European Respiratory Society Annual Congress 2013

Abstract Number: 2915

Publication Number: P3430

Abstract Group: 4.1. Clinical respiratory physiology, exercise and functional imaging

Keyword 1: Imaging Keyword 2: Physiology Keyword 3: No keyword

Title: Gravity dependence of specific ventilation (SV), Hounsfield unit (Δ HU) and specific gas volume (Δ SVg) variations assessed by high resolution (HR) CT

Francesca 19099 Pennati francesca.pennati@mail.polimi.it ¹, Caterina 19100 Salito caterina.salito@mail.polimi.it ¹, Guido 19101 Baroni guido.baroni@polimi.it ¹, Jason 19102 Woods jason.woods@cchmc.org ² and Andrea 19103 Aliverti andrea.aliverti@polimi.it ¹. ¹ Elettronica, Informazione e Bioingegneria, Politecnico Di Milano, Milano, Italy and ² Pulmonary Imaging Research Center, Cincinnati Children's Hospital Medical Center, Cincinnati, United States .

Body: To compare the gravity dependence of the CT-based parameters proposed as lung function descriptors, namely Δ HU, SV (Simon et al, JClinMonitComput 2000) and Δ SVg (Salito et al, Radiology 2009),we quantified their vertical gradient in six supine healthy volunteers, scanned at TLC and RV by HRCT. Δ HU (HU_{RV}-HU_{TLC}), SV and Δ SVg (SVg,_{TLC}-SVg,_{RV}) were mapped voxel-by-voxel after registering TLC onto RV (Fig.1). The gravitationally-dependent gradients of Δ HU, SV and Δ SVg were significantly different, respectively 54.6±9.8%, 53.1±11.3%, 19.7±9.7% (p<0.001 Fig.2). Dividing the lung vertically into thirds showed a statistically significant difference in Δ HU, SV and Δ SVg between nondependent, intermediate and dependent regions, with Δ HU of 99.2±26.0, 135.3±36.3 and 186.0±44.2 HU respectively (p<0.001), SV of 1.3±0.3, 1.8±0.6, 2.7±0.9 (p<0.001) and Δ SVg of 3.4±0.6, 3.7±0.7, 4.3±0.9 ml/g (p<0.001).

Results show that ΔHU and SV percent vertical gradient is more than twice ΔSVg increase. The lower gravity-dependence of ΔSVg suggests this parameter as more reliable to discriminate healthy from pathological regions.