American College of Radiology
ACR Appropriateness Criteria®

Chylothorax Treatment Planning

Variant 1: Chylothorax treatment planning: traumatic etiology.

Procedure	Appropriateness Category	SOE	Adults RRL	Peds RRL	Rating	Median	Final Tabulations								
							1	2	3	4	5	6	7	8	9
Radiography chest	Usually appropriate		☢ <0.1 mSv	☢ <0.03 mSv [ped]	8	n/a	0	0	0	0	0	0	0	0	0
Lymphangiography chest and abdomen	Usually appropriate		☢☢☢ 1-10 mSv		8	n/a	0	0	0	0	0	0	0	0	0
MRI chest and abdomen without IV contrast	May be appropriate		O 0 mSv	O 0 mSv [ped]	6	n/a	0	0	0	0	0	0	0	0	0
MRI chest and abdomen without and with IV contrast	May be appropriate		O 0 mSv	O 0 mSv [ped]	5	n/a	0	0	0	0	0	0	0	0	0
CT chest and abdomen without IV contrast	May be appropriate		☢☢☢☢ 10-30 mSv		5	n/a	0	0	0	0	0	0	0	0	0
CT chest and abdomen without and with IV contrast	May be appropriate		☢☢☢☢ 10-30 mSv		5	n/a	0	0	0	0	0	0	0	0	0
US chest and abdomen	May be appropriate		O 0 mSv	O 0 mSv [ped]	4	n/a	0	0	0	0	0	0	0	0	0
Tc-99m lymphoscintigraphy chest and abdomen	May be appropriate		☢☢ 0.1-1mSv		4	n/a	0	0	0	0	0	0	0	0	0
CT chest and abdomen with IV contrast	May be appropriate		☢☢☢☢ 10-30 mSv		4	n/a	0	0	0	0	0	0	0	0	0

Variant 2: Chylothorax treatment planning: nontraumatic or unknown etiology.

Procedure	Appropriateness Category	SOE	Adults RRL	Peds RRL	Rating	Median	Final Tabulations								
							1	2	3	4	5	6	7	8	9
Radiography chest	Usually appropriate		☢ <0.1 mSv	☢ <0.03 mSv [ped]	8	n/a	0	0	0	0	0	0	0	0	0
Lymphangiography chest and abdomen	Usually appropriate		☢☢☢ 1-10 mSv		8	n/a	0	0	0	0	0	0	0	0	0
MRI chest and abdomen without IV contrast	Usually appropriate		O 0 mSv	O 0 mSv [ped]	7	n/a	0	0	0	0	0	0	0	0	0
MRI chest and abdomen without and with IV contrast	Usually appropriate		O 0 mSv	O 0 mSv [ped]	7	n/a	0	0	0	0	0	0	0	0	0
CT chest and abdomen with IV contrast	Usually appropriate		☢☢☢☢ 10-30 mSv		7	n/a	0	0	0	0	0	0	0	0	0
CT chest and abdomen without IV contrast	May be appropriate		☢☢☢☢ 10-30 mSv		5	n/a	0	0	0	0	0	0	0	0	0
CT chest and abdomen without and with IV contrast	May be appropriate		☢☢☢☢ 10-30 mSv		5	n/a	0	0	0	0	0	0	0	0	0
US chest and abdomen	Usually not appropriate		O 0 mSv	O 0 mSv [ped]	3	n/a	0	0	0	0	0	0	0	0	0
Tc-99m lymphoscintigraphy chest and abdomen	Usually not appropriate		☢☢ 0.1-1mSv		3	n/a	0	0	0	0	0	0	0	0	0

Appendix Key

A more complete discussion of the items presented below can be found by accessing the supporting documents at the designated hyperlinks.

Appropriateness Category: The panel's recommendation for a procedure based on the assessment of the risks and benefits of performing the procedure for the specified clinical scenario.

SOE: Strength of Evidence. The assessment of the amount and quality of evidence found in the peer reviewed medical literature for an appropriateness recommendation.

- **References:** The citation number and PMID for the reference(s) associated with the recommendation.
- **Study Quality**: The assessment of the quality of an individual reference based on the number of study quality elements described in the reference.

RRL: Relative Radiation Level. A population based assessment of the amount of radiation a typical patient may be exposed to during the specified procedure.

Rating: The final rating (1-9 scale) for the procedure as determined by the panel during rating rounds.

Median: The median rating (1-9 scale) for the procedure as determined by the panel during rating rounds.

Final tabulations: A histogram showing the number of panel members who rated the procedure as noted in the column heading (ie, 1, 2, 3, etc.).

Additional supporting documents about the AC methodology and processes can be found at **www.acr.org/ac.**