

KQ3 루이소체 치매가 의심되는 환자에서 최초 영상 검사로 적절한 검사는?

출처 문헌번호	문헌정보	연구유형	대상자수	연구결과	Study quality (KCIQ)	Study quality (original)
3	ACR Appropriateness Criteria® Dementia	Guideline		Relative preservation of the medial temporal lobe structures is also a supportive imaging biomarker according to the fourth consensus report of the DLB consortium [52].	I	1
3	ACR Appropriateness Criteria® Dementia	Guideline		I-123 loflupane striatal activity tends to be normal in AD and low in DLB and Parkinson disease; however, AD and DLB can coexist in the same patient, potentially confounding results [11,51]. This is not a first-line imaging test but may be valuable after cross-sectional imaging to exclude other pathology.	I	1
3	ACR Appropriateness Criteria® Dementia	Guideline		Routine MRI head is performed to exclude other lesions like tumor or subdural hematoma. Contrast-enhanced MRI is not needed for initial evaluation.	I	1
15	EFNS-ENS Guidelines on the diagnosis and management of disorders associated with dementia	Guideline		These involve frontal areas extending to temporal, occipital and subcortical areas, with occipital atrophy in DLB and PDD being the only difference from the pattern seen in AD [101] (class III evidence).	I	1
15	EFNS-ENS Guidelines on the diagnosis and management of disorders associated with dementia	Guideline		Structural imaging should be used in the evaluation of every patient affected by dementia (Level A recommendation) [98]. CT and standard MRI are used to exclude secondary causes for dementia such as tumour and inflammatory disease, including abscess or normal-pressure hydrocephalus (Level A recommendation) [98].	I	1
15	EFNS-ENS Guidelines on the diagnosis and management of disorders associated with dementia	Guideline		No established structural MRI pattern is characteristic for DLB and PDD (Good Practice Point) [101].	I	1
추가2	Recommendations of the 5th Canadian Consensus Conference on the diagnosis and treatment of dementia*	Guideline		Magnetic resonance imaging (MRI) is recommended over computed tomography (CT), especially given its higher sensitivity to vascular lesions as well as for some subtypes of dementia and rarer conditions (2C). (87%)	I	1
추가2	Recommendations of the 5th Canadian Consensus Conference on the diagnosis and treatment of dementia*	Guideline		. If CT is performed, we recommend a non-contrast CT and coronal reformations are encouraged to better assess hippocampal atrophy. 1C (100%)	I	1
추가2	Recommendations of the 5th Canadian Consensus Conference on the diagnosis and treatment of dementia*	Guideline		[123 I]-loflupane and single-photon emission computed tomography (SPECT; DaTscan) can be useful to establish a diagnosis of cognitive impairment linked to Lewy Body Disease in cases where such a diagnosis is suspected but remains unconfirmed after evaluation by a specialist with experience in the evaluation of neurodegenerative disease, thereby preventing adequate clinical management. 2B (93%)	I	1