

### **CT** measurements of expiratory central airway collapse in COPD patients with suspected tracheobronchomalacia: comparison between standard and MPR images

### D.M. Tridente, B.H. Heidinger, D.C. DaBreo, A.A. Bankier, D.E. Litmanovich









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## **COPD** and Tracheobronchomalacia

TBM = 80% luminal reduction during expiration (Eur J Radiology 2011, 80(3):531-535)

- CT definable subtype of COPD Associated finding - 20% of COPD patients
  - (Radiology 2015, 277(1):192-205)
  - Bronchoscopy: diagnostic gold standard MDCT: reliable and comparable method (Chest 2005, 127:984-1005)







## Need for Standardized Data

### Trachea and bronchi are oblique to the MDCT transverse plane

## Are we accurately estimating airway collapse?

Similar studies: no significant difference in measurements in healthy volunteers

(Clinical Radiology 2016, 71:49-55)











### To compare standard and MPR measurements from the airways in COPD patients with suspected tracheobronchomalacia.







## Methods: Imaging Protocol



- 64 MDCT scanner
- kVp 120
- mAs 40
- collimation 0.625
- gantry rotation 0.5"
- pitch 1.375

### Active respiratory coaching and spirometric monitoring of 2 sequential CT acquisitions:



### **END-INSPIRATORY**

### **DYNAMIC EXPIRATION**





## Methods: Post Processing









## Methods: Measurements



### collapse (%): 100 x (1- CSA forced expiration / CSA inspiration)







### Cohort: 97 patients

GOLD criteria for COPD 35-75 years old range Age mean: 65 ± 7 years Gender: 47F / 50M

### Additional time per case:



Trachea - 4 minutes Both bronchi - 8 minutes

## **Results:** Population







## Results: Mean CSA (mm<sup>2</sup>)

### END-INSPIRATORY







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Results: Collapse (%)





## Results: Diagnosis (# of patients)



### TRACHEA





# MPR versus standard transverse images

- Cross sectional area: smaller in trachea, right and left main bronchi;
- Airway collapse: larger only in the trachea;  $\mathbf{\overline{\mathbf{N}}}$
- Tracheomalacia: 7 more patients diagnosed.  $\mathbf{\overline{\mathbf{N}}}$

## Conclusion





### dtrident@bidmc.harvard.edu

