

# RADIOLOGY IN MEDICAL EMERGENCIES

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Emergency is a situation which poses an immediate risk to health.



• *A finite sequence* to solve a problem

 ...to be able to do "everything" within the "golden-one-our".

 ...because with the mortality with massive abdominal bleeding increases by 0.35% in every second

# Levels of treatment in emergencies Acute/ reanimation 3 hrs

#### Primer

### Secunder

#### Tercier

1-2. day

3-6. day

from 7. day

### The phases of acute level

 $\square ,,Alfa'' \longrightarrow \text{the first minute} \\ ABC$ 

"Bravo" → the first 5 minutes
 circulation

 "Charlie" the first 30 minutes diagnostise life-threatening diseases, begin adequate therapy

Imaging modalities

CXR

OK, BUT WHICH?

### The emergency room

# One-stop-shopping

### Which modality?

Conventional x-rays

### Ultrasound

### CT – Whole body CT

#### • MRI

# **Emergency** imaging





### **Emergencies in trauma**

### Conscious patient

- 1. can be questioned
- 2. able to get anamnesis

Unconscious patient

- 1. Most important questions:
- Is there a spinal cord injury?
- Is there an intracranial hemorrhage?

Modality depends on what we want to examine

Choose that modality which has the strongest diagnostic value in the shortest time

- Is there internal abdominal or chest bleeding?

### Spinal injuries

Conventional x-rays are made most often

 BUT: spinal cord injuries exist without abnornalties on x-rays (SCIWORA)

CT, MRI

# Spinal injuries – mechanisms

• Flexion

Extension

Rotational

Compressional



### Spinal injuries - questions

Stabile or instabile?

Is there a spinal cord injury or not?

## Principles to choose a modality in spinal injuries

X-ray	US	СТ	MRI
<ul> <li>Bones - fractures</li> <li>Pathological soft tissue densities</li> <li>At least in two direction!</li> <li>SCIWORA!</li> </ul>		<ul> <li>To see more accurately the pathologies</li> <li>3D</li> <li>Other structures</li> </ul>	<ul><li>To rule out spinal cord injuries</li><li>SCIWORA!</li></ul>

# **Head injuries**

## Head injuries

Is there an intracranial bleeding?
 Is there a fracture?
 Intracranial complications
 Dislocations Orbital herniations - reconstructions

## Principles to choose a modality in head injuries

X-ray	US	СТ	MRI
<ul> <li>Bones</li> <li>Abnormal soft tissue or air densities</li> <li>At least two in directions!</li> </ul>		<ul> <li>Rule out intracranial bleeding (without CM)</li> <li>+CM angio</li> <li>Bones, fractures</li> </ul>	

## Injuries of the chest

- Injuries of the chest wall rib fractures
- Rupture of the diaphragm
- Ruptures of the esophagus
- PTX, hemothorax
- Tamponade
- Rupture of the aorta

## Principles to choose a modality in chest injuries

X-ray	US	СТ	MRI
<ul> <li>Cardiopulmonal status</li> <li>PTX</li> <li>Pleural fluid</li> <li>Status of the mediastinum</li> <li>Rupture of the diaphragm</li> <li>Contusion</li> <li>"Radiodens"</li> <li>Foreign bodies</li> <li>Bones</li> </ul>	<ul> <li>Pleural fluid</li> <li>Pericardial fluid</li> </ul>	•Without CM: plural, pericardial fluid, contusion, fractures, radiopaque FBs, localization of these •+CM angio	

### **Abdominal and pelvic injuries**

### Principles to choose a modality in abdominal and pelvic injuries

X-ray	US	СТ	MRI
<ul> <li>Free air</li> <li>Abnormal soft tissue densities</li> <li>Radiopaque FBs</li> <li>Bones</li> <li>+CM</li> </ul>	<ul> <li>Free fluid</li> <li>Rupture of parenchymal organs</li> <li>Injuries of vessels</li> <li>(Free air)</li> </ul>	•Without CM: free air, fluid, ruptures(?), bones, sugárfogó radiopaque FBs and location of these •+CM: angio, ruptures, injuries of ureters, and bladder •Bones	

# Injuries of the musculoskeletal system



• Where is the fracture?

What type of fracture is this?

Location of the fragments.

Is a joint affected?

Complett or incomplett?

### Principles to choose a modality in the musculoskeletal system

X-ray	US	СТ	MRI
•Bones – fractures	•Soft tissues	•Bony structures - accurately	•Soft tissues
•2 directions! •Abnormal soft tissue densities	•Joints •Vessels	•+CM angio	•Ligamental injuries

# NON TRAUMATIC EMERGENCIES

### Headache

Stroke Sinusthrombosis (sinus cavernosus!) Trigeminus neuralgy Ophtalmological causes Sinusitis **Complicated otitis** Infections Hydrocephalus

### Principles to choose a modality in DD of headache

X-ray	US	СТ	MRI
<ul> <li>Bones</li> <li>Abnormal soft tissue densities</li> <li>Air</li> <li>Niveau-s</li> <li>2 DIRECTIONS!</li> </ul>		<ul> <li>Without CM: to rule out bleeding and herniations</li> <li>+CM angio</li> <li>Bony structures</li> </ul>	<ul> <li>Stroke</li> <li>Infections</li> <li>Tumors</li> </ul>

## **Chest pain**

### Frequent causes

Acute myocardial infarct Oesophagitis Pneumonia Pneumothorax Pulmonary embolism

### **Chest pain**

#### Rare causes

Dissection of aorta Cholecystitis Herpes zoster Rupture of esophagus (Boerhaave sy.) Pancreatitis Compressional fractures of vertebras

### Principles to choose a modality in DD of chest pain

X-ray	US	СТ	MRI
•Cardiopulmonal status	•Pleural, pericardial fluid	•All that of x-ray, but much more accurately	
•PTX		•+CM angio	
•Fluid		•Bony structures	
•Pneumomediastinum			
•+CM			

# Abdominal pain

### Principles to choose a modality in DD of abdominal pain

X-ray	US	СТ
<ul> <li>Free air</li> <li>Abnormal distension</li> <li>Niveau</li> <li>Abnormal soft tissue densities</li> <li>Abnormal calcifications</li> <li>Sziluet-tünet</li> <li>Radiopaque FBs</li> <li>+CM</li> </ul>	•Solid - fluid •Free fluid •Niveau •(free air) •ColorDoppler	<ul> <li>Without CM</li> <li>All before, except infos from vessels</li> <li>Sensitivity↑</li> <li>Loaclisation!</li> <li>Signs of inflammations</li> <li><u>+CM</u></li> <li>AAA leakage, rupture</li> <li>Vasc. informations</li> </ul>

# The most important things, once again Algorithms Whole-body CT

Team work

### **One-STOP-shopping**

Modality