PREPARING THE TITLE, ABSTRACT & KEYWORDS

Wilfred CG Peh
Singapore Medical Journal, National University of Singapore, Khoo Teck Puat Hospital, Singapore
LECTURE OUTLINE

• Introduction
• Title
• Abstract
• Keywords
• Summary
INTRODUCTION
Original article manuscript components

• Title page
• Abstract and keywords
• Main body of text (IMRAD)
• Acknowledgements (optional)
• References
• Others: tables, figures, figure legends, appendices (optional)
TITLE
Gives initial impression of paper

- 1st part of work to be seen by
  - editor, then reviewers
  - readers

- Journal contents page, email notification, internet search
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We are pleased to deliver your requested table of contents alert for Current Radiology Reports. Volume 2, Issue 6 is now available on SpringerLink.

In this issue:

Imaging of Sports Injuries (RD Boutin, Section editor)

MRI of the Hip: Important Injuries of the Adult Athlete
Lauren M. Ladd, Donna G. Blankenbaker, Kirkland W. Davis & James S. Keene

Abstract  Full text HTML  Full text PDF

Osteoporosis Imaging (L Lenchik, Section editor)

A Practical Approach to Interpretation of Dual-Energy X-ray Absorptiometry (DXA) for Assessment of Bone Density
Robert H. Choplin, Leon Lenchik & Scott Wuertzer

Abstract  Full text HTML  Full text PDF

Essentials in Oncologic Imaging (DM Panicek, Section editor)

Advances in Interventional Oncology: Percutaneous Therapies
Nadim Muallem & Stephen B. Solomon

Abstract  Full text HTML  Full text PDF
A good title is therefore important

• Attracts attention of reader
  • induces interest in rest of paper
• Conveys accurately what the whole paper is about
  • in as few words as possible
TITLE

Things to avoid

• Excessively long titles
  • redundant words
• Irrelevant details
• Lack of precision or information
Prospective of Anesthesia for Gastrointestinal Endoscopy from 2006 - 2007 at Surin Provincial Hospital

Paradoxical Movement of Vocal Cords in Guillain - Barré Syndrome: Report a Case and Review of the Literature

Bad examples
TITLE

Things to consider

• Provisional title – many revisions
• Running title (Author instructions)
• Tailor title to audience
• Imaginative/provocative title
• Accurate title – reflects content
CASE REPORT

Symptomatic accessory soleus muscle: diagnosis and follow-up on magnetic resonance imaging

N DODA, MD, W C G PEH, FRCPG, FRCP, FRCR and A CHAWLA, MD

Case report: MRI of symptomatic accessory soleus muscle

The patient was put in an ankle cast for 6 weeks. He was given a non-steroidal anti-inflammatory drug, diclofenac sodium 50 mg thrice a day for a week, and then to be taken as required. The patient was also excused from exercises such as jumping, running and route march, and underwent physiotherapy sessions. Repeat MRI performed after 4 months showed resolution of the intrafascial fluid collection and oedema surrounding the accessory soleus muscle (Figure 3a,b). The patient’s painful symptoms had also subsided and he was able to perform his routine duties, although he was still excused from heavier forms of exercise. 5, 6]. The accessory soleus is generally enveloped within its own fascia and derives its blood supply from the posterior tibial artery [1, 2]. The posterior tibial nerve supplies both the soleus proper and the accessory soleus muscle [5].

In a review of the literature, Brodie et al found that patients with accessory soleus muscle typically present at an average age of 20 years and it is more common in males than females (2:1) [4]. The cause for the presentation seen in young patients is likely a reflection of response to an increase in muscle mass during adolescence as well as increase in physical activity [1, 2, 3, 5]. With the increasing application of MRI for imaging...
Mucormycosis in patients with complicated cirrhosis
Abbas Z, Jafri W, Rasool S, Abid S, Hameed I

Managing venous stenosis in vascular access for haemodialysis
Yap HY, Robless PA, Lee JC, Wang SC

Anencephaly in Singapore: vanquished or vanishing?
Ho NK

Accurate titles – reflect contents
Case of the month

Too much fat in the wrong places

Wandering Humeral Head Mimicking a Breast Mass

EDITORIAL

The Past Decade of Diagnostic Radiology in Singapore: How Much Progress Have We Really Made?

Pediatric orthopedic imaging: more isn't always better.

Interesting titles – reflect contents
Quantum Shifts in Radiology: The Impending Death of the Radiograph?

Sit down before fact as a little child, be prepared to give up every conceived notion, follow humbly wherever and whatever abysses nature leads, or you will learn nothing.

Thomas Huxley, British biologist and comparative anatomist (1825-1895)

Since the first published descriptions of radiography by Wilhelm Conrad Roentgen in 1895, there have been several momentous changes in the way that we practice radiology, so-called quantum shifts. Although one may debate which changes fall into this category, a number of potential candidates stand out. The introduction of contrast agents would be one example. The introduction of diagnostic ultrasound and computed tomography (CT), significantly altered the way in which radiology was practiced as well as how the clinical workup of patients was undertaken. The introduction of balloons into interventional radiology may have been even more dramatic than the first description of angiography by Egas Moniz in 1927.

In this issue of the CARJ, a brief report is included on the use of a new ultralow-dose CT technique that can produce good-quality images with an equal or even significantly lower dose than radiography of the same anatomic areas. By using such a technique, it would potentially be possible to obtain far more diagnostic information than previously, often while exposing the patient to lower radiation doses. This could potentially be a revolutionary development should further evaluation prove this to hold up under rigorous scrutiny. The advantages, particularly in a trauma or emergency department setting, are clear. If this shift in the use of technology is adopted, then the design of radiology departments would change, with more CT scanners being installed. Because a far larger number of images would have to be interpreted, throughput of cases through a radiology department would potentially be altered, and additional pathology would probably be detected.

This change has been the result of increasing awareness of the hazards of diagnostic radiation over the past decade. With the increased concern on the part of the medical profession as well as the public at large, equipment manufacturers have responded to this challenge by making intensive efforts to reduce the radiation dose while not compromising the quality of imaging produced. Arguably, imaging quality has even been improved in tandem with radiation dose reduction.

Although I have deliberately and provocatively entitled this editorial as “the death of the radiograph,” clearly, radiography would not disappear. It would unlikely be practical to install CT units everywhere, simply due to cost and space constraints. In some situations such as critical care units, this may well be simply impractical, particularly with the large volume of recurrent radiographic studies that would be required. Nonetheless, a significant shift in the practice of radiology could potentially occur. There is no question that this could potentially be an exciting development and result in an appreciable change in imaging paradigms.

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TITLE

An ideal title

• Attractive
• Concise
• Informative
ABSTRACT

Introduction

- Abbreviated and accurate representation of paper contents
- i.e. mini-version of paper
- Important: often only part of article initially read by readers

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Abstract

INTRODUCTION: The purpose of this study was to evaluate the early functional outcome following the use of a bioabsorbable suture anchor to simplify the repair of injured lateral ankle structures as a variation of an established technique known as the Brostrom-Gould procedure. METHODS: This was a prospective study of 30 ankles with chronic lateral instability that underwent a modified Brostrom-Gould surgery using a bioabsorbable suture anchor, performed by a single surgeon. A total of 29 patients, aged 15 to 62 (mean is 33) years, were enrolled in the study. The follow-up period ranged from three to six (mean is four) years. The function of the patients' ankles was scored using the Kienkefloch Functional Scale, both preoperatively and postoperatively. RESULTS: Preoperatively, all ankles had poor scores (less than 50). Postoperatively, 29 ankles showed excellent scores and two ankles showed good scores, while none obtained a fair or poor score. The difference in the overall means between the postoperative and preoperative scores was statistically significant (p-value is 0.001). Post surgery, 24 ankles had no symptoms, while six had only mild ankle stiffness with extreme inversion movement at the last review. All patients were able to walk normally, and 29 ankles regained their normal running capability. There was marked improvement in the ability to descend stairs, to rise on heels and toes, to perform a single limb stance, and in range of motion of the ankle dorsiflexion as well as in ankle laxity. CONCLUSION: The modified Brostrom-Gould procedure using a bioabsorbable suture anchor allowed for early ankle rehabilitation and offered a reproducible and excellent early functional outcome with minimal complications.


The effect of fixed oil and water extracts of Nigella sativa on sickle cells: an in vitro study.

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Abstract

INTRODUCTION: Various drugs have been investigated in the treatment of sickle cell disease (SCD), such as hydroxyurea, praziquantel and calcium antagonists. Most of these drugs are potentially toxic and are not suitable for long-term therapy. Recently, Nigella sativa (NS) has been reported to have calcium antagonist and antioxidant activities, both of which play a role in the management of the disease. This study aimed to investigate the in vitro antiscicking effect of extracts from NS. METHODS: Thirty-two patients with SCD, aged 7-47 years old, were recruited for the study. A total of 3 ml of venous blood was collected from each patient and divided into six tubes with heparin. The blood was mixed with 0.5 ml of either 0.1 percent, 0.05 percent or 0.01 percent v/v of the oil extract of NS. A slide was prepared by spreading a drop of treated blood, covered with a coverslip to ensure the complete oxygenation condition. The separation of irreversibly sickled cells (ISCs) was performed on eight patients by a density gradient (Percol-Renografin) centrifugation method. RESULTS: The 0.1 percent v/v concentration of the oil extract of NS resulted in an approximately 60 percent reduction in the formation of sickle cells. The 0.05 percent v/v concentration of NS produced an intermediate effect, while the 0.01 percent v/v concentration had no effect on the formation of sickle cells. The 0.1 percent v/v concentration of the fixed oil of NS led to a considerable reduction in the formation of ISC. CONCLUSION: The fixed oil extracted from NS seeds has an in vitro anti-sickling activity.

ABSTRACT

Introduction

• Impacts upon whether the rest of the paper is worth reading
• Considered the most difficult part of a manuscript to write
• Often written last
ABSTRACT

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Full Title Page
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The abstract should clearly state the objective, materials (or subjects) and methods, results, and conclusions of the study. Include actual data. Do not use abbreviations. Do not use reference citations.

Introduction
Describe the objective of the study and the rationale for selecting the material. Indicate the specific goal or purpose of the article, and indicate why it is worthy of attention. Explain the hypothesis to be tested, the dilemma to be resolved, or the deficiency to be remedied. The objective stated here must be identical to the one given in the title.

Materials (or Subjects) and Methods
Describe the methods used to achieve the objective explained in the introduction. Describe the research plan, the materials (or subjects), and the methods used, in that order. Explain in detail how disease was confirmed and how subjectivity in observations was controlled. Explain what data were collected, and how the data were analyzed.

Results
The findings of the methods are presented here. All results should flow in a clear, logical sequence from the methods described and not stray from the specific objective of the paper. If tables are used, do not duplicate tabular data in text, but do describe important trends and points.

Discussion
Describe the limitations of the research plan, materials (or subjects), and methods, considering both the objective and the outcome of the study. When results differ from those of previous investigators, explain the discrepancy.

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• All references are cited in the text, are enclosed in brackets, and are typed on line with the text (not superscripted).
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• Unpublished data (not published data) are not cited in the reference list, but are cited parenthetically in the text, for example: (Smith DJ et al., presented at the 2003 annual meeting of the American Roentgen Ray Society). After first mention, use (Smith DJ et al., 2003 AERRS meeting).
• Inclusive page numbers (e.g., 933–935) are given for all references.
• Journal names are abbreviated according to Index Medicus.
• Style and punctuation of references follow the format illustrated in the following examples. (All authors are listed when six or fewer, when seven or more authors, the first three are listed, followed by et al.)

Journal article
Book
Chapter in a book
Tables
• Each table has a short, descriptive title, and each column has a heading.
• Tables do not exceed two pages in length and must contain at least four lines and two columns of data.
ABSTRACT

Types

• Unstructured
  • case report, invited review, pictorial essay, commentary
• Structured
  • original articles
Case report

Intrafracture fluid: a new diagnostic sign of insufficiency fractures of the sacrum and ilium

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Abstract. MRI is generally regarded as being sensitive but non-specific for the detection of insufficiency fractures affecting the sacrum and pelvic ring. The finding of intrafracture fluid is described in two elderly patients with insufficiency fractures. This MR feature is believed to be a new diagnostic sign of these fractures affecting the sacrum and ilium.

The MR appearances of sacral insufficiency fractures were first reported by Brahme et al in 1990, who concluded that MRI was sensitive but insufficiency fractures (Figure 1c) as well as an associated left parasympyseal insufficiency fracture. $^{99}$Tc$^m$ bone scintigraphy showed an incom-
Artifacts in musculoskeletal magnetic resonance imaging: identification and correction

Abstract A large number of artifacts occur in magnetic resonance (MR) imaging of the musculoskeletal system. These artifacts may potentially affect the quality of MR images, and may also simulate pathologic conditions and produce pitfalls in interpretation. Motion artifacts may be periodic or random. Protocol-error artifacts include saturation, wraparound, radiofrequency (RF) interference, shading, and partial volume averaging artifacts. Truncation artifacts occur when the number of phase-encoding steps of high spatial frequencies is insufficient (or undersampled) for faithful reproduction of the true anatomic detail of the original image. Chemical shift artifacts are due to the protons in fat being mismapped relative to water protons. Susceptibility artifacts occur at the interfaces of structures with different magnetic susceptibilities. Artifacts special to the musculoskeletal system include the magic angle phenomenon and spurious signal induced at very short echo times, both of which affect anisotropic structures such as tendon, ligament, and cartilage. Recognition and, if possible, correction of these artifacts are an important aspect of practical musculoskeletal MR imaging.

Keywords Chemical shift · Imaging artifacts · Magic angle phenomenon · Magnetic resonance (MR) artifacts · MR imaging · Musculoskeletal system · Susceptibility
Sarcomatous transformation in diaphyseal aclasis

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SUMMARY

Multiple hereditary exostosis (or diaphyseal aclasis) is a condition characterized by the development of multiple osteochondromas. The tendency for malignant transformation into chondrosarcoma is well known. Malignancy typically arises from the cartilaginous cap of the osteochondroma. Radiographs supplemented by computed tomography have an important role in the diagnosis of this condition. Magnetic resonance imaging shows the features of sarcomatous change and aids in differentiating malignancy from pseudotumours.

Key words: chondrosarcoma; diaphyseal aclasis; multiple hereditary exostosis; osteochondroma; sarcomatous transformation.
Acromial Arch Shape: Assessment with MR Imaging

PURPOSE: To test the hypothesis that acromial shape is comparable on supraspinatus outlet view radiographs and parasagittal magnetic resonance (MR) images.

MATERIALS AND METHODS: Supraspinatus outlet view radiographs of a dried scapula were obtained in the neutral position and with various degrees of caudal, cranial, anterior, and posterior angulation. Sagittal MR images of 41 asymptomatic and 39 symptomatic shoulders were reviewed and compared with outlet view radiographs from the 39 symptomatic cases. Acromial shape was assessed with published classification schemes.

RESULTS: Minor variations in angulation produced changes in apparent acromial shape and thickness on the radiographs. MR imaging from a lateral to a more medial section changed the shape or thickness grade in 39 of 41 asymptomatic shoulders. There was poor correlation between findings at radiographic and MR assessment of acromial shape in the symptomatic group.

CONCLUSION: Apparent acromial shape is sensitive to minor changes in radiographic technique and MR section viewed.

Index terms: Shoulder, injuries, 414.4813 • Shoulder, MR, 414.1214 • Tendons, MR, 414.1214

Radiology 1995; 195:501–505
ABSTRACT

Generic structured abstract

• Purpose
• Materials and methods
• Results
• Conclusion
ABSTRACT

Generic structure

• Purpose (or objective or aim)
  • why was study done?
  • (max. 2 sentences)
ABSTRACT

Generic structure

• Materials and methods
  • what was done?
  • how was it done?

(provide enough relevant details)
ABSTRACT

Generic structure

• Results
  • What was found?
    • provide findings, including statistical significance
    • provide actual numbers
ABSTRACT

Generic structure

• Conclusion (or summary)
  • state conclusion made on basis of findings
  • (max. 2 sentences)
Percutaneous Vertebroplasty: Treatment of Painful Vertebral Compression Fractures with Intraosseous Vacuum Phenomena

OBJECTIVE. This study was undertaken to determine the efficacy of percutaneous vertebroplasty in treating patients with painful compression fractures of the thoracic and lumbar vertebrae that contain intraosseous vacuum phenomena.

MATERIALS AND METHODS. Nineteen cases of painful vertebral compression fractures with intraosseous phenomena occurring in 18 patients (six men, 12 women; age range, 59–88 years; mean age, 75.5 years) were identified from 393 percutaneous vertebroplasies performed in 199 patients during 32 and a half months. All patients had osteoporosis, with severe vertebral compression to less than one third of the vertebral body height in 13 of 19 cases. Affected levels were T6 (n = 1), T8 (n = 2), T9 (n = 1), T11 (n = 1), T12 (n = 4), L1 (n = 5), L2 (n = 2), L3 (n = 1), L4 (n = 1), and L5 (n = 1). All cases had the typical intravertebral body vacuum cleft appearance on radiographs. Imaging and clinical features were analyzed.

RESULTS. The mean volume of polymethyl methacrylate injected was 7.43 mL (range, 4.0–15.0 mL). Typically, the polymethyl methacrylate filled the intravertebral vacuum cleft. Complications during radiography consisted of minimal polymethyl methacrylate leakage into the adjacent disk (15/19 cases) and the paravertebral soft tissues (8/19 cases). No complications required surgical intervention. At clinical follow-up, pain relief was complete in eight patients (44.4%), partial in six patients (33.3%), and unchanged in four patients (22.2%).

CONCLUSION. Percutaneous vertebroplasty is effective in the treatment of patients with painful vertebral compression fractures with intraosseous vacuum phenomena.

In 1987, percutaneous vertebroplasty was described for treatment of the aggressive type of vertebral compression fractures containing intraosseous vacuum phenomena.
ABSTRACT

Some rules

• Enough comprehensive factual information to be stand-alone
• Include actual data
• Do not include references
• Try to avoid abbreviations
Comparison of supraspinatus tendon and glenohumeral joint axes in MR imaging of the shoulder

Abstract  Objective. In magnetic resonance (MR) imaging of the shoulder, oblique coronal images are used for evaluating the supraspinatus tendon (SST) of patients with suspected rotator cuff tear or impingement. This study aimed to compare orientation of the SST long axis with planes perpendicular to the glenohumeral joint (GHJ).

Design and patients. The axial scans of 100 consecutive patients referred for MR imaging or MR arthrography of the shoulder were reviewed. Using the electronic cursors of a computer workstation, the angle of the SST long axis was measured and compared with the angle obtained through the GHJ utilizing three different landmarks: perpendicular to the joint (GHJ-90), joint–humeral head center axis (GHJ-H) and joint–scapular body axis (GHJ-S).

Results. Differences in angulation between axes of the SST and the three GHJ axes averaged only about 5° [range of means 4.5–5.3°, range of standard deviation (SD) 3.8–4.6°]. In the majority of shoulders, angular differences measured 4 or less for all SST/GHJ comparisons. Similarly, small angular differences in the three GHJ axes were found: 4.5° (SD 3.3°) for GHJ-90/GHJ-S, 3.0° (SD 4.0°) for GHJ-S/GHJ-H and 2.9° (SD 3.0°) for GHJ-90/GHJ-H. Correlation between the GHJ-90 and GHJ-H axes was particularly good, with differences of 4° or less in 84% of shoulders. The orientations of the GHJ axes and that of the SST long axis are comparable.

Conclusion. The GHJ may potentially be used as a landmark for obtaining oblique coronal images of the SST.

Key words: Magnetic resonance (MR) imaging ∙ Supraspinatus tendon ∙ Glenohumeral joint ∙ Imaging technique

Original article: structured abstract with use of abbreviations
Case report

Intraosseous venous drainage anomaly of the tibia treated with imaging-guided sclerotherapy

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Abstract. A 23-year-old man presented with a pre-tibial soft tissue mass. Magnetic resonance images demonstrated the subcutaneous, intracortical and intramedullary components of an intraosseous venous drainage anomaly, which was confirmed by direct venography. Sclerotherapy using absolute alcohol was subsequently performed under imaging guidance with complete resolution of the subcutaneous component of the lesion.
DECLINE IN BREAST-FEEDING: WHAT ARE THE FACTORS RESPONSIBLE?

ABSTRACT

Objective: Breast-feeding is on decline (1.2). The objective of this study is to determine factors responsible for discontinuation of continued breast-feeding among mothers.

Design: Community-based, Descriptive and cross sectional household survey

Place and Duration of Study: This study was carried out in different localities of urban area of city, Dera Ismail Khan during month of July 2003.

Subjects and Methods: It is cross-sectional study, interviewing one hundred and seventy six samples consisting of mothers who discontinued breastfeeding before 2 years. Questionnaire was constructed on basis of focus group discussion. Informations was collected and then analyzed.

Statistical Analysis: Descriptive statistical methods.

Results: The result of this mini-survey showed a major reason behind the discontinuation of breastfeeding at early period is having “not enough milk” in their breasts (54 %). The second major reason say that their babies were not feeling well after receiving their breast milk (23 %).

Other reasons discovered in this study is that their babies were still feeling hungry after breast fed (10 %), difficult to give enough time for lactation as doing work outside home (6 %), fear of loss of physical attraction (4 %) and milk dried up (3 %)

Conclusion: Breastfeeding is important determinant of nutritional status of child which in turn influences growth and development of child

In future, breastfeeding promotion campaign may include stress on continued breastfeeding and underlying barriers as explored in this study should be fully addressed.
Chordoma of the axis vertebra presented with snoring. J 2005 Jan; 49(1): 37 - 46

Chordoma of the upper cervical spine is a rare tumor. Common presenting symptoms are neck pain, neck mass, or sign and symptom of spinal cord compression. In rare instance, symptom of upper airway obstruction including snoring may be the sole initial symptom. The rarity of the disease and the complex anatomy of the craniocervical junction make surgical treatment complicated.

Keywords: Chordoma, Axis vertebra.
KEYWORDS

• Required by most journals
• Immediately follows Abstract
• Aims
  • to capture main topics of article
  • assists in indexing
  • easy location during search
PubMed – using keywords for search
KEYWORDS

Selection

- Understand subject and purpose
- Choose most important concepts
  - match retrieval words of readers
  - anatomical region, diagnostic modality, procedure, treatment, pathological process
Confidence in the Daily Use of Antiseptic Alcohol

M.Sc. **
*Department of Pharmacy. **Department of Forensic Medicine, Faculty of Medicine

ABSTRACT

Objective: To evaluate the active ingredient of 70% Alcohol in two most common daily usage patterns after container opening i.e. the long opening period without container lid closure and the short period opening with the lid opening twice a day.

Methods: 70 percent Alcohol was prepared in two common usages package sizes of 60 ml, and 250 ml, of our institution. We evaluated the quantity of ethyl alcohol that is the active ingredient in 70% alcohol in two aforementioned conditions to determine the time duration that the alcohol concentration remained greater than 60 percent in 60 ml, and 250 ml, package size. The alcohol concentration was quantified by a gas chromatography method for 3 batches and 5 samples per batch.

Results: The ethyl alcohol concentrations of 60 ml, and 250 ml, packages of 70 percent alcohol declined to lower than 60 percent in 18 and 32 days respectively in the long opening period condition, whereas the short period opening condition resulted in running out of volume in 24 and 49 days for 60 and 250 ml, package before the decline of the ethyl alcohol concentration to lower than 60 percent.

Conclusion: We can be confident that the 70 percent alcohol in our institution package sizes of 60 ml, and 250 ml, preserve their antiseptic properties for 18 and 32 days respectively when the lid is left open, whereas they maintain their antiseptic properties until the package is finished in the twice daily usage condition. These finding should be introduced into the practice guideline of the medical personnel and the patients.

Keywords: Active ingredient, ethyl alcohol, gas chromatography, percentage
Wandering Humeral Head Mimicking a Breast Mass

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SUMMARY
A 74-year-old woman was incidentally found to have a left breast mass. The mass could not be adequately compressed to be visualized on mammography. Ultrasonography showed a heavily-calcified rounded mass in the left axillary tail of the left breast. Chest radiograph confirmed that the mass was a migrated humeral head. Remotely-displaced fracture-dislocations of the humeral head are very rare and to our knowledge, displacement into the breast, clinically mimicking a breast mass, has not been previously described.

KEY WORDS:
Humeral head fracture-dislocation, Humeral head migration, Breast pseudolenum

The chest radiograph confirmed an old fracture-dislocation through the surgical neck of the left humerus. The displaced humeral head was seen as a well-corticated sclerotic mass located along the lateral left rib cage, adjacent to the left upper breast shadow (Fig. 3). In view of the patient’s poor pre-morbid status and left hemiplegia, the patient was managed conservatively. There was no change in clinical status at follow-up eight months later and patient was discharged from further review.

DISCUSSION
Fracture-dislocations of the shoulder are fairly common, but in the vast majority of cases, following the traumatic episode, the humeral head remains in close proximity to the glenoid
KEYWORDS

Selection

• Use established indexing system
e.g. Pubmed

• Medical Subject Headings (MeSH)

• National Library of Medicine
MeSH Celebrates Its 50th Birthday: 1960-2010 Details

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- Download electronic copies.
- Lists of Annual Changes to MeSH.

MeSH Staff
- Biographies and email
- Publications and presentations

What's New
- 2010 MeSH Files Available

Related Efforts
- Unified Medical Language System (UMLS®)
- NLM Classification
- BWNorm
- DailyMed
SUMMARY

Title
• Attractive, concise, informative

Abstract
• Mini-version of entire paper
  • concise, factual and stand-alone
  • structured for an original article
SUMMARY

Keywords

• Carefully selected for indexing in the medical literature