

Review of the benefit of Radiotracer in Bone Metastases

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Abstract:

Introduction:

The early detection of the skeletal metastasis is very important and necessary for the optimal treatment and accurate staging of the stage of cancer. Wilms tumor is considered as the second most common pediatric solid tumor and is found to be one of the most common renal tumour found in the infants and young children (Uslu et al, 2015). The role of imaging is one of the primary ways to evaluate plan the intervention for a metastatic disease. The majority of the renal tumours arises from the mesodermal precursors of the renal parenchyma, which are also known as metaphors and are responsible for the cause of at least 90 % of the paediatric renal tumours.

Purpose:

Skeletal scintigraphy (Davila, Antoniou and Chaudhry, 2015) assists in diagnosing and testing a range of skeleton diseases and disorders using tiny amounts of radioactive isotopes called radiotracers that are inserted into the bloodstream. The radiotracer passes via the area getting investigated and delivers radiation in the range of gamma rays and a special gamma camera and a device is kept to track and create images of ones's bones. As it can detect molecular movement within the body, skeletal scintigraphy provides the ability in its earliest stages to recognize pathology. The paper below discusses and reviews the benefit of using a radiotracer, which helps in the better and swift detection of bone metastases in renal carcinomas occurring in the children.

Methodology:

Positron emission tomography (PET) has developed among the most effective scanning modalities for staging, re-staging, identifying reoccurrence and/or metastasis and tracking therapeutic action in most malignant diseases. Most widely utilized in PET imaging is 18F-fluoro-2-deoxy-2-d-glucose (FDG), a non-radiotracer with a chemical composition close to that of naturally occurring glucose. FDG reaches the cells via the same glucose-membrane proteins used by alcohol, usually overexpressed in cancer cells. FDG imaging (Takahashi et al, 2015) depends on Warburg's finding that enhanced glycolysis of adenosine triphosphate is needed to meet the metabolic requirements of progressively dividing tumor cells. Membrane glucose transporters, primarily GLUT-1, successfully transmit FDG to the cell where hexokinase transforms it to FDG-6-phosphate. As FDG-6-phosphate is not a medium for further measures in glycolysis, it is stuck in the cell and builds up the glucose metabolic activity significantly. Metabolic quantitation

by measuring SUV on FDG PET / CT may play a significant role in assessing lesion biological activity and predicting the prognosis of patients. A total of 60 tests were conducted in patients with bone metastases in renal carcinoma using 18F-FDG-PET / CT within a five-year span. Such patients were 15 baby boys and 15 baby girls aged 6 months to 12 years of age were found either a conservative approach to treatment or progressive surgery. A longitudinal review of the prospectively collected data was carried out about the therapeutic approach choice and the patients ' future fate. From the judgment regarding the type of treatment the patients were tracked for at least 12 months. Mortality was tracked across the entire group, conservatively handled in subsets of surgically treated babies and the patients. The study of the relationship between the average 18F-FDG accumulation and survival was undertaken, as well as the correlation between the 18F-FDG deposition amount and the histological tumor rating.



Results:

In addition to metabolic activity and general morphological improvements, the vascular system was also assessed using multiplanar reconstructions (MPR) and thickness reconstructions with the assistance of maximum strength projection (MIP), with an emphasis on blood flow to the kidneys, as well as pathophysiological adjustments in the blood vessels linked to the tumor. The existence of arteriovenous malformation was assessed, as well as occurrence of a nodular or diffuse tumor hypervascularization and the possibility of tumor entry into the renal vein or vena cava is also checked. Overall mortality exceeded 46.7%, the largest (18) F-FDG concentration revealed a grade 4 tumor (mean SUV(max)=10.7, range=5-23), the maximum mortality rate for tumors above the SUV(max) value was reported to be 10 (mortality 62.5%). In 85 per cent of cases, new knowledge was provided by (18)F-FDG-PET / CT.

Conclusion:

As per certain findings 18F-FDG-PET / CT in renal carcinoma, where local or usually advanced cancer is presumed, is also considered as an examination which assists in making decisions about the therapy strategy. This enables both a clinical prognosis and a more specific removal of neoplastic distribution. Realizing 18F-FDG-PET / CT with automated and fully-diagnostic two-phase CT-angiography is a necessary condition for obtaining the advantages of this test.

**Biography:**

Hissa Mohammed is serving at an esteemed position in National center for Cancer Care and Research, Qatar. He is the recipient of numerous awards for his expert research works in related fields. His research interests reflect in his wide range of publications in various national and international journals..

Speaker Publications:

1. “The Efficiency of Applying the Radiology Technologist of the Radiation Dose Monitoring Technique During the Fluoroscopy Procedures for Oncology in Paediatrics Care Aged Between 4 to 7 Years”; J Mol Imaging Dynamic. 2017, 7:2

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