Welcome Back!

Dear Friends.

On behalf of all the office bearers of the IACI, it gives us immense pleasure to inform you that the IACI has been finally registered in Mumbai. This means that the association has its own bank account and can FINALLY enroll members! This has materialized through the persistent efforts of Dr Hemant Telkar (and our persistent pestering of him!!). Dr Nori and his team have set up the new society website, www.iaciind.org. The website hosts information about the association and its objectives, membership details, links to the newsletter, facebook and twitter pages, and news updates.

The IACI became an “affiliated regional group” of the SCMR in August 2012. This means that although we function as an independent body, both the associations enjoy the mutual benefits of educational and research collaboration and cross marketing. It may also be possible for the SCMR to support the activities of the IACI in the form of faculty participation, financial support and membership benefits.

The membership drive of our association is in full swing. There were 15 enrolments as full members during the annual meeting at Bangalore and many more are submitting their forms at this moment. The membership forms can be downloaded from iaciind.org. All radiologists, cardiologists, cardiothoracic surgeons and allied specialists are strongly encouraged to join.

The 2nd Annual meeting of the IACI was held in Bangalore on December 1-2, 2012 with the theme “Cardiac CT and MRI”. Dr Sanjaya Vishwamitra pitched in at the last moment to organize the meeting at the Sathya Sai Institute for Higher Medical Studies in the city. There were 140 registered delegates. Radiologists and a small number of cardiologists from various parts of India attended the meeting. There were separate sessions devoted to basic and advanced aspects of cardiac CT and MRI. Key topics included sedation and radiation concerns, echocardiography, CT myocardial perfusion and prognostic value of CT. The quiz was a hit with the residents, with educational material awarded to the prize winners.

This was followed by a mid-term CME “CMR Foundation Course” on 4th May 2013 in Hyderabad. This was a dedicated to the basics of Cardiac MRI, and included didactic lectures, video demonstrations of actual cardiac MR procedures in various disease conditions, and a quiz with participation from the audience. The meeting received enthusiastic support from the 80 delegates that attended the meeting.

The 3rd Annual Meeting of the IACI is planned for the latter part of the year. We will keep you posted about the final dates and venue for the meeting.

The contents of this newsletter include latest news on cardiac imaging, case of the month, imaging quiz, links to education resources and humor in radiology. Suggestions to improve upon the quality and contents of the newsletter are most welcome. Besides, the editorial team would appreciate contributions for the case and quiz sections.

Heartily yours,
Gurpreet
Narendra
**Case of the Month: C3/12/2013**

**Cor Triatriatum:** A one-year-old boy presented with progressive dyspnoea. Echo showed severe pulmonary hypertension with features suspicious for cor triatriatum with inadequately visualised left pulmonary veins. CT angio was requested to delineate pulmonary venous anatomy.

**Contributed by:** Dr Rajesh Kannan, Associate Prof in Radiology, Amrita Institute of Medical Sciences, Cochin

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**Fig 1:** Four chamber view of CT shows an extra chamber on the right side of LA with membrane separating them. **Fig 2:** Oblique sagittal reconstruction CT shows the extra chamber posterior to LA. **Fig 3:** Oblique VRT image showing all pulmonary veins draining into the extra chamber.

**Discussion:** Cor triatriatum essentially means "atrial heart" due to the accessory chamber created by the membrane appearing as an extra atrium. Embryologically, cor triatriatum is thought to result from defective resorption of the common pulmonary vein into the left atrium, resulting in obstruction of junction between common pulmonary vein and left atrium. In cor triatriatum sinister, the left atrium is divided by a membrane into a posterior-superior chamber that receives the four pulmonary veins and an anterior-inferior chamber that connects to the left ventricle by means of the mitral valve. However, variable types of subtotal cor triatriatum are also noted, with only the right or left pulmonary veins draining into the upper chamber. With cor triatriatum dexter a similar scenario is seen through the right atrium. It is generally believed that cor triatriatum dexter results from persistence of the right valve of the sinus venosus. In classic cor triatriatum, there is an accessory chamber within the left atrium that represents the common pulmonary vein. This accessory chamber communicates with the left atrium through an opening that demonstrates varying degrees of stenosis. The accessory chamber is always above the level of the left atrial appendage, a finding that allows differentiation of the membrane of cor triatriatum from a supravalvular mitral ring.

Advanced cardiac imaging with CT or MRI may be necessary in atypical forms of cor triatriatum in which drainage of all individual pulmonary veins cannot be completely defined with echocardiography.

The most important information needed for management is the degree of pulmonary venous obstruction, which is determined by the flow gradient across the stenosis and by right ventricular pressures. The former may be estimated with MR imaging by using cine phase-contrast velocity flow mapping, while echocardiography provides an estimate of right ventricular pressure.

**References:**


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**Quiz of the month**

Case contributed by: Dr Prakash Muthusami; Dr Narendra Bodhey

- Neonate with severe cyanosis at birth
- MRI: This MRI sequence in two projections is available.
- Identify the sequence of the MRI
- Give the complete diagnosis of the entity

- Please send in your answers, along with your name and department/institution by 15th May 2013 via email to:
  - narendrakb2001@yahoo.co.in
  - narendra.bodhey@gmail.com
  - gulatigurpreet@rediffmail.com

- Answer will be available in the next issue of this newsletter.
Humor

Dear Colleagues and friends,

To spice up the tempo with some humor in the history of Radiology, this is an article borrowed from www.auntiminnieurope.com. It has been reproduced here with the kind permission of the editor of the website Dr Philip Ward and the author Dr Adrian Thomas.

Radiology is a serious profession, of course, but it is a mistake to take ourselves too seriously all of the time. We need to remember that we are humans and not robots. Computers do not understand jokes. Also, keep in mind that the patient is not a machine and doctors are not mechanics.

One of the greats of radiology was the late Dr. Ben Felson (1913-1988), a radiologist from Cincinnati, U.S. He founded the journal *Seminars in Roentgenology* in 1966 and wrote a famous "Letter from the Editor." There can be few authors who write a radiology textbook in a conversational style and include jokes and anecdotes, yet this is precisely what he does in his *Chest Roentgenology* (1973).

The book is designed to be read from cover to cover, unlike the average textbook. He described the well-known silhouette sign and visited a New York hospital to see a friend shortly afterward. Felson relates how he slipped into the back of a film reading session, sitting between two residents. When a film was put up, one resident whispered to the other, "There's the silhouette sign." Felson asked what it was and the resident gave a perfect description attributing it to "some fellow out West." The resident then called out "middle lobe disease" and Felson acted impressed. The chief then said, "Oh, Dr. Felson from Cincinnati is visiting us today. Would you come to the front, Ben?" As Felson passed by, the resident hissed to Felson: "You son of a bitch!"

Felson is in the tradition of science writing when the first person is used and the impression is given that the writer is sitting opposite the reader and describing the work. So much of modern science is either written in the third person, which is supposed to be more "scientific," or there may be no writing at all and the book is a collection of tables and bullet points. However, it is essential that we retain the human particularly in our computerized world. A fascinating collection of Felson's essays was collected posthumously as *Humor in Medicine* (1989) and should be required reading for all radiologists.

As Felson said, humor can be with our patients, colleagues, or friends on an everyday basis in the form of kidding or the "light touch." Humor has a great value and makes us appear more human and humane. Many of our encounters are serious and humor makes us more relaxed. I often tell jokes and stories to patients to put them at ease and build rapport -- however whilst the joke is new to the patient, my long-suffering assistants have heard it hundreds of times!

For example:

Q: Why is there no aspirin in the jungle?

A: Because the parrots eat 'em all! (Paracetamol)

Or:

Q: Why didn't the radiologist marry the radiographer?

A: Well, they saw through each other!

Some jokes are more risqué and are for internal consumption.

Q: What is the advantage of the double-contrast barium enema (now CT colonography)?

A: Well, you can pass wind and everyone thinks it's the patient!

There are many examples of radiology in cartoons. A common theme is that we are all walking skeletons -- "The wife and kids!" are a family of skeletons (fig. 1). The "charming little portrait" of a radiologist's wife is a skeleton (fig. 2). This acts as a memento mori -- "Remember you will die." We are all mortal and we are not as different from our patients as we imagine.

Fig. 1 (left): "The wife and kids!" are a family of skeletons. Fig. 2 (right): The "charming little portrait" of a radiologist's wife is a skeleton.
Some of the themes are naughty -- the inappropriate hands seen on the chest x-ray (fig. 3) -- or the x-ray machine damaged by the well-developed female patient (fig. 4). X-rays are naughty and show things that should be kept secret.

The French cartoonist Claude Serre (1938-1998) was a master of black humor. He ridicules the insensitivity of modern hospital care in this cartoon of a laughing doctor and the sad and bemused patient who is alienated by the treatment that he is receiving (fig. 5).

In the second Serre cartoon, the bored radiologist is looking at the TV test card projected on the fluoroscope, and again the poor patient is ignored and alienated (fig. 6). Serre was a master at depicting alienated patients suffering modern healthcare from an insensitive medical staff. So, good use of humor can definitely help.

Do get copies of the books by Felson below and read them. Look out for books by Claude Serre. Remember that we are humans and not robots.

Finally:

A: I have just lost an electron.
B: Are you positive?

Reference:

The original source of this article is www.auntminnieeurope.com
Upcoming Cardiac Imaging Meetings

European Society for Cardiac Radiology 2013
Oct 24-26, 2013, United Kingdom
www.escr.org

American Heart association  2013
Nov 16-20, 2013
Dallas, Texas, USA
http://scientificsessions.americanheart.org

Radiological Society of North America 2013
Dec 1-6, 2013
Chicago, USA
http://www.rsna.org/Annual_Meeting.aspx

The Society for Cardiovascular Magnetic Resonance 2014
January 16-19, 2014
New Orleans, USA
http://www.scmr.org

British Society of Cardiovascular Imaging 2013
10 May 2013
Bristol, UK
www.bsci.org.uk

Asian Society of Cardiovascular Imaging 2013
August 16-18, 2013
Beijing, China
http://www.asci2013.org
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