



## Protocol CT Neck สำหรับผู้ป่วยมะเร็งบริเวณศีรษะและลำคอ

Phase	Post contrast-enhanced scan in venous phase
Note*	If the patient has <b>metallic</b> tracheostomy tube, <b>change to plastic tube</b> before scan. In case of motion artifacts, <b>re-scan</b> immediately
Coverage	General: base of skull to aortic arch - CA nasopharynx: superior extension up to suprasellar cistern - CA thyroid: inferior extension to carina - CA buccal mucosa, gum, retromolar trigone: puff cheek is recommended.
Collimation	Less than reconstruction slice thickness
Field of view	16-20 cm to include whole face and neck, <b>not</b> whole chest
Reconstruction thickness	General: axial, coronal and sagittal views (1-2 mm) - CA larynx and hypopharynx: axial, coronal and sagittal views (1-2 mm) additional MPR ( $\leq 1$ mm) of larynx in axial plane parallel to true vocal cord (or C5-6 disc) and coronal plane perpendicular to true vocal cord (or C5-6 disc)
Radiation dose & Technique	Do not use automatic exposure control. Use manual adjustment to get the highest imaging quality but not beyond the suggest diagnostic reference level of total radiation dose.
Total radiation dose	ให้อิงตามค่า National Diagnostic Reference Levels ในประเทศไทยประจำปีพุทธศักราช ๒๕๖๕ - Standard CT neck without contrast มีค่า DLP 504 mGy.cm และ ค่า CTDI 16.1 mGy