

COLLECTIVE DOSE TO THE POPULATION OF U.K. FROM DIAGNOSTIC MEDICAL RADIOLOGY (man Sv) Medical X-rays (excl. CT) 15500

Computed tomography (estimated) 500
 Dental X-ray 200
 Nuclear medicine 950 Data for mid-1980
 TOTAL (man Sv) : 17150

Estimated annual collective dose to UK population from Diagnostic Radiology for 1990 is approx. 20,000 manSv. On the basis of risk estimate this could be responsible for up to 700 cancer deaths/year ! Safety in Diagnostic Radiology, IPEM, 1995 Approximately 90% of the total collective dose to UK population from man-made radiation sources arises from Diagnostic Radiology Safety in Diagnostic Radiology, IPEM, 1995

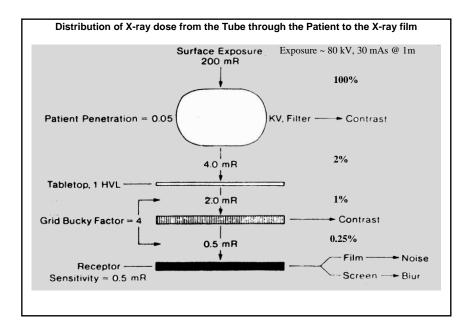
In most industrialised countries there are between 300 and 900 X-ray examinations for every 1000 inhabitants every year. Over half of these are chest examinations (these figures does not include dental X-ray examinations or mass screening programs).

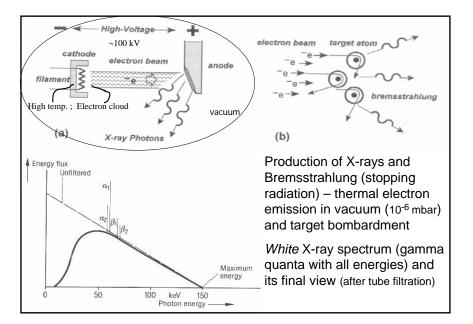


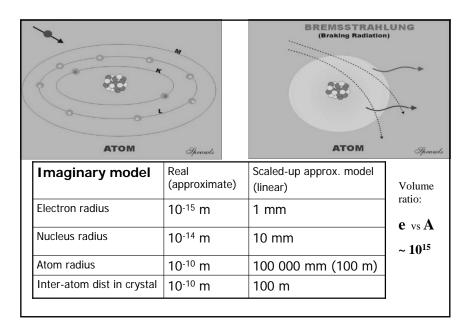
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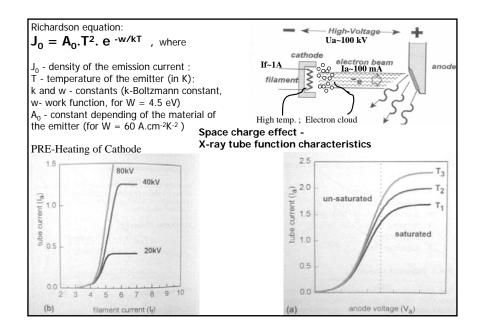
Doses varies widely from hospital to hospital, even in the same country, sometimes by a factor of 100.

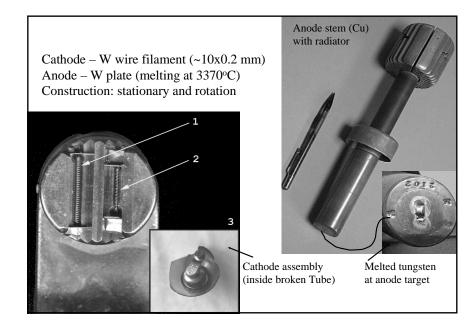
Radiation and You, EU, Luxembourg 1990

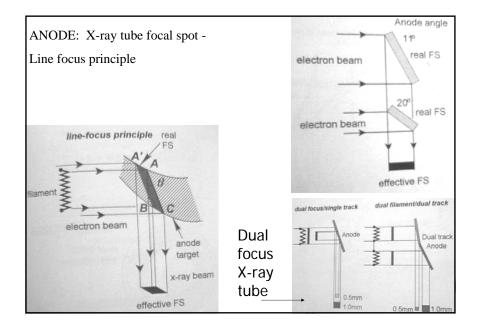


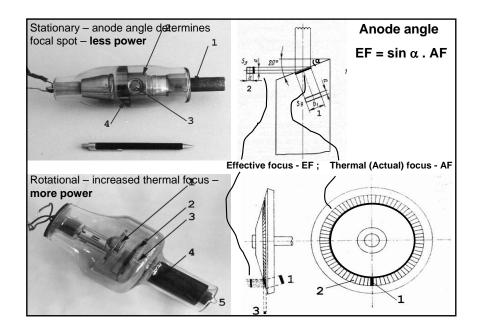




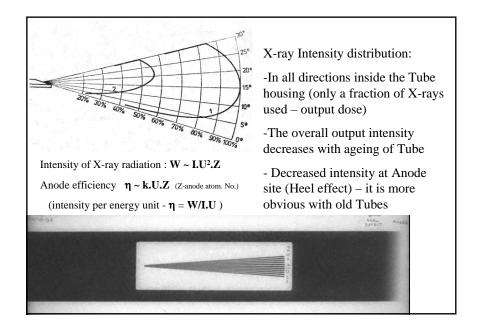


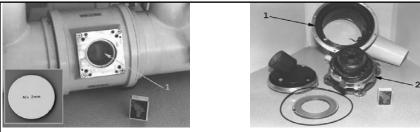




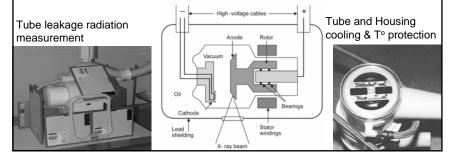


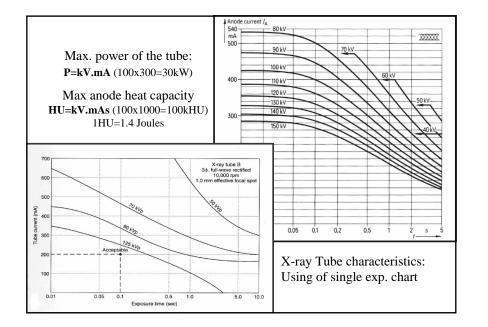
- Ceramic coating - Graphite t⁰ accum.

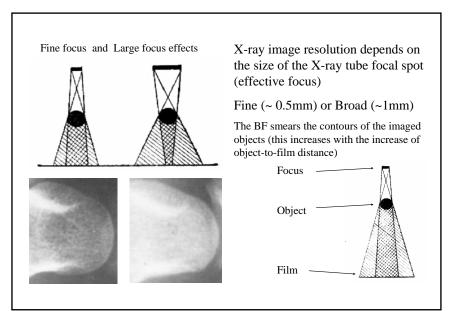


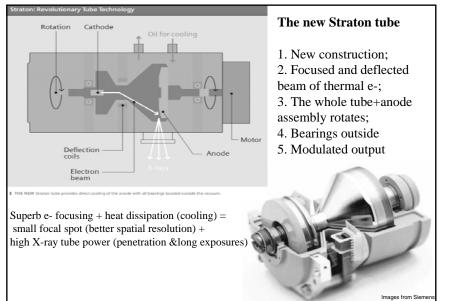


X-ray Tube Housing – Insulating Oil; Output window; Pb lining; Leakage radiation

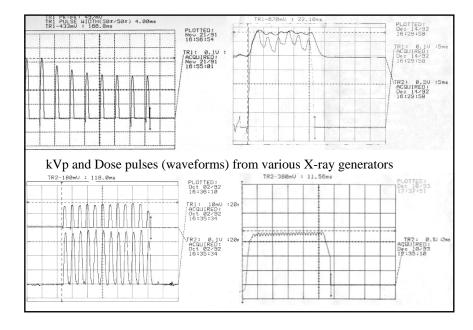


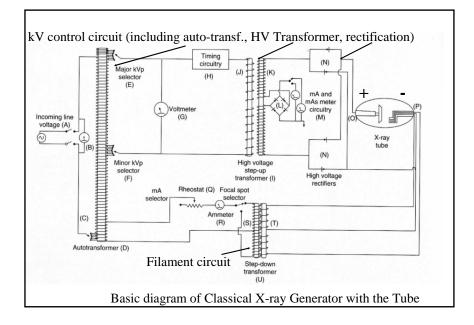


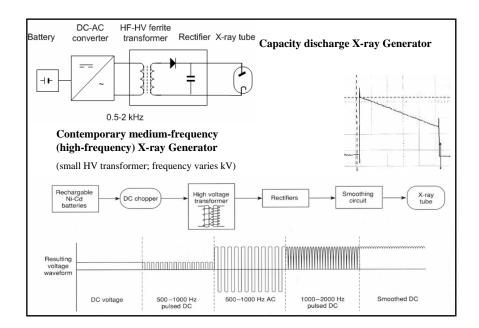


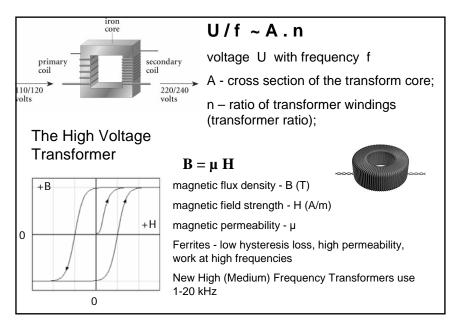


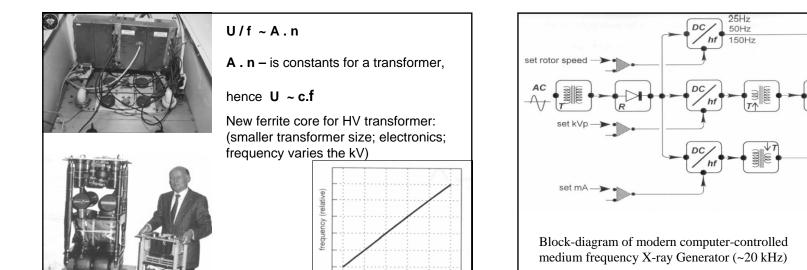
X-ray H.V. GeneratorBasic circuits of classical High Voltage X-ray Generator kVp waveforms and ripple New Medium frequency X-ray Generator Basic circuits of medium frequency X-ray Generator kVp Control and diagnostic use Automatic Exposure Control











80 90

voltage (kV)

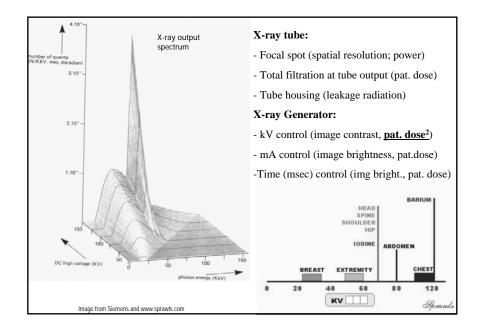
100

50 60 70

(a)

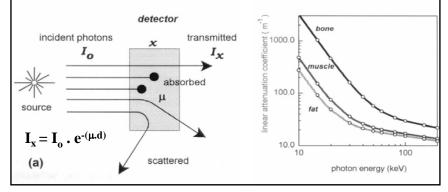
rotor

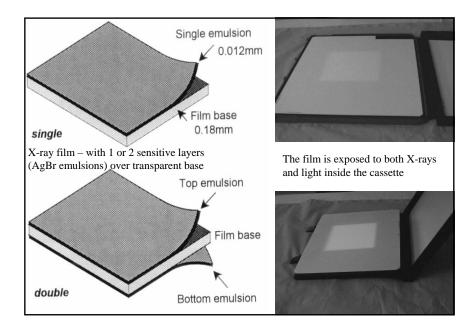
filament



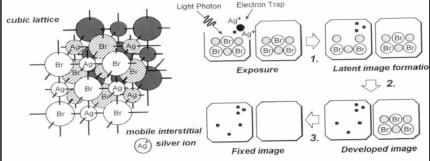
The X-ray source radiation I_0 passes through the object (the body) and is modulated by the body tissues ^(μ .d) on its way. This modulated radiation beam I_x interacts with the detector, where the modulated radiation is transformed into modulated light – the X-ray image.

The contrast of the image depends on the energy of the X-ray beam.

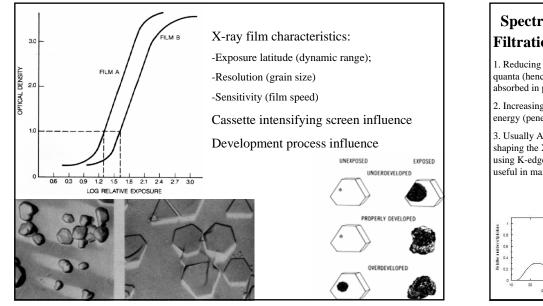


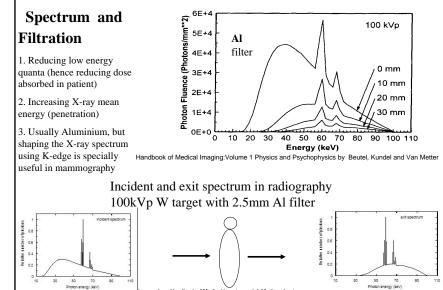


<u>Photoemulsion</u>: The lattice Ag and Br atoms are fixed. The individual silver hallide crystals within the <u>emulsion</u> contain: 1. interstitial +Ag ions (mobile) and 2. electron traps (usually silver sulfide). Light (X-ray) photon excites a Bromine atom (and it looses an e-). These free e- are trapped into crystal defects (traps). The (+) Silver ions are attracted into these (-) defects, where they are neutralised and become Ag atoms (sensitised grains). The combination of areas in the film with different number of sensitised grains forms a LATENT IMAGE. During the process of film development the sensitised grains are stabilised (the exposed AgBr crystals are reduced to stable Ag atoms). During the next process of film fixing the remaining un-sensitised grains (which had not been exposed to light photons) are removed and washed out. The final visible image contains areas with various opacity/darkness (depending on the concentration of Ag atoms).

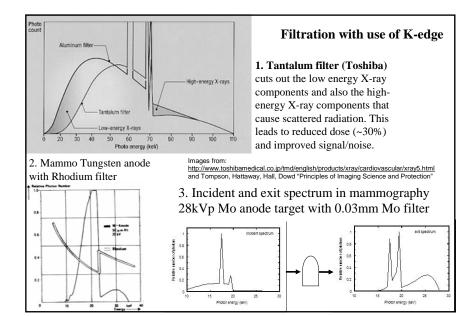


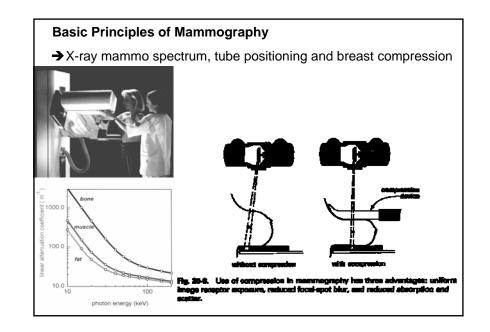
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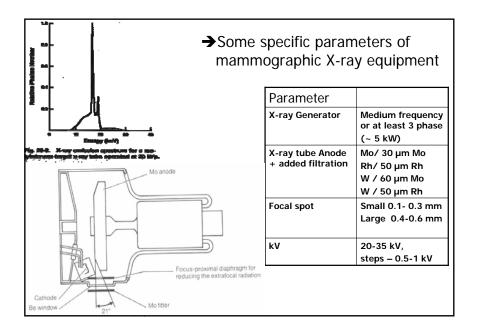


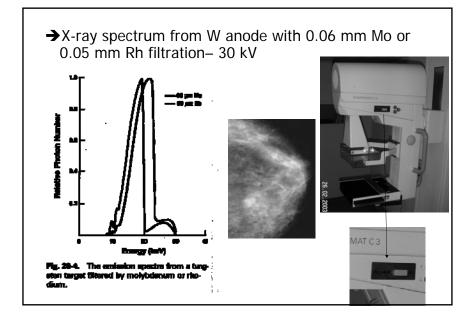


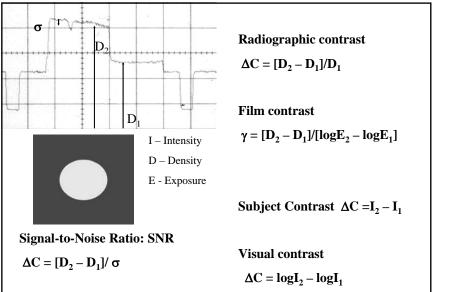
ages from Handbook of Medical Imaging and L.Martinez Lectures

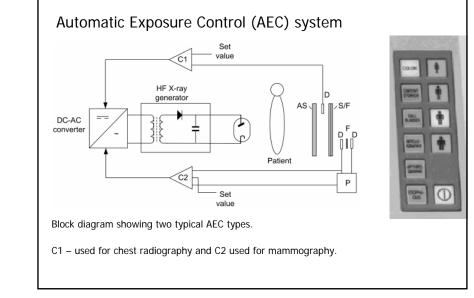


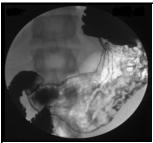












Anatomical X-ray contrast >>

Artificial X-ray contrast: (various contrast agents)

<<< Barium-based (ex.stomach)

Iodine-based >>> (ex.heart/vessels)

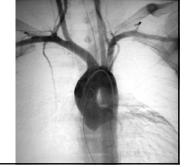


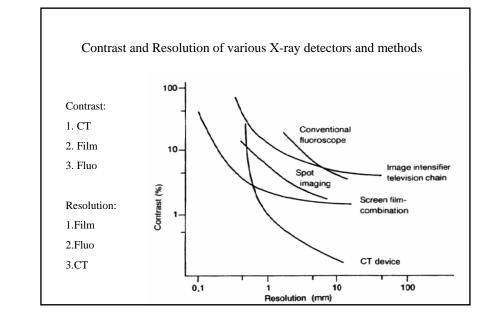
University of Wurzburg,

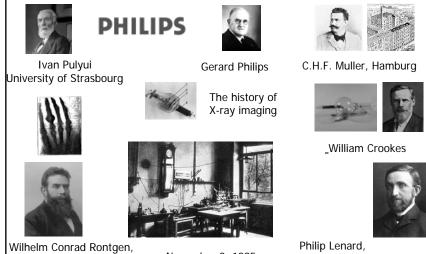
Nobel Prize No.1, 1901

<<< Interventional

Radiology







_November 8, 1895

Nobel Prize 1905



Philip Lenard, University of Heidelberg,