The things we used to (not) know

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"The greater our knowledge increases, the more our ignorance unfolds."

—John F. Kennedy

There was a session at the recent ASNR meeting that didn't go quite as far as I had hoped. Great promise, maybe not quite the delivery. Don't get me wrong; it was educational and maybe a bit of fun, but there was incredible potential there.

It was intended as a session for the "old guys," the "greybeards," the wise ones of the inner circle (as I prefer to think of them) to wax eloquently about the things they had learned that were subsequently proven false, or about techniques they no longer did that once seemed like they would be a lifetime vocation. As always, it was way sexier to talk about procedures, so that's where most people went. But I wanted to hear more about the "black pearls" of wisdom we used to drop. There were many of them. As pointed out by many, perhaps none as eloquently as JFK, the more you learn, the more you realize you were pretty stupid before. So, here are a few I really appreciate.

Old (okay, maybe not **that** old) line of thought: Giving contrast to stroke patients would likely kill them. Remember that one? When I was a resident that one was just getting popular, and we residents—and more than a few higher-tier folks—used it routinely to fend off postcontrast CTs from the ER.

"Hey, I can't give them contrast. Makes the stroke swell up like a big ole' toad. Makes them herniate." Wow. Who could argue with that one? Now, you get a CT, MR, MRA, CTA and an angiogram in short order. That's right. You want some contrast with that sandwich? And, now we're calling it "standard of care" imaging.

Those white matter lesions? UBO's. This one requires a little lead-in for my more junior readers. You do an MR of the head. You see some white matter lesions; on the T2 images they are little bright areas against the dark of the normal white matter. They look like little stars, or bright dots, and, likely you don't know exactly what they are, so in some convoluted manner of speaking, they are "unidentified." So, they are Unidentified Bright Objects. UBO's. But, they ARE identified. You **saw** them. If you really wanted to be sticky about this, you could have called them IBO-NOS's. **Identified Bright Objects — Not Otherwise Specified**. Quick way to tell how old a radiologist is: Read their reports, and if they still use the term UBO, they should have the remote control for the TV taken away.

Oh, there are many others, but, as you know, this is a monthly column. You've got to lay in those things for the future.

Keep doing that good stuff. Mahalo.

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