

# **Tecniche di monocromatizzazione per applicazioni in radiologia diagnostica**

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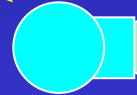
**THOMCO – BEATS meeting**

**Ferrara 07/05/2009**

# More than a century of X-ray imaging



X-ray tube



object



Radiographic film

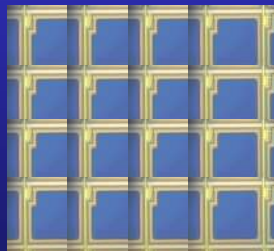


1970  
fluorescent  
screen



1995  
a-Si pixel detectors

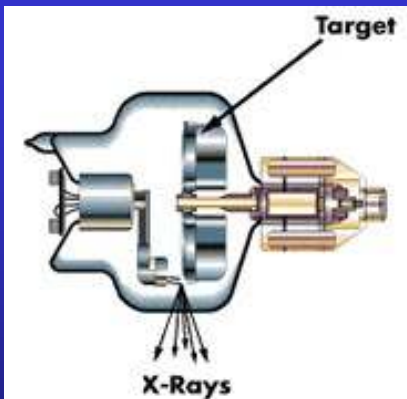
(100 - 200 micron)



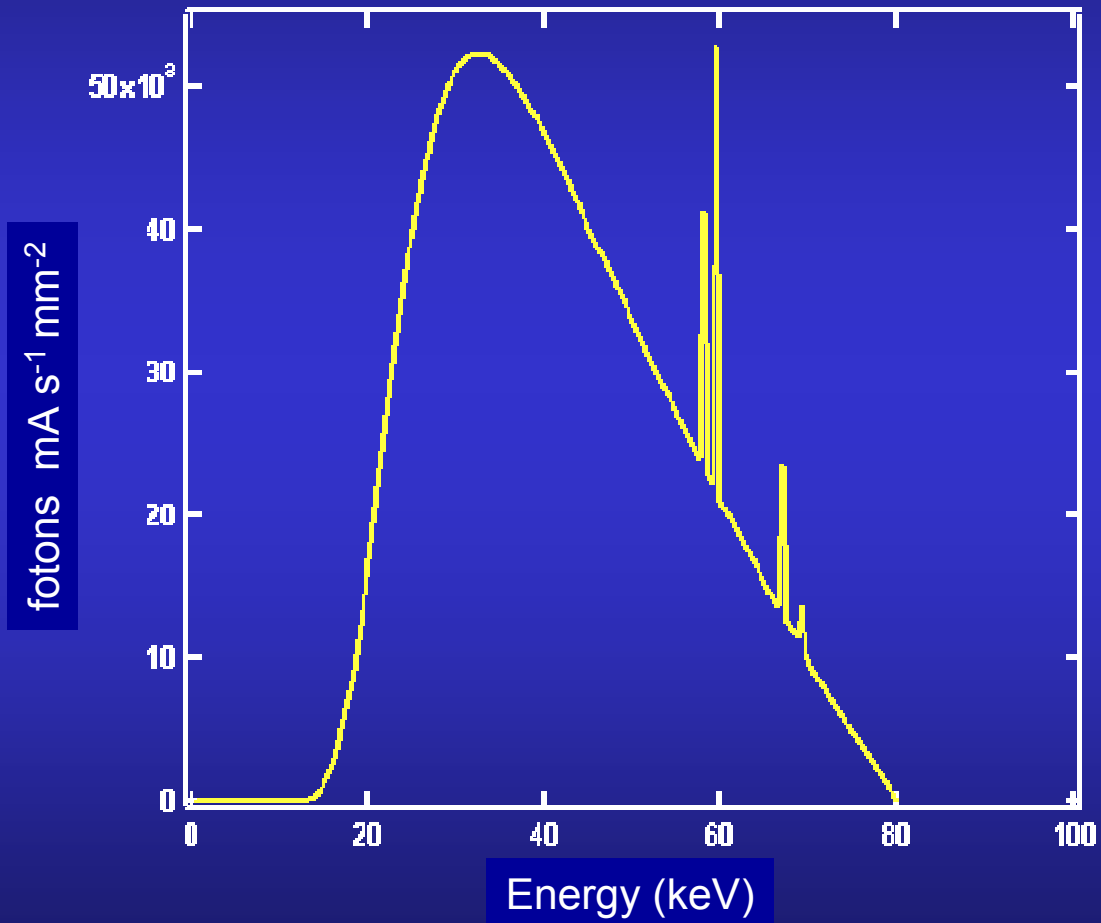
Fluorescent  
screen



**DIGITAL  
RADIOGRAPHY**

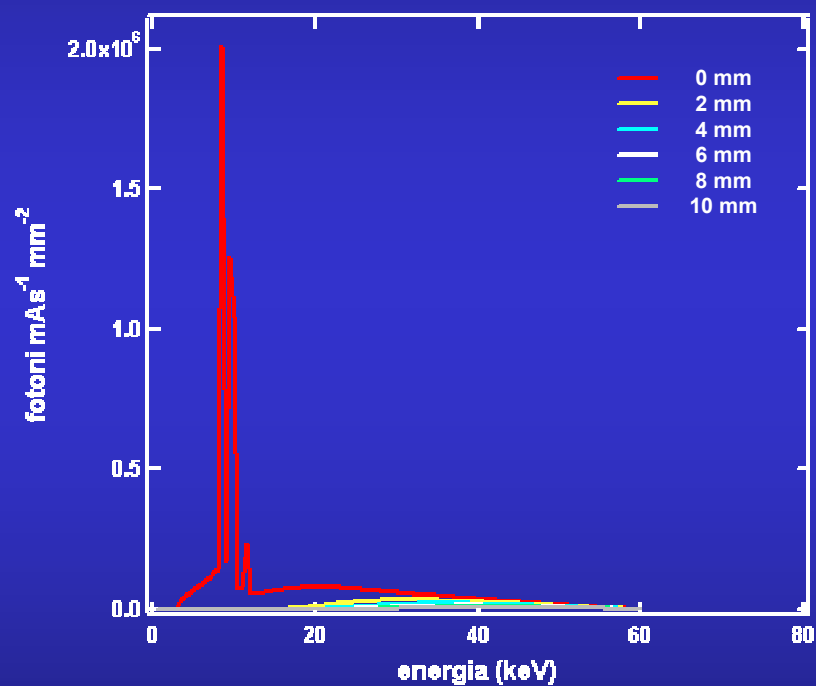


# X-ray beam spectrum from W target at 80 kVp

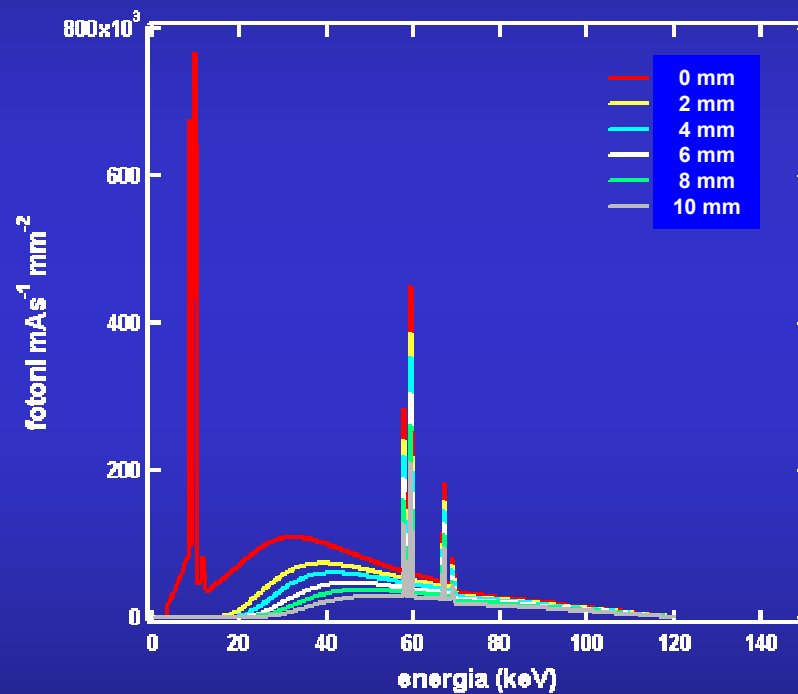


# Spettri di Fasci Convenzionali

W/AI 60 kVp

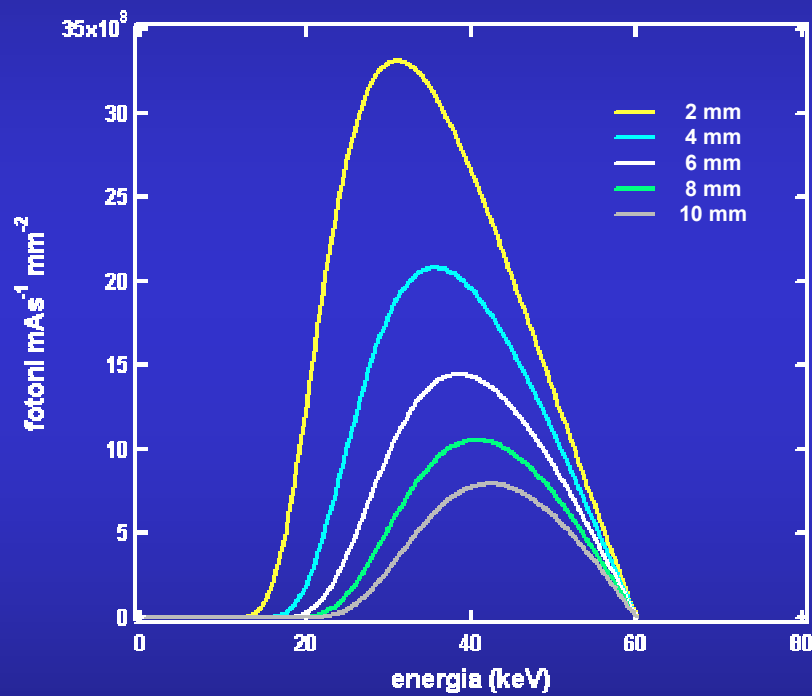


W/AI 120 kVp

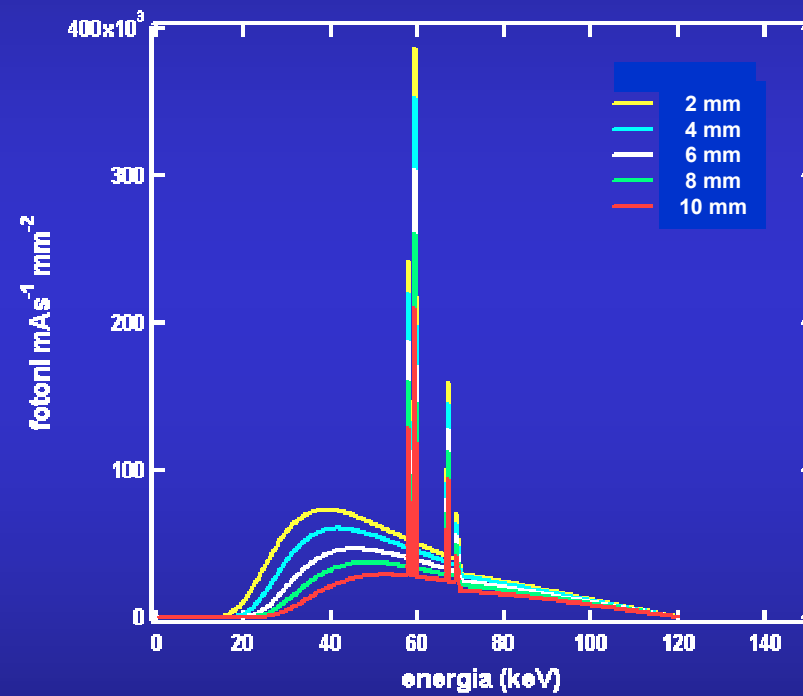


# Spettri di Fasci Convenzionali

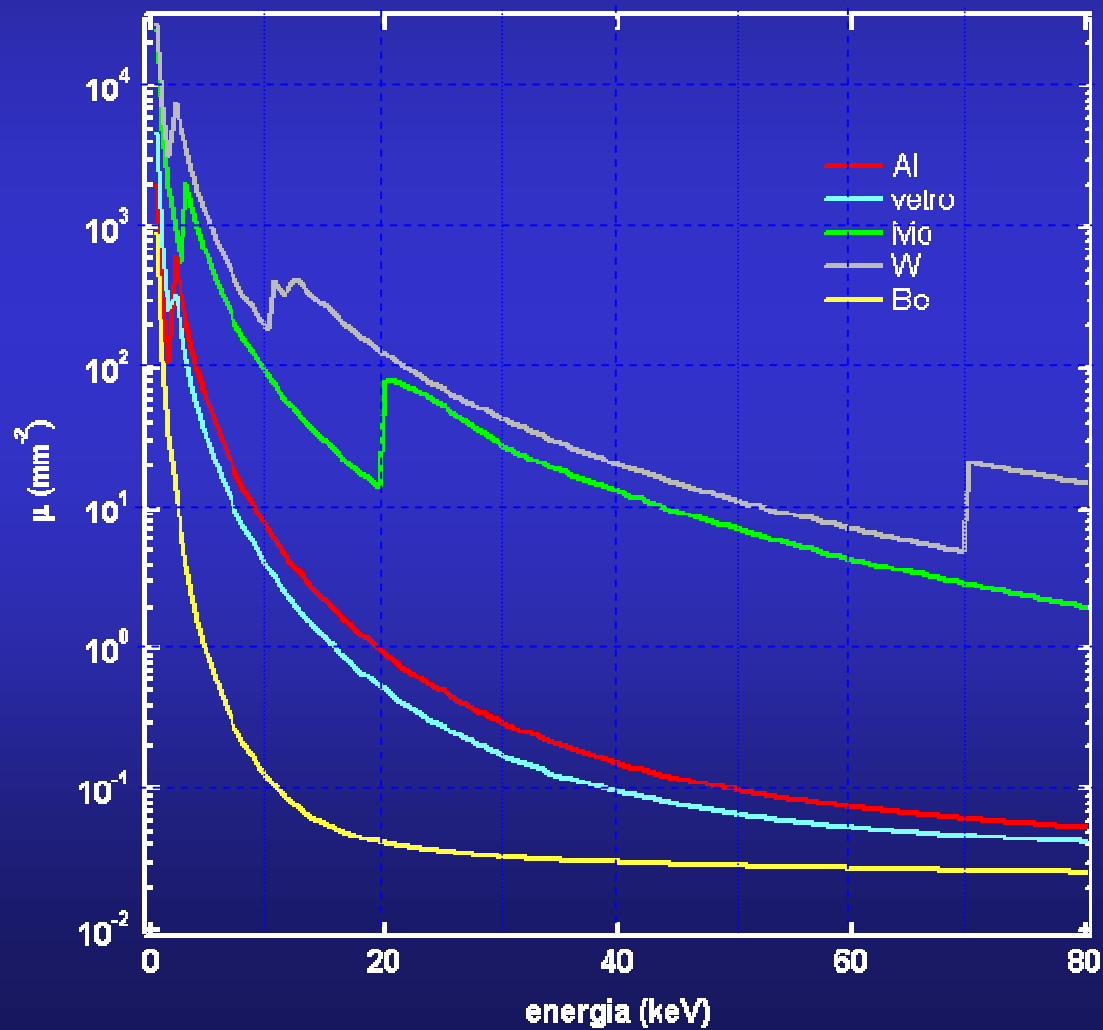
W/AI 60 kVp



W/AI 120 kVp



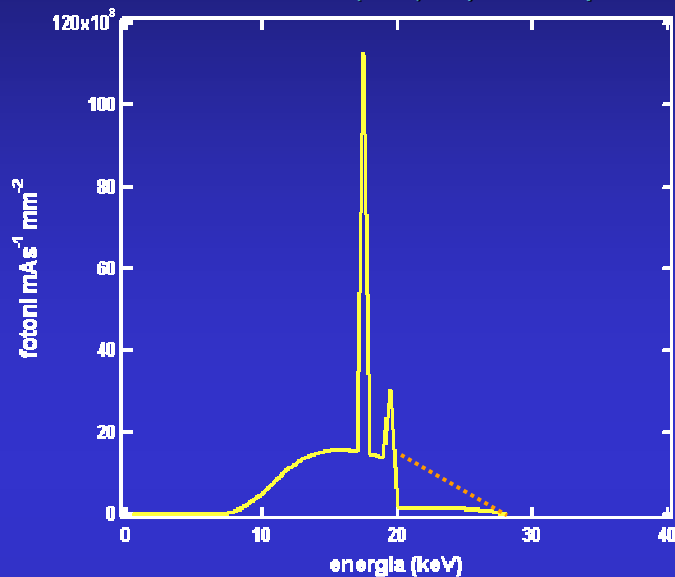
## Coefficiente di attenuazione lineare dei principali materiali costituenti i tubi radiogeni



	Z	$\mu$ (20 keV) (mm <sup>-1</sup> )	$\mu$ (40 keV) (mm <sup>-1</sup> )
Be	4	0.0416	0.0303
Al	13	0.929	0.153
vetro	10.7	0.513	0.0968
Mo	42	81.3	13.2
W	74	127	20.7

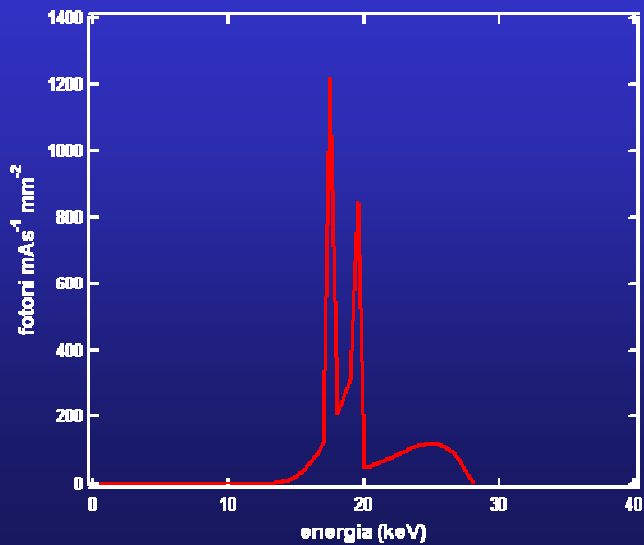
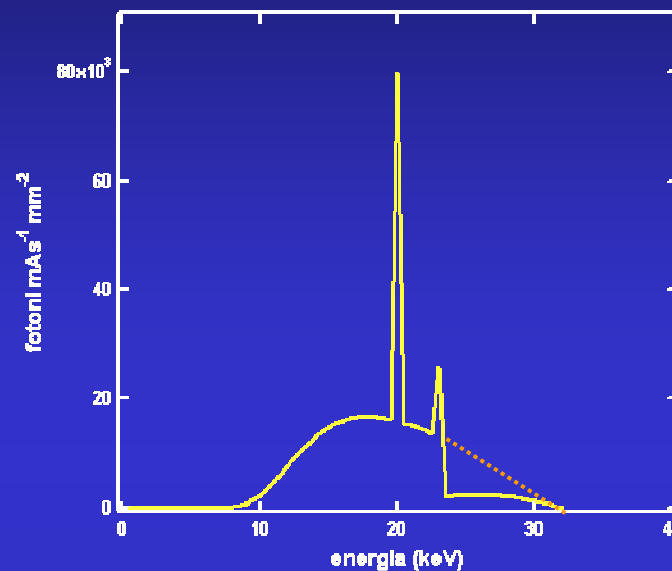
# Spettri di Fasci Mammografici

Mo/Mo (30  $\mu\text{m}$ ) 28 kVp

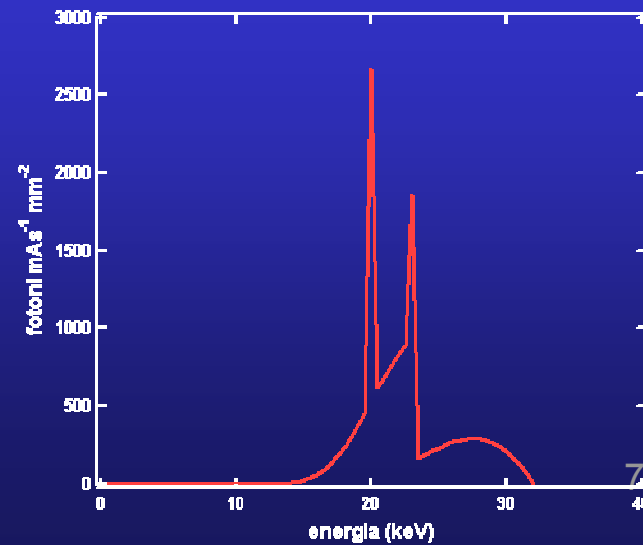


ingresso

Rh/Rh (25  $\mu\text{m}$ ) 32 kVp

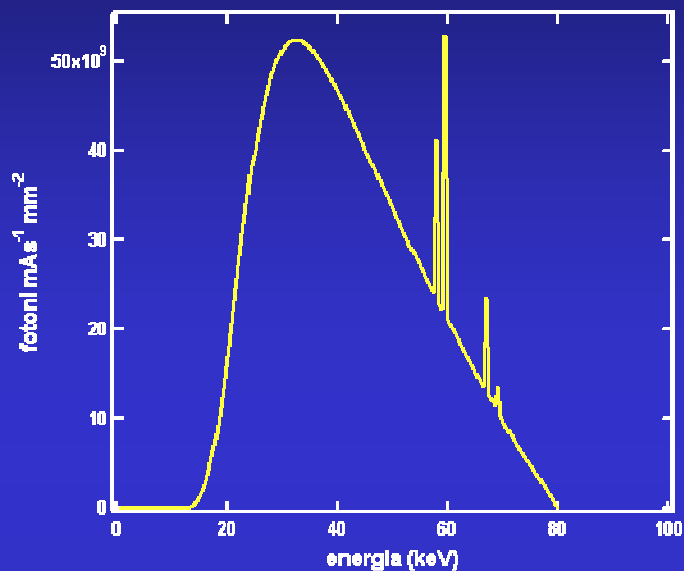


In uscita  
da 50 mm  
di PMMA

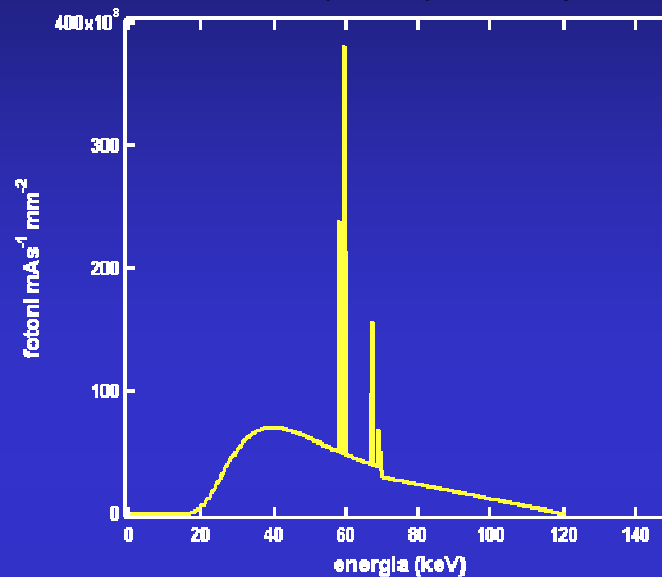


# Beam attenuation and hardening

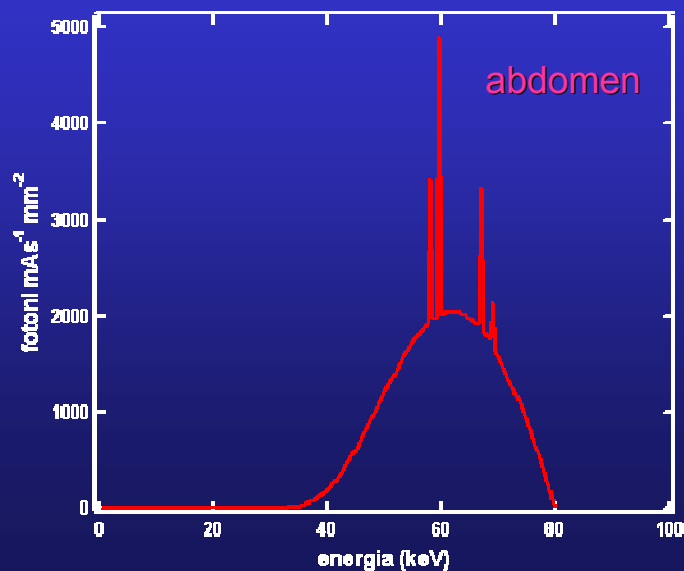
W/AI (2 mm) 80 kVp



W/AI (3 mm) 120 kVp

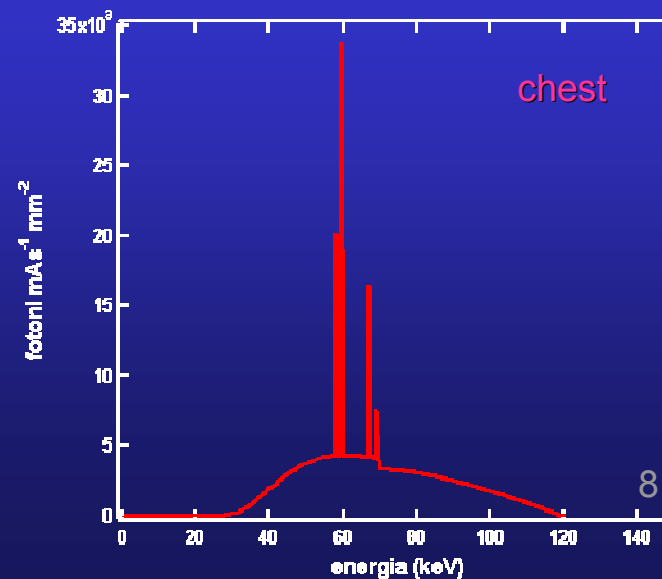


entrance



abdomen

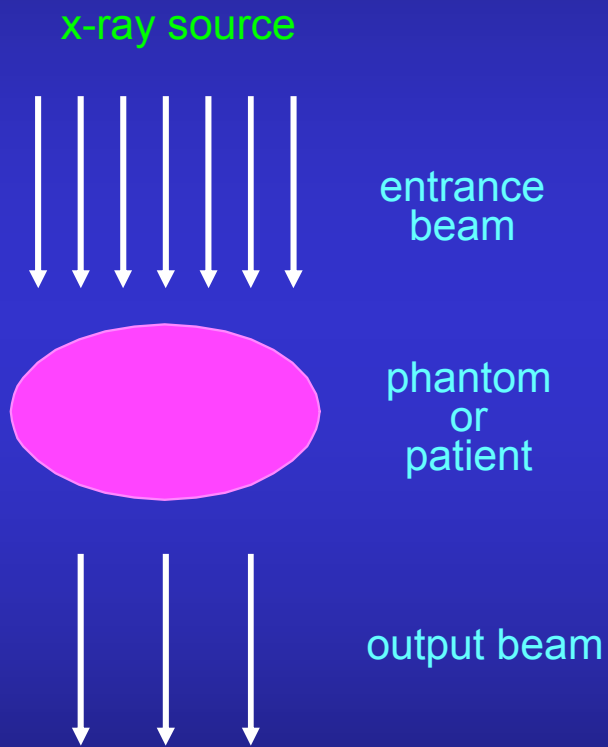
exit



chest

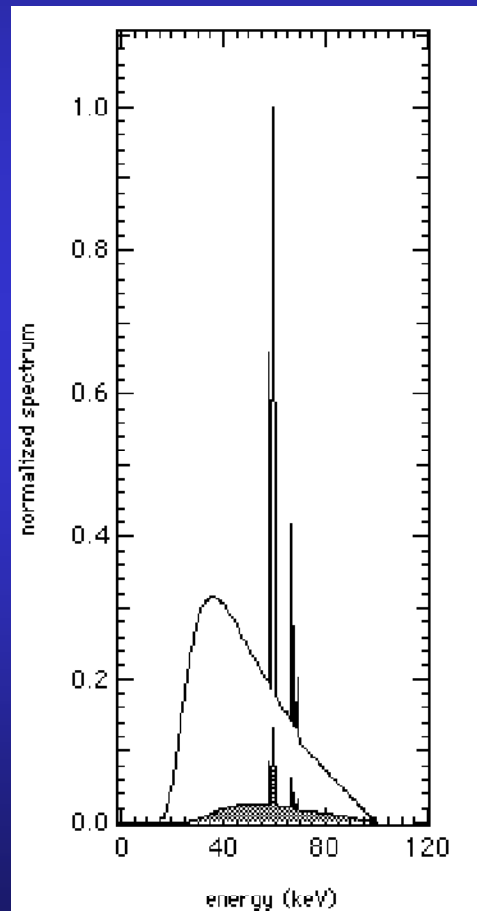


# Monochromatic X-ray radiography



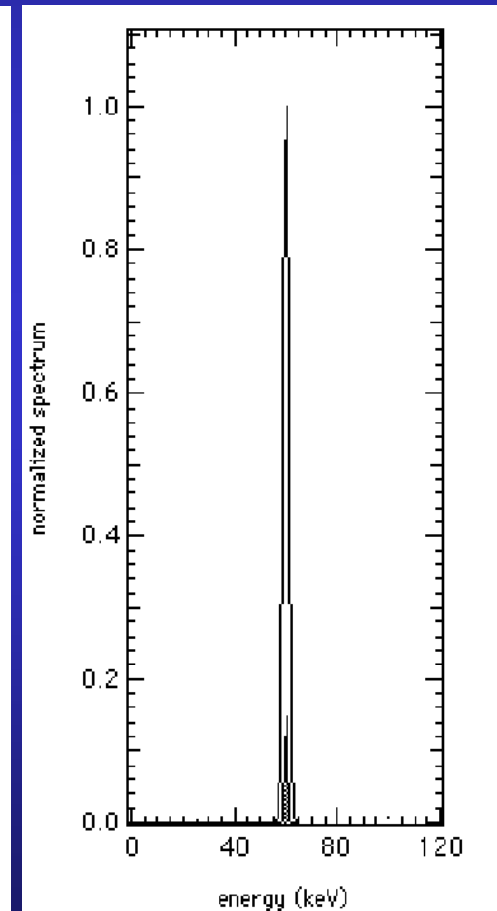
conventional source

$$\bar{E}_{in} < \bar{E}_{out}$$



quasi-monochromatic X-rays

$$\bar{E}_{in} = \bar{E}_{out}$$



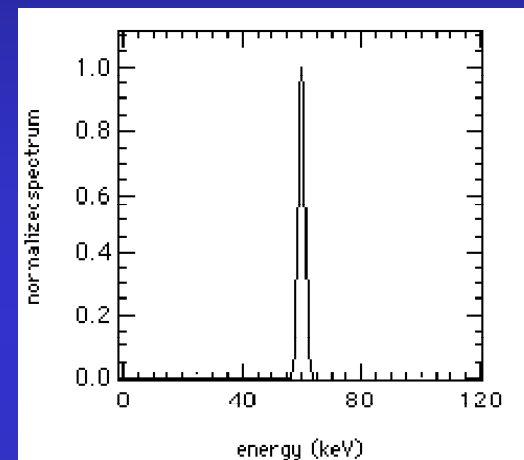
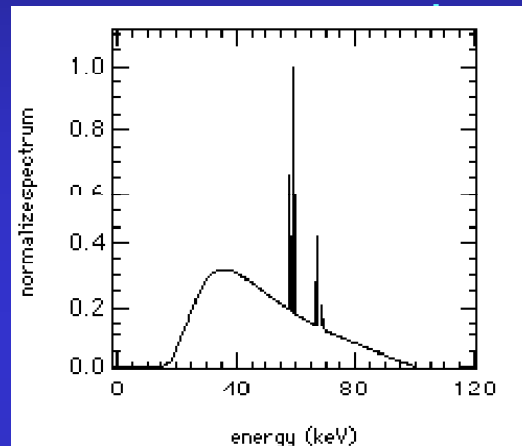
# Chest radiography with conventional and monochromatic source

Conventional x-ray tube  
(W/2.5 mm Al, 100 kVp)

Quasi-monochromatic beam  
(59.0 keV)

entrance

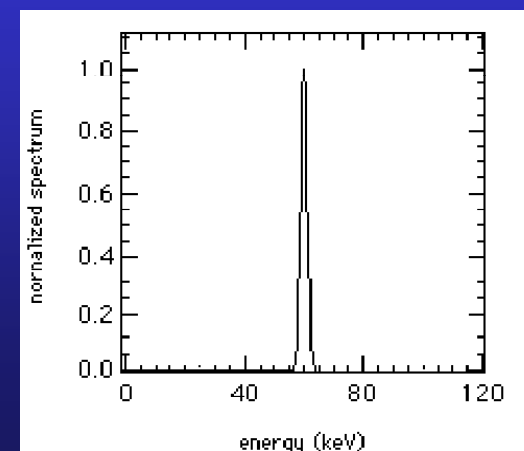
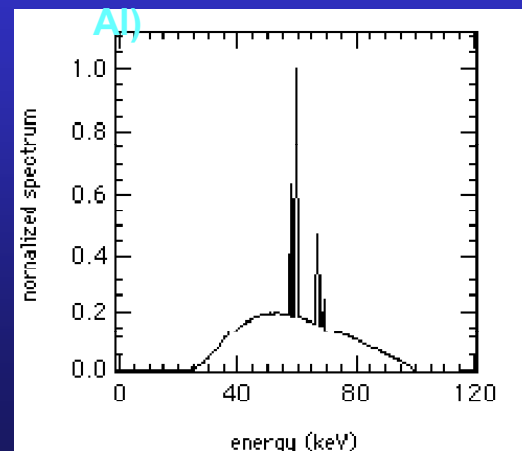
Air Kerma  
at 750 mm:  
 $265.8 \mu\text{Gy mA}^{-1} \text{ s}^{-1}$



Air Kerma  
at 750 mm:  
 $126.7 \mu\text{Gy mA}^{-1} \text{ s}^{-1}$

Exit beam (CDR phantom – 7.62 cm lucite + 0.41 cm Al)

$16.87 \mu\text{Gy mA}^{-1} \text{ s}^{-1}$



$16.87 \mu\text{Gy mA}^{-1} \text{ s}^{-1}$

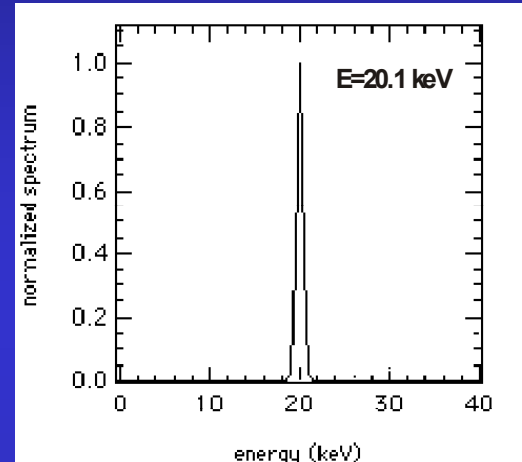
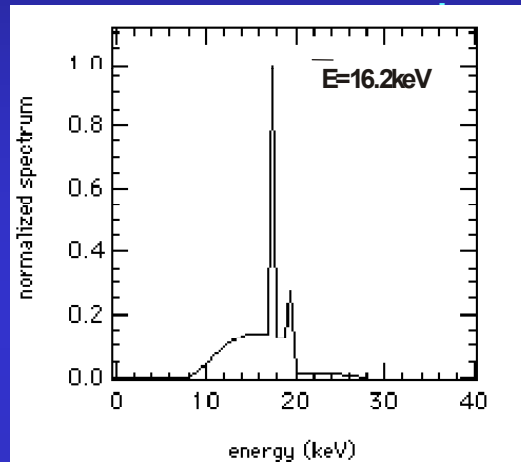
# Mammography with conventional and monochromatic source

Conventional x-ray tube  
(Mo/30  $\mu\text{m}$  28 kVp)

Quasi-monochromatic beam  
(20.1 keV)

entrance

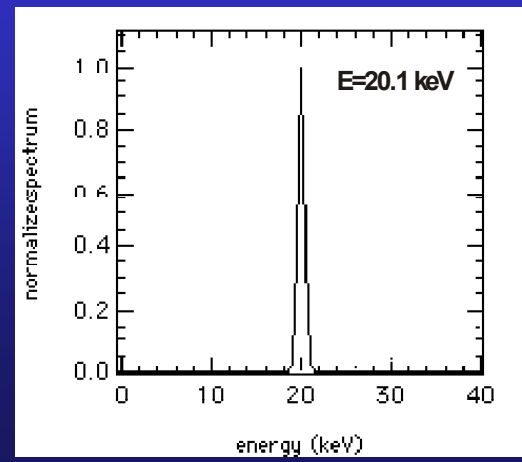
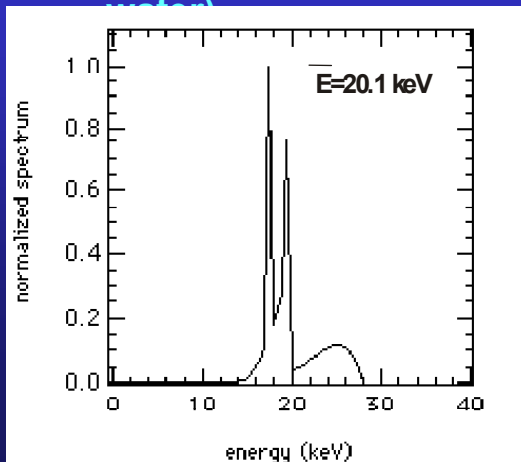
Air Kerma  
at 750 mm:  
 $123.6 \mu\text{Gy mA}^{-1} \text{s}^{-1}$



Air Kerma  
at 750 mm:  
 $19.41 \mu\text{Gy mA}^{-1} \text{s}^{-1}$

Exit beam (50 mm-thick phantom 50% fat/50%  
water)

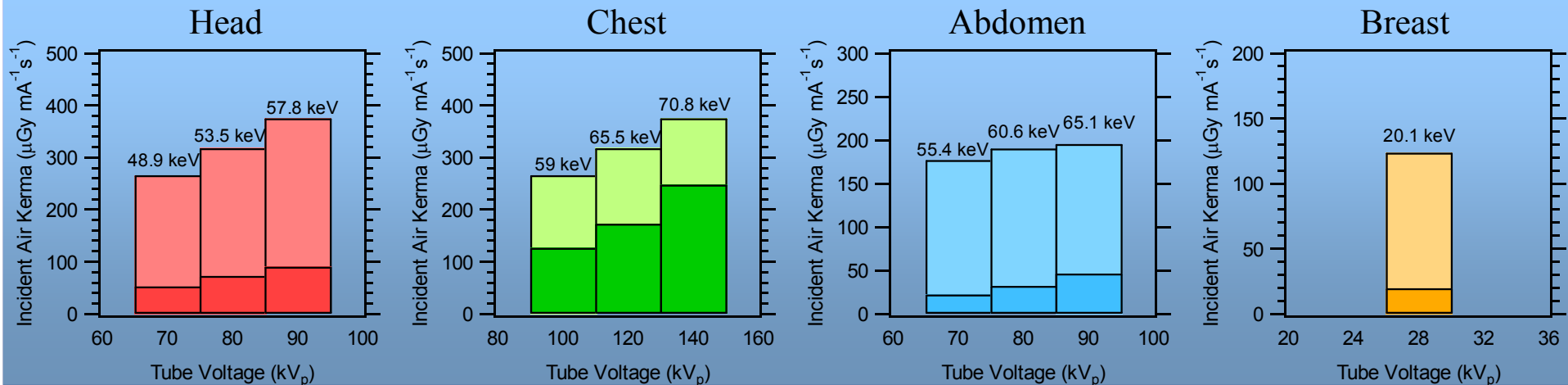
$0.839 \mu\text{Gy mA}^{-1} \text{s}^{-1}$



$0.839 \mu\text{Gy mA}^{-1} \text{s}^{-1}$

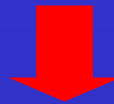
# Quasi-monochromatic X-ray beams are desirable in various fields of diagnostic radiology since a reduction of the dose could be achieved

Examination Type	Phantom specifications	Anode Type/Filter	Radiographic Voltage (KV <sub>p</sub> )	Mean Energy (keV)		Incident Air Kerma		Air Kerma Ratio
				In	Out	Poly	Mono	
Head	LucWat 1.2 + 14.8 cm	W/2.0 mmAl	70	38	48.9	265.8	52.39	29.62%
		2.0 mm Al	80	42.5	53.5	317.8	72.64	38.17%
		2.5 mm Al	90	46.9	57.8	374.8	90.21	46.17%
Chest	LucAl 7.26+0.41 cm	W/2.5 mm Al	100	48.8	59	265.8	126.6	47.65%
		3.0 mm Al	120	55	65.5	317.8	172.8	54.38%
		3.5 mm Al	140	60.6	70.8	374.8	247.8	66.13%
Abdomen	LucCu 4.0+0.1 cm	W/2.0 mm Al	70	38	55.4	176.9	22.11	12.50%
		2.0 mm Al	80	42.5	60.6	190.3	31.98	16.81%
		2.5 mm Al	90	46.9	65.1	195.4	46.09	23.59%
Breast	BR12 FatWat 2.5+2.5 cm	Mo/30µm Mo	28	16.2	20.1	123.6	19.41	15.71%



# Importance of monochromatic X-rays in Diagnostic Radiology

For each examination there is an optimal energy to minimize the dose to the patient and to enhance the contrast. In fact image contrast is reduced by X-ray scatter which increases with energetic bandwidth of the X-ray beam.



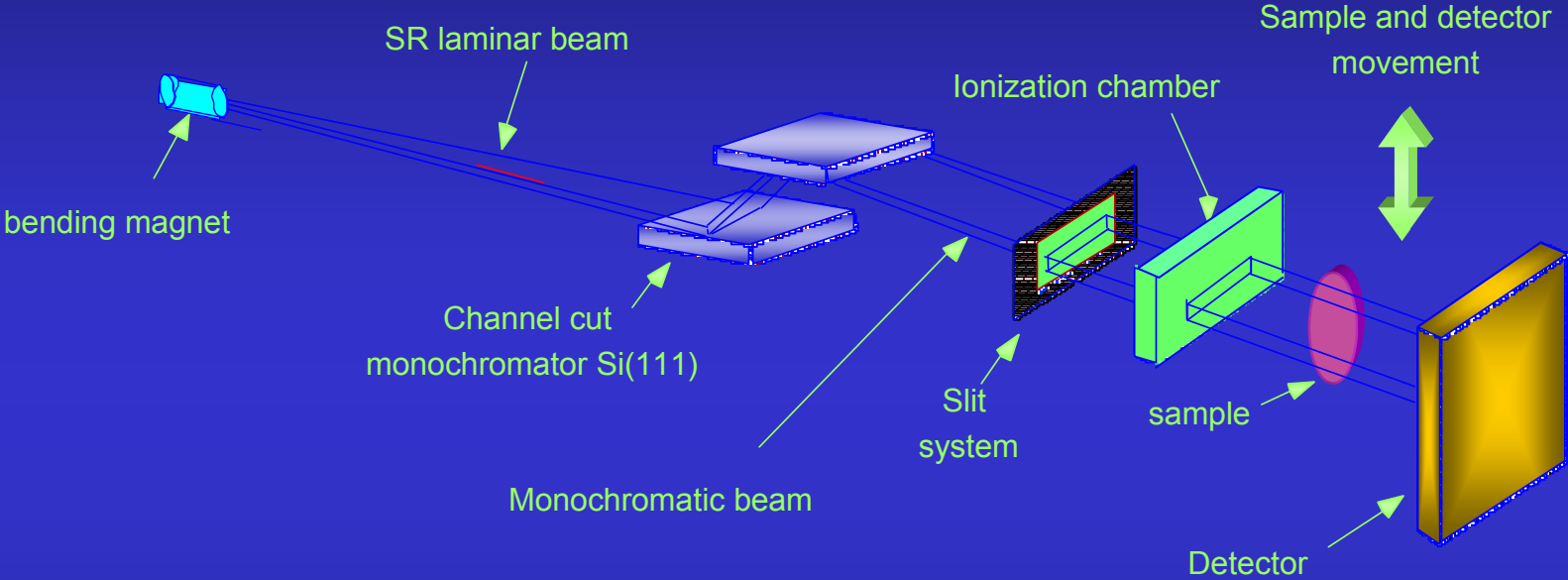
Conventional beam filtration allows only a limited degree of energy selectivity



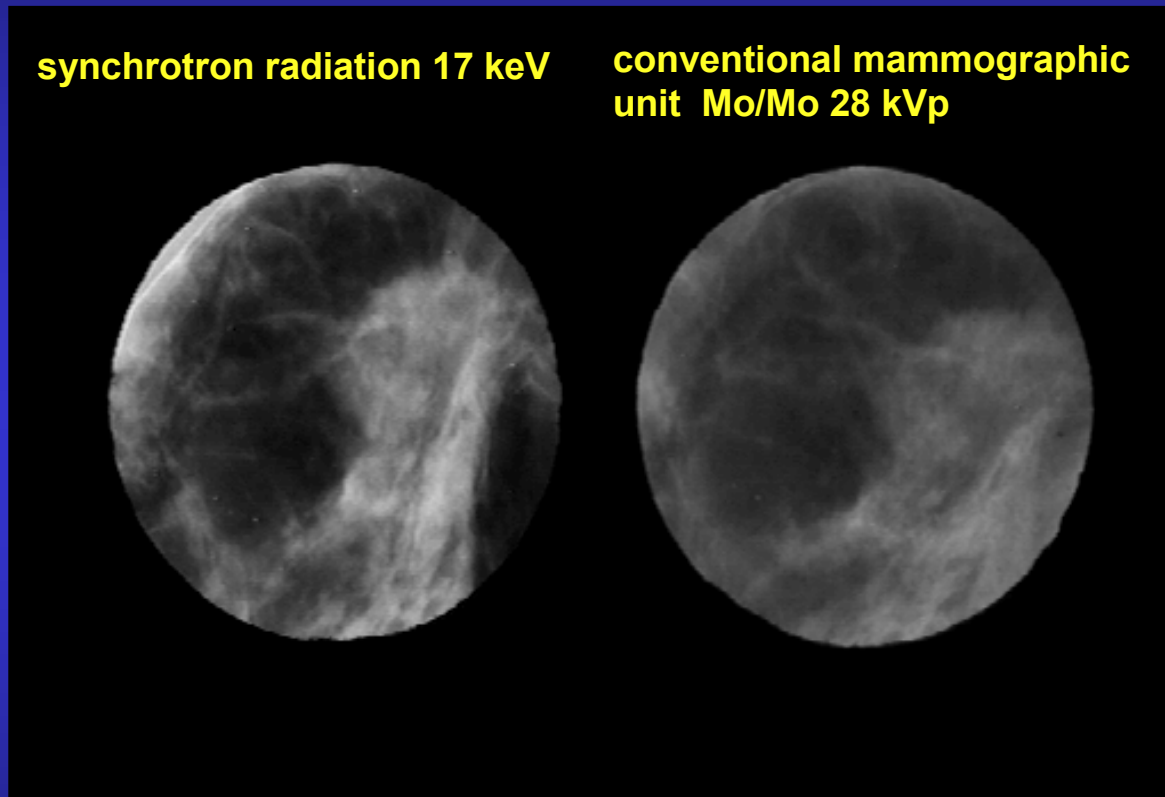
To optimize X-ray examination it's extremely important to improve X-ray source performances

**How can we get monochromatic  
X-ray beams for radiography ?**

# Synchrotron Radiation



# Synchrotron radiation radiographs of the same breast sample (1993)

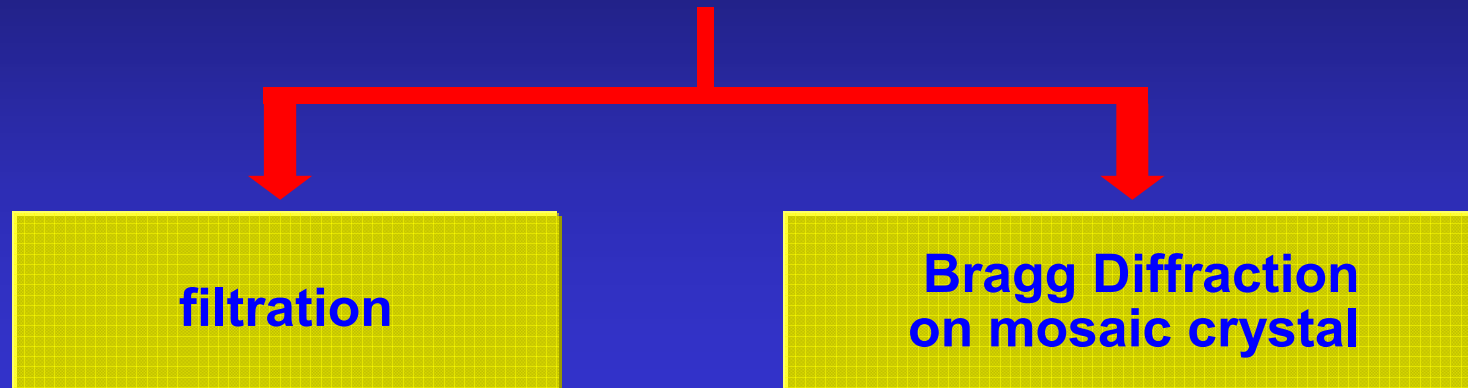


	17 keV	18 keV	28 kVp grid
Mean glandular dose (mGy)	1.56	0.84	1.41



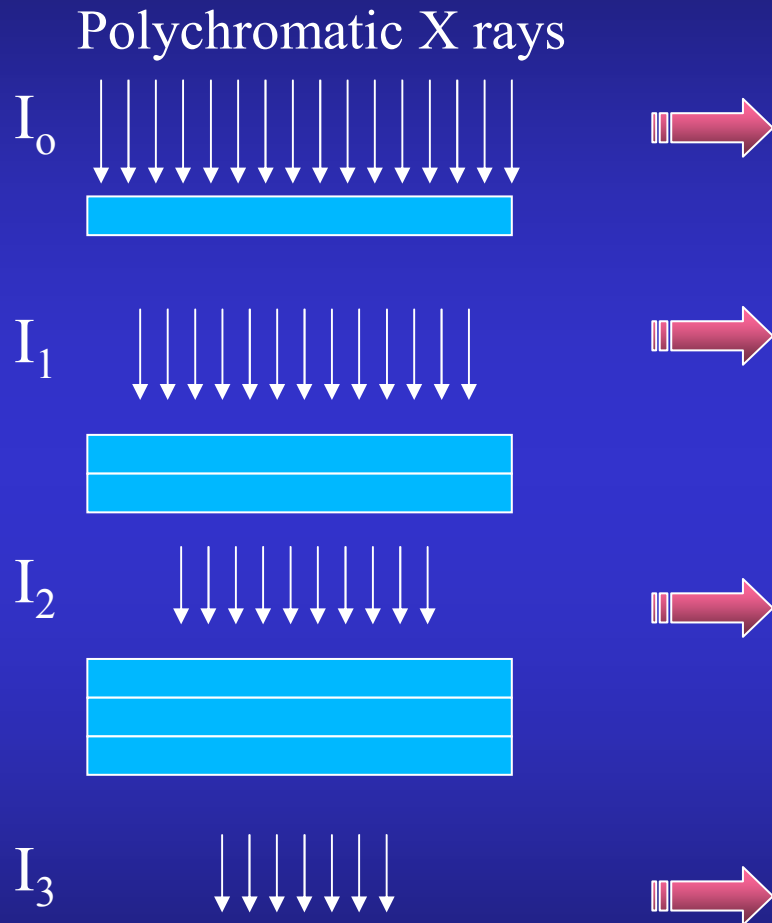
**How to produce  
quasi-monochromatic  
x-rays?**

# Two Different Ways to Produce Quasi-monochromatic X-ray Beams

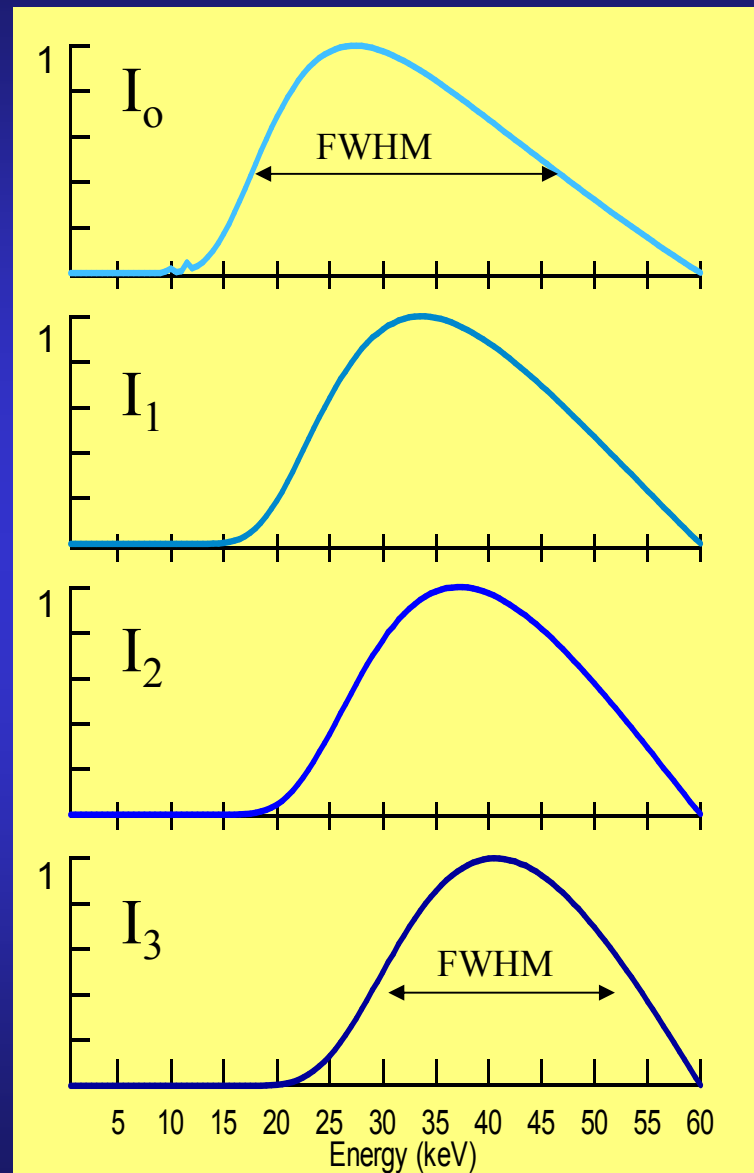


- We have compared quasi-monochromatic X-rays spectra at 20, 30, 40 and 50 keV
- We have studied how the energy resolution and the total flux vary as a function of the energy

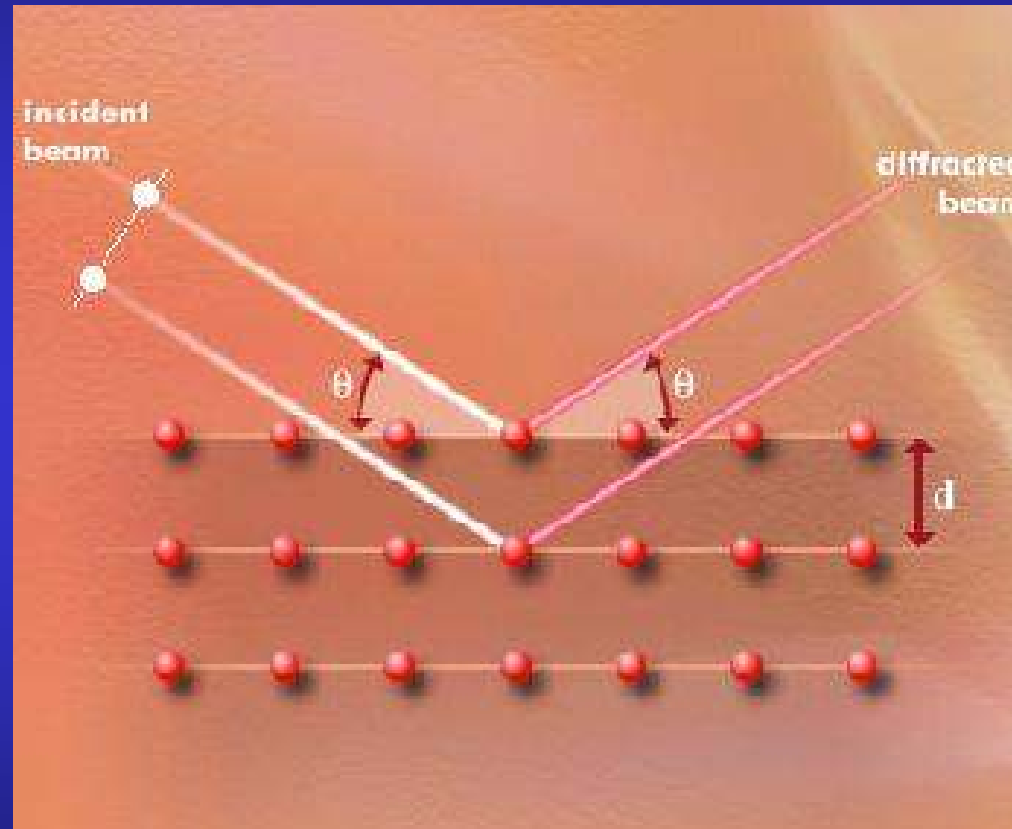
# Beam Filtration



# Beam Hardening



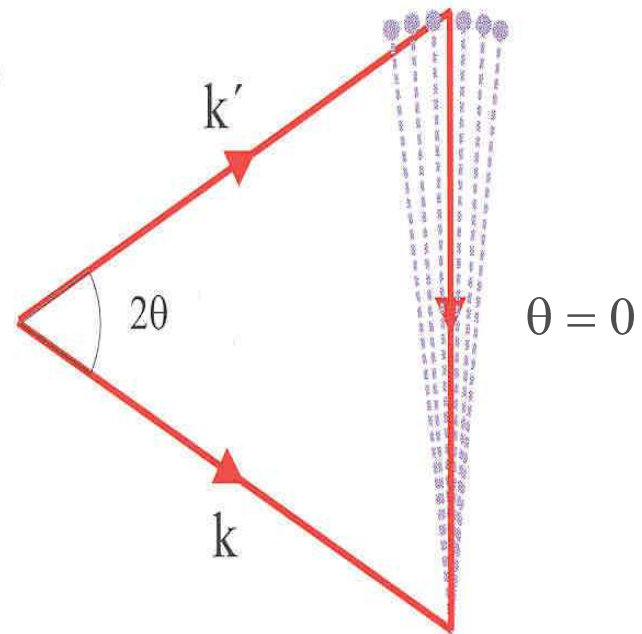
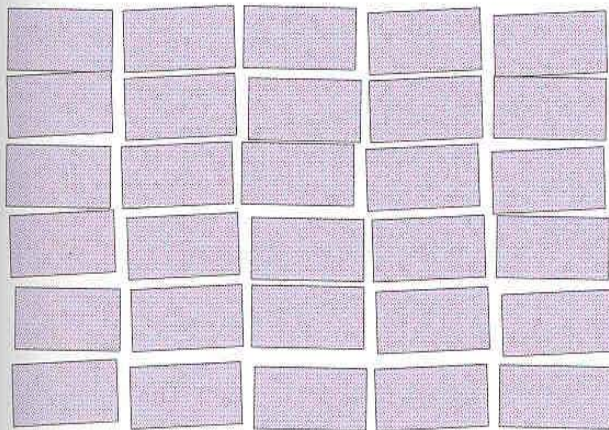
# Bragg Diffraction



$$n\lambda = 2d \sin \theta$$

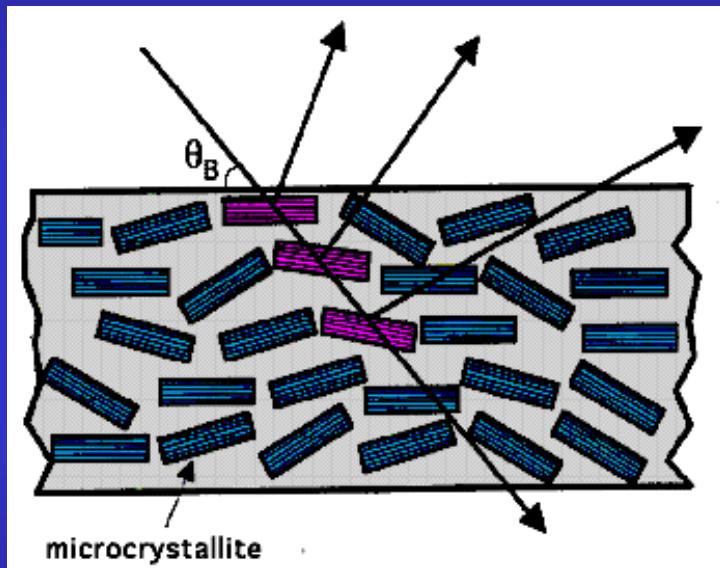
# Mosaic crystal

Mosaic blocks of small perfect crystals

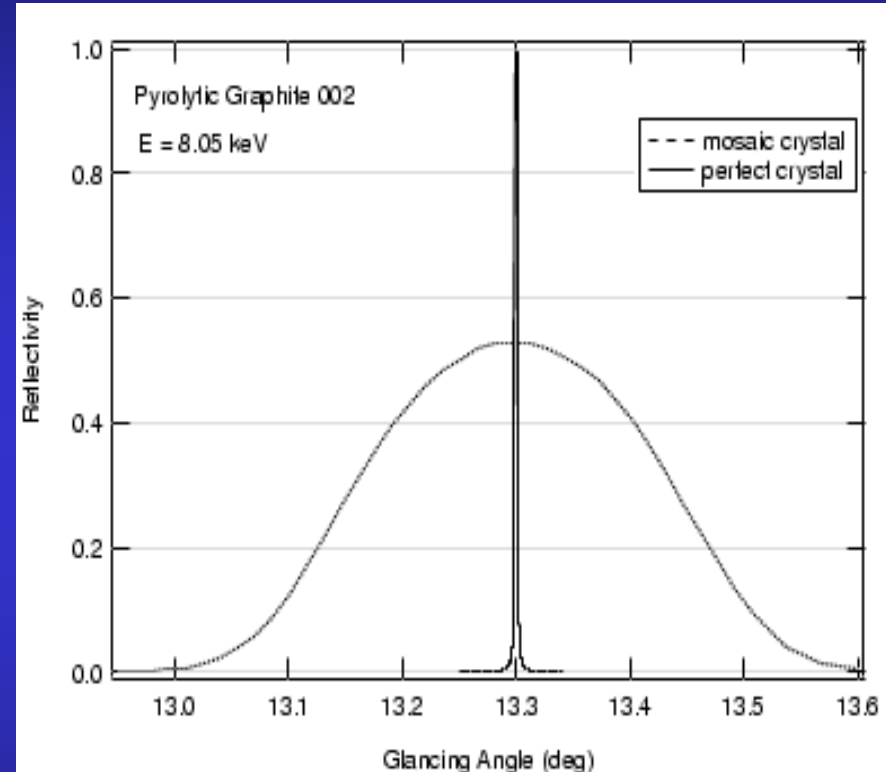


# Why Mosaic Crystals?

$$2d \sin \theta_B = n\lambda$$

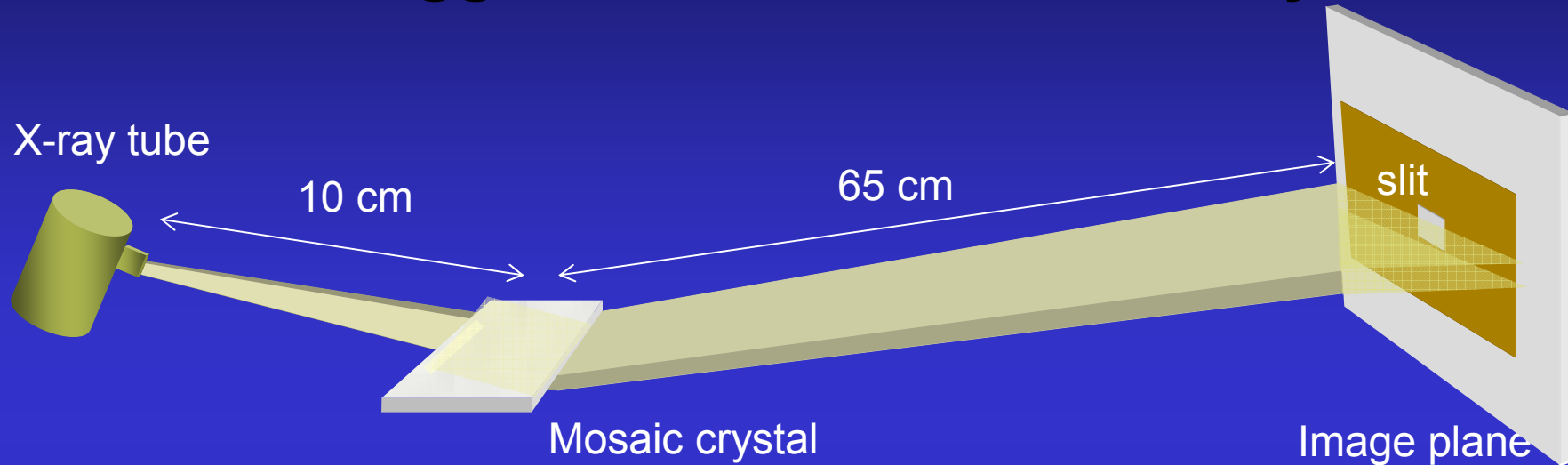


The diffraction of a single X-ray from a mosaic crystal. The photon penetrates the crystal until it encounters a mosaic block oriented so as to allow Bragg diffraction. This means that mosaic spread produces a wider bandpass compared to perfect crystal



Rocking curve comparison for mosaic and perfect crystal structures (pyrolytic graphite)

# Quasi-monochromatic X-rays via Bragg Diffraction on Mosaic Crystal



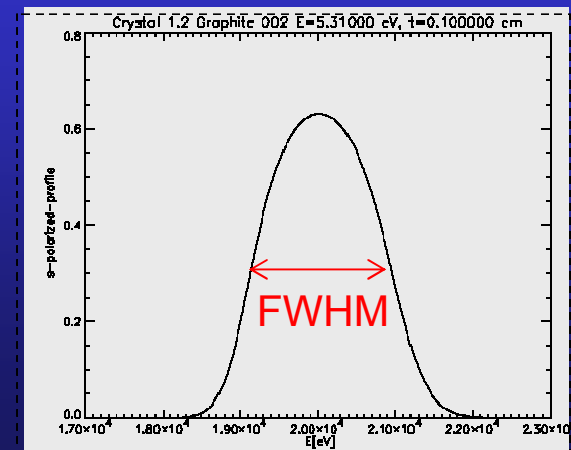
## Source

- Focal spot: 0.5mm x 0.5mm
- Angle distribution: uniform
- Beam divergence: ranging between 0.5-3 FWHM of the reflectivity curve

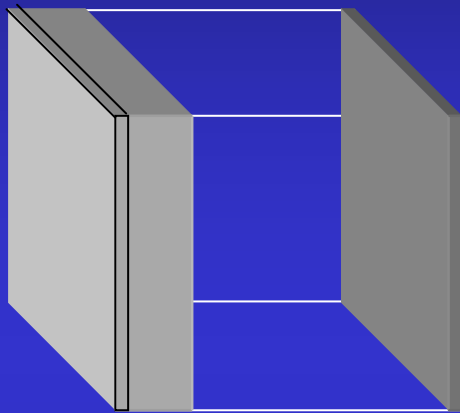
## Mosaic crystal

- HOPG (highly oriented pyrolytic graphite)
- mosaic spread =  $0.4^\circ$
- Thickness = 1 mm
- infinite dimension

## Reflectivity curve



# Chest Radiography with Conventional Spectrum and quasi-monochromatic spectrum



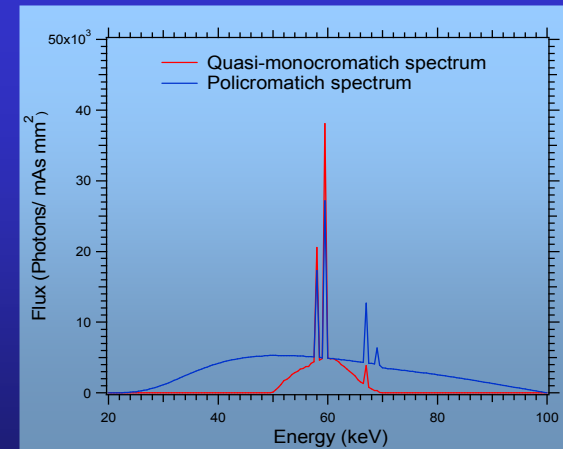
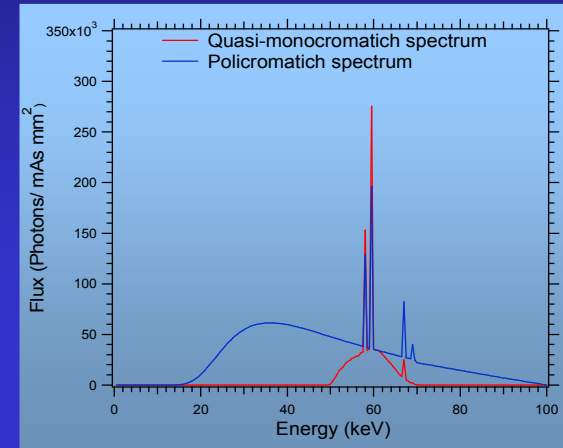
CDRH Standard Dosimetric/  
Calibration Phantom for  
radiography of the chest

- Lucite (7.26 cm)
- Air gap (19 cm)
- Alluminium (0.41 cm)

118 kV, W-anode, Mosaic crystal HOPG 1 mm

$Flux_{out}$	$Energy_{in}$ (keV)	$Energy_{out}$ (keV)	$Flux_{in}$ (Photons/mAs mm <sup>2</sup> )	
Quasi-monochromatic $10^5$	59.1	59.3	$1.2 \times 10^6$	$1.6 \times 10^6$
Polychromatic $10^5$	49.0	58.6	$5.4 \times 10^6$	$5.1 \times 10^6$

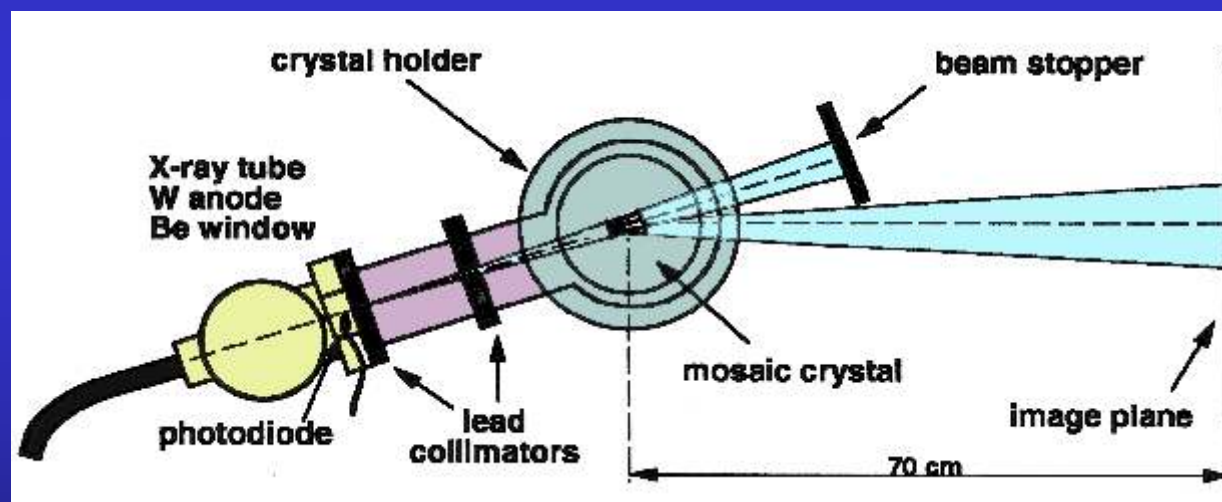
100 kV, W-anode, Al filtration 2.5mm

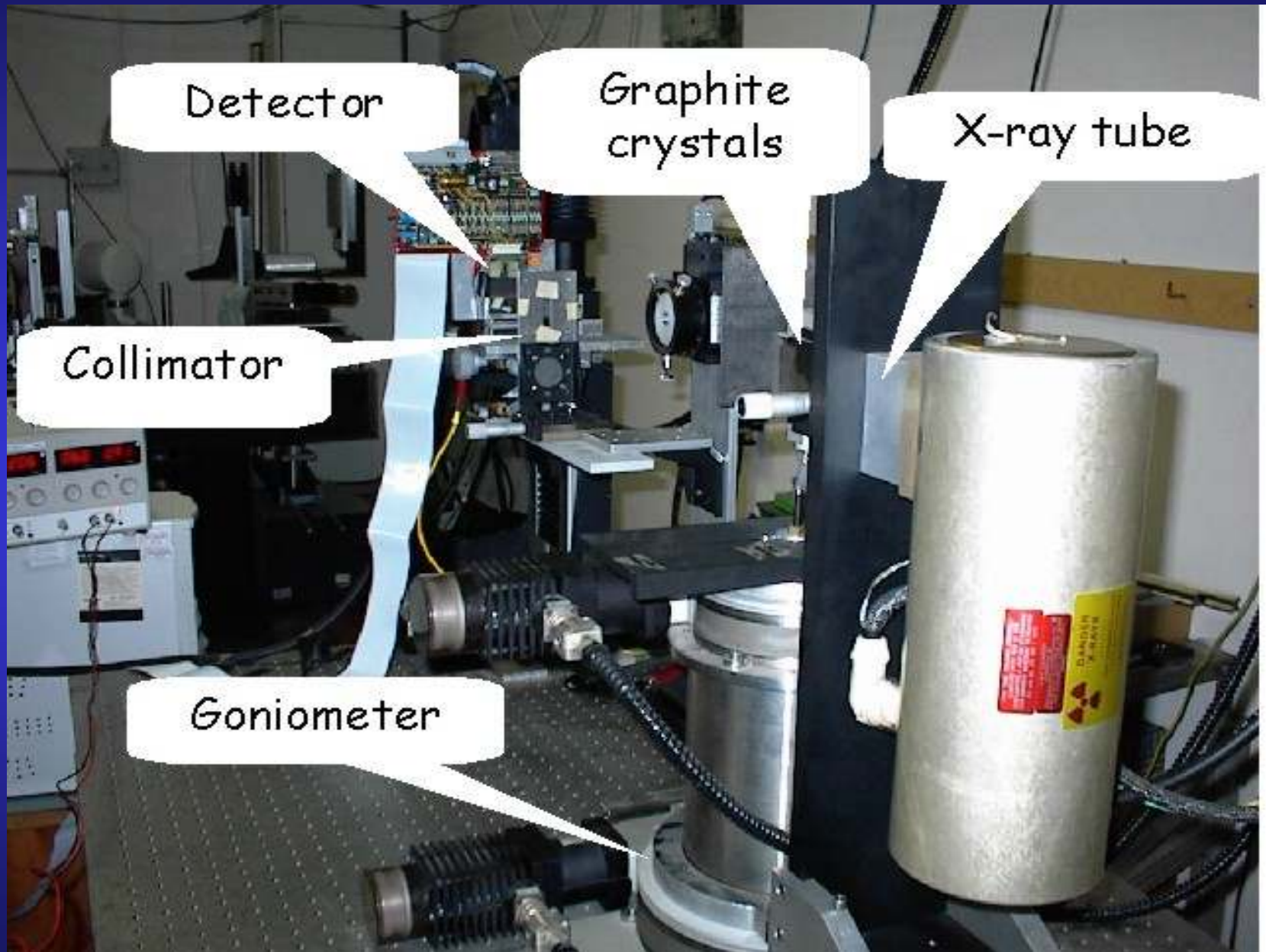




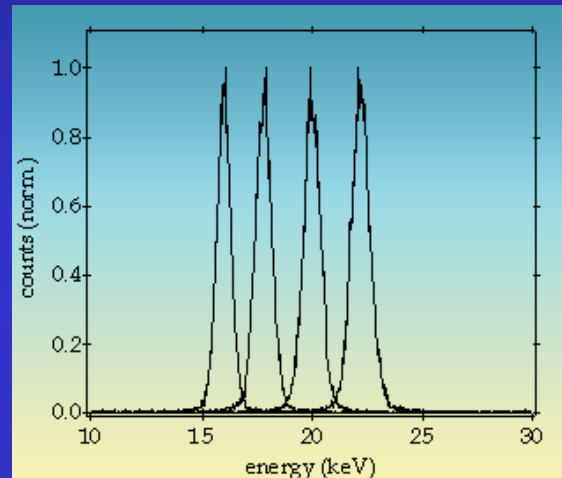
**quasi-monochromatic x-rays  
for mammography applications**

# Diffractometer for the Monochromatization of the Polychromatic Beam Produced by a Conventional X-ray Tube





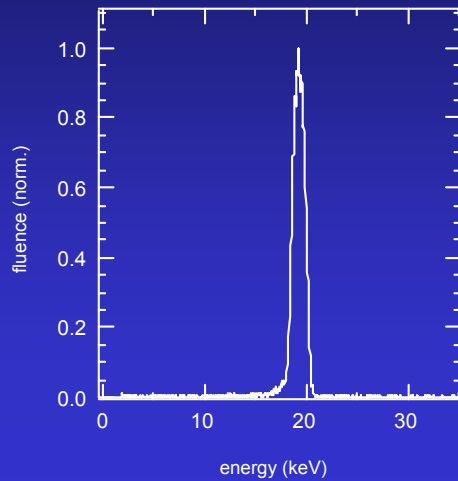
# Small Field Quasi-monochromatic Beams (Single Mosaic Crystal)



Energy (keV)	Photon flux (ph. mAs <sup>-1</sup> mm <sup>-2</sup> )	Energy (FWHM)	Resolutio n (%)	Photon flux at makV (ph. mAs <sup>-1</sup> mm <sup>-2</sup> )
<b>16</b>	$(0.86 \pm 0.09) \times 10^4$	0.57	3.6	$0.93 \times 10^4$
<b>18</b>	$(1.1 \pm 0.1) \times 10^4$	0.69	3.9	$1.4 \times 10^4$
<b>20</b>	$(1.2 \pm 0.1) \times 10^4$	0.87	4.3	$1.9 \times 10^4$
<b>22</b>	$(1.3 \pm 0.1) \times 10^4$	0.97	4.4	$2.4 \times 10^4$

# Mammography Spectra

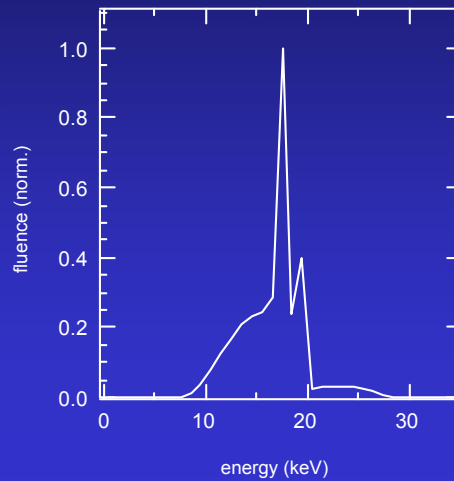
**Quasi-monochromatic X-ray beam (19 keV)**



**EXPOSURE = 0.7 mR mA<sup>-1</sup> s<sup>-1</sup>**

**PHOT. FLUX = 2.24 x 10<sup>4</sup> ph mm<sup>-2</sup> mA<sup>-1</sup> s<sup>-1</sup>**

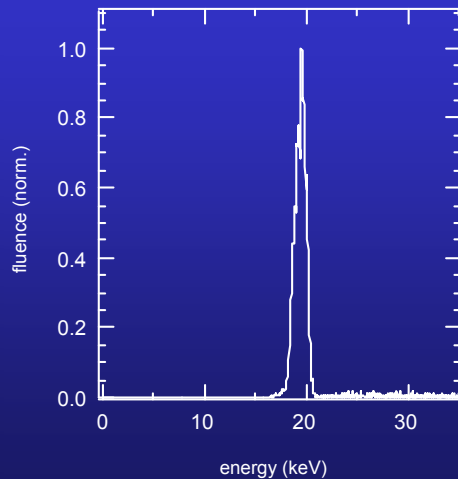
**Conventional X-ray tube (Mo/ Mo 28 kVp)**



**EXPOSURE = 12.3 mR mA<sup>-1</sup> s<sup>-1</sup>**

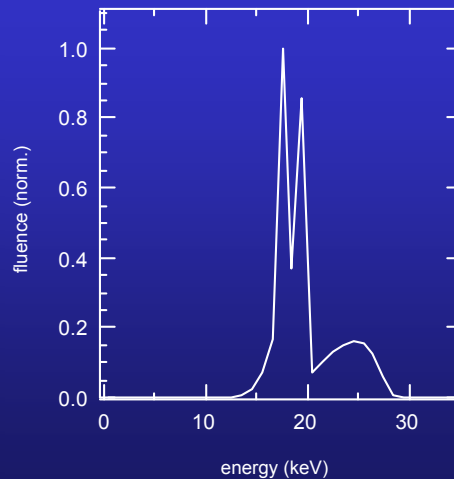
**PHOT. FLUX = 3.57 x 10<sup>5</sup> ph mm<sup>-2</sup> mA<sup>-1</sup> s<sup>-1</sup>**

**Output beam (PMMA 4.5 cm)**



**EXPOSURE = 0.03 mR mA<sup>-1</sup> s<sup>-1</sup>**

**PHOT. FLUX = 9.01 x 10<sup>2</sup> ph mm<sup>-2</sup> mA<sup>-1</sup> s<sup>-1</sup>**



**EXPOSURE = 0.19 mR mA<sup>-1</sup> s<sup>-1</sup>**

**PHOT. FLUX = 9.26 x 10<sup>3</sup> ph mm<sup>-2</sup> mA<sup>-1</sup> s<sup>-1</sup>**

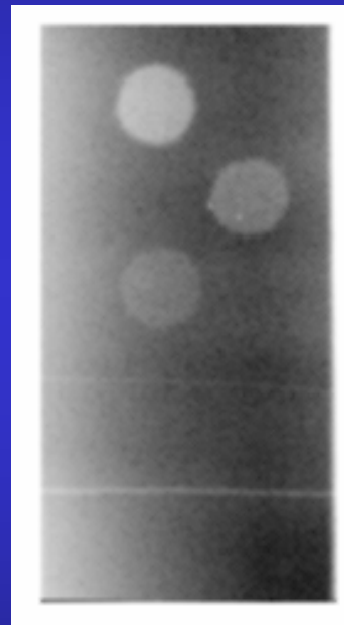
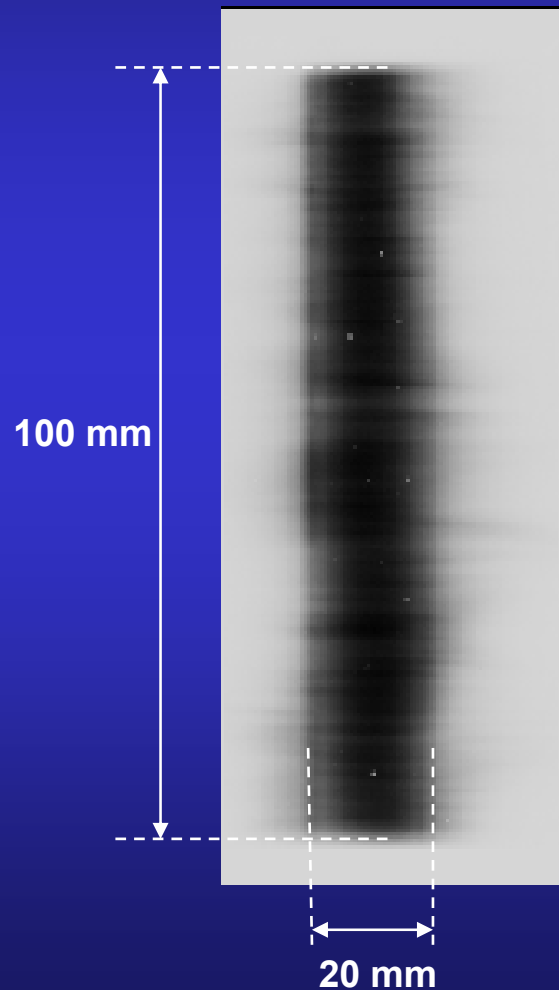
In order to evaluate the clinical potential of the quasi-monochromatic beams a comparison with a Mo/Mo conventional X-ray tube is shown. Entrance and exit exposure rate and photon fluxes for a plexiglas bulk 4.5 cm-thick are measured at a distance of 75 cm from the X-ray tube.

Quasi-monochromatic input exposure rates are more than one order of magnitude less than those obtained with the conventional source. An exposure rate ratio equal to six is obtained at the exit of the phantom.

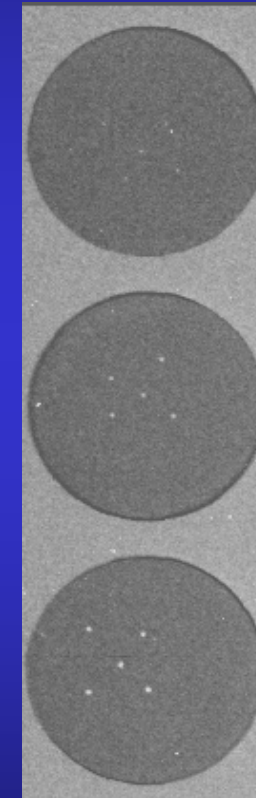
This means that an anode current of 400-600 mA is needed to achieve the photon flux used in clinical application.

# Imaging Test

(performed with a screen-film system at 19 KeV)



Radiograph of a plexiglas phantom containing Al disks and wires

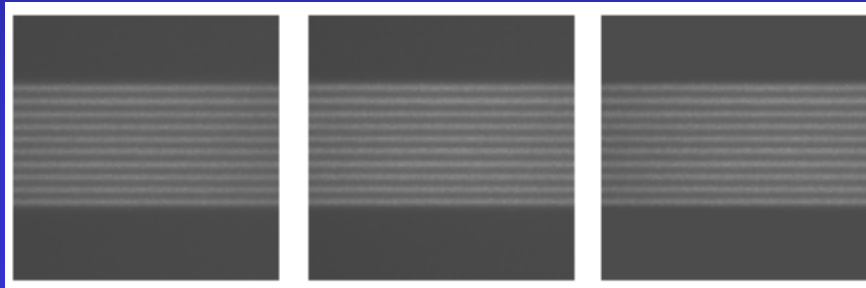


Radiograph of a plexiglas phantom containing quartz microspheres embedded in wax

What about image quality?

# Spatial Resolution Properties: Radiograph of Bar Pattern

$R$  = crystal-X ray focus distance  
 $\alpha$  = divergency of the beam incident on the crystal



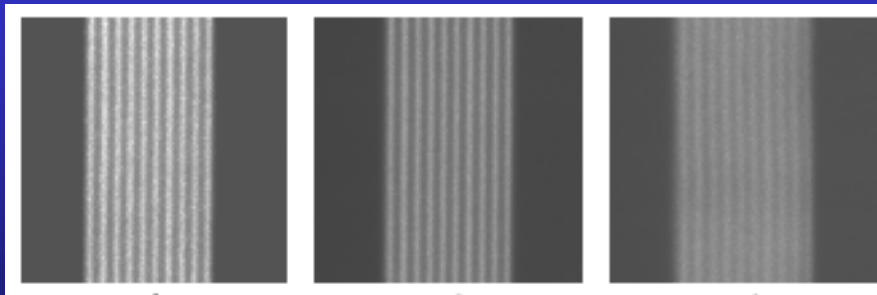
bar pattern **orthogonal** to the diffraction plane

$R = 210$  mm  
 $\alpha = 0.4$  deg

$R = 210$  mm  
 $\alpha = 1.0$  deg

$R = 467$  mm  
 $\alpha = 0.7$  deg

If the bar pattern is **orthogonal** to the diffraction plane the sharpness of the image is independent of the geometrical setup



bar pattern **parallel** to the diffraction plane

$R = 210$  mm  
 $\alpha = 0.2$  deg

$R = 210$  mm  
 $\alpha = 1.0$  deg

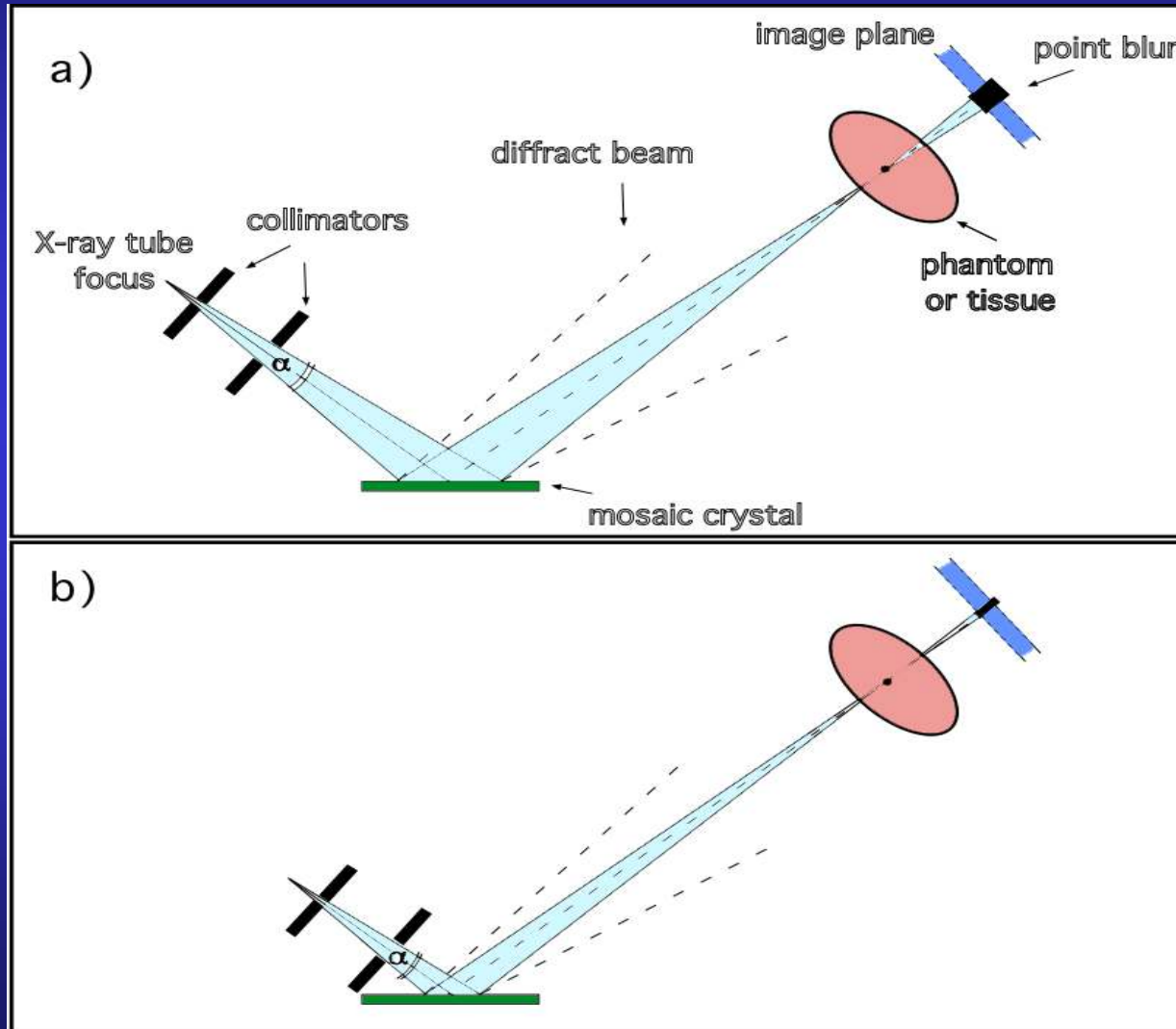
$R = 467$  mm  
 $\alpha = 0.7$  deg

If the bar pattern is **parallel** to the diffraction plane the unsharpness increases as the irradiated area of the crystal increases (for large values of  $R$  and  $\alpha$ )

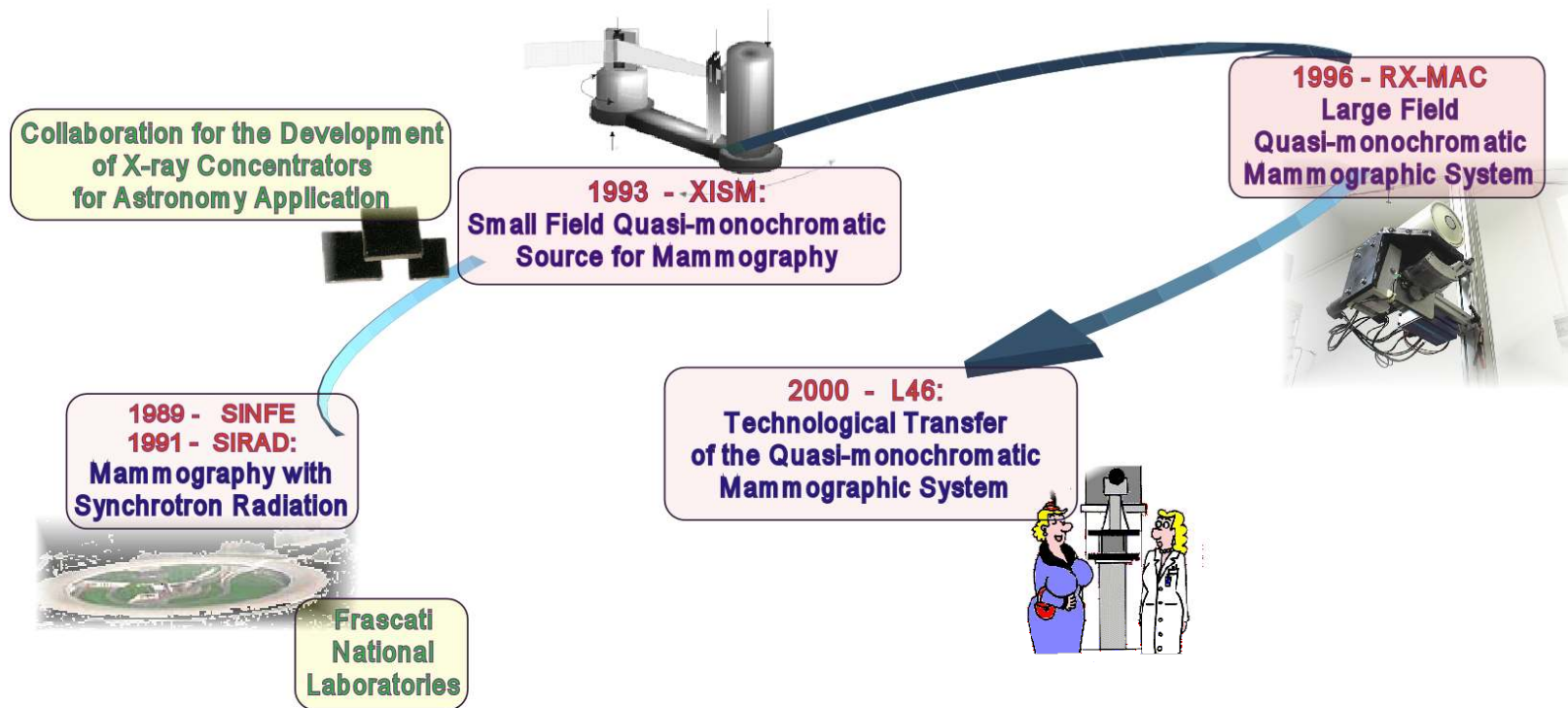
**The crystal behaves as a secondary source !**



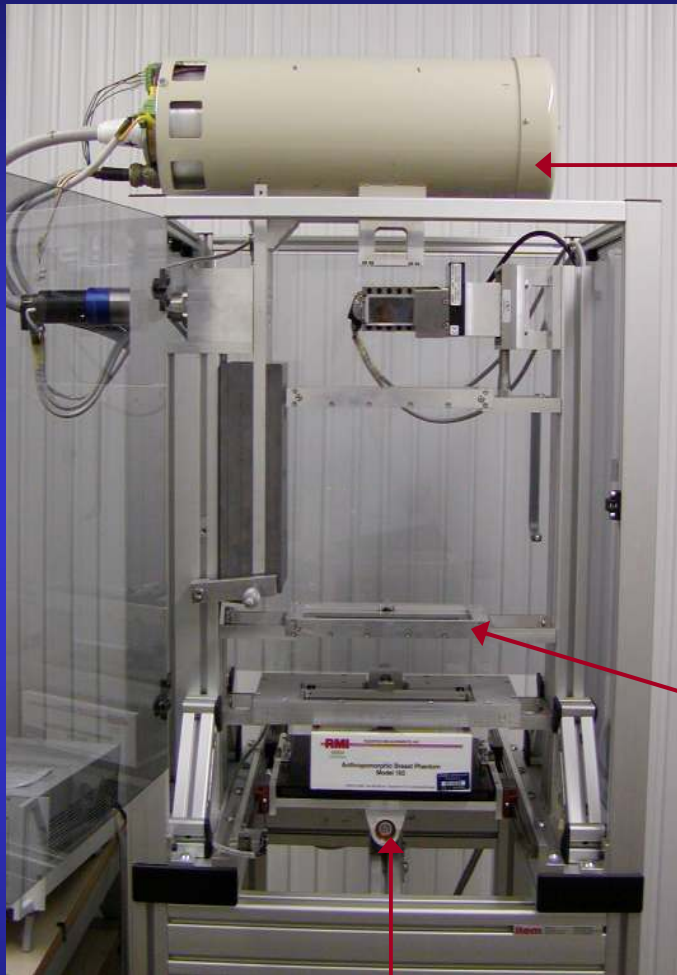
# Spatial Resolution Properties: Size and Position of the Focal Spot



## From Basis Research to Technological Transfer



# The quasi-monochromatic system



$$16 \text{ keV} < E < 25 \text{ keV}$$

## X RAY TUBE

Anode	Tungsten
Window	Berillium
Maximum voltage	50 kV
Maximum current	600 mA
Maximum time	10 s
Focal spot	2mm x 1mm

## COLLIMATION SYSTEMS

Material: Pb  
Thickness: 1 mm

**Primary collimation system :**  
17mm x 2mm (at the exit of the x-ray tube)  
40mm x 2.5mm (10 cm from the focal spot)

**Secondary collimation system**  
90mm x 5.2mm (10 cm from the crystal)  
180mm x 10.5mm (35 cm from the crystal)  
210mm x 2→20mm (45 cm from the crystal)

## SCANNING SYSTEM

Path = 180 mm  
Scanning speed = 20 → 90 mm/sec

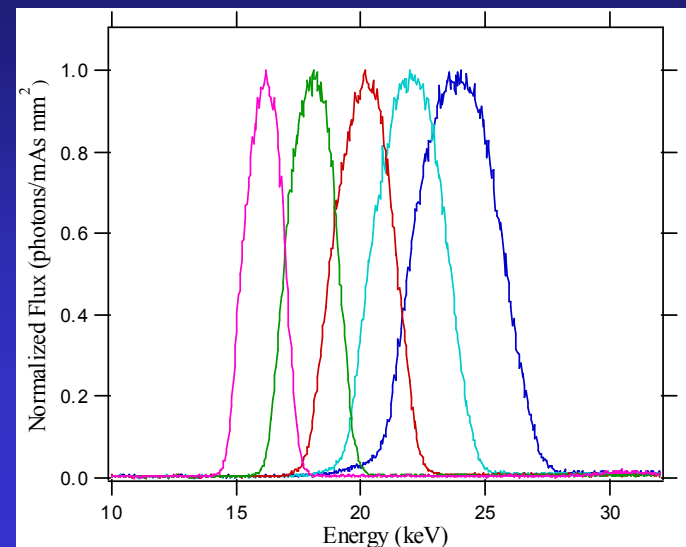
# Dedicated X-ray Tube

- W-anode, Be-window;
- anode diameter 90 mm;
- HV max. 50 kV;
- max. anode current:
  - 340 mA f.s. 1.2 x 2.0 mm<sup>2</sup>
  - 600 mA f.s. 1.3 x 2.8 mm<sup>2</sup>



# X-ray beam characteristics

Energy (keV)	Flux (photons/mAs mm <sup>2</sup> )	$\Delta E/E$ (%)
16	$(4.4 \pm 0.02) \times 10^4$	10.0%
18	$(5.6 \pm 0.02) \times 10^4$	11.8%
20	$(6.6 \pm 0.02) \times 10^4$	13.2%
22	$(8.0 \pm 0.02) \times 10^4$	15.3%
24	$(8.7 \pm 0.02) \times 10^4$	17.2%



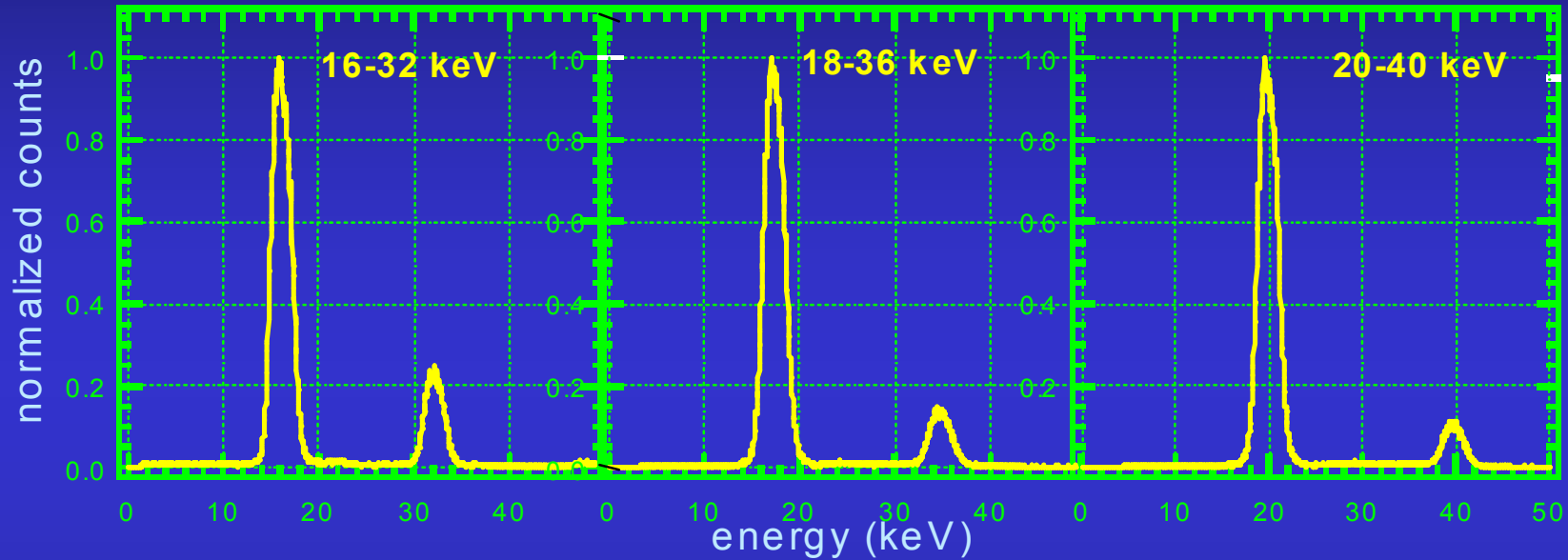
Spectrum	$\frac{\text{Exp(out) conventional}}{\text{Exp(out) quasi-monocromatic}}$
Mo-Mo 28 kV	
16	23
18	6.0
20	3.2
22	2.2
24	1.7

Exposure ratio measured after the attenuation of 45 mm Plexiglass at 67 cm from the focal spot.

Data show the anode current needed to achieve the same amount of radiation which produces an optical density comparable with that used in clinical application.

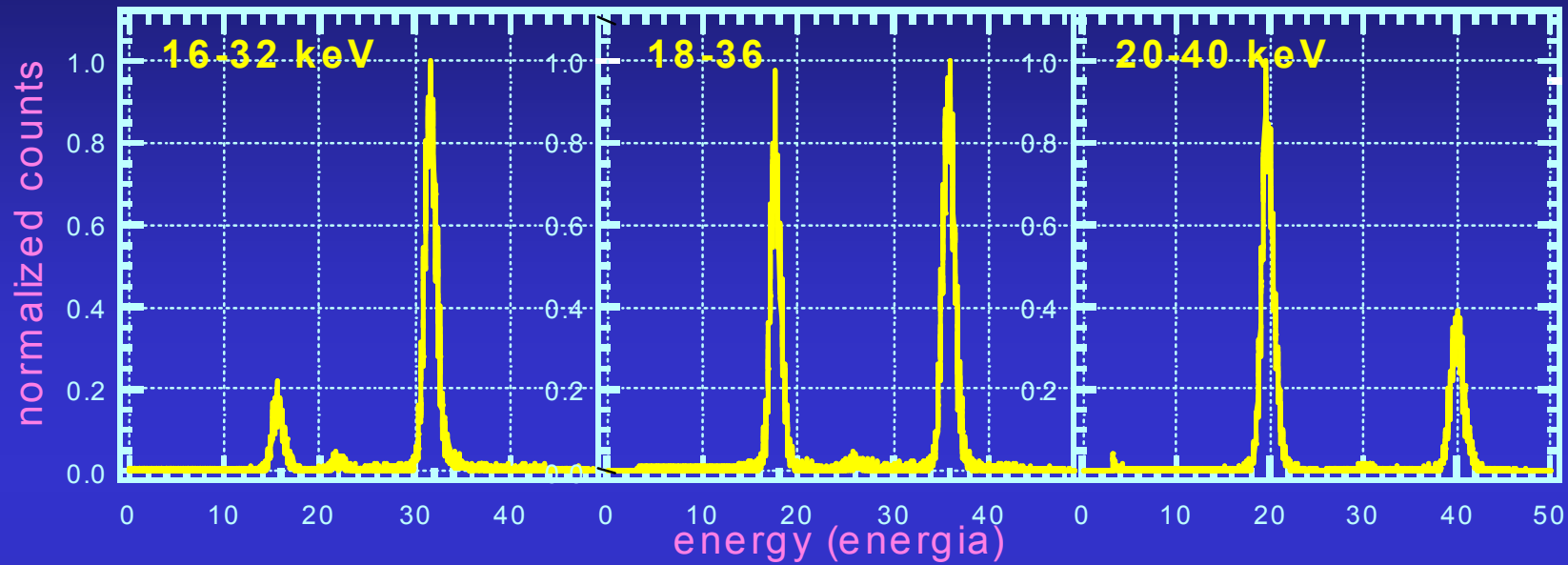
## Quasi-dichromatic incident spectra

Voltage= 50.4 kVp, Current = 4.4 mA, Lifetime = 120 s



Mean Energy (keV)	Flux (ph mm <sup>-2</sup> mA <sup>-1</sup> s <sup>-1</sup> )	FWHM (keV)
15.63	$(1.40 \pm 0.12) \times 10^4$	1.04
31.79	$(3.17 \pm 0.18) \times 10^3$	1.03
17.80	$(1.66 \pm 0.13) \times 10^4$	1.11
36.11	$(2.45 \pm 0.16) \times 10^3$	1.40
19.95	$(1.78 \pm 0.13) \times 10^4$	1.13
39.83	$(1.63 \pm 0.13) \times 10^3$	1.36

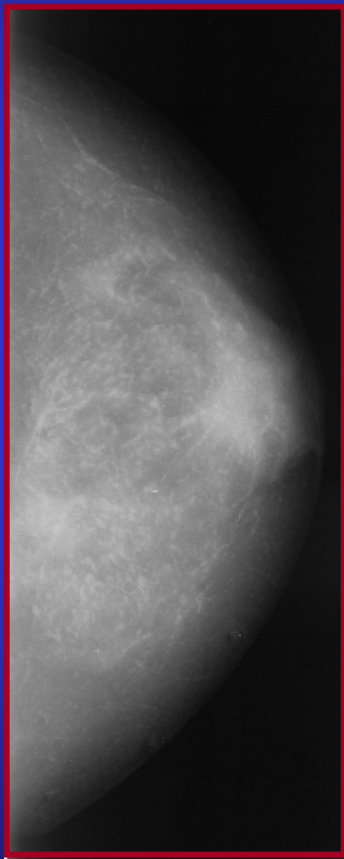
# Spectra transmitted through 5-cm of equivalent tissue



Mean energy (keV)	Flux ( $\text{ph mm}^{-2} \text{mA}^{-1} \text{s}^{-1}$ )	FWHM (keV)
15.46	$(1.38 \pm 0.12) \times 10^2$	1.11
31.61	$(8.24 \pm 0.29) \times 10^2$	1.39
17.57	$(4.84 \pm 0.22) \times 10^2$	1.20
36.89	$(6.40 \pm 0.25) \times 10^2$	1.48
19.65	$(11.0 \pm 0.33) \times 10^2$	1.29
40.14	$(4.81 \pm 0.22) \times 10^2$	1.68

# Radiographic test: RACHEL phantom

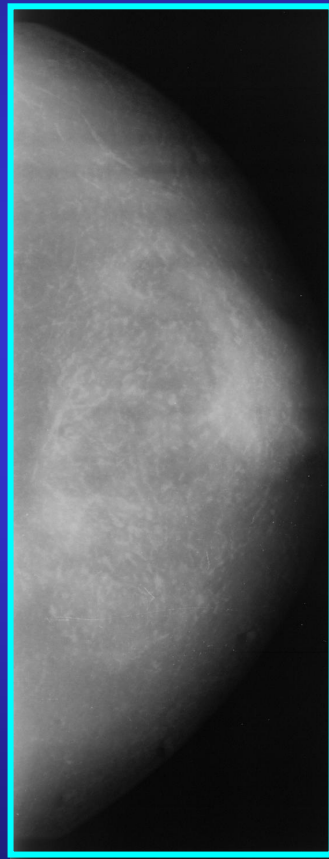
Conventional,  
Mo-Mo 28 kV 80 mAs



**AGD = 1.3 mGy**

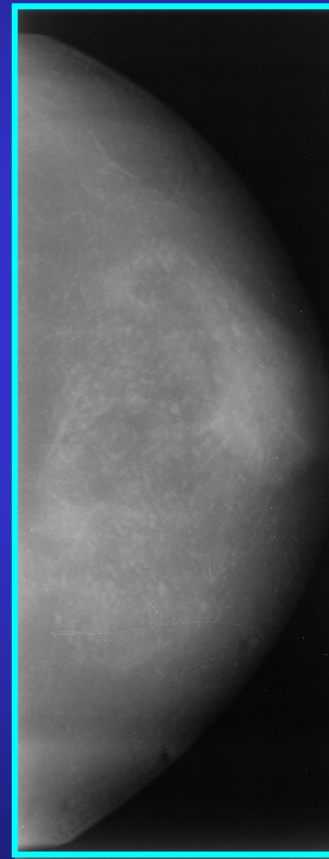


18 keV  
34 kV, 300 mA, 3 sec



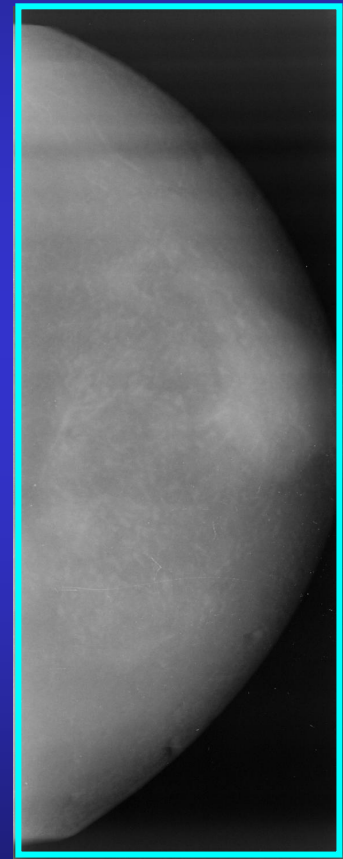
**AGD = 0.76 mGy**

21 keV  
40 kV, 70 mA, 2.7 sec



**AGD = 0.23 mGy**

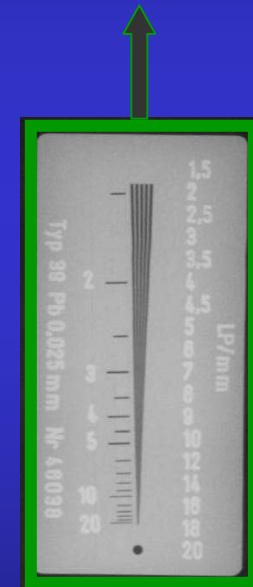
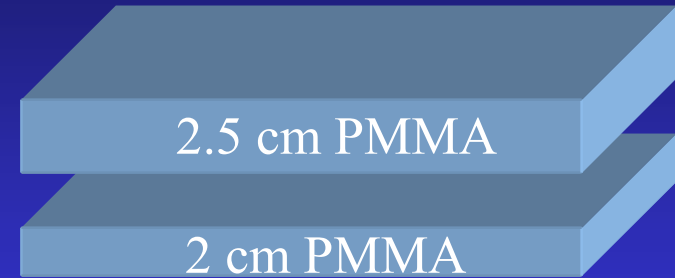
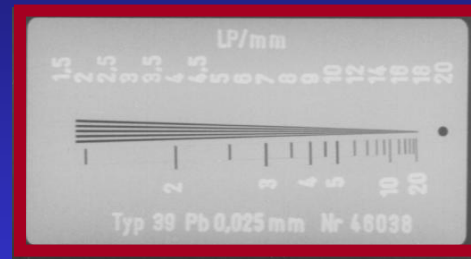
23 keV  
44 kV, 70 mA, 2.7 sec



**AGD = 0.12 mGy**



# Spatial resolution properties



Energy	Spatial resolution ⊥ Diffraction plane	Spatial resolution    diffraction plane
18 keV	10 lp/mm	6.5 lp/mm
21 keV	9.5 lp/mm	5.5 lp/mm
23 keV	8.5 lp/mm	4.5 lp/mm

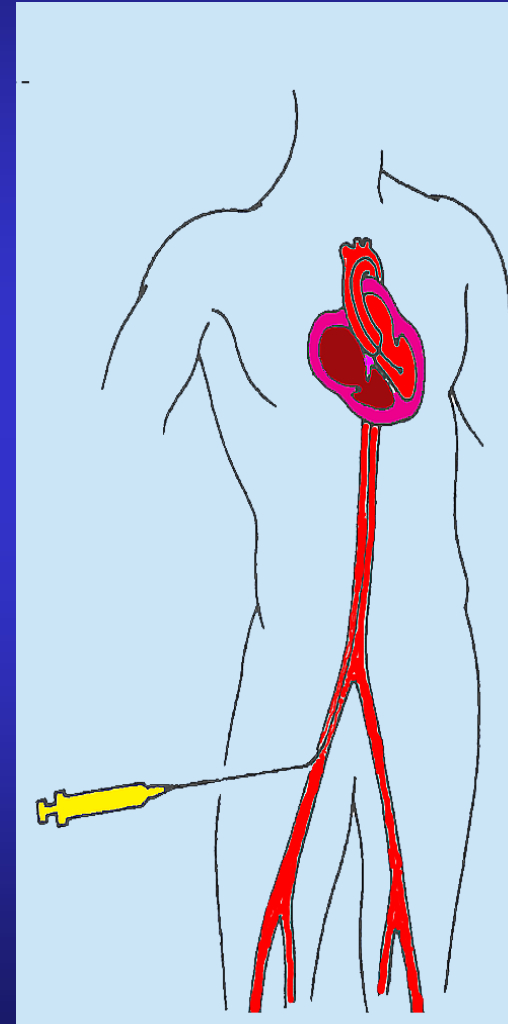
**Conventional system Mo/Mo 28 kV  $\approx$  15 lp/mm**

**From mammography to  
other medical applications**

# Coronary Angiography

Angiography is one of the most invasive diagnostic techniques

- iodate contrast medium
- x-ray exposures of long duration.



# New Techniques

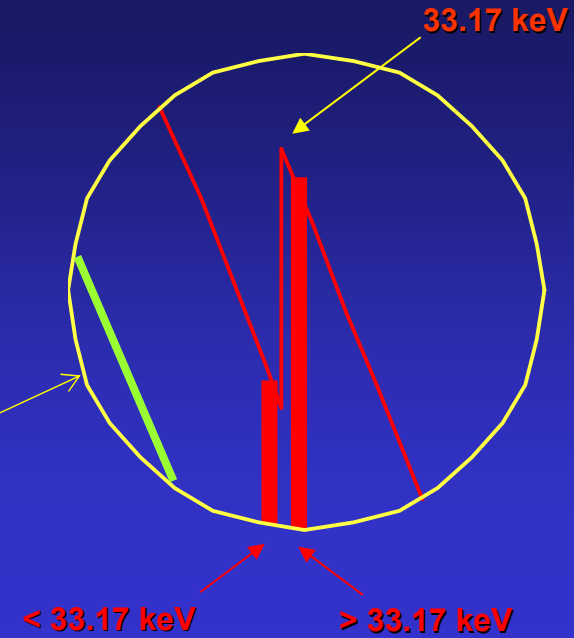
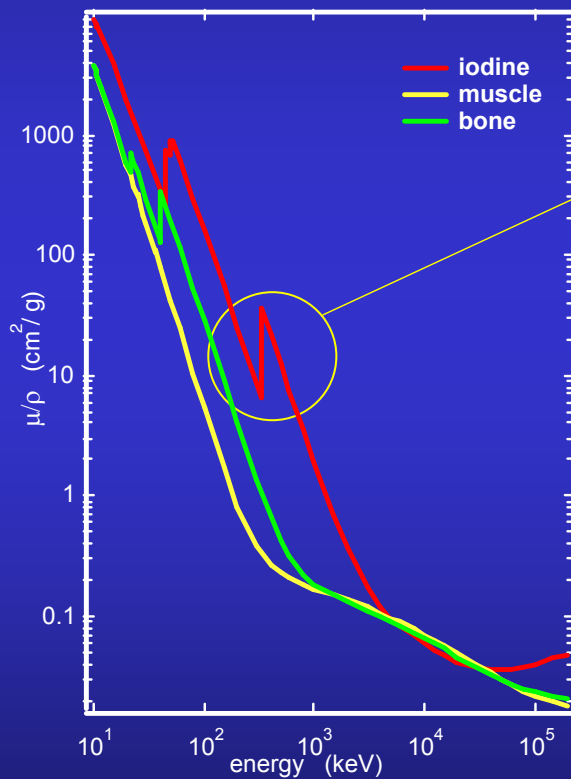
Are being investigated, with the aim of reduce the risk connected with the coronographic investigation, in the case of:

- ✓ people with diagnosed pathology or post-operative follow-up;
- ✓ screening of healthy population.



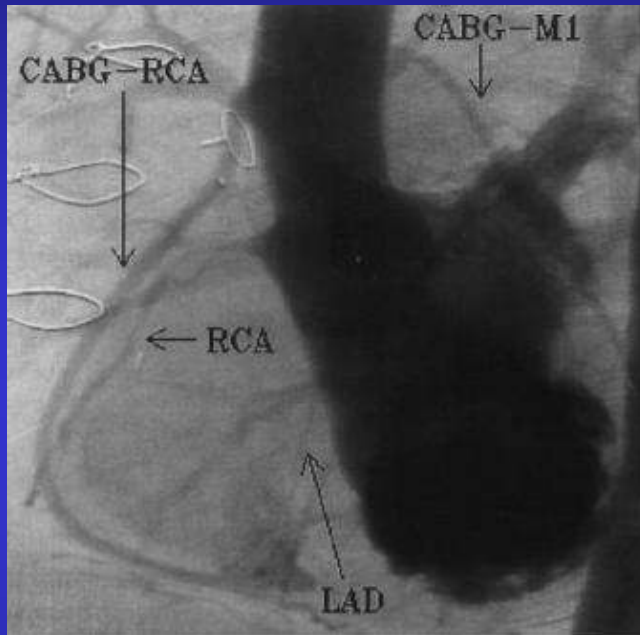
**Dual Energy Subtraction Angiography (DESA)**

# Dual Energy Subtraction Angiography



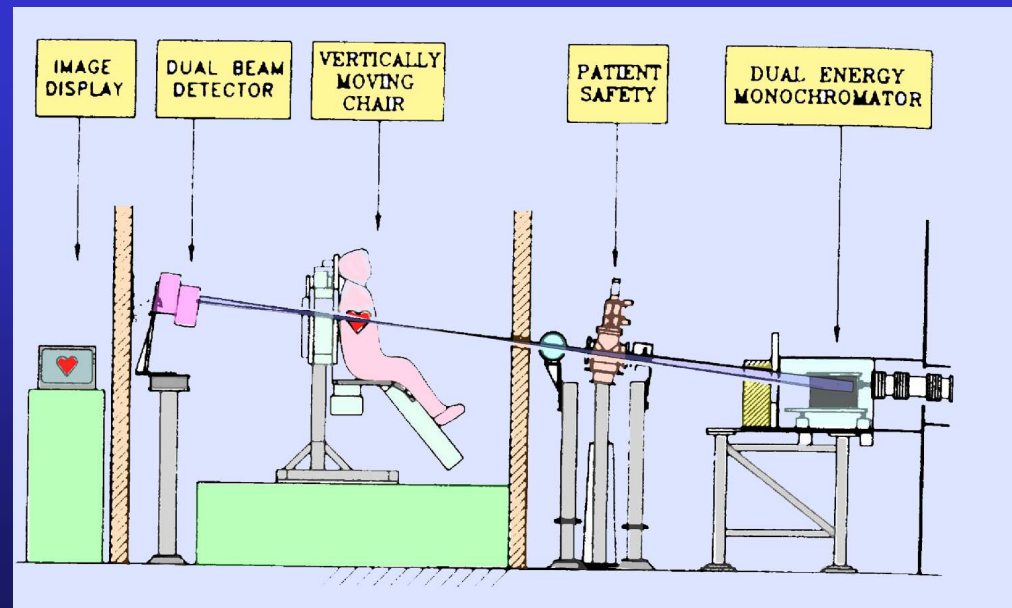
- ✓ The concentration of the contrast medium in the artery may be reduced.
- ✓ No arterious insertion of catheter.

# Synchrotron radiation

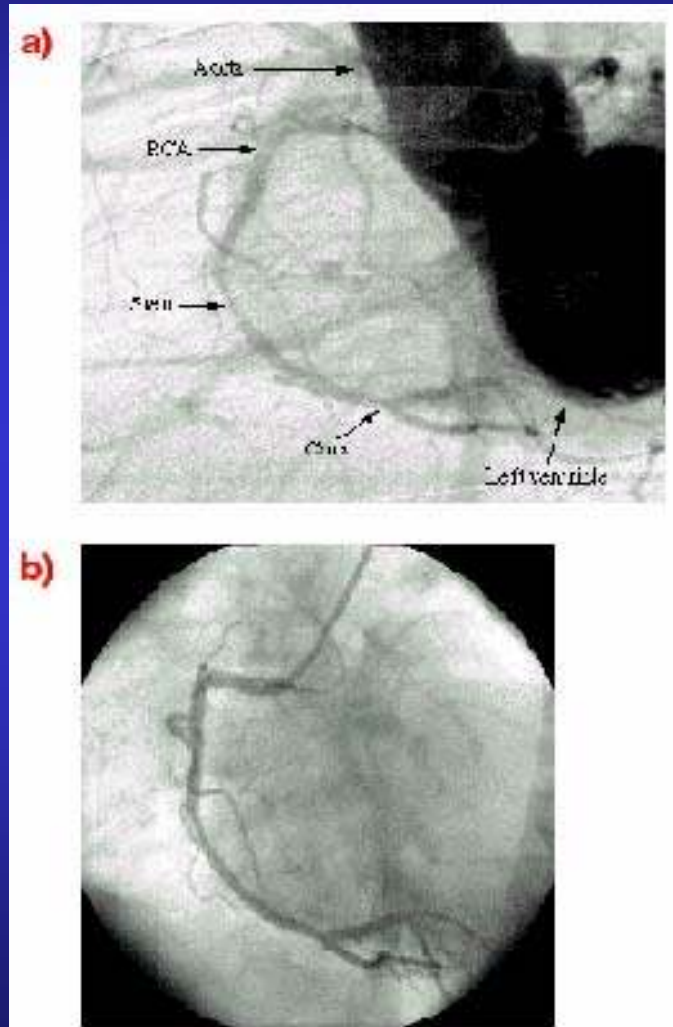


- Nicht-Invasive Koronarangiographie mit Synchrotrahlung (NIKOS) (HASYLAB, Germany, 1994)

- Until today it has been experienced on more than 400 patients, obtaining images of excellent quality



# Synchrotron radiation



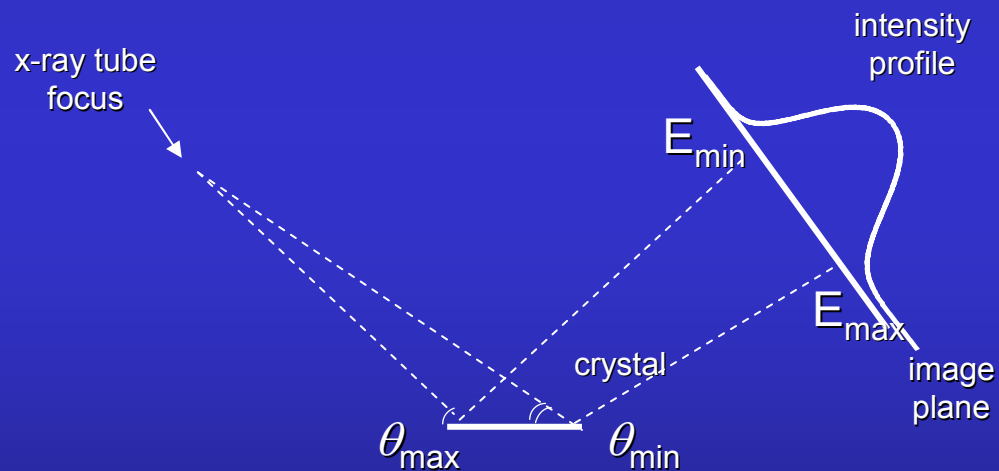
## Medical Beamline (ESRF, France, 1991)

- a) Intravenous synchrotron angiogram;
- b) Conventional angiogram.

Stenosis appears visible inside the stent in the second segment C2, and a known distal stenosis visible at the crux remains mild (less than 50%). The excellent visualisation of the distal part of the right coronary artery (RCA) should be noted. These findings are in excellent agreement with the conventional selective coronary angiogram performed a few hours later in the hospital cardiology unit.

# Characteristics of the Diffracted Beam

direction parallel to Bragg diffraction



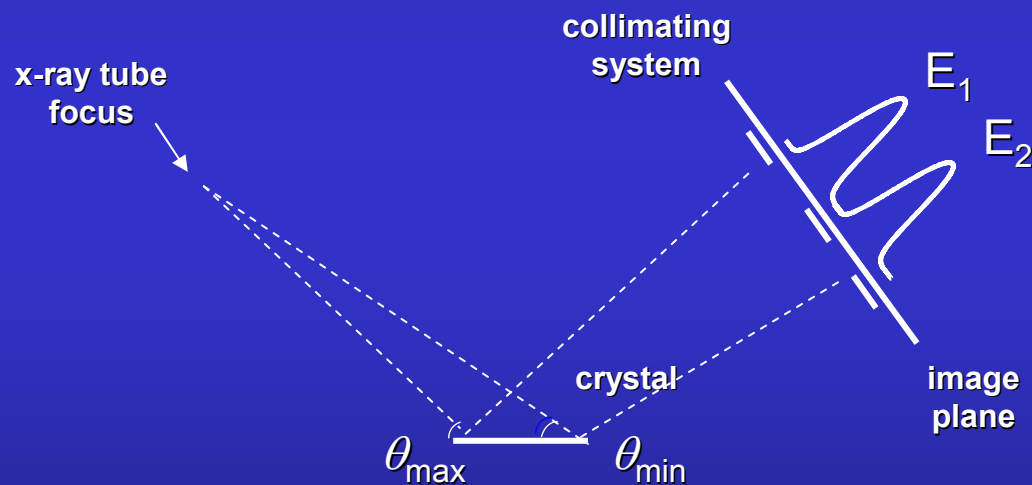
Beam size depends on geometrical set-up and on energy spread.

When a polychromatic and divergent beam impinge on the mosaic crystal, the diffracted beam presents an energy gradient in the plane parallel to Bragg diffraction plane.



# Characteristics of the Diffracted Beam

direction parallel to Bragg diffraction



Quasi-monochromatic x-rays obtained by Bragg diffraction onto a mosaic crystal may be splitted in two beams, by means of a collimating system.

In order to apply dual-energy angiography we must have:

- a good spatial separation of the two beams;
- a good energy separation of the two beams ( $E_1 < 33.17 \text{ keV} < E_{\max}$ ).

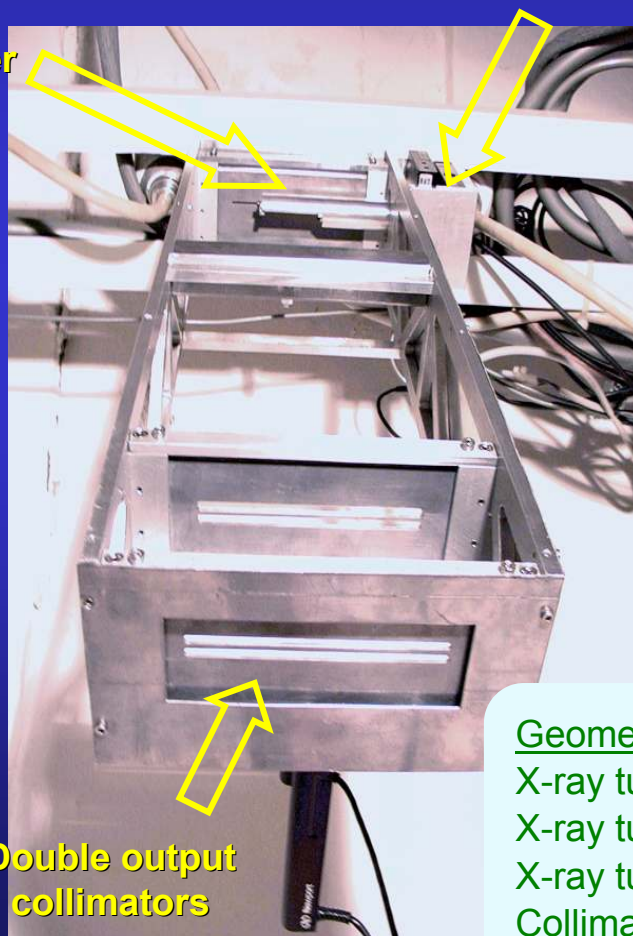
# The Monochromator

## Crystal Parameter:

Type                    HOPG  
Size                    60 x 28 x 1 mm<sup>3</sup>  
Mosaic Spread    0.26 degrees

crystal motion control

crystal holder

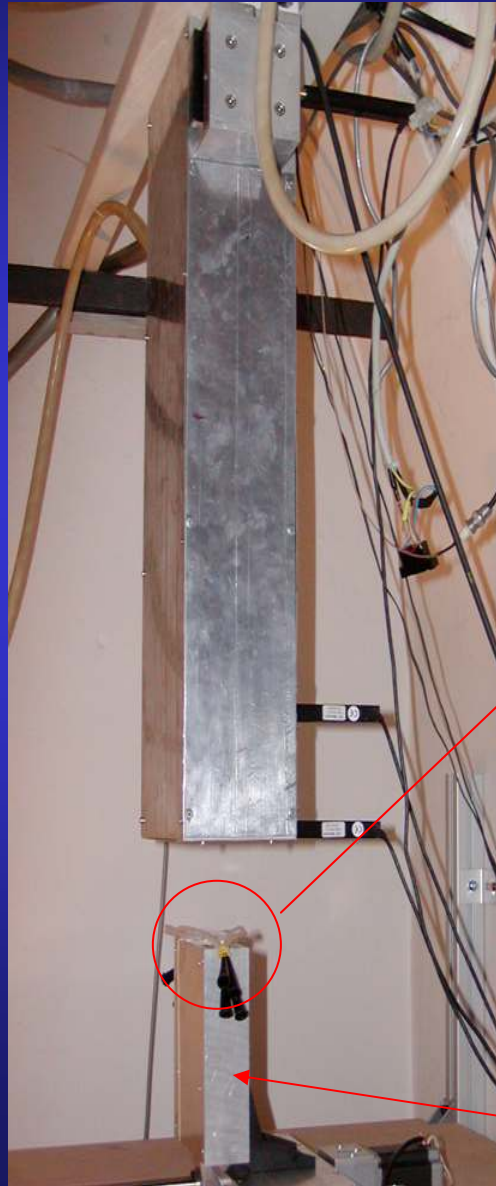


Double output  
collimators

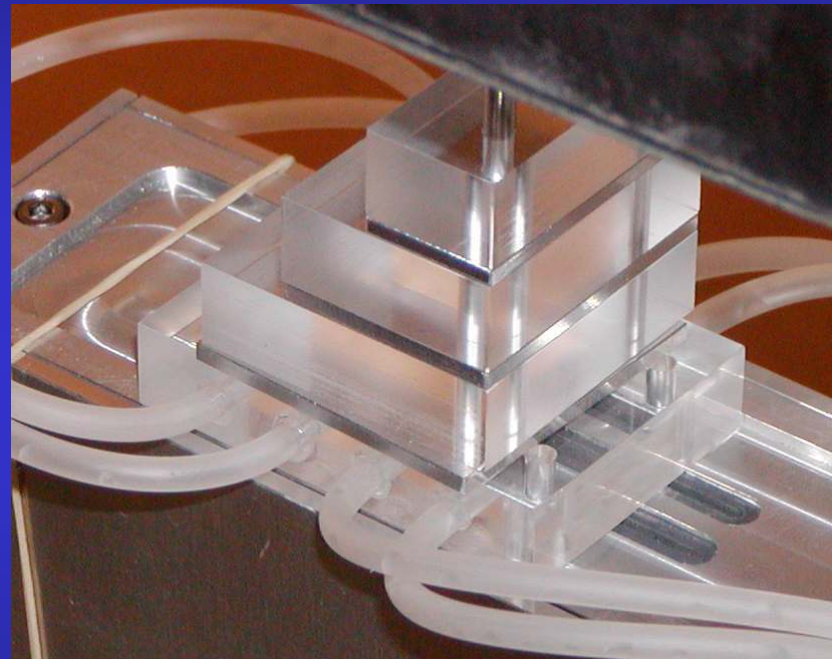
## Geometrical characteristics:

X-ray tube focus-to-crystal distance	130 mm
X-ray tube focus-to-first output collimator distance	500 mm
X-ray tube focus-to-second output collimator distance	600 mm
Collimators' width	4 mm
Collimators' separation	3 mm

# Angiography system



## Angiographic Phantom



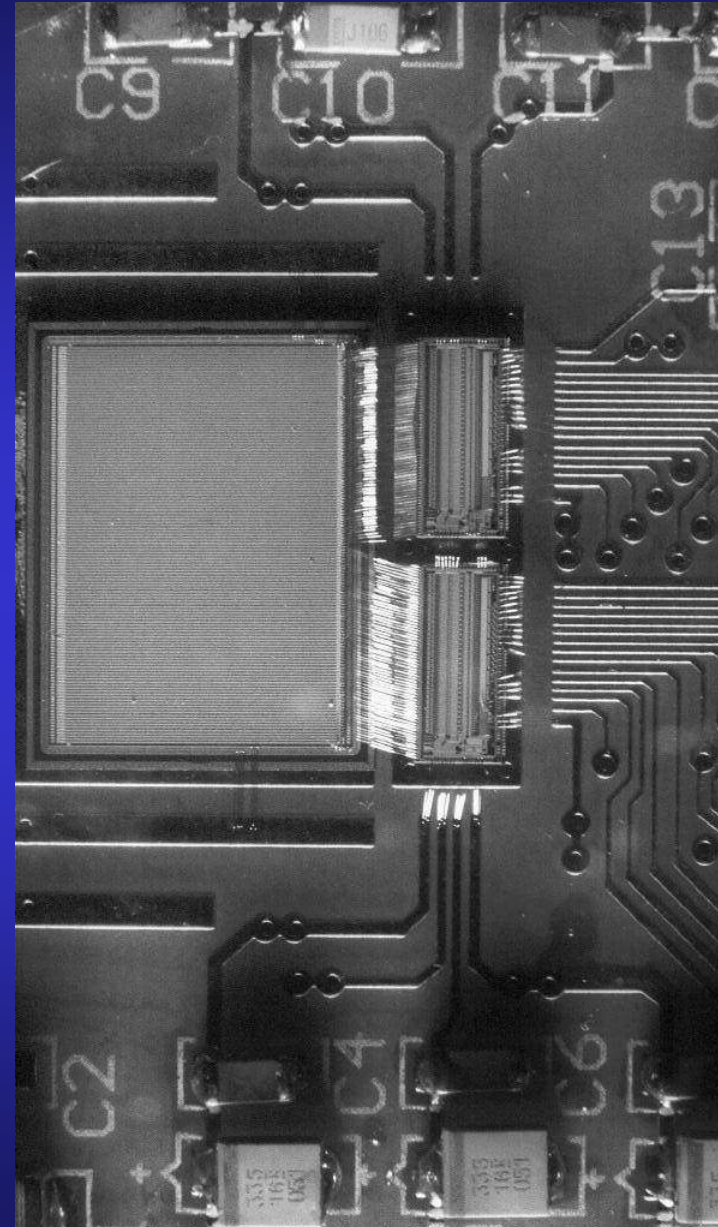
- step wedge plexiglass phantom
- 40 mm-high, 30-mm wide
- thickness range 10-45 mm
- 3 cylindrical cavities filled with iodate contrast medium (concentration 370 mg/ml)

Detector

# Digital Detectors

- Two linear silicon microstrip detectors
- Edge operation mode
- Thickness: 10 mm
- 128 pixels
- Pixel size:  $300 \times 100 \mu\text{m}^2$

- Low noise read-out electronics
- Good counting rate  
(200 KHz per strip)

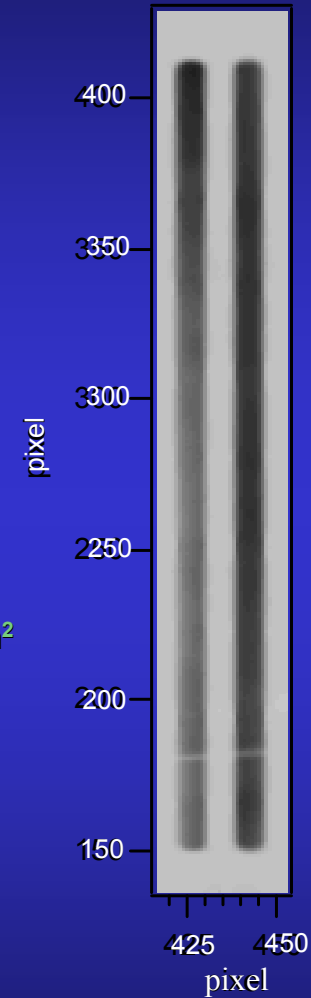
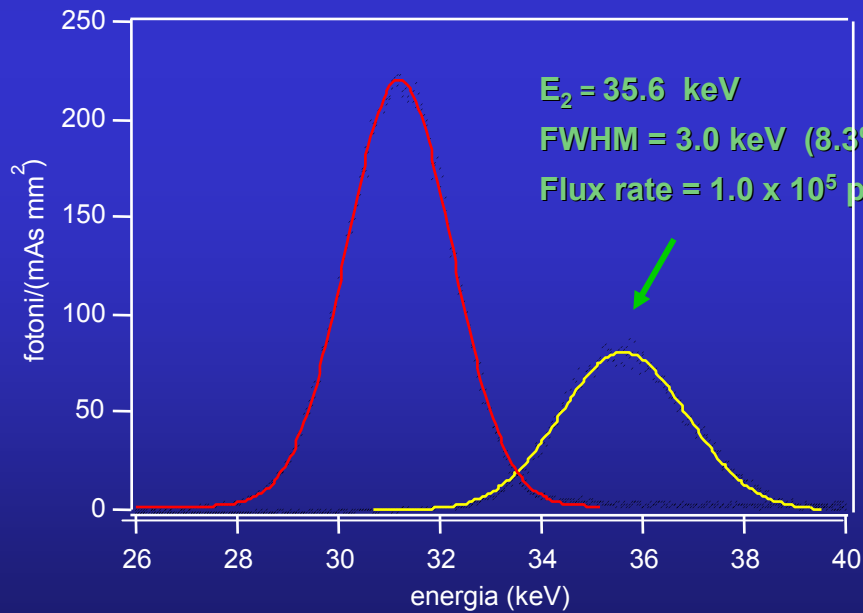


# X-ray beams characteristics

$E_1 = 31.2 \text{ keV}$

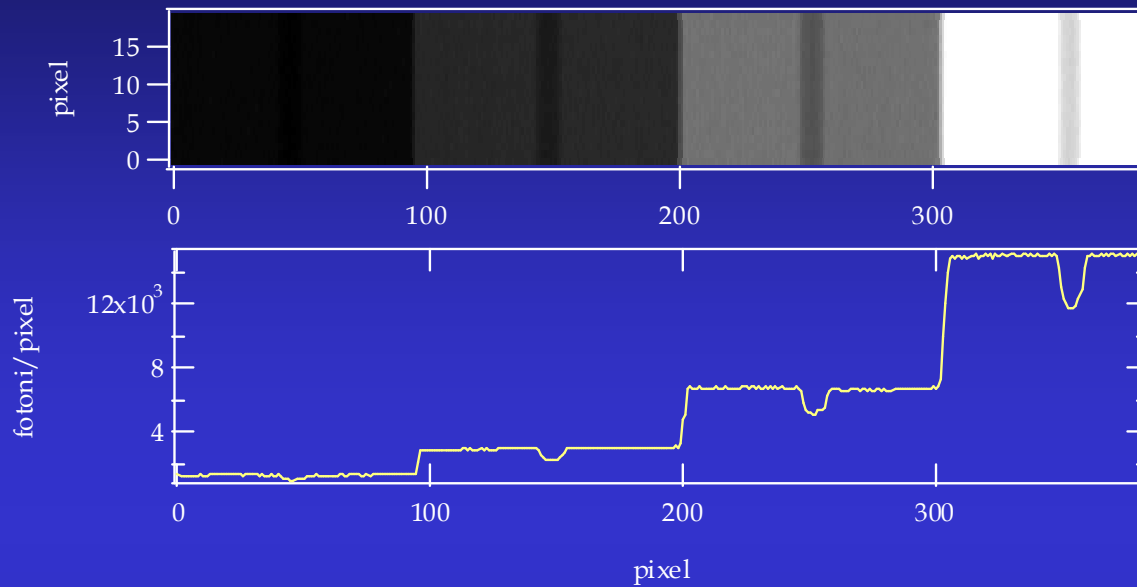
FWHM = 2.5 keV (7.9%)

Flux rate =  $2.2 \times 10^5 \text{ ph mAs}^{-1} \text{ mm}^2$



Beam size 120 x 4 mm<sup>2</sup>  
Beams gap 6 mm

# Acquired images

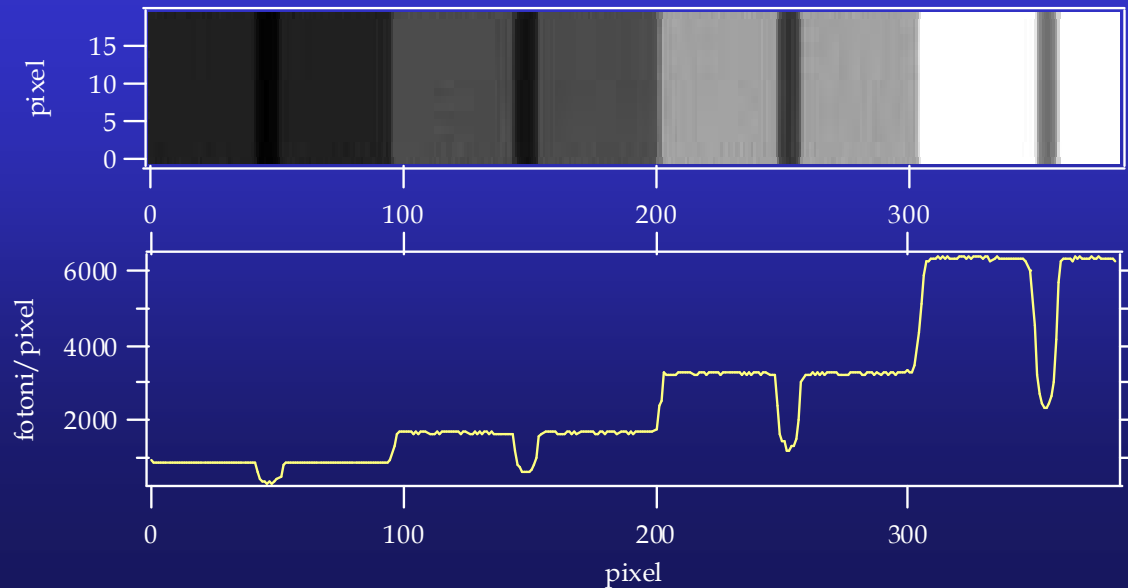


$E=31.2$  keV

$c=370$  mg/ml

$x_d=1$  mm

65 kV, 40 mAs



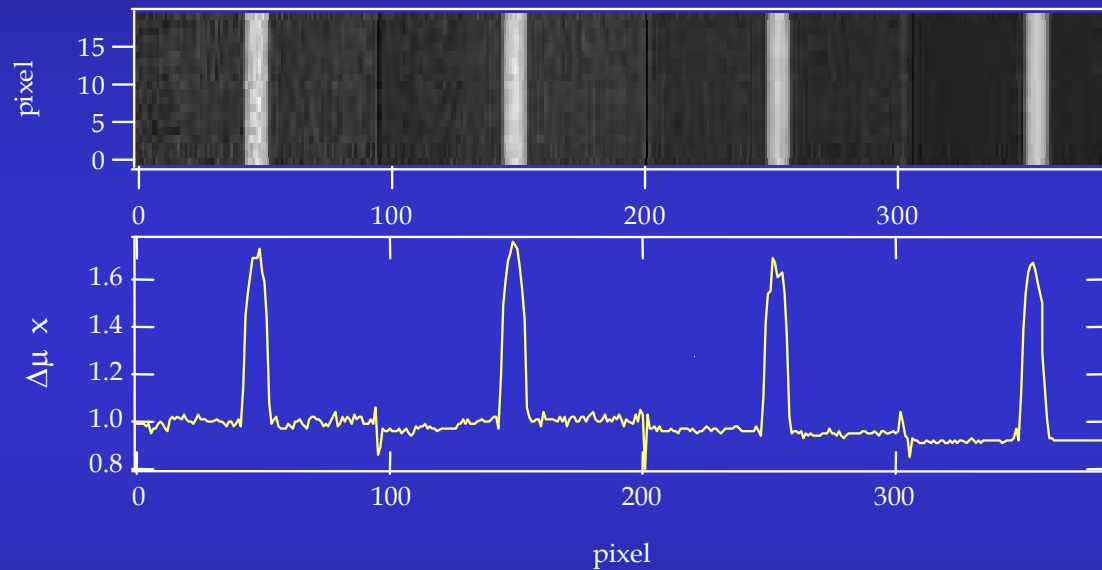
$E=35.5$  keV

$c=370$  mg/ml

$x_d=1$  mm

65 kV, 40 mAs

# Processed image



	Signal	SNR
Cavity 1	0.7	100
Cavity 2	0.8	213
Cavity 3	0.7	176
Cavity 4	0.8	250

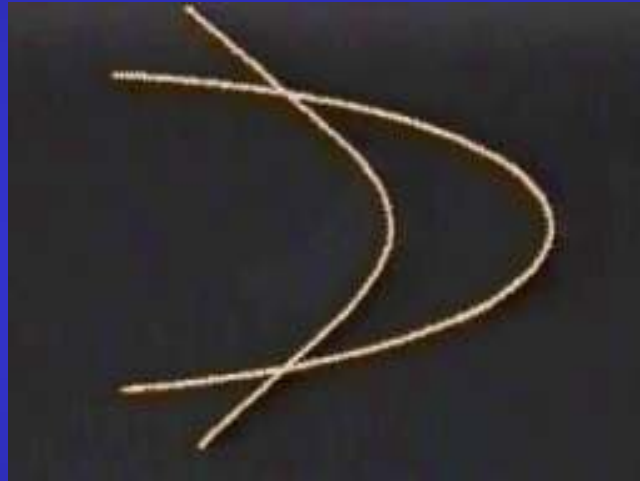
- ① Absence of the gradient due to the attenuation characteristics of the step wedge phantom;
- ② Very high contrast generated by the iodate solution: each vessel with the same diameter and iodine concentration presents the same gray level in the final image, independently from the phantom thickness and composition

# Other X-ray optical systems

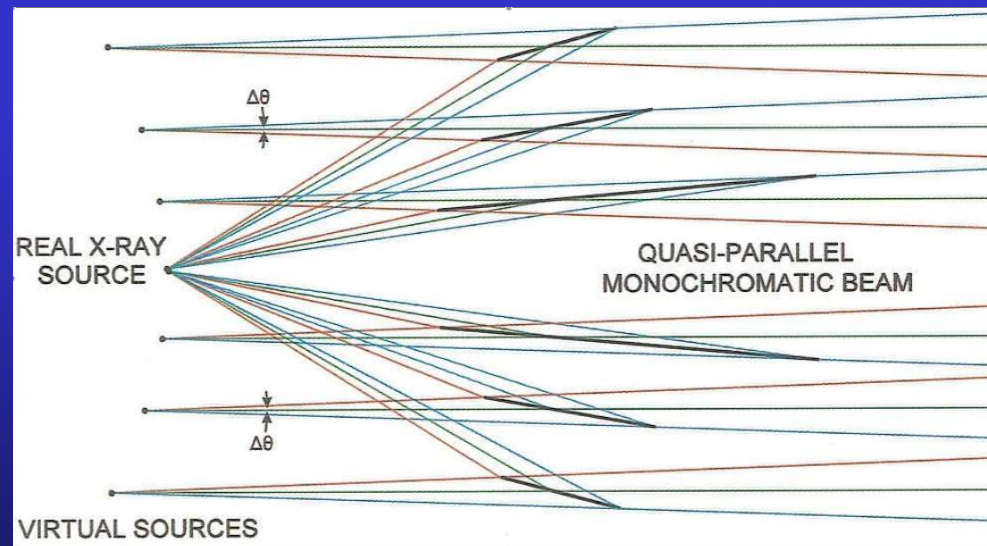
- Grazing Incidence X-ray Optics
- Polycapillary Optics
- Multilayers



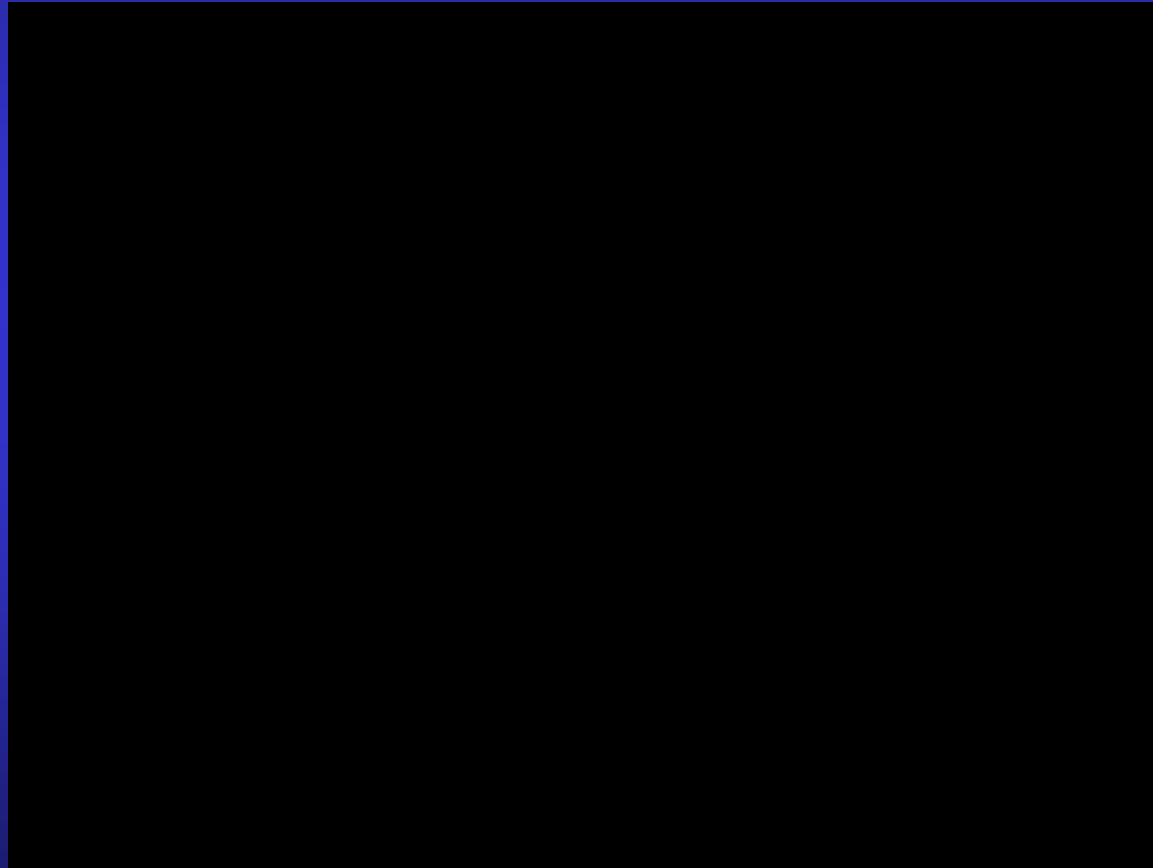
# Grazing Incidence X-ray Optics



# INAF: OAB & OAPA

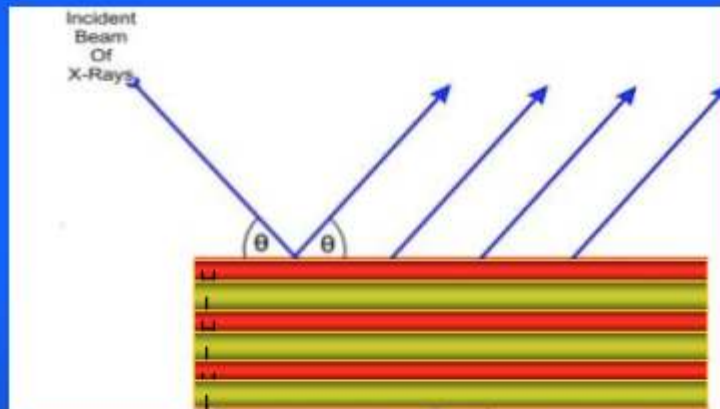


# Polycapillary optics (Kumakhov lenses)

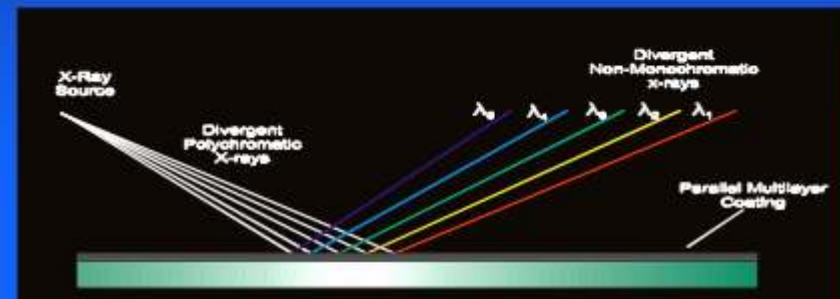




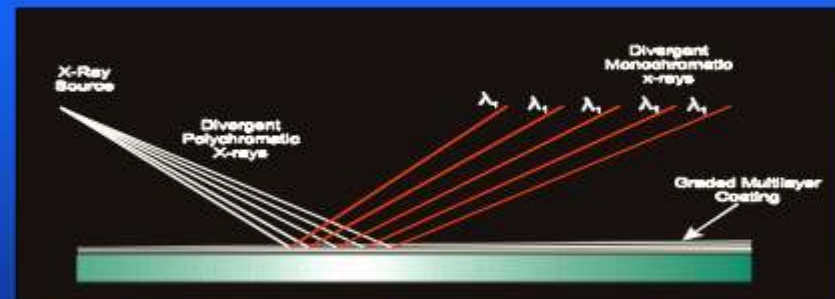
# X-ray Diffraction from Multiple Surfaces of a Multi-Layer Coating



$$\text{Bragg's Law: } n\lambda = 2d \sin \theta$$



Parallel multilayer coating gives polychromatic output.



Graded multilayer coating gives monochromatic output.

# Conclusions

A dichromatic X-ray source could be used in DER for simultaneous acquisition of high and low energy images

A dichromatic X-ray source could be used for k-edge subtraction radiography.

The advantages of quasi-monochromatic X-ray beams can be exploited in every radiological examination especially in mammography