

Original article

Comparison of the Relative Renal Function Calculated with ^{99m}Tc -Diethylenetriaminepentaacetic Acid and ^{99m}Tc -Dimercaptosuccinic Acid in Children

Tanju Çelik, Hülya Yalçın¹, Emel Ceylan Günay², Aynur Özen³, Cahit Özer⁴

Departments of Pediatrics, ¹Nuclear Medicine, and ⁴Family Medicine, School of Medicine, Mustafa Kemal University, Antakya, Hatay, ²Department of Nuclear Medicine, School of Medicine, Mersin University, Mersin, ³Department of Nuclear Medicine, Bağcılar Hospital, İstanbul, Turkey

Abstract

The aim was to compare the relative renal functions measured with technetium-99m dimercaptosuccinic acid (^{99m}Tc -DMSA) and technetium-99m diethylenetriaminepentaacetic acid (^{99m}Tc -DTPA) in children with renal diseases. Relative renal function of 128 children who applied to three hospitals from 2009 to 2011 were analyzed retrospectively. The mean value measured with ^{99m}Tc -DTPA and ^{99m}Tc -DMSA were 51.58 ± 14.95 and 51.96 ± 14.99 for the right kidney, 47.87 ± 15.27 and 47.94 ± 15.17 for the left kidney, respectively. A significant positive correlation was found between the relative renal functions ($r = 0.963$, $P < 0.001$). In Bland-Altman plots, the mean difference between two methods was 0.7 and the correlation limits were between 10.1 and 10.8. As a result, although ^{99m}Tc -DMSA is accepted as the most reliable method for the determination of relative renal function, ^{99m}Tc -DTPA can be another choice for the calculation of relative renal function without a complementary DMSA scan particularly in pediatric patients who require renogram curve and GFR calculations.

Keywords: Child, relative renal function, technetium-99m diethylenetriaminepentaacetic acid, technetium-99m dimercaptosuccinic acid

Introduction

Renal scintigraphy has been used to measure the relative renal function for a long time. Different radiopharmaceuticals such as technetium-99m dimercaptosuccinic acid (^{99m}Tc -DMSA), technetium-99m diethylenetriaminepentaacetic acid (^{99m}Tc -DTPA), technetium-99m mercaptoacetyl triglycine (^{99m}Tc -MAG3), Iodine 131 orthoiodohippurate and more recently technetium-99 m ethylenedicysteine

(^{99m}Tc -EC) were used.^[1] All of them can be used accurately to measure the relative renal function, although there are some differences among these radiopharmaceuticals.^[2] These differences are due to distinct biological properties of radiopharmaceuticals such as mechanisms of renal excretion, renal cell retention of radioactive material, level of plasma-protein bound and level of plasma clearance. However, ^{99m}Tc -DMSA as a static renal agent is considered the most reliable method to measure relative renal function and the most appropriate tracer for renal cortical imaging.^[3-6] ^{99m}Tc -DMSA binding level to protein in mammals is 90%, this binding prevents significant glomerular filtration and ^{99m}Tc -DMSA primarily enters the kidney via peritubular extraction.^[7] It is primarily used in humans for cortical imaging and estimation of functional renal mass.^[8-10] Applications in humans include detection of pyelonephritis and renal scars^[11-13]

Access this article online

Quick Response Code:



Website:
www.wjnm.org

DOI:
10.4103/1450-1147.144812

Address for correspondence:

Dr. Tanju Çelik, Department of Pediatrics, School of Medicine, Mustafa Kemal University, 31100 Antakya, Hatay, Turkey.
E-mail: dr.tanju35@hotmail.com

^{99m}Tc -DTPA is used for glomerular filtration rate (GFR) evaluation in mammals because no tubular secretion or reabsorption is observed but it is thoroughly filtered by the glomerulus.^[8,10-14] There are many studies in literature comparing relative renal function calculated with ^{99m}Tc -DTPA and ^{99m}Tc -DMSA in adults and children. In some papers, it is emphasized that relative renal function calculated with ^{99m}Tc -DTPA is as reliable as ^{99m}Tc -DMSA.^[15] On the other hand, in some of the studies, it is mentioned that ^{99m}Tc -DTPA is not as good as ^{99m}Tc -DMSA in relative renal function calculation.^[16,17] As there is ambiguity in the reliability of ^{99m}Tc -DTPA for the calculation of relative renal function and there are limited study related to relative renal function calculation only in children; we retrospectively designed a study to compare the relative renal functions measured with ^{99m}Tc -DMSA and ^{99m}Tc -DTPA in pediatric patients with renal diseases.

Materials and Methods

We retrospectively analyzed a total of 128 children who were consulted to the Nuclear Medicine Departments of three hospitals between 2009 and 2011 and who had both dynamic and static renal imaging. Renal dynamic scintigraphies performed with ^{99m}Tc -DTPA were compared with the relative function measured using ^{99m}Tc -DMSA static scintigraphy. There were at least 2 days between two methods and not more than a week. The data analyzes were done by a nuclear medicine physician in each nuclear medicine departments.

^{99m}Tc -DTPA dynamic images were acquired with the patient in the supine position and the detector of gamma camera placed at the posterior plane. The cameras (Symbia S [Siemens, Germany], E-cam [Siemens, USA], Brightview [Philips, USA]) were equipped with an all-purpose, low energy, parallel-hole collimator. All patients were injected with 200 $\mu\text{Ci}/\text{kg}$ (at least 2 mCi) of ^{99m}Tc -DTPA and dynamic images were recorded in a 128 \times 128 matrix format every second for 1 min and every 30 s for 20 min. Relative renal function was measured in a composite image (1-3 min after the injection). Renal and semilunar background regions of interest (ROIs) were drawn manually by a nuclear medicine physician. ^{99m}Tc -DMSA static images were acquired with the patient in the supine position. All patients were injected with 37-111 MBq of the radiopharmaceutical and static images were acquired in 256 \times 256 matrix after 4 h in the posterior, left and right posterior oblique projections (250 kcounts/view or 5 min/view). Relative renal function was measured using the drawing ROIs of each kidney in the posterior image with background correction made by drawing a perirenal background around each kidney by a nuclear medicine physician.^[18]

Comparison of relative renal function measurement using ^{99m}Tc -DTPA dynamic renal scintigraphy and ^{99m}Tc -DMSA static scintigraphy was performed by bivariate correlation (Pearson) analysis and Kruskal Wallis test. The comparison results were expressed with Bland-Altman analysis. The statistical analysis was carried out using the Statistical Package for the Social Sciences version 13 (SPSS, Chicago, IL).

Results

The hospital records of 128 children in three different centers were reviewed and the results of all the patients' kidney functions were analyzed. Fifty six of the patients were male when 77 of them were female. The age of the cases ranged between 2 and 16 and the mean age was 10.66 ± 4.2 years. Forty three patients had hydronephrosis, 53 had pyelonephritis, 13 had renal calculi, 4 had renal atrophy and 15 of them presented vesicoureteral reflux. Positive correlation was found between the ^{99m}Tc -DTPA and ^{99m}Tc -DMSA for the evaluation of relative kidney function in Pearson correlation test ($r = 0.963$, $P < 0.001$). In Bland-Altman analysis, the mean difference between these two methods was found 0.7 when confidence limits were between 10.1 and 10.8.

The mean relative renal functions measured with ^{99m}Tc -DTPA and ^{99m}Tc -DMSA were 51.58 ± 14.95 and 51.96 ± 14.99 for the right kidney, 47.87 ± 15.27 and $47.94 \pm 15.17\%$ for the left kidney, respectively. In Pearson analysis a significant positive correlation was found between the relative renal functions calculated with ^{99m}Tc -DTPA and ^{99m}Tc -DMSA ($r = 0.963$, $P < 0.001$). When the data were analyzed with Kruskal Wallis test according the patients diagnosis, we did not find any difference between relative renal function calculated with both imaging methods ($P = 0.688$ for right and $P = 0.720$ left kidney with Tc- 99m DMSA, $P = 0.756$ for right and $P = 0.720$ left kidney with Tc- 99m DTPA) [Table 1]. In Bland-Altman plots, the mean difference between two methods was 0.7 and the correlation limits were between 10.8 and -10.1. Some values were out of the range; these were mostly related to atrophic kidneys with lower split renal function in ^{99m}Tc -DMSA [Figures 1 and 2].

Discussion

Although there are many studies comparing the relative renal function calculation results of ^{99m}Tc -DTPA and ^{99m}Tc -DMSA, in published data research we could not find any studies comparing the results of the relative renal function measurement with ^{99m}Tc -DTPA and ^{99m}Tc -DMSA exclusively in the pediatric age group. The previous studies were performed in group of patients including adults and pediatric cases.

Table 1: The mean, maximum and minimum (%) values of relative renal function calculated for each disease

	DMSAR	DMSAL	DTPAR	DTPAL
Hydronephrosis				
Mean	52.360	47.616	52.651	47.349
N	43	43	43	43
SD	13.7656	13.7589	14.0524	14.0524
Minimum	14.0	13.0	16.0	11.5
Maximum	87.0	86.0	88.5	84.0
Infection				
Mean	53.245	46.755	52.121	46.785
N	53	53	53	53
SD	14.3757	14.3757	14.2802	14.6189
Minimum	10.0	7.0	10.0	6.0
Maximum	93.0	90.0	94.0	90.0
Stone				
Mean	50.154	49.077	50.154	49.000
N	13	13	13	13
SD	19.0519	20.5850	19.1522	20.5670
Minimum	26.0	8.0	26.0	6.0
Maximum	92.0	74.0	94.0	74.0
Renal atrophy				
Mean	42.750	57.250	42.750	57.250
N	4	4	4	4
SD	29.8482	29.8482	29.5000	29.5000
Minimum	3.0	25.0	3.0	26.0
Maximum	75.0	97.0	74.0	97.0
Reflux				
Mean	50.333	49.667	50.267	49.733
N	15	15	15	15
SD	12.7988	12.7988	12.1109	12.1109
Minimum	33.0	28.0	33.0	28.0
Maximum	72.0	67.0	72.0	67.0
Total				
Mean	51.965	47.949	51.589	47.872
N	128	128	128	128
SD	14.9915	15.1723	14.9521	15.2774
Minimum	3.0	7.0	3.0	6.0
Maximum	93.0	97.0	94.0	97.0
P	0.688	0.720	0.756	0.720

SD: Standard deviation; DTPAR: Diethylene triamine penta-acetic

Itoh *et al.*^[17] discussed the correlation between ^{99m}Tc-DMSA and ^{99m}Tc-DTPA in renal uptake and they reported a good correlation between the relative renal uptake of ^{99m}Tc-DMSA (2 h) and that of ^{99m}Tc-DTPA (2-3 min).

In their study, Taylor *et al.*^[19] compared the relative renal uptake of Tc-^{99m} DMSA with the relative GFR and reported that the two methods of determining relative DTPA uptake showed excellent correlation.

A similar study reported by Domingues *et al.*^[16] suggested that relative renal function measured with ^{99m}Tc-DTPA is different from that measured with ^{99m}Tc-DMSA with a marginal statistical significance. In their study the

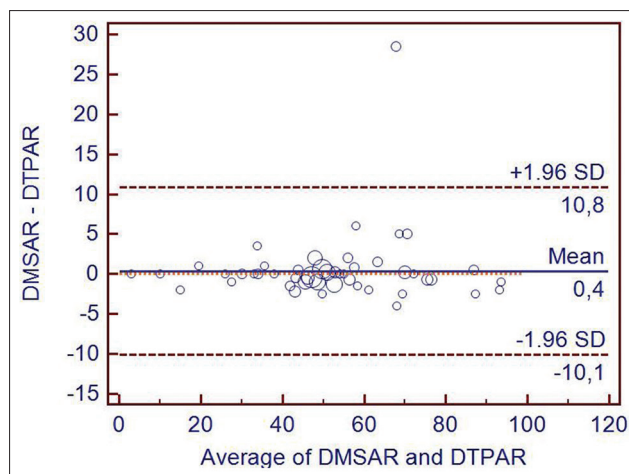


Figure 1: Bland-Altman plot of dimercaptosuccinic acid and diethylenetriaminepentaacetic acid for right kidney

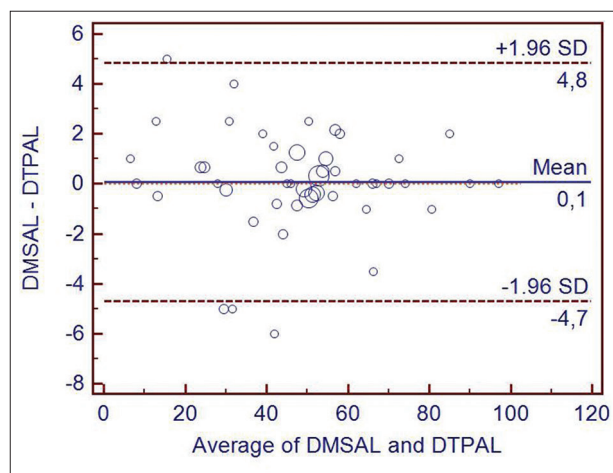


Figure 2: Bland-Altman plot of dimercaptosuccinic acid and diethylenetriaminepentaacetic acid for left kidney

relative renal functions calculated with ^{99m}Tc-DTPA and ^{99m}Tc-EC was compared with the results of ^{99m}Tc-DMSA. They concluded that relative renal function measured with ^{99m}Tc-EC is comparable to ^{99m}Tc-DMSA results, but the results of relative renal function measured with ^{99m}Tc-DTPA was statistically different.

In a study of Lee *et al.*^[15] calculated the relative renal function in 18 rabbits with unilateral ureteral obstruction. All the rabbits were imaged with ^{99m}Tc- DMSA and ^{99m}Tc-DTPA or ^{99m}Tc-MAG-3. They were no statistical differences between the groups, although there were differences between left and right kidneys. In conclusion of the study Lee *et al* stated that they concluded that dynamic renal imaging agents (^{99m}Tc- DTPA and ^{99m}Tc-MAG-3) could be performed instead of the static image of ^{99m}Tc-DMSA.

Ajdinović *et al.*^[20] studied 24 infants presented with antenatal hydronephrosis in the newborn period with

renal scintigraphy. Ten patients with vesicoureteral reflux documented on micturating cystourethrography underwent ^{99m}Tc-DMSA renal scintigraphy and 14 patients were subjected to ^{99m}Tc-DTPA scintigraphy. They concluded that high percent of abnormal renal scintigraphy findings was obtained and renal scintigraphy was useful in the determination of the underlying cause of antenatally detected hydronephrosis.

In a different study^[18] in adult's patients, they concluded that ^{99m}Tc-DTPA can be used in adult patients in whom GFR is important. In this situation the patient's radiation doses will be reduced by only using ^{99m}Tc-DTPA in the calculation of relative renal function.

In our study, we compared relative renal functions calculated with ^{99m}Tc-DTPA and ^{99m}Tc-DMSA in 128 pediatric cases. We have found a positive correlation between calculations in ^{99m}Tc-DTPA and ^{99m}Tc-DMSA studies ($r = 0.937$, $P < 0.001$). Our study group consisted mostly of patients with diseases in which GRF and renogram curves were as important as relative renal function.

Even ^{99m}Tc-DMSA is an inexpensive and easy method^[22] used for cortical morphology and renal scar evaluation, patients who need the GFR and renogram curve results, the relative renal function calculated with ^{99m}Tc-DTPA may be used instead of static renal imaging with ^{99m}Tc-DMSA, since the comparison of the relative renal function results of ^{99m}Tc-DMSA and ^{99m}Tc-DTPA shows no statistical difference. In our study, there were some values out of range in Bland-Altman plots. These kidneys were mostly atrophic. In correlation to related literature results we thought that the difference between two methods was related to the depth and location of the renal tissue.^[23,24]

Study limitations

Reproducibility analysis should be done in multicenter studies. In different centres the differences of relative renal function calculations with ^{99m}Tc-DMSA could be variate. But this is hard practically and ethically to do in human studies. So we could not able to perform this analyse in our study.

Conclusion

As a result, we concluded that in relative renal function evaluation ^{99m}Tc-DTPA is reliable methods as ^{99m}Tc-DMSA scan. For patients who needs renogram curve and GFR calculations ^{99m}Tc-DTPA could be a choice for the calculation of relative renal function although ^{99m}Tc-DMSA is the gold standard method for the calculation of relative renal function.

References

- Moran JK. Technetium-99m-EC and other potential new agents in renal nuclear medicine. *Semin Nucl Med* 1999;29:91-101.
- Taylor A Jr, Lallone R. Differential renal function in unilateral renal injury: Possible effects of radiopharmaceutical choice. *J Nucl Med* 1985;26:77-80.
- Ardela Díaz E, Miguel Martínez B, Gutiérrez Dueñas JM, Díez Pascual R, García Arcal D, Domínguez Vallejo FJ. Comparative study of differential renal function by DMSA and MAG-3 in congenital unilateral uropathies. *Cir Pediatr* 2002;15:118-21.
- Kawashima A, Sandler CM, Goldman SM. Current roles and controversies in the imaging evaluation of acute renal infection. *World J Urol* 1998;16:9-17.
- Piepsz A. Cortical scintigraphy and urinary tract infection in children. *Nephrol Dial Transplant* 2002;17:560-2.
- Piepsz A, Blafox MD, Gordon I, Granerus G, Majd M, O'Reilly P, et al. Consensus on renal cortical scintigraphy in children with urinary tract infection. Scientific Committee of Radionuclides in Nephrourology. *Semin Nucl Med* 1999;29:160-74.
- Verbruggen AM, Nosco DL, Van Nerom CG, Bormans GM, Adriaens PJ, De Roo MJ. Technetium-99m-L, L-ethylenedicycysteine: A renal imaging agent. I. Labeling and evaluation in animals. *J Nucl Med* 1992;33:551-7.
- Daniel GB, Mitchell SK, Mawby D, Sackman JE, Schmidt D. Renal nuclear medicine: A review. *Vet Radiol Ultrasound* 1999;40:572-87.
- Müller-Suur R, Gutsche HU. Tubular reabsorption of technetium-99m-DMSA. *J Nucl Med* 1995;36:1654-8.
- Campbell MG, Powers TA. Renal radionuclides and *in vitro* quantitation. In: Sandler MP, Coleman RE, Patton JA, Wackers FJ, Gottschalk A, editors. *Diagnostic Nuclear Medicine*. 4th ed. Philadelphia: Lippincott Williams and Wilkins; 2003. p. 851-64.
- Majd M, Rushton HG. Renal cortical scintigraphy in the diagnosis of acute pyelonephritis. *Semin Nucl Med* 1992;22:98-111.
- Hitzel A, Liard A, Dacher JN, Gardin I, Ménard JF, Manrique A, et al. Quantitative analysis of ^{99m}Tc-DMSA during acute pyelonephritis for prediction of long-term renal scarring. *J Nucl Med* 2004;45:285-9.
- Shanon A, Feldman W, McDonald P, Martin DJ, Matzinger MA, Shillinger JF, et al. Evaluation of renal scars by technetium-labeled dimercaptosuccinic acid scan, intravenous urography, and ultrasonography: A comparative study. *J Pediatr* 1992;120:399-403.
- Urhan M, Mavi A, Sağır MS, Kınalp RC, Narin Y. A comparison of glomerular filtration rate measurement methods using technetium-99 m diethylenetriaminepentaacetic acid. *Turk J Nucl Med* 2007;16:25-31.
- Lee WG, Kim JH, Kim JM, Shim KM, Kang SS, Chae HI, et al. Renal uptakes of ^{99m}Tc-MAG3, ^{99m}Tc-DTPA, and ^{99m}Tc-DMSA in rabbits with unilateral ureteral obstruction. *In Vivo* 2010;24:137-9.
- Domingues FC, Fujikawa GY, Decker H, Alonso G, Pereira JC, Duarte PS. Comparison of relative renal function measured with either ^{99m}Tc-DTPA or ^{99m}Tc-EC dynamic scintigraphies with that measured with ^{99m}Tc-DMSA static scintigraphy. *Int Braz J Urol* 2006;32:405-9.
- Itoh K, Asano Y, Kato C, Nakada K, Nagao K, Goto T, et al. Quantitation of absolute and relative renal uptake using ^{99m}Tc-DMSA: Sequential change in time and correlation with ^{99m}Tc-DTPA uptake. *Kaku Igaku* 1990;27:237-42.
- Yalçın H, Ozen A, Günay EC, Ozaslan IA, Ozer C. Can ^{99m}Tc-DTPA be used in adult patients in evaluation of relative renal

- function measurement as the reference Tc 99m DMSA method? *Mol Imaging Radionucl Ther* 2011;20:14-8.
19. Taylor A Jr, Kipper M, Witztum K. Calculation of relative glomerular filtration rate and correlation with delayed technetium-99m DMSA imaging. *Clin Nucl Med* 1986;11:28-31.
 20. Ajdinović B, Jauković L, Peco-Antić A, Dugonjić S. Renal scintigraphy in infants with antenatally diagnosed renal pelvis dilatation. *Vojnosanit Pregl* 2008;65:299-302.
 21. Sedlak-Vadoc V, Basić M, Kaludjerski S, Marusić G, Negrojević M, Borota R. The effect of radiopharmaceutical choice on the assessment of the relative renal function in upper urinary tract obstruction. *Eur J Nucl Med* 1988;14:32-6.
 22. Nimmo MJ, Merrick MV, Allan PL. Measurement of relative renal function. A comparison of methods and assessment of reproducibility. *Br J Radiol* 1987;60:861-4.
 23. Yapar AF, Aydın M, Reyhan M, Yapar Z, Sukan A. The conditions for which the geometric mean method revealed a more accurate calculation of relative renal function in 99mTc-DMSA scintigraphy. *Nucl Med Commun* 2005;26:141-6.
 24. Hervás I, Martí JF, González A, Ruiz JC, Alonso J, Bello P, *et al.* Is the depth correction using the geometric mean really necessary in a 99Tcm-DMSA scan in the paediatric population? *Nucl Med Commun* 2001;22:547-52.

How to cite this article:Çelik T, Yalçın H, Günay EC, Özen A, Özer C. Comparison of the relative renal function calculated with 99mTc-diethylenetriaminepentaacetic acid and 99mTc-dimercaptosuccinic acid in children. *World J Nucl Med* 2014;13:149-53.

Source of Support: Nil, **Conflict of Interest:** None declared.