

Quality control for the FDG-PET studies in patients with disorders of consciousness

CSG PET workshop

Jitka ANNEN, PhD
Coma Science Group
GIGA-Consciousness
University Hospital & University of Liège
Contact: Jitka.annen@uliege.be



Data quality checks - PET acquisition

▶ Confounding factors

- Blood sugar / Glycemia
 - › Should be < 120
- Arousal
 - › Patient should be awake
- Least possible stimulation during glucose uptake
 - › Lights off, no stimulation unless sleeping
- Neural inflammation might bias glucose uptake

▶ Should be assured by following a proper protocol! → Estelle



Data quality checks – PET data analysis

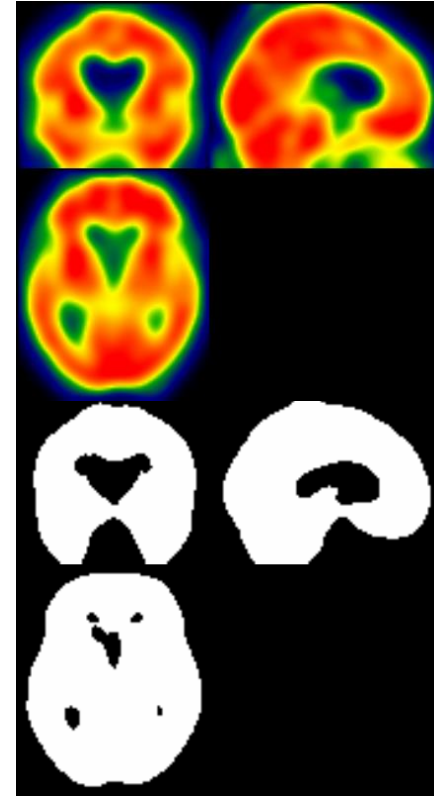
▶ Single subject analysis

- Healthy Control group
 - > Larger is better (>20 subjects)
 - > On the same scanner
- Bad segmentation could bias SPM maps
 - > For single subject analysis it is sometimes unavoidable
 - Will underestimate hypometabolic areas

▶ Group analysis

- Healthy Control group
- Subjects with bad masks/segmentation should be excluded

Raw data

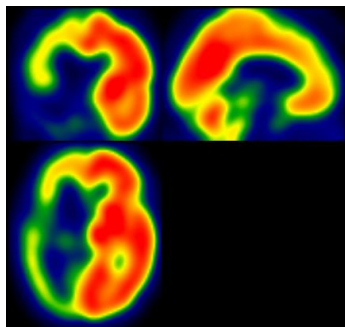


Mask

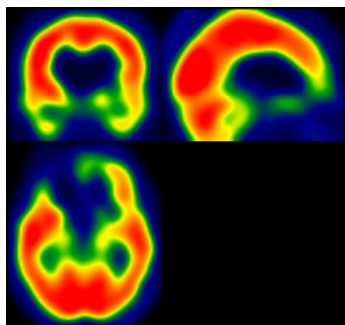


Bad segmentation

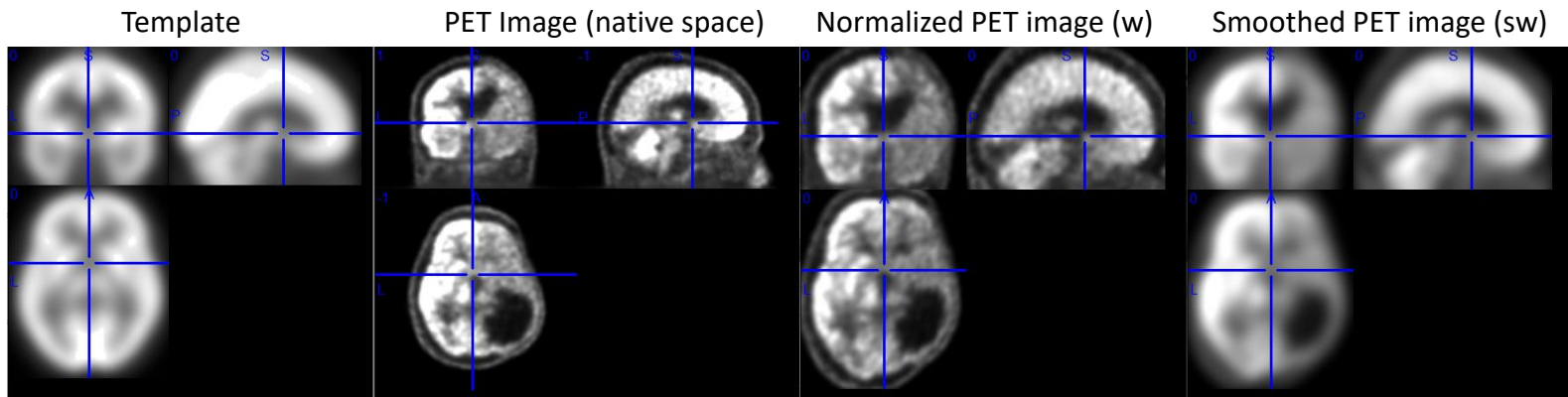
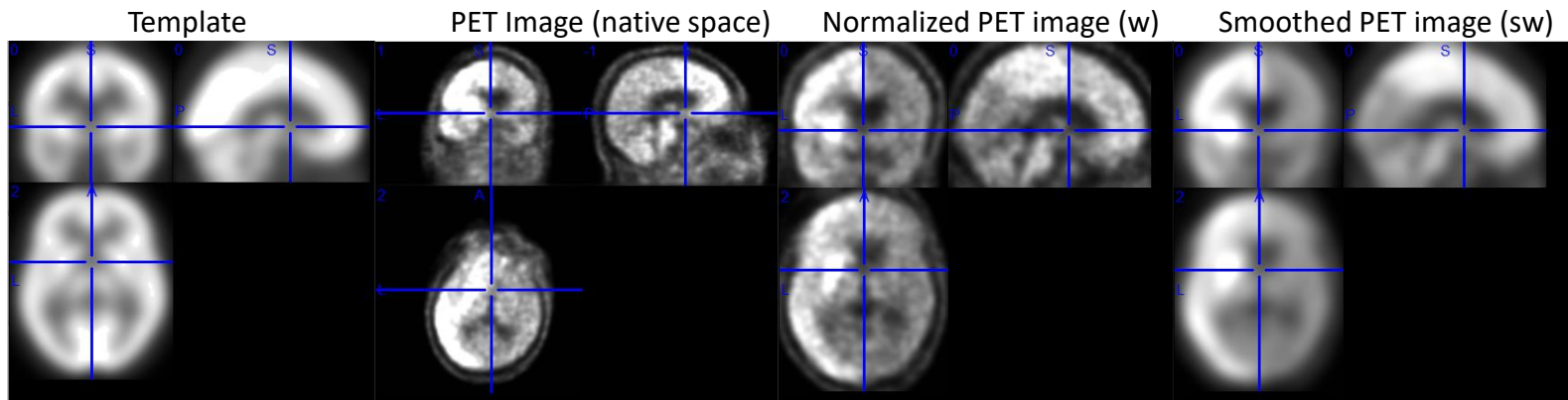
Raw
data



Mask



Bad normalization





Bad normalization





Importance of good segmentation - group analysis

- ▶ After fitting your model evaluate:
 1. Mask image = voxels actually considered
 - > it should look like the brain volume
 2. RPV image = independent "resolution element"
 - > it should be relatively smooth in the brain tissue, except in some specific places, e.g. ventricles or brainstem
 3. the ESS image = unexplained variance in the model
 - > model should fit in the brain

- ▶ Lesion/heterogeneous images negatively affect the GLM, as the model may not be fitting there
 - Leads to: large extent with lots of unexplained signal and inflated smoothness estimates

- ▶ Consult experienced SPM user or developer for help.

Big thanks to Dr. Christophe Phillips & Dr. Mohamed Ali Bahri!

Thank you for your attention.

Questions?

Contact: Jitka.annen@uliege.be