

AB089. A review of head and neck radiology reporting

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Background: Head and neck/neuro-radiological assessment is generally recognised to be one of the hardest fields of practice to accurately report on. General radiologists without head and neck specialty training often report without recognised guidelines paramount to accurate management of head and neck surgery patients.

Methods: We carried out a retrospective review of select radiological reports in which such guidelines were not used and where pathology has been missed. We review cases in which erroneous nomenclature attributed to pathology has caused confusion and where pathology has been over-emphasised.

Results: A case of a missed acoustic neuroma on magnetic resonance imaging (MRI) is highlighted, as are thyroid nodules referred for fine needle aspiration without adhering to American College of Radiology guidelines. Further cases of over-call on sinus CAT scans are described as are cases in which petrous apex lesions are wrongly confused with well-aerated normal anatomy.

Conclusions: Head and neck radiology is a difficult specialty to accurately report on leading to excessive referrals for thyroid fine needle aspirations, excessive alarm caused to General Practitioners in their referral patterns, and confusion for patients and surgeons alike. All otolaryngology trainees should be well versed in assessing scans relating to their specialty.

Keywords: Head and neck surgery; radiology; reporting

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