### Skeleton

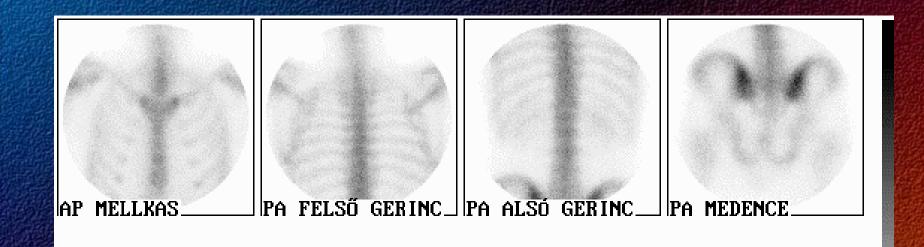
Diagnosis
Therapy

### Bone scintigraphy I.

- Bone tissue has high affinity for the intravenously injected phosphate agents. The effectivity of the incorporation depends on the blood supply and on the calcium and phosphorus metabolism of the bone.
- The method is very sensitive, which becomes positive in the earliest stage of the bone disorders. The increased bone metabolism already can be shown 6 months earlier than the changing of bone structure in the X-ray.

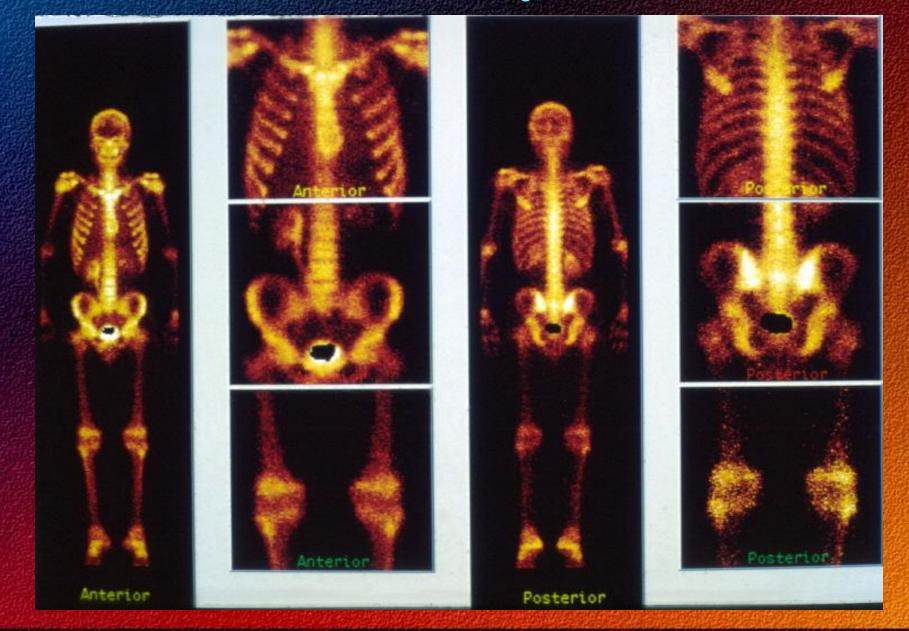
### Bone scintigraphy II.

- Injected subject: 740 MBq 99mTc-phosphate (MDP, EDP, Pyrophosphate) intravenously
- The study can be started after 2-3 hours
- Important: rich fluid input! (the patient should be well hydrated in order to reduce radiation burden and background activity)



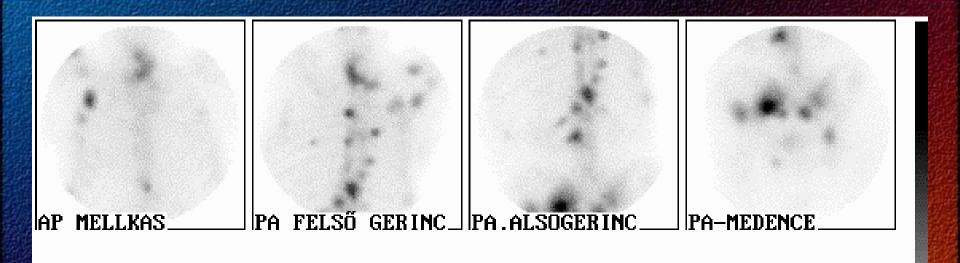
#### Normal bone scan

### Normal whole-body bone scan



### Indication of the bone scintigraphy

- Metastases of the bone (mamma cc., prostatic cc, lung cc. and so on)
- Primary bone tumours
- Osteomyelitis, other inflammatory diseases
- Fractures (pathologic and stress fracture, occult fractures)
- Metabolic bone disease (hyperparathyroidism)
- Osteonecrosis (e.g. M. Perthes)

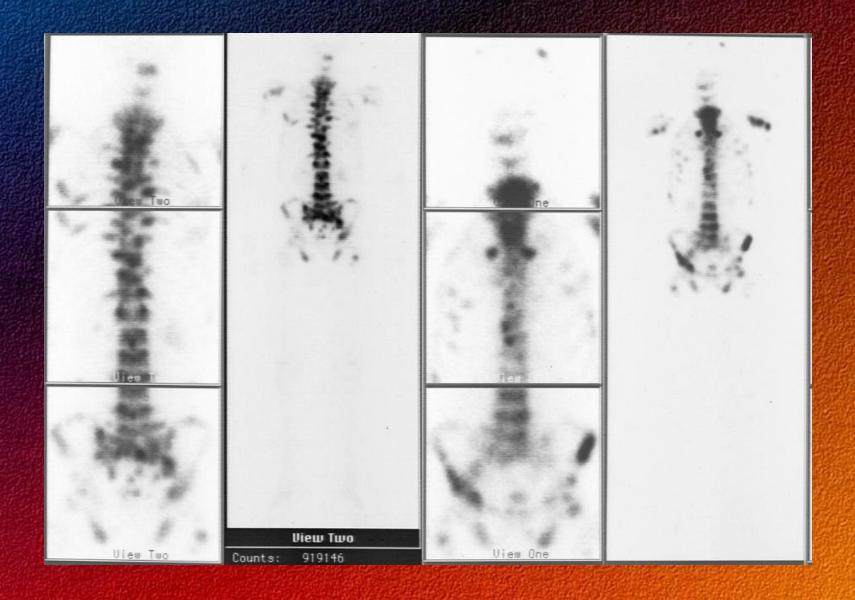


# Bone metastases Multifocal hot-spots (prostatic cc.)

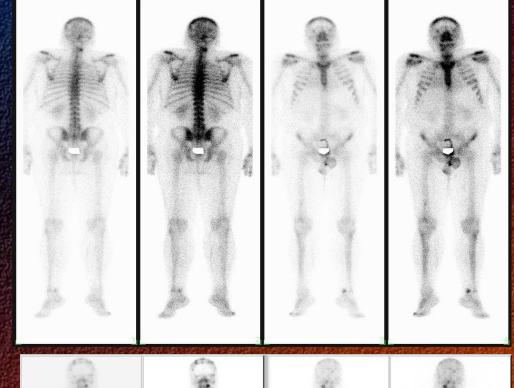
## Multifocal hot-spots on the whole-body bone scan (breast cancer.)



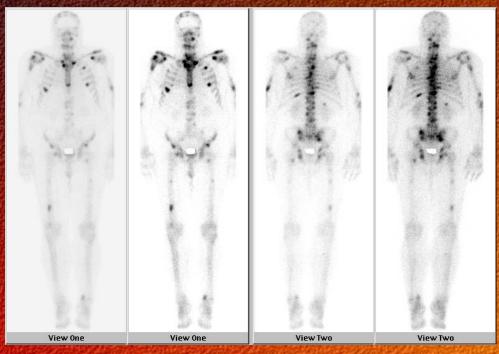
### Super bone scan - prostatic cc.



Follow-up
Bone metastases
progression
Tu. pulm.
19.01.2010



04.06.2010

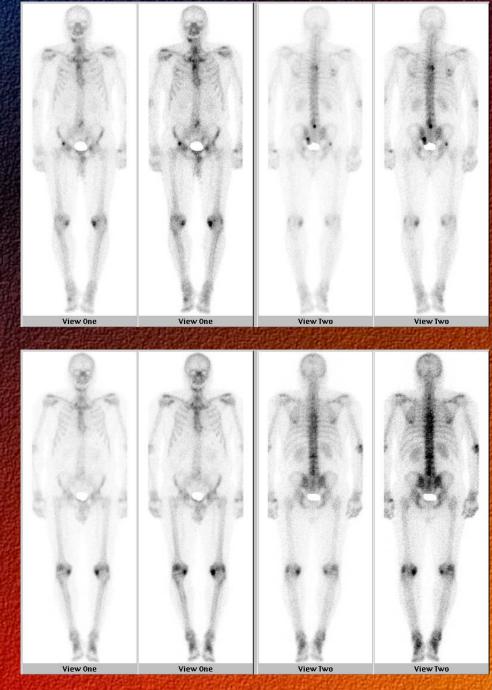


Follow-up
Bone metastases regression

Cc. Prostatae

28.04.2009

14.10.2010



# Primary bone tumours three-phase bone scan

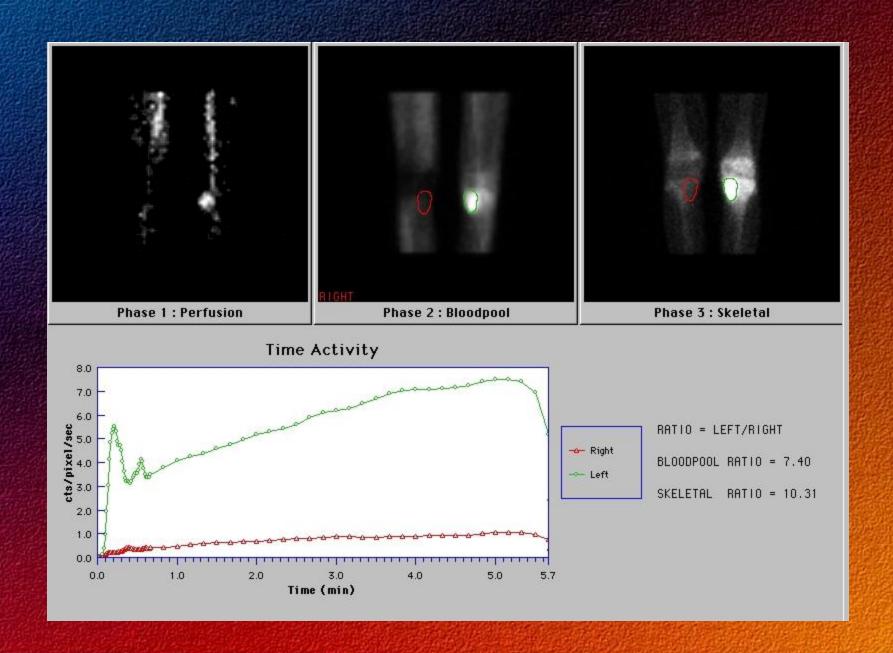
- perfusion phase (obtained during i.v. injection of the tracer, dinamic image acquisition)
- blood-pool phase (5. min.)
- bone phase (after 2-3 hours)

Qantification of images may help to establish more specfic diagnosis. (Pathological region compared to the contralateral normal, asymptomatic side, determination the activity rate)

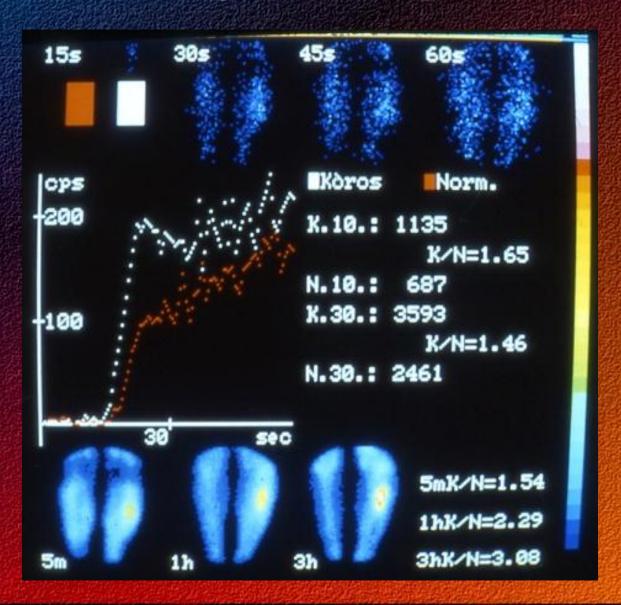
#### Osteosarcoma tibiae l.s.



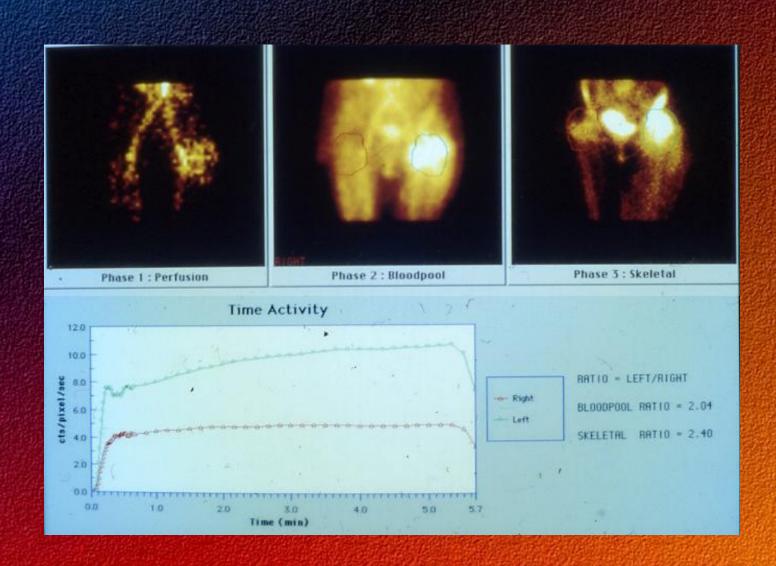
#### Osteosarcoma tibiae l.s. - three-phase bone scan



### Ewing's sarcoma



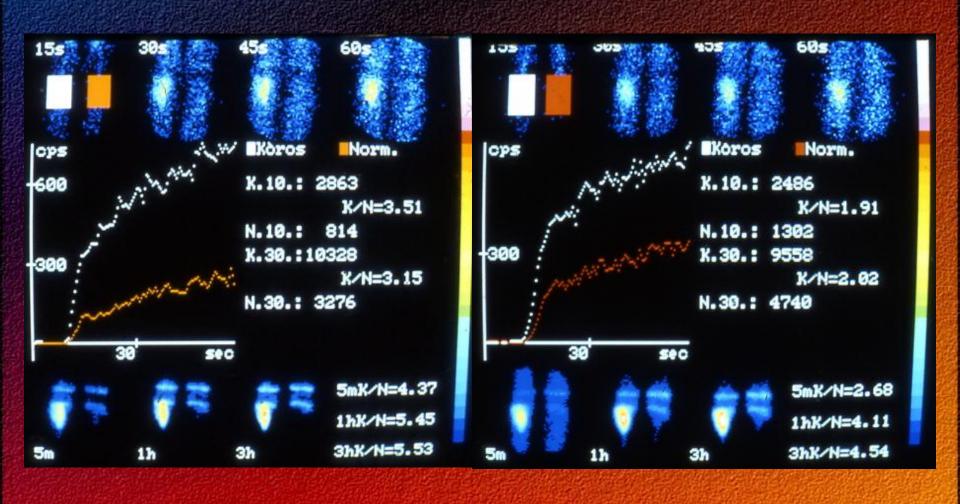
### Primary malignant lymphoma



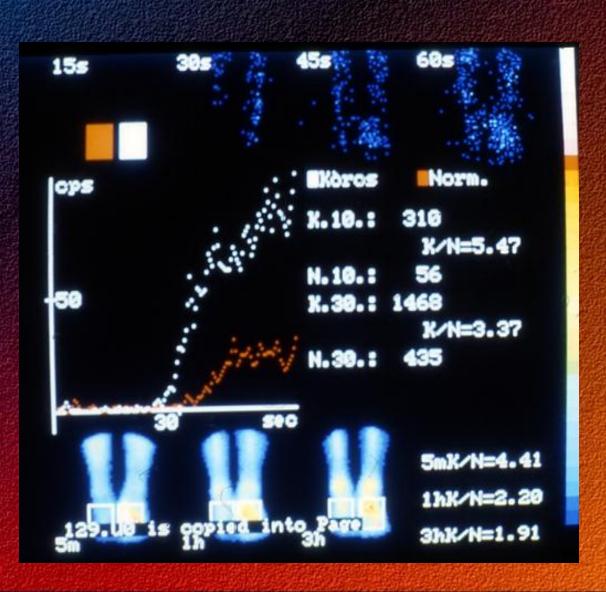
#### Osteosarcoma

#### **Before therapy**

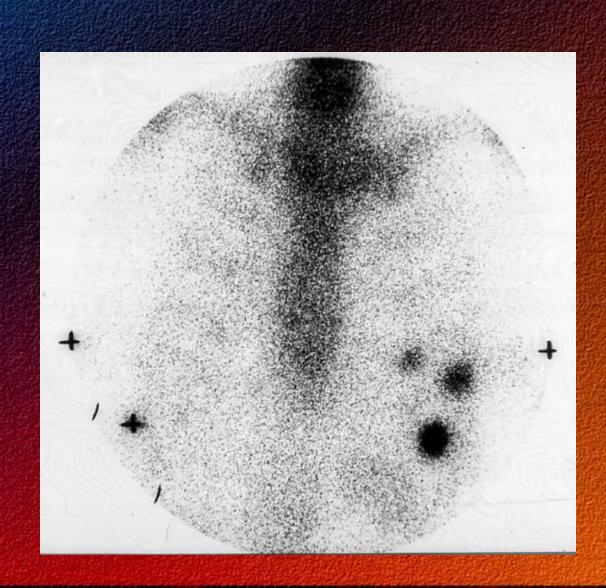
#### After therapy



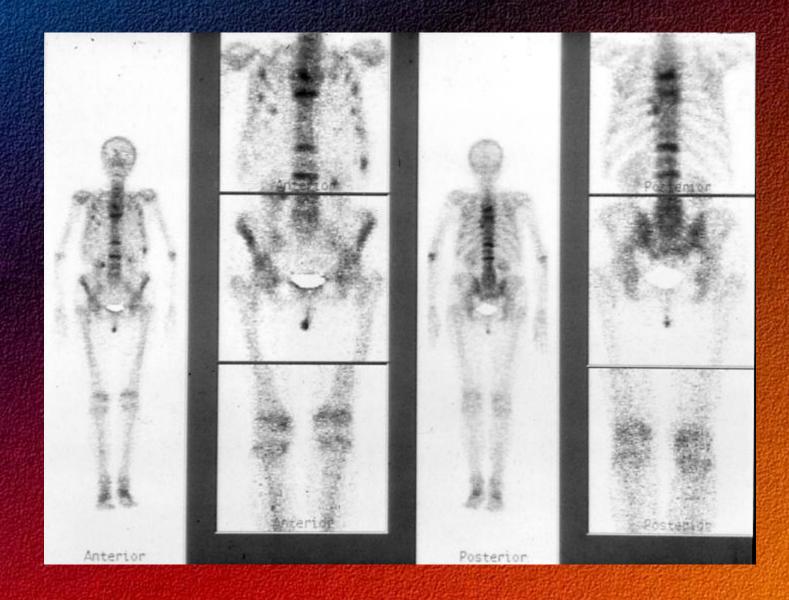
### Haemangioma



### Rib fractures (traumatic)



### Osteoporosis (multiplex fractures)

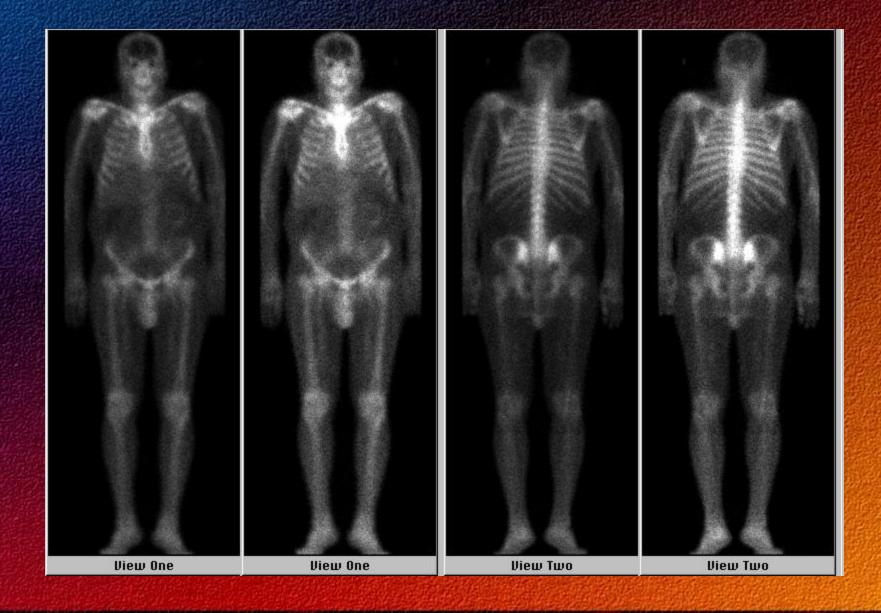


### Sudeck's syndrome

(reflex sympathetic dystrophy, algodystrophy)



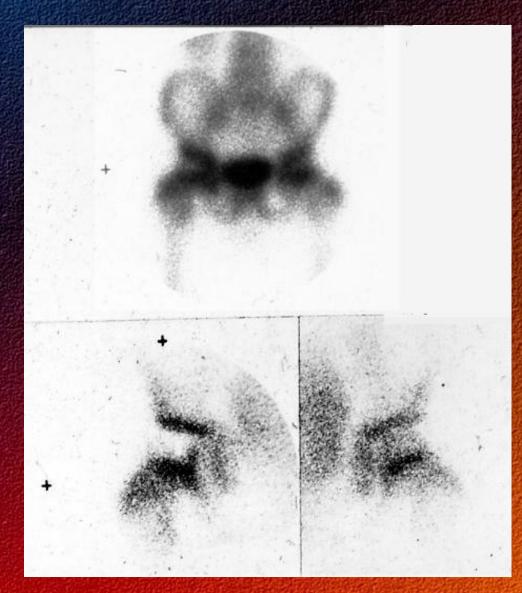
### Hyperparathyreosis



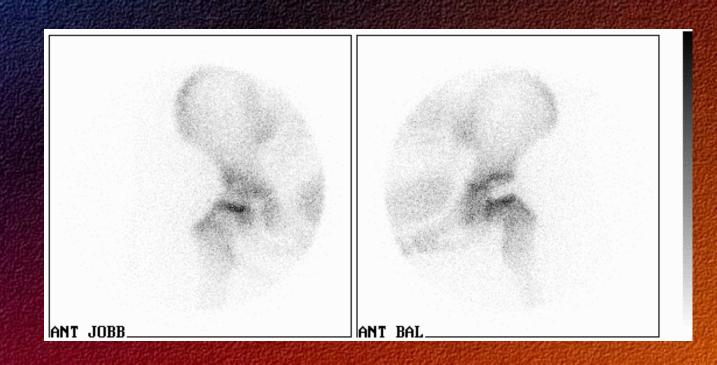
### "Negative" bone scan

- Pathological the decreased activity (!)
- Abscence or necrosis of the bone tissue
- Occurrence: Morbus Perthes
  - after radiotherapy
  - osteolytic bone destruction

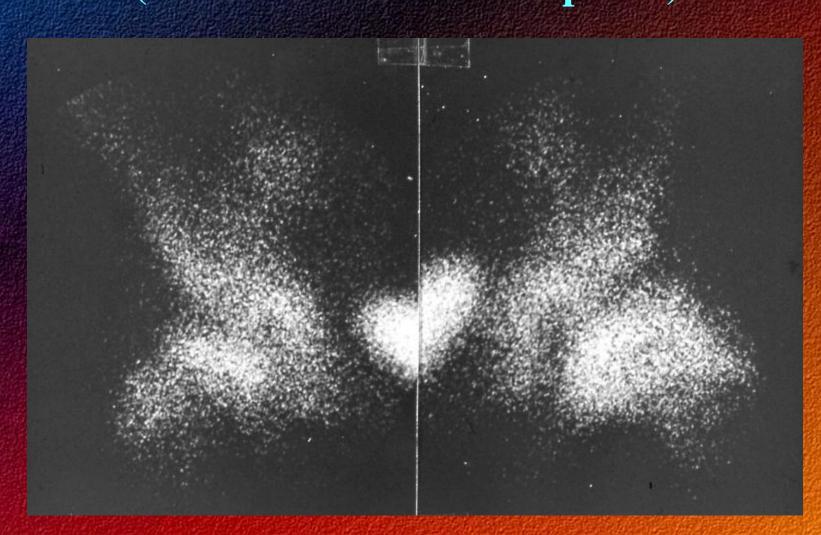
### Osteonecrosis (M. Perthes)



### Osteonecrosis (M. Perthes)



### Osteonecrosis (M. Perthes –advanced phase)



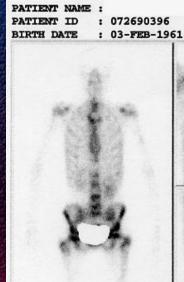
### **Cold lesions – therapy** (Vertebroplastia)

PTE AOK Kozponti Klinikai Radioizotop Laboratorium

072690396 Whole Body 2004 05.21

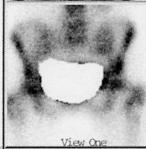
PROTOCOL : WHOLE BODY EXTRACTION

ACO. DATE : 21-MAY-2004





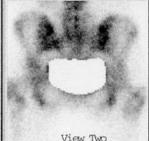












**View Two** 

Counts: 1203075

View One

Counts: 1273424 Dose:16.0 MBg

Time post inj .: 120 min

#### Inflammation of the bone tissue

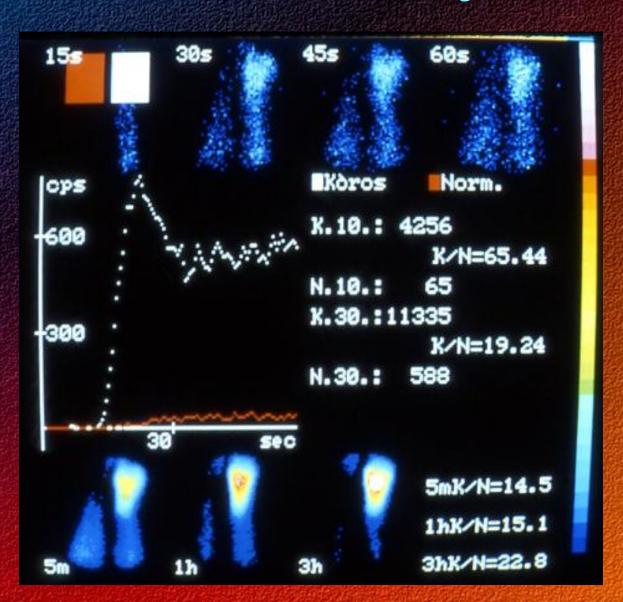
Aspecific method:

three-phase bone scan

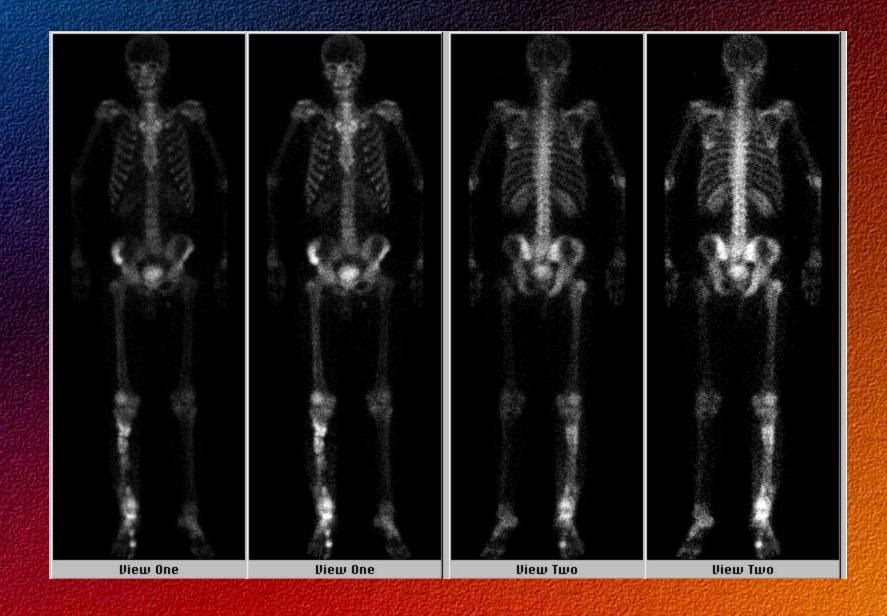
- perfusion phase (obtained during
- i.v. injection of the tracer)
- blood-pool phase (5. min.)
- bone phase (after 120 min.)

**Qantification** (Pathological region compared to the contralateral normal, asymptomatic side.)

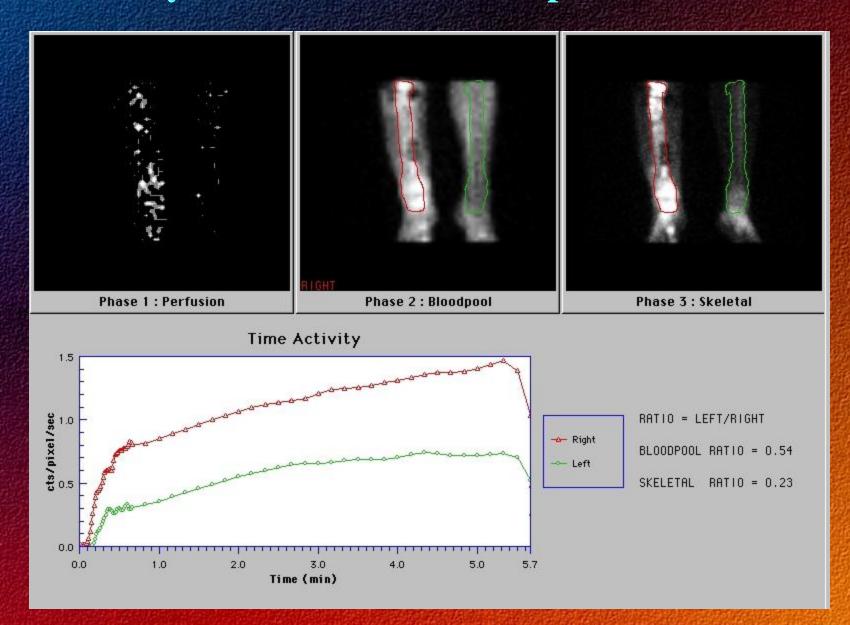
### Acute osteomyelitis



### Osteomyelitis tibiae l.d. (chronic)



#### Osteomyelitis tibiae l.d. – three phase bone scan



### Specific method

Injected subject: - labeled white blood cells

- monoclonal antiganulocytes antibody

**Dose:** 400-800 MBq

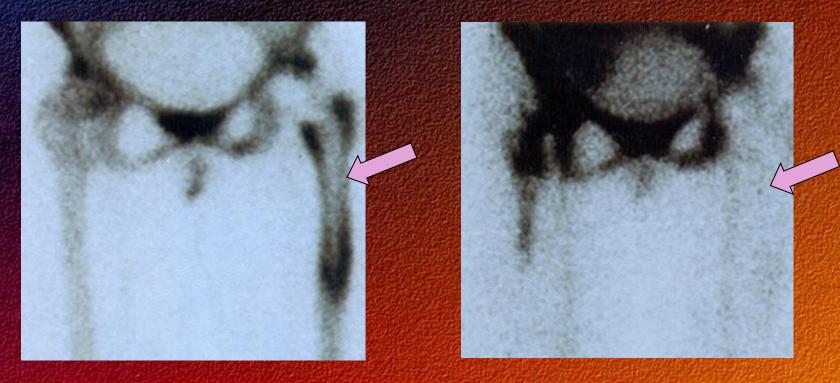
Admisistration: intravenously

Imaging:

3-6-24 hours after administration, whole body, static and SPECT image

## **Loosening of hip prostheses? Infection?**

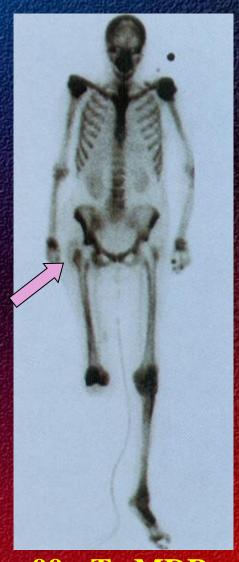
#### Anterior



99mTc-MDP

99mTc-anti-granulocytes antibody

# **Loosening of hip prostheses?**Infection?



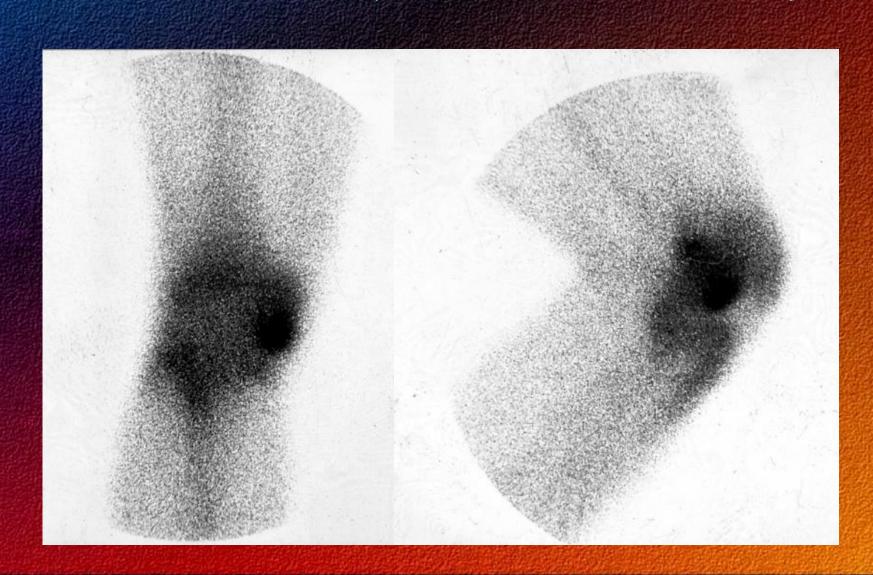




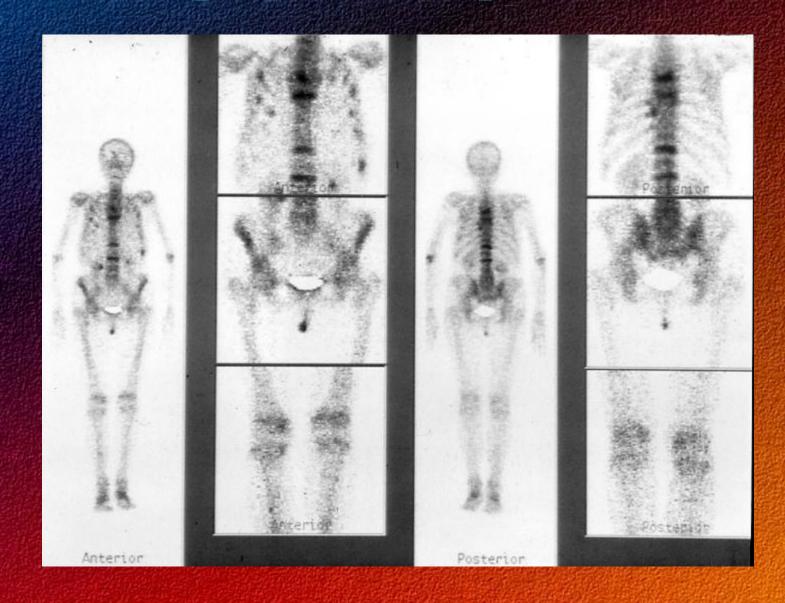
99mTc-anti-granulocytes antibody

99mTc-MDP

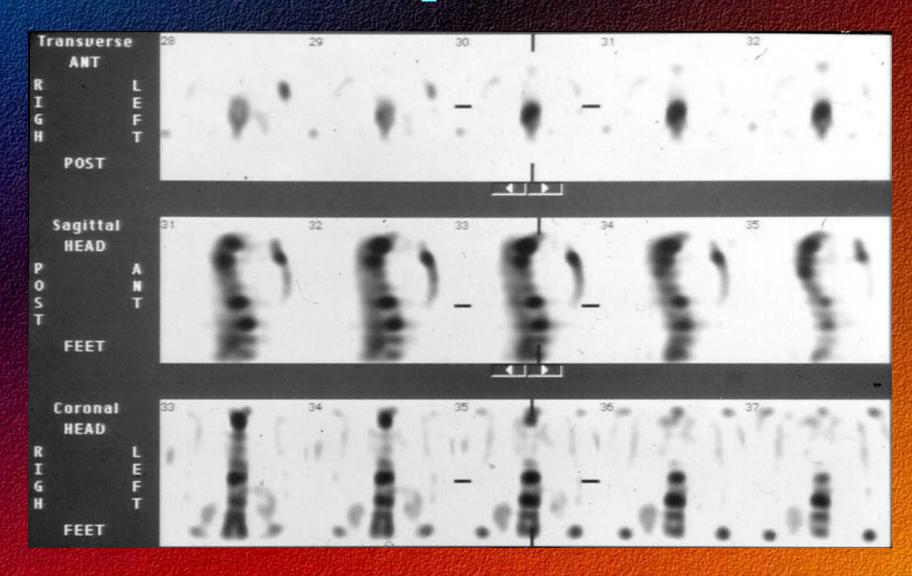
### Arthritis (and arthrosis)



### Osteoporosis (multiplex fractures)

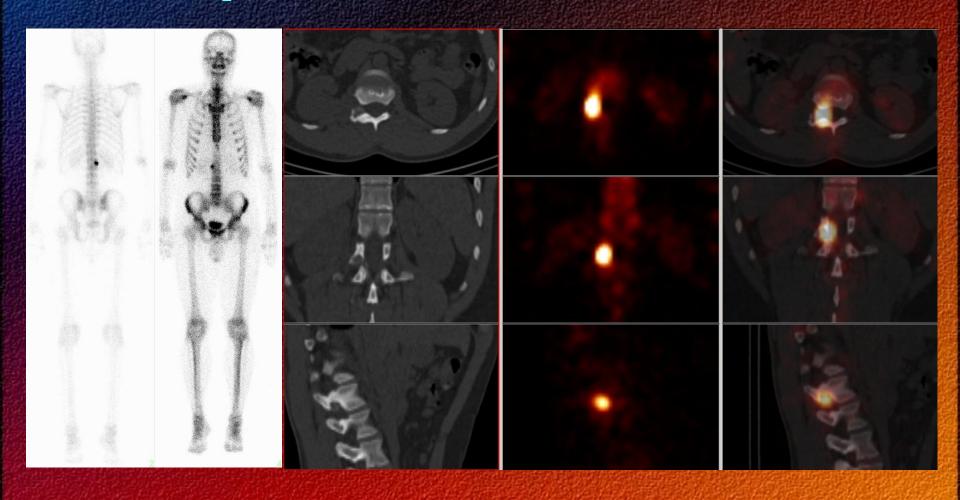


# SPECT- image of the spine (osteoporosis)



## SPECT-CT, recurrence of osteoid osteoma

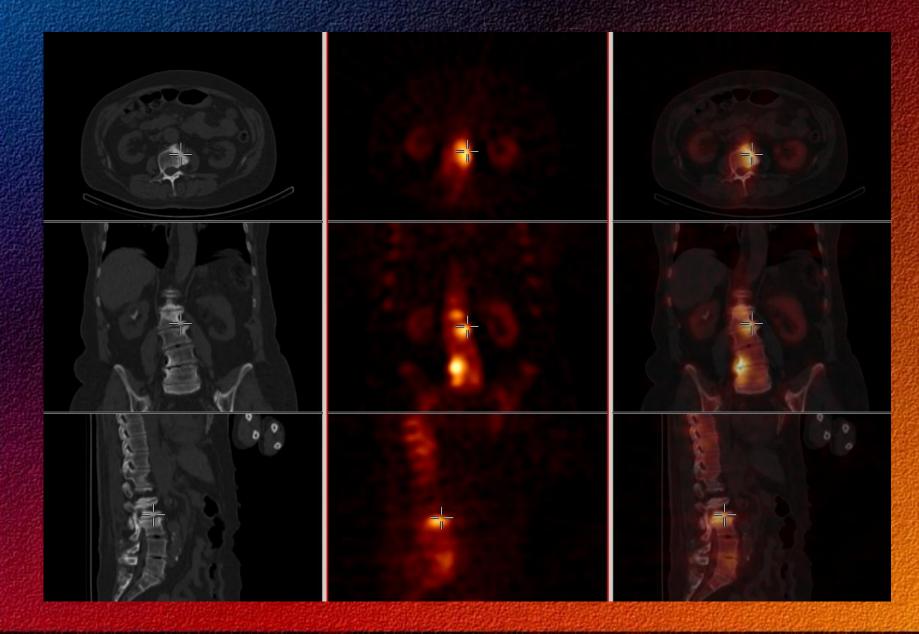
(processus transversus of L.I. vertebra)



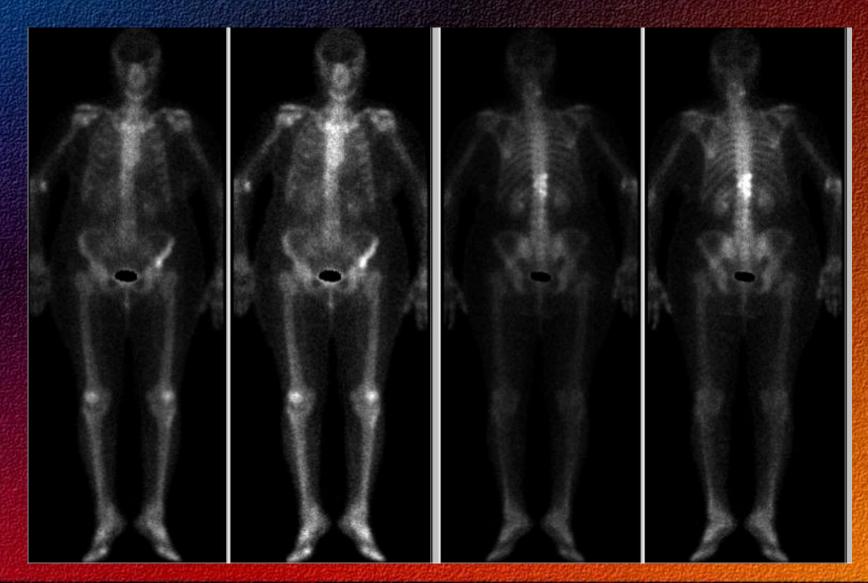
#### Multifocal hot-spots in the lumbal spine



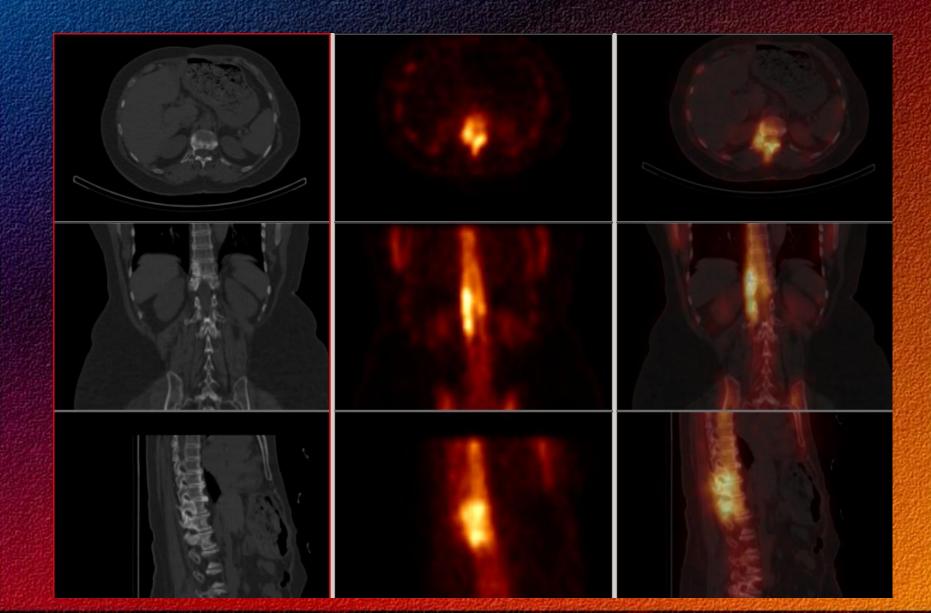
#### Degenerative changes



## Multifocal hot-spots in the Th-L spine (breast cc.)



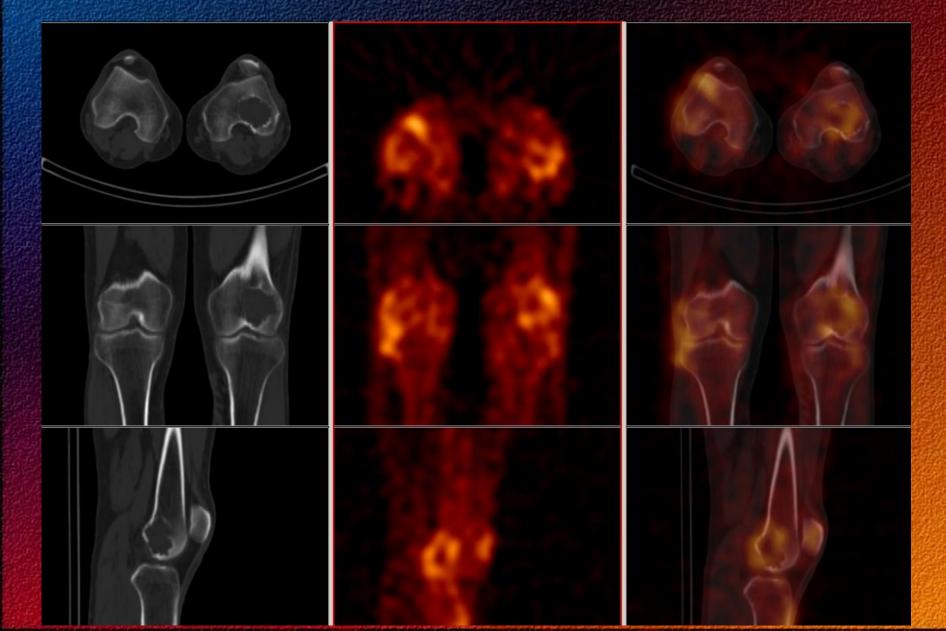
#### Metastases in the vertebrae – breast cc.



#### Lytical area in the left femur condyle



#### Lytical area in the left femur condyle

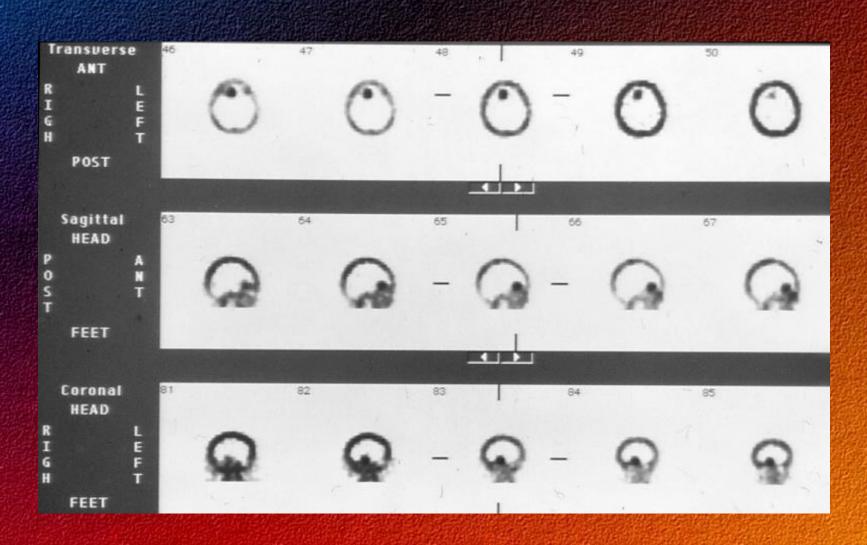


#### Extraosseal phosphate cumulation

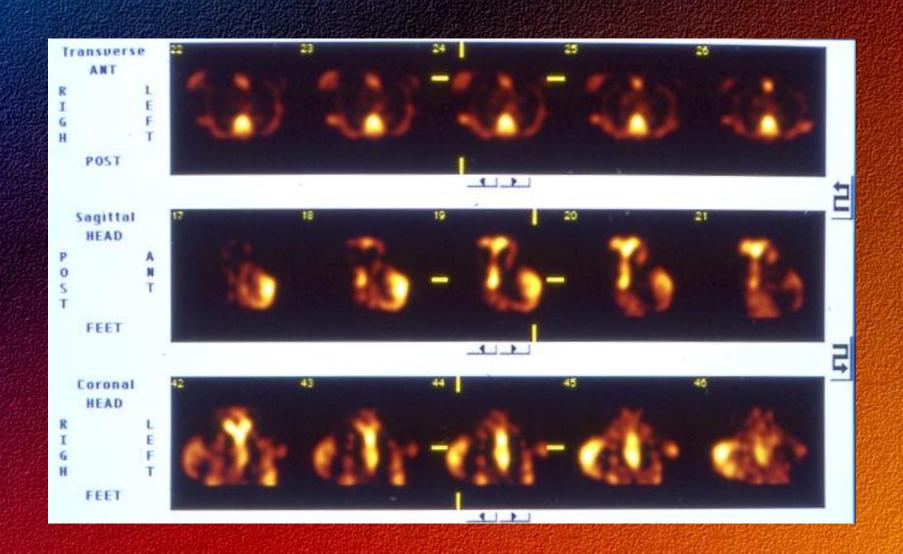


### Extraosseal phosphate cumulation (meningioma)

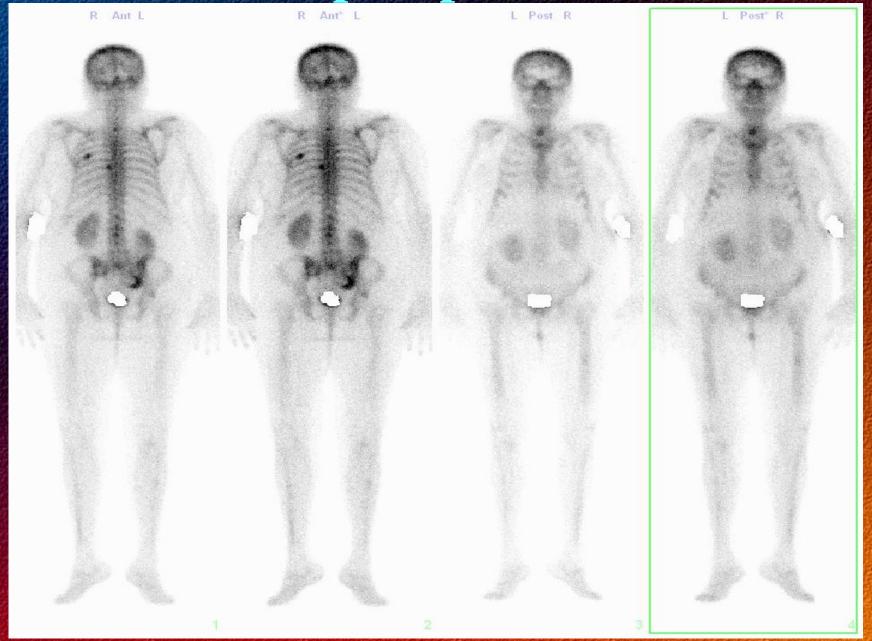
**SPECT-image of the skull** 



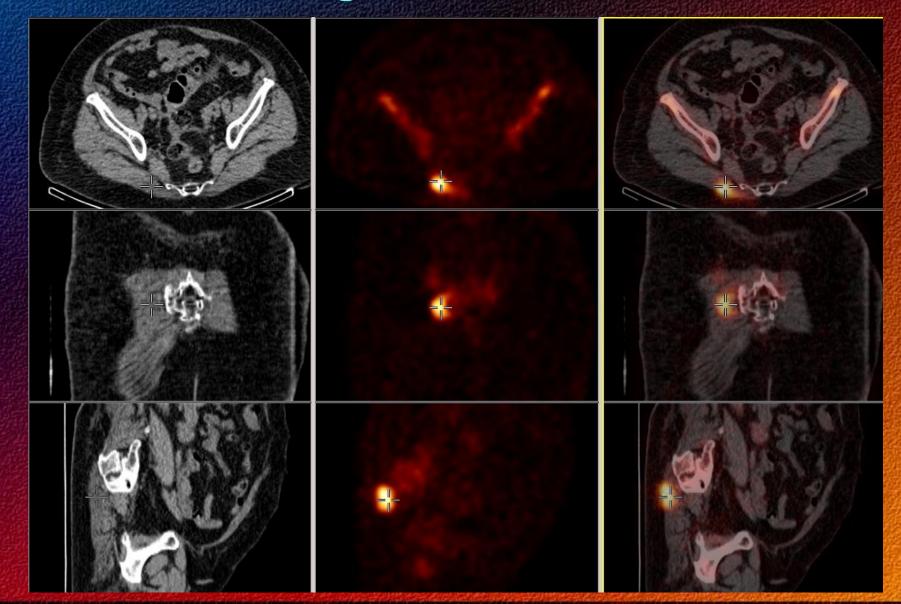
### Extraosseal phosphate cumulation in breast cancer



#### Extraosseal phosphate cumulation



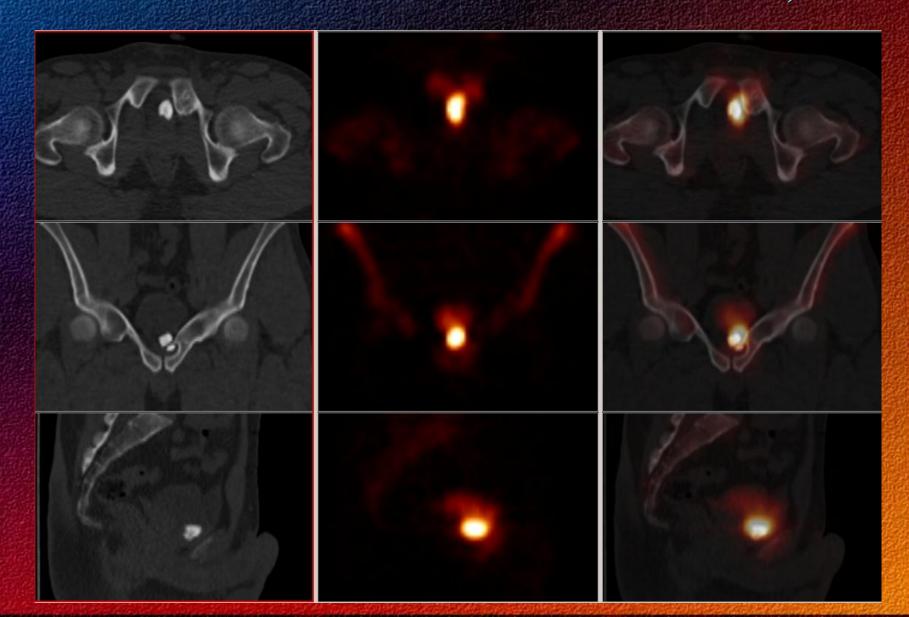
## Extraosseal phosphate cumulation in m. gluteus maximus



#### Extraosseal phosphate cumulation



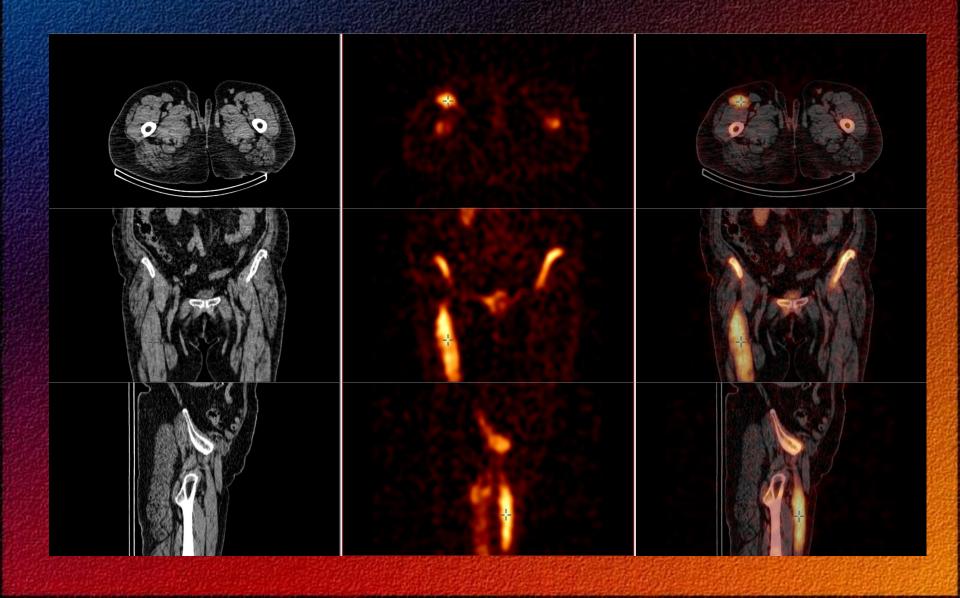
### **Extraosseal phosphate cumulation (tumor? haematoma? Posttraumatical cumulation?)**

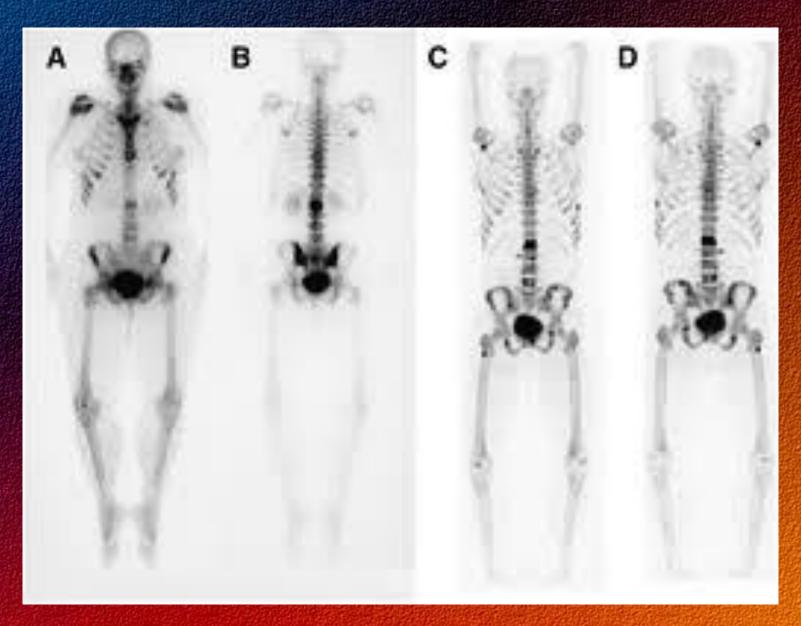


## Extraosseal phosphate cumulation myositis ossificans



## Extraosseal phosphate cumulation myositis ossificans





#### **Bone marrow scintigraphy**

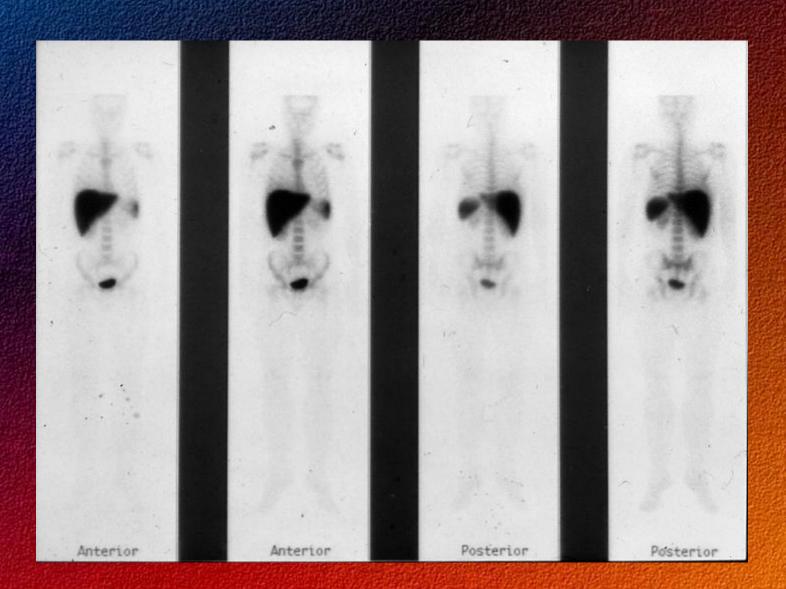
#### Injected subject:

- radiocolloid (RES)
- antigranulocytes antibody (immunoscintigrphy)

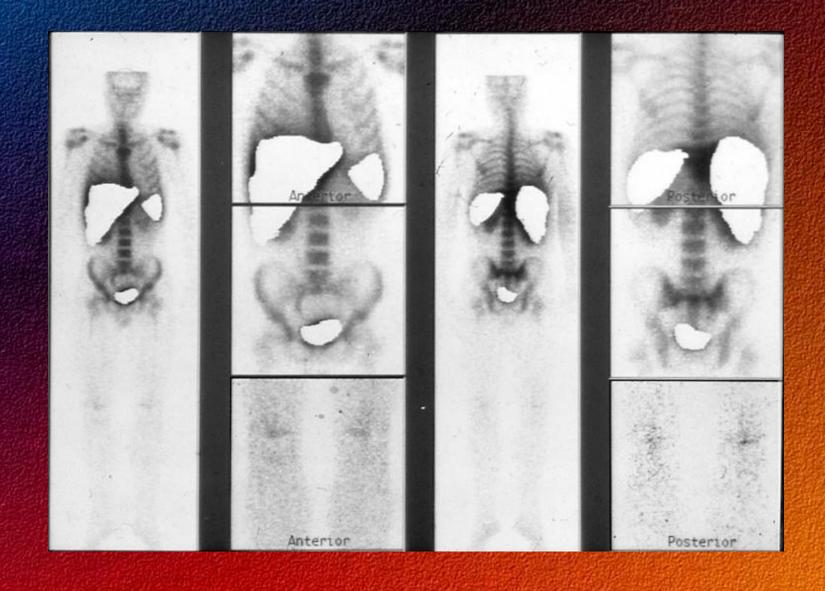
#### **Indications:**

- haematolological diseases (diagnosis, staging)
- Location of bone marrow biopsy
- Differential diagnosis (tumour, metastases)

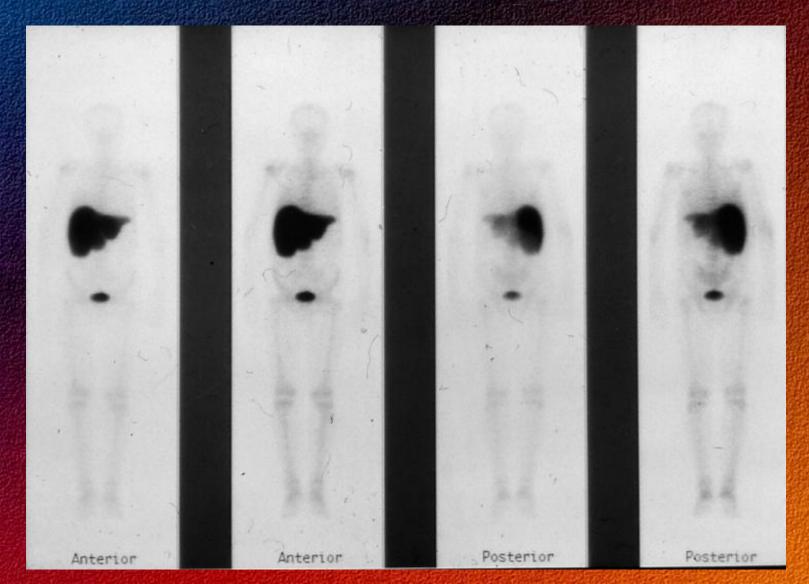
#### Normal bone marrow scintigraphy



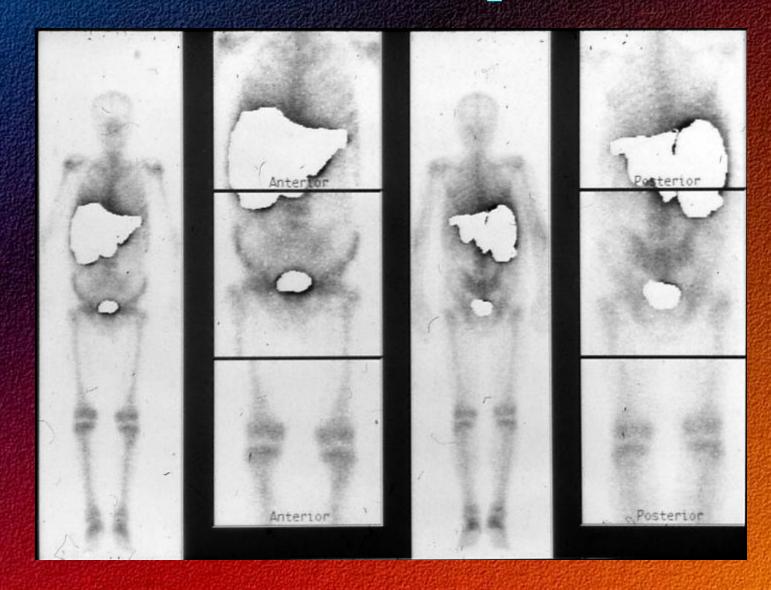
#### Normal bone marrow scintigraphy



### Bone marrow expansion



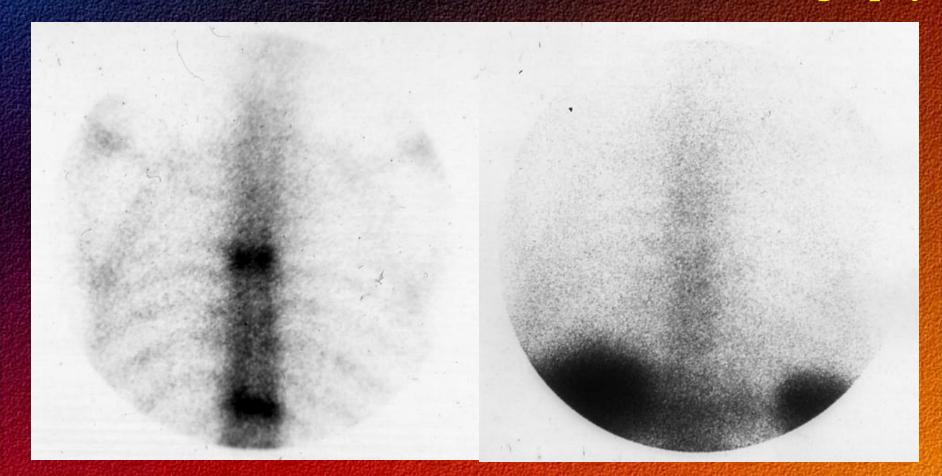
### Bone marrow expansion



#### Vertebra metastases

**Bone scintigraphy** 

**Bone marrow scintigraphy** 



### Therapy

bone metastases(palliation, systemic therapy)

therapy of the joints
 (radio-synovectomy, local therapy )

### Palliation of bone pain

(the therapautic principle is the same as in the diagnostic)

99mTc-MDP

186-Re-HEDP



## Radiopharmaceuticals for palliative bone therapy

Radionuclide	89-Sr	90-Y	186-Re	153-Sm
Half life (days)	50,5	2,675	3,77	1,95
E max (β) (MeV)	1,46	2,25	1,07	0,81
Max. range in tissue (mm)	8	12	5	3
γ-energia (Kev)			137	103
Pharmaceutical	klorid	EDTMP	HEDP	EDTMP
Product	Metastron	Multibone	Osteopal-R Diphoter-R	Multibone
Administered activity (MBq)	150	400	1300-2600	1300
Therapeutic effect (months)	6-9	3-4	3-4	3-4

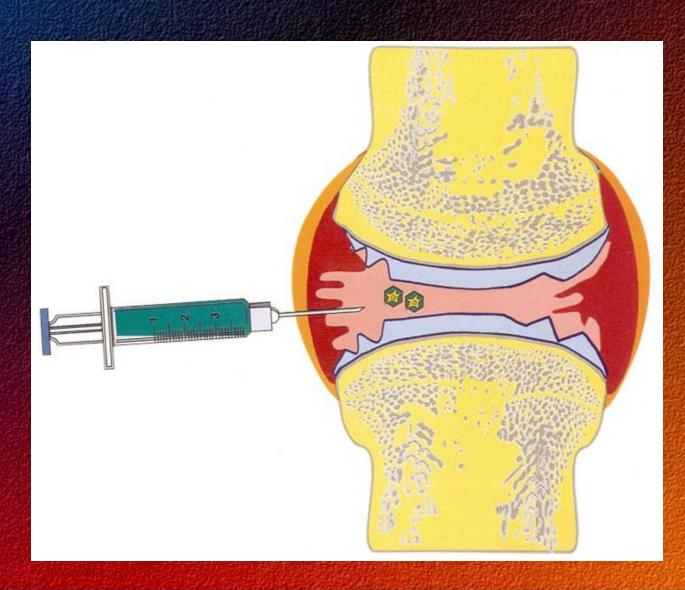
# Therapy of the joints (radio-synovectomy) I.

- Local therapy: directly in the joints
- Stops inflammation and pain
- Prevents the deformation of the joints
- Effective combined with long- term systemic therapy

# Therapy of the joints (radio-synovectomy) II.

- Indication: arthritis
- Radiopharmaceuticals: β-emitter isotopes (colloids)
- Important:
  - the accurate injection (x-ray-control!)
  - homogeneous distribution in the synovial liquid (immobilisation for 72 hours!)
- The synovial cells fagocytate the radioaktiv colloid

### Method of radio-synovectomy



# Therapy of the joints (radio-synovectomy) II.

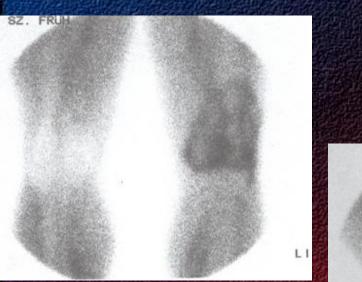
- Indication: arthritis
- Radiopharmaceuticals: β-emitter isotopes
- Important:
  - the accurate injection (x-ray-control!)
  - homogeneous distribution in the synovial liquid (immobilisation for 72 hours!)
- The synovial cells fagocytate the radioaktiv colloid

# Radiopharmaceuticals used for radio-synovectomy

	Yttrium-90	Rhenium-186	Erbium-169
T 1/2:	<b>2.7</b> nap	3.7 nap	9.5 nap
Radiation:	β	β +y	B
Beta energy	2.26 MeV	0.98 MeV	0.34 MeV
Max. range in tissue	11.0 mm	3.7 mm	1.0 mm
Treated joint:	knee	shoulder, elbow, wrist, hip, ankle	small joints of hands and

feet

#### Synovitis and arthrosis in the left knee



Anterior

**blood-pool scans** 

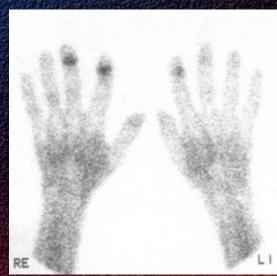


left lateral

right lateral

## Polyarthrosis in the small joints of both hands

blood-pool scan





Ventral projection

**Bone scan** 



#### **Dorsal projection**



## Rheumatoid arthritis in the small joints of feet

blood-pool scan

**Before therapy** 

after therapy, 4 month later

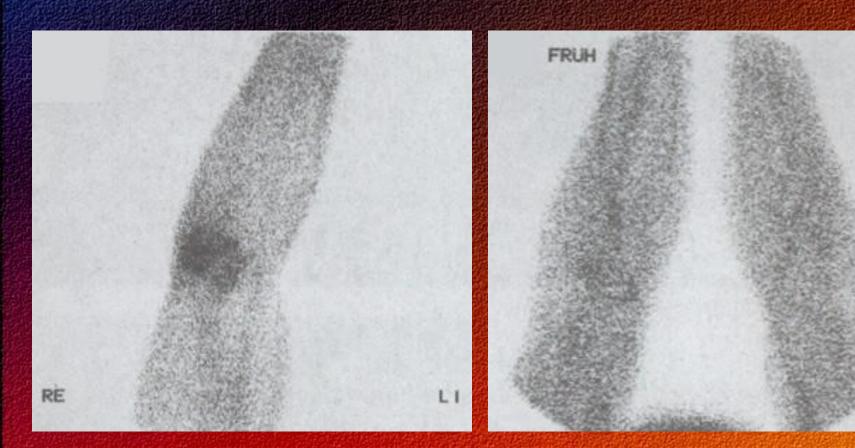


#### Synovitis in the right elbow

**Blood-pool scan** 

before therapy

after therapy, 7 month later



# Therapy of the joints (radio-synovectomy) II.

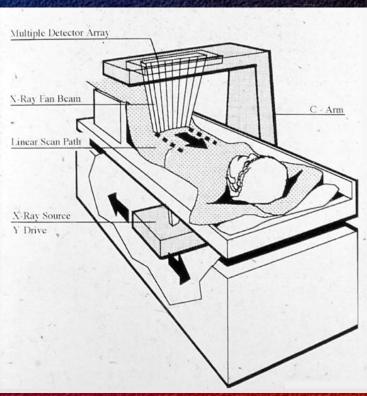
- Contraindications:
  - absolute: pregnancy, breast feeding
  - relative:

children and adolescent unstable joint periarticular sepsis

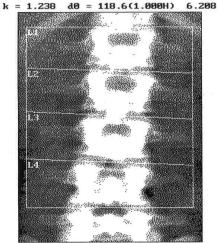
# Bone mass measurement (measuring of bone mineral density)

- Conventional methods
  - X-ray
  - Morphometric x-ray
- Photonabsorptiometric methods
  - SPA, DPA, DEXA
- Quantitativ US (Broadband ultrasound attenuation (BUA) and speed of sound (SOS) )
- Quantitativ CT (QCT)
- Quantitativ MR (QMR)

# DEXA







·30.Aug.1999 09:20 [113 x 142] Hologic QDR-2000 (S/N 2327) Array Spine Medium V4.66A:1

MØ83Ø99ØB Mon 30.Aug.1999 09:11 Name: Comment: dr. Bodis Megyei Szul. I.D.: 2581215 Sex: S.S.#: Ethnic: ZIPCode: Height: 164.00 cm Scan Code: W Weight: 64.00 kg BirthDate: 15.Dec.58 Age: 40 Physician: DR. SCHMIDT Image not for diagnostic use

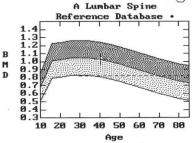
TOTAL BMD CV FOR L1 - L4 1.0%

C.F. 0.975 0.969 1.000

Region	Est.Area (cm <sup>2</sup> )	Est.BMC (grams)	BMD (gms/cm <sup>2</sup> )
	13.81	12.56	0.909
L1			
L2	14.65	14.75	1.007
LЗ	15.81	17.18	1.087
L4	17.20	18.45	1.072
TOTAL	61.48	62.94	1.024



### Pecsi Diagnosztikai Kozpont



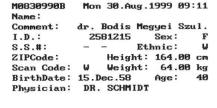
 $BMD(L1-L4) = 1.024 \text{ g/cm}^2$ 

Region	BMD	T (36	0.0)	Z	
L1	0.909	-0.14	98%	+0.07	101%
L2	1.007	-0.19	98%	+0.04	100%
LЗ	1.087	+0.02	100%	+0.27	103%
L4	1.072	-0.40	96%	-0.14	99%
L1-L4	1.024	-0.21	98%	+0.03	100%

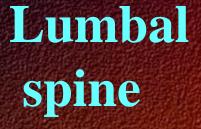
<sup>+</sup> Age and sex matched

T = peak bone mass

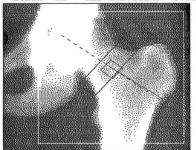
Z = age matched TK 04 Nov 91



HOLOGIC



k = 1.251 d0 = 122.1(1.000H) 5.904



·30.Aug.1999 12:20 [99 x 108] Hologic QDR-2000 (S/N 2327) Array Left Hip Medium V4.66A:1

MØ83Ø9911 Mon 30.Aug.1999 12:15 Name:

dr. Bodis Megyei Szul. Comment: I.D.: 2581215 Sex: S.S.#: Ethnic:

ZIPCode: Height: 164.00 cm Scan Code: W Weight: 64.00 kg BirthDate: 15.Dec.58 Age:

Physician: DR. SCHMIDT

Image not for diagnostic use

TOTAL BMD CV 1.0%

C.F. 0.975 1.000 0.969

Region	Est.Area (cm <sup>2</sup> )	Est.BMC (grams)	BMD (gms/cm <sup>2</sup> )
Neck	5.32	4.42	0.830
Troch	11.42	7.77	0.680
Inter	17.45	20.62	1.182
TOTAL	34.19	32.80	0.959
Ward's	1.24	1.05	0.848
Midline	(100,120	)-(168, 6	66)
Neck	-49 x 1	5 at [ 24	1, 10]
Troch	4 x 4	2 at [ 6	9, 01



2581215

Scan Code: W Weight: 64.00 kg

BirthDate: 15.Dec.58

Physician: DR. SCHMIDT

Mon 30.Aug.1999 12:15

dr. Bodis Megyei Szul.

Sex:

Age:

Ethnic:

Height: 164.00 cm

### Pecsi Diagnosztikai Kozpont

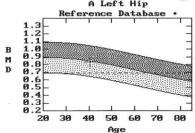
M08309911

Name: Comment:

I.D.:

S.S.#:

ZIPCode:



 $BMD(Neck[L1) = 0.830 \text{ g/cm}^2$ 

Region	BMD	T		Z	
Neck	0.830	-0.64 9 (22.0	3%	-0.16	98%
Troch	0.680		14%	-0.30	96%
Inter	1.182	+0.24 16	13%	+0.40	105%
TOTAL	0.959	-0.13 9 (28.0	8%	+0.06	101%
Ward's	0.848	+0.47 16	7%	+1.46	123%

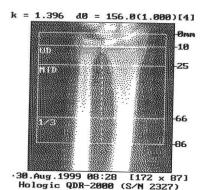
· Age and sex matched

T = peak bone mass

Z = age matched

25 Oct 91

# Hip region



"Left Forearm V5.70

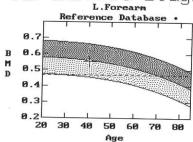
M08309906	Mor	n 30.Au	g.1999	08:19
Name:				
Comment:	dr.	Bodis	Megyei	Szul.
I.D.:		81215		
8.8.#:	-	-	Ethnic	
ZIPCode:		Heigh	t: 164.	00 cm
Scan Code:	W	Weigh	t: 64.	00 kg
BirthDate:	15.E	ec.58	Age:	
Physician:	DR.	SCHMI	DT	
Forearm Lei	ngth:	23.0	cm	
Image not i				•

TOTAL BMD CV IS LESS THAN 1.0% C.F. 0.997 1.046 1.000

RADIUS	Area (cm2)	BMC (grams)	BMD (gms/cm2)
UD	3.85	1.57	0.408
MID	6.32	3.66	0.578
1/3	2.88	1.96	0.680
TOTAL	13.05	7.18	0.551



### Pecsi Diagnosztikai Kozpont



M08309906 Mon 30.Aug.1999 08:19 Name: Comment: dr. Bodis Megyei Szul. I.D.: 2581215 Sex: 8.8.#: Ethnic: ZIPCode: Height: 164.00 cm Scan Code: W Weight: 64.00 kg BirthDate: 15.Dec.58 Age: 40 Physician: DR. SCHMIDT

BMD(Radius[L] TOTAL) = 0.551 g/cm<sup>2</sup>

Region	BMD	T	Z
1/3	0.680	-0.23 98% (20.0)	+0.15 101%
MID	0.578	-0.54 95% (20.0)	-0.17 98%
UD	0.408	-0.60 92× (20.0)	-0.34 95%
TOTAL	0.551	-0.52 95% (20.0)	-0.18 98%

· Age and sex matched

T = peak bone mass

Z = age matched

25 Oct 91



### Forearm

## T and Z scores

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

• The Z-score is the number of standard deviations below an average person of the same age, race and gender.

# Interpretation of results according to the WHO definitions

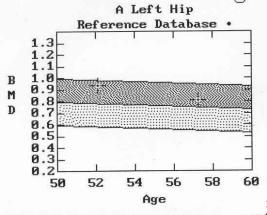
- Normal bone: T-score better than -1.
- Osteopenia: T-score between -1 and -2.5
- Osteoporosis: T-score less than -2.5

The bone density is important because it can help to predict the risk of getting a fracture, but it is important to realize that the T-score alone does not predict fractures, and osteopenia is not a disease.

# Therapy monitoring

### Pecsi Diagnosztikai Kozpont

Date



M03310008	Fri	31.Mar	צט טטטצ.	25
Name:				
Comment:		dr.	Sebok Jud	lit
I.D.:	24	21226	Sex:	F
S.S.#:	_	- E	thnic:	W
ZIPCode: 6:	12	Height	: 168.00	CM
Scan Code:	TA	Weight	: 77.00	kg
BirthDate:	26.D	ec.42	Age:	57
Physician:	DR	.SCHMID	T	

Region (	Rate of Change/y		% Chang	ge ±%
Neck	-0.0254	0.0029	-2.72	0.31
Troch	+0.0056	0.0017	+0.82	0.26
Inter	+0.0055	0.0025	+0.48	0.22
TOTAL	+0.0006	0.0027	+0.06	0.27
Ward's	+0.0012	0.0044	+0.21	0.74

Neck Troch Inter TOTAL Ward 10 Feb 95 52.1 0.934 0.682 1.150 0.977 0.597 31 Mar 00 57.3 0.804 0.710 1.179 0.980 0.603

\*\*1.96xSD = 95% Confidence Interval

· Age and sex matched

T = peak bone mass

Z = age matched

TK 25 Oct 91



# Indications for bone density measurements

Risk factors or conditions that cause osteoporosis:

Postmenopausal woman with family history of hip fractures

**Medications: corticosteroids** 

Endocrine and metabolic (hypogonadism, hyperparathyroidism, hyperthyroidism, Cushing syndrome)

Malabsorption

## **Contraindication of DEXA**

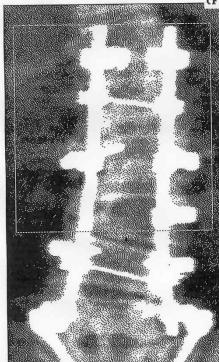
- Absolute: pregnancy
- Relative:
  - gastrointestinal contrast or nuclear medicine test (affect the results of the measurement) (central DEXA)
  - extreme obesity (central DEXA)

## Conditions influence on results

- Spondylosis, arthrosis, degenerative changing
- Compression fracture of vertebra
- Scoliosis
- Metal devices

# Metal implants in lumbal spine

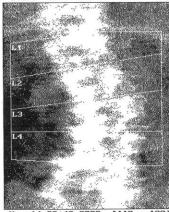
SELECT REGION OF INTEREST
(F9 FOR HELP)



330 × 339

M02260316 Buday Santha Attilane dr Comment: Dr Blazek Marta

k = 1.218 d0 = 109.8(1.000H) 9.218



Mar 14 09:42 2003 [113 x 122] Hologic QDR-2000 (S/N 2327) Array Spine Medium V4.76A:1

MØ314Ø3ØA Name: Fri Mar 14 09:38 2003

Name: Comment: I.D.: S.S.#: ZIPCode: Dr Kovacs Melinda 2310124 Sex: F - Ethmic: W Height: 160.00 cm

Scan Code: SZE Weight: 82.00 kg BirthDate: 01/24/31 Age: 72 Physician: DR SCHMIDT Image not for diagnostic use

TOTAL BMD CV FOR L1 - L4 1.0%

C.F. 0.975 0.969 1.000

Region Est.Area Est.BMC BMD (cm2) (grams) (gms/cm2)

0.934 11.47 L1 12.29 0.994 LZ 13.81 13.73 16.02 18.02 1.125 L3 1.183 16.00 18.93 62.16 1.070 TOTAL 58.12



#### Pecsi Diagnosztikai Kozpont

11/04/91

A Lumbar Spine

Reference Database •

1.4
1.3
1.2
B 1.1
M 1.8
9.9
D 8.8
0.7
0.6
0.5
0.5
0.4
0.3
18 20 30 40 50 60 70 80
Age

 $BMD(L1-L4) = 1.070 \text{ g/cm}^2$ 

Region	BMD	T(36	0.0)	Z	
L1	0.934	+0.08	101%	+2.06	132%
L2	0.994	-0.31	97%	+1.90	127%
LЗ	1.125	+0.37	104%	+2.69	136%
L4	1.183	+0.61	106%	+3.00	139%
L1-L4	1.070	+0.20	102%	+2.44	133%

<sup>+</sup> Age and sex matched

Z = age matched TK

M0314030A Fri Mar 14 09:38 2003 Name: Comment: Dr Kovacs Melinda

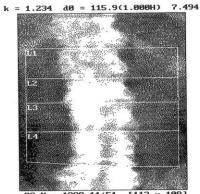
I.D.: 2310124 Sex: F
S.S.#: - Ethmic: W
ZIPCode: Height: 160.00 cm
Scan Code: SZE Weight: 82.00 kg
BirthDate: 01/24/31 Age: 72

Physician: DR SCHMIDT



# Degenerative changing an deformity in the lumbal spine

T = peak bone mass



·03.Nov.1999 11:51 [113 x 108 Hologic QDR-2000 (S/N 2327) Array Spine Medium V4.66A:1

Image not for diagnostic use

TOTAL BMD CV FOR L1 - L4 1.0%

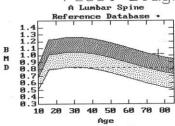
C.F. 0.975 0.969 1.000

Region	Est.Area (cm <sup>2</sup> )	Est.BMC (grams)	BMD (gms/cm <sup>2</sup> )
L1	11.14	8.06	0.724
LZ	9.39	11.05	1.176
L3	11.39	12.52	1.100
L4	13.65	14.59	1.069
TOTAL	45.57	46.22	1.014



#### Pecsi Diagnosztikai Kozpont

04 Nov 91



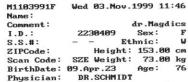
 $BMD(L1-L4) = 1.014 \text{ g/cm}^2$ 

BMD	T(36	T(30.0)		
0.724	-1.83	78%	+0.38	106%
1.176	+1.35	114%	+3.80	155%
1.100	+0.15	101%	+2.73	138%
1.069	-0.43	96%	+2.23	130%
1.014	-0.30	97%	+2.19	131%
	0.724 1.176 1.100 1.069	0.724 -1.83 1.176 +1.35 1.100 +0.15 1.069 -0.43	0.724 -1.83 78x 1.176 +1.35 114x 1.100 +0.15 101x 1.069 -0.43 96x	0.724     -1.83     78x     +0.38       1.176     +1.35     114x     +3.80       1.100     +0.15     101x     +2.73       1.069     -0.43     96x     +2.23

<sup>+</sup> Age and sex matched

T = peak bone mass

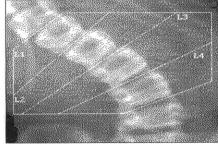
Z = age matched





### compression fractures in the lumbal spine

k = 1.258 d0 = 124.6(1.000H)



·Jun 20 08:27 2001 [146 x 92] Hologic QDR-2000 (S/N 2327) Lumbar Spine V4.76

M06190119 Tue Jun 19 13:01 2001 Name: Comment: Dr Gazso Imre 2890723 Sex: I.D.: S.S.#: Ethnic: ZIPCode: Height: 127.00 cm Scan Code: SZE Weight: 20.00 kg BirthDate: 07/23/89 Age: 11 Physician: DR ZAMBO Image not for diagnostic use

TOTAL BMD CV FOR L1 - L4 1.0%

C.F.	0.997	1.046	BMD (gms/cm <sup>2</sup> )	
Region	Area (cm <sup>2</sup> )	BMC (grams)		
L1	7.32	3.74		
L2 8.03		3.93	0.490	
L3	8.79	3.46	0.393	
L4	8.87	3.36	0.379	
TOTAL	33.02	14.49	0.439	



Pecsi Diagnosztikai Kozpont

Lumbar Spine
Reference Database •

1.4
1.3
1.2
B 1.1
M 1.9
D 0.8
0.7
0.6
0.5
0.4
0.3
0 5 10 15 20 25 30

 $BMD(L1-L4) = 0.439 \text{ g/cm}^2$ 

Region	BMD	T(30.0)		Z	
L1	0.512	-3.76	55%		
L2	0.490	-4.89	48%		
гз	0.393	-6.28	36%		
L4	0.379	-6.70	34%		
L1-L4	0.439	-5.53	42%	-3.62	56%

<sup>+</sup> Age and sex matched

Z = age matched

11/04/91





### scoliosis

T = peak bone mass

# Thanks for your attention!