

# Building the Bridge Between the Global Partner Society (GPS) Journals and ARRS



*New articles on gastrointestinal imaging from around the world.*



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**B**eginning in May 2012, Dr. Mauricio Castillo, the ARRS International Outreach Committee chair, appointed me to be the ARRS International Publication Liaison to the *AJR*. I began this position by coordinating the interactions between ARRS' Global Partner Society (GPS) Program and appropriate ARRS publications. Some of my additional responsibilities include reviewing and identifying GPS abstract presentations from the ARRS annual meetings for potential publication in the *AJR*. Several excellent abstracts presented by the Japan Radiological Society (JRS) and the Korean Society of Radiology during the 2012 ARRS Annual Meeting in Vancouver were forwarded for consideration to the *AJR* editors.

Reviewing applications for the Rogers Fellowship program as well as editing this year's Global Exchange roundtable article, "Screening Practices Around the Globe" are also among my functions (see pg. 5). This year's discussion focused on radiology screening practices and included commentary from members of the JRS.

In the spirit of academic reciprocity, a publications exchange program was recently launched that encompassed agreements between Dr. Nagara Tamaki, Dr. Kyung Soo Lee, Dr. José Maria García Santos, Dr. Roberto Pozzi Mucelli, Dr. Jan Lotz, and Dr.

Thomas Berquist, editors of the *Japanese Journal of Radiology*, the *Korean Journal of Radiology*, *Radiología, La Radiología Medica*, the *South African Journal of Radiology*, and the *AJR*, respectively. Through the exchange, open access to one original article is provided monthly to ARRS global partner society members. I select these articles on the basis of the highlighted section featured in the *AJR*, and I include a brief summary on the ARRS International Outreach Program webpage.

Articles from each global partner society will be featured on the ARRS website and in this publication. For this year's review, the following international manuscripts focused on gastrointestinal imaging are highlighted.

### **Japanese Journal of Radiology**

Y. Sugiyama, Y. Fujinaga, M. Kadoya, K. Ueda, and M. Kurozumi. Characteristic magnetic resonance features of focal autoimmune pancreatitis (f-AIP) useful for differentiation from pancreatic cancer. *Jpn J Radiol* 2012; 20:296–309

In this article, the authors described a speckled or dotted enhancement inside a focal mass lesion on pancreatic phase 3D-DCE-T1W1 as highly sensitive (88.9%) and specific (100%) for focal autoimmune pancreatitis (f-AIP). Previously reported characteristic patterns of f-AIP including capsule-like rim and duct penetrating sign may not be as useful in differentiating f-AIP from pancreatic cancer owing to low sensitivity. The combination of elevated serum IGG4 levels and speckled pattern of enhancement may be used to avoid unnecessary and invasive endoscopic ultrasound-guided fine-needle aspiration biopsy or pancreatic resection on the basis of incorrect diagnosis of pancreatic cancer.

### **Korean Journal of Radiology**

S.-Y. Chung, S. H. Park, S. S. Lee, et al. Comparison between CT colonography and double-contrast barium enema for colonic evaluation in patients with renal insufficiency. *Korean J Radiol* 2012;13: 290–299

CT colonography (CTC) has a higher diagnostic yield and marginally higher positive preventive value for detecting colorectal neoplasia in patients with renal insufficiency as compared to double contrast barium enema (DCBE), despite a similar diagnostic yield for adenocarcinoma. Both methods had similar diagnostic performance in detecting diverticular disease. Advantages of CTC over DCBE include the ability to detect extracolonic abnormalities, including malignancies, marginally lower radiation exposure, and lower rate of inadequate examinations.

### **Radiología**

J. C. Gallego Ojea, A. I. Echarri Piudo, and A. Porta Vila. Crohn's disease: the usefulness of MR enterography in the detection of recurrence after surgery. *Radiología* 2011; 53: 552–559

MR-enterography (MR-E) is a useful imaging technique for detection of Crohn's disease recurrence in patients with small bowel resection. The concordance of MR-E using endoscopy as

## **Web Exclusives**

To learn more about the international manuscripts featured in this article, please click on the following links to read more about these timely and practical resources.

- *Japanese Journal of Radiology*:  
<http://bit.ly/Fall12InPIIntl-1>
- *Korean Journal of Radiology*:  
<http://bit.ly/Fall12InPIIntl-2>
- *Radiología*: <http://bit.ly/Fall12InPIIntl-4>
- *La Radiología Medica*:  
<http://bit.ly/Fall12InPIIntl-3>
- *South African Journal of Radiology*:  
<http://bit.ly/Fall12InPIIntl-5>

the gold standard was similar to that of other imaging techniques, in particular MR-enteroclysis. When cases were classified as low-grade recurrence (no or mild recurrence) or high-grade recurrence (moderate to severe), the concordance between MR-E and endoscopy was excellent ( $k = 0.85$ ). Nonetheless, MR-E was not able to differentiate between mild and severe recurrence in 3 out of 25 cases; for this reason, in cases of postoperative recurrence detected by MR-E, the authors recommend the use of endoscopy to more accurately determine the degree of recurrence.

### **La Radiología Medica**

L. Salvolini, C. Urbinati, G. Valeri, C. Ferrara, and A. Giovagnoni. Contrast-enhanced MR cholangiography (MRCP) with GD-EOB-DTPA in evaluating biliary complications after surgery. *Radiol Med* 2012; 117: 354–368

The use of contrast material that undergoes hepatobiliary excretion allows accurate evaluation of biliary tract alterations including assessment of postsurgical complications. Contrast-enhanced MRCP (CE-MRCP) overcame the limitations of unenhanced MRCP in all cases. In patients undergoing major liver surgery, CE-MRCP provides complete characterization of the biliary tract and its alterations without the use of more invasive tests such as ERCP, which also entails greater radiation exposure and more potential complications. CE-MRCP allows functional imaging of biliary excretion and fistulas, assessment of segmental function and extent of bile leakage, and differentiation of the causes of biliary obstruction.

### **South African Journal of Radiology**

B. M. Terry, D. Blehar, and R. Gaspari. FAST as a predictor of clinical outcome in blunt abdominal trauma. *S Afr J Radiol* 2011: 108–115

In this retrospective descriptive study in 172 adult patients who received focused assessment with sonography in trauma (FAST) for the evaluation of blunt abdominal trauma, a negative FAST scan was an excellent predictor of the absence of significant intraabdominal injury as well as a more sensitive technique as compared to CT for detecting the presence of free intra-abdominal fluid. ■