Lukosevicius et al have made a clinically useful model by investigating the factors influencing an optimal delay time for computed tomographic angiography (CTA) after subarachnoid hemorrhage, and found that age and neurological status were significant predictive factors.

CTA has become a promising method for neurosurgical procedures. It is less invasive and provides us important information. As for the determination of scan delay, I agree with the authors that dynamic prescan is time-consuming. However, what is important is that this field of examination is not only to improve the statistical model, but also to find out the adequate timing of contrast medium for an individual patient, which requires further study.

I routinely use CTA in managing subarachnoid hemorrhage, mainly for the evaluation of the aneurysm and cerebral vasospasm. The method for determining scan delay in our system is called “SureStart” which is the automatic triggering system. When the CT value reached the threshold at the cervical carotid artery, helical scanning was started automatically, which is also one of the promising methods for clinical practice.

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