# **UTSouthwestern** Medical Center

## Department of Surgery

### Background

- •Pectus Excavatum (PE) is a chest wall deformity that affects 1/400 patients
- •The severity is determined by by computed tomography (CT) derived indices such as the Haller Index (HI) and the Correction Index (CI)
- •Physician estimated depth (PED) as an alternative measurement may preclude for CT
- •This study retrospectively evaluated PED as a screening tool to identify surgical candidates

### Methods

- •Patients with a diagnosis of PE from 1/1/2009 to 3/30/2018 were extracted from the electronic health record for review
- •Patients without available imaging were excluded
- •HI and CI were calculated from CT images
- •CT derived measurements acted as an approximation of PED
- •Using ROC analysis, we estimated the optimal PED cut-off for identifying surgical candidates according to an HI  $\geq$ 3.25

### Figure 1. PED, HI, CI



### Results



75

nsitiv 0.50





# Physician Estimated Depth: Can it Reduce Unnecessary **CT Scan Evaluation of Pectus Excavatum?**

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### Table 1. Receiver Operator Characteristics

		AUC		S
5 vs PED	All patients	0.84	PED = 2cm	
5 vs PED	BMI < 18.5	0.92	PED = 2cm	
	BMI > 18.5	0.75	PED = 2cm	
5 vs Cl	All patients	0.91	CI = 27	
vs PED	All patients	0.94	PED = 2cm	
vs PED	BMI < 18.5	0.95	PED = 2cm	
	BMI > 18.5	0.93	PED = 2cm	

HI = Haller Index, CI = Correction index, PED = physician estimated depth, AUC = area under the curve









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## Acknowledgements

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### Conclusions

•PED over 2cm can accurately identify patients who require CT imaging and pectus correction •Our findings show that PED may be employed easily in the clinic as a screening tool, thereby minimizing unnecessary CT scans A prospective evaluation of PED is underway at our

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