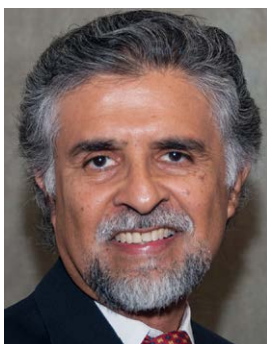


# Editorial



Deepak Bedi

Some of the most useful advances in diagnostic imaging in the last decade have involved ultrasound. Research, innovation and refinement of existing technology have resulted in novel new applications in patient care. It is particularly noteworthy that this advancement has continued to occur while high profile modalities such as CT, MRI and PET-CT have benefited from larger budgets and generally unabashed fascination from radiology professionals. This paradox of ultrasound enjoying intellectual prosperity during times of comparatively spare financial reward can be attributed to dedicated scientists, engineers and clinicians. To the scientists working on elastography or microbubble contrast for many years, the engineers making our machines better and easier to use, or the countless sonologist educators keeping us informed: we recognize your work. Your contributions will change medical care forever.

The opening article in this issue of *Ultrasound International Open* quite clearly illustrates this. This paper by Weichert et al., analyzing the performance of cervical sonoelastography for the prediction of preterm birth, shows that elastography is finally ready for prime time, thanks to the pioneering work of Jonathan Ophir, among others, over the last 2 decades [1].

Whether through greater portability of equipment in the emergency and intra-operative setting, (see paper by Glockner et al. in this issue on the subject of diagnosing acute congestive heart failure with B-line ultrasound) or simplicity of

use which allows the occasional operator to supplement diagnostic information to their physical examination in the emergency setting, ultrasound has quietly added value to health care expenditure. When major power outages occasionally shut down hospitals, or in situations of limited medical resources in natural disasters, ultrasound machines continue vital work while CT and MRI are disabled.

It is therefore not just coincidental that many more subspecialty physicians now use ultrasound directly than 10 or 20 years earlier; breast, obstetric, urologic, cardiovascular, emergency medicine hold transducers in their hands to “examine” a patient. This ought to catch the attention of medical administrators, with appropriate adjustment of equipment and professional resource spending.

The innovators keep doing their work. Our challenge in the coming years will be teaching a new generation of physicians about the importance of our specialty; maintaining, and perhaps measuring, the quality of our clinical work. More on this subject in another issue.

Enjoy the thoughtfully written and selected papers in this issue.

For the Editors,  
Deepak G Bedi MD

## References

- 1 Ophir J, Alam SK, Garra BS et al. Elastography: Imaging the elastic properties of soft tissues with ultrasound. *J Med Ultrasonics* 2002; 29: 155

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