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J Korean Neurosurg Soc. 2002 Oct;32(4):359-362. Korean.

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Traumatic Intracranial Aneurysms in Children.
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Detection of Acute Intraventricular Hemorrhage: Comparison of FLAIR MR Imaging with Unenhanced CT.

Choi WJ, Choi DS.

Department of Radiology, Dongguk University College of Medicine, Korea.
pcom@dongguk.ac.kr

PURPOSE: To compare the usefulness of fluid-attenuated inversion recovery (FLAIR) MR imaging with that of unenhanced CT in the detection of acute intraventricular hemorrhage (IVH). **MATERIALS AND METHODS:** Thirty-four patients with acute IVH underwent FLAIR MR imaging and unenhanced CT within three days of the onset of symptoms. Except in one patient, all MR studies were performed after CT. The mean time intervals between CT and symptom onset and between CT and MR examinations were six and five hours, respectively. Two radiologists evaluated the detectability and conspicuity of acute IVH at FLAIR MR imaging and unenhanced CT. Positive imaging criteria in the detection of acute IVH were intraventricular hyperintensity at FLAIR MR and

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급성 뇌실내 출혈의 발견: FLAIR MR영상과 조영전 CT와의 비교

Detection of Acute Intraventricular Hemorrhage: Comparison of FLAIR MR Imaging with Unenhanced CT

Won Jin Choi, M.D, Dae Seob Choi, M.D,

Department of Radiology, Dongguk University College of Medicine

Purpose: To compare the usefulness of fluid-attenuated inversion recovery (FLAIR) MR imaging with that of unenhanced CT in the detection of acute intraventricular hemorrhage (IVH).

Materials and Methods: Thirty-four patients with acute IVH underwent FLAIR MR imaging and unenhanced CT within three days of the onset of symptoms. Except for one patient, all MR studies were performed after CT. The mean time intervals between symptom onset and between CT and MR examinations were six and five hours, respectively. Two radiologists evaluated the detectability and conspicuity of acute IVH at FLAIR MR imaging and unenhanced CT. Positive imaging criteria in the detection of IVH were intraventricular hyperintensity at FLAIR MRI and hyperattenuation at CT.

Results: Acute IVH was detected in all patients at FLAIR MR imaging and in 30 (88%) patients at unenhanced CT. In 32 patients (94%), the conspicuity of IVH at FLAIR MR imaging was as good as or better than that at unenhanced CT.

Conclusion: FLAIR MR imaging was superior to unenhanced CT in the detection of acute IVH.

Keyword : Brain, MR, Magnetic resonance (MR), intraventricular hemorrhage (IVH), MR imaging, pulse sequences

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급성 뇌실내 출혈의 발견: FLAIR MR영상과 조영전 CT와의 비교

최 원 진 · 최 대 섭

목적: 급성 뇌실내 출혈의 발견에 있어 fluid-attenuated inversion recovery (FLAIR) MR영상의 유용성을 평가하고자 하였다.

대상과 방법: 뇌실내 출혈로 진단된 환자 중 3일 이내의 급성기에 비조영 CT와 FLAIR MR영상을 모두 얻었던 34명의 환자를 대상으로 하였다. 1예를 제외한 전 예에서 CT를 먼저 시행하였으며, 증상발현 후 CT검사까지의 시간간격은 평균 6시간이었고, CT와 MR검사 사이의 시간간격은 평균 5시간이었다. CT와 FLAIR MR영상에서 출혈의 존재 유무를 평가하였다. 출혈의 진단기준은 뇌실내에 인접한 뇌실질보다 높은 감쇠 또는 신호강도의 병변이 있을 때로 하였다. 다음으로 CT와 FLAIR MR영상에서 출혈이 보이는 정도(명확도)를 상호 비교 평가하였다. 두 명의 방사선과 의사가 독립적으로 판정하였으며, 판정의 불일치가 있는 예에서는 나중에 합의하여 판정하였다.

결과: 출혈의 존재 유무의 평가에 있어 FLAIR MR영상에서는 전 예에서 뇌실내 출혈을 발견할 수 있었고, CT에서는 34예 중 30예에서 발견할 수 있어 88%의 발견율을 보였다. 병변의 명확성을 상호 비교 평가한 결과에서 17예 (50%)에서 FLAIR MR영상이 CT보다 우수하였으며, 15예 (44%)에서는 비슷하였고, 2예에서는 CT가 우수하였다.

결론: 급성 뇌실내 출혈의 발견에 FLAIR MR영상은 CT보다 더 유용하였다.

대상과 방법

1999년 7월부터 2001년 12월까지 뇌실내 출혈로 진단된 환자 중 3일 이내의 급성기에 비조영 CT와 FLAIR MR영상을 모두 얻을 수 있었던 34명의 환자를 대상으로 하였다. 남자가 11명, 여자가 23명이었으며, 연령분포는 32세부터 81세까지 평균 57세였다.

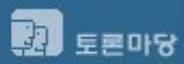
뇌실내 출혈의 최종진단은 갑자기 시작된 신경학적 증상의 발현시점이 분명하고, CT에서 뇌실내에 뇌실질보다 높은 감쇠의 병변이 있거나, CT에서 뇌실질의 출혈이나 거미막하 출혈이 있는 환자 중 FLAIR MR영상에서 뇌실내에 주변의 정상 뇌실질과 비교하여 고신호 강도의 병변이 있을 때로 판정하였다.

MR은 대부분의 신경계 질환의 진단에 CT보다 우수하나 급성 두개내 출혈의 진단에는 아직까지 CT가 일차적인 진단 수단으로 사용되고 있으며, 특히 급성 거미막하 출혈의 진단에는 기존의 T1강조영상과 T2강조영상 등의 고식적인 MR은 민감하지 못한 것으로 알려져 있다(1, 2).

최근 활발히 사용되고 있는 fluid-attenuated inversion recovery (FLAIR) MR영상은 뇌척수액의 신호강도를 없애거나 매우 약화시킴으로써 기존의 T2강조영상보다 뇌척수액 주변의 뇌실질을 침범하는 질환의 진단과 기존의 MR기법으로는 진단이 어려웠던 급성 거미막하 출혈의 진단에도 유용한 것으로 보고되고 있다(3-5). 그러나 거미막하 출혈과 비슷한 환경에 위치하는 급성 뇌실내 출혈의 진단에 있어 FLAIR MR영상의 유용성에 관해서는 아직 많은 질문과 의문점을 남기고 있다.



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1: Korean J Radiol 2002 Oct-Dec;3(4):267-70

Korean J Radiol
FULL TEXT ARTICLE

Unusual perirenal location of a tailgut cyst.

Kang JW, Kim SH, Kim KW, Moon SK, Kim CJ, Chi JG.

Department of Radiology, Seoul National University College of Medicine, 2
Seoul, Korea. kimsh@radcom.snu.ac.kr

The authors describe a case in which a tailgut cyst occurred at an unusu
referred for abdominal discomfort and urinary frequency. The left abdom
at imaging studies to be a homogeneous, unilocular and cystic, and ante
excision, it was shown to be a tailgut cyst.

PMID: 12514346 [PubMed - in process]



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Unusual Perirenal Location of a Tailgut Cyst

Joon-Won Kang, Seung Hyup Kim, Kyung Won Kim, Seung Kyu Moon, Chong Jai Kim, Je Geun Chi
Departments of Radiology, Seoul National University College of Medicine; Institute of Radiation
in the perirenal space, where tailgut vestiges presumably would reside.

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Electronic journal access: how does it affect the print subscription price?

Chen FL, Wrynn P, Rieke JL.

Arizona Health Sciences Library, The University of Arizona, Tucson 85724-5079, USA. francesc@uarizona.edu

OBJECTIVE: This study examined the rates of print journal subscription price increases according to the type of available electronic access. The types of access included: electronic priced separately from the print, combination print with "free online" access, and aggregated, defined here as electronic access purchased as part of a collection. The percentages of print price increases were compared to each other and to that for titles available only in print. The authors were not aware of prior objective research in this area. **METHODS:** The authors analyzed the percentage print price increases of 300 journals over a five-year time period. The titles were grouped according to type of available electronic access. The median and mean percentage print price increases were calculated and plotted for all titles within each group. **RESULTS:** Using both the median and the mean to look at the percentage print price increases over five years, it was obvious that print prices for journals with electronic access exceeded journals that did not offer an electronic option. Electronic priced separately averaged 3% to 5% higher than print only titles using both measures. Combination print with "free online" access had higher increases from 1996 to 1999, but, in 2000, their percentage increases were about the same as print only titles. The rate of price increases for aggregated titles consistently went down over the past five years. Journals with no electronic option showed the lowest percentage rates of print price increase. **CONCLUSIONS:** The authors' findings reveal that the increases of print prices for their sample of titles were higher if a type of electronic access was offered. According to the results of this study, aggregated collections currently represent the electronic option whose percentage price increase for print prices was lowest. However, the uneven fluctuations in rates of subscription prices revealed that the pricing of journals



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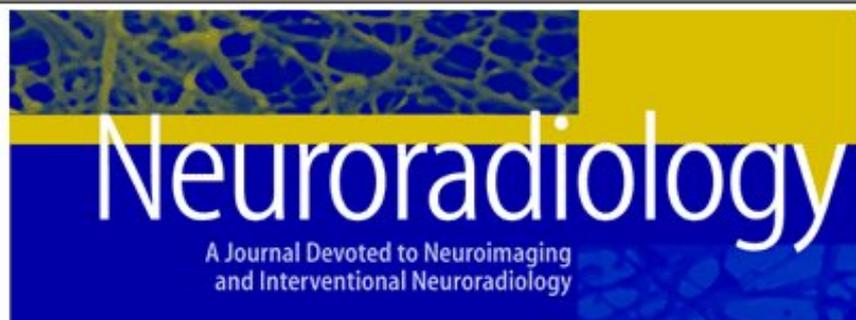
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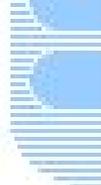
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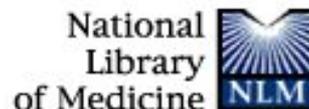
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Authorship

Authorship has been a topic of interest to me as Editor of *Radiology* (1-5). Others have also found it of interest and have published their thoughts and positions on the same (6-10). In the current issue of *Radiology*, the Special Reports section contains yet another publication (11) addressing this important topic. My compliments are extended to Dr Hwang and co-authors for the extensive analysis they performed on original research manuscripts having at least three authors and published in *Radiology* from January 1998 to December 2000. They have uncovered a number of interesting points regarding authors' fulfillment of the International Committee of Medical Journal Editors (ICMJE) criteria for authorship, fulfillment based on the byline position of authors, the extent and nature of researcher contributions based on the specific categories used for *Radiology*, and the differences between American and international authors. In Materials and Methods in their article, they note that four papers were excluded in their analysis since "a name listed in the byline did not appear in the contribution list."

Dr Hwang and co-authors (11) were kind enough to identify these four papers for me. On looking into the matter, I learned that all four were published in the January and February 1998 issues of *Radiology*, at the very beginning of my tenure as Editor. While unhappy that this occurred, I was somewhat relieved to learn that these manuscripts appeared early in 1998. At the time, for several of the initial issues of the year 1998 we had to obtain author contribution listings after the manuscripts had already been accepted and sent for production to the RSNA Headquarters Office in Oak Brook (manuscripts are sent to Oak Brook several months in advance of the articles appearance in print). To the contrary, for manuscripts now submitted we require that the author contributions be listed before the manuscripts receive final acceptance and before they are sent for production.

Dr Hwang and co-authors (11) mention in their discussion that there may be misunderstanding or lack of awareness of the ICMJE criteria; that there is a need for education regarding authorship criteria; and



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(*Radiology* 2003; 226: 16-23.)

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Special Reports

Researcher Contributions and Fulfillment of ICMJE Authorship Criteria: Analysis of Author Contribution Lists in Research Articles with Multiple Authors Published in *Radiology*¹

Seong Su Hwang, MD, Hae Hiang Song, PhD, Jun Hyun Baik, MD, So Lyung Jung, MD, Seog Hee Park, MD, Kyu Ho Choi, MD and Young Ha Park, MD

¹ From the Department of Radiology, St Vincent's Hospital (S.S.H., J.H.B., S.L.J., Y.H.P.), Department of Radiology, Kangnam St Mary's Hospital (S.H.P., K.H.C.), and Department of Biostatistics (H.H.S.), Catholic University of Korea, 505 Banpo-dong, Seocho-ku, Seoul 137-701, Korea. Received July 23, 2001; revision requested September 24; final revision received April 15, 2002; accepted May 17. **Address correspondence to** H.H.S. (e-mail: hhsong@catholic.ac.kr).

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ABSTRACT

PURPOSE: To determine the number of researchers who fulfill the International Committee of Medical Journal Editors (ICMJE) authorship criteria and to evaluate individual contributions.

MATERIALS AND METHODS: The author contribution lists of *Radiology* articles published between 1999 and 2000 with at least three authors were reviewed. The fulfillment of ICMJE

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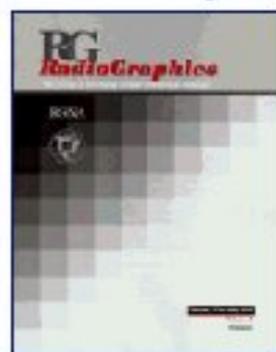
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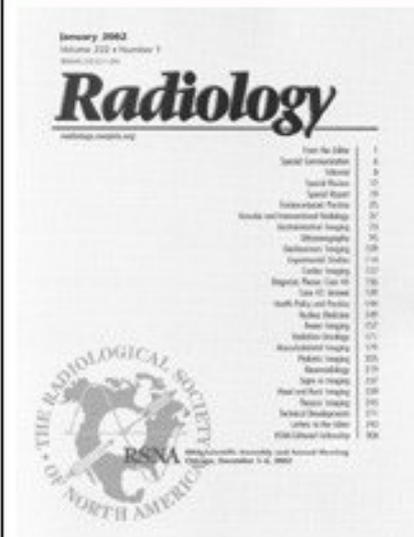
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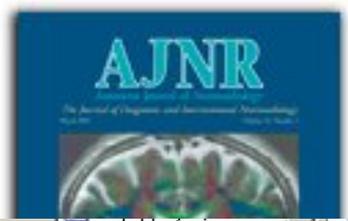
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페이지 (예 1 ~ 9) 지적내용식으로 입력하십시오

초록; page 1에서 Conclusion에서 Serial sonography - finding on sonography.는 결과에 기입하는것이 타당할 듯합니다.

Conclusion에서 4째 줄에서 Therefore를 삭제하시고, sonography는 Sonography로 바꾸세요.

Introduction에서 page 2, 3, 7, 9째 줄 ultrasound를 sonography로 통일하여 주십시오.

Material and Methods에서 16째 줄의 ultrasound를 sonographic으로 바꾸십시오.

8page의 밑에서 8째 줄의 ultrasonographic을 sonographic으로 바꾸세요.

11page 의 Table1 에서 US: ultrasound를 US: sonography로 바꾸세요.

초음파사진이 전반적으로 어둡고 해상도가 떨어지는 것으로 생각이 됩니다.

Editorial

doi:10.1038/90454

August 2001 Volume 4 Number 8 p 767

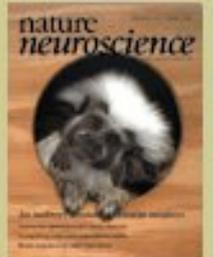
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Online publishing: how, why and other related issues.

Grech V.

Paediatric Department, St. Luke's Hospital, Guardamangia, Malta. victor.e.grech@magnet.mt

The Internet allows the creation of a peer reviewed online journal, such as Images in Paediatric Cardiology, at a fraction of the cost of a conventional journal. Furthermore, an online journal can display a multitude of images and other multimedia material (such as audio and video files)--a feature not available in a conventional journal. The issues of creating such a journal are explored, along with the issues of online publishing, including copyright and peer review. Current proposals that may affect copyright and peer review in all journals are also outlined.

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