

# **RADIATION PROTECTION OF CHILDREN IN X RAY DIAGNOSTIC**

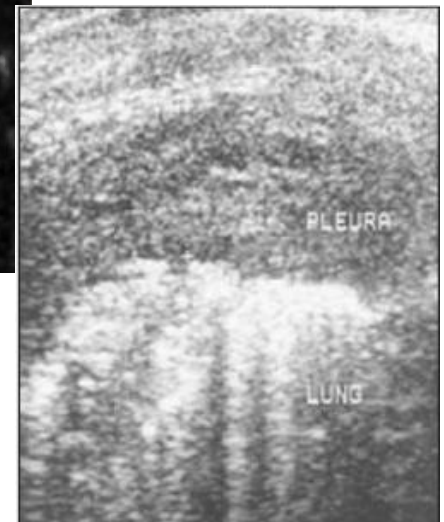
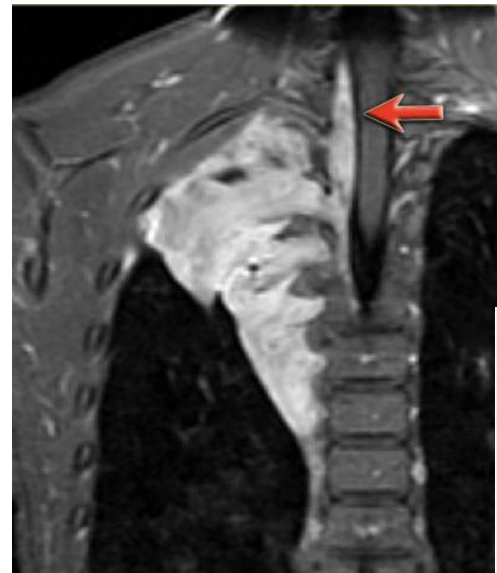
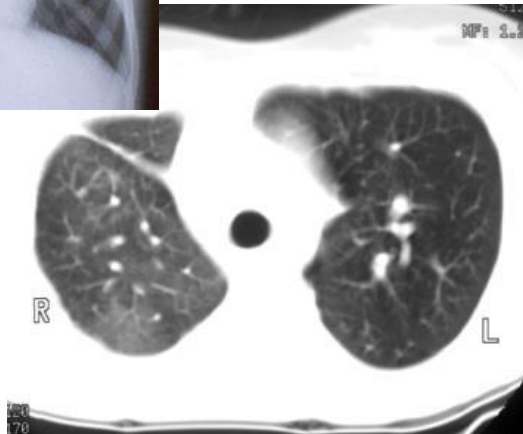


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# Cardiopulmonal pediatric diagnostic methods

- Radiography
- CT
- fistulography

- MR
- Ultrasound



# Origin of ionizing radiation

## X RAY

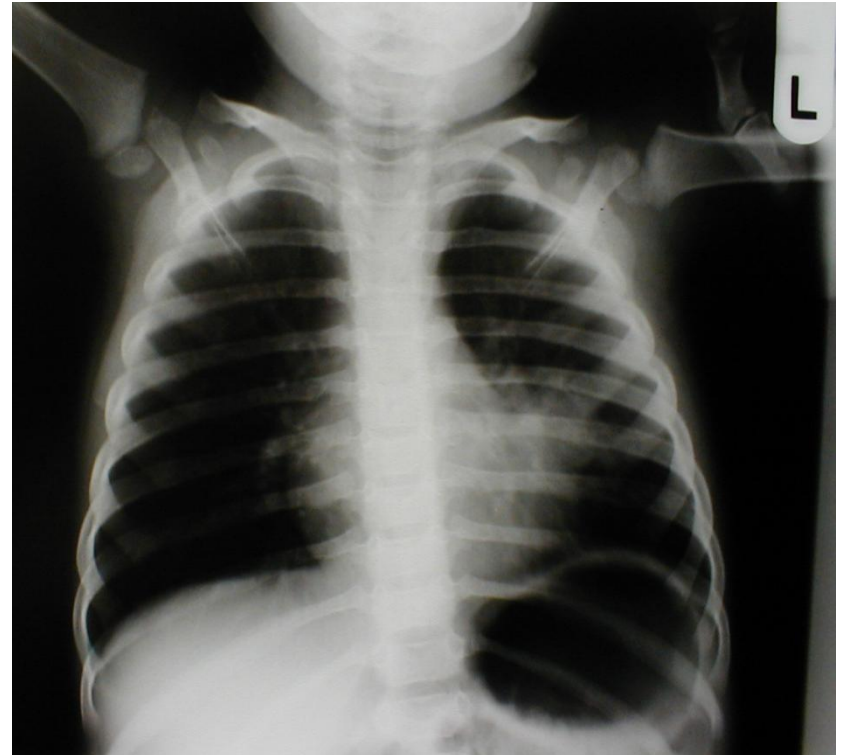
- 90% of exams
- most often respiratory system

## CT

- heart anomalies and mediastinal tumors
- severe lung conditions

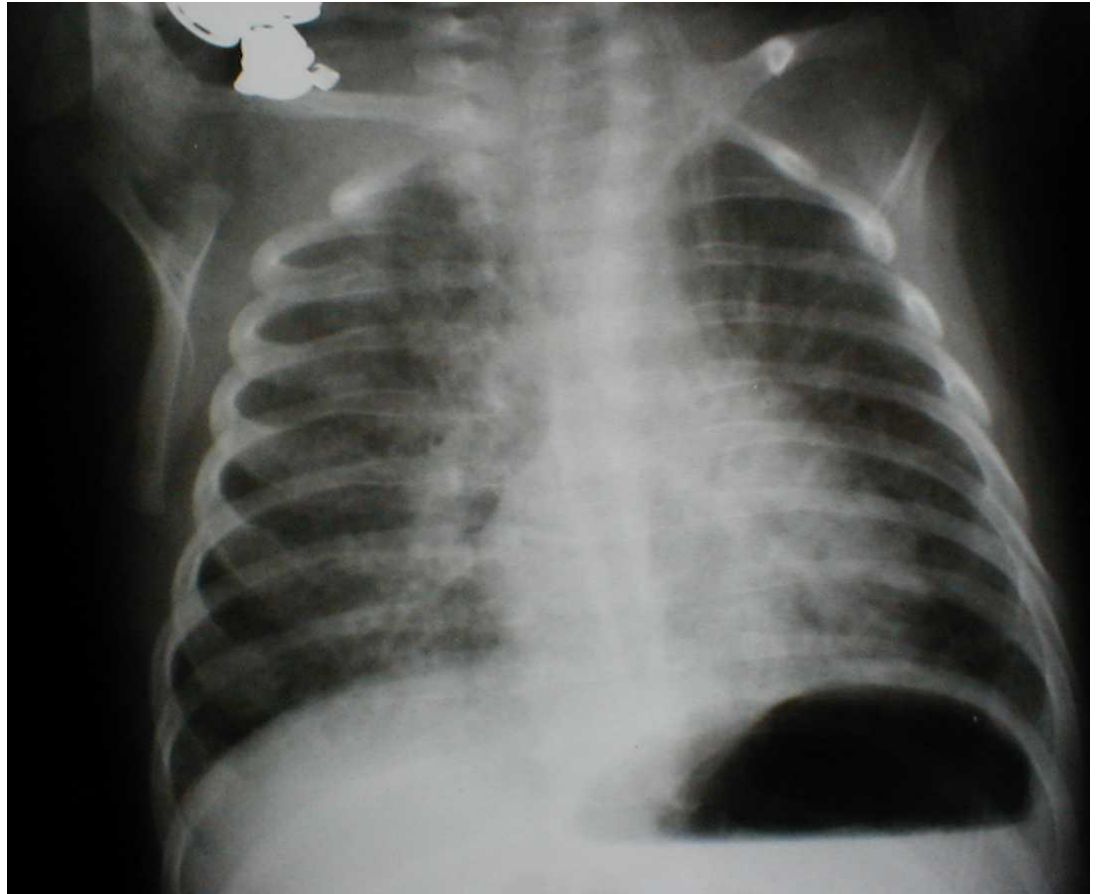
# Radiography – Lungs and Heart

- Respiratory symptoms are the No 1 indication for using ionizing radiation
- 95% of artificial radiation exposure in pediatric population



# What we are looking for?

- TBC
- Foreign body
- Asthma
- Cystic fibrosis
- Bronchiectasis
- Tumors
- Emphysema



# RADIATION PROTECTION

**X-rays** are more effective on cells which have a greater reproductive activity

1906. Bergonie i Tribondeau

The children are very sensitive to radiation



# INDICATION

- Various studies show that patients have been sent to wrong diagnostic procedures in 35%
- The proper indication is the most important radiation protection factor
  - After detailed **physical examination** and **patient history**
  - After indicative **lab tests**

# RADIATION PROTECTION

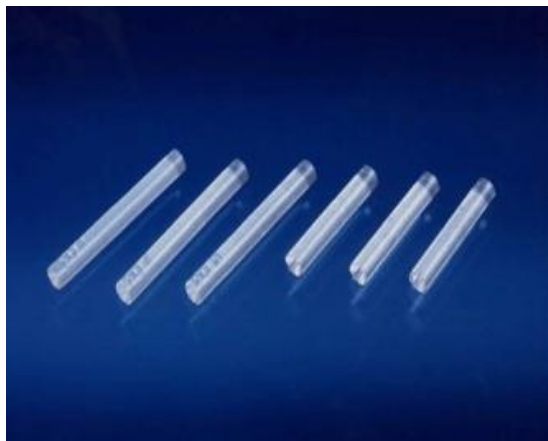
First step of radiation protection is the knowledge of doses.

Dosimetry: TL and RPL dosimeters

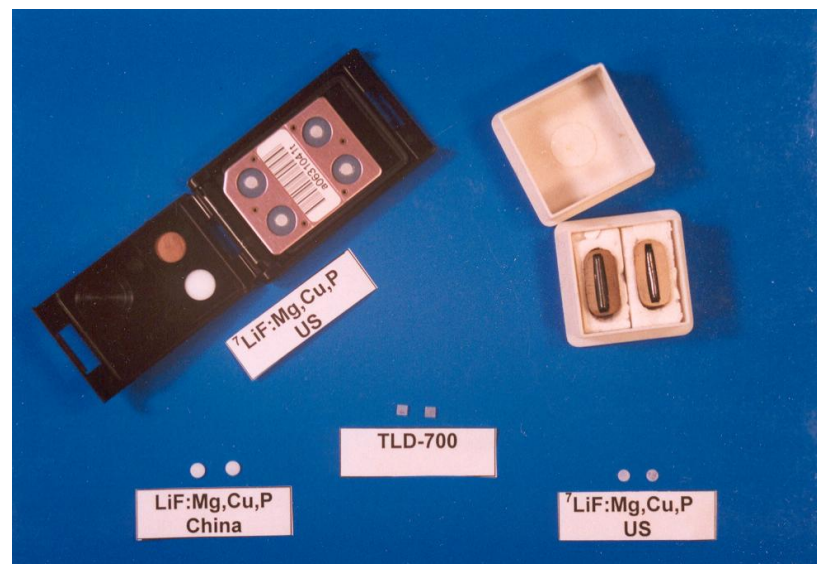


# DOSIMETER SYSTEMS

## RPL



## TLD



Detectors and dosimeters

# SURFACE DOSES AT X-RAY EXAMINATION OF CHEST IN CHILDREN

| Age<br>( <i>year</i> )        | Dose ( <i>mSv</i> ) |         |                  |       |      |       |
|-------------------------------|---------------------|---------|------------------|-------|------|-------|
|                               | Back                | Sternum | Thyroid<br>gland | Axila | Eye  | Gonad |
| 0-3                           | 0.12                | 0.07    | 0.08             | 0.05  | 0.08 | 0.07  |
| 3-6                           | 0.17                | 0.15    | 0.12             | 0.10  | 0.05 | 0.04  |
| 6-9                           | 0.31                | 0.29    | 0.27             | 0.13  | 0.04 | 0.02  |
| 9-12                          | 0.36                | 0.26    | 0.16             | 0.17  | 0.03 | 0.02  |
| >12                           | 0.33                | 0.25    | 0.20             | 0.18  | 0.07 | 0.03  |
| <b>Mean<br/>value</b>         | 0.26                | 0.20    | 0.17             | 0.13  | 0.05 | 0.04  |
| <b>Standard<br/>deviation</b> | 0.11                | 0.09    | 0.07             | 0.05  | 0.02 | 0.02  |

# SURFACE DOSES AT X-RAY EXAMINATION OF CHEST IN CHILDREN

The large standard deviation has been caused by a series of factors:

- the irradiation conditions
- different X-ray equipment
- patient's □ physical characteristics
- work methods etc.

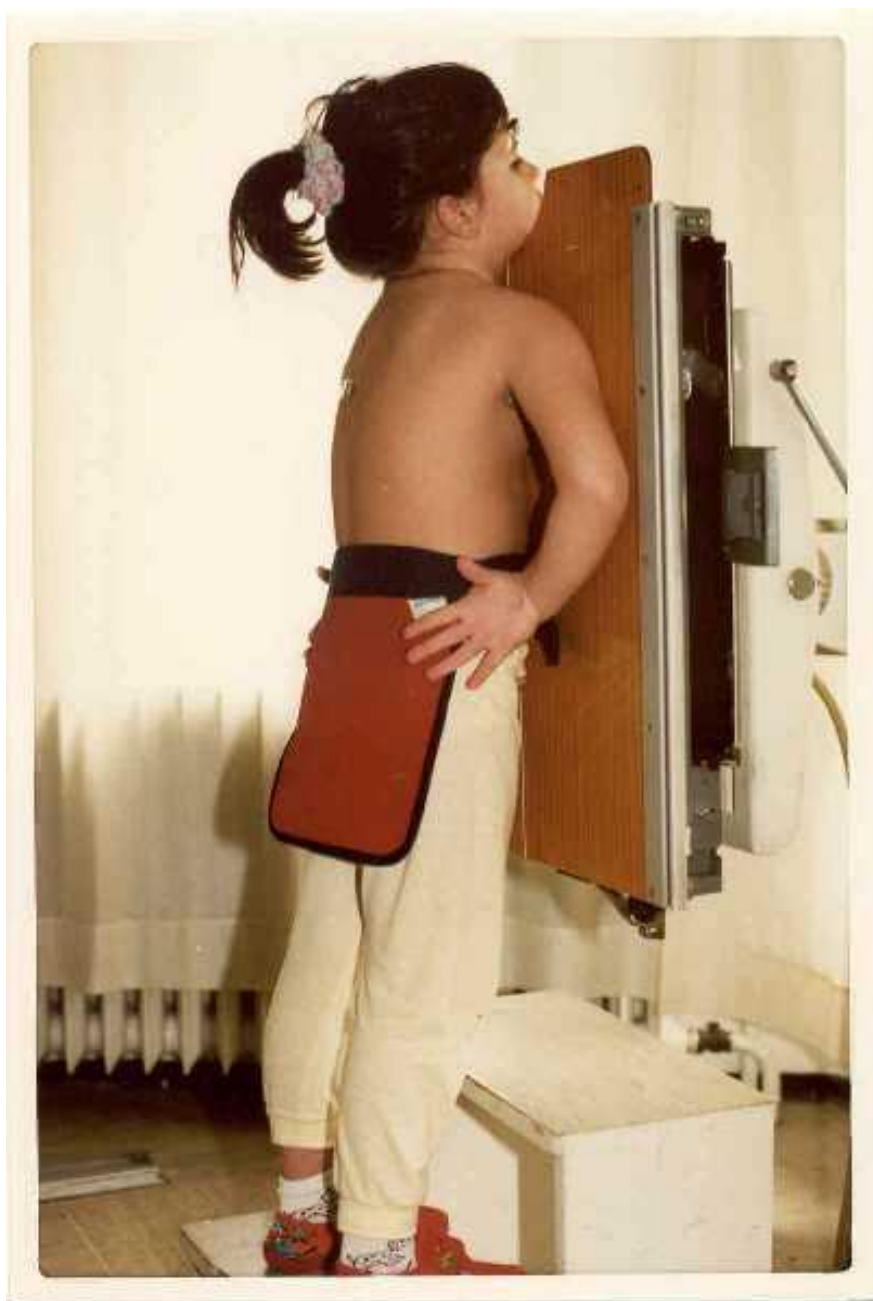
# PROTECTION



# BABY FIX





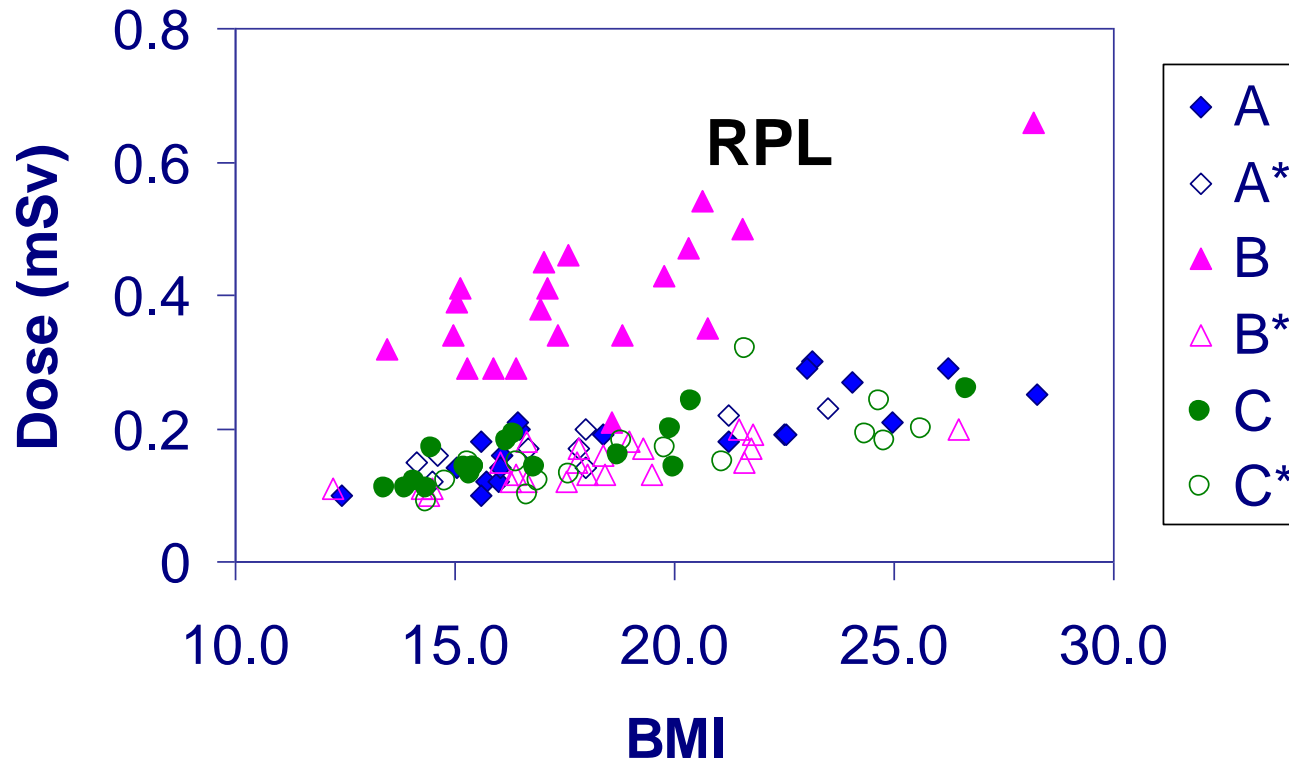


# STAFF

- Proper education
- Continuous education
- Internal quality control



# X-RAY DIAGNOSTIC OF CHEST



Doses measured by RPL on back of children patients during chest diagnostics as a function of BMI by technicians A,B,C

Technician B - Average dose before education: 0.35 mSv ▲  
- Average dose after education: 0.14 mSv △



# SUMMARY

This study on children patients during X-ray diagnostics of chest has showed that:

- Dosimetry measurement in every day X-ray diagnostic is useful to show the possible deficiency in radiation protection measures,
- The dose on patients depends also on the human working method. Adequate education of technicians (in addition of standard radiation protection methods) can improve the radiation protection of patients.
- The proper indication is the most important radiation protection factor.

# Thank you - Köszönöm

