Letter from the Guest Editor

“In this Issue

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I am proud to present the second Interventional Radiology (IR) issue for the JAOCR, since the journal’s inception in January 2012. These are exciting times for interventional radiology, and many coauthors of this issue’s articles, cases reviews, and Viewbox cases will shortly be entering the next phase of their IR training. As many of you may know, interventional radiology is entering the next phase in its evolution of a clinically oriented procedural specialty. The American Board of Medical Specialties (ABMS) has recognized interventional radiology as a distinct medical specialty. This distinction further shapes the training of our next generation of IRs, as they will now, in addition to traditional IR and DR training requirements, have AC-GME-required clinical rotations such as ICU and clinic months. They will also have formal clinical activity requirements for admissions, rounding, and clinic follow-up. These changes are all part of the new IR training paradigms that will replace the traditional fellowships in 2020. I look forward to being a part of this evolution and seeing where the next generation of interventional radiologists takes us.

This JAOCR issue presents several wide-ranging topics, from dural AVFs to rectus sheath hematomas, and underscores the variety of disease processes and anatomy that interventional radiologists diagnose and treat. Additionally, these articles and case reports highlight the importance of a diagnostic radiologist’s knowledge of these procedures and the bridge between the referring physician and the interventionalist. Alysha K. Vartevan, D.O., a neuroradiology fellow at the Barrow Neurological Institute with Steven DePrima, M.D., present an “At the Viewbox” review titled Dural Arteriovenous Fistula. Natosha Monfore, D.O., and Maha Jarmakani, D.O., both senior residents at the University of Oklahoma (Dr. Monfore will be an IR fellow at the University of Michigan and Dr. Jarmakani at UC Irvine in the summer of 2018), present an in-depth review of the role of core-needle biopsy in evaluating head and neck tumors. This is in conjunction with our chief of ultrasound at University of Oklahoma, Jason Wagner, M.D., again highlighting the importance of these procedures inside the IR suite and diagnostic radiology department. Next is a very interesting review from OU senior resident James V. Cortez, with my colleague William Vanlandingham, M.D., about the importance of identifying the significance of a soft-tissue density lateral to the aortic knob. Dr. Jarmakani presents a second case review about a difficult renal calculus case and its implications. A second Viewbox case, by Christopher D. Sanders, M.D., from Travis Air Force Base, discusses a rectus sheath hematoma.

As part of each JAOCR issue, editors are asked to provide a favorite quote. I have shared the oft-quoted “The enemy of good is better,” which is used almost every day in the IR lab, as it reminds us that not everything must be exact or perfect. Striving for this, in fact, could make a perfectly good solution or end point go awry. As I had heard this quote for years and wondered about its origin (assuming it must have come from a noted early IR or surgeon), it is perfectly fitting that an ancient philosopher supplied such sage advice. Voltaire would certainly have made a great interventional radiologist!

I would like to thank William O’Brien, D.O., editor-in-chief, for the great opportunity and honor to present this IR issue for the Journal of the American Osteopathic College of Radiology.