

## PROTOCOL FOR CT SCAN OF CHEST WHEN EVALUATING FOR PECTUS EXCAVATUM

**Important:** The **CT MUST** be done on complete **EXPIRATION**. If this is not done correctly, the Haller index will be **FALSELY** low.

CT scan of chest ordered **without contrast**

CT scan done:

Small child – 4mm thick, 4mm spiral sections

Large child – 8mm thick, 8mm spiral sections

CT scan done starting at thoracic inlet through bony thorax, arms overhead

CT scan starts with AP and lateral scout and film run to include:

Soft tissue windows

Bone windows

Lung windows

When dictated, impression should include, but not limited to:

- ▶ Haller index and from what image measurement was taken. Haller index is the transverse (coronal) measurement divided by the AP (sagittal) measurement at its deepest point. Measurements greater than 3.2 are considered severe.
- ▶ Symmetry
- ▶ Rotation/non-rotation of sternum and the degree of rotation
- ▶ Cardiac impressions should include but not limited to the presence of the following:
  - Compression
  - Displacement
  - Distortion of shape
- ▶ Pulmonary impressions should include but not limited to:
  - Compression
  - Presence of atelectasis
  - Distortion of shape
  - Skeletal (rib or vertebral) anomalies
- ▶ Other organ involvement or skeletal defects that the pectus deformity may have an effect upon must also be noted.

**PLEASE SEND THE CT FILMS (OR CD OF CT) AND PATIENT FORM ALONG WITH RADIOLOGIST INTERPRETATION TO:**

**BIOMET MICROFIXATION**

**ATTN: RAPID RESPONSE DEPARTMENT**

**1520 TRADEPORT DRIVE • JACKSONVILLE, FL 32218 • 904.741.4400**