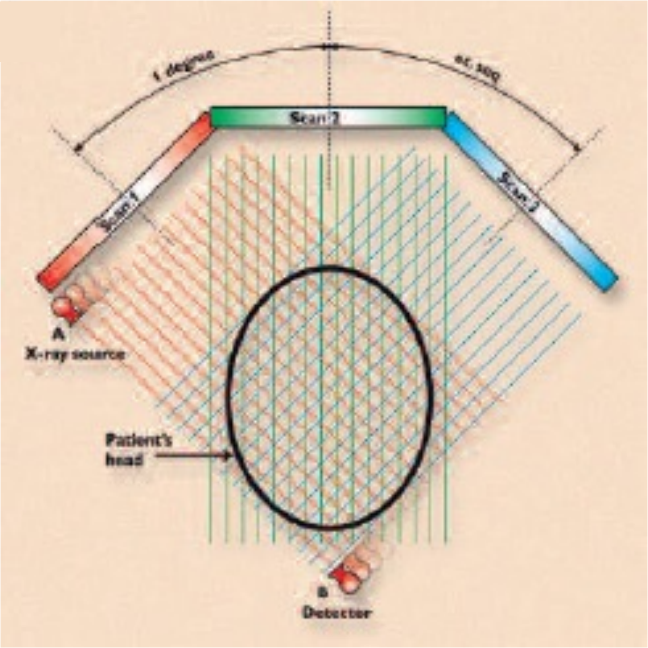


It is not possible to distinguish **a** from **b** in a bi-directional image

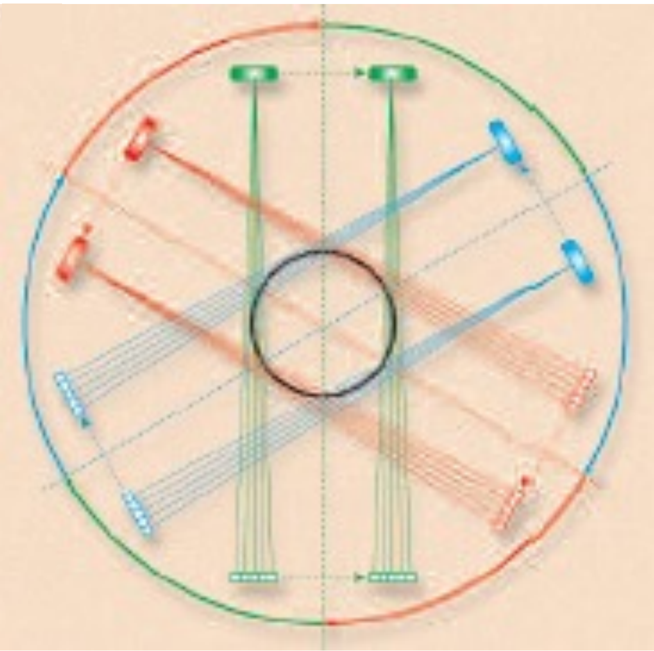


Scanning along as large angular resolution as possible is necessary

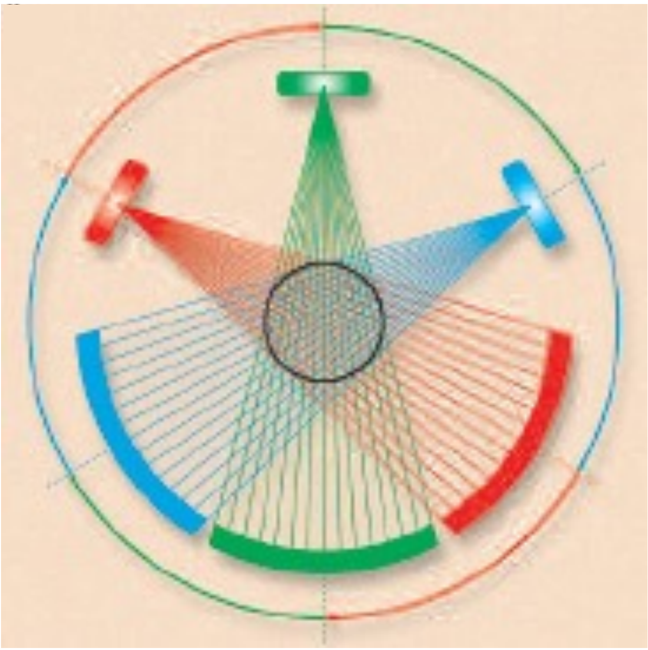
Scanning techniques evolved through generations



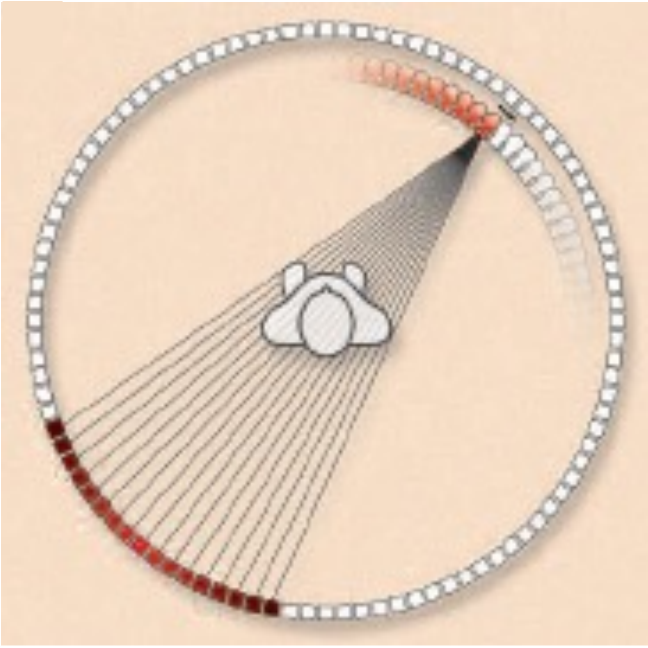
I. Generation.
There is a single moving source and a single moving detector, each translating linearly, then rotated.



II. Generation.
There are a small number of beams (approximately 8 to 30) in a narrow fan configuration with the same translate-rotate motion used in first generation machines. Each linear traverse produces several projections at differing angles, one view for each X-ray beam.



III. Generation.
There are a large number of X-ray beams (approximately 500 to 700) in a wide fan configuration. Both the X-ray tube and the detectors rotate.

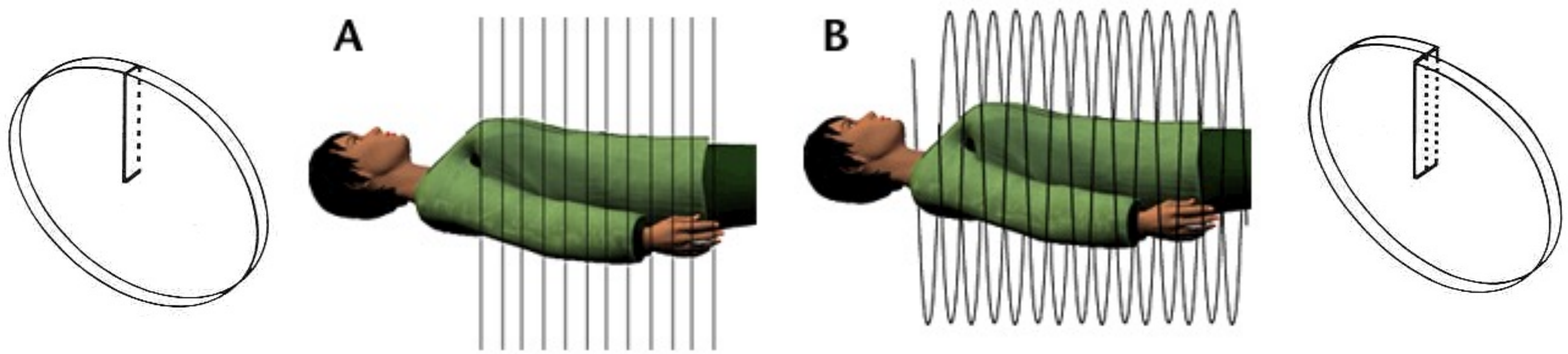


IV. Generation.
There are an intermediate number of X-ray beams (approximately 50 to 200) in a wide fan configuration with a rotating X-ray tube and a stationary circular array of approximately 600 to 2,400 detectors surrounding the patient.

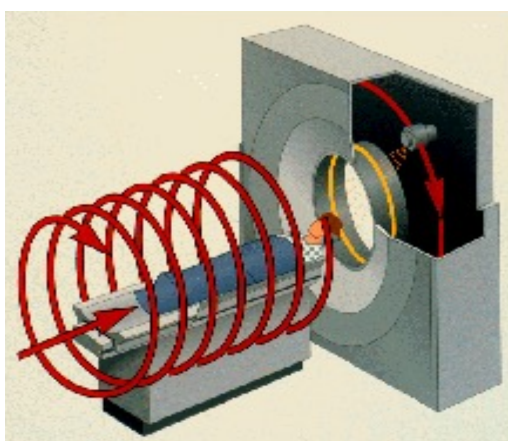
Current CT's use spiral (helical) scanning

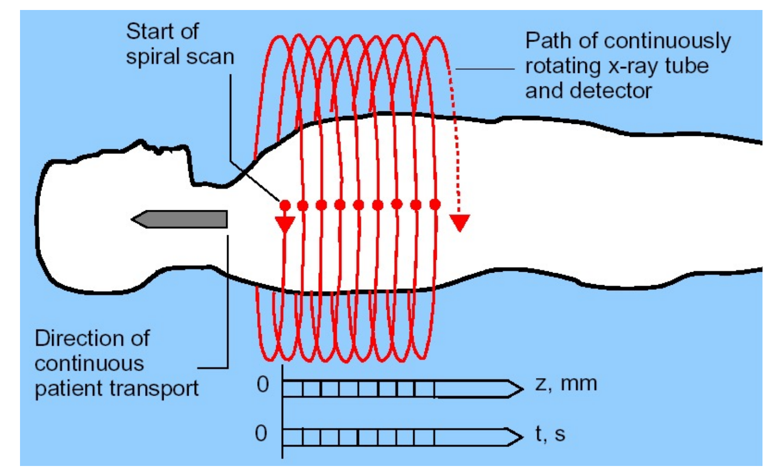
Source-detector pair rotates constantly

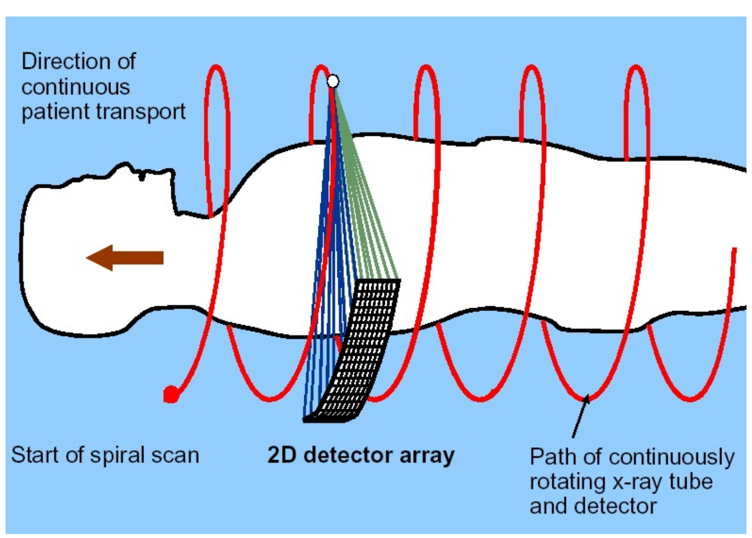
Conventional CT slice



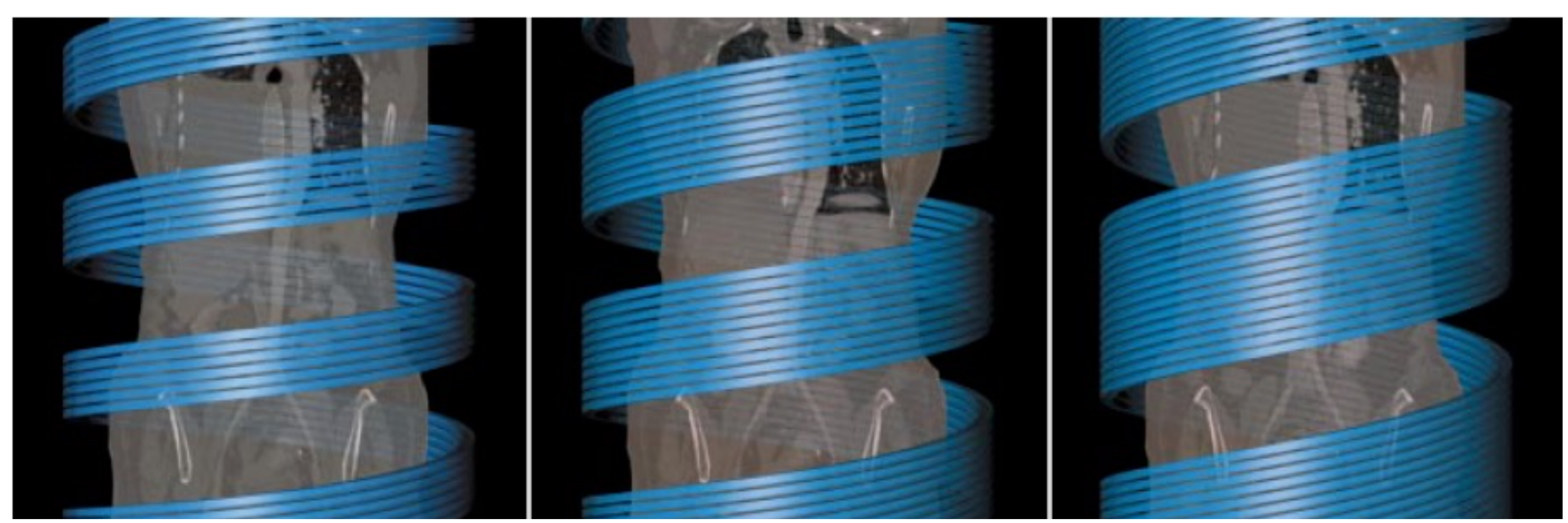
Spiral CT slice







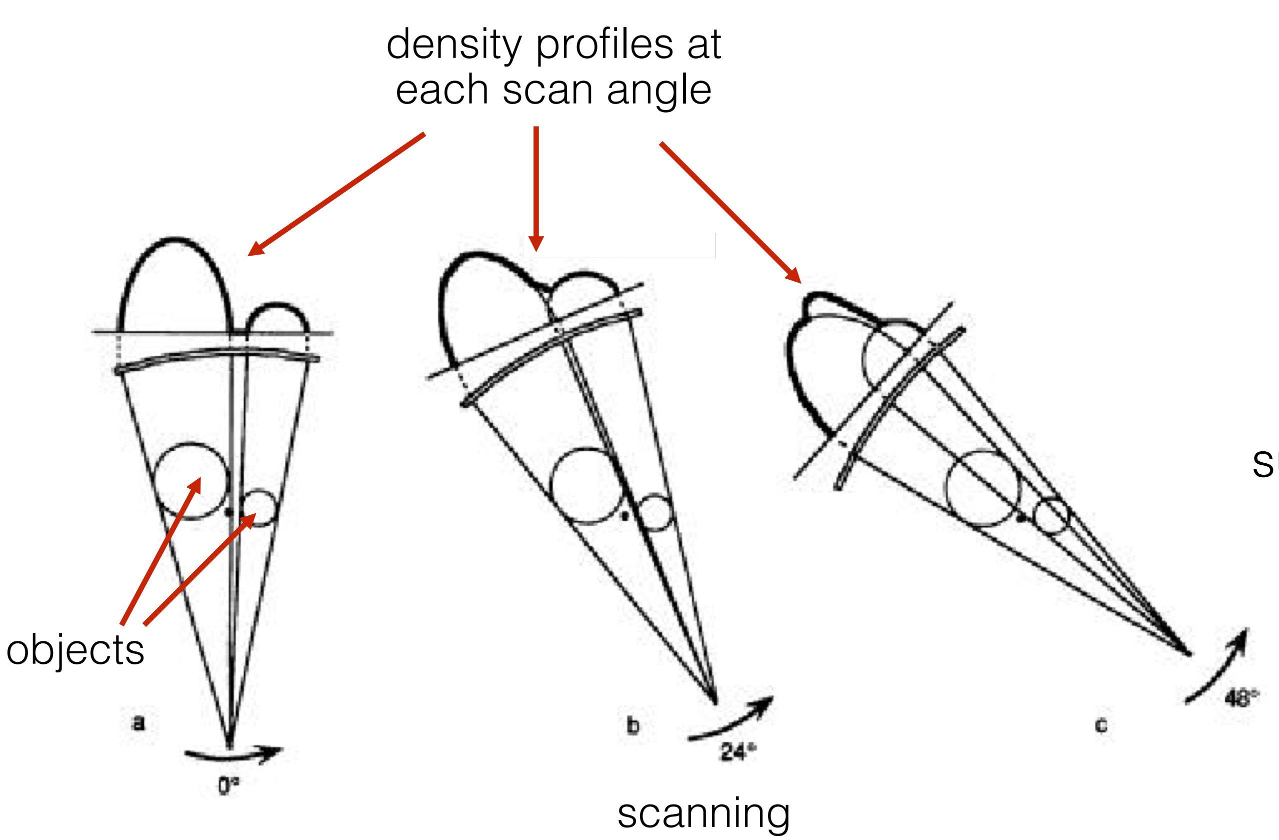
Multi-detector CT (MDCT)

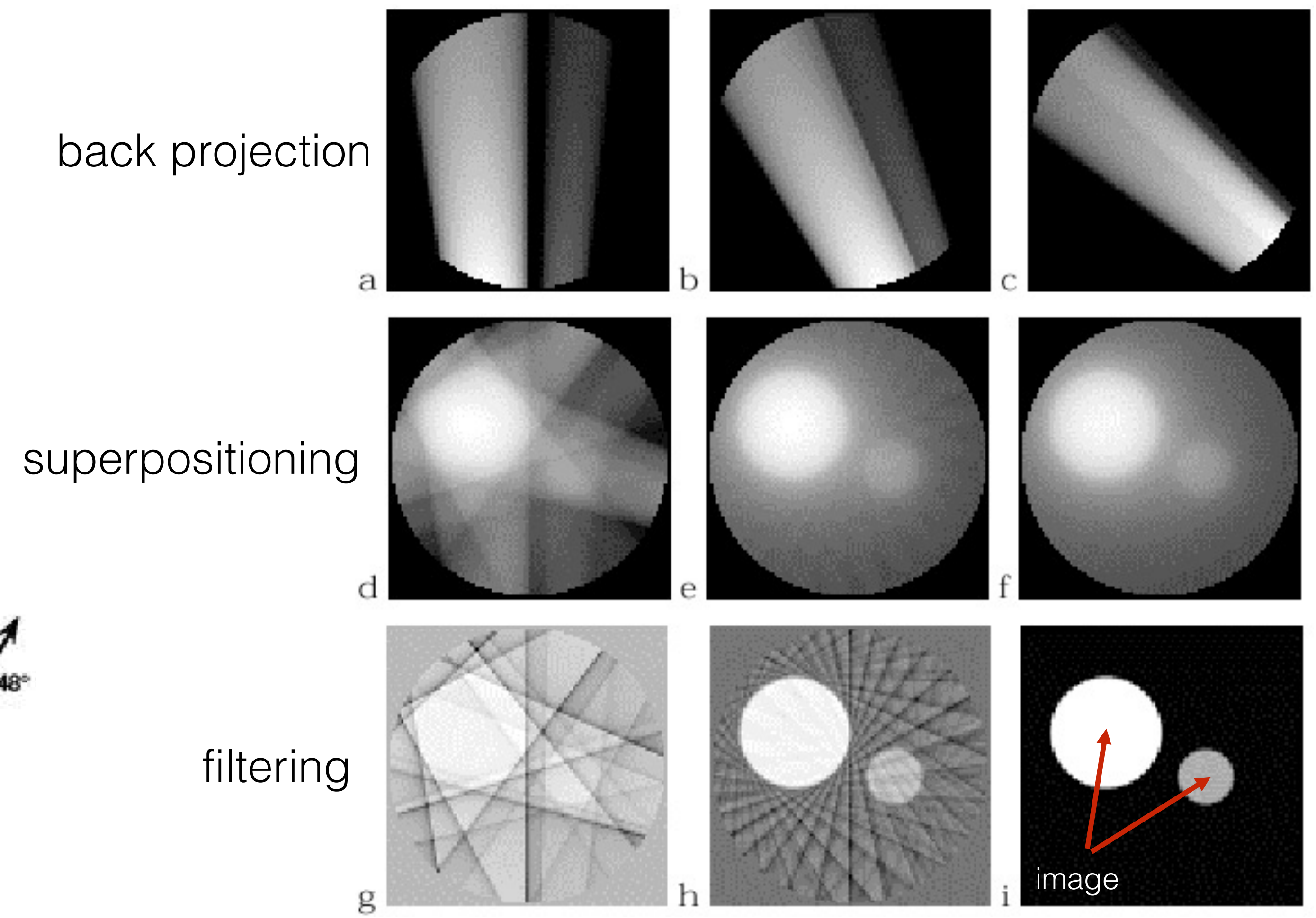


Multi-slice CT (MSCT)

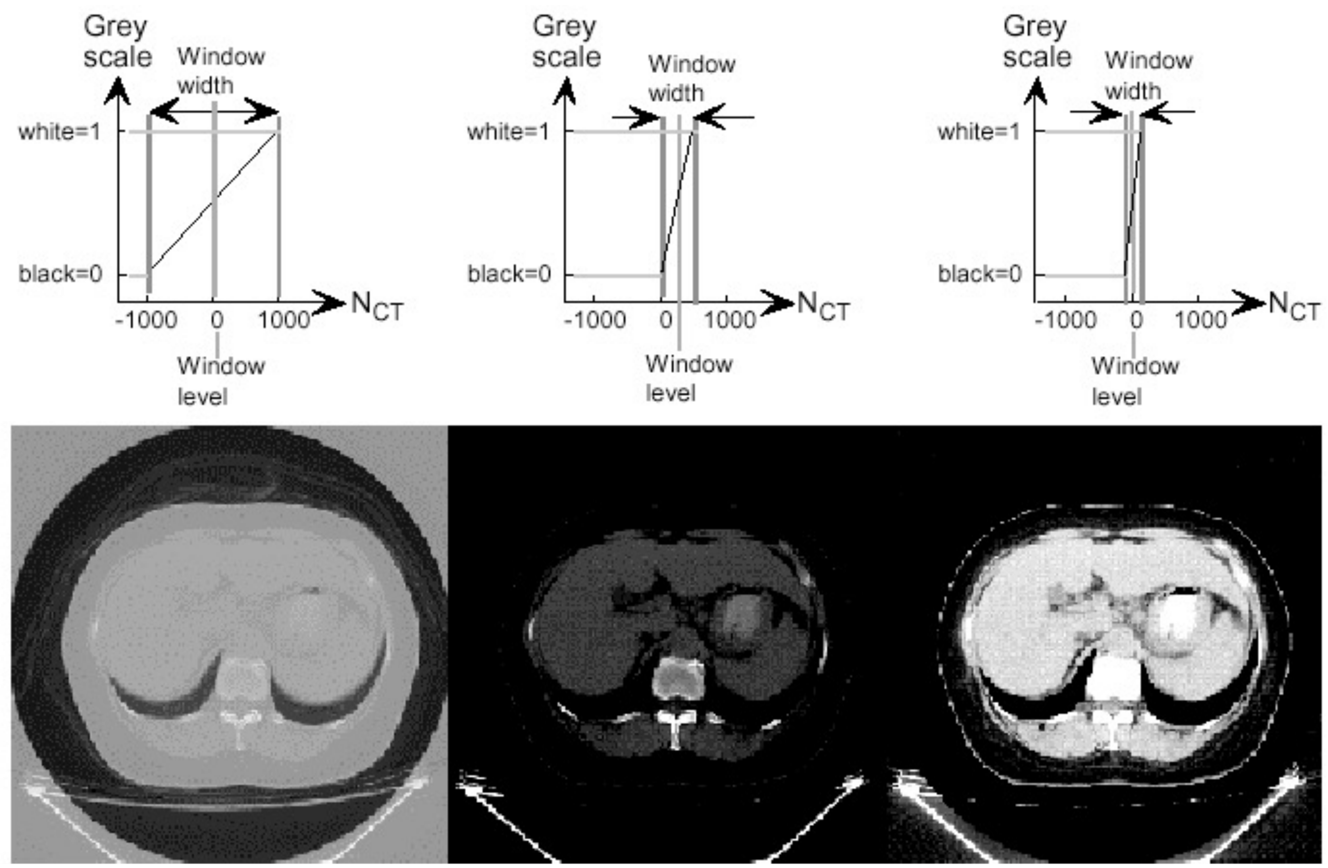
CT foundations III: Image Reconstruction

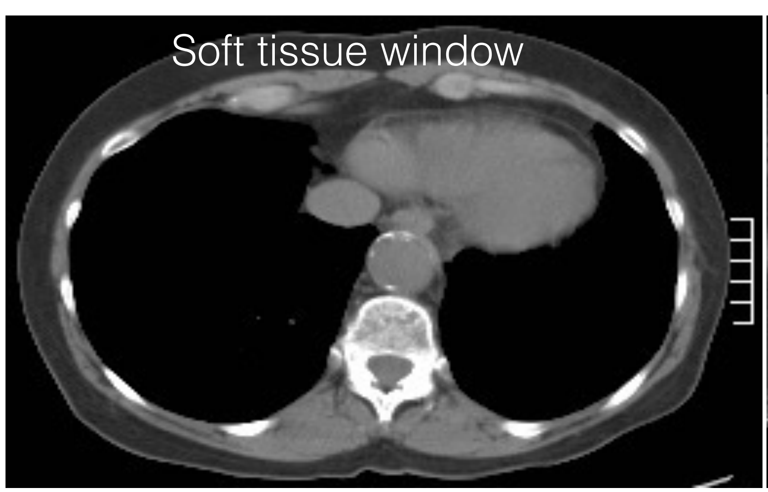
1. Algebraic reconstruction techniques
2. Direct Fourier reconstruction
3. „Filtered Back Projection" (current method)

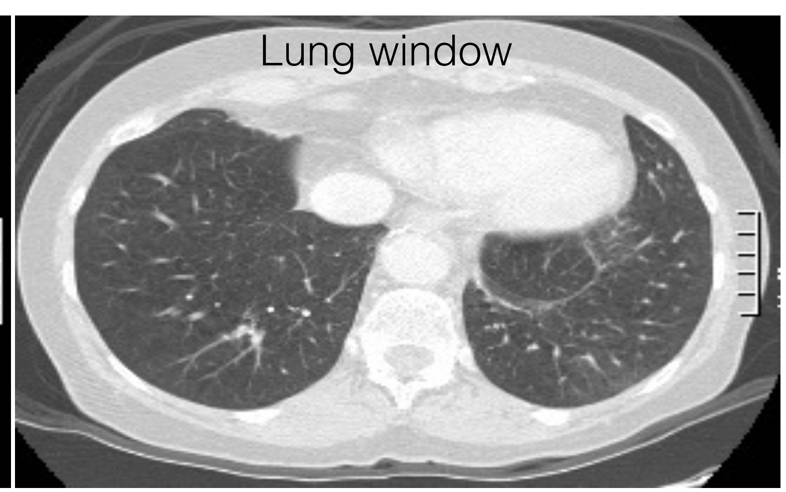


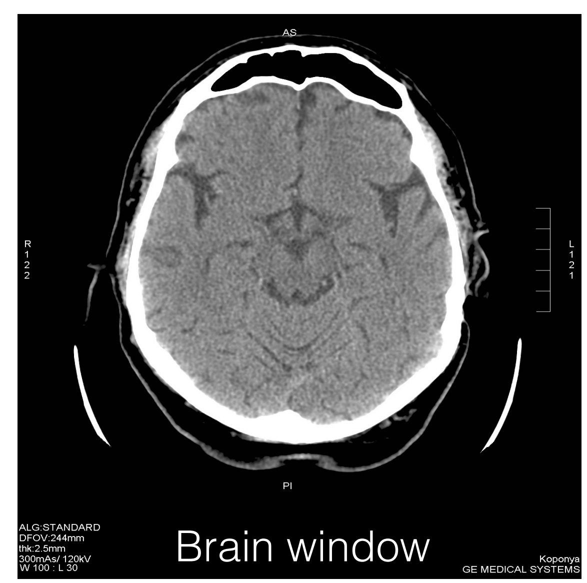


Contrast manipulation of CT Image
„Windowing”



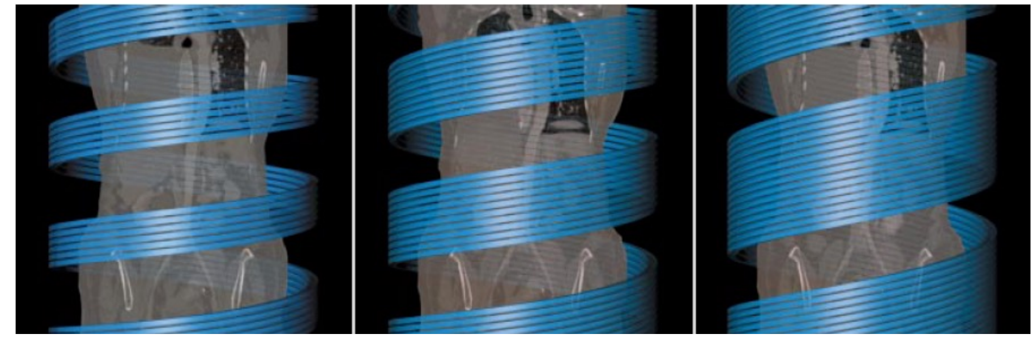




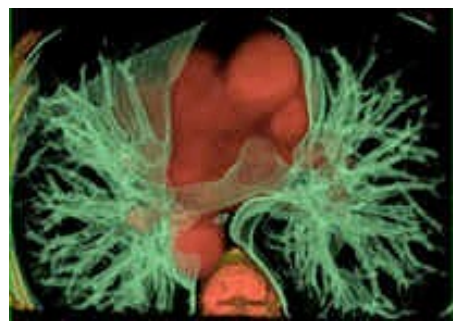
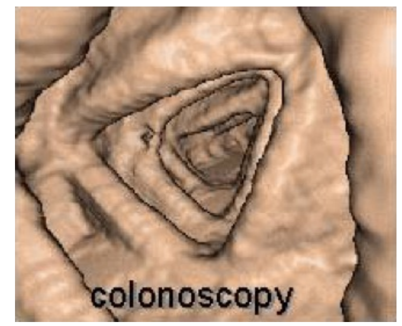


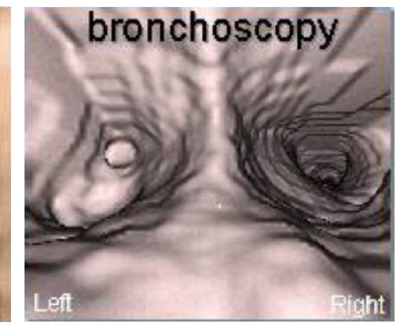
Modern CAT scanning

Spiral and multislice CAT

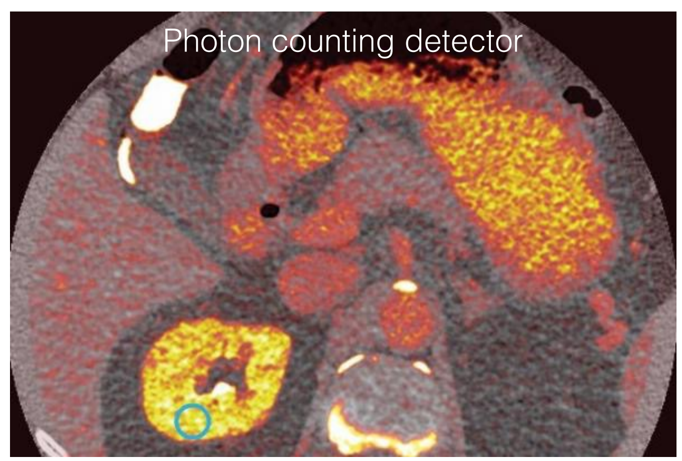



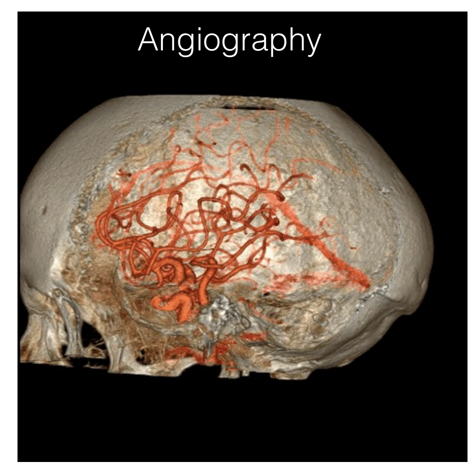
3D reconstruction, virtual endoscopy

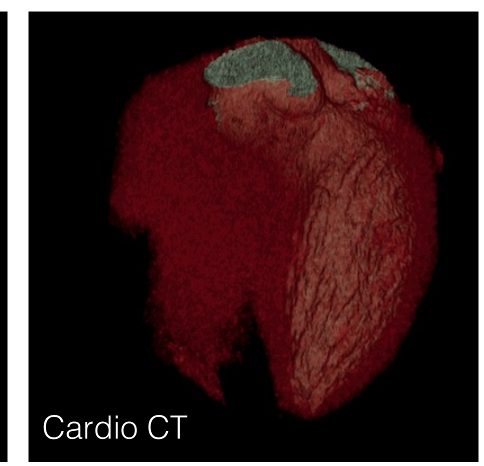





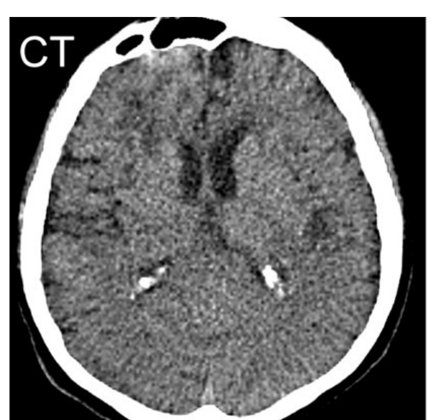
Icreasing sensitivity and resolution

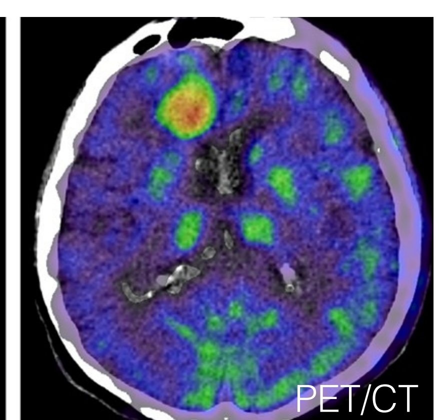


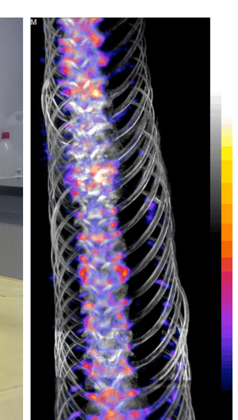




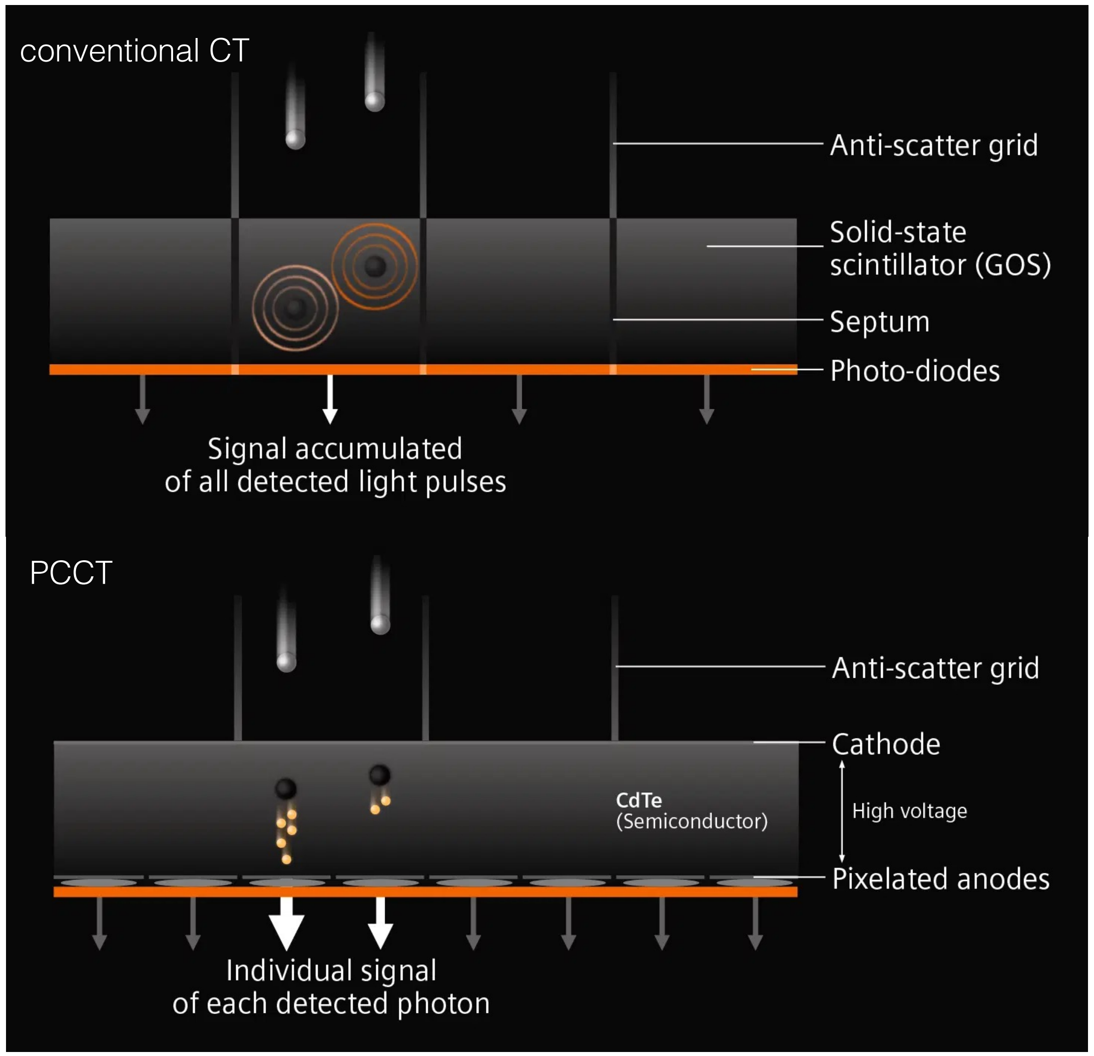
Combination with other modalities

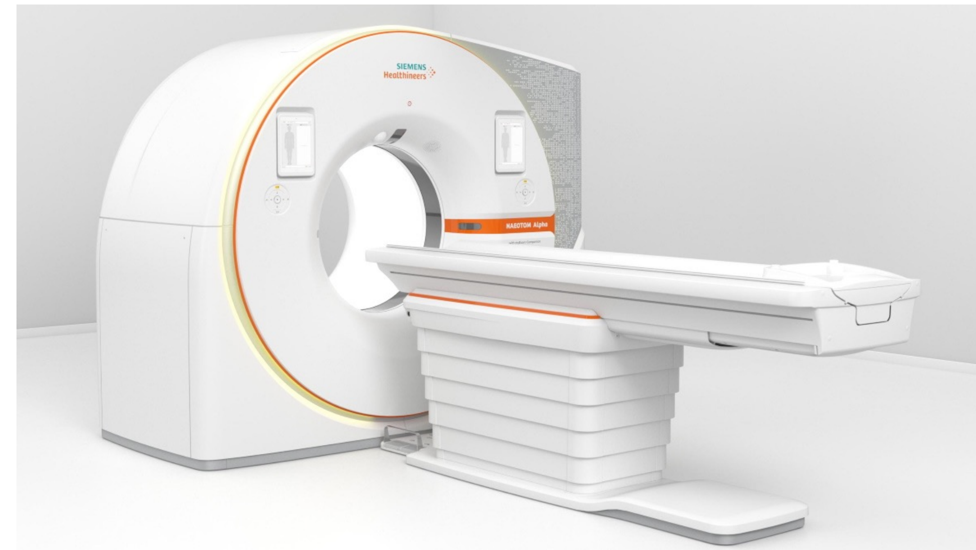




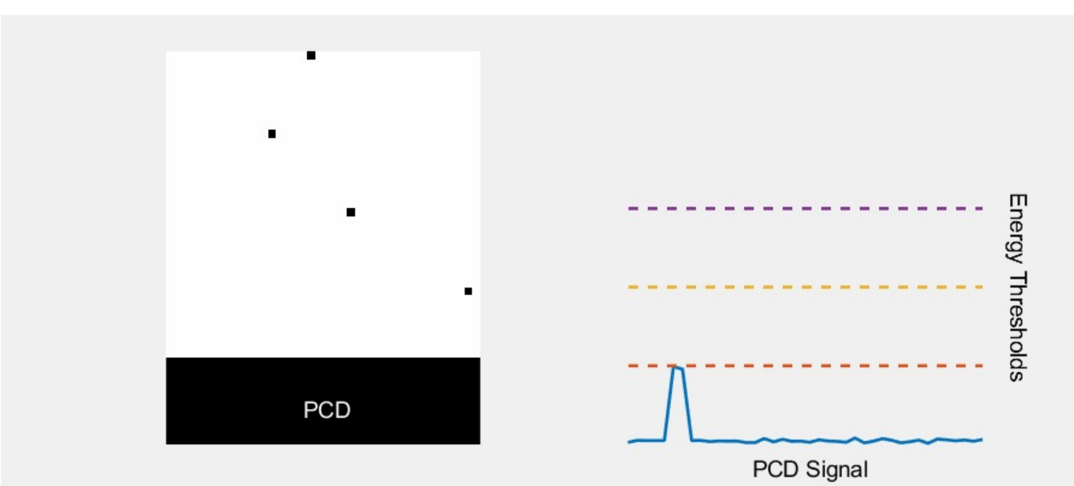


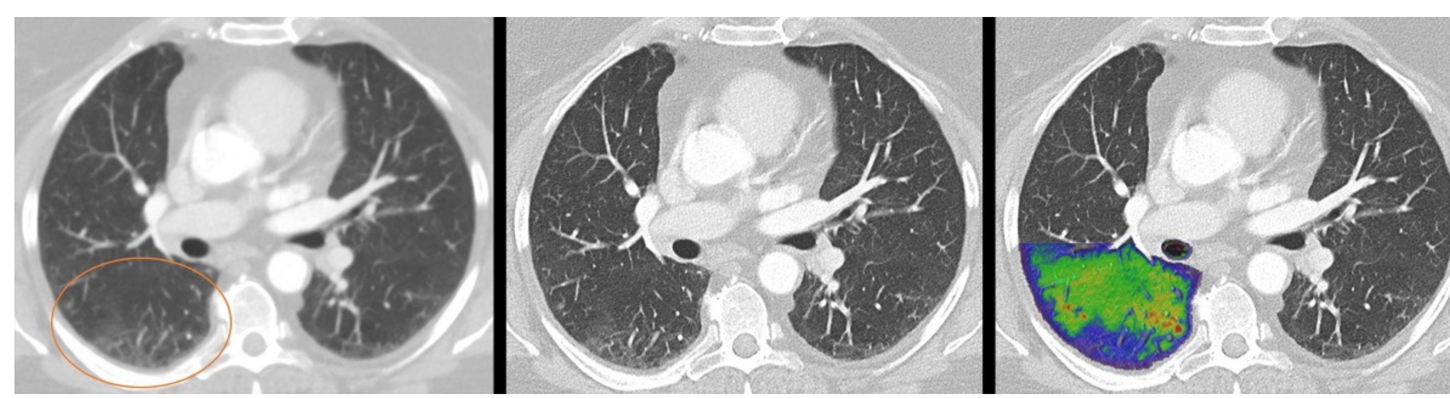
Photon Counting CT (PCCT)





- PCD: Photon Counting Detector (cadmium telluride crystal, CdTe)
- PCD keeps track of the energy of incoming photons
- PCD provides x-ray energy spectrum
- increased sensitivity (lower x-ray dose, lower contrast-agent dose)
- functional imaging possibility





conventional CT

PCCT (increased detail)

PCCT (superimposed functional information)

Summary of CT scanning (CAT)

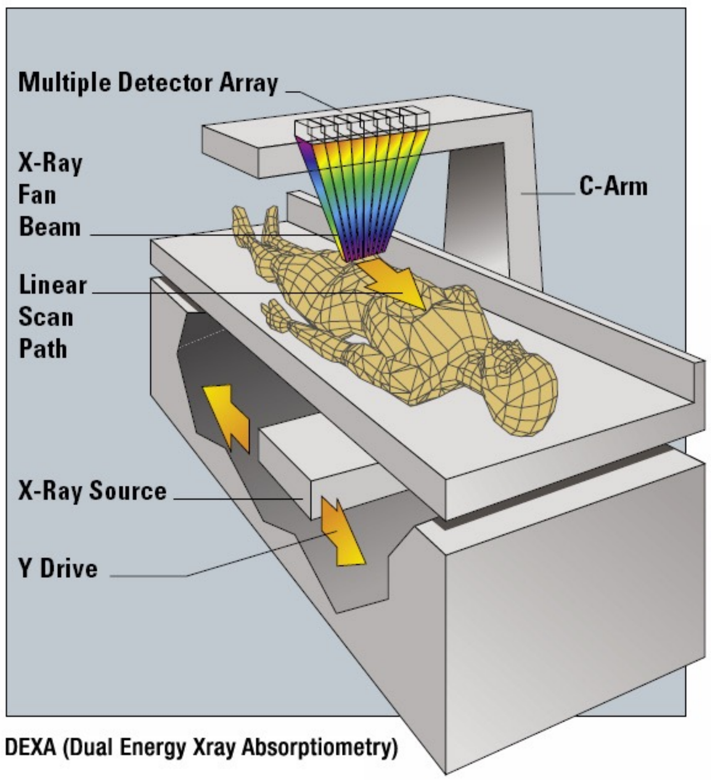
- **Tomographic** digital imaging method that uses **X-rays**
- Principle: displaying differences in X-ray **absorbance** by the different points of the tomographic slice
- Conventional (outdated) technique:
one slice – 2 - 4 sec; entire examination: 5 - 15 min
- **Spiral** CT technique:
one slice – 1 - 1.5 sec; entire examination: 30 - 60 sec (+ preparation)
- **Multidetector** spiral CT (4-64 detector array):
one slice – 0.4 - 1 sec; entire examination: 5 - 15 sec

Disadvantages of CT

- **Ionizing** radiation
- Absorbed **dose** is ~50-100 times that of conventional x-ray imaging
- Significant **scattered** x-ray is present besides direct irradiation.

Absorptiometry

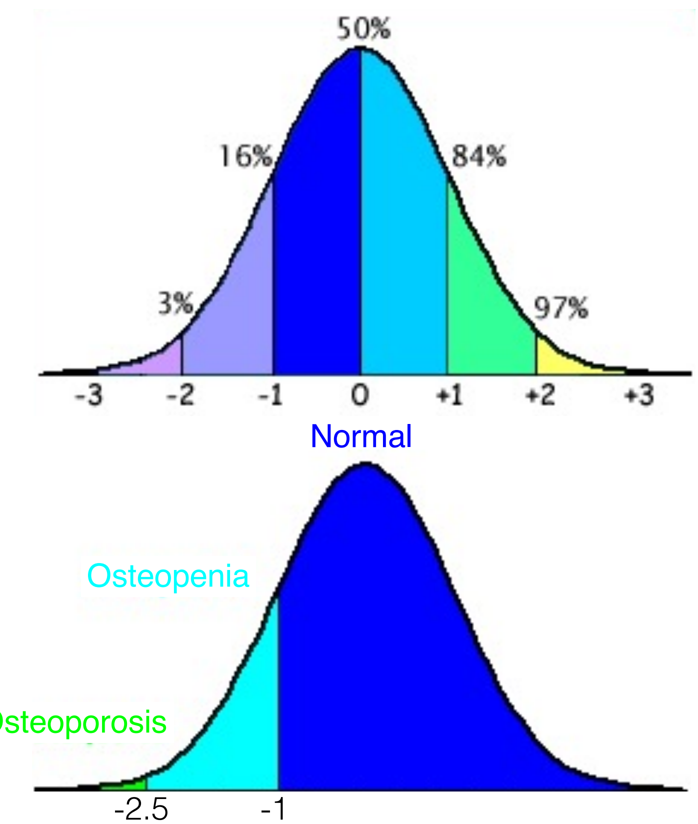
Dual-energy X-ray absorptiometry (DXA or DEXA)

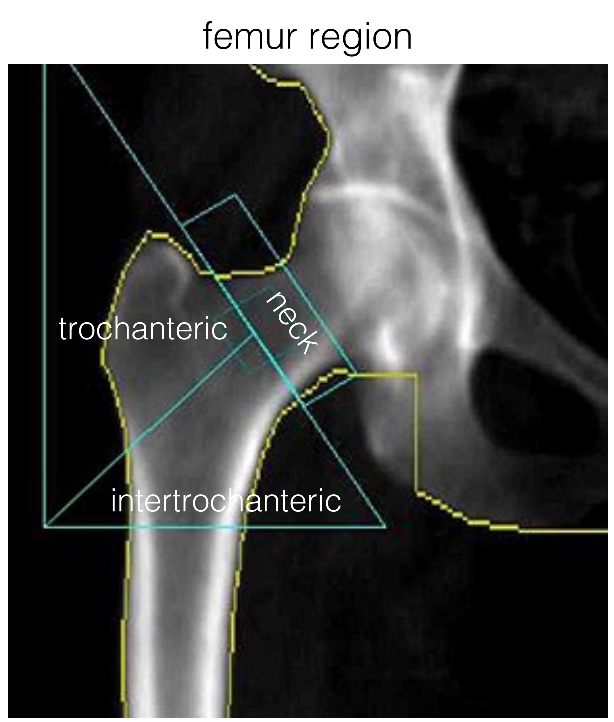


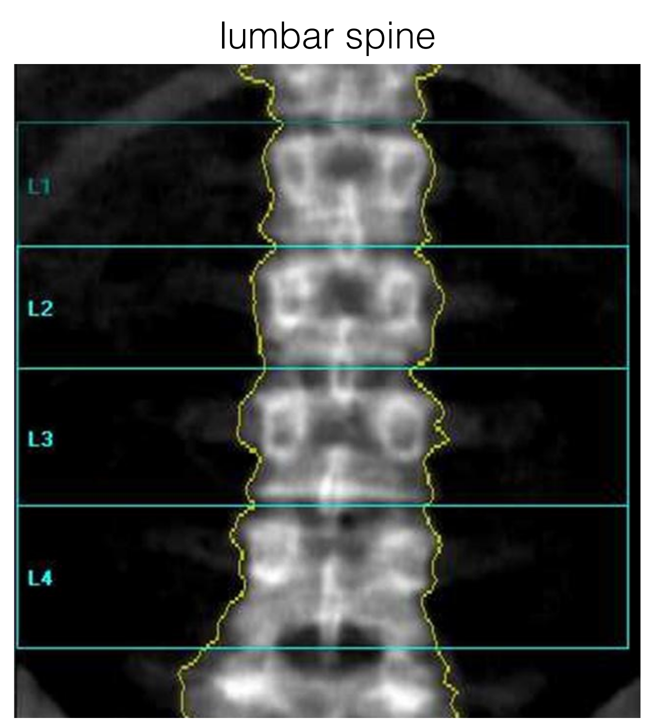
DEXA (Dual Energy Xray Absorptiometry)

- Most important method for measuring bone density
- Characteristic X-ray is used as source
- Two different photon energies are employed (so that bone vs. soft-tissue absorption can be differentiated)
- Low dose is applied
- Whole-body scan is recorded
- Densities of distinct areas (e.g., femur, spine) are compared with reference databases
- Bone Mineral Density (BMD) calculated
- T-score is established

T-score: number of standard deviations below the average for a young adult at peak bone density.



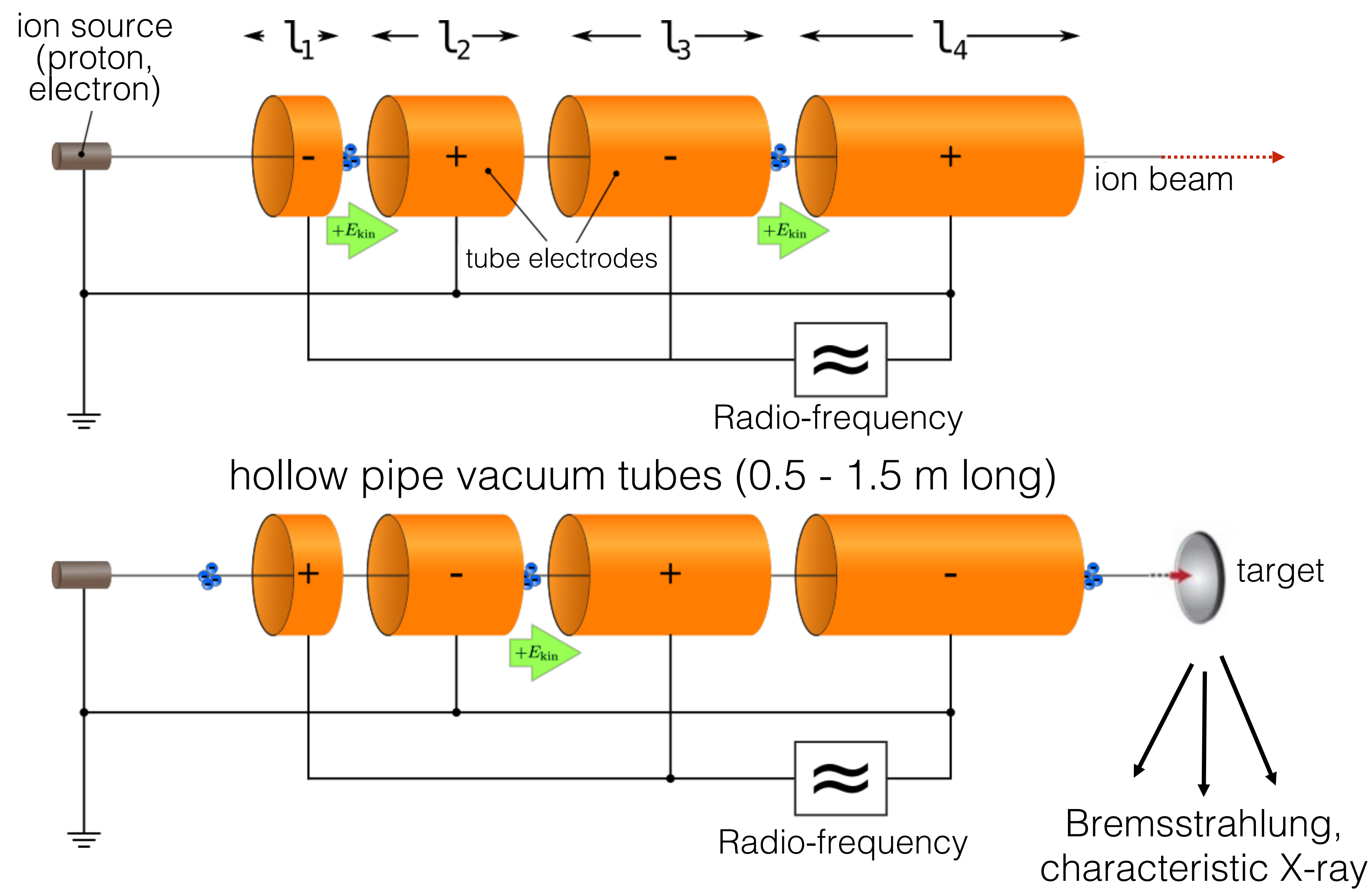




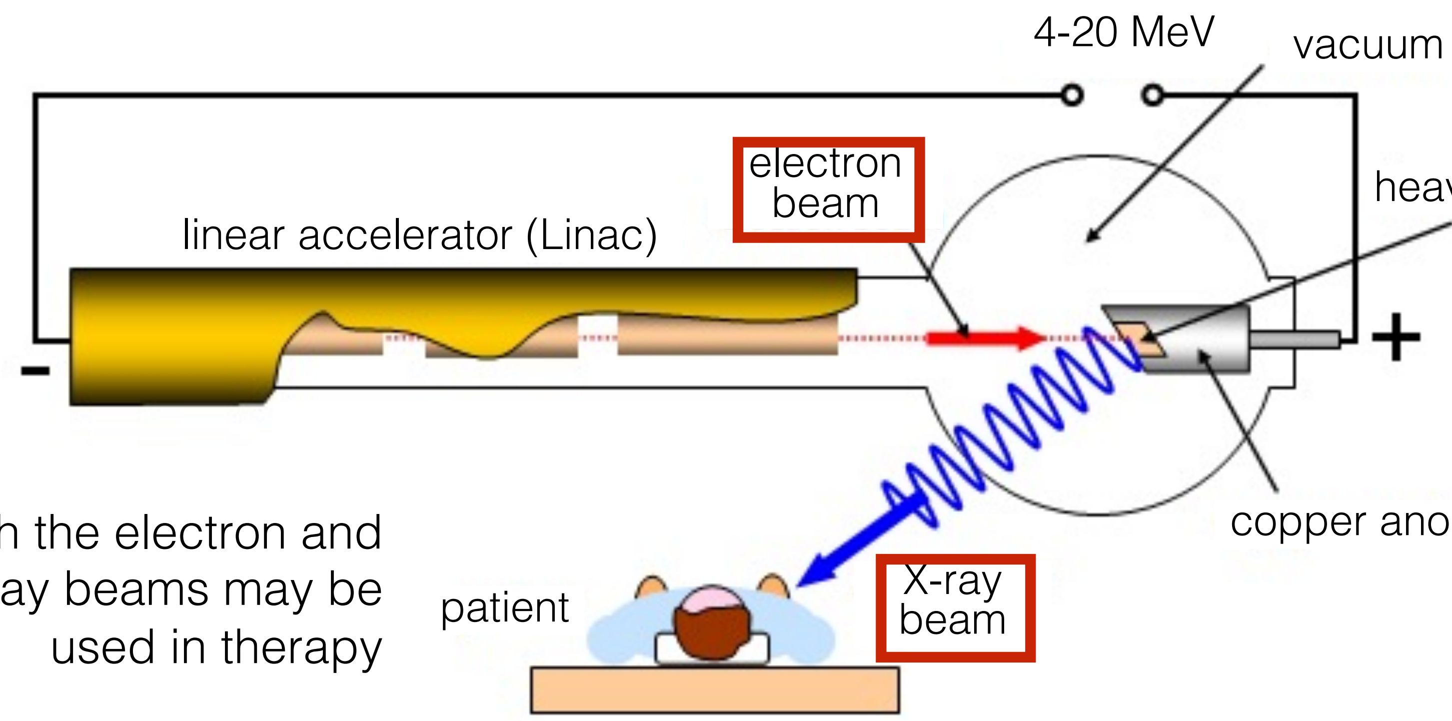
Generating high-energy X-ray

Linear accelerator (Linac)

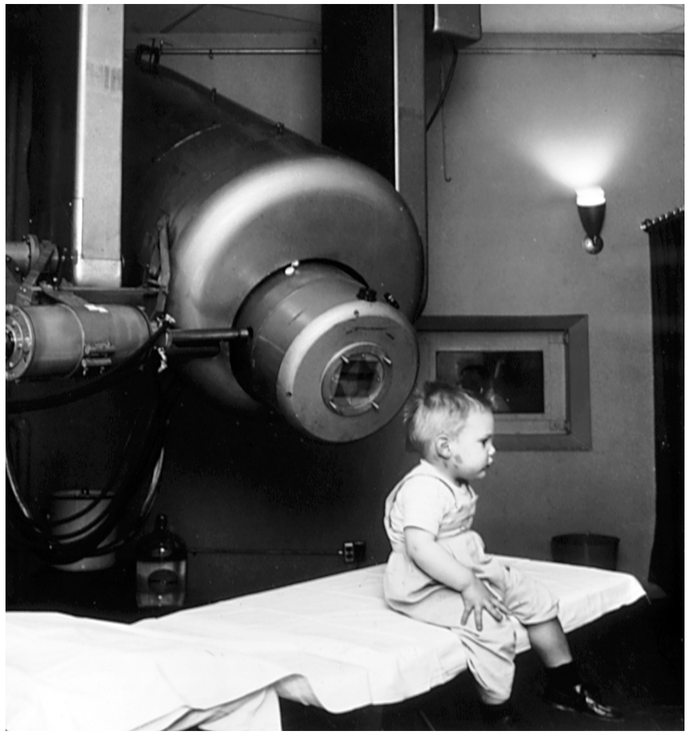
- Charged particle (electron, proton) accelerated between electrodes (but not inside the electrode).
- Velocity of particle increases in steps.
- Electrode polarity is alternating.
- Electrodes are gradually longer (l_n increases) in order to maintain synchrony.
- Accelerated particles are directed at suitable target material (to generate X-ray).



Linac-based radiation therapy



Both the electron and X-ray beams may be used in therapy



First patient (Gordon Isaacs) treated with Linac radiation therapy (electron beam) for retinoblastoma (1955)

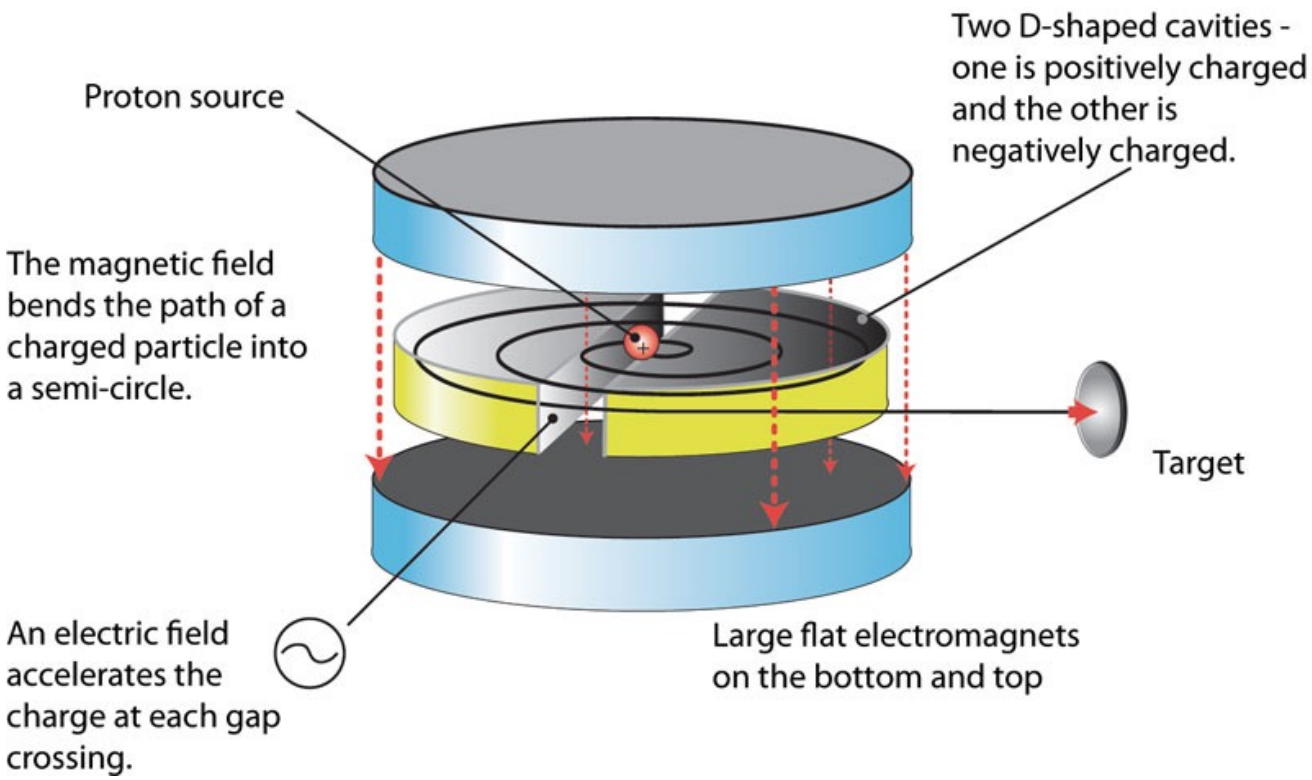
Modern hospital Linac

Advantages:

- Radiation may be turned on and off
- No contaminating radioactivity

Ring-shape particle accelerators

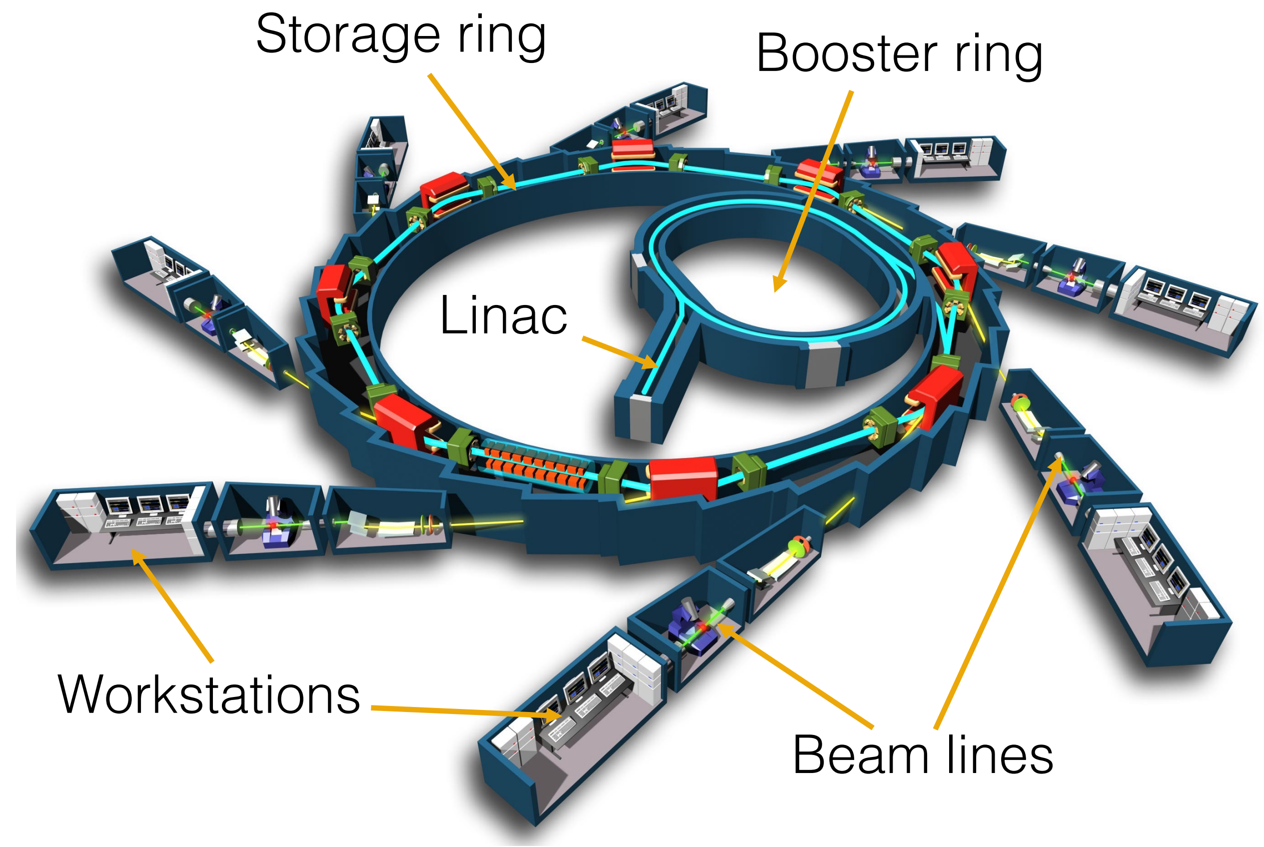
Cyclotron



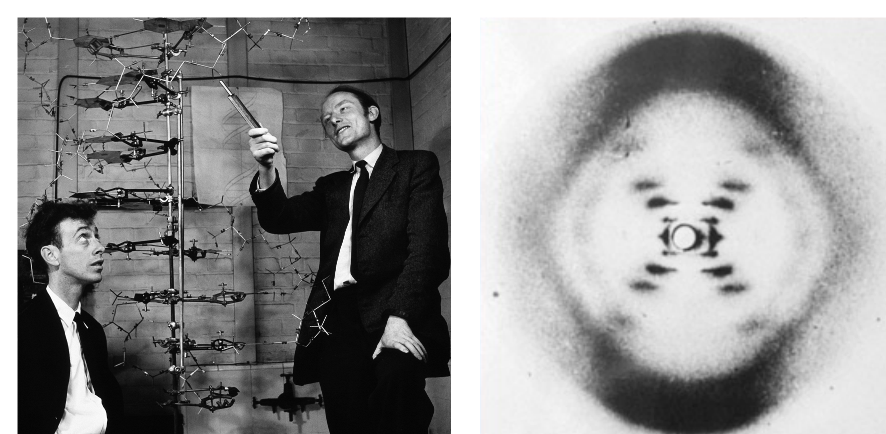
- Lorentz forces keep particles on circular path (causes limitations)
- Few tens of MeV particles are generated
- Used for generating positron-emitting isotopes (PET)
- Clinical cyclotrons in PET centers

11 MeV medical cyclotron

Synchrotron



- Very high energy particles can be generated (GeV)
- Relativistic speeds can be achieved (near light speed)
- X-rays used for high-resolution structural research
- Few facilities around the world (Grenoble, Chicago, etc.)



J.D. Watson and C.F. Crick, and the first x-ray image of DNA (1953)

Feedback

https://feedback.semmelweis.hu/feedback/pre-show-qr.php?type=feedback&qr=J1ZM0EW0HILYCW33