

## Why has part of the specialty been relegated to the backstage in the field of imaging diagnosis?

*Por que parte da especialidade está sendo relegada a segundo plano dentro do diagnóstico por imagem?*

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Dear Editor,

Radiologists graduated until the mid-eighties had almost only the opportunity of learning the old, centennial, and nowadays relegated to the backstage, conventional radiology, since most of our teaching hospitals with residency programs simply were not equipped with ultrasonography (US), another method that is about to be relegated to the limbo by newly graduates. Some of the “veterans” have taken the same path, managing to learn about US, which they used for many years in their daily activity. Others were attracted by computed tomography (CT) and magnetic resonance imaging (MRI), following their own personal preferences and willingness to be technologically updated. And some decided to remain technologically stagnant.

Among trainees, residents, master and PhD fellows, one observes almost a certain “neglect” regarding conventional radiology and US. On the other hand, CT and MRI attract attention and interest from the younger generation. Curiously, the very basis of imaging diagnosis is the old, conventional radiology. It is from conventional radiology that one learns to interpret, think, vary and suggest other things. One tries to find out a reason for this, beyond the obvious financial reward, as the days when MRI professional made as much money as they wanted, are gone. I firmly believe that the roles are changing. With so many new professionals willing to learn MRI and CT, will those who know how to perform, interpret and report with quality “in the old imaging methods” soon enjoy appreciation in the “marketplace”?

With a view on this trend, especially on the almost manifested disdain that some residents demonstrate for allegedly losing time learning conventional radiology and US, we have carried out a survey in the **Radiologia Brasileira (RB)** journal, to check into what is still being published about such almost abandoned “subspecialties”. Such survey covered the past ten years – a good reference to begin with. With the Brazilian word “ultra-sonografia” (ultrasonography), still written in the former orthography with a hyphen, we have found 77 articles. With the word “ultrasonografia”, the current spelling without the hyphen, 63 articles have been published by **RB** since 2009.

In order to compare, let us take an international look. Who knows, maybe “below the Equator” we are obsolete, and in

the so called “first world” such methods are no longer utilized. At PubMed, as one enters “ultrasound”, one gets 387 thousand references, more than 98 thousand over the past five years, and almost 180 thousand over the last ten years. If one enters “X-ray”, and restricts the search to a ten-year period – Does anyone want to place a bet? More than 350 thousand articles come up. Getting back to **RB** and entering the word “radiografia” (radiography), one gets 55 articles. When one enters the words “radiografia OU convencional” (radiography OR conventional), 83 references come up.

With such a number of references, what would their themes be?

One is very gratified and happy to see that very interesting studies on those imaging methods are being developed and published. Here are some of them: Abdominal gossypiboma<sup>(1)</sup>, four beautiful case reports<sup>(2-5)</sup>, gallbladder wall thickening<sup>(6)</sup>, correlation between PSA and prostate cancer<sup>(7)</sup>, study of cerebral ventricles<sup>(8)</sup>, BI-RADS US<sup>(9)</sup>, abnormal uterine bleeding<sup>(10)</sup>, intima-media complex in atherosclerosis<sup>(11)</sup>, comparison between US and MRI in the portal flow assessment<sup>(12)</sup>, endoleaks in the endovascular management of aortic aneurysms<sup>(13)</sup>, abnormalities in the first trimester of pregnancy<sup>(14)</sup>, radiographic findings in the treatment of pulmonary paracoccidioidomycosis<sup>(15)</sup>, neurofibromatosis<sup>(16)</sup>, study of the spine after cervical traction<sup>(17)</sup>, and finally, three articles about medical physics<sup>(18-20)</sup>.

Certainly other readers will have other preferences.

A question appears appropriate at this point: Is there any logic or common sense in abandoning such areas of radiological knowledge? Even when one thinks only on the financial aspect of the profession, knowing something more than CT and MRI can be very good. Even if it is only to remain differentiated in an increasingly demanding and, maybe undifferentiated labor market. I do believe that residents in these “modern times” (remembering the ingenious Charles Chaplin) must think about it. It is not even necessary to create a differential. Simply not losing it would be good enough.

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