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Structured reporting of neoplastic porta hepatis lesions, what not to miss

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Aim: To identify imaging features of neoplastic porta hepatis lesions of vascular and non vascular origin using CT and MRI.

Methods & Results: The main indication for imaging referral was chronic right hypochondrial pain. We retrospectively analyzed 30 cases of porta hepatis lesions with age ranging between (22-80) years, (mean age 55 years) explored by: Multi-phasic CT using xx row detector multi-slice CT, 3 phase contrast protocol; MR cholangiography using a 1.5 T closed MRI; liver MRI using a 1.5 T closed MRI. Regarding the anatomical origin of the PH-lesions we divided them to lesions of vascular and non vascular origin. Regarding the final diagnosis; vascular lesions included portal vein thrombosis, encasement of the common hepatic artery, and common hepatic artery aneurysm (n=12), non-vascular lesions namely cholangio-carcinoma, metastatic lymphadenopaties and non-Hodgkin's lymphoma (n=10) and combined vascular and non-vascular lesions (n=8). We opted for a structured report commenting on status of the liver parenchyma, gall bladder, common bile duct and common hepatic ducts, vascular structures status (i.e. portal vein, common hepatic artery) and lastly nodal status.

Conclusions: Imaging of the porta hepatis is challenging and complex with wide spectrum of malignant pathologies of different origins. Familiarity with the pathogenesis and imaging features as well as structured reporting algorithm can aid the radiologic diagnoses and guide appropriate patient management.

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Pump therapy and complications in type 1 diabetic patients: Lessons from "long term users"

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Aim & Introduction: The aim of this study was to evaluate long-term outcomes of continuous subcutaneous infusion of insulin (CSII) in a cohort of adult type 1 diabetic patients in terms of mortality, complications and other life-threatening disease. Several studies have demonstrated that continuous subcutaneous infusion of insulin (CSII) in type 1 diabetic patients is effective in reducing complications in intermediate follow-up. Moreover, a recent report showed a reduction in cardiovascular mortality compared with multiple daily injection therapy (MDI) at six years.

Methods: This retrospective observational study was conducted on 141 patients who started CSII before January 2005. Complications, CSII suspension rate, survival, life threatening disease, all mortality causes and the last HbA1c at follow up were recorded. The median duration of CSII at the time of the analysis was 13 years. Mean age and duration of diabetes at the starting of CSII were 38+7 years and 14+10 years, respectively.

Results: Eleven (7.8%) patients suspended therapy, 5 (3.5%) died (only one - 0.7% - for a cardiovascular event), 15 (11% patients had at least one complication related to diabetes. At the last follow-up, the mean HbA1c was 56+13 mmol/mol (7.3+1.0%, 36-119 mmol/mol, 5.4-13.0%). Patients treated with CSII for more than 55% of the duration of their disease developed fewer events/complications than those treated with less than 55%. No differences were observed by gender.

Conclusions: Our data show that in a clinical setting, patients who have been treated with CSII for more than 10 years have a good glycemic control and have a low definite suspension rate for therapy. The total mortality was 3.5% and the incidence of diabetic complications was 11%. The early start of CSII within the natural history of the disease is related to a lower incidence of long term complications. CSII, especially when started early, can be considered as a long-term effective therapeutic option for DM1 .

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