

Editorial

Editorial: Warm Welcome

Satish Prasad Barnawal*

B P Koirala Institute of Health Sciences (BPKIHS), Dharan, Nepal

*Corresponding author: Dr. Satish Prasad Barnawal, Assistant Professor, B P Koirala Institute of Health Sciences (BPKIHS), Dharan, Nepal, 116/5 Shree Shantinagar Marga, Behind Ganga Hall, Balaju Kathmandu, Nepal, Tel: +9779803047984; +9779841729232; E-mail: satishprasadbarnawal@gmail.com

Received: 06 April, 2016; Accepted: 06 April, 2016; Published: 07 April, 2016

Editorial

An elderly male presents to orthopedic clinic with severe back pain for fifteen days. He is unable to sit or stand. The pain remains persistent even while lying supine. He also complains of nausea, anorexia and cough with blood tinged sputum since ten days. He gives past history of grade II benign prostatic hyperplasia with nodule under prostate specific antigen monitoring. Examination reveals no significant finding.

The clinical features literally points to nowhere. Blood counts, electrolytes, renal function test, liver function test, acid phosphatase, LDH, sputum for acid fast bacilli, sputum culture, Bence Jones Protein and Serum Electrophoresis are found to be within normal limit.

Then finally some of the radiological approaches are attempted. Chest radiograph reveals a consolidation of right hemithorax. Lumbo-sacral spine reveals owl sign in D10 vertebra; D12 osteoporotic fracture; osteoblastic lesion over multiple ribs, D10 and D11 vertebra; lytic lesion over bilateral iliac blades; osteophytes over L3 and L4; loss of lumbar lordosis and facet joint arthritis. CT scan of lumbosacral spine demonstrates multiple lytic lesions in D10, D12, S1, & S2 vertebra and left ilium suggestive of metastasis. Contrast enhanced computer tomography thorax and abdomen further shows heterogeneously enhancing necrotic mass lesion in superior segment of right lower lobe suggestive of bronchogenic carcinoma, necrotic right hilar and mediastinal lymphadenopathy, subcentimetric nodule in bilateral lung field. CT guided biopsy from the lung shows adenocarcinoma. Finally, we come to the cause of back-metastasis from lung.

This clinical picture clearly depicts the importance of imaging. Here, the diagnosis is aided by radiological facilities. Not this case alone, there will be billions of patients who can be benefitted from imaging advancement. Hence, the Imaging Journal of Clinical and Medical Sciences aims at covering new applications, technologies and issues related to all updated major diagnostic methods.

The journal has a multidisciplinary facet. It includes all clinical and diagnostic imaging aspects of various systems like cardiopulmonary, gastrointestinal, genitourinary, gynecologic, musculoskeletal and

neuro-radiology. Further, the journal also has coverage of nuclear medicine, pediatric imaging, oncology, immunology, forensic science, ophthalmology, chemotherapy, transplantation, interventional radiology, surgery, cloning and trans-genesis, dermatology, hematology, dentistry, florescence images, medical microbiology, cytogenesis and all most all clinical subjects.

The central administration of the Imaging Journal of Clinical and Medical Sciences is in India. It is an attempt to report updates of researches across the world to this part of the earth and vice versa. The journal welcomes graphical abstracts of highest quality, power point presentations, flow charts, case blogs and original artworks- images on clinical & medical classifications at a short span of time. The monthly online journal accepts for publication-original, unpublished images in all areas of basic medical sciences and clinical specialties.

Being an open access journal, all contents are freely available to medical community across the sphere. The journal team includes international experts of related scientific publications. All the submitted papers undergo various phases to ensure publication quality. The manuscripts undergo the standard peer review process. There is initial screening by the editors upon submission of paper. Appropriate papers are then sent to at least two independent referees. The comments from the referees are considered by the Editor-in-Chief, the key person making the final decision. Providing quick and quality feedback to our valued authors remains our priority concern so that their work can be made available to global society on time.

Peertechz.com is a non-profit organization determined to expand medical knowledge worldwide free of cost. Hence, there is need to levy article processing charges for the contributors which are the flat charges with no additional charging. There is no other source to cover the publishing, maintaining and archiving of the journal contents.

This is an invite to entire international scientific community to come forward and join our initiative. The Imaging Journal of Clinical and Medical Sciences through this inaugural issue, invites all the medical professional to submit their valued works so that we can put it at the reach of all concerned audience..

Copyright: ©2016 Barnawal SP. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Citation: Barnawal SP (2016) Editorial: Warm Welcome. *Imaging J Clin Med Sciences* 3(1): 006-006. DOI: 10.17352/2455-8702.000024