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## EDITORIAL

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# Message from the Editorial Board

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Two years ago, the Editorial Board decided to dedicate individual issues focusing on a specific disorder / body system. We have already published five issues on various themes: breast imaging and oncology (volume 18, number 2), abdominal imaging and oncology (volume 18, number 4), paediatric imaging (volume 19, number 3), women's imaging and oncology (volume 19, number 4), and musculoskeletal imaging and oncology (volume 20, number 1). Themes for the future issues include the diagnosis and treatment of hepatocellular carcinoma, gastrointestinal imaging and oncology, and cardiac imaging.

The introduction of theme issues marks our determination to improve our publication by combining the expertise of both radiologists and oncologists in the management of clinical problems. There are, nonetheless, valuable review and original research articles that have undergone rigorous peer review but fall outside the scope of the set themes. This issue contains such papers that address various aspects of diagnostic radiology procedures and imaging and have significant impact on clinical practice.

The demand for interventional radiological services in most acute hospitals is increasing. Most trainees undergo such training as part of their higher subspecialty training. Their experience varies in different centres, depending on the clinical referral pattern and the clinical expertise of that institution. In this issue, two articles reviewed the outcome of interventional radiology procedures from their centres.

Chong et al<sup>1</sup> reviewed their institutional experience of retrieval of inferior vena cava filter. Predictors of successful retrieval were related to a patient's age, history of malignancy, anticoagulation therapy, and indication for prophylactic filter insertion. A shorter retrieval interval was associated with successful retrieval.

Lai et al<sup>2</sup> reviewed the treatment and outcome of patients who underwent endovascular therapy for cerebral vasospasm secondary to aneurysmal subarachnoid haemorrhage. They concluded that intra-arterial verapamil with or without percutaneous transluminal balloon angioplasty is safe and not associated with immediate angiographic response.

Two articles are highlighted due to their significance. Chan et al<sup>3</sup> reviewed their institutional experience of using the Roach formula to further differentiate high-risk patients at risk of treatment failure after intensity-modulated radiotherapy (IMRT). They concluded that the Roach formula can further differentiate patients at higher risk (>15-35% and >35%) of pelvic lymph node involvement. These patients should receive more intense IMRT and closer monitoring to improve the biochemical failure-free survival.

Tsang and Yuen<sup>4</sup> discussed the principles, diagnostic performance, and clinical application of dual-energy computed tomography (CT) in the diagnosis of gout. Dual-energy CT enables volume quantification of monosodium urate deposits to monitor treatment response. Although dual-energy CT has lower sensitivity when restricted to individual crystal-proven gouty joints in non-tophaceous disease, its diagnostic performance is good to excellent for tophaceous gout.

We hope our readers enjoy this issue as much as the theme issues and find the information useful in their practice. We also appreciate authors and reviewers of their unfailing support, and welcome feedback and opinions from our readers.

## REFERENCES

1. Chong WH, Siu KL, Wan WS, Chan KY, Tan CB. Inferior vena cava filter retrieval: a review of seven years' experience at a regional hospital. *Hong Kong J Radiol.* 2017;20:121-

5. [crossref](#)
2. Lai YT, Chu CY, Sung HT, Tang CW, Leung KW, Lo SW, et al. Endovascular therapy for cerebral vasospasm following aneurysmal subarachnoid haemorrhage. *Hong Kong J Radiol.* 2017;20:140-5. [crossref](#)
3. Chan MF, Lam QY, Lee VH, Ho PP, Sze HC, Siu SW, et al. Using the Roach formula to stratify patients with localised prostate cancer treated with intensity-modulated radiotherapy. *Hong Kong J Radiol.* 2017;20:103-9. [crossref](#)
4. Tsang JP, Yuen MK. Diagnosing gout with dual-energy computed tomography: principles, diagnostic performance, and clinical application. *Hong Kong J Radiol.* 2017;20:98-102. [crossref](#)