

**INTERNATIONAL
DAY OF RADIOLOGY**

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**EMERGENCY
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**International Day of Radiology 2017
Interview on Emergency Radiology
Turkey/Dr. Erhan Akpınar**

Prof. Erhan Akpınar from Hacettepe University in Ankara stresses the significance of close collaboration between emergency physicians and radiologists, including regular meetings, for successful management of patients

***European Society of Radiology:** Could you please describe the role of the radiologist in a typical emergency department in your country?*

Erhan Akpınar: The number of applications for emergency services in Turkey is over 100 million per year, and undertaking diagnostic imaging for these patients is a significant part of a radiologist's work. Ultrasonography and computed tomography are the most frequently used modalities in emergency radiology practice, and the use of point of care ultrasonography in emergency departments is increasing day by day. All ultrasonography and Doppler ultrasound tests in Turkey are performed by general radiologists in real time.

Emergency radiology units are not widespread in my country. There are a few centres which have separate emergency radiology units. These are mostly settled in emergency departments. In these centres, radiologists play a major role in emergency care. Emergency physicians present the history of patients and their physical examination findings to the radiologist. Radiologists then share their opinion with their colleagues, playing a crucial role in decision making processes.

MR examinations can be performed quickly in our centre. There are interventional radiology units where both vascular and non-vascular interventional procedures can be performed around-the-clock in our hospital and our emergency radiology staff is focused on diagnostic imaging.

***ESR:** What does a typical day in the emergency department look like for a radiologist?*

EA: A typical day in the emergency department is almost always busy. In the mornings, emergency radiologists mostly deal with reviewing last night's cases. In urgent circumstances, they inform emergency physicians about imaging findings for patients. During the rest of the day, radiologists review the imaging examinations of patients that present to the emergency departments.

A typical day includes evaluating patients who have suffered from trauma from events such as traffic accidents and falling, and those that are experiencing abdominal pain, shortness of breath, loss of strength, swelling of the legs and similar things.

Patients get different diagnoses despite their reasons for coming to the radiology department often being similar. Like Forrest Gump says, "... life was like a box of chocolates. You never know what you're gonna get." Even in life-threatening pathologies, performing both rapid and careful evaluation is an indispensable part of our job, since radiological findings can be subtle sometimes.

***ESR:** Teamwork is crucial in an emergency department. How is this accomplished in your department and who is involved?*

EA: Collaboration of emergency physicians and radiologists is necessary for the successful management of patients. Close settlement of the emergency radiology unit to the emergency

department makes communication easier. Discussion of a patient's clinical and imaging features together is one of the most exciting features of emergency radiology. Regular meetings, including those about difficult and educational cases, are important for a team of emergency physicians. In addition to communicating with the clinician, we also review the radiological findings of selected cases with our colleagues who work in abdominal radiology, interventional radiology, and other subspecialties.

ESR: *How satisfied are you with the workflow and your role in your department? How do you think it could be improved?*

EA: Emergency radiologists should be experienced in their area because they usually encounter life-threatening conditions that necessitate early and prompt evaluation. This experience can be gained through reviewing a large number of patients' imaging examinations. Workflow of emergency departments can be improved with dedicated radiologists and up-to-date imaging equipment.

ESR: *Which modalities are used for different emergencies? Could you please give an overview sorted by modalities?*

EA: Plain film radiography, ultrasonography, computed tomography are most frequently used imaging techniques. MRI, fluoroscopy and angiography may be required in rare circumstances. Plain film radiography is used in almost all cases presented to the ER. Ultrasonography is used mostly for abdominal emergencies and trauma. CT is crucial for neurologic emergencies and trauma, and it is usually required in thoracic and abdominal emergencies. MRI is helpful for ischaemic neurologic events and musculoskeletal emergencies. Fluoroscopy is helpful for paediatric gastrointestinal emergencies.

ESR: *Is teleradiology an issue in emergency radiology? If yes, how so, and how often is it used?*

EA: Teleradiology can only be used in emergency radiology in centres which prefer on-call consultation at night shifts. We do not usually use teleradiology since radiologists do night shifts in our ED.

ESR: *Are emergency radiologists active anywhere other than emergency departments? Do they have other non-emergency roles, or other emergency roles in other departments?*

EA: Emergency radiologists are not usually active anywhere other than emergency departments.

ESR: *Do you have direct contact with patients and if yes, what does it entail?*

EA: Emergency radiologists have direct contact with patients most frequently in ultrasound examinations. Bed-side ultrasound examinations can be preferred in urgent situations. If radiologists work in the CT room area they can have direct contact with the patients.

ESR: *How are radiologists in your country trained in emergency radiology? Is emergency radiology a recognised specialty in your country?*

EA: There is no official curriculum or training programme for emergency radiology education. Radiologists can be educated in emergency radiology units by working as staff. Emergency radiology is not a recognised specialty in my country.

There is an emergency radiology study group within the scope of the Turkish Society of Radiology (TSR) and emergency radiology presentations are being held every year in our national radiology congress. The annual meeting of the European Society of Emergency Radiology (ESER) 2015 was held in Turkey, as a joint meeting during our congress. In addition, the TSR is working to introduce a curriculum for subspecialisation in emergency radiology into our curriculum of education in Turkey. The TSR encourages our younger colleagues to complete the European Diploma in Emergency Radiology (EDER), which will be offered by the European Society of Emergency Radiology in 2018.



Prof. Erhan Akpınar is working as an emergency radiologist at Hacettepe University Department of Radiology in Ankara, Turkey. Dr. Akpınar completed his medical education and radiology residency at Hacettepe University and worked as a research fellow at the emergency radiology division in Boston, Massachusetts General Hospital for six months in 2004. He has been working as a faculty member in the Department of Radiology at Hacettepe University since 2003 and he received his professor title in 2014. Dr. Akpınar, who mainly deals with emergency radiology, is the chairman of the Emergency Radiology Subcommittee within the Turkish Society of

Radiology and is a member of the Executive Committee of the European Society of Emergency Radiology. Dr. Erhan Akpınar has 95 publications, 645 of which are cited.