



Preface



Barton F. Branstetter IV, MD
Guest Editor

When I was first approached to edit this issue of *Otolaryngologic Clinics of North America*, the suggested title was “Imaging in Otolaryngology.” A dauntingly broad topic, to be sure! With the help of many talented authors and coauthors, I have tried to narrow the field to a few topics of immediate interest to otolaryngologists practicing in a modern environment.

In our introductory article, Dr. Ahmad (who is a radiologist from a family of otolaryngologists) addresses one of the most difficult decisions for otolaryngologists and radiologists: should I get a CT or an MRI? Dr. Ahmad keeps a close eye on the otolaryngology and radiology literature in formulating his recommendations.

The second article, by Vik Agarwal (a radiologist) and Jonas Johnson (a renowned head and neck surgeon), focuses on one of our newest, and thus most controversial, modalities: PET/CT. Dr. Agarwal also puts great emphasis on literature support as he provides practical advice for the use of this powerful new tool.

The next two articles focus on areas in which complex anatomy can make it difficult to compare clinical and radiographic findings. In the article on facial fractures, Dr. Fraioli (an otolaryngologist) shows why Le Fort’s classic descriptions are insufficient in modern trauma. In the article on the parapharyngeal space, Dr. Stambuk (a head and neck radiologist) takes a complex and confusing region of the suprahyoid neck and breaks it down into an understandable scheme.

The following two articles focus on regions where squamous cell carcinoma is prevalent: the larynx and the oral cavity. Because there are already

plenty of articles about malignancy in these organs, our articles focus on non-oncologic imaging. Dr. Mosier (a dentist and head and neck radiologist) provides a comprehensive review of oral cavity and jaw pathology and Dr. Glastonbury (a head and neck radiologist) elegantly reviews laryngeal entities that are frequently forgotten in our differential diagnoses.

The next two articles focus on the temporal bone. Hearing loss and tinnitus can be difficult to manage, especially when specific diagnoses remain elusive. Appropriate imaging can provide those diagnoses. Dr. St. Martin (an otologist) provides recommendations for hearing loss; Dr. Kang (a neuroradiologist) reviews the best imaging choices for tinnitus.

Endoscopic endonasal techniques have revolutionized skull base surgery. Two articles (one from the perspective of the neuroradiologist and one from the perspective of the endoscopic surgeon) shed light on the imaging that is critical for the success of these techniques. Dr. Boardman reviews some of the pathology that can be addressed with endoscopic approaches and some of the lesions that should not be approached at all. Dr. Gardner and his team (anchored by the renowned Dr. Kassam) provide insight into the use of imaging in the preoperative and intraoperative settings.

To close out this issue (and to show that it is not just the endoscopists who have all the fun), I have asked Dr. Loevner, a head and neck radiologist with a busy interventional practice, to provide an introduction to the image-guided interventional techniques in the radiologist's repertoire. Her article makes it clear that some skull base lesions are best sampled through an endoscope, whereas others should be approached percutaneously.

In each section of this issue, both radiologists and otolaryngologists were involved to provide a balanced approach to the clinical and technical aspects of ENT imaging. I hope that you enjoy this issue of *Otolaryngologic Clinics of North America* and that you can find practical, everyday applications for the information in these pages.

Barton F. Branstetter IV, MD
Department of Radiology and Otolaryngology
University of Pittsburgh Medical Center
200 Lothrop Street
PUH Room D132
Pittsburgh, PA 15213, USA

E-mail address: branstetterbf@upmc.edu