

Dedication

To my family

To my friends

To the children in my country

and the

.world's children

Acknowledgements

*In the name of Allah the merciful and prayer and peace be upon our master
Muhammad and his family*

*At the beginning I thank Allah who guided me in this work. I keen to
acknowledge the cooperation of my mentor Dr. Abd almoneim
Adam, who lit us the way and I would to thank him for his assistances. Also I
would to thank staff in the Department of Radiology at Soba
University Hospital for their cooperation with us to accomplish this
research. I would to thank Dr. Mohamed Khaleel for help in TLD
measurements. Finally without forgetting to thank everyone who help me for
.research up to the desired image*

Contents

Dedication.....	i
Acknowledgement.....	ii
List of Tables.....	vi
List of Figures.....	vii
Abbreviations.....	viii
Abstract Arabic.....	ix
Abstract English.....	x

Chapter one: Introduction

1.1 Radiation in medicine.....	2
Diagnostic radiology ... 1.2	
.....	3
Paediatric 1.3	
Radiology.....	4
Urinary tract infections (UTI) 1.4	
.....	5
Micturating cystourethrogram (MCUG) 1.5	
.....	5
Advantages of Micturating Cystourethrogram.....	5
Limitations of a Micturating 1.5.2	
Cystourethrogram.....	6
Radiation risk.....	1.6
1.7 Statement of the	
problem.....	6
1.8	
Objectives.....	9
1.9 Thesis outline.....	10
The outcome of study.....	1.10
10	

Chapter two: Back ground

Literature 2.1

Review.....	12
2.2	
Anatomy.....	20
2.2.1 The urinary system.....	20
2.2.1.1 The kidneys.....	20
The ureters.....	21
The urinary bladder.....	21
The urethra.....	21
The urinary tract normally function (physiology).....	21
The kidneys are concerned with.....	23
The control of micturition (bladder emptying).....	23
Infection of the urinary tract.....	23
2.5 Signs of urinary tract infection.....	24
Radiation dose quantities and units.....	24
Absorbed Dose	25
Gray	25
Rad.....	25
2.6.4 Kerma	26
Exposur...	27
2.6.6 Equivalent dose	28
2.6.7 Effective dose.....	29
2.7 Fluoroscopy System Description and Operation.....	31
2.7.1 Generator Control.....	32
2.7.2 Beam-on-Time (Foot Pedal/Switch)	32
2.7.3 X-ray tube Current (mA).....	33
2.7.4 Fluoroscopy Timer.....	34
2.7.5 Fluoroscopy and Patient Radiation.....	34
2.8 Radiation Dosimetry technique.....	35
2.8.1 Monitoring Methods.....	35
2.8.2 Direct Methods.....	36
2.8.3 Indirect Methods.....	37
Thermoluminescent dosimetry TLD.....	38
2.8.4 Lithium fluoride.....	39

Chapter three: Material and method

3.1 TLD.....	42
3.1.1 Calibration factor.....	42
3.1.2 Calibration Procedure	43

3.2 TLD reader.....	44
3.3 Readout cycle.....	45
3.4 Annealing cycle.....	47
3.5 Cooling process.....	50
3.5 Determination of the dose by Thermoluminescence.....	50
3.6 X-Ray machine.....	50
3.6.1 Protection accessories.....	54
Technique of micturating cystourethrography.....	51
Indications.....	51
Contra Indications include.....	51
2.6.3 Patient Preparation.....	51
2.6.4 Contrast Medium and Materials.....	51
2.6.5 Patient and Parent Preparation	51
2.6.6 MCUG Procedure.....	52
3.8 Patient and co-patient dosimetry.....	54
3.9 Organ dose estimation.....	54
3.10 Cancer risks estimation.....	55
3.11 Dose calculation.....	55
3.12 The effective dose estimation for co-patients.....	56

Chapter four : Results

4. Results.....	58
-----------------	----

Chapter five: Discussion

5.1 Discussion.....	63
5.1.1 MCUG indications.....	63
5.1.2 Patient body characteristic data.....	63
5.1.3 The exposure factors.....	64
Patient and co-patient protection.....	64
5.1.4 Patient absorbed and effective doses.....	65
5.1.5 Cancer risk estimation.....	67
5.1.6 Co-patients doses.....	68
5.1.7 Reference dose level.....	68
5.2Conclusion.....	69
5.3 Recommendations.....	70

5.4 Future work.....	70
References.....	71
Appendices.....	77

List of Tables

No. Table	Page
Table 2.1: Recommended Radiation .Weighting Factor	29
Table 2.2: Tissue Weighting Factors for Individual Tissues .and Organ	30
.Table 4.1: MCUG indications	58
.Table 4.2: Patient body characteristics	59
.Table 4.3: The patient's calcification	59
Table 4.4: The mean and range of radiographic .and fluoroscopic factors	60
Table 4.5: Minimum, median, mean, third quartile and maximum values of the ESD and the thyroid .doses for all patients	60
Table 4.6: Mean organ radiation equivalent dose (mSv), risk coefficients and radiation risk per MCUG procedure	61
Table 4.7: Minimum, mean, median, third quartile and .(maximum values of co-patients' radiation doses (mGy	61

,Table 5.1: The mean patient parameters, screening time number of radiographic images, ESD and effective dose .(in various studies (range is in parenthesis	67
---	----

List of Figures

Figure 1.1: A, Wilhelm Conrad Rontgen, 1845-1923. The first roentgenogram of a human, B , Bertha Rontgen's hand.	2
Figure 2.1: The urinary system.	22
Figure 2.2: Radiographic anatomies A male & female B micturating film	23
Figure 2.4: Fluoroscopy System Components	32
Figure 3.1 CONNY II dosimeter	43
Figure 3.2: vacuum tweezer	45
Figure 3.3: A, PCL reader &B, cupels	46
Figure 3.4: loading magazine	46
Figure 3.5: Preheating and annealing oven	48

Figure 3.6: Sensitivity change due to the cooling process	49
Figure 3.7: Patient laying supine on couch preparing to start MCUG procedure	54

Abbreviations

- .VUR: Vesicoureteric Reflux
- .ESD: Entrance Surface Dose
- .MCUG: Maturating Cystourethrography
- .TLDs: Thermoluminescent Dosimeters
- .MRI: Magnetic Resonance Imaging
- :Urinary Tract Infection. UTI
- .BMI: Body Mass Indicxe
- .LDRL: local diagnostic reference level
- .CT: Computed Tmography
- .NRPB: National Radiological Protection Board
- .DAP: dose-area product
- .GCPFL: grid-controlled variable-rate pulsed fluoroscopy
- .VCUG: voiding cystourethrography
- .LNT: linear no-threshold theory
- .IR (ME) R: Ionising Radiation (Medical Exposure) Regulations
- .ABC: Automatic Brightness Control
- .MOSFET: metal-oxide semiconductor field-effect transistor
- .RPO: right posterior oblique
- CFL: continuous fluoroscopy.
- .AP: anteroposterior
- .Fc: Calibration factor
- .Gy: Gray
- .Rad: radiation absorbed dose
- .Kerma: Kinetic Energy Released per unit Mass
- .Sv: Sievert
- .E: effective dose
- .FOV: Field of view

الخلاصة :

إن الأطفال لديهم خطر الإصابة بالسرطان بسبب الاشعاع أكثر من البالغين (مرتين إلى ثلاثة مرات) ولذا فقد أجريت هذه الدراسة بغض زراعة الاهتمام نحو الآثار الحيوية للجرعة الشعاعية للمرضى.

فحص الشعاعي للمساك البولية أثناء التبول للأطفال :

هو إجراء يشيع لستخدامه في أنواع مختلفة للأطفال ومستخدم عادة للكشف عن ارتداد البول ويظهر تشتت المثانة والإحليل. هذه الدراسة تهدف إلى تحديد الجرعة السطحية، وجرعة الأعضاء التناسلية والجرعة الفعالة والمخلط المرتبطة والمحنة بالتصوير الشعاعي للأطفال المرضى الذين يخضعون لهذا الفحص. أجريت الدراسة في مستشفى سوبا الجلعي، الخرطوم. الجرعة المقصودة تم تحديدها بواسطة مقاييس الجرعة الحراري لعدد 33 طفلا.

علاوة على ذلك ، تم تقييم الجرعة السطحية لمرافقين المرضى ، والذي يساعد في دعم وراحة الطفل أثناء الفحص. متوسط الوقت للكشف الفلوري وعدد الصور الشعاعية أثناء الفحص كانت 2.8 دقيقة و 5 صور ، على التوالي. ولكن متوسط قيمة الجرعة السطحية 5.51 ملي قي. الجرعة الفعالة في الدراسة للمريض كانت 0.22 ملي سيفرت.

جرعة الاشعاع للمريض بشكل جيد ضمن حدود السلامة المعتمل بها ، وذلك في ضوء الممارسة الحالية. علاوة على ذلك ، ينبغي أن يرتدي مراقب المريض مريحة الصنف الواقية الملتفة حول الجسم .

Abstract

Paediatrics and children have been recognized that they have a higher risk of developing cancer from the irradiation than adults (two to three times). Therefore, increased attention has been directed towards the dose to the patient. Micturating cystourethrography (MCUG) is a commonly used fluoroscopic procedure in children and commonly used to detect the vesicoureteric reflux (VUR) and show urethral and bladder abnormalities. This study aims to determine the ESD, gonadal dose, effective dose and relevant radiogenic risks associated with pediatric patients undergoing MCUG. The study was carried out in Soba University hospital, Khartoum. The entrance surface dose (ESD) was determined by thermoluminescent dosimeters (TLDs) for 33 children. Furthermore, the surface dose was evaluated for the co-patient, who helps in support and comfort of the children during examination. The mean fluoroscopy time and number of radiographs during MCUG were 2.8 min and 5 images, respectively. The average ESD value was 5.51 mGy. The effective dose for patients was 0.22 mSv.

The radiation dose to the patients is well within established safety limits, in the light of the current practice. Furthermore, the co-patient should put on a lead wrap-around protective apron, since he/she is not facing the scattered radiation. We believe that the available formulae to evaluate effective dose to patients and co-patients.