In this Issue

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I am delighted to present this trauma issue of JAOCR to our radiology community. Hahnemann University Hospital, like so many others across the United States, is an urban, level 1 trauma center. As such, we must be prepared for any trauma that enters our doorways. Unfortunately, violent and nonviolent bodily injuries involve everyday people both across the United States and worldwide on a daily basis. No question, we see the full spectrum of trauma here at Hahnemann, from simple fall injuries to motor vehicle collision/pedestrian or other transportation-related injuries, weather-related injuries or mass casualties. We certainly see our share of people injured due to knife and gunshot violence. Regardless of injury types, we must be knowledgeable and ready to triage, image and stabilize all such patients to save lives.

Needless to say, most patients who enter our facility undergo plain film and/or CT imaging for immediate assessments and treatment planning. As such, we as radiologists must be familiar with a wide variety of potential injuries to provide immediate information and guidance to our colleagues. And certainly, a subset of patients must also be treated urgently by our interventional radiology team to rapidly stabilize vascular and solid organ injuries.

In this issue, we highlight a number of traumatic conditions, both common and uncommon. We emphasize the role of interventional radiology in trauma patients, illustrating evaluations and treatments involving both solid organ and vascular injuries, all in an effort to immediately stabilize our injured populace. Our intracranial hemorrhage article illustrates the different compartments of intracranial hemorrhages and injuries that can occur. Our Case Reports and Viewbox cases illustrate additional traumatic chest, body, musculoskeletal, and spine injuries as well as treatments.

Our authors consist of medical students, house staff and faculty from our practice at Hahnemann University Hospital/Drexel University College of Medicine. We hope that these articles help to both educate our readership and aid in diagnosing and treating future injured patients, all to improve long-term patient care, survival and outcomes. I would like to offer a most sincere shout-out to both Daniel Wale, D.O., our current editor-in-chief for JAOCR and of course, William O’Brien, D.O., editor-in-chief emeritus, for their patience and guidance in helping us design and publish this issue. They are both true visionaries in our osteopathic radiology community.

Further, I would personally like to dedicate this trauma issue to the memories of needless traumatic gunshot injuries and deaths that have so deeply affected the core of our great nation. I would specifically like to mention the following shootings and massacres that have occurred in the United States since the events of 9/11: Virginia Tech, Sandy Hook Elementary, West Nickel Mines School, Orlando Pulse Nightclub and, separately, the Orlando shooting of Christina Grimmie, the Las Vegas Strip massacre, and the Marjory Stoneman Douglas High School, Emanuel AME Church, Congressional baseball, and Pittsburgh synagogue shootings. May our country continue to heal from these senseless shootings and find a meaningful compromise for gun safety.

“The Second Amendment is very important, but we have to have common-sense gun safety.”

Deborah K. Ross