Positive airway pressure-enhanced CT to improve virtual bronchoscopic navigation

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INTRODUCTION

CT scan acquisition protocol is pivotal for segmentation covering the utmost periphery. We hypothesize that application of continuous positive airway pressure (CPAP) during CT acquisition could improve segmentation.

OBJECTIVES

Compare quality of segmentations under 4 CT acquisitions: inspiration (INSP), expiration (EXP) and both with CPAP (INS-CPAP and EXP-CPAP).

MATERIALS AND METHODS

320-detector row CT scans (Aquilion ONE[™], Toshiba) were performed in INSP, EXP, INS-CPAP and EXP-CPAP using EzPAP[®] (Smiths Medical) pressures 6-10 cmH₂O for 3' in 4 patients. Segmentations obtained and compared with VBN (LungPoint[®], Broncus) and their quality assessed by randomly selecting 2 distal bronchi per lobe and counting bifurcations (BIF) achieved and absolute (DIST) and relative (DIST%) distances from carina to most distal bronchi. DIST% were computed dividing DIST by lung's largest axis.

RESULTS

2-way ANOVA interaction not significant: p-values and means for column [table1] and row [table2] factors.

CONCLUSIONS

1) DIST and BIF might not be accurate enough for comparing segmentations in different phases of the respiratory cycle nor different lungs, due to their varying size.

2) Though not significant, DIST% are larger for EXP-CPAP indicating that use of CPAP might improve segmentation in VBN and encouraging further analysis of CPAP-enhanced CT.

DISCLOSURE

Funded by Fundació La Marató de TV3, Societat Catalana de Pneumologia, Fundació Catalana de Pneumologia, ISCIII-FEDER ("a way to achieve Europe") FIS PI09/90917, the Spanish project DPI2015-65286-R, Secretaria d'Universitats i Recerca de la Generalitat de Catalunya 2014-SGR-1470 and PRODUCTE-2014 PROD 00065.

Table 1. Compa	arison of segme	ntation quality	for CT	acquisition
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	INSP	INSP-CPAP	EXP	EXP-CPAP	ANOVA (p-value)
BIF (mean)	6.87	6.63	4.98	5.42	4x10 ⁻¹⁰
DIST (mean)	158.3056	158.3333	116.8889	129.9722	3x10 ⁻¹²
DIST%	68.6108	67.7883	62.1827	70.5244	0.0545

Table 2. Comparison of segmentation quality for lung

	Right lung	Left lung	ANOVA (p-value)
BIF (mean)	6.0	5.9	0.7098
DIST (mean)	133.9306	147.8194	0.0017
DIST%	65.6210	68.9322	0.1384