The Sound Judgment Series

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I was honored and excited when Alfred Abuhamad, MD, president of the American Institute of Ultrasound in Medicine (AIUM), asked me to head a task force to educate AIUM members and nonmembers about when and how to do sonography for conditions where other imaging modalities are likely to be considered instead.

As an imaging modality, sonography is safe, effective, and affordable compared with other forms of imaging such as magnetic resonance imaging, positron emission tomography, and computed tomography. It is safer for the patient and health care provider than those techniques that use ionizing radiation. The concept of point-of-care sonography has exploded geometrically in the hands of all kinds of clinicians who use it diagnostically as well as for procedural guidance. Sonography is even making its way into undergraduate medical education to teach anatomy and physical diagnosis.

The task force will oversee the creation of a series of articles to be entitled Sound Judgment, the first appearing in this issue. The task force will rely heavily on the AIUM Communities of Practice, which are currently 17 in number but continue to grow as new users of new applications of sonography continue to emerge. Sonography has become so entwined into so many areas of medical and surgical diagnosis and management that no one person can possibly keep up and understand the myriad of uses and nuances. Because of its multidisciplinary nature, the AIUM is the only professional society that can enable a wide variety of both clinicians and basic scientists to interact and cross-pollinate.

Among areas that I can think of (and this list is far from complete) where “sound judgment” should prevail include postmenopausal bleeding (the topic of the inaugural vignette in the issue), pneumothorax diagnosis and management, uterine malformations diagnosed with 3-dimensional sonography rather than magnetic resonance imaging, diagnosis of deep endometriosis, diagnosis of main stem intubation and bronchial obstruction, appendicitis, increased safety in central venous catheter placement, reduction in the length of stay for trauma patients, reduced complications in thoracentesis, nerve block guidance compared with peripheral nerve stimulation, and renal colic. In the musculoskeletal arena, sonography allows for examination of structures at rest and motion and is useful in rotator cuff tears, ankle injuries, and many other conditions.

These examples are just a sampling—the tip of the iceberg—of areas where sonography can and should be the first, and often only, imaging modality. We hope that clinicians in a multitude of specialties will display “sound judgment” for an ever-growing number of indications.
References