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alerts
Evaluation of Rib Fractures on a Single-in-plane Image Reformation of the Rib Cage in CT Examinations

Peter D. Diff, Peter A. Hannes, Samuel E. Diff, Hans E. Hammond, and Matthias

We retrospectively evaluated 10 consecutive patients with and 10 patients without rib fractures, whose CT scans were reformatted to a single-in-plane image reformation of the rib cage. Eight readers (two radiologists, two residents in radiology, and four interns) independently evaluated the images for the presence of rib fractures using a reformatted single-in-plane image and a multi-planar image reformation. The time limit was 30 seconds for each read. A consensus of two radiologists was considered as the reference standard. Diagnostic performance (sensitivity, specificity, positive predictive value [PPV], and negative predictive value [NPV]) was assessed and evaluated per rib and per location (anterior, lateral, posterior). To determine the time limit, we prospectively evaluated the average time it took radiologists to assess the rib cage, in a bone window setting, in 50 routine CT examinations. McNemar test was used to compare the diagnostic performances.
Evaluation of Rib Fractures on a Single-in-plane Image Reformation of the Rib Cage in CT Examinations

Rationale and Objectives

This study aimed to evaluate the diagnostic performance of using a reformatted single-in-plane image reformation of the rib cage for the detection of rib fractures in computed tomography (CT) examinations, employing different levels of radiological experience.

Materials and Methods

We retrospectively evaluated 10 consecutive patients with and 10 patients without rib fractures, whose CT scans were reformatted to a single-in-plane image reformation of the rib cage. Eight readers (two radiologists, two residents in radiology, and four interns) independently evaluated the images for the presence of rib fractures using a reformatted single-in-plane image and a multi-planar image reformation. The time limit was 30 seconds for each read. A consensus of two radiologist readings was considered as the reference standard. Diagnostic performance (sensitivity, specificity, positive predictive value [PPV], and negative predictive value [NPV]) was assessed and evaluated per rib and per location (anterior, lateral, posterior). To determine the time limit, we prospectively analyzed the average time it took radiologists to assess the rib cage, in a bone window setting, in 50 routine CT examinations. McNemar test was used to compare the diagnostic performances.

Results

Single image reformation was successful in all 20 patients. The sensitivity, specificity, PPV, and NPV for the rib cage were 90%, 98%, 97%, and 95%, respectively.
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Cardiac Society of Australia and New Zealand - Disease Specific Society, and National Heart Foundation of Australia - Disease Specific Society [2006 04 01]

(1) Practice guidelines for the treatment of…
(1) ACC/AHA 2005 guidelines for the management of patients with peripheral arterial disease (lower extremity, renal, mesenteric, and abdominal aortic): a... American College of Cardiology Foundation - Medical Specialty Society, and American Heart Association - Professional Association [2005 01 01]

(1) American Society of Clinical Oncology clinical practice guideline: update on adjuvant endocrine therapy for women with hormone receptor–positive... American Society of Clinical Oncology - Medical Specialty Society [2002 08 01]


(1) Guidelines for the management of acute coronary syndromes 2006. (2) 2007 addendum to the National Heart Foundation of Australia/Cardiac Society of... Cardiac Society of Australia and New Zealand - Disease Specific Society, and National Heart Foundation of Australia - Disease Specific Society [2006 04 01]

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جستجوی هوشمند و پیشنهاد موضوعات مشابه، کتاب یا مجله و نویسندگان
امکان ذخیره ایمیل یا چاپ نتایج
**DESCRIPTION:** Salmeterol is a highly selective, long-acting inhaled beta-2 agonist (LABA). Salmeterol is indicated for the maintenance treatment of asthma in combination with an asthma controller medication (i.e., inhaled corticosteroid) and for the prevention of bronchospasm associated with chronic obstructive pulmonary disease (COPD). Compared with other inhaled beta-2 agonists, salmeterol has a longer duration of action, which allows for twice-daily dosing; however, onset of therapeutic effects is prolonged, which limits the usefulness of salmeterol. Because of its delayed onset, salmeterol should never be used to treat an acute attack. It is, however, very effective for prophylactic therapy. In studies comparing salmeterol with other agents (i.e., albuterol, terbutaline, and theophylline), it was shown that salmeterol was more effective in improving lung function, decreasing the use of rescue medications, improving asthma symptoms, and minimizing the number of nighttime awakenings in patients with asthma. However, more recent data from an interim analysis of a large placebo-controlled study found that salmeterol was associated with an increased risk of severe asthma exacerbations and asthma-related deaths compared to the placebo group. This lead to a decision by the FDA that long acting beta-agonists are contraindicated as monotherapy in patients with asthma; they should not be without an asthma controller medication (i.e. inhaled corticosteroid). LABAs should not be the first drug used to treat asthma and should only be added to the asthma treatment regimen if other drugs (including single agent low- or medium-dose corticosteroids) do not control asthma. Patients should be instructed that if wheezing worsens and cannot be relieved during an acute asthma attack, they should seek immediate medical attention. LABAs are an acceptable adjunct maintenance treatment to be added to an inhaled corticosteroid (ICS) for adults and children 12 years of age and older with persistent asthma inadequately controlled with a low-dose ICS (step 3 care) according to the 2007 guidelines of the Expert Panel of the National Asthma Education and Prevention Program. The Panel recommends that equal consideration be given to increasing the ICS dose versus adding an LABA for insufficient control of asthma symptoms. The preferred treatments in steps 4—6 care include the combined use of an LABA and ICS. LABAs may also be used with low-dose ICSs in children as young as 5 years of age with inadequately controlled moderate persistent asthma as an alternative to increasing the ICS
Abdominal Paracentesis

CLINICAL PEARLS

If a large volume paracentesis is anticipated, start an intravenous line and place the patient on a monitor.

Last Reviewed: 4/19/2007

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