

## Editorial




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### Bibliography

Ultrasound Int Open 2021; 7: E1

DOI 10.1055/a-1485-8014

ISSN 2199-7152

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Dear Colleagues,

It is a special pleasure to introduce the first issue of *Ultrasound International Open* in a still difficult year – a year, in which many of us had concerns and clinical tasks reaching far beyond basic or clinical science on ultrasonography (US). Thus, I am delighted to draw your attention to some interesting and important new papers teaching us on various aspects of our every day's US practice.

The opening case report by *Bielow and colleagues* shows us that our usual reflex: "A liver lesion with a clear intralesional contrast enhancement cannot be an abscess" might be wrong in the special cases of the increasing number of hypervirulent *Klebsiella pneumoniae* liver abscesses. Due to their infiltrating character, these may show other clinical and imaging characteristics compared to the "usual" liver abscess. Although sometimes hard to accept: Imaging is imaging and not an irrevocable diagnosis!

The following 3 papers of this issue are original clinical studies.

- After CEUS and elastography, the evaluation of controlled attenuation parameters (CAP) has gained increasing interest, especially in the context of widespread alcoholic and metabolic fatty liver disease. *Mjelle and coworkers* from the University of Bergen/Norway provide us with a detailed analysis of CAP-values in a cohort of healthy subjects, combined with elastography, B mode US and biometric parameters. They establish normal values for CAP and, not surprisingly, prove a correlation between BMI z-score and CAP.
- Another clinically important everyday's topic is addressed by *Najafi and coworkers*: the correct classification of renal lesions with CEUS. In a large single-center retrospective cohort of 491 lesions, they found an excellent sensitivity and, even more important, specificity of CEUS compared to the final diagnosis; besides, there was a 96%

consistency of cystic lesions in the Bosniak classification. This study with nice pictorial material adds further evidence for the justification of CEUS in grading and follow-up of focal renal lesions.

- In the third paper, again a group from Bergen (*Nordaas and coworkers*) compares the accuracy of US and CT in establishing a diagnosis of chronic pancreatitis. While overall sensitivity and specificity (as compared to the modified Mayo score as "gold standard") of both modalities showed only a moderate accuracy for the correct diagnosis, there were no relevant discrepancies between US and CT. The authors conclude that a combination of both CT and US may be beneficial in the primary workup for CP, with US being particularly favorable for repeated examinations and follow-up.

Last not least, one of the highlights of this issue is the statement of the EFSUMB Task Force group on the role of gastrointestinal US in the evaluation of functional disorders of the gastrointestinal tract. In a well written review with convincing US pictures, a group of renowned experts in the field delineate the state of the art of US in functional gi-diseases, starting at the hyoid and moving down to the rectum. Unfortunately, for many of these items and statements there is a low level of evidence and, consecutively, a similarly low level of recommendation, hopefully stimulating ultrasonographers all over the world to provide us with more meaningful data.

I do hope you enjoy reading as much as I did!

On behalf of the editors,

Yours sincerely,

Guntram Lock