

Welcome to the latest edition of **C²I²**...

...issue 14 of the thrice-yearly journal for medical imaging professionals worldwide.

Controversies and Controversies in Imaging and Intervention

Encourages debate and informs:

- Computed tomography radiologists
- Interventional cardiologists
- Interventional radiologists
- MRI radiologists
- Radiographers
- Nurses
- Pharmacists
- Practice managers

Clinical updates

All readers should find something of interest in this issue. A back-to-basics review highlights the importance of assessing renal function before procedures that require an iodinated contrast medium. The second paper looks at the emerging role of whole-body MRI while the third reviews the controversial area of the optimal management of coronary bifurcation lesions. Finally, the practice of requiring an overnight fast before cardiac catheterisation comes under the spotlight.

- **In this issue...** Professor Norbert Lameire of the University Hospital, Ghent, Belgium provides guidance on the assessment of renal function and role of renal impairment as a risk marker for contrast-induced nephropathy. Estimated glomerular filtration rate is the most appropriate index of renal function.

- Dr Susanne Ladd from the University Hospital, Essen, Germany discusses the latest developments in whole-body MRI and its potential value in assessing systemic disease. She also gives some insights into the most likely future developments.
- Dr Azeem Latib and Dr Antonio Colombo of San Raffaele Scientific Institute and EMO Centro Cuore Columbus, Milan, Italy provide a comprehensive overview of the current strategies for managing coronary bifurcations. They recommend stenting of the main branch only as the treatment of choice in most cases and highlight the contribution of drug-eluting stents.
- Dr James Rosengarten, Dr Muhiddin Ozkor and Dr Charles Knight (Barts and London NHS Trust, London, UK) assess current practice with regard to fasting before cardiac catheterisation. They conclude that there is little evidence to support it and propose that patients should be allowed to drink clear fluids up to the time of the procedure.

As always, we hope that you will enjoy reading this issue of **C²I²** and that you will find the content useful in your clinical practice.



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