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Ten Radiological Near Misses in the Emergency Department

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As an emergency physician, it is important to be familiar with the most commonly missed radiological findings. Studies are yet to define the ten most commonly missed radiological findings in Emergency Department and, in particular, those commonly missed are clinically significant.

These missed findings contributes to poor outcome and litigations. Which important radiological findings not to miss is questionable. Larger studies do not provide sufficient details on specific pitfalls to avoid. Studies comparing initial interpretation (emergency physician) to final interpretation (radiologist) show a “Clinically significant” discordance ranging from 3% or greater to less than 1%, depending on the series. Mostly the skeletal radiographs and fewer chest radiographs are included in them. Few details about the particular missed findings are given, so these data are of limited use.

Common pitfalls in emergency imaging would be; incorrect interpretation, inadequate images and over reliance on radiography leading to inadequate clinical examination. There are common injuries that present with subtle clinical and radiographic findings. These fractures are usually non displaced or minimally displaced. Posterior Shoulder dislocation, elbow fractures in children, Radial head fractures in adults and carpal fractures are some examples for above.

Biography:

Dr. Maramba Vidanage Ruwanthi Kaushalya De Silva is a registrar in Emergency Medicine graduated from Faculty of Medicine, University of Colombo. Her current placement is Emergency Treatment Unit, National Hospital of Sri Lanka, Colombo 10, Sri Lanka.