

Editorial



Vito Cantisani

Bibliography

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Dear Colleagues,

It is my honor to announce that the fourth issue of UIO has been published and is now available online.

We are very happy that UIO was just accepted for inclusion in PubMed Central (PMC). This is a great achievement by the Editorial Board, the reviewers and, of course, the authors.

All articles included in PMC will also appear in PubMed. All UIO articles, including those of past issues, will be included.

As initially presented, this open access journal mainly aims to provide selected peer reviewed original articles on discussed and debated topics, educational papers based on a meticulous review or pictorial essay and case reports regarding peculiar forms of diseases.

The present issue contains 8 articles: 3 original papers, 3 case reports, 1 review article and 1 technical development note.

The first article by Obouchovits and Bonczar which is a review article on ultrasonography features for the study of lateral elbow pain. It provides extensive representation of normal anatomical findings and different causes of elbow pain with a correlation of ultrasonography and MRI features. The objective of the article is to provide the possibilities, key points and limitations of ultrasound and to discuss situations in which a combined approach of modalities is needed to assess the severity of elbow pain. The second article entitled “Can New Ultrasound Signs Help in Identifying Follicular Variant of Papillary Carcinoma of Thyroid? – A Pilot Study” by Anuradha et al. describes a relatively large retrospective analysis regarding thyroid nodular disease with differentiation of follicular variant of papillary carcinoma by means of the nodule in nodule sign, heterogeneous echotexture, and thick and irregular halo sign. It provides new information about a specific pathologic entity that is now under debate and has recently been reported on by other authors such as Nikiforov et al. They evaluated a population of encapsulated follicular variant of papillary thyroid carcinoma (EFVPTC) and observed that this form has a very low risk of unfavorable outcome

and should therefore be termed NIFTP (“noninvasive follicular thyroid neoplasm with papillary-like nuclear features”). (Nomenclature Revision for Encapsulated Follicular Variant of Papillary Thyroid Carcinoma: A Paradigm Shift to Reduce Overtreatment of Indolent Tumors. Nikiforov YE1, Seethala RR1. JAMA Oncol. 2016 Apr 14. doi: 10.1001/jamaoncol.2016.0386.).

In a technical development note, Achiron et al. describe how early diagnosis of the Walker Warburg phenotype at 11 weeks of gestation can be proved by US and subsequently confirmed by molecular genetics, post-abortion MR imaging and histopathology. It is emphasized that the close collaboration between obstetricians, geneticists and pediatric radiologists improves the management of complicated cases.

In the article entitled “Assessment of Mid-Facial Hypoplasia in Down Syndrome Fetuses – Validity of a Two-Line Approach and Introduction of a Novel Angle (Maxilla-Mandible Nasion Angle) MMN)” based on a study including 443 fetuses with a mean gestational age of 21.3 weeks (range: 14.0–26.3), it was shown that combining the advantages of both the FPL and the mandibulo-maxillary line using identical midsagittal sonographic planes of the fetal profile offers rapid detection of 2nd trimester fetuses (from 14 completed weeks onwards) at risk for trisomy 21 (assessed by the novel MMN angle).

Another article discusses a very rare case of hepatic epithelioid hemangioendothelioma. The authors determine the risk of misdiagnosis of this pathology and present key points to be kept in mind in order to make a prompt diagnosis.

I hope you will find the content of the present issue of UIO to be useful and interesting. On behalf of the Editorial Board, I would like to invite you to submit further educational and scientific papers to help ensure the ongoing growth and improvement of the journal.

On behalf of the Editorial Board,
Vito Cantisani

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