

Preface



Wilfred C.G. Peh, MBBS, MHSM, MD,
FRCPE, FRCPG, FRCR

Peter L. Munk, MD, CM, FRCPC

Guest Editors

If an issue of the *Radiologic Clinics of North America* had been published on the subject of interventional musculoskeletal radiology 30 years ago, it would have looked quite different from the one you see before you today. Although in the past interventional radiologists and musculoskeletal radiologists used needles only for occasional joint injections or biopsies and little else, their use has now become an important component of both disciplines.

Although joint injections in the appendicular skeleton and the spine have been performed for many years, their role in the management of joint pain has expanded dramatically, particularly in an aging population. The number of possible interventions in the spine has grown, often resulting in marked variations in the types of procedures performed and indications for their use. These topics are explored in this issue of *Radiologic Clinics of North America*.

The article on vertebral augmentation reflects the explosive expansion of the use of these techniques in the management of compression fractures in the spine. With a greater awareness of the clinical sequela of osteoporosis in an ageing population in the Western world, the use of spinal augmentation has found an important role in improving quality of life in an increasingly large cohort of patients. As interventional musculoskeletal radiologists, we have found this to be an extraordinarily rewarding aspect of our practice, providing dramatic, rapid improvement in patients' symptoms. The strong positive feedback from patients is gratifying, especially to radiologists who do not always find themselves in the position of receiving this.

Although musculoskeletal imaging-guided biopsy has been performed for many years, many centers still rely on open biopsy. Our centers, like many others, have switched over almost exclusively to imaging-guided biopsy as a rapid, safe, effective, and inexpensive way of making a diagnosis in patients who have tumors. The use of positron emission tomography CT has helped refine the selection of patients and facilitated the planning of procedures.

Additional articles on musculoskeletal ultrasonography have also been included in this issue, because sonographic units are widely available throughout the world and allow many procedures to be performed even in centers that do not have very extensive and sophisticated facilities available to them. Two articles on vascular interventions have also been included. Embolization of tumors has been an important adjunct in the management of many musculoskeletal lesions for the past 40 years. More recently, a better appreciation of sclerotherapy and transarterial and transvenous embolization in the management of venous malformations has developed. These latter lesions are particularly difficult and challenging to manage by surgical techniques, and this procedure has revolutionized the treatment of this group of patients.

All of the authors are highly experienced in their areas of musculoskeletal intervention and are up-to-date practitioners whom we trust provide a useful and contemporary review of their subject. It has been rewarding to be involved in the development and popularization of these techniques, and musculoskeletal intervention has an

increasingly bright and important role to play in the future.

Peter L. Munk, MD, CM, FRCPC
Musculoskeletal Division
Department of Radiology
Vancouver General Hospital
University of British Columbia
899 West 12th Avenue
Vancouver, BC V5Z 1M9
Canada

Wilfred C.G. Peh, MBBS, MHSM, MD, FRCPE,
FRCPG, FRCR
Department of Diagnostic Radiology
Alexandra Hospital
378 Alexandra Road
Singapore 159964
Republic of Singapore

E-mail addresses:
Peter.Munk@vch.ca (P.L. Munk)
Wilfred@pehfamily.per.sg (W.C.G. Peh)