

Hepatobiliary excretion of ^{99m}Tc -EC: A potential source of mistake in the interpretation of renal scintigraphy

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ABSTRACT

A 10-year-old boy with a history of bloody discoloration of urine following recent appendectomy was referred to our department for urinary leakage/fistula evaluation. A renal Technetium-99m-L,L-ethylenedicysteine (^{99m}Tc -EC) scintigraphy was performed. After injection of radiotracer, a focus of activity appeared in the supralateral part of the right kidney which was confirmed as accumulation of radiotracer in the gall bladder by SPECT and delayed images. Although it is stated that the biliary excretion of ^{99m}Tc -EC is negligible, in some cases it could be prominent and potential source of misinterpretation.

Key words: ^{99m}Tc -EC; Renal scintigraphy; Hepatobiliary excretion; SPECT

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CASE REPORT

A 10-year old boy presented with gross bloody discoloration of the urine and stool as described by himself and his mother. Serum creatinine and blood urea nitrogen level were within the normal limits. The patient had a history of appendectomy 2 months before this presentation. Although occult blood test and urinalysis were negative for evidence of blood, the patient was further evaluated by colonoscopy and ^{99m}Tc-red blood cell (RBC) scintigraphy which were negative as well. Due to continuation of the patient's complaint during hospital admission, he was referred for cystoscopy and renal scintigraphy to evaluate the possibility of traumatized urinary tract and fistula. Technetium-99m-L,L-ethylenedicysteine (^{99m}Tc-EC) renal imaging was performed (Figures 1 and 2). Immediately after intravenous injection of 15 mCi ^{99m}Tc-EC, dynamic perfusion (2 second/frame) and

function (1 minutes/frame) images were obtained in the anterior and posterior projections. After 25th minute of the study, a focus of activity appeared in the supralateral aspect of the right kidney in anterior projections (Figure 1B) which was confirmed as the accumulation of the radiotracer in the gall bladder by single-photon computed tomography (SPECT) (Figure 2A). Delayed 12-hour images also revealed clear evidence of accumulation of activity in the proximal colon, indicating excretion of radiotracer through the biliary system into the gastrointestinal tract. This case was further followed up and finally diagnosed as malingering in view of negative results in all work-ups. Although biliary excretion of ^{99m}Tc-EC is reported to be negligible, in some cases as ours, could be prominent enough to be misinterpreted as an abnormal collection.

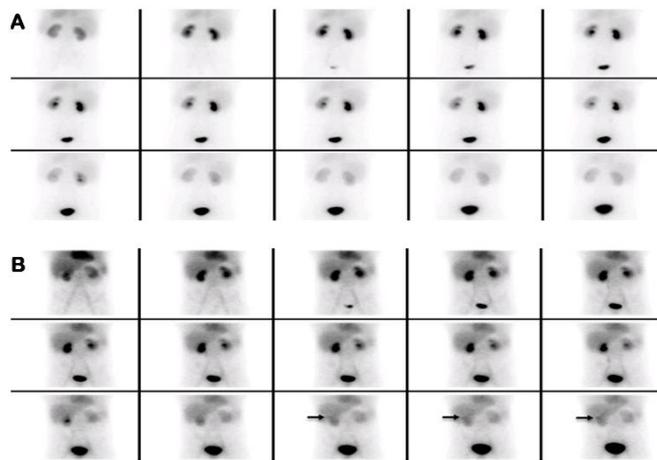


Fig 1. Dynamic images of ^{99m}Tc-EC renal scintigraphy in posterior (A) and anterior (B) projections in a 10 year old boy with a history of gross hematuria. The scan reveals a focus of activity appearing from minute 25 in the supralateral part of the right kidney only seen in the anterior projections (B).

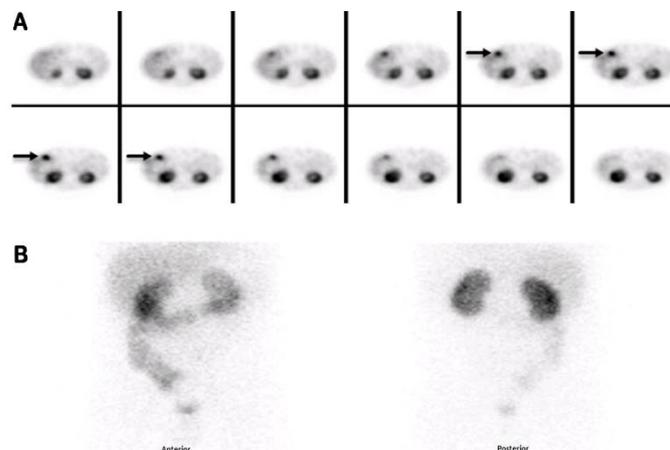


Fig 2. Single-photon emission computed tomography (SPECT) 40 minutes after the injection of radiotracer also shows a zone of accumulation of activity which is apart from the right kidney and is located in the anterior part of the right upper quadrant of the abdomen corresponding to the site of gallbladder (A). Delayed 12 hour static images showed prominent colon activity and confirmed the considerable entrance of activity into the gastrointestinal tract (B) which could be potentially mistaken for the presence of urinary leak or fistula.

DISCUSSION

As compared to other tubular radiotracers, ^{99m}Tc-MAG₃ is known to have about 10% potential biliary excretion, which can potentially mimic urinary leakage [1, 2]. Thus, most studies have suggested that ^{99m}Tc-EC is a better alternative for evaluation of urinary leakage due to lower biliary excretion even in patients with chronic renal failure [3, 6].

Although some animal studies have demonstrated significant hepatic clearance of ^{99m}Tc-EC, especially in pigs [7], most human studies revealed low extra-renal clearance of ^{99m}Tc-EC [8]. Even in anuric patients, ^{99m}Tc-EC showed lower extra-renal clearance as compared to ¹³¹I-ortho-iodohippurate with image quality comparable to ^{99m}Tc-MAG₃ [6, 8].

Zakko et al. found a 0.4% incidence of gall bladder visualization in ^{99m}Tc-EC renal scintigraphy [9]. Similar to ^{99m}Tc-MAG₃, impaired renal function, kit impurities, erroneous kit preparation or drug interaction may lead to higher hepatic clearance of ^{99m}Tc-EC [10, 11]. However, our case had no evidence of renal dysfunction with negative history of any interfering medication. In addition, no kit impurity is suspected, while quality control results were acceptable.

Though it has not been clearly determined, the presence of different isomers of ^{99m}Tc-EC in the kit or interaction with some drugs may be the most responsible cause for gallbladder visualization in some patients [12].

Generally, the possibility of biliary excretion of ^{99m}Tc-EC, despite its rarity, should be considered during interpretation of the scans, especially when urinary leakage or fistula are suspected [11]. In these situations, origin of intestinal activity (biliary/urinary) should be interpreted, cautiously. As shown in **Figure 2B**, SPECT images can contribute to localization of the gall bladder; we suggest an early SPECT or SPECT/computed tomography (CT) in patients suspicious for urinary leakage [10, 13]. Mechanism of prominent biliary excretion of ^{99m}Tc-EC requires further evaluations.

CONCLUSION

Although it is stated that the biliary excretion of ^{99m}Tc-EC is negligible, in some cases it could be prominent and potential source of misinterpretation.

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