



بسم الله الرحمن الرحيم



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Evaluation of Radiation Dose during CT Brain

تقويم الجرعة الاشعاعية اثناء التصوير المقطعي للدماغ

**A Thesis Submitted For Partial Fulfillment for The
Requirement M.Sc. degree in Medical physics**

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2021

الآية

بسم الله الرحمن الرحيم

قال تعالى:

(قل هل يستوي الذين يعلمون و الذين لا يعلمون إنما يتذكر أولو الألباب) .

صدق الله العظيم

سورة الزمر: 9

Dedication

To my father dear [Alfadil Hassan Mohammed]

To my mother dear[Fawzia Mohammed Albashir]

To my brothers [Nagy & Anas]

To my sisters [Doaa & Qabs]

To my sister son [Omar]

Acknowledgment

Firstly, I would like to express my gratitude and appreciation to the Almighty God from whom I have power and aid.

I would also like to express my sincere gratitude to my supervisor **Dr. Hussein Ahmed Hassan** for his suggestions, patience, guidance, encouragement, cooperation and supervision of this work.

Finally, I would like to thanks every person who helped me in gathering different information, collecting data and guiding me from time to time in making this study.

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Abbreviation

CT	Computed Tomography
CAT	Computed Axial Tomography
C	speed of light , coloum
E	Energy of photon
h	Plank constant
f,v	Frequency of photon
λ	Wavelength
Gy	Gray unit of absorbed dose
J	Joule unit of energy
W_R	Radiation Weighting Factor
Sv	Sievert unit of equivalent dose ,effective dose
Rad	Unit of absorbed dose
Kev	Kelo electron Volt
Mev	Mega electron Volt
R	Roentgen
KERMA	Kinetic Energy Release in Medium
dE _{tr}	Energy transfer into matter
dm	Mass of matter
Kg	Kilogram
SIU	Standard International Unit

ERD	Effective Radiation Dose
BEIR	Biological Effects of Ionizing Radiation
ALARA	As Low As Reasonable Achievable
MRI	Magnetic Resonance Intensity
ACR	American College of Radiology
DLP	Dose Length Product
CTDI _{vol}	CT Dose Index volume
MDCT	Multi Detector CT scanners
BMI	Body Mass Index
ATCM	Automatic Tube Current Modulation
SIE	Surface Integral Exposure
DAP	Dose Area Product
GE	General Electric
ICRP	International Commission of Radiation Protection
IAEA	International Atomic Energy Agency

Abstract

The purpose of this study was to Evaluate patient radiation doses of CT scanner during brain CT scan by calculate effective dose .

In the study A sample of 100 adults patient their undergoing brain CT examinations were selected from different hospitals (Yastabsheroon hospital and Asia hospital) The data was taken during (2020) ,The machines were used namely : Toshiba 16 slice and GE Optima 16 slice.

The results show amount of average effective dose ($1.745 \text{ mSv} \pm 0.567 \text{ mSv}$) and it's not equal or above than standard effective dose of brain (2 mSv) that recommended by ICRP . Also there is no any difference between effective dose of male brain and female brain according to differences at anatomical structure of brain .The typical parameter of (Kvp and mAs) is (Kvp120) and (mAs60 -100 mAs) for adult and pediatric .

The study recommends that the training is very important to all computed tomography technicians due to the high dose that result from CT.

المستخلص:

الغرض من هذه الدراسة هو تقييم الجرعات الإشعاعية للمرضى من التصوير المقطعي أثناء التصوير المقطعي المحوسب للدماغ عن طريق حساب الجرعة الفعالة .
في هذه الدراسة ، تم اختيار عينة من 100 مريض بالغ فحوصاتهم المقطعية المحوسبة للدماغ من مراكز مختلفة (مستشفى يستبشرون و مستشفى آسيا) تم أخذ البيانات خلال (2020) ، و تم استخدام الآلات وهي : توشيبا 16 شريحة و جي أوبتيما 16 شريحة .

تظهر النتائج كمية متوسط الجرعة الفعالة (ملي سيفرت 1.745 ± 0.567 ملي سيفرت) وهي لا تساوي أو تزيد عن الجرعة الفعالة القياسية للدماغ (2 ملي سيفرت) التي أوصى بها برنامج ICRP . كما لا يوجد فرق بين الجرعة الفعالة لدماغ الذكر و دماغ الأنثى حسب الفروق في التركيب التشريحي للدماغ ، (Parameter) نموذجية (Kvp and mAs) هي (Kvp120) و (60 – 100 mAs) للبالغين و الأطفال.

أوصت الدراسة بأن التدريب مهم جدا لجميع فنيي التصوير المقطعي المحوسب نظرا للجرعة العالية عن التصوير المقطعي.

Chapter one

1.1.Introduction:

Medical imaging has experienced significant changes in both the technologic and clinical arenas .Innovation has become common in radiology department and today the introduction of new ideas and method and refinements existing techniques are apparent . The goal of these developments is this acquisition of the optimal diagnostic information while the quality of care afforded to patient is improved. One such development that is revolutionary tool of medicine ,particularly in medical imaging is computed tomography (CT)(Seeram,2001) .

The word tomography is not new .It can traced back to early 1920,when a number of investigator were develop methods to image specific layer or section of body .At that time ,terms such as(body section radiography) . A conventional tomogram is an image of a section of the patient that is oriented parallel to the film .In 1937;Watson developed another topographic technique in which the section were transverse(cross section) this technique referred to as transverse axial tomography((Seeram,2001) .



Figure (1.1): computed tomography instrument

((seeram,2001)

The brain consist of fore brain ,mid brain and hind brain . The fore brain is composed of cerebrum (the tow cerebral hemispheres, each with cavity and lateral ventricle) and a deeper central portion . The diencephalon , whose main parts are the thalamus and hypothalamus ,and whose cavity is the third ventricle . The midbrain is small region whose cavity is adequate and which connect fore brain with hind brain ,consisting of (the pons ,medulla oblongata and cerebellum)and whose cavity is the fourth ventricle (Chummy,1999).

The mid brain (pons and medulla) collectively form the brainstem .All parts of the brain are contained within the cranial cavity .The medulla passes through foramen magnum of the skull and changes its name to spinal cord has central canal (Chummy,1999).

Cerebrospinal fluid (CSF) is produced by chord plexuses within the ventricles , which fill it exits through midline and lateral apertures of the fourth ventricle to cover the surface of the brain and spinal cord (Chummy,1999).

1.1.1.The differences between brain of male and female:

The nerve that connect right and left side of brain is thick and stronger on female than males .

The volume of brain is large at males than females.

Males brain have higher tissue densities than females.

To process information males use just left hemisphere ,but females use right and left side of hemispheres.

The males brain is geared slightly more toward math.

The females brain is geared slightly more toward language .

Females have a larger hippocampus ,that mean they feel more emotional

Men's right amygdale is activated ,but women's left amygdale is activated and the left amygdale associated with internal function -for that females feel more pain than males-.

Men tend to have better spatial abilities because they have a thinner parietal region of the brain than women .

Males are intelligence than females because females cluster toward the middle ,more males occupy the extreme high and low ends on the intelligence scale(www.Scince.howstuffworks.com).

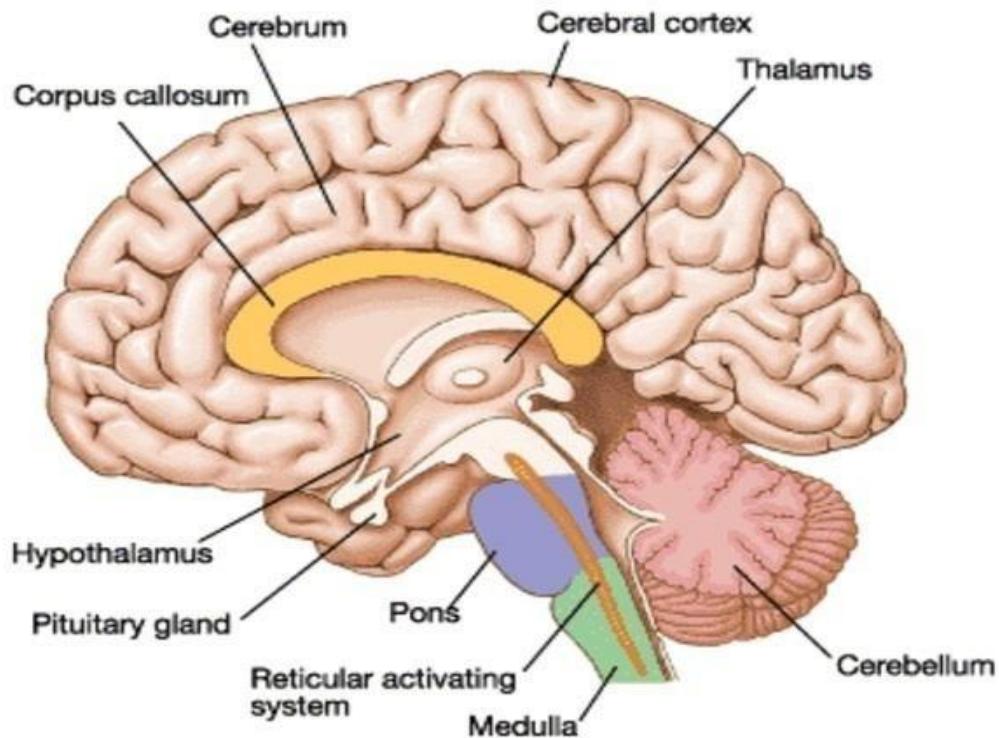


Figure (1.2):Anatomy of brain_

www.scince.howstuffworks.com

1.2. Problem of the study:

Patient exposed to high dose of CT radiation .

1.3. Rational and importance of this study:

Optimization parameters to reduce patient dose , also to optimize image quality and to avoid repetition projection.

1.4. Objective:

1.4.1. General objective:

To evaluation CT effective dose on brain of male and female .

1.4.2. Specific objective:

To estimate effective dose of CT projection .

To compare effective dose on brain of male and female according to main differences at brain anatomical structure of male and female

1.5. Duration of research:

Six months.

1.6. Area of study :

1- Yastabsheroon hospital.

2- Asia hospital.

Chapter two

Literature review

2.1.Literature review

2.1.1.The discovery of a new kind of Ray:

About 120 years ago an event took place in Germany which was to have a dramatic effect on science and particularly in the field of medicine . On the evening of 8th November 1895 A physicist named Wilhelm Roentgen discovered radiation which passes through matter .(D.R.Hill,1975)

Roentgen's [new kind of ray] he called x-ray ,x for the unknown .With these new rays he made a photograph of his wife's hand showing the bones and wedding ring .The exposure time require was some 30 minutes .(D.R.Hill,1975)

At the first public lecture by Roentgen on January 25th 1896, professor Albert Von Kolliker proposed that [this new rays not be called x-rays] as Roentgen continued to name them throughout his life, [but should be named Roentgen rays in honour of the discover] . Both forms of nomenclature persist today .However ,the accepted international unit of x-ray quantity become the Roentgen on in 1925(D.R.Hill,1975) .

2.1.2.Cathode Rays:

In 1837 Michael Faraday carried out research studies on the luminous effect produced by passing electric current through various gases .In 1838 he produce a discharge of electricity through space in partially evacuated glass tube .Such glass tubes were product by Heinrich Geissler (D.R.Hill,1975).

The observations of faraday led Wilhelm Hittor ,in 1869 ,to describe (cathode rays)and the passage of electricity in a vacuum tube . Plucker had already noticed that objects placed between the negative electrode [cathode] and the glass wall would cast shadows on the glass wall. Plucker and Hittorf therefore announced that [cathode rays move straight from the negative electrode] (D.R.Hill ,1975).

2.1.3.The nature of cathode rays:

It was known that cathode rays were deflected by magnetic fields , produced thermal and mechanical effect on materials on their path and induced phosphorescence in certain materials (D.R.Hill,1975).

2.1.4.The nature of x-rays :

Roentgen ,working on a wave theory ,questioned whether the new rays [x-rays]should be ascribed to vibration in ether . Schuster was inclined to postulate that they were of a very short wavelength and that the radiation being produced , was most likely , not homogenous (D.R.Hill,1975). Thomson showed that longitudinal waves might exist in a medium containing moving ions , [charged atomic residues] . He also commented that " transverse waves would not be refracted " and thus agreed with Schuster .Thomson was able to report on February 15th 1896 that the discharging effect of x-rays was not the same as that of ultraviolet light which had previously been observed .He wrote "...this ,again ,is in favour [of the theory] that these rays turn air into an electrolyte " consequently the ionization of air by x-ray was established . This principle will be met in the description of ionization chambers for the measurement of x-ray intensity and radiographic exposure control (D.R.Hill,1975).

2.1.5.The difference between x-ray and cathode rays :

Thomson and his pupil Rutherford reported on September 17th that { when a current is passing through a gas exposed to x-rays , the current destroys and the rays produce the structure which gives conductivity to the gas }. Schuster's first reaction on the nature of cathode rays was that they were corpuscular and he suggested that x-rays were produced {by an impact} on the wall of the tube .However ,L.enard ,eight months later was still opposed to the corpuscular theory , and the identification of the cathode rays as stream of electrons was not proposed for another years (D.R.Hill ,1975).

2.1.6.Energy:

In physics energy is property of objects which can be transferred to other objects or converted to different forms ,but can not be created or destroyed. The common description for energy is {ability of a system to

perform work }, but it is difficult to give one single comprehensive definition of energy because of it has many forms .For instance in SI units stander international units energy is measured in joules and one joule is defined mechanically being the energy transferred to an object by the mechanical work of moving it a distance of 1 meter against a force of 1 Newton, however, there are many other definitions of energy depending on the context such as thermal energy, radiant energy ,electromagnetic, nuclear ,etc where definitions are derived that are the most convenient (Wikipedia Atom Feed) .

2.1.6.1.Common energy forms :

Kinetic energy of a moving object .

Radiant energy carried by light .

Potential energy stored by an object's position on a force field [gravitational ,electric or magnetic] .

Elastic energy stored by stretching solid objects .

Chemical energy released when a fuel burns .

Thermal energy due to an object's temperature .

All of the many forms of energy are convertible to other kinds of energy , and obey the law of conservation of energy which says that energy can be neither created nor be destroyed , however, it can change from one form to another (Wikipedia Atom Feed) .

2.1.6.2.Process of energy transfer :

Photon energy is transferred to matter in tow step process. First ,energy is transferred to charged particle in the medium through various photon interaction [ex ..photoelectric effect ,Compton scattering ,pair production, and photodisintegration].Next ,these secondary charged particles transferred their energy to the medium through atomic excitation and ionizations (Podgorsak,2005).

For low energy photons ,Kerma, is numerically approximately the same as absorbed dose .For higher energy photons kerma is larger than absorbed dose because some highly energetic secondary electrons and xrays escape

from the region of interest before depositing their energy .The escaping energy is counted in kerma but not in absorbed dose .For low energy x-rays, this is usually negligible distinction .This can be understood when one looks at the components of kerma (Podgorsak,2005).

2.1.7.Photons:

Photons[from Greek meaning light] , in many atomic models in physics are particles which transmit light . In other words , light is carried over space by photons .Photon is elementary particles that it is own antiparticle. In quantum mechanics each photon has characteristic quantum of energy Photons have a rest mass of zero .However ,Einstein's theory of relativity says that they do have a certain amount of momentum. Before the photon got its name Einstein revived the proposal that light consist of separate pieces of energy [particles] .These particle com to be known as photons(Wikipedia Atom Feed) .

2.1.7.1.Properties of photon :

Photon are fundamental particles although they can be created and destroyed ,their life time is infinite .

In a vacuum all photon moves at the speed of light [c] which is equal to[299,792,458m/s][approximately 300000km/s].

A photon has a given frequency which determines it is color. Radio technology makes great use of frequency .Beyond the visible range frequency is less discussed , for example it is little used in distinguishing between x-ray photons and infrared .Frequency is equivalent to the quantum energy of the photon, as related by the Planck constant equation ($E=hf$).

Another property of a photon is it's wavelength .The frequency (ν) wavelength (λ) and speed of light (c) are related by the equation ($C= \nu\lambda$) Wavelength is used in many types of technology (Wikipedia Atom Feed).

2.1.7.2.Type of photon interaction with matter :

2.1.7.2.1.Photoelectric effect :

The Photoelectric effect is the observation that many metals emits electrons when light shines upon them .Electron emitted in this manner can be called photoelectrons .The phenomenon is commonly studied on electronic physics ,as well as in field of chemistry , such as quantum chemistry or electrochemistry(Hufner , 2003) .

2.1.7.2.2.Compton scattering :

The Compton scattering is inelastic scattering of a photon by a charged particle which usually an electron .It results in a decrease in energy of a photon{which many be x-ray or gamma ray photons}called Compton effect .Part of the energy of the photon is transferred to the recoiling electron .Inverse Compton scattering exists , in which a charged particle transfers part of it is energy to a photon (Comphausen,2008).

2.1.7.2.3.Pair production :

Pair production is the creation of an elementary particle and it is antiparticle ,for example creating an electron and positron ,a muon and antimuon or proton and antiproton . Pair production often refers specifically a photon creating an electron –positron pair near a nucleus but can more generally refer to any neutral boson creating a particle – antiparticle pair .In order for pair production to occur ,the incoming energy of the interaction must be above a threshold in order to create the pair-at least the total rest mass energy of the tow particle -and that the situation allows both energy and momentum to be conserved .However, all other conserved quantum numbers of the produced particles must sum to zero – thus the created particle shall have opposite values of each other .{ex: if one particle has electric charge of (+1)the other must have electric charge of (-1)}(Zdenka ,2013).

2.1.7.2.4.Photodisintegration :

(Also called phototransmutation) is a physical process in which an extremely high energy gamma ray is absorbed by an atomic nucleus and causes it to enter an excited state ,which immediately decays by emitting a subatomic particle , A single proton ,neutron or alpha particle is

effectively knocked out of the nucleus by incoming gamma ray (Ahmed ,2007).

2.1.7.2.5.Coherent scattering :

In this type the photon doesn't have enough energy to break bound state so no energy transfer occurs .The only change is change of direction of the photon .Coherent scattering is not a major interaction process encountered in radiography at the energies normally used (Radiopedia.Org).

2.1.8.Radiation dose quantities:

When ionizing radiation penetrates the human body or an object ,is deposits energy .The energy absorbed from exposure to radiation is called a dose .Radiation dose quantities are absorbed ,equivalent and effective (Wikipedia Atom Feed) .

2.1.8.1.Absorbed dose :

The amount of energy deposited in substance (e.g human tissue) is called the absorbed dose .The absorbed dose is measured in a unit called gray (Gy) .A dose of one gray is equivalent to a unit of energy (joule) deposited in kilogram of substance (Wikipedia Atom Feed) .

2.1.8.2.Equivalent dose :

When radiation is absorbed in living matter a biological effect may observed ,however, equal absorbed doses will not necessarily produce equal biological effects .The effects depends on the type of radiation (eg alpha ,beta, gamma ...etc)and the tissue or organ receiving the radiation . For example ,1Gy of alpha radiation is more harmful to tissue than 1Gy of beta radiation (Wikipedia Atom Feed) .

A radiation weighting factor (W_R) is used to equate different types of radiation with different biological effectiveness. This weighted absorbed quantity is called equivalent dose and is expressed in a measure called the sievert (Sv) .This means that 1 Sv of alpha radiation will have the same biological effect as 1 Sv of beta radiation (Wikipedia Atom Feed) .

2.1.8.3. Effective dose :

Different tissue and organs have different radiation sensitivities .For example, bone marrow is much more radiosensitive than muscle or nerve tissue .To obtain an indication of how exposure can affect overall health, the equivalent dose can be multiplied by a factor related to the risk for a particular tissue or organ .This multiplication provides the effective dose absorbed by the body , the unit of effective dose seivert (Wikipedia Atom Feed) .

2.1.9. Radiation unit :

When ionizing radiation interacts with the human body ,it gives it is energy to the body tissues .The amount of energy absorbed per unit weight of the organ or tissue is called absorbed dose and it express in unit of gray (Gy) .One gray dose is equivalent to one joule radiation energy absorbed per kilogram of organ and tissue weight .Rad is old and still used unit of absorbed dose .One gray is equivalent to 100 rads .

1Gy =100 rads (Vance,2007).

Equal doses of all type of ionizing radiation are not equal harmful .Alpha particles produce greater harm than do beta particles, gamma rays and xrays for a given absorbed dose .To account for this difference , radiation dose is expressed as equivalent dose in units of seivert (Sv) .The dose in (Sv) is equal to (absorbed dose) multiplied by a (radiation weighting factor) W_R .(Vance,2007).

Table(2.1): Shows recommended radiation weighting factors

Type and energy rang	W_R
Gamma rays and x-rays	1
Beta particles	1
Neutrons energy	
<10 kev	5
10kev to 100 kev	10
100kev to 2Mev	20
2Mev to 20Mev	10
>20Mev	5
Alpha particles	20

1Sv = 100 rem

1rem = 10 mSv

1 Gy air dose equivalent to 0.7 Sv tissue dose .

1R(Rontgen) exposure is approximately equivalent to 10mSv tissue dose (Vance,2007).

2.1.9.1.Air Kerma:

Kerma is an acronym for {kinetic energy released per unit mass } defined as the sum of initial kinetic energies of all the charged particles liberated by uncharged ionizing radiation {indirect ionizing radiation such as photons and neutrons } in a sample of matter divided by the mass of sample (Podgardsak.E.B,2005).

It is defined by the equation :

$$K=dE_{tr}/dm$$

Where :

K is kerma , dE_{tr} is energy transferred into the matter, dm is mass of matter .

The SI unit of kerma is the gray (Gy) or (j/kg) , the same as the unit of absorbed dose .However, kerma dose is different from absorbed dose according to energies involved ,partially because ionization energy is not accounted for .While roughly equal at low energies , kerma is much higher than absorbed dose at higher energies because some energy escapes from the absorbing medium in the form bremsstrahlung (x-rays) or fast moving electrons.(Podgardsak.E.B.2005)

The word kerma can also be an acronym for kinetic energy released in material or kinetic energy released in matter (Podgardsak.E.B,2005).

2.1.9.2 Gray:

The Gray is the standard unit of absorbed ionizing radiation dose, equivalent to one joule per kilogram (1j/kg). Reduced to base units in the international system of units (SI).

$$1 \text{ Gray} = 1\text{j/kg}$$

(IAEA Radiation oncology physic, 2005)

2.1.9.3 Rad:

The Rad is the Old unit of absorbed dose. One Rad is an absorbed radiation dose of 100ergs per gram.

$$1\text{Gray} = 100\text{Rads. (IAEA Radiation oncology physic, 2005)}$$

2.1.9.4 Sievert:

The Sievert is the international system unit of equivalent dose, which for x-rays is numerically equal to the gray (Gy). The traditional unit of equivalent dose. For X-rays it is equal to the rad or 10 mill joules of energy deposited per kilogram. (IAEA Radiation oncology physic, 2005).

2.1.10.Radiation exposure :

Exposure is measure of ionization air by ionizing radiation from photon, that gamma rays or x-rays .It defined to be the electric charge freed by the radiation divided by the mass of the air .As a measure of radiation damage it is less useful than the analogous concept of the absorbed dose never the less since exposure is convenient to measure directly in gaseous ionization detectors and since it is easly converted to dose ,it is commonly used in the nuclear industry (Wikipedia Atom Feed) .

The (SI) unit of the exposure is (C/kg) , however , the Rontgen is commonly used internationally in the nuclear industry .There are approximately 3876 Rontgen in (1C/kg) (Wikipedia Atom Feed) .

$$1\text{C/kg}=3876\text{ R}$$

2.1.11.Radiation protection

Radiation protection ,sometimes known as radiological protection is the science and practice protecting people and environment from the harmful effect of ionizing radiation .Ionizing radiation is widely used in industry and medicine ,and can present a significant health hazard .It causes micropic damage to living tissue , which can result in skin burns and radiation sickness at high exposures known as {tissue effects }and statistically elevated risks of cancer at low exposures (stochastic effects) (Wikipedia Atom Feed)

Fundamental to radiation protection is the reduction of expected dose and the measurement of human dose uptake .For radiation protection dosimetry assessment the international committee on radiation protection (ICRP) and international committee on radiation unit (ICRU) have published recommendations and data which is used to calculate the biological effects on the human body ,set regulatory and guidance limits(Wikipedia Atom Feed (Wikipedia Atom Feed) .

2.1.11.1.Protection groups :

Radiation protection can be divided into occupational radiation protection which is the protection of workers, medical radiation protection which is the protection of patients, and public radiation protection which is the protection of individual members of public and of the population as a whole .The types of exposure as well as government regulations and legal exposure limits are different for each of these groups , so they must be considered separately (Wikipedia Atom Feed) .

2.1.12. CT radiation dose :

Radiologists will likely be increasingly confronted with clinical questions related to CT radiation exposure. Since the early 1990s, use of diagnostic CT in the United States has risen nearly 20-fold. One accounting for 20% of the overall per capita effective radiation dose [ERD], medical imaging now accounts for more than 50% of radiation exposure in the United States, half of which is related to CT scanning. The rapid availability of CT, along with its diagnostic accuracy, has led to dramatically increased use in acute care. Early disease detection, reduction in mean hospitalizations, and lowered health care costs have all been attributed to greater use of CT. With the current expansion of CT in medical practice, an increased understanding of cancer risks and strategies for reducing radiation dose is most important (E. Costello, 2013).

The committee to Assess Health Risks From Exposure to low level of ionizing radiation, in its Biologic Effects of Ionizing Radiation (BEIR) report listed its preferred estimates of lifetime incidence and mortality for all solid cancers and for leukemia. Excluding leukemia, and assuming approximately equal numbers of male and female individuals in the population, (BEIR) predicted that 19800 of every 100000 individuals who have not been exposed to ionizing radiation will die by cancer (E. Costello, 2013).

2.1.13. Estimate effective dose in CT Scan :

Calculated effective dose in CT is, at best, a rough estimate due to many factors, such as variations in patient size and limitations of dose measurement and calculation method. Consequently, the effective dose are based on published CT dose data adjusted for irradiated length, patient age, tube current reduction recommended by Image Gently and effective dose per dose length product (DLP) (E. Costello, 2013).

Table (2.2): The average radiation dose for typical adult CT examinations .

CT examination	(mSv)average effective dose	Values reported in literature (mSv)
Head	2	0.9 - 4.0
Chest	7	4.0 - 18.0
Chest for pulmonary embolism	15	13.0 - 40.0
Abdomen	8	3.5 - 25.0
Pelvis	6	3.3 - 10.0
Spine	6	1.5 - 10.0

2.1.14.Dose reduction strategies:

To avoid unnecessary radiation exposure , the as low as reasonable achievable {ALARA} principle should always be applied . CT should be ordered only when the result are expected to affect patient care. Nonionizing alternatives ,such as ultrasound and MRI ,must also be considered .The ACR Appropriateness Criteria are specific evidence based recommendation for assisting providers in making the most appropriate imaging decision based on the given clinical situation . After application of ACR appropriateness criteria to identify CT as the best clinical approach ,the best measures that can be implemented to optimize Effective Radiation Dose [ERD] involve decreasing tube potential ,automatic current modulation and CT .Post processing (E.Costello, 2013).

2.1.15.CTDI and DLP :

Specification of the amount of radiation in CT examinations is based on unique dose metric , which is measured in a cylindrical acrylic phantom placed at the scanner isocenter .The CTDI is obtained by using a 100mm long pencil- shaped ionization chamber is one of two phantom sizes [16cm or 32cm in diameter].Most manufactured use 16cm phantom to calculate CTDI for head examinations and 32cm phantom to calculate CTDI for body examinations(Mettler 2011).

The CTDI_{vol} specifies the radiation intensity used to perform a specific CT examination and is the metric used by American college of radiology [ACR] for CT practice accreditation .For identical radiographic techniques

, $CTDI_{vol}$ values differ by about a factor of two. During the past 20 years, the $CTDI_{vol}$ has increased $\approx 50\%$ for the head phantom and $\approx 90\%$ for the body phantom. Variation in $CTDI$ with identical radiographic techniques result from differences in x-ray tube design, tube filtration and beam shaping filters (Mettler 2011).

In CT, the total amount of radiation incident on the patient, known as DLP, is the product of $CTDI_{vol}$ and scan length in cm and is measured in ($mGy \cdot cm$). The DLP is the second dose metric that is easily accessible to radiologist and accounts for both radiation intensity and scan length in the CT examination. DLP data, therefore indicate the amount of radiation used there to perform the CT examination and are quantified in a cylindrical of specified size (Mettler, 2011).

2.1.16. Basic CT parameters :

Key CT parameters with which staff should be familiar include scan length and helical pitch. Scan length seems readily apparent and is often overlooked in a busy clinical setting; however, its effect on patient dose can be significant. Campbell found that nearly 100% of chest CT examination performed over 2-week period at a large medical institution included additional supraapical and infrapulmonary images that were not clinically important and leading to unnecessary radiation exposure. Protocols must include the minimum body length needed to derive an accurate diagnosis, a concept that should be routinely discussed with technologist. Helical pitch is defined as the ratio of table feed per gantry rotation to the width of x-ray beam. Increases in table speed or beam collimation result in higher helical pitch, which reduces exposure time and decrease radiation dose. Higher pitch also results in increased production of noise such as helical artifacts and decreased spatial resolution. Therefore most modern Multi-Detector CT Scanners (MDCT) are automatically equipped with helical pitch setting that optimize dose and noise based on each body region (E. Costello, 2013).

2.1.17. Tube potential :

Lowering tube potential [x-ray beam energy kilovoltage and peak kilovoltage] is particularly advantageous in two subsets of patients: Slim patients with a small body mass index [BMI] and patients undergoing

CT examinations with iodinated contrast medium .However, increased noise and variation in tissue contrast and accompanied by decrease in tube potential limit widespread application of this technique (E.Costello,2013).

Because effective radiation dose (ERD) is proportional to square of kilovoltage , considerable decreases in dose can be achieved with relatively small decrements in tube potential .A reduction from 140 to 100 kvp would result in a greater than 50% overall reduction (ERD) . Lowering tube potential is important tool for decreasing CT radiation exposure ; however, many CT scanners have limited selection of tube potential setting [eg;80,100,120,or 140kvp] .This restricts the ability to achieve delicate modifications in radiation dose compared with tube current methods .The capability of finer tube potential modulation may allow further application in imaging of larger patients in other body regions of adults , such as the abdomen and pelvis , where higher tube voltage settings are needed to limit image noise (E.Costello,2013).

2.1.18. Automatic tube current modulation :

Lowering tube current is another method to reducing Effective Radiation Dose (ERD) .This can be done by use of a low fixed tube current modulation (ATCM) , which is included in most modern CT scanners. ATCM is similar to the auto exposure controlled used in conventional radiographic systems .Integrated CT software automatically adjusts tube current on the basis on differences in tissue attenuation .Therefore regions basis of the body that require fewer x-rays for adequate data acquisition receive lower tube current .This results is improved dose efficiency and lower overall ERD while maintaining and acceptable level of quantum noise (E.Costello,2013).

ATCM automatic tube current modulation can be applied with either angular (x and y axis) or z axis mod of modulation .Angular modulation adjusts current as a function of the projection angle .For low attenuation projection angles in the anteroposterior direction ,current is reduced , and for high attenuation projection angles in the lateral direction current is increased .The efficacy of angular modulation is greater in areas of the body with more pronounced asymmetry (E.Costello,2013).

2.1.19. Helical CT scan :

Computed axial tomography scan (CAT scan or CT scan) is another name for CT scan , and is also called spiral CT scan (Medicine Net.com).

Until approximately the mid to late 1990 s ,CT images were obtained one slice at a time with the patient tube moving step by step through the gantry .Scan obtained using this older technique often required 30 or 45 minutes and the patient held his or her breath for every slice .Helical or spiral CT scans are obtained usually with one breath hold and obtain a volume of x-ray tissue while the table moved rapidly with the gantry. Complete exams can be performed in less than five minutes .With the advent of helical or spiral CT scanning and rapid image acquisition , CT scanning has become the main diagnostic imaging tool in the radiology department (Medicine Net.com).

2.1.20. CT dosimetry in phantoms :

The standard phantom 160mm and 320mm diameter 150mm long phantoms have been used for 40y in CT dosimetry, and serve as the basis of CT dosimetric quantities such as $CTDI_{vol}$,with the increasing sophistication of CT acquisition modes ,as well as an interest in better characterizing the absorbed dose arising from the long scatter paths in CT ,there is a need for longer phantom (Jicru.oxfordjournals.org).

When a phantom is introduced into the x-ray beam in CT it becomes major sources a major source of scatter radiation that is responsible for absorbed dose in part of the phantom away from the collimated primary .Hence phantoms are an essential toll in understanding the distribution of absorbed dose in CT (Jicru.oxfordjournals.org).

2.1.21. Axial dose profiles in phantoms :

The axial or sequential CT scan involves the radiation of the x-ray tube head around the patient or phantom with no table motion during rotation. In this basic mode of operation it is instructive to understand the extent and shape of absorbed dose profile along the z-axis .It is released that for axial scanning the absorbed dose in the patient or phantom is essentially a summation of the absorbed dose distributions from individual axial scans spaced at equal intervals along z . Those profiles , which can be measured

as air kerma or absorbed dose, can be computed using monte-carlo techniques or can be measured in physical phantoms using a number of different detector systems. In many cases the relative shape of the absorbed dose profile only is of interest, and amplitude is arbitrarily normalized. In such cases, the quantity used to describe the profile shape can be either air kerma or absorbed dose (jicru.oxfordjournals.org).

2.1.22. Surface integral exposure (SIE):

Since exposure expressed in Roentgens or coulombs per kilogram is a concentration, it does not express the total amount of radiation delivered to a body. The total radiation delivered or surface integral exposure (SIE), is determined by the exposure and dimensions of the exposed area. It is also referred to as the exposure area product (www.Sprawls.org).

The surface integral exposure is expressed in the conventional units of roentgens-square centimeters (R/cm^2). If the radiation exposure is uniform over the entire area, the (SIE) is the product of the exposure in roentgens (R) and the exposure area in square centimeters (cm^2). If the exposure is not the same at points in the exposed area, the (SIE) can be found by adding the exposure values for each (cm^2) of exposed surface mathematically, this is the process of integrating the exposure over the surface area. The (SIE) can be measured during x-ray examinations by placing a special type of ionization chamber in the x-ray beam. The significance of (SIE) is that it describes total radiation imported to a patient whereas exposure indicates only the concentration of radiation at a specified point (www.Sprawls.org).

2.1.23. Dose Area Product (DAP) :

Dose Area Product (DAP) is similar in concept to surface integral exposure and exposure area product in that they all express total radiation delivered to a patient. The principal difference is in the unit used (DAP) is in dose units such as $Gy \cdot cm^2$. For a uniformly exposed area the (DAP) is just the product of the air kerma in (Gy or mGy) and the exposed area in cm^2 . (DAP) provides a good estimation of the total radiation energy delivered to patient during a procedure (en.wikipedia.org).

2.2. Previous study :

In the study by Khalid Alzimami , ect (2014) calculated effective dose of CT scanner on brain at Nilien Medical Diagnostic Center on Sudan .This study performed on study group about (102 patient) .He found that the effective dose (2.05mSv) (Khalid , 2014)

In The study by MD.Ralaph Marcus , etc (2008) calculated effective dose of CT scanner on brain at San Francisco Bay Area Institution in California .This study performed on (1119 patient) .They found that the effective dose (2 mSv)(Marcus,2008)

In The study by Ernest K.Ossei etc (2012) calculated effective dose of CT scanner on brain at Department of physics and Astronomy ,University of waterloo on Canada . This study performed on study group about (94 patient) . They found that the effective dose (1.45 mSv) (K.Ossei,2012).

In The study by N. H. bert etc (2000) calculated effective dose of CT scanner on brain at Department of radiodiagnosis ,Christian Medical Collage on India . This study performed on study group about (101 patient). They found that the effective dose (0.061 mSv) (N.H.bert,2000).

Chapter three

Material and methods

3. Material and methods

3 -1 Materials

A sample of 100 adults patients represented by (66 male and 34 female) who mostly 65% more than 30 years old (table 4-1), was selected from tow hospitals, Hospital(A) (36male, 14 female) while hospital(B) (30male, 20 female) to demonstrate the differences in (mAs , CTDI_{VOL}, DLP and ED) according used diagnostic Machines.

Table (3.1): below show the patient population per hospital.

hospital	Male	Female	Total
A	36	14	50
B	30	20	50

In fact there were differences between these tow hospital in the information presented on their dose reports, this may be using different protocols or other reasons, The Data was taken during (2020).

3.1.1 CT Equipment used

Tow CT machines in tow different centers were chosen , type and manufacture of each CT scanner been used in this study was shown in the table below . Also the statistical analyzing software SPSS and Microsoft Excel were been used in this study.

Table (3.2): CT Machines been used.

NO	NO of slice	Manufacture
1	16	Toshiba
2	16	GE Optima

3.2 Methods:

3.2.1 Data collecting:

The data were collected using a sheet for all patients in order to maintain consistency of the information from display. Data sheet was designed to estimate the patient doses and radiation related factors include: patient gender, age, tube voltage, tube current-time, and all scanning parameters.

(CTDI_{VOL} and DLP) were Obtain from display at the operator's console and record, Effective dose was calculated and compared between different hospitals.

3.2.2 Data analysis:

All data in this study were calculated and construed by using SPSS software (version 20) and Microsoft Excel program (version 2010).

Chapter four

Results

Chapter Four

Results

4-1 Statistical Methods:

The use of comparative analytical method using the SPSS statistical program based descriptive statistics to demonstrate the differences in (mAs, $CTDI_{VOL}$, DLP and ED) for (two hospitals) according used diagnosis machines.

Table (4.1): Participants distribution with respect gender:

Gender	Frequency	Percent
Female	34	34.0
Male	66	66.0
Total	100	100.0

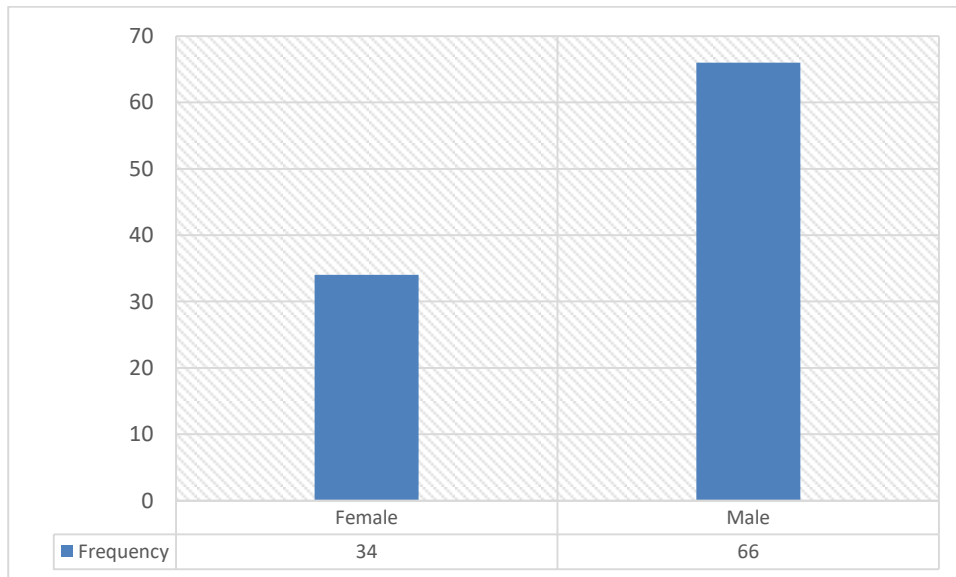


Figure 4.1 gender frequency distribution

Table (4.2): Participants distribution with respect to age:

No	Age group in year	Frequency	Percentage
1	Less than 30	35	35%
2	31-50	19	19%
3	51-70	25	25%
4	more than 70	21	21%
5	Total cases	100	100%

Table 4.3 Descriptive Statistics for all patients

Variables	N	Average	Std. Dev	Minimum	Maximum
Age	100	47.90	22.69	18	85
Kv	100	120.00	.000	120	120
mA	100	100.94	53.76	50	200
CTDIvol	100	46.18	34.26	14.69	353.70
DLP	100	832.43	270.31	190.92	1813.76
ED	100	1.745	.567	.4009	3.8089

Table 4.4 Descriptive Statistics Yastebshroon hospital

Variables	N	Average	Std. Dev	Min	Max
Age	50	48.48	23.60	18	85
kV	50	120.00	.000	120	120
mA	50	50.00	.000	50	50
CTDIvol	50	37.96	4.38	36.50	58.80
DLP	50	915.72	147.37	708.00	1632.90
ED	50	1.92	.309	1.4868	3.4291

Table 4.5 Descriptive Statistics for Asia hospital

variables	N	Average	Std. Dev	Min	Max
Age	50	47.32	21.98	18	85
kV	50	120.00	.000	120	120
Ma	50	151.88	23.33	51	200
CTDIvol	50	54.39	47.06	14.69	353.70
DLP	50	749.13	334.284	190.92	1813.76
ED	50	1.57	.702	.4009	3.81

Table 4.6 Descriptive Statistics for Male:

Variables	N	Average	Std. Dev	Min	Max
Age	66	46.97	23.49	18	85
kV	66	120.00	.000	120	120
mA	66	95.79	53.38	50	183
CTDIvol	66	43.83	15.03	14.69	101.76
DLP	66	874.67	257.36	190.92	1813.76
ED	66	1.84	.540	.4009	3.8089

Table 4.7 Descriptive Statistics for Female:

Variables	N	Average	Std. Dev	Min	Max
Age	34	49.71	21.301	18	85
kV	34	120.00	.000	120	120
mA	34	110.94	53.87	50	200
CTDIvol	34	50.74	55.18	23.39	353.70
DLP	34	750.43	279.71	197.86	1632.90
ED	34	1.576	.5874	.4155	3.4291

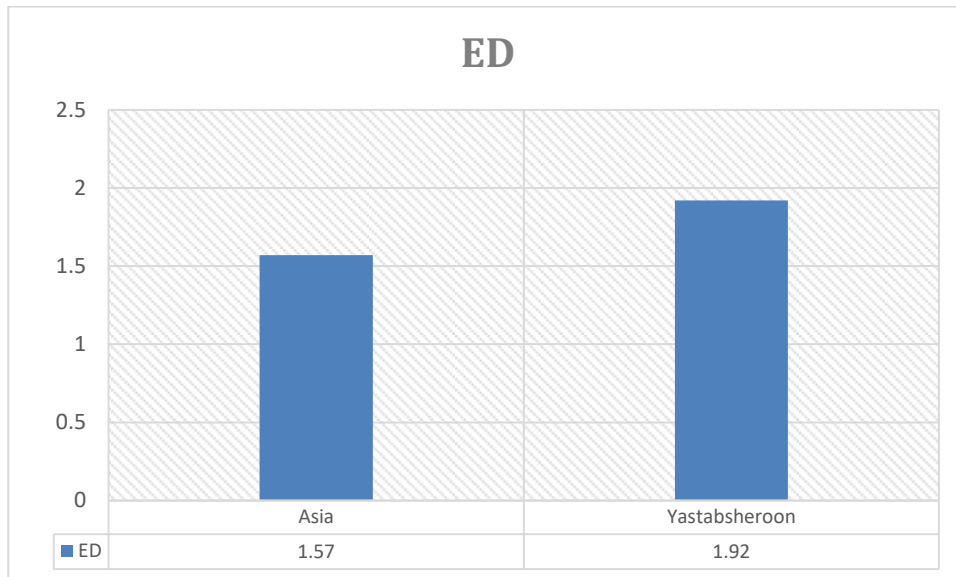


Figure 4.2 compare of effective dose between hospitals

Chapter five
Discussion, Conclusion,
Recommendations

Chapter five

5.1.Discussion:

In this study the average effective dose of CT scanner on brain is acceptance amount ($1.745 \text{ mSv} \pm 0.567 \text{ mSv}$) because it is not equal or above than standard amount of effective dose for CT scanner on brain 2 mSv that recommended by (ICRP) .

When compare this average effective dose in this study with other effective dose in previous study can be say (this average effective dose in this study is suitable and low when it compare with average effective dose that calculated by Khalid Alzimami (2.05 mSv) at (2014) , MD. Ralph Marcus....etc (2mSv) at (2008) and Ernest K.osei....etc (1.45)mSv at (2012) .But it is not suitable and high when it compare with average effective dose that calculated by N.Hbert .etc (0.61 mSv) at (2000).

There is small different between average effective dose of male and female (0.35) mSv table (4.6) and table (4.7), this different not according to differences of brain anatomical structure for male and female due to difference number of slice .

The main parameter that control to radiation dose is mAs , for that to reduce over dose of CT machine must be reduce mAs according to ALARA principle (As Low As Reasonable Achievable) table (4.3).

Also to reduce effective dose mAs must be reduce because ED has proportional relation with DLP and mAs table(4.4) Descriptive statistics for yastebshroon hospital and table (4.5) Descriptive statistics for asia hospital ,figure (4.2) compare of effective dose between hospitals .

5.2.Conclusion :

There is normal radiation dose of CT scanner on brain in Yastebshroon hospital and Asia hospital compared to international .

Also there is no different between effective dose of male brain and female brain according to differences in anatomical structure of brain .

5.3.Recommendations :

- The range of Kv must be not less and increase than (120 Kv) .
- The range of mAs must be between (60 - 100 mAs) for pediatric and adult .

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