



Bilaga 4

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Nukleärmedicinska metoder som stöd för
diagnosen total hjärninfarkt -
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Bilaga 4 Tabeller, beskrivning av studier

Table 1 Diagnostic accuracy of radionuclide cerebral perfusion scintigraphy with four vessel angiography as reference test.

Author Country Year Reference	Study design Patients	Index test	Reference test	Diagnostic accuracy
Berlit et al Germany 1990+1992 [1,2]	Study design Retrospective case series Number of patients n=9 with a clinical diagnosis of BD Age Range 17 to 30 years Causes of brain injury See Table 2 Confounders Yes	Criteria for BD Not reported Radionuclide ^{99m} Tc HMPAO Imaging technique SPECT	Method Not described Criteria for BD Not described Number and competence of radiologists Not reported	100% agreement between the two methods
Munari et al Italy 2005 [3]	Study design Prospective cross-sectional Number of patients n=20 with a clinical diagnosis of BD Age Mean age: 43.3 years (range 21–78 years) Causes of brain injury Head injury: n=7 Subarachnoid hemorrhage: n=7 Brain tumour: n=2 Stroke: n=2 Other: n=2	Criteria for BD Empty skull Radionuclide ^{99m} Tc HMPAO Imaging technique SPECT	Method Femoral catheterization and selective injection of iodinated contrast medium into the common carotid artery and vertebral artery of each side Criteria for BD Absent filling of the intracranial arteries at the entry into the skull and minimal arterial opacification with absent parenchymal and venous phases Number and competence of radiologists A specialist in neuroradiology	100% agreement between the two methods (BD for 19/20; flow for 1/20)

	Confounders Yes, all had been sedated			
Schwartz et al USA 1983+1984 [4,5]	Study design Case series Number of patients n=15 with clinical signs of BD Age n=6 children: 1,2 to 12 years (n=2 infants <2 years) n=9 adults: 19 to 60 years Causes of coma Head trauma: n=4 Anoxia: n=2 Meningitis: n=1 Brain abscess: n=1 Reye's syndrome: n=1 Confounders Barbiturates	Criteria for BD Absence of both direct arterial flow and by absence of activity within the sagittal sinus Radio nuclide ^{99m} Tc pertechnetate Imaging technique Portable gamma camera; dynamic and static images	Criteria for BD In cases of extracranial occlusion of the vertebral and carotid arteries, no contrast material (no flow) is identified within the intracranial vault or contrast material enters the cranium but flow stops at the level of the circle of Willis and vascular stasis occurs Number and competence of radiologists Not reported	100% agreement between the methods
Wieler et al Germany 1993 [6]	Study design Retrospective cross-sectional Number of patients n=16 with suspected BD Age Adults, range 19–69 years Causes of brain injury Head injury: n=6 Near drowning: n=1 Subdural hematoma: n=2	Criteria for BD No uptake of in cerebrum and cerebellum Radio nuclide ^{99m} Tc HMPAO Imaging technique SPECT	Criteria for BD Not described Number and competence of clinicians Not described	100% agreement between the two methods (No flow for 15/16 patients and flow for 1/16 patients)

	Other: n=7			
	Confounders Free of analgesics, barbiturates and muscle relaxants for 24 hours			

BD = Brain death; **SPECT** = Single photon emission computed tomography; ^{99m}Tc **HMPAO** = Technetium-99m hexamethylpropyleneamine oxime;
^{99m}Tc **pertechnate** = Technetium-99m-pertechnate

Table 2 Diagnostic accuracy of radionuclide cerebral perfusion scintigraphy with clinical diagnosis of brain death as reference test.

Author Country Year Reference	Study design Patients	Index test	Reference test	Diagnostic accuracy
Al-Shammri et al Kuwait 2004 [7]	<p>Study design Prospective case series</p> <p>Number of patients n=28 with suspected BD</p> <p>Age Mean 30 years (range 17 to 63 years)</p> <p>Cause of coma Head trauma: n=10 ICH: n=10 Anoxic encephalopathy: n=3 Ischemic stroke: n=3 Others: n=2</p> <p>Confounders Not reported</p>	<p>Criteria for BD Absent flow on the dynamic study, non-visualization of sagittal sinus, no uptake of the radiotracer within the brain regions on planar and SPECT</p> <p>Radionuclide ^{99m}Tc HMPAO</p> <p>Imaging technique Dynamic, planar static and SPECT</p>	<p>Criteria for BD Standard clinical criteria performed twice at an interval of 24 hours</p> <p>Number and competence of examiners Not reported</p>	Confirmed BD in all patients. One patient had infratentorial perfusion in the first test that disappeared in a second test 24 hours later.
Berlit et al Germany 1990+1992 [1,2]	<p>Study design Retrospective case series</p> <p>Number of patients n=27 with a clinical diagnosis of BD</p> <p>Age Mean 31 years (range 1,5 to 67 years)</p> <p>Causes of brain injury Head trauma: n=18 ICH: n=5</p>	<p>Criteria for BD Not reported</p> <p>Radionuclide ^{99m}Tc HMPAO</p> <p>Imaging technique SPECT</p>	<p>Criteria for BD German Guidelines 1986. Brain-stem areflexia, apnea test, EEG and evoked potentials. Examination repeated after 12 hours – 3 days depending on age</p> <p>Number and competence of examiners Not reported</p>	<p>No flow: 25/27 patients</p> <p>Discrete cortical rest perfusion: n=2. Died in cardiac arrest before repeat test</p>

	Others: n=4 Confounders Yes			
Erbengi et al Turkey 1991 [8]	Study design Prospective Number of patients n=19 underwent RN Age 12–61 years Causes of brain injury Brain tumour: n=11 Head trauma: n=2 SAH: n=5 ICH: n=1 Confounders No	Criteria for BD Absence of uptake Radionuclide ^{99m} Tc HMPAO Imaging technique SPECT Number and competence of examiners Not reported	Criteria for BD Complete unresponsiveness, fixed and dilated pupils, absence of brain stem reflexes, apnea Observation time at least 12 hours Number and competence of examiners Not reported but the study was conducted at the department of Neurosurgery	17/19 had no uptake; 1 patient had irregular uptake and one had cerebellar uptake
Facco et al Italy 1998 [9]	Study design Prospective Number of patients n=50 BD: n=38 Deeply comatose: n=12 Age Range 10 days to 75 years Causes of brain injury Head injury: n=28 ICH: n=10 Anoxia: n=5	Criteria for BD Empty skull Radionuclide ^{99m} Tc HMPAO Imaging technique SPECT with four-headed gamma camera	Criteria for BD According to Italian law: Absence of brainstem reflexes and oculovestibular responses; absence of motor responses to painful stimuli; absence of oropharyngeal and respiratory reflexes, apnea, flat EEG. Observation lasting 6 hours for adults, 12 hours for children <5 years, 24 hours for infants <1 year; confirmatory test for confounders and infants <1 year	BD with confounders: 15/21 at first measurement BD without confounders: 11/17 at first measurement 12/12 deeply comatose patients had brain perfusion; 9 progressed to BD which was also shown by SPECT. 3 survived and had perfusion

	Brain tumours: n=4 Others: n=3 Confounders For n=21 patients with BD		Number and competence of examiners Not reported	For two children (10 days, 12 months) residual perfusion persisted, and the children died from cardiac arrest a few days later
Kahveci et al Turkey 2002 [10]	Study design Prospective Number of patients n=15 with spinal automation after BD Age Mean 24 years (range 1,5 to 48 years) Causes of brain injury Head trauma: n=5 SAH: n=3 ICH: n=4 SH: n=2 CO-poisoning: n=1 Confounders No	Criteria for BD Empty skull, i.e. no uptake in cerebrum, cerebellum and brainstem Radionuclide ^{99m} Tc HMPAO Imaging technique SPECT Number and competence of examiners Visual analysis with consensus of two examiners	Criteria for BD Coma with cerebral unresponsiveness, absence of corneal reflexes, light-fixed mydriatic pupils, absence of oculovestibular reflexes, apnea, electro-cerebral silence on an EEG or no filling of cerebral vessel on a four-vessel angiogram Number and competence of examiners Not reported	Empty skull for all patients
Kraft et al Czech Republic 2006 [11]	Study design Unclear, case series Number of patients n=34 with suspected BD Age Mean: 37.6 years (range 3–65 years) Causes of brain injury CH: n=8 Cranial injury: n=14 SAH: n=2	Criteria for BD Empty skull Radionuclide ^{99m} Tc HMPAO Imaging technique Gamma camera, dynamic and static images Number and competence of examiners	Criteria for BD Not clearly described Number and competence of examiners Not reported	Empty skull for all patients

	Others: n=10 Confounders Unclear	Physicians with nuclear medicine attestation		
Laurin et al Canada 1989 [12]	Study design Retrospective case series Number of patients n=33, with suspected brain death or severe CNS injury Age 1–73 years Causes of brain injury Not reported Confounders Not excluded	Criteria for BD No uptake in cerebrum and cerebellum; activity in the sagittal or transverse sinus was not used Radionuclide ^{99m} Tc HMPAO Imaging technique Gamma camera; planar images Number and competence of examiners Not reported	Criteria for BD According to American and Canadian guidelines Number and competence of examiners Not reported	Not clinically brain-dead: perfusion for 9/9 Brain-dead without confounders: perfusion for 1/17 Suspected brain-dead with confounders: perfusion for 2/10 patients; one disappeared after 18 hours.
Moya Sanchez et al Spain 2018 [13]	Study design Prospective case series Number of patients n=56 with clinical BD Age Median 60 years (IQR 51–72) Causes of brain injury Hemorrhagic stroke: n=27 Ischemic stroke: n=6 TBI: n=17 Post-cardiac arrest anoxic encephalopathy: n=4 Confounders No	Criteria for BD Empty skull Radionuclide ^{99m} Tc HMPAO Imaging technique Portable gamma camera Number and competence of examiners Not reported	Criteria for BD According to Spanish law Number and competence of examiners Not reported	BD was confirmed in all cases

Okuyaz et al Turkey 2004 [14]	<p>Study design Retrospective case series</p> <p>Number of patients n=8 that fulfilled the basic criteria of BD</p> <p>Age 7 days: n=2 2–8 years: n=6</p> <p>Causes of brain injury Traffic accident: n=2 After cardiac surgery: n=2 Head trauma: n=1 CNS infection: n=1 ICH: n=1 Hypoxic ischemic encephalopathy: n=1</p> <p>Confounders None</p>	<p>Criteria for BD “Empty skull”</p> <p>Radionuclide ^{99m}Tc HMPAO</p> <p>Imaging technique SPECT</p> <p>Number and competence of examiners Not reported</p>	<p>Criteria for BD According to American pediatric guidelines (included EEG)</p> <p>Declaration of BD Patients were observed for at least 24 hours after SPECT and two consecutive clinical examinations were made before declaration of BD, 24 hours in between for neonates and 12–24 hours for older children</p> <p>Number and competence of examiners Not reported</p>	<p>Neonates: flow in first SPECT, empty skull in second SPECT</p> <p>Older children: empty skull in first SPECT</p>
Schlake et al Germany 1992 [15]	<p>Study design Prospective case series</p> <p>Number of patients n=17 with suspected brain death</p> <p>Age Range 17 to 78 years</p> <p>Causes of brain injury CH: n=6 CI: n=4 Others: n=7</p> <p>Confounders No</p>	<p>Criteria for BD Not described</p> <p>Radio nuclide ^{99m}Tc HMPAO</p> <p>Imaging technique Gamma camera; planar images</p> <p>Number and competence of interpreter One neurosurgeon</p>	<p>Criteria for BD German Guidelines</p> <p>Number and competence of examiners Not described</p>	<p>BD was confirmed in n=6/17 patients; perfusion in one patient with brain stem death (who still had normal EEG)</p>

Schwartz et al USA 1983 [4]	<p>Study design Prospective case series</p> <p>Number of patients n=15 with clinical signs of BD</p> <p>Age 1,2 to 60 years (two children below 2 years)</p> <p>Causes of coma Head trauma: n=8 Gunshot in the head: n=2 CNS hemorrhage: n=2 Meningitis: n=1</p> <p>Confounders Barbiturates</p>	<p>Criteria for BD Absence of both direct arterial flow and by absence of activity with the sagittal sinus.</p> <p>Radionuclide ^{99m}Tc pertechnate</p> <p>Imaging technique Portable gamma camera; dynamic and static images</p>	<p>Criteria for BD Unresponsivity and unreceptivity, absent cephalic reflexes, apnea</p> <p>Number and competence of examiners Not reported</p>	Confirmed BD in all patients
Singh et al Canada 1994 [16]	<p>Study design Retrospective case series, all children that underwent an HMPAO scan</p> <p>Number of patients n=39; n=17 were clinically brain dead</p> <p>Age <1 month: n=9 1 month – 17 years: 30</p> <p>Causes of brain injury Trauma: n=11 Anoxia/asphyxia: n=19 Meningitis: n=3 Encephalopathy: n=2 Others: n=4</p> <p>Confounders</p>	<p>Criteria for BD Not described</p> <p>Radionuclide ^{99m}Tc HMPAO</p> <p>Imaging technique Gamma camera. Anterior flow, planar images, and tomographic images if the patient's condition permitted it.</p>	<p>Criteria for BD Irreversible of all function of the entire brain, including the brain stem. Repeated examinations between 6 and 48 hours</p> <p>Number and competence of examiners One pediatric intensivist and one pediatric neurologist</p>	<p>Clinical BD with flow: 4/17</p> <p>Clinical BD with flow at repeat scan after 72 hours: 2/9</p> <p>Clinical BD due to anoxia/asphyxia with flow: 6/11</p> <p>No survivor had a clinical diagnosis of BD or absence of flow on HMPAO-scan</p>

	Excluded			
Sürücü et al Turkey 2014 [17]	<p>Study design Retrospective case series (all patients 2006–2011)</p> <p>Number of patients n=24 with suspected BD</p> <p>Age Mean age: 49.5 years (range 8–76)</p> <p>Causes of brain injury Not reported</p> <p>Confounders No</p>	<p>Criteria for BD Empty skull</p> <p>Radionuclide ^{99m}Tc HMPAO or ^{99m}Tc DTPA</p> <p>Imaging technique Double headed gamma camera, static and dynamic images</p> <p>Number and competence of interpreters Two nuclear medicine experts</p>	<p>Criteria for BD Coma, absence of brain stem reflexes and apnea</p> <p>Number and competence of examiners Not reported</p>	BD was confirmed in 23/24 patients; patient 24 with suspicious findings died 24 hours after the scintigraphy

BD = Brain death; **CH** = Cerebral hemorrhage; **CNS** = central nervous system; **CI** = Cerebral ischemia; **CNS** = Central nervous system; **EEG** = Electroencephalogram; **ICH** = Intracerebral hemorrhage; **IQR** = Interquartile range; **RN SAH** = Subarachnoid hemorrhage; **SH** = Subdural hematoma; **SPECT** = Single photon emission computed tomography; **TBI** = Traumatic brain injury; ^{99m}**Tc DTPA** = Technetium-99m-diethylene-triamine-pentaacetate; ^{99m}**Tc HMPAO** = Technetium-99m hexamethylpropyleneamine oxime

References

1. Berlit P, Wetzel E. [HM-PAO cerebral blood flow scintigraphy in the manifestation stage of brain death]. *Nervenarzt* 1992;63:101-4.
2. Berlit P, Wetzel E, Bethke U, Pohlmann-Eden B. HM-PAO-SPECT in the diagnosis of brain death. *Wien Med Wochenschr* 1990;140:571-4.
3. Munari M, Zucchetta P, Carollo C, Gallo F, De Nardin M, Marzola MC, et al. Confirmatory tests in the diagnosis of brain death: comparison between SPECT and contrast angiography. *Crit Care Med* 2005;33:2068-73.
4. Schwartz JA, Baxter J, Brill D, Burns JR. Radionuclide cerebral imaging confirming brain death. *JAMA* 1983;249:246-7.
5. Schwartz JA, Baxter J, Brill DR. Diagnosis of brain death in children by radionuclide cerebral imaging. *Pediatrics* 1984;73:14-8.
6. Wieler H, Marohl K, Kaiser KP, Klawki P, Frossler H. Tc-99m HMPAO cerebral scintigraphy. A reliable, noninvasive method for determination of brain death. *Clin Nucl Med* 1993;18:104-9.
7. Al-Shammri S, Al-Feeli M. Confirmation of brain death using brain radionuclide perfusion imaging technique. *Med Princ Pract* 2004;13:267-72.
8. Erbeni A, Erbeni G, Cataltepe O, Topcu M, Erbas B, Aras T. Brain death: determination with brain stem evoked potentials and radionuclide isotope studies. *Acta Neurochir (Wien)* 1991;112:118-25.
9. Facco E, Zucchetta P, Munari M, Baratto F, Behr AU, Gregianin M, et al. 99mTc-HMPAO SPECT in the diagnosis of brain death. *Intensive Care Med* 1998;24:911-7.
10. Kahveci F, Bekar A, Tamgac F. Tc-99 HMPAO cerebral SPECT imaging in brain death patients with complex spinal automatism. *Ulus Travma Derg* 2002;8:198-201.
11. Kraft O, Samlik J, Chmelova J. The diagnosis of brain death--own experience. *Nucl Med Rev Cent East Eur* 2006;9:132-7.
12. Laurin NR, Driedger AA, Hurwitz GA, Mattar AG, Powe JE, Chamberlain MJ, et al. Cerebral perfusion imaging with technetium-99m HM-PAO in brain death and severe central nervous system injury. *J Nucl Med* 1989;30:1627-35.
13. Moya Sanchez J, Royo-Villanova Reparaz M, Andreu Ruiz A, Ros Argente Del Castillo T, Sanchez Camara S, de Gea Garcia JH, et al. Portable gamma-camera for the diagnosis of brain death diagnosis. *Med Intensiva* 2018;27:27.
14. Okuyaz C, Gucuyener K, Karabacak NI, Aydin K, Serdaroglu A, Cingi E. Tc-99m-HMPAO SPECT in the diagnosis of brain death in children. *Pediatr Int* 2004;46:711-4.
15. Schlake HP, Bottger IG, Grottemeyer KH, Husstedt IW, Brandau W, Schober O. Determination of cerebral perfusion by means of planar brain scintigraphy and 99mTc-HMPAO in brain death, persistent vegetative state and severe coma. *Intensive Care Med* 1992;18:76-81.

16. Singh NC, Reid RH, Loft JA, Frewen TC, Parker BL, Dhillon JS. Usefulness of (Tc 99m) HM-PAO scan in supporting clinical brain death in children: uncoupling flow and function. Clin Intensive Care 1994;5:71-4.
17. Sürücü E, Aslan M, Demir Y, Durak H. Brain scintigraphy in brain death: The experience of nuclear medicine department in dokuz eylul university, school of medicine. East J Med 2014;19:66-70.