

# Diagnosing atherosclerosis makes Nuclear Medicine a tissue imaging modality

**Philip C. Grammaticos MD, PhD**

Professor Emeritus, 51 Hermou St., P.C. 546 23, Thessaloniki, Greece  
Tel: +30 2310 229133, E-mail: fgr\_nucl@otenet.gr

*Hell J Nucl Med* 2014; 17(1): 12

Published online: 28 March 2014

Atherosclerosis can be identified by fluorine-18-fluorodeoxyglucose positron emission tomography/computed tomography ( $^{18}\text{F}$ -FDG PET/CT) [1-4] and is associated with cardiovascular events and all-cause mortality. Inflammation and calcification appear jointly in the formation of atherogenesis. Arterial calcification has been also determined by CT, by  $^{18}\text{F}$ -FDG PET and also in the last few years by  $^{18}\text{F}$ -sodium fluoride (NaF) PET [1-6].

Beheshti et al [4] have introduced a new concept for the detection of early molecular and cellular calcification in the atherosclerotic plaques of the heart and aorta, based upon the concept of global disease burden, which had been employed earlier using  $^{18}\text{F}$ -FDG PET. Fluorine-18-NaF uptake in the heart and aorta increased significantly with advancing age.

In a screening study involving 1,825 individuals, CT coronary artery calcification (CAC) was found to be common in healthy middle-aged individuals with a low Heart Score and, on the contrary, high-risk subjects very frequently did not have CAC. It is obvious that atherosclerosis appears early in life and also that the actual limits of atherosclerosis related to serious cardiovascular events should be determined by more research, since atherosclerosis is not the only cause of these episodes. It is possible that  $^{18}\text{F}$ -NaF PET/CT may provide information about ongoing active molecular calcification in the plaque before calcification as a cause of cardiovascular episodes is detectable.

Global molecular cardiovascular calcification, before becomes macroscopically visible, before it can be identified by CT, may be assessed by nuclear medicine proce-

dures.  $^{18}\text{F}$ -NaF PET/CT is the first non-invasive imaging method to identify and localize high risk coronary plaque [7], a new frontier in nuclear cardiology [8].

The above nuclear medicine diagnostic technique is a major and historical new application, for the diagnosis and the study of cardiovascular diseases, by which a certain tissue per se can be identified.

## Bibliography

1. Derlin T, Richter U, Bannas P et al. Feasibility of  $^{18}\text{F}$ -sodium fluoride PET/CT for imaging of atherosclerotic plaque. *J Nucl Med* 2010; 51(6): 862-5.
2. Derlin T, Wisotzki C, Richter U et al. In vivo imaging of mineral deposition in carotid plaque using  $^{18}\text{F}$ -sodium fluoride PET/CT: correlation with atherogenic risk factors. *J Nucl Med* 2011; 52(3): 362-8.
3. Li Y, Berenji GR, Shaba WF et al. Association of vascular fluoride uptake with vascular calcification and coronary artery disease. *Nucl Med Comm* 2012; 33(1): 14-20.
4. Beheshti M, Saboury B, Mehta NN et al. Detection and global quantification of cardiovascular molecular calcification by fluoro-18-fluoride positron emission tomography/computed tomography-a novel concept. *Hell J Nucl Med* 2011; 14(2): 114-20.
5. Derlin T, Tóth Z, Papp L et al. Correlation of inflammation assessed by  $^{18}\text{F}$ -FDG PET, active mineral deposition assessed by  $^{18}\text{F}$ -fluoride PET and vascular calcification in atherosclerotic plaque: a dual-tracer PET/CT study. *J Nucl Med* 2011; 52(7): 1020-7.
6. Bural GG, Torigian DA, Basu S et al. Atherosclerotic inflammatory activity in the aorta and its correlation with aging and gender, as assessed by  $^{18}\text{F}$ -FDG PET. *Hell J Nucl Med* 2013; 16: 164-8.
7. Joshi NV, Vesey AT, Williams MC et al.  $^{18}\text{F}$ -fluoride PET for identification of ruptured and high risk coronary atherosclerotic plaques: a perspective clinical trial. *Lancet* 2014; 383: 805-13.
8. Thomas GS, Haraszi RA. A new frontier in atherosclerotic coronary imaging. *Lancet* 2014; 383: 674-5.