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# Abbreviations in Radiology: HWC

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There are those of my colleagues who believe that diagnostic studies should be read in an informational vacuum, eschewing knowledge that could potentially bias their interpretation. My own view has always been that knowing what the clinician is thinking and having pertinent history and physical findings helps to narrow down a diagnosis where findings indicate a wide differential or allow one to more easily reject a particular pathology.

Indeed, over the years I have harped without apology on the vital importance of providing appropriate clinical indications and information on study requests. Some previous editorials on this topic include: “Garbage in, Garbage out” in January 2002; “Clinical indication: Patient tripped over red wagon walking to Walmart” in April 2009; and “R/O disease” in July 2014. Well, like a man possessed, I am returning to that theme, albeit this time with something of an abbreviated twist.

Back when I was a resident, I clearly recall being presented with a radiograph of the chest and the letters “AHE” as the only accompanying information. Simply put, I had no clue what they could mean. But before calling the ordering internist, who happened to be the Chairman of Medicine, I tried to work it out myself.

“Let’s see,” I said to my mystified self. “Could this be an acronym for Acute Hemorrhoidal Exacerbation? Acute Hemorrhagic Enteritis? Anti-Hemolytic Enzyme?”

I should mention this was long before the age of the internet and that none of my resident colleagues or covering faculty recognized the term or abbreviation.

Finally, I threw in the towel and made the call. I reached the chairman in his office and, making no effort to hide the irritation in his voice, he informed me that this study was part of the patient’s “Annual Health Examination.” He maintained a private clinic of local business executives that he personally monitored to preserve their health (ie, maintain their value).

This simple study, a normal chest radiograph, was my index case for the headache of abbreviated clinical information, not to mention the genesis of this editorial.

A check of *Taber’s Medical Abbreviations Dictionary* reveals 736 examples across the spectrum of medical sciences. I’ll wager that one way or another most of you radiologists, who tend to know something about everyone else’s medical specialties, would know perhaps 500 of these, which is phenomenal. Many abbreviations or acronyms are for widely used terms like ABG, AFB, ECG, MRA, STD, and RUQ.

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If you don't know them, you had better review *Taber's* list. However, when we get down to the nitty-gritty of some specialty lingo, things can get dicey; eg, ARMD, SERM, HGSIL, HELLP, HAART, and MELD. You might be familiar with a few of them, but I'm going relatively easy on you.

I did a completely nonscientific survey of how Google did coming up with meanings for various abbreviations randomly selected from *Taber's* list (I closed my eyes and picked). It correctly got 75% with a reasonable search effort; ie, up to the first 5 pages. Google nailed all of the six previous acronyms used in the last paragraph. Clearly, we have some solid assistance available. By the way, Googling "AHE" produced Allied Health Examination, but no Annual Health Examination. Take that, Dr. Chairman.

I agree that medical information should be concisely delivered and the use of abbreviations and acronyms for common terminology should be acceptable. However, while some terms are well understood among practitioners within specialties, many are less likely to be recognized by providers outside their circle.

They might include such medical shorthand as DMARD (disease-modulating antirheumatic drug), or may vaguely

represent plain English like ANED (alive, no evidence of disease), or have multiple meanings such as PD (Parkinson's disease, interpupillary distance, peritoneal dialysis). I realize the context of the study can certainly help illuminate the correct meaning.

Some abbreviations hardly seem worth making at all: tinct? Syr.?? Pil.???

I certainly don't think it likely referring physicians are simply going to give up and start writing everything out completely for our benefit. They probably expect us radiologists to know all their terminology, including their abbreviations and acronyms. In most cases that's probably not an unrealistic expectation.

But occasionally it might be necessary to consult them about some particularly obtuse medical shorthand. You might remind them that even in countries with a common language there are usually dialects with some words or terms thoroughly unknown by some visitors. Anyone who has been around America certainly knows this is true. An even better example would be found in traveling to the U.K. (sorry, United Kingdom).

But regardless of where one travels, with respect to abbreviations in radiology, it's always wise to **Handle with Care**.

HELLP = hemolysis, elevated liver enzymes, low platelets  
HAART = highly active antiretroviral therapy  
MELD = model for end-stage liver disease

ARM D = age-related macular degeneration  
SERM = selective estrogen receptor modulator  
HGSIL = high grade squamous epithelial lesion