Editor Response to NM 1-2-3 Volume 1&2 Feedback Submission

HKCRRT NM subcommittee are pleased to have your participation in our CPD activity <NM 1-2-3>. Knowledge exchange will never happen if there is no one into it. NM 1-2-3 aims to enhance NM knowledge in a simple and short way that anyone can spare time to participate in one's busy personal time. Editors will response to participant's feedback at the end of each topic. This response will not go through the question one-by-one because answers can be easily found. We will highlight some interesting points that we can share. Therefore, your feedback is crucial for every one of us!

In recent issues of NM 1-2-3, we bring out some questions for discussion:

- What radio-pharmaceutical will you order?
- What is the sequence of imaging in your centre?
- Discuss their pros and cons, e.g. ease of production, availability, image quality
- How is Pulmonary Embolism diagnosed by VQ scan?
- Discuss practical considerations for IV injection.
- Reduced number of Tc-99m MAA particle is recommended in some high-risk patient groups. What are they?

Feedback received from participants shows that both Technegas and Tc-99m DTPA aerosol are still using in Hong Kong practice. For centres using Technegas, superior diagnostic value and simpler operation are the main consideration for choosing Technegas over DTPA aerosol. On the other hand, initial and maintenance cost are the main consideration as the number of cases for those centres are low. Moreover, some participants indicated that water can be used in the nebulizer for rehearsal of V Scan, which can lead to better patient cooperation. However, DTPA aerosol is a classic technique for V scan. Some

feedback suggested that local supply of DTPA aerosol was discontinued. Please check for the availability of the aerosol before making appointment.

In perfusion scan, it is suggested that patient with pulmonary hypertension, right-to-left heart shunt, pneumonectomy or after single lung transplantation should reduce his/her injected number of particles of MAA to 100,000- 200,000 to prevent obstructing too much pulmonary vessels for safety. These patient types should include pregnant patient too. MAA will be settled in the syringe after time. It is suggested that the syringe should be gently agitated before use. Lastly, we would like to bring up the use of Q scan only for pregnant patient with suspected PE. CT pulmonary arteriogram (CTPA) is the most readily available exam for most of the hospital, however, pregnancy maybe contraindicated to CTPA according to ALARA principle. Q Scan can provide exam with good sensitivity and accuracy for PE with lower fetal dose. The chance of PE is usually excluded by normal perfusion pattern in Q Scan.

Thank you again for supporting NM1-2-3. Finally, be reminded that CPD will be issue to participants who completed every 2 issues (paired) of NM 1-2-3 and have feedback submitted 500 words or more combined.

HKCRRT NM Faculty

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