White Blood Cell Imaging GALVESTON COLLEGE NUCLEAR MEDICINE CEDRIC D. BUTLER

Patient History

- Age: 60 year old Male
- Suspected osteomyelitis of left foot and ankle
- Referred for comparative follow up after an X-Ray and MRI imaging completed after metal removal July 2023.

Indications for Procedure:

- Musculoskeletal infections such as disc space, joint space, prosthetic joint and other orthopedic hardware.
- Osteomyelitis superimposed on existing bone pathology, osteomyelitis in diabetics. (99mTc-sulfur SPECT Marrow Maps to assess presence of anomalous marrow))
- Differentiating osteomyelitis from bone infarction
- Fever of unknown origin (FUO)
- Detection and localization of an unknown source of sepsis (occult infection)

- 3-phase acquisition (flow, 90min dynamic, 4 hour delay)
- Dose: 11.7 mCi 99mTc-HMPAO labeled WBC intravenous injection
- GE Infinia Hawkeye 4 SPECT-CT gamma camera
- Low Energy High Resolution Collimators with 20% window centered at 140 KeV



- Significantly increased perfusion to left foot relative to right side- focal increased WBC accumulation in the left ankle, mostly in distal fibular, talus,
- Diffusely involves left metatarsal bones, consistent with osteomyelitis.
- Correlative X-RAY/MRI performed outside clinic system not available at time of report. No Artifacts, patient motion, or infiltration noted).



Findings: Nuclear-SPECT-CT

CT images of left ankle (pictured at left below) and left foot present with apparent translucencies share anatomical region with those areas of increased radio-labelled leukocyte uptake. Ankle picture below at left joined with first prominent slice of Left Talus



- MR findings: Deep soft tissue ulcer along lateral distal phalanx of great Toe with underlying reactive marrow change.
- XR Findings: Charcot arthropathy of mid-foot with fragmentation of navicular., severe osteoarthritis of the midfoot. (Images Unavailable)



Considerations for Normal Biodistribution

- Normal findings at 18 to 24 hours of the study include uptake primarily by the reticuloendothelial system of the spleen, liver, and bone marrow. Diffuse pulmonary activity occurs up to 4 hours after injection, and this is a normal finding (Herron et al, 2022).
- For abscesses, the uptake in that pathologic area may have uptake either greater than or equal to the uptake of the liver. Up to one-half of the cases can be visualized four hours after injection, with greater than 90% uptake by 24 hours (Herron et al, 2022).
- If a patient has been receiving treatment with IV antibiotics before obtaining a nuclear scan with radiolabeled indium, the results may show limited uptake in that area, producing a false negative result (Herron et al, 2022).

Take-Home Points

How does the type of infection(acute vs chronic) affect the isotope to be used (hint: half-life)?

Why would it be good to have a Marrow Map done for patients with implants(hint: biodistribution variant for prosthetics)?

Why is it beneficial to have correlative tests performed, and which modality provides the best interpretation(hint: extent of infection)?

Bibliography

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