



VFN PRAHA

Kritický pohled na... TRIPLE RULE OUT CT

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Triple rule out CT

- Obstruktivní koronární nemoc
- Disekce aorty
- Plicní embolie

- Jiné nálezy
 - myokarditis?, perikarditis
 - spondylodiscitis, pleuritis, ...

- Jedno CT vyšetření (ideálně jedna fáze)





Technické parametry



Nad|Triple-Rule-Out CT Angiography for Evaluation of Acute Chest Pain and Possible Acute Coronary Syndrome¹

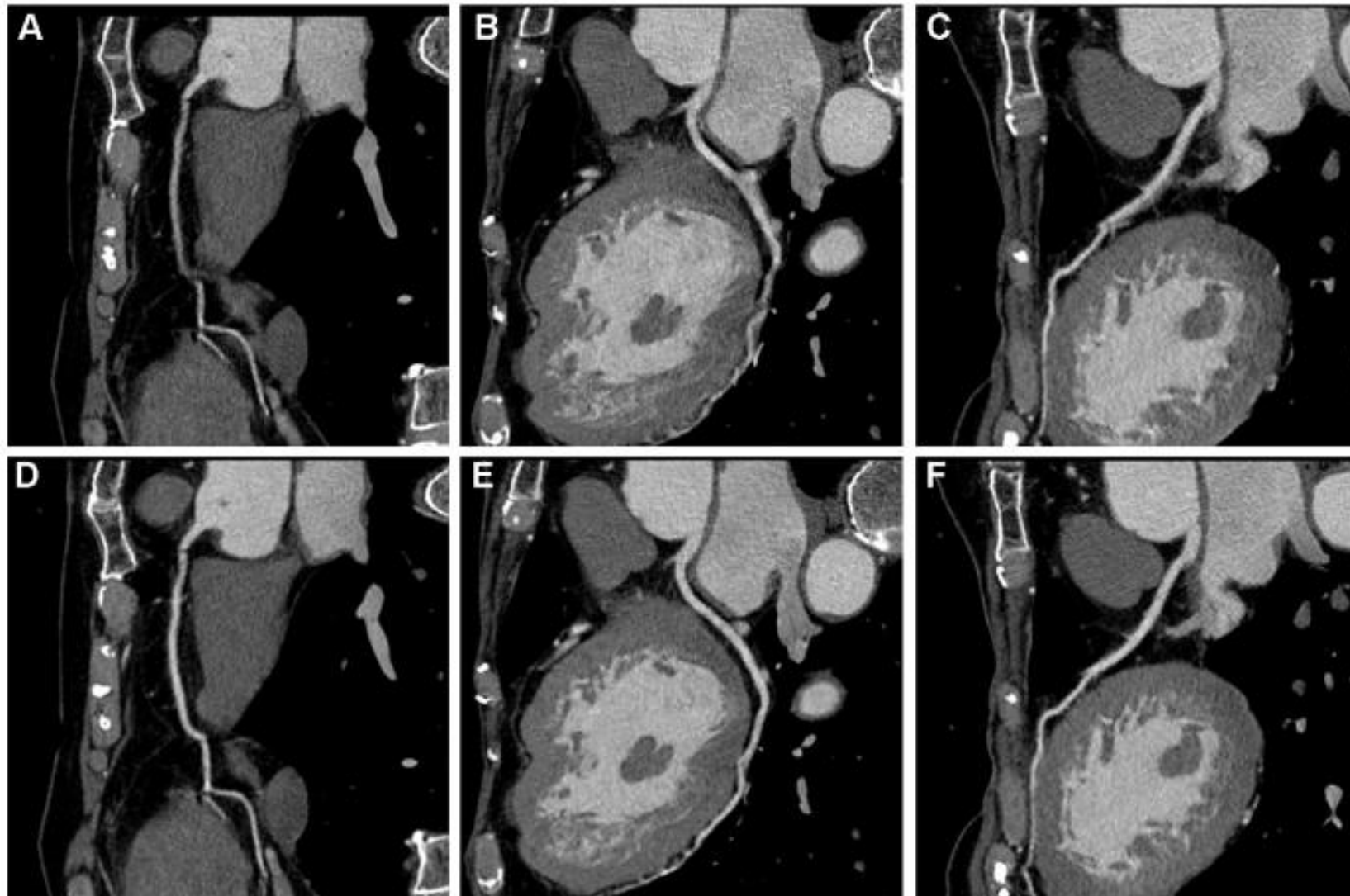
Radiology

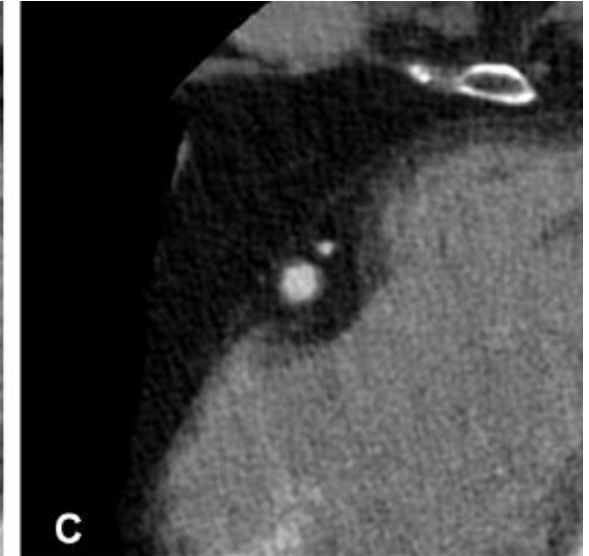
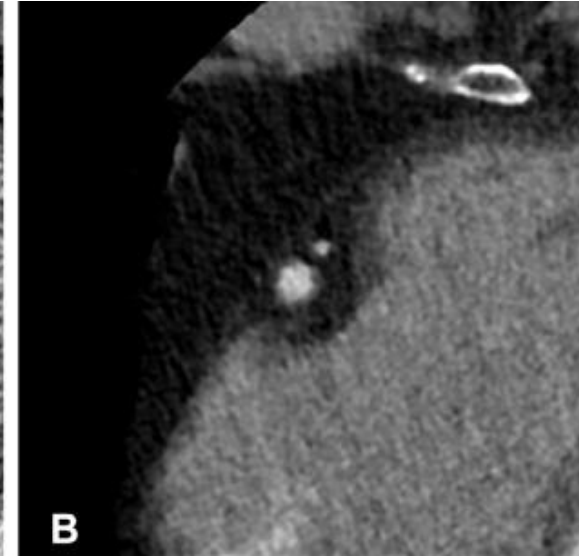
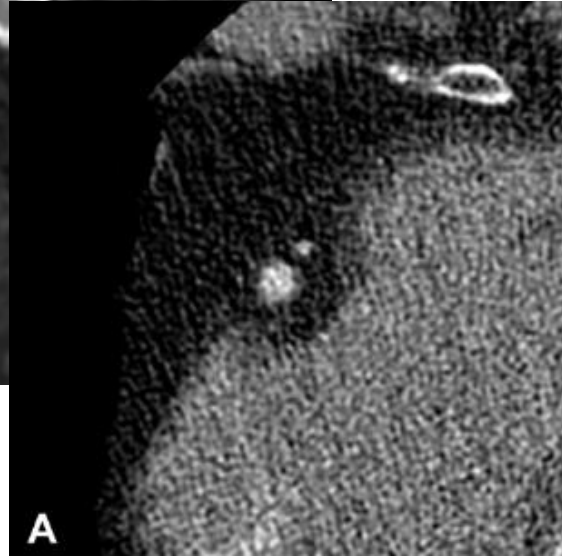
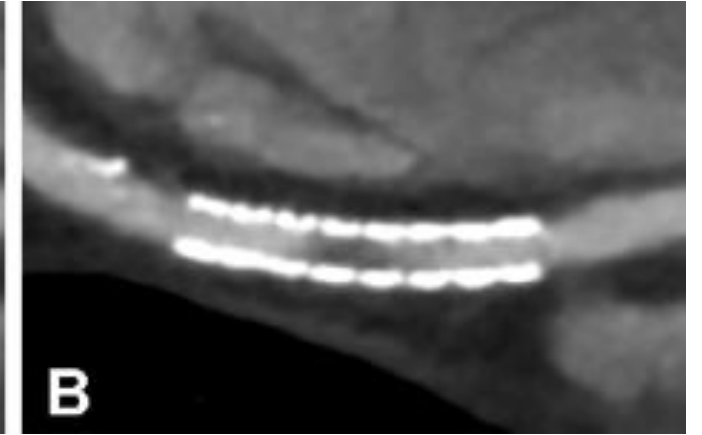
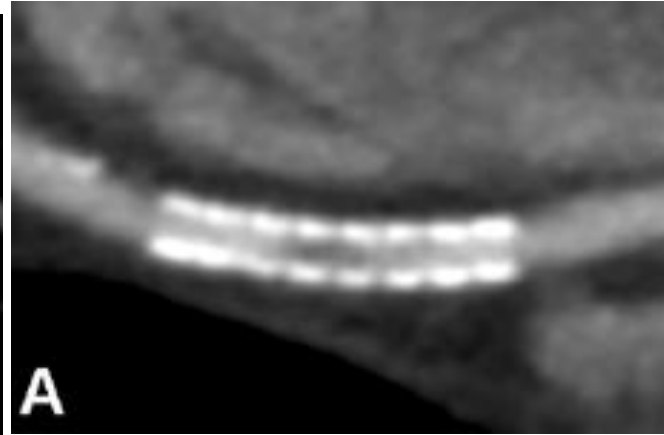
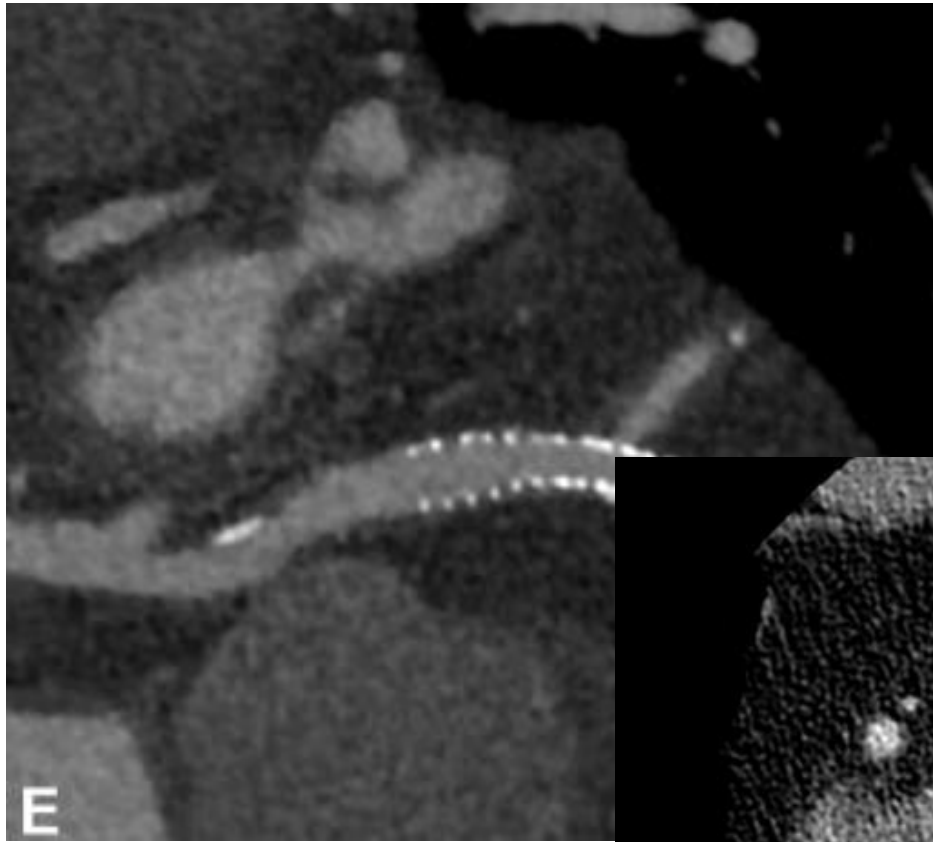
- Radiology 2009
- 64-řadé CT
- Omezený kraniokaudální rozsah
- Retrospektivní EKG synchronizace
- 18 mSv



Nadpis









Accuracy of Ultrahigh-Resolution Photon-counting CT for Detecting Coronary Artery Disease in a High-Risk Population

- TAVI protokol
- Retrospektivní EKG synchronizace na oblast srdce
- 13,3 mSv



Accuracy of Ultrahigh-Resolution Photon-counting CT for Detecting Coronary Artery Disease in a High-Risk Population

- Nediagnostických segmentů
 - lumen $\geq 1,5$ mm **2,2 %**
- Agatson skóre ≥ 1000
 - Přesnost detekce CAD ≥ 70 %: **71 %**
- Přítomnost stentů
 - Přesnost detekce CAD ≥ 70 %: **87 %**



Triple Rule Out CT in the Emergency Department: Clinical Risk and Outcomes (Triple Rule Out in the Emergency Department)

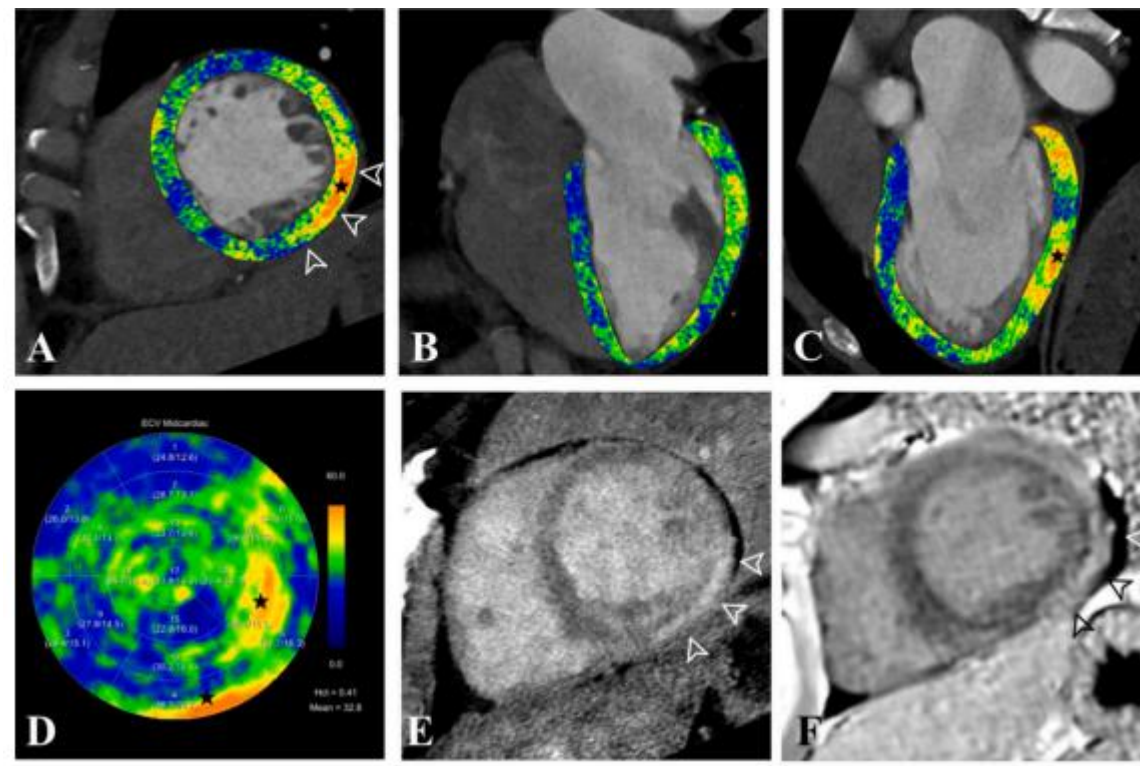
- 2021-2022
- 1279 pacientů
- 128/192 řadé CT, dual source
- Rozsah celého hrudníku
- Retrospektivní EKG synchronizace
- 23.8 ± 12 mSv

Philip A. Araoz, M.D., Srikanth Gadam, M.B.B.S., Aditi K. Bhanushali, M.B.B.S.,
Palak Sharma, M.B.B.S., Mansunderbir Singh, M.B.B.S., Aidan F. Mullan, M.A.,
Jeremy D. Collins, M.D., Phillip M. Young, M.D., Stephen Kopecky, M.D.,
Casey M. Clements, M.D., Ph.D.

Photon-counting CT-derived extracellular volume in acute myocarditis: Comparison with cardiac MRI

Christos Gkizas^{a,*} , Benjamin Longere^{a,b} , Olga Sliwicka^a , Aimee Rodriguez Musso^a , Gilles Lemesle^{b,c}, Cedric Croisille^d, Mehdi Haidar^a , Francois Pontana^{a,b} 

- 32 pacientů s podezřením na akutní myokarditis
- CCTA
- LIE skeny (1,23 mSv)
- CT-ECV
 - 31,7 myokarditis
 - 25,6 normální nález
- Silná korelace CT-ECV a MR-ECV (r 0.95)





Personální zabezpečení



SCCT guidelines on the use of coronary computed tomographic angiography for patients presenting with acute chest pain to the emergency department: A Report of the Society of Cardiovascular Computed Tomography Guidelines Committee



Gilbert L. Raff MD^{a,*}, Kavitha M. Chinnaiyan MD^a, Ricardo C. Cury MD^b, Mario T. Garcia MD^c, Harvey S. Hecht MD^d, Judd E. Hollander MD^e, Brian O'Neil MD^f, Allen J. Taylor MD^g, Udo Hoffmann MD^h

Raff GL, Chinnaiyan KM, Cury RC, Garcia MT, Hecht HS, Hollander JE, O'Neil B, Taylor AJ, Hoffmann U; Society of Cardiovascular Computed Tomography Guidelines Committee. SCCT guidelines on the use of coronary computed tomographic angiography for patients presenting with acute chest pain to the emergency department: a report of the Society of Cardiovascular Computed Tomography Guidelines Committee. J Cardiovasc Comput Tomogr. 2014 Jul-Aug;8(4):254-71. doi: 10.1016/j.jcct.2014.06.002. Epub 2014 Jun 12. PMID: 25151918.



Personální obsazení

- Radiologický asistent ≥ 100 CT koronarografií
- Sestra / ACLS certifikovaný asistent
- Radiolog ≥ 300 popsaných CT koronarografií



Výhody Triple Rule Out

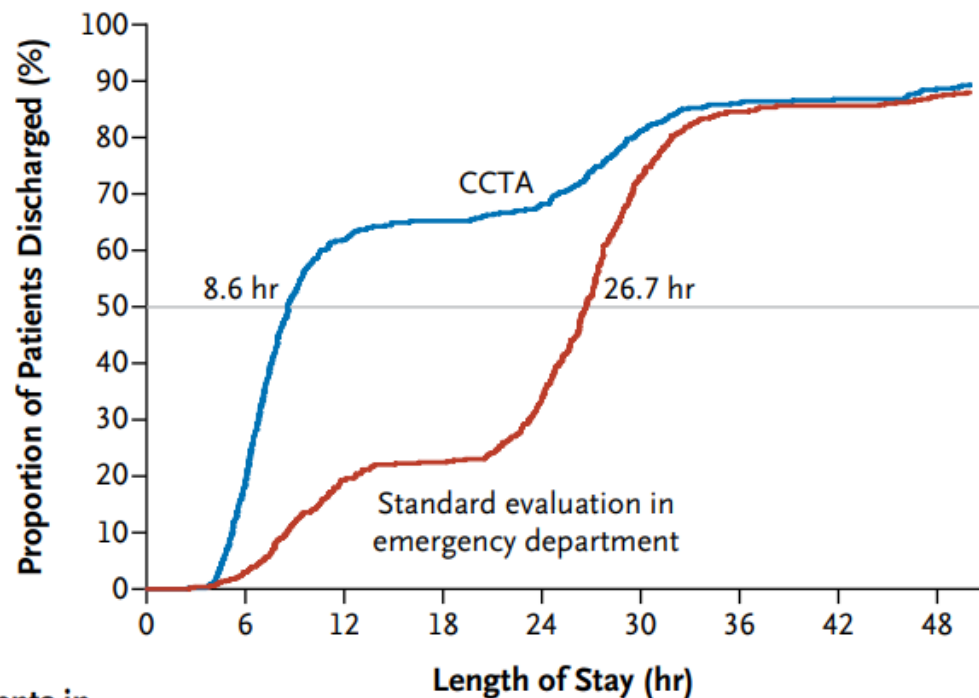


Coronary CT Angiography versus Standard Evaluation in Acute Chest Pain

- ROMICAT II studie
- 1000 pacientů, 501 CCTA 499 standardní režim
- Bez „ischemického nálezu“ na EKG
- Negativní iniciální troponin



Coronary CT Angiography versus Standard Evaluation in Acute Chest Pain



No. of Patients in
Emergency
Department
or Hospital

CCTA	501	404	191	174	159	95	70	66	57
Standard evaluation	499	484	403	387	331	135	77	72	63

Hoffmann U, Truong QA, Schoenfeld DA, Chou ET, Woodard PK, Nagurney JT, Pope JH, Hauser TH, White CS, Weiner SG, Kalanjian S, Mullins ME, Mikati I, Peacock WF, Zakrofsky P, Hayden D, Goehler A, Lee H, Gazelle GS, Wiviott SD, Fleg JL, Udelson JE; ROMICAT-II Investigators. Coronary CT angiography versus standard evaluation in acute chest pain. N Engl J Med. 2012 Jul 26;367(4):299-308. doi: 10.1056/NEJMoa1201161. PMID: 22830462; PMCID: PMC3662217.



Coronary CT Angiography versus Standard Evaluation in Acute Chest Pain

	CCTA (N = 501)	Standard Evaluation (N = 499)	
Discharge status — no. (%)			<0.001
Direct discharge from emergency department	233 (47)	62 (12)	
Admission to observation unit	153 (30)	301 (60)	
Admission to hospital	107 (21)	125 (25)	
Left against medical advice	8 (2)	11 (2)	

Hoffmann U, Truong QA, Schoenfeld DA, Chou ET, Woodard PK, Nagurney JT, Pope JH, Hauser TH, White CS, Weiner SG, Kalanjian S, Mullins ME, Mikati I, Peacock WF, Zakrofsky P, Hayden D, Goehler A, Lee H, Gazelle GS, Wiviott SD, Fleg JL, Udelson JE; ROMICAT-II Investigators. Coronary CT angiography versus standard evaluation in acute chest pain. N Engl J Med. 2012 Jul 26;367(4):299-308. doi: 10.1056/NEJMoa1201161. PMID: 22830462; PMCID: PMC3662217.



Coronary CT Angiography versus Standard Evaluation in Acute Chest Pain

	CCTA (N = 501)	Standard Evaluation (N = 499)	
Follow-up for recurrent chest pain within 28 days — no.			
Repeat visit to emergency department	14	19	0.38
Repeat hospitalization	7	7	
Safety — no.			
Undetected acute coronary syndrome	0	0	
Periprocedural complications	2	0	0.50
Major adverse cardiovascular events at 28 days — no.	2	6	0.18

Hoffmann U, Truong QA, Schoenfeld DA, Chou ET, Woodard PK, Nagurney JT, Pope JH, Hauser TH, White CS, Weiner SG, Kalanjian S, Mullins ME, Mikati I, Peacock WF, Zakrofsky P, Hayden D, Goehler A, Lee H, Gazelle GS, Wiviott SD, Fleg JL, Udelson JE; ROMICAT-II Investigators. Coronary CT angiography versus standard evaluation in acute chest pain. N Engl J Med. 2012 Jul 26;367(4):299-308. doi: 10.1056/NEJMoa1201161. PMID: 22830462; PMCID: PMC3662217.



- 1279 pacientů
- 65 % riziko $\geq$ 2 diagnóz
- 48 % propuštěno z ED
- 28 akutní infarkt
- 91 plicní embolie (1 falešně pozitivní)
- 7 akutní aortální syndrom
- 84 jiné kardiální onemocnění
- 244 plicní onemocnění

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Philip A. Araoz, M.D., Srikanth Gadam, M.B.B.S., Aditi K. Bhanushali, M.B.B.S., Palak Sharma, M.B.B.S., Mansunderbir Singh, M.B.B.S, Aidan F. Mullan, M.A., Jeremy D. Collins, M.D., Phillip M. Young, M.D., Stephen Kopecky, M.D., Casey M. Clements, M.D., Ph.D.



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Casey M. Clements, M.D., Ph.D.

- 1279 pacientů
- Dostupnost 24/7 (*)
- Hodnocení:
 - Pracovní dny „kardioradiolog“
 - ÚPS: radiologický rezident, druhé čtení druhý den ráno



Interpretace triple-rule-out

Emergency Radiology (2021) 28:735–742
<https://doi.org/10.1007/s10140-021-01911-8>

ORIGINAL ARTICLE

The triple rule out CT in acute chest pain: a challenge for emergency radiologists?

- 350 pacientů
- „Kardioradiolog“, Senior, **Junior**
- Shoda
 - 100 % v detekci PE i AAS
 - 90-97 % v detekci neobstruktivní CAD
 - 88%, 85%, **71 %** v detekci obstruktivní CAD



Nevýhody Triple Rule Out



Triple Rule Out Versus Coronary CT Angiography in Patients With Acute Chest Pain

Results From the ACIC Consortium

Alfred C. Burris II, MD, Judith A. Boura, MS, Gilbert L. Raff, MD, Kavitha M. Chinnaiyan, MD

- 1555 TRO
- 11279 CCTA
- TRO – 57 % žen
- *Radiace*
 - TRO 9 mSv
 - CCTA 6,2 mSv
- *Nediagnostické skeny*
 - TRO 9,4 %
 - CCTA 6,5 %



Triple Rule Out Versus Coronary CT Angiography in Patients With Acute Chest Pain

Results From the ACIC Consortium

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- *Diagnostická výtěžnost*
 - TRO 17,4 %
 - CCTA 18,3 %
- *Diagnostická výtěžnost u mužů*
 - TRO 25,2 %
 - CCTA 21,9 %
- *Diagnostická výtěžnost u žen*
 - TRO **11,5 %**
 - CCTA 14,5 %

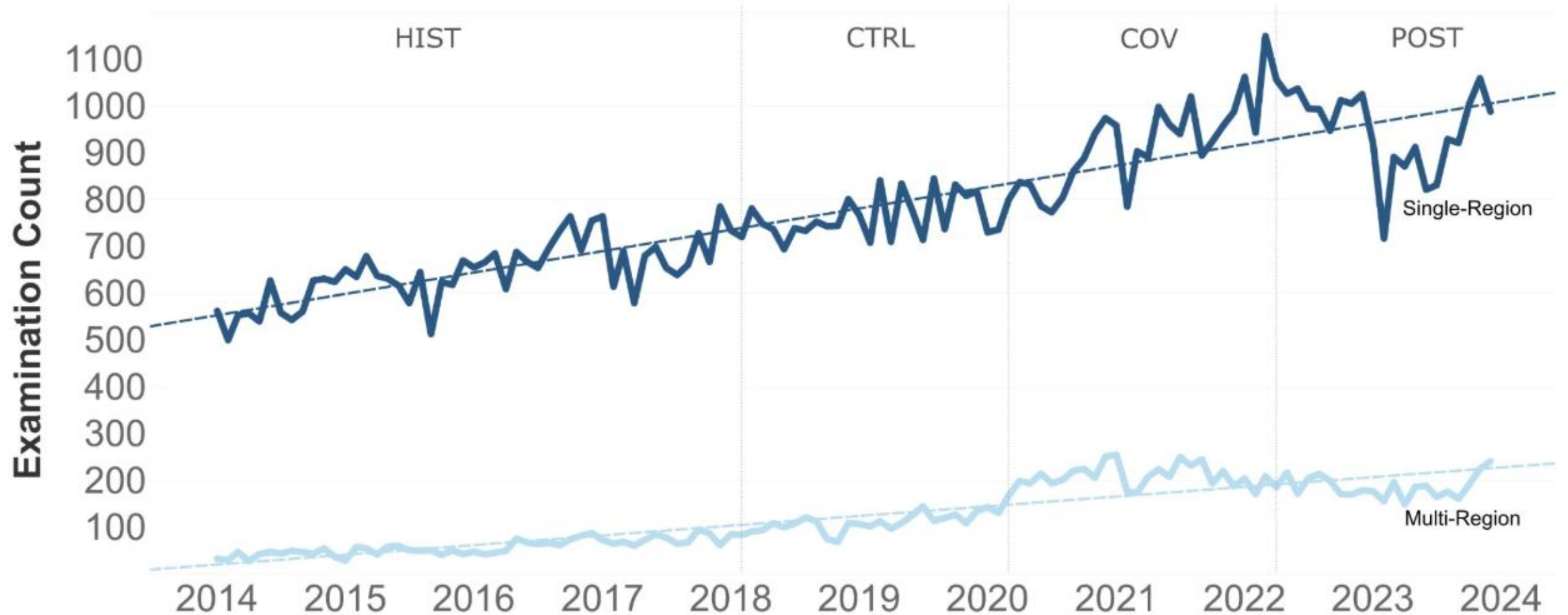


Indikace, kontr aindikace a reálná praxe

Triple Rule Out



- Kontraindikace
 - Vysoká pravděpodobnost AKS
 - Kontraindikace CT
- Indikace
 - Skórovací systémy
 - HEART, PERC, ADD-RS, ...
 - ≥ 2 diagnózy
- Praxe
 - Protokol aorta+plicnice







Triple Rule Out CT

- Technicky proveditelné
- Problem solving metoda
- Kontroverze
 - Radiační zátěž
 - Radiologie
 - *Technické vybavení*
 - *personální zabezpečení & kvalita hodnocení*
 - Urgentní příjem
 - *nadměřené indikování*



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Děkuji za pozornost