



A-T Clinical Center at Johns Hopkins

IMPORTANT FACTS ABOUT: Ataxia-Telangiectasia (A-T) and X-Rays

When should I get an X-ray?

In the laboratory, A-T cells are more likely than normal cells to suffer damage when exposed to x-rays. Although the amount of radiation from diagnostic x-rays is quite low, there is a theoretical risk that x-rays may cause harm to an A-T patient. Therefore, we recommend that x-rays should be performed only when the result is likely to affect a medical treatment decision.

Guidelines for use of Diagnostic X-Rays in A-T

- Avoid x-rays whenever possible
- X-rays should be used only when the result will affect medical treatment.
 - If an A-T patient has fever and cough, and the doctor hears sounds characteristic of pneumonia, antibiotics can be prescribed without the need for a chest x-ray in most cases. If symptoms persist despite antibiotics, a follow-up chest x-ray may be useful.
 - If a wrist fracture is suspected, an x-ray may be important for making a correct diagnosis, and initiating proper treatment.
- Alternative tests (MRI scan or sonogram) may provide equivalent information without requiring x-rays, and should be used when possible.
- Routine screening dental x-rays should be avoided, but an x-ray for a painful tooth may help the dentist plan the best treatment.
- Therapeutic X-rays (radiation therapy) should **NEVER** be given to an A-T patient without expert consultation.

