



Study Protocol

Prostatic artery embolization

Interventional Radiology

A syngo DynaCT run in low-dose setting is sufficient quality as the soft tissue information is available from pre-interventional MRI. No syngo DynaCT run with higher dose needed.

Courtesy of

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Supported by

syngo DynaCT
syngo InSpace 3D/3D Fusion
syngo iPilot enhanced
syngo Embolization Guidance

System & Software

Artis zee ceiling VC21
syngo MMWP VE52

Case Description

Patient history

66-year-old man; benign prostate hyperplasia with major dysuria.

Diagnosis

Prostate volume 90 cm³ PSA < 3.

Treatment

Embolization of benign prostate hyperplasia.

Tips and tricks

Fusion of MRI data can save dose, because a syngo DynaCT run in low-dose setting is sufficient.

syngo Embolization Guidance provides guidance to the target vessel, thus saving time, contrast media and fluoro time as well as dose.

Prostatic artery embolization



Acquisition protocol	5sDCT Body Care
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Injection protocol

Catheter position	Prostatic artery
Contrast medium (CM)	350 mg iodine/mL
Dilution (CM/Saline):	50 %
Injection volume	5 mL
Injection rate	~ 1 mL/s
Duration of injection	5 s
X-ray delay	No
Power injector used	No

Reconstructions

Primary

Name	DynaCT Body Nat Fill HU Normal
VOI size	Full
Slice matrix	512 × 512
Kernel type	HU
Image characteristics	Normal
Reconstruction mode	Nat fill
Viewing preset	DynaCT Body

Clinical Images

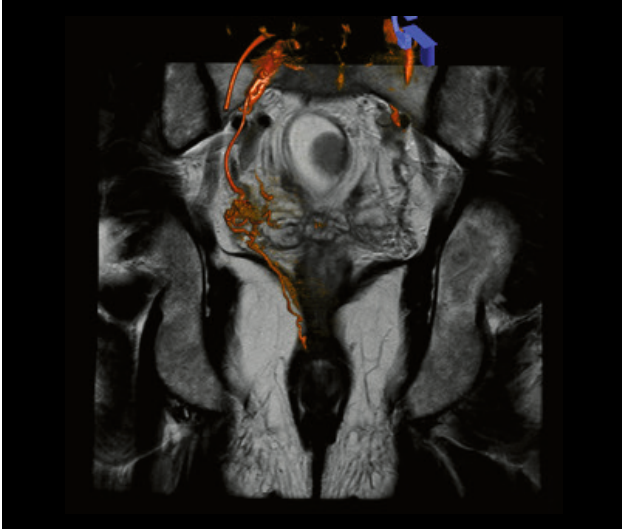


Figure 1: MRI image fused with syngo DynaCT volume (low-dose setting). Visualization in embedded MPR mode

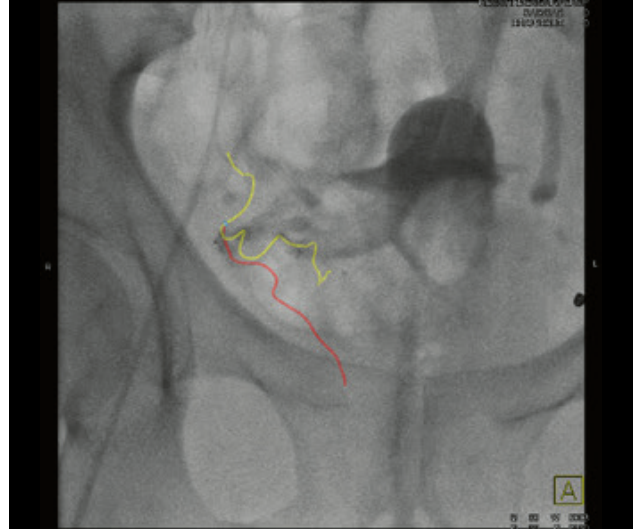


Figure 2: Store fluoro with syngo iPilot overlay of syngo Embolization Guidance centerlines.
Protocol: Fluoro normal

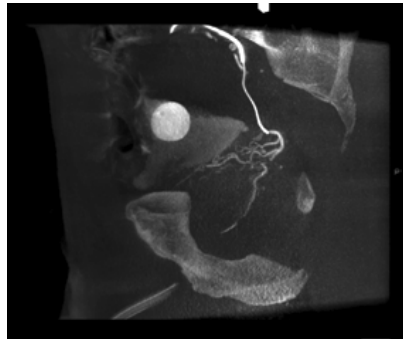
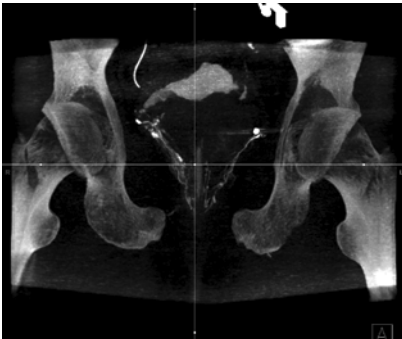


Figure 3: Thick MIP 48 mm
Frontal, sagittal and transversal view of pelvic vessels out of syngo DynaCT volume (low-dose setting)

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