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Review of Radiology, 2nd Edition — Excerpts

THE BOOK

Author	Sumer K Sethi
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(Review of Radiology by Sumer K. Sethi - Excerpts)

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Interview with Dr. Sethi | Excerpts | Quiz



FEATURED BOOK : REVIEW OF RADIOLOGY

QUIZ FROM SUMER SETHI'S "REVIEW OF RADIOLOGY"

Review of Radiology, 2nd Edition *by* Sumer K Sethi, Softcover, 4.5" x 8.5". Peepee Publishers & Distributors (P) Ltd., 7/31, First Floor, Ansari Road, Daryaganj, New Delhi - 110002, India. . E-mail:peepee160@yahoo.co.in: Publication Date 2005. 201 pages, ISBN 81-88867-29-2. Price: $6.00, £3.00, Indian Rs 100.00

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This is one of those rare high quality books, that won critical acclaim from all eight of our reviewers. The fact that they come from three different continents, confirms that this book has a global appeal. The board of editors decided to run some excerpts from this immensely useful book, so one could judge what a valuable addition to forensic literature this book has been.

The book comprises of several chapters all relating to vastly different topics, covering almost the entire gamut of radiology. One of the chapters that I liked most was the first which deals with historical aspects. Here is what Sethi has to say on page 1...

DISCOVERY

. X-Rays were discovered by: W.C. ROENTGEN (GERMANY)

In the latter half of the year 1895, a German scientist called Roentgen was working in his laboratory at the Physical Institute of the University of Wurzburg, Germany, experimenting with a type of discharge tube called Crooke's tube. The tube displayed a fluorescent glow when a high voltage current was passed through it. When he shielded the tube with heavy black cardboard, he found that a greenish fluorescent light could be seen on a fluorescent screen kept some 9 feet away. Roentgen concluded that a new type of ray was emitted from the tube that could pass through the black covering. The rays could pass through most substances, including the soft tissues of the body, but left the bones and most metals visible. One of his earliest photographic plates from his experiments was that of a film of his wife, Bertha's hand with a ring. Roentgen named the invisible radiations as X-rays (or unknown rays).

. Discovered on Nov 8, 1895

. Roentgen got the Nobel Prize in-1901

This is what Sethi has to write on Pulmonary Infections on Pages 21-23 (2nd Edition)

PULMONARY INFECTIONS

Radiology of Pulmonary Tuberculosis :***

Primary TB:

. Ghon's lesion: Subpleural consolidation + lymphatic + enlarged lymph nodes

. Lymphadenopathy is characteristic of primary infection (also in Tuberculosis with AIDS)

. Consolidation can occur anywhere in the lung. (More common subpleural sites in lower lobe)

Secondary TB

. Cavitation

. Fibrosis

. Involves Apical segments of upper and lower lobes

. V. UN COMMON IN ANTERIOR SEGMENT OF UPPER LOBE**

Hematogenous spread of TB leads to miliary shadowing

Endobronchial spread : Tree in bud appearance**

Rasmussen aneurysm: Pulmonary artery in cavity TB may cause hemoptysis**

-In hemoptysis-First vessel to be studied-Bronchial artery.

class="sample style2">**PNEUMONIA**

Pneumococcal- more commonly basal, klebsiella more common right upper lobe, bulging fissure, mycoplasma earliest CXR change is fine reticulo-nodular shadows followed by consolidation. Viral pneumonias may show-peribronchial shadowing, reticulonodular shadows and consolidation

Bulging Fissure

. **Klebsiella** pneumonia (Freidlander's bacillus)

. Lung abscess

. Ca bronchus

Hydatid Lung

. No or rare calcification in lung

. 'Water lily' sign OR CAMALOTE SIGN**

Hydatid cyst forms three layers:

Pericyst due to fibrous host reaction, ectocyst and the endocyst containing brood capsules.

ASPERGILLOSIS IN LUNG

- **ASPERGILLOMA**

CXR show density surrounded by air in the cavity (air crescent sign)

Also seen in -

AIR Crescent sign

. Aspergilloma or fungal ball

. Inspissated pus in a cavity

. Tumour or clot within the cavity

. Hydatid cyst.

- **Invasive aspergillosis**

In immunocompromised persons

CT Halo appearance due to surrounding haemorrhagic inflammation.

3) **Allergic bronchopulmonary aspergillosis** type III immune reaction, central bronchiectasis, 'gloved finger appearance'

Pneumocystitis Carnii

CXR normal in 10% may show perihilar and mid/lower zone ground glass infiltrates, lymphadenopathy pleural effusion less common. Pneumothorax is well recognized complication.

Broncіectasis

Morphological Types(increasing severity)

1. Cylindrical

2. Varicose

3. Cystic

Radiological Signs **

- 'Signet-ring' sign- bronchus is larger than the accompanying vessel
- Tram track sign- Lack of peripheral tapering (cylindrical bronchiectasis)
- String of beads appearance alternate dilatation and constriction (varicoid bronchiectasis)
- Cluster of grapes appearance (cystic bronchiectasis)

- Investigation of choice: HRCT**
- **Central Bronchiectasis is a Sign of Allergic Bronchopulmonary Aspergillosis (ABPA) ****
- **Idiopathic disease** showing tracheobronchomegaly is mounier-kuhn syndrome.

And finally sample the following lists of radiosensitivities of different tumors. Sethi gives this list on page 96 (2nd Edition). Students would find such helpful lists throughout the book.

RADIOSENSITIVITY OF DIFFERENT TUMOURS

Highly sensitive

- Lymphoma
- Seminoma
- Myeloma
- Ewing's sarcoma

- Wilms' tumor

Moderately sensitive

- Small cell lung cancer
- Breast cancer
- Basal cell carcinoma
- Medulloblastoma
- Teratoma
- Ovarian cancer

Relatively resistant

- Squamous cell carcinoma of lung
- Hypernephroma
- Rectal carcinoma
- Bladder carcinoma
- Soft tissue sarcoma
- Soft tissue sarcoma
- Cervical cancer

Highly resistant

- Melanoma
- Osteosarcoma
- Pancreatic carcinoma

Order this Book by clicking here.

Interview with Sumer Sethi.

-Editor-in-Chief

of Volume 4, No. 1 (January - June 2005)