Letters to the Editor

No scientific or medical journal would be complete without a section for the publication of letters from its readership. The importance of a 'letters' section is that it promotes academic interaction, allowing readers to voice an opinion, whether positive or negative, to anything printed within the *Journal* or other issues of relevance to South African Radiology. This issue therefore introduces a letters forum into the *SAJR* and includes the first of hopefully many more letters to come.

Hepatic 'pseudo lesions' — still an unrecognised pitfall

The interesting short report entitled 'Hepatic "pseudo lesions" — still an unrecognised pitfall',[1] in the September 2002 edition of the *SAJR* by Drs Ian Duncan and Pieter Fourie, also illustrates a second helical CT scan pitfall. On their image taken during the early (arterial) phase of the contrast-enhanced CT scan, demonstrating unenhanced hepatic veins (Fig. 1), marked inhomogeneity of splenic enhancement is also shown. While most radiologists recognise this as a normal phenomenon, many of our non-radiological colleagues do not. Clinical colleagues suspecting malignant or inflammatory splenic pathology have asked me on numerous occasions about this appearance.

The authors of the article sum up these pitfalls very aptly when they state: 'Although helical scanning has led to increased lesion detectability, it has also produced some artifacts unique to this technique'.

As the custodians of imaging, our role in defining what is normal must always remain as important as detecting what is abnormal.

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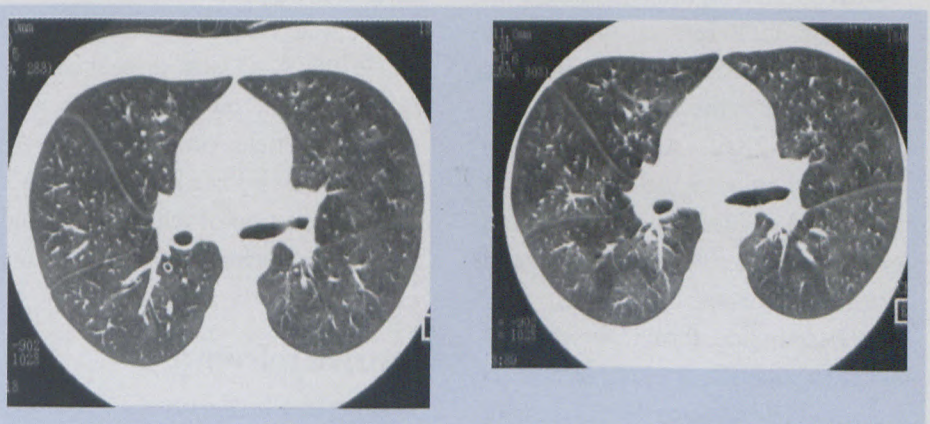
1. Duncan IC, Fourie PA. Hepatic 'pseudo lesions' — still an unrecognised pitfall. *South African Journal of Radiology* 2002; **6**(3): 36.

Erratum

In the article entitled 'Bronchiolitis obliterans — an illustrative case following toxic fume exposure' by Sher and Duncan (*SAJR* 2002; **6**(4): 43-45), the legend for Figs 3a and 3b should read as follows: 'The darker areas are the ABNORMAL ones indicating areas of air trapping.'



Figs 3a and b. The same scan slices as in Fig. 2 taken at different window settings that further accentuate the mosaic attenuation pattern. The darker areas are the abnormal ones indicating areas of air trapping and hypoperfusion.