

Hybrid SPECT-CT greatly improves localization of gastrointestinal bleeding

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Prompt and accurate localization of the site of bleeding is critical for the management of patients with acute GI bleeding. Planar 99mTc-labeled RBC scintigraphy is sensitive for detection of acute gastrointestinal (GI) bleeding but its accuracy for localization of a bleeding source is arguable, particularly in patients with complex GI anatomy from prior surgeries.

Researchers at the Cleveland Clinic reviewed cases of GI [bleeding](#) in patients who had a concurrent hybrid SPECT–CT for evaluating equivocal 99mTc-labeled RBC activity on planar [scintigraphy](#). Of those [patients](#) whose GI bleeding (as opposed to abdominal RBC activity due to other causes) was confirmed, SPECT–CT was 100 percent accurate in identifying the location of the bleeding.

"Judicious utilization of hybrid SPECT–CT for localization of the site of GI bleeding has the potential to improve clinical care by eliminating the ambiguities of planar scintigraphy," said researcher Ajit Goenka. "Based on the performance of SPECT–CT in this study, we are [working] to make it a routine practice at our institution."

More information: Dr. Goenka and his colleagues will present the study on May 8 at the 2014 ARRS Annual Meeting in San Diego, CA.

Provided by American Roentgen Ray Society

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