

The Asian Oceanian Society of Radiology Newsletter



President's Desk



Prof. Noriyuki Tomiyama,
MD, PhD

AOSR President

I am Noriyuki Tomiyama from Osaka University in Japan, and I was appointed President at AOCR2023 held in Bangkok, Thailand in February. I myself have been an EC member of AOSR since 2016, and I had the wonderful opportunity to become an Honorary Secretary in 2018. After that I became President-elect in 2021 and have been involved in the organization and management of AOSR under the immediate past president, Prof. Evelyn Ho. Also, in 2021, I was the congress president of the 18th AOCR held in Yokohama, Japan. The congress was held at hybrid format due to the COVID-19 pandemic.

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Catch us on...



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Making imaging fun for children
– Non sedative strategies for MRI

Spot It!

Nonetheless, many people including domestic and international delegates participated and it was a fruitful experience for me to involve in planning and management as a local organizing committee.

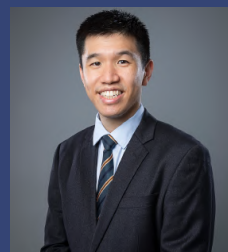
Currently, AOSR has 26 national and regional radiological societies in Asia and Oceania as members, and the number is increasing in recent years. In addition, AOCR, which used to be held every other year, should be held annually from 2021.

Next year the congress will be held in Taipei, Taiwan, and in Chennai India in 2025, followed by Singapore in 2026. With the increased activities of the AOSR, the committees have been developed and the AOSR congress committee was newly established this February in addition to the existing committees.



Recently, we have particularly focused on disseminating information online. For example, we held webinars in cooperation with International Society of Radiographer and Radiological Technologist (ISRRT) on the theme of Asia-Safe, which is being promoted by AOSR. We would like to provide education contents as e-learning. We will continue to disseminate information that is useful to everyone and aim to make AOSR a familiar Association. In the near future, we are planning to make a major revamp of the AOSR website to make it easier to understand and use. Please look forward to it.

Editor's corner



*Dr. Kevin Fung, MBBS FRCR
Hong Kong College of Radiologists*

It brings me great pleasure to share with you our second AOSR Newsletter in 2023.



As the COVID pandemic comes to an end, gone are the days of virtual greetings and in-person meetings are getting back in full swing. In this issue, Dr. Wiwatana Tanomkiat brought us an exclusive behind-the-scenes perspective of organising the AOCR 2023 – one of the largest Radiology Congress in Asia. This was my first AOCR congress and I was so impressed by its convivial atmosphere and diverse international representation.

This issue also kickstarted the AOSR Archives Column, which has the aim of highlighting important developmental landmarks and achievements in the AOSR history. Continuing with the theme of AOCR, we were very fortunate to interview Dr. Thavi Boonchoti, the Vice-Chair of the Organizing Committee of the 4th AOCR, which was held in Bangkok 40 years ago in year 1983.

For the "Getting to know" series, we are very happy to share unique stories from our AOSR councilor, Dr. Sanjay Jeganathan from Australia, our new PR & Comms chair; as well as one of our AOSOR Youth Club Alumni, Dr Gaurang Raval from India. Dr. Yulduz Khodjibekova brought us the latest from Tashkent and the Uzbekistan Radiology Society.

Patient safety in imaging is an important issue to all of us. The ASIASHAFE, AOSR-ISRRRT webinar series serve as a great reminder that teamwork and collaborative effort are essential at arriving at this goal. Dr. Rawnak Afrin from Bangladesh also provides us some practical tips on radiation protection after nuclear medicine studies.

We are happy to add a bit of paediatric flare to this issue too. The team at Hong Kong Children's Hospital discussed why MR scans without sedation is better for kids and shares with us their strategies for keeping children still for MR scans without sleepy draughts.

"Spot it" is a new addition to test your knowledge with spot diagnosis. In this issue, we put out a challenging yet important variant in children. Let's see if you can spot it!

A big thank you to everyone who contributed to the newsletter and hope you will find this issue an interesting and intriguing read!

Orchestrating the Siamese-Twin Organizations to Host the Memorable Asian Oceanian Congress Of Radiology 2023 in Bangkok, Thailand

Dr. Wiwatana Tanomkiat, M.D.

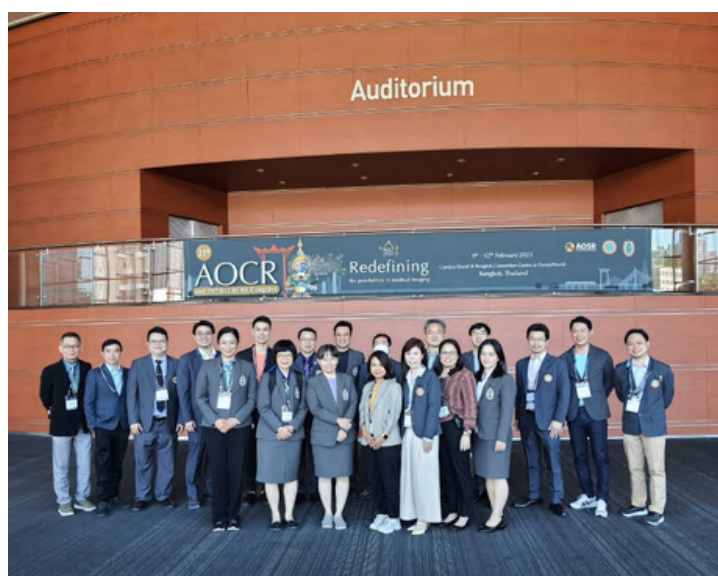
*President, the Royal College of Radiologists of Thailand (RCRT),
Scientific chair, AOCR2023*



I was informed on Friday 2nd July 2021 with a very ordinary sentence from Dr. Napapong Pongnapang, the scientific chair of the Radiological Society of Thailand (RST), that he won the bid to host the Asian Oceanian Congress of Radiology 2023 (AOCR2023) under the theme “Redefining the Possibilities in Medical Imaging”.

This meant that the 59th Annual Scientific Meeting of the Radiological Society of Thailand and the Royal College of Radiologists of Thailand needed to expand its size and quality from the national scale to the international one. Siamese twins are world-famous, and perhaps is the perfect model to explain how the Royal College of Radiologists of Thailand (RCRT) and RST walk, work and survive. These two organizations have their own presidents, committees and systems, yet they share common resources and members. To make a long story short, if one fails, the other automatically follows suit, and both will eventually collapse. AOCR2023 was a challenge which could turn to a success, or a disaster. The AOCR was last hosted in Thailand 40 years ago, and all committee members of these twin organizations did not have any experience.

In a common sense, it is beneficial for these Siamese-twin organizations to have more hands and feet to work faster than others, but not always if they do not move synchronously, because two heads and two hearts can lead to different ideas, imaginations and expectations. The first thing appearing in my head was how to make them have the same experience which was the most important basic ingredient toward having the same vision and expectation of AOCR2023. There was no better way than allowing them to visit AOCR2022 in Seoul, South Korea. A picture is worth a thousand words, as we all are well aware, and it worked out.



RCRT and RST boards of directors visited AOCR2022, Coex, Seoul, South Korea.

To have an imagination in the head is one important aspect, but to materialize it requires a serious management. To direct and align the two teams to the same direction, at the same time, with the same quality of numerous details required a strong message. How could I impart this message with all these numerous details without the necessity to personally advise? Again, a picture is worth a thousand words. Non-verbal communication aligns people better, more smoothly and subtly.

The AOCR2023 poster was carefully designed on this purpose, to infiltrate the same taste and quality into all details, like water that needs to be consumed to sustain life and air that we breathe. Grey, gold and red colors were chosen as the background color to reflect the luxurious atmosphere, and to imply the quality. The giant guardian, famous and commonly found as a protector of temples, or even Suvarnabhumi Airport, was neatly digitally drawn. His right half remained traditionally decorated but the left showed inner novel technologies, standing in front of an electronic circuit. This is the core of the theme “Redefining the Possibilities in Medical Imaging”; technology should serve people to live more comfortably, yet preserving their entities. Activities in AOCR2023, both scientific and social, should present these two essences.



The giant guardian delicately created to show his traditional right half and the novel technologies in the left, in front of the electronic circuit background



The RCRT and RST boards of directors at AOCR2023, Bangkok, Thailand. They look content and confident.

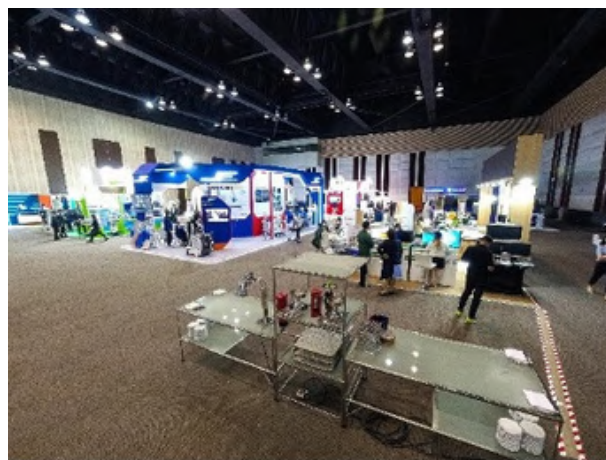
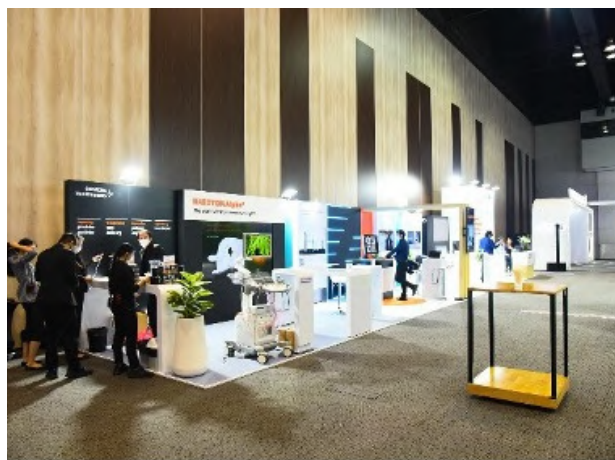
To put the proper amount of resources into different activities and to satisfy both local and international visitors were the topics that needed to be carefully considered. I personally asked my colleagues about what they could recall from the conferences they attended several years ago. How unbelievable but true how all of them explained the atmosphere they were impressed with or the persons they met, not the scientific content at all. Then the topics in AOCR2023 were carefully determined. Places, persons and time were carefully selected. Both scientific and social activities should promote international relationships and tighten the social bonds. The ultimate goal of AOCR2023, Bangkok, Thailand is to create a good memory to participants. An atmosphere to be felt and surfaces and materials to be seen in the congress should be unique and memorable.



"AOCR2023 Gala Dinner is to create a memory."



Flows in the congress were also crucial to realize all purposes and to ease the access. A large common recreational area was created among industrial booths, large enough for participants to sit and talk as long as they feel happy to, and eye-catching enough to be the meeting point.



The large recreational area surrounded by the industrial booths and exhibitions.

During the afternoon when fully loaded with scientific information, a 15-minute music session at this area could refresh the participants before they went back to the final period of the day. Of course, to align with the theme of the congress, the music must be contemporary played by a young rising musician.



Fino the Ranad, played the traditional music with his contemporary music piece in his modern style in the mid of each afternoon at the congress recreational area among the industrial booths.

RCRT and RST value the social responsibility. If an individual is a fish, then society is the water in which the fish reside. A healthy fish is found in a good water. That was why the first and largest exhibition in AOCR2023 was “Redefining Radiology for Reducing Inequity” exhibiting activities RCRT-RST and industries had served the people.



“Redefining Radiology for Reducing Inequity”, the first and the largest AOCR2023 exhibition.

To create memories, the proper level of intensity at a proper time to the right person is indispensable. Either quantity or quality can work well depending on one’s resource, but compromise is not an option.



To catch more on AOCR 2023, please head to ASEAN Journal of Radiology - "A summary from AOCR2023, Bangkok, Thailand. Tanomkiat W.ASEAN J Radiol 2023; 24(1) : 62-69" (<https://www.asean-journal-radiology.org/index.php/ajr/article/view/863/1000>)

Introducing the AOSR Archives Column

Dr. Evelyn Ho
AOSR Immediate Past President
Chair of the AOSR Archives Committee

The AOSR Archives Committee was set up to develop the archive policies including what to archive for the purpose of documenting the development, achievements, and history of the AOSR; where possible to keep records which has evidential, historic and emotional values for the purpose of inspiring our members, and where appropriate for promoting the AOSR regionally and globally.

To kickstart our endeavors, our President-Elect Dr Chamaree Chuapetcharasopon has been instrumental in helping us conduct an interview with the Vice-Chair of the Organizing Committee of the 1983 4th Asian Oceanian Congress of Radiology (AOCR), held in Bangkok, Thailand. It was the first international congress in Thailand then and was very successful as there were about 1500 delegates. In the early years, the AOCRs were held every 4 years until 1995, then triennial until 2004, after which it was biennial until 2020.

A Chat with Dr.Thavi Boonchoti, Vice-Chairman of the Local Organizing Committee, 4th AOCR, 1983

*The interview was conducted in Thai.
Translated and edited by Dr.Chamaree Chuapetcharasopon, AOSR President-Elect.*

How was organizing the first international congress in Thailand managed? What were the challenges, how did the organizing committee get things to work together?

Thailand was elected to host the 4th AOCR during the third AOCR held in Singapore in 1979. The venue was a very new and modern convention center, the Hyatt Central Plaza, opened in 1982. The convention center was close to the international and domestic airport (not the current [Suvarnabhumi airport].)



The organizing committee came from both major university hospitals and a few private hospitals. The president of the congress, Dr Romsai Suwanik, was very well known internationally. Most of the Thai radiologists at that time also had their training from abroad. We used our connections to invite many guest lecturers from overseas.

How did it feel that this was the largest AOCR since 1975 with 1500 attendees? What and how did the organizing committee manage to achieve this feat?

There were not that many congresses held during that time, especially in the region. Thailand had less than 500 radiologists then. The participants were not only radiologists but radiological technologists, a few medical physicists, and many technical exhibitors as well.

This was prior to electronic communications and in the early years of the AOSR - was the AOSR known to all in Thailand, or was it still relatively unknown to the Thai radiology and allied community then? What about then and now?

The Thai radiology community was small at that time. Thailand had only a few hundred radiologists. Most of the radiologists were in the university hospitals and some private sectors. Everyone seemed to know each other.

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Although AOSR was not well known to Thai radiologists before the congress, the president of the congress and the chairman of the local organizing committee (Dr.Romsai Suwanik and Dr Dusdee Prabhasawat, president of the Radiological Society of Thailand in the year 1983) were both well respected by the radiology community and easily got participation from everyone. (Both of them have passed away.)



How does it feel to know that Bangkok was the venue for the 21st AOCR in 2023, 40 years since the first time?

It was a long time ago, 1983. What I remember was the excitement of a big congress. I am happy to hear that all went well for this year’s congress. Thanks to the local organizing committee.

Getting to Know the AOSR’s New Chair of PR & Communications Committee: Assoc Prof Sanjay Jeganathan (also the President of RANCZR)

Sanjay’s Journey to Radiology

My journey to the helm of the Royal Australian and New Zealand College of Radiologists (RANZCR), as President has been an unusual one. I grew up in an environment of violence and ethnic discrimination. After losing our home and all belongings, my family fled to safety by migrating to Africa only to experience racial injustice in the form of apartheid. I studied medicine in a black homeland, where the secret police would hound students perceived to be activists or sympathisers of black struggle with total impunity and often made them disappear.



I then went on to pursue Radiology in an entirely lily-white University where I was the first Radiology trainee of colour. I have indeed come a long way. But on this long arduous journey, numerous people lent a helping hand, and I am ever so grateful to them all. Without such generosity, I would not be where I am today.

When I arrived in Australia, I had the good fortune of working with Professor Turab Chakera, a doyen of RANZCR and past President. With so much inclusiveness and racial diversity, the land of the long white cloud Aoteroa New Zealand and later the sun burnt land of Australia provided me with opportunities to thrive in both countries.



At present I work as a Radiologist in Perth, Western Australia. My area of special interest is breast imaging. My work is a mixture of tertiary hospital work, Breast Screen program, and working in suburban community Radiology Practice. This variety keeps my work interesting.

With my origins from South East Asia and my present place of domicile in Oceania, I feel that I have a moral obligation to serve the people of Asia & Oceania. Here again, I was fortunate to meet AOSR stalwart and immediate Past-President Evelyn Ho and Past President Dinesh Varma. Both were very supportive and were able to demonstrate to me the value of AOSR in Asia & Oceania. This attracted me to join AOSR and this year I was appointed to the role of Councillor, Chair of the PR & Communications committee. I hope to allocate my time and effort to this role, and my time commitment to AOSR would be better managed from end of this year, when I step off from my role as President of RANZCR.

Sanjay's Aspirations for the AOSR

I wish to see AOSR take up new challenges facing clinical radiology and shape AOSR as a pre-eminent force in medical imaging, image guided intervention and therapy in Asia, Oceania and the wider world. This could only be achieved by member society radiologists actively engaging in AOSR activities and working for the greater good of the profession. We need to work hard to excel serving our profession. We have many more steps to take on this journey.

There is a crying need for specialist workforce in regional and rural areas of our respective countries. How should we go about advocating for better access to health care in these regions? It is vital to ensure patient access and equity of health care. How could we harness AI technology into our workflow and image interpretation, in a safe way?

To be an effective 21st century organisation, we need to bring acute awareness of environmental and social impact of global warming and rising sea levels which would have a profound adverse impact on the health and wellbeing of millions of people in this part of the world.

Covid-19 pandemic has profoundly changed our lives and it will continue to have an impact for at least a decade to come. Other issues to contend with, include social media misinformation campaigns and territorial instability and conflict in our region and wider world that would add further burden on governments, society, and healthcare. We need to reflect on this and see what each of us could do different to make our nations prosper and our communities grow stronger. As highly trained medical specialists, we need to be mindful that we are at the top of the social pyramid in the society and as individuals it is incumbent upon us to play a leadership role – however small it may be. As John F Kennedy said, “ask not what your country can do for you—ask what you can do for your country”.



Dr Sanjay Jeganathan captured on the streaming platform for this 2nd in a series of AsiaSafe, AOSR- ISRRT webinars held on Mar 31, 2023 in collaboration with the International Society of Radiographers and Radiologic Technologists. He spoke on ‘Radiologists and Radiographers Collaborating to Promote Radiological Safety’. Read more about this webinar series, also featured in our June AOSR Newsletter!

Getting to Know your AOSOR Youth Club Alumni – Dr. Gaurang Raval

AOSOR Youth Club aims to provide an educational, social and academic program to foster future core leaders of AOSR. In this Issue, we were happy to interview one of its Alumni who is serving in the AOSR , Dr Gaurang Raval from India.

Gaurang is the chairman of Youth Wing of Indian Radiological and Imaging Association (IRIA) and member of Emerging Trends Committee of the AOSR.



*DNB- Radiodiagnosis(Bom)
Masters in Oncologic Imaging (Italy)*

When and where did you attend the AOSOR Youth Club?

GR: AOSOR- YC - October 2019 at Nagoya, Japan



Describe briefly your biggest take away from the AOSOR Youth Club?

GR: The "Youth" of any country is the fulcrum point of socio political fabric of a society/nation. It is essential to empower them in order to empower the community/Radiological society



When and What AOSR committee did you serve/ are serving in?

GR: AOSR Emerging Trends Committee Member: 2021-2023 & 2023-2025

How has the AOSOR YC helped prepare you for volunteering to serve in the AOSR?

GR: As the ancient wisdom in India goes " the whole world is my family". AOSOR YC exposed us to multiple varying cultures and traditions and we all (mentors and mentees) bonded to become a family. It expanded our thinking horizons. I always yearned to serve AOSR in any form again and again to enrich my experience, serve the radiological community and expand my "family".

What is your message to potential AOSOR YC participants or applicants to attend the Youth Club?

GR: Words cannot do justice to the experience of the AOSOR Youth Club. Just come with a clean slate in mind and imbibe the knowledge from the best of the best.



In these couple of days you will metamorphosize not only into a better leader but more importantly into a better human being.

The AsiaSafe, AOSR-ISRRT Webinar Series Mar-April 2023: Teamwork and collaboration are essential for radiological safety in diagnosis and therapy

Dr. Evelyn Ho
AOSR Immediate Past President, ASIAsafer

Discussion over an AsiaSafe joint collaboration with the International Society of Radiographers and Radiological Technologists (ISRRT) began almost immediately after the conjoint session of the European Society of Radiology -Asian Oceanian Congress of Radiology (ESR-AOCR) on Quality and Safety on the 11th February at the 21st AOCR held in Bangkok from 9 to 12th Feb 2023.

Working In the Same Department Does Not Equate Working As A Team

It was an opportune moment to have the ISRRT president, Dr Napapong Pongnapang and Emeritus Prof Kwan Hoong Ng meet firstly as speakers in Bangkok and then, enabling the idea to come to fruition through a series of webinars on the broad theme of “Teamwork and collaboration are essential for radiological safety in diagnosis and therapy”. Working in the same department, does not automatically mean working effectively as a team. We may be working individually rather than looking out for each other, and for the patient. We must share the same goals, so that we can rely on each other, and we are all as one team, responsible when things go right or wrong.

For the webinars, Emeritus Prof Ng was the moderator, and either the Asian Oceanian Society of Radiology (AOSR) president Prof Noriyuki Tomiyama gave the welcome or the immediate past president, Dr Evelyn Ho. The webinars took place on 10th March, 31st March and 10th April 2023, each lasted about an hour.



10th Mar Webinar

10th March Webinar speakers were:

Mr Edward Chan

- Hong Kong Senior Radiographer in Medical Imaging Department at the University of Hong Kong Shenzhen Hospital
- Vice President of the Hong Kong College of Radiographers & Radiation Therapists
- Member of the Examination Committee of the Radiographers Board, Hong Kong
- He spoke on 'The Role of Radiographers in Radiation Safety and My Experience in China'

Prof Kei Yamada

- Prof & Chair of Radiology, Department of Radiology, Kyoto Prefectural University of Medicine, Kyoto, Japan
- He spoke on 'Impending Shortage of Human Resources in Radiology and the Impact on Radiological Safety'.



31st March Webinar

31st March Webinar speakers were:

Dr Napapong Pongnapang

- President, ISRRT
- Assistant professor at the Department of Radiological Technology, Mahidol University, Thailand.
- Dual professional qualifications as Thailand's licensed radiological technologist and medical physicist.
- He spoke on the 'Radiographers' Role in a Team Approach to Radiation safety: International Perspectives'.

Assoc Prof Sanjay Jeganathan

- President of the Royal Australian and New Zealand College of Radiologists,
- Radiologist at Perth Radiological Clinic as well as consultant radiologist at two other Perth hospitals.
- He spoke on 'Radiologists and Radiographers Collaborating to Promote Radiological Safety'.

10th April Webinar:



10th April Webinar speakers were:

Ms Chek Wee Tan

- Vice President Asia/Australasia, ISRT
- President, Singapore Society of Radiographers
- She spoke on 'Teamwork and Collaboration for Patient Safety in Radiotherapy'.

Prof Soehartati Gondhowiardjo

- Acting President of the Indonesian Radiation Oncology Society (IROS)
- Prof & Senior Consultant, Department of Radiation Oncology, Universitas Indonesia-Ciptomangunkusumo General Hospital in Jakarta, Indonesia.
- She spoke on 'Multilayer Filtering in Radiotherapy as Safety Culture'.

Discussion that ensued included a no-blame culture to assist in promoting radiation safety, and reporting of all incidents, prior to it making an impact, and becoming an accident. As to how Artificial Intelligence could help in helping to reduce untoward incidents, education in this realm would be important during residency/radiographer training.

Fostering A Radiation Protection Culture and True Team Spirit

These webinars were important to highlight and remind everyone how important true teamwork was to ensure safe practices and best outcome for patients. Radiologists, radiation oncologists and even nuclear medicine physicians depend on radiologic technologists/radiographers/radiation therapists every day. Effective communication, understanding and collaboration amongst the department members are vital to generate a healthy radiation protection culture and true team spirit.

After all, TEAM is the acronym for Together Everyone Achieves More!

If you missed all or any of the webinars, view it on www.youtube.com/@aosr

Look out for more AsiaSafe related webinars as more are planned for the rest of the year.



What To Do After One Undergoes a Nuclear Medicine Study and Radioiodine Therapy

Dr. Rawnak Afrin, MD, Assoc. Prof. Bangladesh Atomic Energy Commission, Asia Safe Committee Member (Asia Safer)



Nuclear medicine is a medical specialty that uses radioactive tracers (radiopharmaceuticals) to diagnose and treat disease. The radioactive tracer gives off small levels of radiation in the patient's body that goes away gradually. As nuclear medicine involves handling of radioactive materials, it can give rise to external and internal exposure of staff. The public can be exposed to radiation from a patient as radiation emitted from the patient, contamination from radioactive body fluids and through multiple environmental pathways.

In nuclear medicine day to day practice, the "ALARA" - "as low as reasonably achievable" principle is followed. To do this, three basic protective measures in radiation safety: time, distance, and shielding are maintained. The control of occupational exposure in nuclear medicine can be achieved by numerous actions such as: design of facilities, designation of workplaces as control and supervised areas, individual monitoring arrangement, area monitoring, monitoring for contamination, use of personal protective devices and protective tools which include gloves (nitrile/ rubber/ latex), gowns, lead apron, neck collar, laboratory coats, face shields, respirator, protective clothing, protective eye safety goggles, resuscitation masks, other protective gear such as hats and boots and different radiation dosimeters.

It is important to follow the local rules and procedures for safe handling of radiopharmaceuticals and receive appropriate education and training. Radiation protection of the public can be efficiently utilised by shielding of the radiation sources, proper design of a facility, access restriction and by safe working procedures.

Past Expiry by Johnny Ancich



Good news is we got the last batch of radioactive isotopes in Ontario for your medical treatment. Bad news is the batch was a bit strong.

Technetium-99m (99mTc) is a radionuclide isotope, widely used in diagnostic nuclear medicine imaging. Technetium-99m release gamma rays and low energy electrons. It has a short half-life (6 hours) and the energy deposition in tissue is thus extremely small. After a nuclear medicine scan is done with technetium labelled radioisotope the patient will need to drink plenty of fluids, urinate immediately after the scan and as often as possible for 4 to 6 hours. A lactating mother should stop breast feeding for 24 hours.



With a Positron Emission Tomography (PET) or a PET/Computed Tomography (PET/CT) scan which is a type of nuclear medicine scan using a different radioactive tracer, the patient will continue to be slightly radioactive for around 6 hours afterwards. As a precaution, he/she should avoid being close to pregnant women and children during this time. Drinking plenty of fluid after the scan can help flush the radionuclide from body.

Radioactive iodine (RAI) I-131 is used for treatment of hyperthyroidism and certain types of thyroid cancer. The patient will remain radioactive for a few days to weeks, and will give off radiation in sweat, saliva, urine, and anything else that comes out of the body. It is important to avoid exposing other people to the radioactivity from the patient's body.

Precautions should be taken with radioactive iodine therapy. The healthcare provider will give specific instructions on how many days to follow these precautions, which will depend on the strength of the dose of RAI.

- Women who are pregnant or nursing should not receive RAI therapy. Pregnancy should be delayed at least six to 12 months after RAI treatment for thyroid cancer.
- Breast feeding should be stopped for at least 15 to 21 days.
- Women need to use reliable contraception for at least 6 months and men for at least 4 months.
- Avoid prolonged, close physical contact with others, especially children and pregnant women for about 10 days.
- For the first few days stay a distance of at least 6 feet away from others.
- Avoid public places/ public transport.
- Rinse the washroom sink and tub well after you use them.
- Use separate towels, face cloths, and sheets.
- Sleep alone in a separate bed.

(Cont'd on next page...)

- Avoid kissing or sexual intercourse for three to four days after treatment.
- Do not share kitchen and cooking utensils, bedding, towels and personal items with other
- Do dishwashing and laundering of the personal items separately.
- Use a special plastic trash bag for all trash, such as bandages, paper or plastic dishes, menstrual pads, tissues, or paper towels.
- Wash hands often and shower daily.
- Continue to flush the toilet twice and wash hands well with soap and lots of water each time.
- People who have had radioactive iodine treatment can set off the radiation detection machines in airports for a week to 10 days.

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Getting to know you Member Society – Uzbekistan Radiology Society

Dr Yulduz Khodjibekova

Professor of the Department of Oncology and Radiology, Tashkent State Dental Institute



The history of radiology in Uzbekistan began at the beginning of the last century. In 1910, the first X-ray machine was installed in the Tashkent military hospital, and two years later, in 1912, an X-ray department began operating in a private clinic. However, the rapid development of Radiology in Uzbekistan began on February 18, 1921.

A young specialist radiologist from Moscow, Sergey Andreevich Molchanov headed the department of radiology founded by him at the Medical Faculty of the Turkestan State University, later the Tashkent Medical Institute.

In 1937, with the direct participation of Sergey Andreevich Molchanov, the Republican Society of Radiologists was created, which Professor Molchanov headed until 1960. Sergey Andreevich was always at the forefront of science. He was one of the first to use tomography in radiography. The use of signal perception in the treatment of leishmaniasis of the skin and organs has been developed in detail and the effect of signal perception on pathogens of various diseases has been studied.

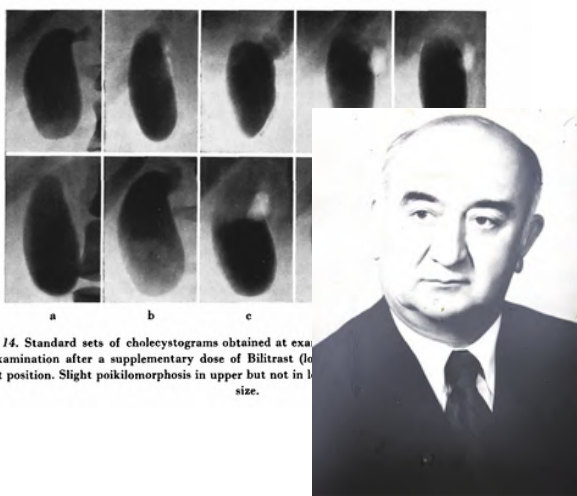


Fig. 14. Standard sets of cholecystograms obtained at examination after a supplementary dose of Bilitrast (left) and at re-examination after a supplementary dose of Bilitrast (right) in erect position. Slight poikilomorphosis in upper but not in lower part of gallbladder.

IX. The Effect of Various Cholecystographic Media on Poikilomorphosis. (1964). Acta Radiologica. Diagnosis, 2(225_suppl), 37-40.

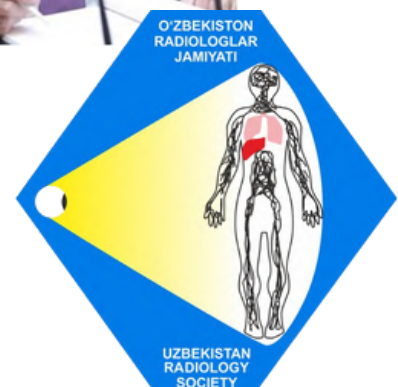
From 1960 to 2000, the chairman of the Uzbek Scientific Society of Radiologists was a scientist radiologist and academician Makhsumov Jaloliddin Nasirovich.

The main scientific and pedagogical activity of Professor Makhsumov was related to issues in the field of radiology. He described the changes in the radiological picture of the relief of the mucous membrane in gastric cancer and developed a technique for cholecystography with bilitrast.

Currently, the Chairman of the Uzbekistan Radiology Society (URS) is Professor Marat Khodjibekov and plays a leading role in the consistent improvement of the professional activities of the Society.

To date, the Uzbekistan Radiology Society (URS) has 200 specialists, including radiologists, X-ray doctors, MRI and CT specialists, ultrasound diagnostics doctors, and nuclear medicine specialists.

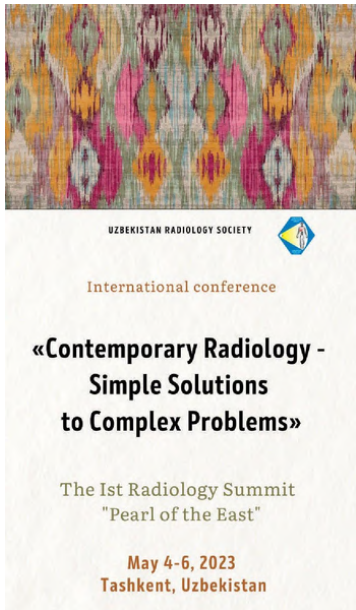
The main goal of the URS is the development and popularization of modern achievements in the field of Radiology. The society is a member of the European Society of Radiology (ESR), the Asian Oceanian Society of Radiology (AOSR), and continuously collaborates with the Russian Society of Radiologists and Radiology, the Kazakhstan Society of Radiologists, and the Radiological Society of North America.



Members of the URS regularly represent Uzbekistan at many international congresses and symposia, presenting reports and improving their professional skills by participating in various schools of radiology.

The URS organizes annual scientific and practical conferences for radiologists in Uzbekistan. Radiology in Uzbekistan expands the boundaries of friendship and cooperation with National Radiological Societies of foreign countries.

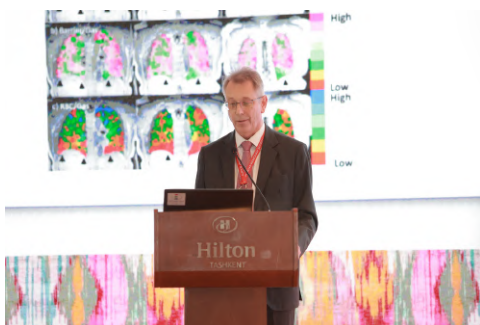
The International Radiology Conference, May 4-6, 2023, Tashkent



The URS organized an International scientific conference of radiologists in Tashkent on May 4-6, 2023. The purpose of the conference was to improve the professional knowledge and qualifications of radiologists, both those working in practical medicine and those in universities and research centers.

The conference held on May 4-6 this year stood out for its scale, with representatives from 16 countries participating, including Presidents and Representatives of the European Society of Radiology (ESR), the Asian Oceanian Society of Radiology (AOSR), the Russian Society of Radiology, the radiologists/radiology societies of Kazakhstan, Kyrgyzstan, Tajikistan, Azerbaijan, and Armenia, as well as representatives of the boards of radiologists societies of Korea, China, Japan, Malaysia and India.

The conference program included three plenary and six sectional sessions, two schools, a conference of young radiologist-scientists, and a team game (Quiz) with the participation of 4 teams of young scientists and specialists from Uzbekistan, teams from Kazakhstan, and one "Friendship" team from other countries. For young scientists, the conference became a platform for innovative solutions to issues of radiological diagnosis.



A total of 119 reports, lectures, and presentations of clinical observations in various fields of radiology were presented. The event brought together more than 300 specialists in the field of radiology and nuclear medicine, including 178 from Uzbekistan, 92 from foreign countries, and 52 representatives of companies producing radiological equipment and consumables. The conference was accompanied by an exhibition where 16 different manufacturers of radiological equipment and consumables presented their products.

This event contributed to the progress of domestic radiology, served as an incentive for the introduction of new high-tech methods of radiation diagnostics, strengthened international cooperation, attracted talented young people to the field of science, and supported the career growth of young scientists.

More snippets from Tashkent..



Having major #FOMO after reading about the exciting congress in Tashkent this year ?



UZBEKISTAN RADIOLOGY SOCIETY

May 2 - 4, 2024

INTERNATIONAL CONFERENCE OF RADIOLOGY

"THE NEW ERA OF RADIOLOGY - PROSPECT OF A WAY FORWARD. SUPERMIND"

Important dates

Abstracts

- ▶ Submission Open
08/07/2023
- ▶ Submission End
10.12.2023
- ▶ Acceptance Notice
15/01/2024

Registration

- ▶ Early Bird
08/07/2023 - 12/10/2023



 InterContinental Tashkent Hotel
Uzbekistan 100000, Tashkent, st. Shakhrisabz, 2

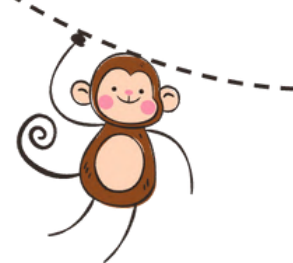
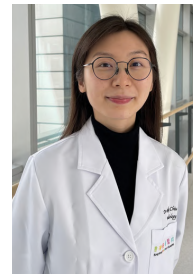
 www.radiologysociety.uz

Don't miss the next one in May 2024!

Spot It!

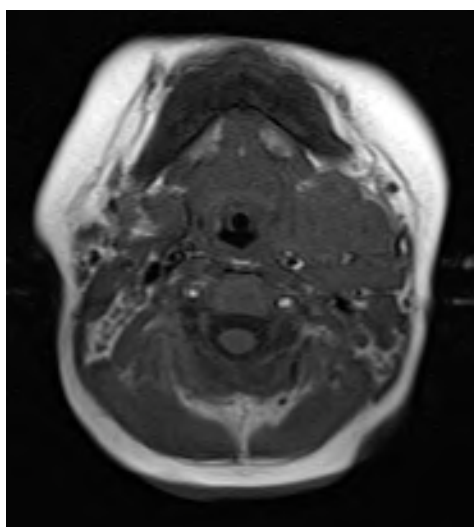
-Do you know this Diagnosis?

Contributed by Dr. Milly Chiu & Kevin Fung
Department of Radiology, Hong Kong Children's Hospital

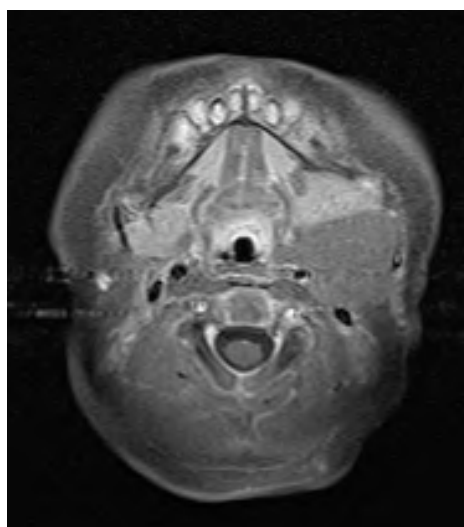


A 1.5-year-old boy was referred to a paediatric surgeon with a 3-month history of left submandibular mass. The kid is playful with no constitutional symptoms. On physical examination, there was a ~3cm soft, non-tender and mobile mass at left submandibular region. The surgeon requested a contrast-enhanced MR scan for further evaluation.

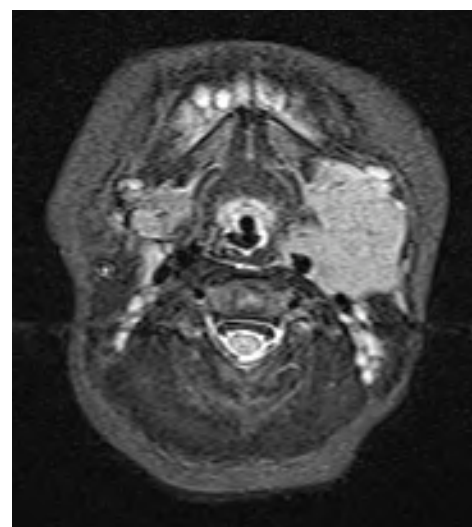
Below are selected images from the MR scan:



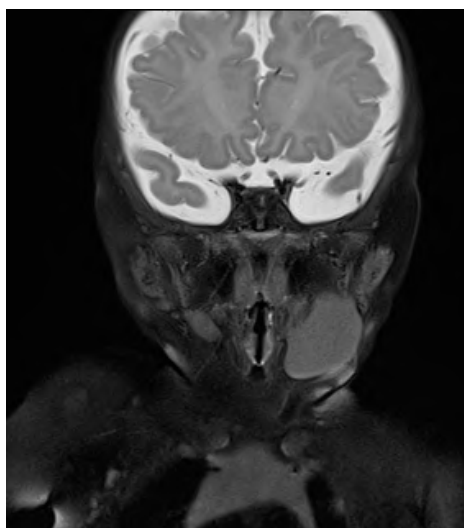
T1W axial



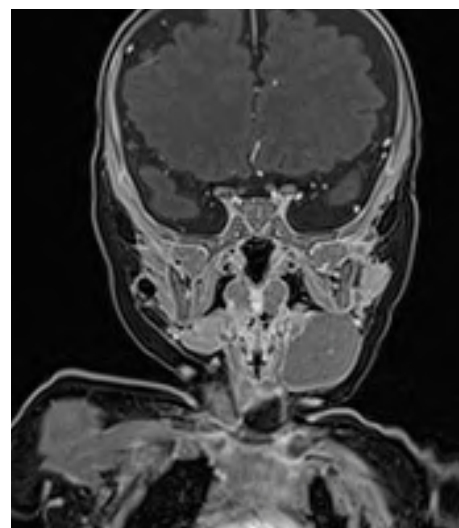
T2W axial
(fat suppressed)



T1W axial post contrast
(fat suppressed)



T2W coronal
(fat suppressed)



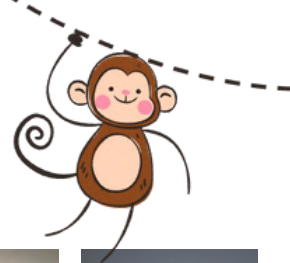
T1W coronal post contrast
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1. What is the diagnosis?
2. What is the next best investigation for confirmation?



Making Imaging Fun for Children

– Non sedative strategies for MRI

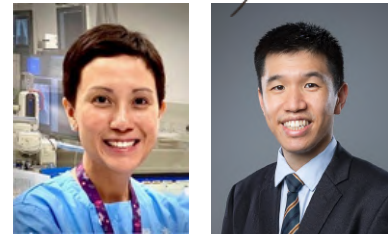


Dr Elaine Kan

Chief of Service, Department of Radiology, Hong Kong Children's Hospital

Dr Kevin Fung

Associate Consultant, Department of Radiology, Hong Kong Children's Hospital



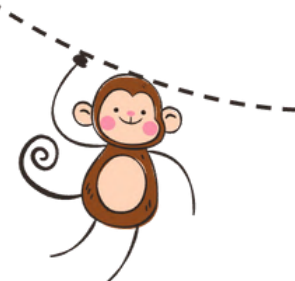
Magnetic resonance imaging (MRI) is the preferred imaging modality for many childhood conditions, given its high soft tissue contrast resolution and lack of ionizing radiation. The trade-off for performing MR scans is the relatively long scan time, during which the child would have to stay still and motionless. Motion artifacts result in poor image quality and potentially non-interpretable scans.

In order to keep young children still for MR scans, sedation or anaesthesia services are often required. While sedation is relatively safe in experienced hands, the risk to the patient is higher than that of non-sedated MRI because of the possibility of adverse reactions to medications, cardiovascular or respiratory events, as well as growing concerns regarding potential adverse neurocognitive effects associated with exposure to anaesthetic medications early in life. In addition, anaesthesia service is a scarce resource in most hospitals and often creates a bottleneck effect in examination scheduling, i.e. MR scans with sedation often have longer wait times than non-sedated MR studies.

Depending on the age of the child, various non-sedative strategies can be used to reduce need for sedation or anaesthesia. To run a successful non-sedated MR program, it involves collaborative teamwork between radiologist, MR technologists, referring clinical team, anaesthesiologists, play specialists and, most important, the child and his/her parent. This multidisciplinary team effort ensures proper patient selection, MR scan protocoling and creation of a child-friendly environment.

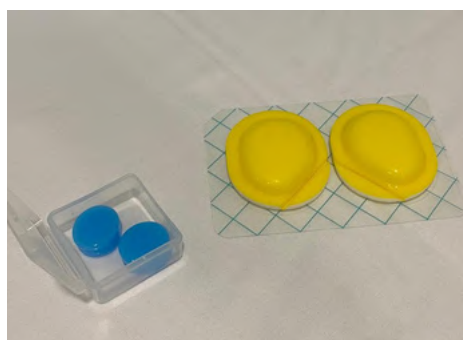


The "Under the sea" theme MR suite at Hong Kong Children's Hospital



0 – 6 months old – “Feed and sleep”

The need for pharmacological sedation in babies between ages of 0 to 6 months can be reduced through the “Feed and Sleep” programme. With this technique, we make use of patients' daily feed and natural sleep pattern to let the baby fall asleep before start scanning. The parents would be briefed beforehand on when to feed the patient and the scan would be scheduled to fit with the feed schedule. The infant would be wrapped tightly in a pneumatic blanket to ensure comfort and minimise movement. The MR scanning room ambient light would be dimmed and “quieter” MR sequences would be selected to avoid waking the patient up.



Protective hearing device for infant



Infant wrapped in pneumatic blanket



Ready to be scanned

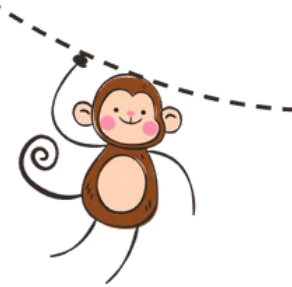
3 to 7 years old – “Mock MRI Scan: Empowering Children Through Simulation”

Older children from 3 to 6 years old can avoid pharmacological sedation with the “Mock Scan MRI” programme, which was created in collaboration with play specialists. Our mock scanner simulates the MRI experience including the noises the scanner makes. Selected patients are individually invited to a mock scan, during which education and training are provided to the child and parents. At the same time, the compliance level of the child is also assessed.

In addition to Mock MRI scan, MR-compatible video goggles can be worn by the child during scanning to provide audiovisual distraction. In our hospital, we provide a selection of movies for the child to select before he/she hops on the scanner. If the child is nervous, the parent and/or child play specialist may also be invited to accompany the child into the scanning room.



A play specialist accompanying a child to run through the MR simulator



In resource-limited setting, appropriate patient preparation goes a long way. Explaining to the child what he/she may expect during the MR scan in age-appropriate terms helps reduce anxiety. Online links are available to let them listen to what sound may be expected during the MR scan. A toy tunnel may be adopted as a “mock scanner” to simulate the enclosed MR scanning environment. Judicious selection of key sequences in the MR protocol by the radiologist is crucial in this setting to limit the scan time.



Video goggle used during scanning



Thank you card from patient



MR toy model to explain the scanning process to the child

If you are interested in Paediatric Radiology, come JOIN US at Hong Kong for an in-person AOSPR 2023 Meeting

For more details, please visit <https://www.aospr2023.org>.

Early bird registration ends on 15th June 2023!

**AOSPR
2023**

21st Annual Scientific Meeting of
Asian and Oceanic Society for
Paediatric Radiology

2nd-3rd SEPTEMBER

HONG KONG 香港

@ Hong Kong Academy of Medicine
Jockey Club Building

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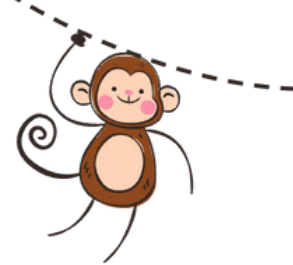
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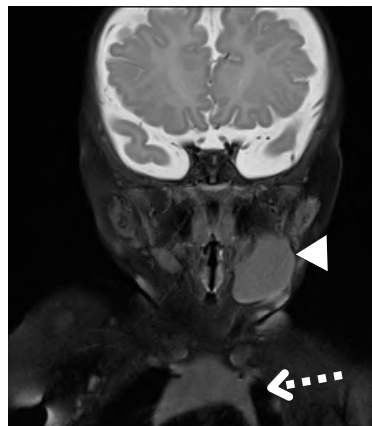


Spot It!

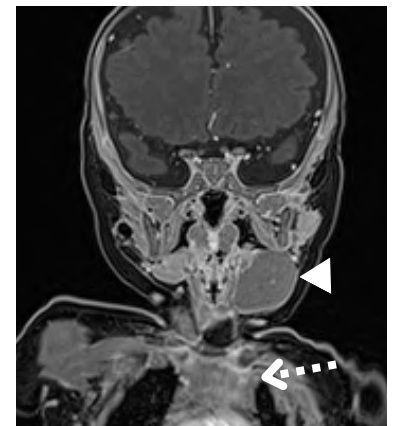


The Diagnosis is... Ectopic thymus

The MR scan showed a well circumscribed homogenous mass posterior to left submandibular gland. One key diagnostic clue was that the signal intensity and enhancement pattern of this mass (arrowhead) was IDENTICAL to that of the thymus (dashed white arrow).



T2W coronal
(fat suppressed)



T1W coronal post contrast
(fat suppressed)

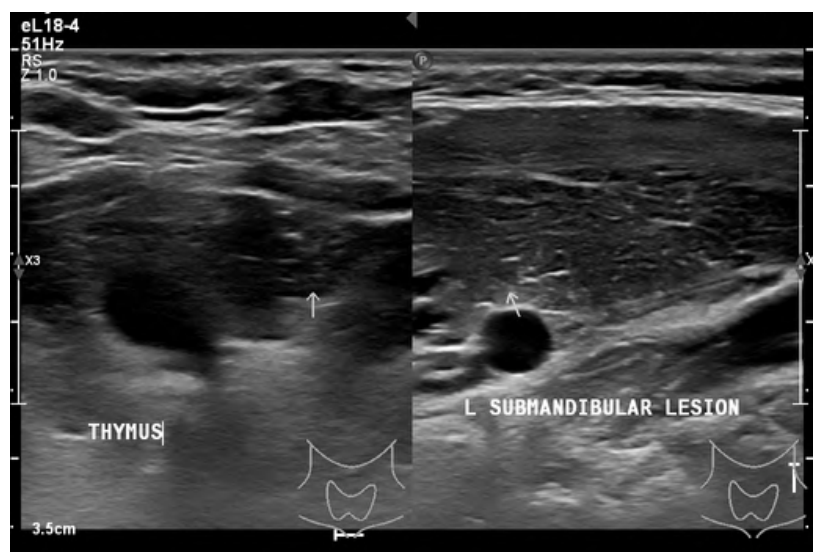
Embryologically, the thymus develops from the 3rd branchial pouches bilaterally. Towards the end of the 6th week, the thymic lobes on each side traverse caudomedially into the superior mediastinum before fusing in the midline.

Ectopic tissue may occur anywhere along this path secondary to abnormal descent, implantation or persistence of remnant tissue, resulting in a thymus positioned in the neck above the brachiocephalic veins.

It is important to recognise this entity and NOT to mistake it as malignant neck tumours. Ultrasound is the best investigation to demonstrate the characteristic sonographic pattern of the thymus. Biopsy in these children are unnecessary and should be avoided.

The ectopic thymus demonstrates identical sonographic appearance to the orthotopic thymus.

The classic description is a "starry-sky appearance", which describes multiple speckled echogenic foci (white arrow) on a background of homogenous hypoechoic parenchyma. The echogenic foci represent the fine septae within the normal thymus gland



Reference: Chu, W.C.W. and Metreweli, C. (2002), Ectopic thymic tissue in the paediatric age group. Acta Radiologica, 43: 144-146.

The Precision of Radiology

AOCR
2024



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Convention Center (TICC)
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