

**INTERNATIONAL  
DAY OF RADIOLOGY**

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**International Day of Radiology 2017  
Interview on Emergency Radiology  
Italy/Dr. Mariano Scaglione**

**Italy's accident and emergency departments suffer from a lack of radiologists, comparatively low salaries, and limited career opportunities, according to radiologist Dr. Mariano Scaglione**

***European Society of Radiology:** Could you please describe the role of the radiologist in a typical emergency department in your country?*

**Mariano Scaglione:** The radiologist in a typical Italian accident and emergency department is an around-the-clock consultant radiologist with an active role on the emergency team. Actually, the radiologist is not simply a 'fast food' reporter, but a consultant with a deep impact on the decision management process.

***ESR:** What does a typical day in the emergency department look like for a radiologist?*

**MS:** It is a busy day! Actually, radiologists have to be available to discuss and advise the most critical cases in a timely and effective manner, while quickly moving through all the imaging modalities and reporting as quickly as possible.

***ESR:** Teamwork is crucial in an emergency department. How is this accomplished in your department and who is involved?*

**MS:** Again, in Italy radiologists are active members of the emergency team around the clock, and they must generate final reports in a timely manner. We do not have residents doing preliminary reports after hours or during the night shifts or weekends. In addition, teleradiology has a very limited role in our country.

***ESR:** How satisfied are you with the workflow and your role in your department? How do you think it could be improved?*

**MS:** Unfortunately, human resources are often limited compared to the number of people presenting to the accident and emergency department every day. We need more radiologists, especially in the major centres. Furthermore, salaries are quite low when compared to other countries. Working in private practice is not allowed for doctors who work in public hospitals and career progression is quite difficult in Italy.

***ESR:** Which modalities are used for different emergencies? Could you please give an overview sorted by modalities?*

**MS:** In nontraumatic conditions, the diagnostic approach depends on the patient's age, gender, general constitution and type of acute abdomen (e.g. localised or generalised abdominal pain). In general, ultrasound is the first-line imaging modality and is always performed by the radiologists during the rotation. We do not have sonographers! In addition, depending on the case, the radiologist evaluates the modality for the case to determine if it is sufficient for diagnosis or if the patient has to move to a second line imaging technique, such as CT, MR or interventional radiology.

In the context of trauma, the mainstay is the mechanism, independently from the patient's age or gender. However, an ultrasound scan is very popular, and it is mostly used as first-line modality, especially in low-energy, abdominal traumas.

**ESR:** *Is teleradiology an issue in emergency radiology? If yes, how so, and how often is it used?*

**MS:** Teleradiology is unusual in our country, and it has a very limited role. It is used only in small, remote hospitals where access is difficult. In those facilities, the x-ray department just does basic, noncontrast examinations (e.g. CT of the head and plain films). Actually, according to Italian law, the radiologist must be physically present when patients have an intravenous contrast examination.

**ESR:** *Are emergency radiologists active anywhere other than emergency departments? Do they have other non-emergency roles, or other emergency roles in other departments?*

**MS:** Radiologists may have other non-emergency roles, depending on their areas of expertise. In addition, they may have additional roles in scientific societies, universities or even public roles in the ministry.

**ESR:** *Do you have direct contact with patients and if yes, what does it entail?*

**MS:** Normally, radiologists do not have direct contact with patients because of the extremely high patient turnover in the accident and emergency department.

**ESR:** *How are radiologists in your country trained in emergency radiology? Is emergency radiology a recognised specialty in your country?*

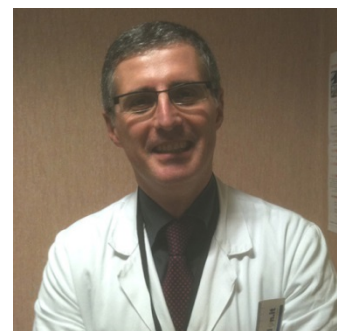
**MS:** As it happens in many other EU countries, we do not have special university training in emergency radiology. Nevertheless, a dedicated Scientific Section 'The Italian College of Emergency Radiology' was established in 2000 under the roof of our Italian radiology society Società Italiana di Radiologia Medica (SIRM). The Italian College of Emergency Radiology is very active with more than 1,000 members, and it provides publications and meetings throughout Italy.

As mentioned before, emergency radiology is not an established specialty in the EU. For this reason, the European Society of Emergency Radiology (ESER) recently delivered a white paper, including a questionnaire for all the emergency radiology departments to learn how emergency radiology functions in Europe.

**Dr. Mariano Scaglione** is head of the radiology department at Pineta Grande Hospital, a private teaching hospital in Castel Volturno, Italy, since 2008. He trained in Napoli, Italy, in emergency radiology at the Cardarelli Hospital, the largest trauma centre in southern Italy, where he was section chief of emergency/trauma CT from 2002–2008. He also worked as a consultant radiologist in four National Health System Hospitals in the United Kingdom.

Dr. Scaglione is a renowned national and international speaker, with more than 400 presentations. He authored or co-authored more than 120 papers, 11 books and 32 book chapters. Notably, he was the lead editor of a trilogy of emergency radiology books for Springer-Verlag Medical Imaging. He also was the guest editor of four, themed emergency radiology issues in radiology journals (i.e. the *European Journal of Radiology* in 2006 and 2008; *La Radiologia Medica* in 2015; and the *British Journal of Radiology* in 2016). One of his articles, 'Role of contrast-enhanced helical CT in the evaluation of acute thoracic aortic injuries' is one of the most cited articles of *European Radiology* during the past 25 years. He serves as an editorial board member for *Emergency Radiology*, the official journal of the American Society of Emergency Radiology (ASER), since 2005.

Dr. Scaglione was the chairman for the Emergency Radiology Subcommittee at ECR 2012; President of the SIRM Italian College of Emergency Radiology from 2010–2014; core-group



founding member, 1<sup>st</sup> vice president and 2<sup>nd</sup> president of the European Society of Emergency Radiology (ESER) from 2015–2017.

He also is a member of the Emergency Radiology Subcommittee of the Scientific Program Committee for the Radiological Society of North America (RSNA) since 2012.

He received ESER's Gold Medal in 2014.