

# Marriage between Different Imaging Specialities

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All these years clinical medicine has remained the same, but specialities like imaging are expanding at a very fast pace. Ultrasonography, CT Scan, MRI and Endoscopy are the four main imaging techniques, which first came to the aid of doctors in helping to make a diagnosis.

Lately, there are various combinations of the above techniques that have appeared in the medical field, which give much more additional information compared to a single imaging technique. The following are the examples:

## I. Combining Endoscopy with Sonography:

Its diagnostic uses are as follows:

- a. In the abdomen, it facilitates the diagnosis of various pancreatic diseases and masses in and around the pancreas.

- b. T.O.E. (Trans oesophageal echocardiograph) - Sonography of the heart (that is 2D Echocardiography) combined with Endoscopy through the oesophagus will give much more accurate information of the heart.

## II. PET CT Scan-Positron Imaging Tomography (known as PET Scan)

It is a nuclear imaging technique, which is being done since the last few years and is more accurate than CT scan or MRI. Now, we have PET CT scan (a combination of PET scan and CT scan), which is very accurate, while diagnosing any hidden malignancy in the body or finding any hidden cause of pyrexia of unknown origin.

III. This year in Mumbai, we are expecting **Sonic MRI Machine**, which is a combination of Sonography and MRI. This will set a new trend because it can be utilized for treating cancers. Thus, imaging is now being used not only for diagnostic purposes but also therapeutically. This will be a very big advance in allopathic medicine.

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### ASPIRIN AND EXTENDED-RELEASE DIPYRIDAMOLE VERSUS CLOPIDOGREL FOR RECURRENT STROKE

In this double-blind, 2-by-2 factorial trial, we randomly assigned patients to receive 25 mg of aspirin plus 200 mg of extended-release dipyridamole twice daily or to receive 75 mg of clopidogrel daily.

The trial did not meet the predefined criteria for noninferiority but showed similar rates of recurrent stroke with ASA-ERDP and with clopidogrel. There is no evidence that either of the two treatments was superior to the other in the prevention of recurrent stroke.

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