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The effect of inspiration on airway dimensions measured in CT images from the Danish Lung Cancer Screening Trial

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**Purpose:** Airway dimensions measured from CT are increasingly being used to investigate diseases such as chronic obstructive pulmonary disease (COPD). In this study, we investigate the effect of differences in inspiration level on such measurements in voluntary inspiration breathhold scans.

**Methods and Materials:** We selected from the Danish Lung Cancer Screening Trial 978 subjects without COPD who were scanned annually for 5 years with low-dose multi-slice CT. Using in-house developed software, the lungs and airways were automatically segmented and corresponding airway branches were found in all scans of the same subject using image registration. Mixed effect models were used to predict the relative change in lumen diameter (LD) and wall thickness (WT) in airways of generation 0 (trachea) to 6 based on relative changes in the segmented total lung volume (TLV).

**Results:** On average, 1.0, 2.0, 3.9, 7.6, 15.0, 25.0 and 27.3 airways per subject were included from generations 0, 1, 2, 3, 4, 5 and 6, respectively. Relative changes in LD were positively related to changes in TLV and coefficients increased with generation: 0.20 (+0.02), 0.19 (+0.02), 0.21 (+0.01), 0.25 (+0.01), 0.29 (+0.01), 0.34 (+0.01), 0.37 (+0.01). Relative changes in WT were inversely related to changes in TLV and generation: -0.01 (+0.02), 0.01 (+0.01), -0.02 (+0.01), -0.03 (+0.01), -0.05 (+0.01), -0.09 (+0.00), -0.08 (+0.00).

**Conclusion:** Subjects who inspire deeper prior to scanning tend to have larger LD and smaller WT. This effect is more pronounced in higher generation airways. Thus, adjustment for inspiration level is needed to accurately assess airway dimensions.

**Author Disclosures:**

M. de Bruijne: Grant Recipient; AstraZeneca.

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Chronic bronchitis in large airway: airway wall measurements on thin-slice low-dose CT

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**Purpose:** Chronic bronchitis (CB) is usually caused by smoking and characterised by chronic inflammation and remodelling of the airway wall, commonly in large airways. The study purpose is to determine whether quantitative assessment of lung density and volume (AWT) and wall area percentage (WAV%) between subjects with and without CB symptoms.

**Methods and Materials:** 50 heavy smokers with CB symptoms (cough, mucus, dyspnoea and wheezing) and 50 heavy smokers without CB symptoms were randomly selected from 1,413 participants in a lung cancer screening trial. Airway walls were measured on images in thin-slice low-dose CT with a dedicated software tool, for airways with a luminal diameter ≥5 mm in 5 selected bronchi (RB1, RB4, RB10, LB11 and LB10). Differences in measurements between the groups were assessed by t-test. The association between CB symptoms and AWT and WAV% was analysed using multiple linear regression adjusted for age, body mass index, smoking habit, amount of emphysema, and lung function.

**Results:** Mean AWT measured at 5 bronchi was 1.550±0.44 mm and 1.42±0.40 mm in subjects with and without CB symptoms, respectively (P < 0.001). WAV% was 47±12% and 43±11%, respectively (P < 0.001). With adjustment for confounders, a significant positive association between both airway wall measurements (AWT and WAV%) and CB symptoms was found for airways with a luminal diameter from 5 to 10 mm (P < 0.01). In airways with a luminal diameter ≥10 mm, no significant association was found (P > 0.05).

**Conclusion:** Patients with chronic bronchitis symptoms have thicker airway walls of airways between 5 and 10 mm diameter, not in larger diameter.

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Value of inspiratory and expiratory lung volume and lung density for detection of bronchiolitis obliterans syndrome (BOS): a feasibility study

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**Purpose:** To evaluate whether quantitative assessment of lung density and volume in computed tomography (CT) show differences in patients with and without BOS after lung transplantation.

**Methods and Materials:** 210 CT examinations were carried out in lung transplant patients in full inspiration/expiration using a 64 row MDCT (120 kVp, rotation time 0.8 s, pitch 0.984, collimation 1.25 mm, reconstruction increment 1 mm, standard reconstruction kernel). 26/184 examinations were performed in patients with/without...