Dear Colleagues,

As co-editors we are extremely pleased to present this first e-newsletter on behalf of the council of Sri Lanka College of Radiologists. We wish to compile all future news letters in electronic format to reach a wider membership in keeping with current trends. This is a platform for discussion of various issues pertaining to our field and your views and suggestions are most welcome. In addition concise academic articles on protocols, guidelines, procedures and research are encouraged. Please see our special letter to our readers on page 14. This is a quarterly publication. Letters and articles can be submitted through the college email. We invite you to contribute and make this news letter a success.

Editors

Contents In this issue-

Page 2   - The President’s Message
Page 3,4 - 13th Annual academic sessions
Page 5   - The Council of SLCR
Page 6   - International Day of Radiology
Page 7   - Annual College Dinner
Page 8,9 - Whither Radiology-Guest Article
Page 10  - TNM staging of Colon Cancer
Page 11  - A rare case report
Page 12  - From academic Secretary
Page 13  - From the web
Page 14  - Letter from editors
Message from the president

Dear Colleagues,

I release this message to the first news letter, after assuming the presidency of the Sri Lanka College of Radiologists year 2014/2015 to highlight few facts of timely importance pertaining to the specialty of Radiology in Sri Lanka. The specialty of Radiology is arguably the fastest growing field out of all medical sciences. In the recent past, the role of clinical Radiologists has undergone a major shift from a mere reader of medical images to a vital member of multidisciplinary team in therapeutic decision making and management of patients.

This paradigm shift of the role played by the clinical Radiologist is well recognized by the health policy makers in most countries and many programs are underway to increase the specialty manpower in Radiology as well as to enhance their skills and academic knowledge. Most countries appear to believe that there should be a minimum of 5 clinical Radiologists of all subspecialties to serve a population of 100,000. Unfortunately the specialist manpower of Radiology in Sri Lanka falls far below the above figure and the Radiologist to population ratio in this country is only about 0.9 per 100,000 people. I believe the Sri Lanka College of Radiologists should work hard with determination towards achieving a realistic Radiologist to population ratio with collaboration of the policy makers in the Ministry of Health. Currently it has become a highly complex issue due to lack of established guide lines to follow. Availability and distribution of Radiological equipment and existing carder of Radiologists in training centers are major obstacles encountered. Ministry of health should pay due attention to rectify those if standards of the radiology services are to be improved. We should look in to widen the scope of Radiology practice by way of opening up new Radiology carder positions in public health care institutions of the country.

In this journey I strongly believe that we need to work out strategies along with the academic body of Radiology, the Board of Study of Radiology at the Post Graduate institute of Medicine sincerely wish the Radiology subspecialties will be implemented in the near future widening the new horizons of the field of Radiology in Sri Lanka.

I have lined up few activities to upgrade the knowledge and skills of our members by means of workshops, clinical lecture demonstrations, web based teaching activities, promotion of Research and publications with introduction of CME points system etc. Establishment of the PACS will be a milestone in the field of Radiology in Sri Lanka. We should work in collaboration with the Ministry of Health to unravel many problems encountered by them during the preliminary work up of this important venture. With the unreserved assistance of members of the college I am optimistic that the council I am blessed with is capable of achieving above goals.

I take this opportunity to thank the membership profusely for having selected me to this prestigious post. I seek the guidance and assistance of the entire membership in all the academic and social activities planned for the year in order to keep up the traditions and standards of our college, SLCR.

Dr. Chandra Sirigampala, President, The Sri Lanka College of Radiologists
13th Annual academic sessions of SLCR was held at The Kingsbury, Colombo from 29th to 31st of August 2014, under the theme “Tumour Imaging – A way Forward”. A very distinguished international faculty graced the event.

**Pre-congress Work-shop**

Workshop on “Publishing Your Research” was chaired by Prof. Derrick Martin, immediate past editor of Clinical Radiology.

![Prof. D. Matin, Prof. Richard Mandleson and Dr. Anurudha Abeygunasekara at the pre-congress workshop](image)

**Inauguration Ceremony**

The Inauguration ceremony was held on 29th of August 2014 under the patronage of Dr. Firdosi Rustom Mehta, WHO representative to Sri Lanka, as the chief guest. Prof. Richard Mendelson, Consultant Radiologist from Royal Perth Hospital was honored as the guest of honour for his contributions to Post Graduate training in Radiology in Sri Lanka.
Dr. S.N.B. Talwatte Memorial Oration 2014

Dr. S.N.B. Talwatte Memorial Oration was delivered by Dr. Harsha Dissanayake on the title “Morphological and Morphometric Study of the Human Kidneys and renal vessels”

Scientific Sessions

Scientific sessions comprised of series of guest lectures in GIT, GUT and hepato-pancreato-biliary malignancies by foreign and local faculty with special emphasis on recent advances in onco-imaging.

Some special events from the academic sessions
The AGM 2014 was held at the Old Auditorium of LRH, Colombo. Dr. Kantha Samarawickrama, the outgoing President SLCR chaired the meeting. Amendments to the constitutions proposed at the SGM were approved at the AGM. In addition several key issues of concern to the membership were discussed. Finally a new council for the year 2014/15 were elected by the members present.

**The Council and Office bearers of the SLCR 2014 - 2015**

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<td>Dr. Sumudu Palihawadana</td>
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<td>Ex-officio Honorary Council Member</td>
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SLCR celebrated 3rd International day of Radiology, which fell on 8th of November, along with other radiology societies in the world.

An academic event, under the theme “Brain Imaging” was held to mark the occasion on 9th of November at the auditorium of NTU-NHSL. Dr. Tamara Rajapakse and Dr. Harsha Dissanayake delivered lectures while Dr. Samitha Egodage conducted an interactive session of MRI brain case interpretation.

The meeting was well attended especially by new entrants to MD/ radiology training programme.
Annual college diner was held on 9th of December 2014 at the Grand Crystal ballroom of Taj Samudra, Colombo. It was very well attended by the membership, despite adverse weather conditions, marking the end of another successful year of College activities. The night was hosted by the Academic Secretary Dr. Rupa Kannangara.

The two external examiners of MD/Radiology examination, Prof. John Tallach Murchison and Dr. Andrew Brian Rickett delivered lectures on Interstitial Lung Disease and Non-Accidental Injuries respectively which were well appreciated by the membership present.

As a novel concept a token of appreciation was awarded to each and every local examiner, by the President SLCR Dr. Chandra Sirigampala, in recognition of their contribution to MD/Radiology examination. This was in addition to the aged old tradition of appreciating the contributions by foreign examiners.

The Secretary SLCR Dr. Janaka Rajapakse, concluded the event with vote of thanks inviting the members for a fellowship followed by dinner.
Whither Radiology?

When I started off as a trainee in Radiology in the early sixties, Radiology was exactly what it professed to be; the images were all produced by conventional X-rays. The only somewhat complicated procedure was tomography. Now, despite the various imaging techniques which have become indispensable, we still masquerade as Radiologists!

X-rays were initially discovered by Roentgen in 1895. However, the Medical World was slow in exploiting its potential as a diagnostic tool. It was only after the first world war that its value in diagnosis was recognized. During this war [1914-1918], Marie Curie, famed for her discovery of the radio-activity of Radium, and the recipient of two Nobel prizes, together with her daughter Eve, used to pack a mobile X-ray unit into their car, and take it to the front-line. Here, in make-shift field hospitals, the casualties were X-rayed, facilitating the diagnosis of fractures, perforation, and gas gangrene, and the location of embedded bullets.

In the post-war period, X-rays were increasingly used for diagnosis. However, it took several years for it to be recognised as a speciality. It was only in the 1930s that the first Radiology departments were established in hospitals.

Dr. R.L. Spittel, in his text-book, ”Essentials of Surgery” published in Ceylon in 1932, refers to the use of X-rays in the diagnosis and treatment of fractures, lung pathology, and oesophageal obstruction, [used here in conjunction with a “radio-opaque substance”] . He also mentions fluoroscopic examination of the diaphragm in the diagnosis of sub-phrenic abscess.

I had the privilege to be taught by some of the “giants” in the field of Radiology. The first of these was Dr. S.N.B. Talwatte, who, despite being soft-spoken, with a benign [almost angelic!] expression, and a ready smile, was a strict task-master. He maintained a high standard of quality control.

In his methodical analysis of X-rays, he did not overlook the smallest detail which would enable one to arrive at a diagnosis.

In the 60s and 70s quite a few Doctors were amazed at the amount of pathology we would detect on routine films. I will not elaborate on the “contrast” examinations produced in that era.

Suffice to say, that with basic equipment, sans image intensification, our Angiograms, Micturating Cystograms, and Transhepatic Cholangiograms were of good diagnostic quality.

On going to the U.K for further qualifications, I had the good fortune to work in centres of excellence, with a few more “giants” in the field of Radiology. There was Dr. George Simon of Brompton Hospital who presented an unforgettable series of lectures on the chest X-ray--invaluable to both Radiologists and Clinicians alike. Dr. Basil Strickland of Westminster Hospital, who had no difficulty in recognising the various manifestations of congenital and acquired heart disease on the plain film.

Dr. Hugh Saxton of Guys Hospital whose expertise on the genito-urinary system led him to establish the micturating cystogram, as an essential diagnostic procedure in childhood urinary infections.

Continues on page 9
For several decades no-one anticipated a Radiology department where X-rays would be superseded by other diagnostic techniques. In the seventies, Ultrasonography and Computerised tomography [CT scans] were established as new imaging techniques, which widened the spectrum of imaging, to encompass soft tissues, and in the case of CT, vastly improve bony detail. This was soon followed by Magnetic Resonance Imaging, and somewhat later, the P.E.T scan. Now, imaging has extended its scope to include the functional aspect.

All these techniques are taken for granted by the practicing Radiologist today: the X-ray per se has been relegated to an insignificant role-- usually a stepping stone to another procedure. Does this mean that the X-ray is given only a cursory glance? I sincerely hope not!

An important positive aspect of the advances in imaging, are the invaluable minimally invasive interventional techniques performed by Radiologists, often replacing potentially hazardous surgical procedures.

Initially, a CT scan took much longer than it does today to complete, and the number of ‘slices’ were much less. The teaching then was that the radiation from a CT scan of the abdomen was equivalent to 10 times that of an IVU series. Now, the CT has become a routine procedure completed in a few seconds, and the radiation ‘dose’ has ceased to be regarded as significant. Hopefully, not under--played.

I get the impression that the referral for these expensive investigations is almost by rote, a mechanical action, with not enough consideration been given to the individual requirements of each case.

A case in point is internal derangements of the knee [admittedly, a fairly minor problem, although incapacitating to the patient]. As students we learned of the classic clinical picture of a torn cartilage, of the importance of eliciting the site of tenderness. Now, a patient who complains of pain in the knee is immediately referred for an MRI.

A disturbing thought is, are our clinicians losing their diagnostic skills, and our Radiologists their analytic ones, by meekly submitting to a burgeoning technology?

Dr(Mrs.)Premini Amerasinghe

Note from the Editors-
We are extremely grateful to Dr. Premini Amerasinghe for providing this valuable article at short notice
TNM staging of Colon Cancer a ready reckoner
(Adapted from LWW oncology and RAS 6076)

**DEFINITION OF TNM**

- **T1**: Tumor invades submucosa
- **T2**: Tumor invades muscularis propria
- **N0**: No regional lymph node metastasis
- **T3**: Tumor invades through the muscularis propria into pericolic or perirectal tissues
- **T4**: Tumor directly invades other organs or structures, and/or perforates visceral peritoneum
- **N0**: No regional lymph node metastasis

**STAGE GROUPINGS**

**Stage I**
- T1 N0 M0
- T2 N0 M0

**Stage II**

**Stage II A**
- T3 N0 M0

**Stage II B**
- T4a N0 M0

**Stage II C**
- T4b N0 M0

**Stage III**

**Stage III A**
- T1-T2 N1-N1c M0
- T1 N2a M0

**Stage III B**
- T3-T4a N1 N1c M0
- T2 T3 N2a M0
- T1 T2 N2b M0

**Stage III C**
- T4a N2a
- T3-T4a N2b
- T4b N1-N2

**Stage IV**

**Stage IV A**
- Any T Any N M1a

**Stage IV B**
- Any T Any N M1b

**Notes:**
- Direct invasion in T4 includes invasion of other organs or other segments of the colon as a result of direct extension through the mesentery, as confirmed on microscopic examination (for example, invasion of the sigmoid colon by a carcinoma of the cecum) or, for cancers in a retroperitoneal or subperitoneal location, direct invasion of other organs or structures by virtue of extension beyond the muscularis propria (i.e., respectively, a tumor in the posterior wall of the descending colon invading the left kidney or lateral abdominal wall or a mid or distal rectal cancer with invasion of prostate, seminal vesicles, cervix, or vagina).
- Metastases confined to one organ or site (e.g., liver, lung, ovary, nonregional node).
- Metastases in more than one organ or site or the peritoneum.
A Rare Case Report

Fistulating chronic cholecystitis masquerading as an insect bite

By Dr. Priyanthi Ratnayake, Dr. Aniket Tavare
Department of Radiology East and North Hertfordshire NHS Trust, United Kingdom

Clinical History
A fit and well Caucasian 74 year old female with no previous medical history presented with a four week history of a small red lump on the right upper abdominal wall which had discharged pus intermittently. There was no fever, pain or feeling unwell. She recalled having been bitten by an insect in the same area while gardening just before the onset of symptoms. On examination there was a 1 cm fluctuant erythematous papule in the right hypochondrium with a small amount of surrounding erythema. Her inflammatory markers and liver function tests were normal.

Imaging Findings
Ultrasound scan (Fig 1) demonstrated a 3cm heterogeneous subcutaneous collection which contained a small calcified focus (arrowhead). Additionally a fistulous tract (arrow) was seen extended through the abdominal wall musculature into the peritoneal cavity with a perihepatic component. CT was performed (Fig.2) and confirmed a well-defined fistula from the superficial collection into the gallbladder fossa. The gallbladder was thick walled and contained numerous calculi, reflecting chronic cholecystitis. The calcified density seen within the subcutaneous collection is therefore most likely to be a ectopic gallstone. The patient remains well and has been listed for elective cholecystectomy.

Discussion
Spontaneous cholecystocutaneous fistula a rare entity in present surgical practice was first described by Thilesus in 1670.(1) This is a complication of neglected calculous cholecystitis. Due to accurate diagnosis with the aid of imaging and subsequent management, this is rare today.(2) Although gallstones are the most common cause of spontaneous cholecystocutaneous fistula, rarely, it may be secondary to underlying adenocarcinoma of gallbladder(3). Another known cause is retained gallstones following laparoscopic cholecystectomy resulting in localized abscess with fistula or sinus (4). An elderly female with a painless draining sinus in the right upper quadrant is the typical presentation.

In conclusion, this case emphasises the need of complete radiological investigation of underlying pathology in cases of right sided abdominal wall abscess despite a totally unrelated history.

Ref.
2. Cholecystocutaneous Fistula .Medscape .Author: Cherry Ee Peck
A Message from the Academic Secretary

As a part of academic activities of SLCR for the year 2014/15 the council wishes to hold clinical meetings and guest lectures periodically. Therefore the council will be pleased to have the contributions and cooperation from the membership.

You are most welcome to contribute specially in the following aspects.

1. Being a resource person or lecturer for clinical meetings. The lectures may be of any topic of clinical interest. The recently board certified consultants can share the new knowledge they have gained during foreign training.
2. Arranging and hosting one of the clinical meetings in your institution.
3. Providing radiology related lectures from other fields by coordinating with your clinical colleagues.
4. Helping to organize lectures from visiting lecturers from abroad.
5. By providing your valuable suggestions on novel aspects.

If you have any other suggestions or comments you may contact Dr Rupa Kannangara The academic secretary.

A Note from the History of Imaging

The First EMI-CT Scanner in Action

The first commercially viable CT scanner invented by Sir Godfrey Hounsfield at EMI Central Research Laboratories was first installed at Atkinson Morley Hospital in Wimbledon, England, and the first patient brain-scan was done on 1 October 1971.
The original 1971 prototype took 160 parallel readings through 180 angles, each 1° apart, with each scan taking a little over 5 minutes. The images from these scans took 2.5 hours to be processed by algebraic reconstruction techniques on a large computer.! (Courtesy Science Museum, London,UK)
Innovation, Patient Focus Will Help Radiology Thrive for Next 100 Years
RSNA President N. Reed Dunnick, M.D., during his President's Address.
By Paul LaTour

"If we couple our historical strength in research and discovery with our new focus on delivering patient-centered care, I believe the RSNA and radiology will be well positioned for the next 100 years of service to the world," said Dr. Dunnick, Fred Jenner Hodges Professor and chair of the Department of Radiology at the University of Michigan Health System in Ann Arbor.

Six elements, he said, are key to helping radiology continue to evolve, change and adapt into the future: developing the next generation of researchers; finding new and better ways of educating practicing radiologists as research yields new imaging and therapeutic techniques; funding the work of those with talent and great ideas; promoting synergy and partnership across disciplines within radiology as well as with external sectors; creating far-reaching, smart public-sector policies; and continuing to forge strong working relationships with members of the imaging equipment industry.

While those steps are a great start, however, they "get us only halfway to our envisioned future," Dr. Dunnick said. The other half, he said, comes from coupling the impact of scientific advances with true patient-centered care—it is essential for radiologists to remember there is a person behind the images they see every day.

"Outcomes are improved when patients understand their care and when radiologists communicate more proactively with others on the healthcare team, sharing ideas and insights," he said. "Our profession as a whole is strengthened as our interconnection with patients and the healthcare team makes radiologists more relevant and valuable than ever before." RSNA's Radiology Cares initiative is evidence of the promise offered by this new "value over volume" paradigm, he added.

Imaging has been "Transformational" for Medicine; Quoting from the RSNA 1997 President's Address delivered by Michael A. Sullivan, M.D., Dr. Dunnick said "research is integral to high-quality patient care" and radiologists have proven it repeatedly with the scientific achievements and innovations that have improved patients' lives.

Advances in ultrasound, CT and MR imaging illustrate the point, Dr. Dunnick said. Ultrasound has virtually replaced liver biopsies for patients with cirrhosis in Europe; CT has eliminated exploratory laparotomies because it is so accurate in identifying abdominal pathology; and MRI has made it possible to acquire a vast array of information about structure in the body.

"The cumulative effect of all of these modalities—ultrasound, CT, MRI, and others—has been nothing short of transformational for medicine," Dr. Dunnick said. "Just think of it, today an imaging study is obtained at almost every medical encounter."

"I am convinced that we will conduct the research needed to advance our field and that this new, exciting approach to radiology will prevail," Dr. Dunnick said. "I am personally committed to it and I hope all of you will be as well—it's a golden opportunity to truly shape the future of our profession."
Dear Colleagues

We would like to draw the attention of our readers to the opening presidential address by President of the Radiological Society of North America, Dr. N. Reed Dunnick, M.D. at the opening ceremony of the RSNA 2014. The summary of his speech titled “Innovation, Patient Focus Will Help Radiology Thrive for Next 100 Years” is given on page 13 of this newsletter.

Research and innovation, as we know, does not necessarily need advanced technical expertise or equipment always. In fact research leads to innovation and beyond. The article by Dr. Mrs. Premini Amerasinghe on page 8 of this news letter highlights some key points about the development of radiology as a science over time. Today the medical world is fascinated by glamorous 3D and 4D images created by radiology. It is a ever evolving field with sophisticated equipment and amazing software being developed and protocols and guidelines constantly updated. It is an undeniable that without radiology no complete patient management is possible today.

Radiology has emerged from dark rooms and moved to the forefront of medical world. It has gained esteemed status of being very competitive to get in and very prestigious to be in. Even in Sri Lanka, entrance examination to radiology is considered one of the most difficult to get through. Therefore undoubtedly our trainees are the creme de la creme of medical graduates.

This is the age of evidence-based medicine and not only clinicians even the patients nowadays do not accept treatment without evidence, audit and validation. Therefore we would like to appeal to you, our members, irrespective of your capacity or place of word, to initiate some kind of research, audit or validation in your institution. The first step towards this goal would be maintaining accurate records and databases of day to day activities. There are medical web sites solely dedicated to research that one can refer to for ideas and ways to analyze collected data and present as research papers. Case reports and case series would be the first step towards formal collections of data. Once you have develop the interest and experience it would not be difficult to venture into real research such as controlled trials.

People do research for various reasons. It could be as a component of post graduate training or board certification or for better career prospects. Whatever your final goal is, there is one important and an undeniable achievement at the end. The joy of finding something new and adding new knowledge to the world to serve the humanity. Unfortunately we in Sri Lanka, lag behind many of our neighboring countries in research specially in radiology. We also fall far behind in absorbing new knowledge, new practices and evidence based practice. ! It should not be forgotten that we survive as radiologists today because of immense amount of research done by others who strive to uplift standards of radiology.

Therefore, we would like to reiterate our request to you to be innovative. You can make use of our forthcoming on-line journal as a platform for presentation of your research and articles.

Aruna Pallewatte  Sumudu Palihawadana  Co-editors SLCR

End of Newsletter December 2014