

RADIOLOGY NEWS

The Official Newsletter of Sri Lanka College of Radiologists

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EDITORIAL

Editorial wishes all the best and good health for members in this difficult time. We also congratulate the organizing committees of the CPD programmes, conducted during this period for the benefit of our membership.

This issue of the SLCR newsletter will portray recent academic activities of SLCR, mostly conducted online.

We are also happy see the Sri Lankan radiology community participate in the Annual College Dinner and IDOR-2021 physically. These golden opportunities help members to meet and strengthen fellowship after a long period of forced isolation.

In this issue we also introduce two new columns that we look forward to continuing to future issues: A feature article by a radiologist on a timely theme, and a clinico-radiology discussion with a non-radiology colleague, a timely need to strengthen collaborations and update on new knowledge.

We also bring the exciting news of the upcoming Annual Academic Session of SLCR to be held in Colombo in February 2022 on hybrid platform."



SLCR

SLCR successfully completed six CME programs since March 2021.

Sri Lanka College of Radiologists - Online CME - 04

~26th June 2021

'Incidental adrenal nodules: Imaging approach' delivered by

Dr. Padmini Hewawitharana
Consultant Radiologist Royal Perth hospital Western Australia.

A talk on 'Coronary artery CTA: Case based learning' delivered by

Dr. Anton Marianayagam
Consultant Radiologist, TH Anuradhapura.

'Peritoneal anatomy explained by abdominal and pelvic pathology' by

Dr. S.Sukumar
Consultant radiologist of University Hospital of South Manchester,
NHS Trust UK



Sri Lanka College of Radiologists - Online CME -05

~10th July 2021

A talk on '*Characterisation of liver lesions*' was delivered by

Dr. Mona Bhatia
Director & Head of Department, Department of Radiodiagnosis and Imaging,
Fortis Escorts Heart Institute,
New Delhi, India.

'MRI Physics for practicing radiologists' by

Professor Janaka Wansapura,
Associate Professor,
Advance Imaging Research Center, University of Texas Southwestern.

Sri Lanka College of Radiologists - Online CME-06

~ 07th August.2021

Advances in neuro interventions and imaging in stroke' by

Dr. Vipul Gupta,
Interventional Neuro Radiologist,
India

A talk on '*MRI of Prostate cancer*' by

Dr. Rajintha Malavige,
Acting Radiologist,
DGH Nuwaraeliya.

'Ring enhancing lesions of the brain' delivered by

Dr.Vivek Gupta,
Interventional Neuro Radiologist India.

RADIOLOGY QUIZ 2021

SLCR took great pleasure in organizing a quiz program among Medical Faculties to commemorate International Day of Radiology 2021.

The event was held on line on 6th November with enthusiastic participation of student teams from 8 Sri Lankan universities.

University of Peradeniya walked away with first place. University of

Colombo and University of Kelaniya secured second and third places respectively.

Winners were awarded their prize at the International Day of Radiology celebrations of SLCR on 7th November by Major General Sanjeeva Munasinghe, Secretary, Ministry of Health, Sri Lanka.





INTERNATIONAL DAY OF RADIOLOGY

Sri Lanka College of Radiologists

a talk on “ past, present and future



celebrated IDOR -2021 at the Sri Lanka Foundation Institute auditorium on 07th November 2021. Chief Guest for the occasion was Major General Sanjeewa Munasinghe, Secretary, Ministry of Health, Sri Lanka.

Dr. Nihal Wiewardena delivered

of interventional radiology” in keeping with the 2021 IDOR theme. The World Radiology Day brought together SLCR membership for a colourful onsite gathering. Formal program was followed by reception and cocktail.





ANNUAL COLLEGE DINNER

The Annual College Dinner was held on Thursday 16th December 2021 at 7pm at Winchester Ballroom Kingsbury Hotel, Colombo.



**20th Annual Academic Session of Sri Lanka College
of Radiologists**

19th of February 2022

One full day scientific sessions

Cinnamon Grand Hotel, Colombo.

Planned to be arranged in hybrid platform due to the prevailing pandemic situation.



FEATURE ARTICLE

Breast cancer screening in low resource settings- *‘Role of the radiologist goes beyond reporting’*

What’s been happening out there; globally?

Mortality benefits of screening mammography were recognized far and wide in the latter half of 20th century, based on the evidence tabled by the earliest randomized control trials (RCT). Since then, many developed countries conduct well structured population-based mammography screening programmes, even though many later researchers have repeatedly highlighted the harms of mammographic breast screening. Overdiagnosis and false positive results are currently in the spot light as negative attributes of mammographic screening, with attributes such as, resultant overtreatment and negative psychological impacts standing in the background. The most turbulent of negative evidence was published in the recent past, when a Cochrane review by Gøtzsche and Jørgensen (2001, updated 2013) concluded that the actual mortality benefits form

screening mammography are nonsignificant and smaller than that claimed by many early RCTs. Despite contradictory evidence and ongoing debate, many developed countries, after expert panel discussions in this regard, are continuing their national mammography screening programmes, while trying to maintain the benefits over and above the risks of mammographic breast cancer screening.

The Sri Lankan Perspective in mammographic breast screening

The National Cancer Control Programme (NCCP, Ministry of Health Sri Lanka has been taking the lead in breast cancer screening policy making for Sri Lanka with contributions from experts in the field. Currently, the decision holds for not starting a National Mammographic Screening Programme in Sri Lanka. This also is in concurrence with WHO breast cancer screening guidelines: national breast cancer screening programs are considered non-cost

effective for limited resource settings which include low and low-middle income countries as opposed to upper middle income countries.

The recently updated 2020- National guidelines by NCCP recommend screening mammography once in 2-3 years for women aged 50 – 69 years (Can be adopted only when adequate mammography facilities are available throughout the country).

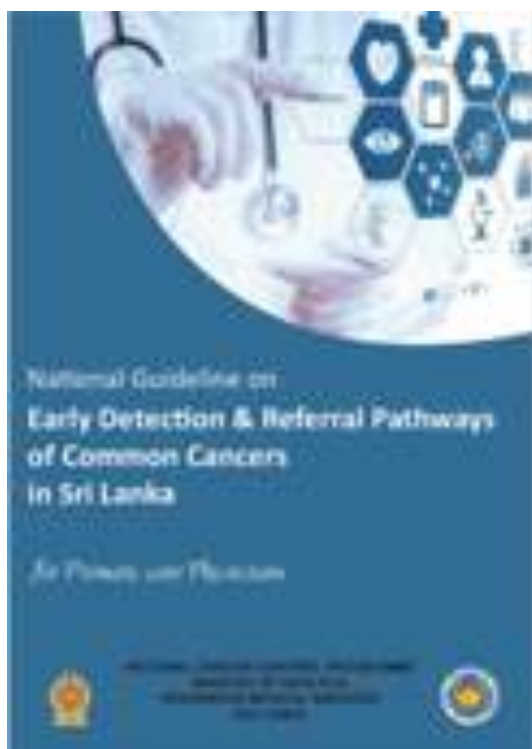


Figure:NCCP National guidelines;2020

Opportunistic screening mammography; do we have a role to play at national level?

Even though Sri Lanka does not have a national mammographic screening

programme, opportunistic mammographic breast screening facilities are available in Sri Lanka, mostly distributed in private sector.

Opportunistic screening can tip off the tight balance between benefits and harms of mammography screening towards the harms, especially if such opportunistic programmes are not properly organized and controlled (WHO position paper on mammography)

Although NCCP has published guidelines for breast screening applicable to national health sector, how well these guidelines are reached and practiced by the individual government sector hospitals, or their applicability to private sector, remains unexplored. Similarly, unavailability of uniformly bound guidelines and regular monitoring & evaluation of screening practices by a central body can lead to varying, potentially harmful opportunistic screening practices specially in private sector. For example, mere availability can lead to routine use of combined DBT and 2D mammography for all patients rendering a double dose of radiation even to the woman with in an almost entirely fatty breast, in the absence of guidelines. Standard protocols,

availability of trained para-clinical staff experienced in patient communication and quality assurance are some of the key features that would strengthen individual opportunistic screening centers in order to balance the known negative attributes of opportunistic screening systems.

Therefore, radiologists as a primary stakeholder in breast screening programmes, have an imperative role play, and professional colleges need to rise up and highlight the need of such regulation to facilitate and upgrade available opportunistic mammographic screening practices in Sri Lanka, in the best interest of the healthy woman who is offered screening.

FEATURE ARTICLE

CLINICO RADIOLOGICAL DISCUSSION

Radial Endobronchial Ultrasound (rEBUS); How does CECT help in management?

Discussion with
Dr. Yamuna Rajapakse
Senior Lecturer &
Consultant Pulmonologist
Faculty of Medicine
University of Colombo

Radial -EBUS technology

Radial EBUS utilizes up to 1.8mm radius tiny ultrasound probes in the range of 20 MHZ capable of 360-degree endobronchial radial scanning in B mode. This probe is advanced within a guide sheath, through the instrument channel of a standard bronchoscope. The probe is then

passed into the subsegmental bronchi, beyond the direct range of vision of the bronchoscope. it can then visualize the bronchial wall and adjacent soft tissue, obtaining real-time high-resolution images thus enabling localization of peripheral endobronchial tumors for safe endobronchial biopsy.

The normal lung typically has a “snowstorm” appearance due to the presence of air-filled alveolar tissue. Solid malignant lesions have a hyperechoic border separating it from

normal lung.

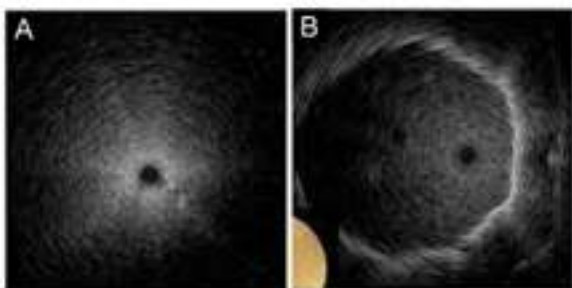


Figure: Radial Endobronchial Ultrasound image visualizing 360 view of A-normal lung parenchyma and B-View from within the tumour

Which bronchial tumors specially qualify for Radial EBUS guided biopsy?

Pulmonary lesions (PPL) that are found in the peripheral one third of the lung which cannot be seen via conventional bronchoscopy, are ideally suited for rEBUS guided biopsy. These lesions are usually <3cm in size, soft-tissue, or ground glass density tumours, found beyond subsegmental level bronchi. These can be safely biopsied using rEBUS as the US probe can reach bronchi as small as 2mm. This procedure is valuable in patients who have multiple comorbidities and cannot undergo procedures requiring general anaesthesia. The risk of pneumothorax is very low (Approx. 1.6%).

What information from CECT thorax is helpful for decision making?

The procedure involves careful review of the CT anatomy of the lung to determine the bronchial pathway to the lesion (CT bronchus sign) before advancing the bronchoscope into the segment of interest. Success of the procedure lies in identifying the bronchus directly entering the tumour. Therefore, the role of the radiologist in identifying and suggesting the best specific sub-segmental bronchus is vital for navigating to the lesion. Once this is decided on, the ultrasound probe is used to locate the tumour, and the biopsy apparatus is used thereafter, to obtain the relevant samples (biopsy, brushings) from within the tumor. It is important that the sub-segmental bronchi are identified as right or left B1- B10, a, b or c sub segments. e.g., RB6c

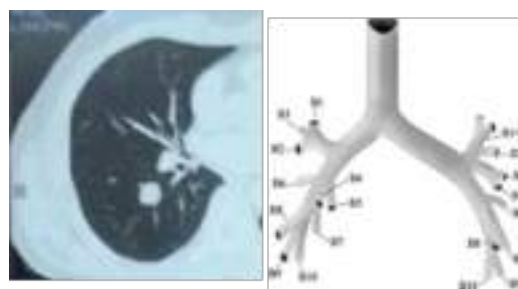


Figure: Segmental bronchial anatomy: adenocarcinoma in right B6 bronchus.

Similarly, the presence of prelesional consolidation and/or ground glass changes need to be highlighted by the radiologist to minimize sampling errors.

Also, accurate information on the presence, size and location of mediastinal lymph nodes (TNM IASLC lung cancer staging- 8th edition) is also helpful in performing lymph node

staging with the use of linear Endo Bronchial Ultrasound (L-EBUS).

Optimum information gained from the CECT thorax helped the first radial EBUS performed in Sri Lanka at NHSL in January 2022, to be an instant success.

-Discussion by
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Sri Lanka Journal of Radiology

Sri Lanka Journal of Radiology which is an important milestone in uplifting the scientific publications of Sri Lankan Radiologists to the international arena is now online.

The journal and articles can be accessed by
<http://sljr.sljol.info/>

This is published in Sri Lanka Journals Online which also hosts most of the leading Sri Lankan Scientific e-Journals in collaboration with INASP and Ubiquity Press in UK. It is also available via Facebook and twitter.

We invite all of our members to contribute their high quality research articles, review articles, case series etc to the SLJR online.

The submission procedure and the guidelines are available on the journal itself. This journal publishes new articles after blind peer review process on a continuous cycle throughout the year. The SLCR hopes all its members make it a point to be a part of this greatest academic endeavour by taking into research and publishing.



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