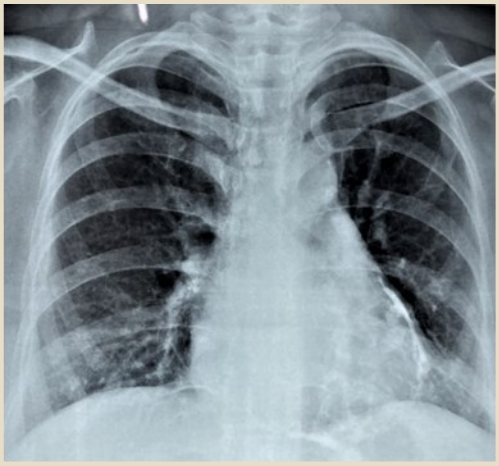
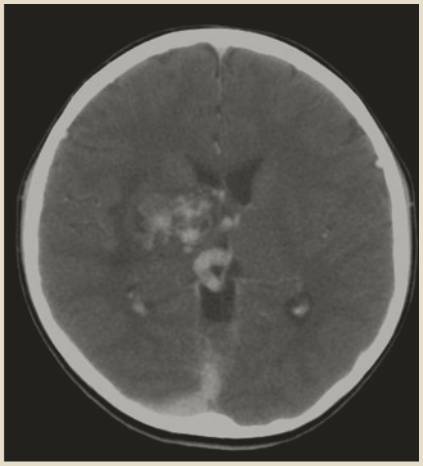
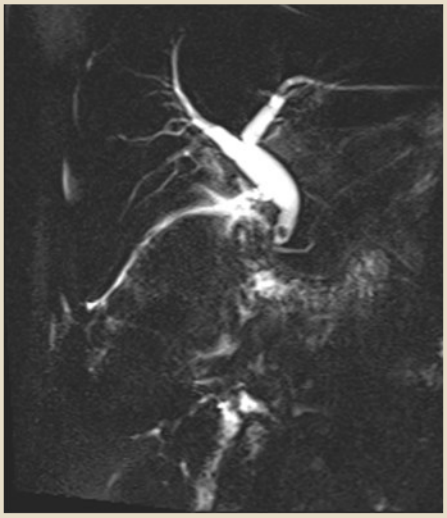
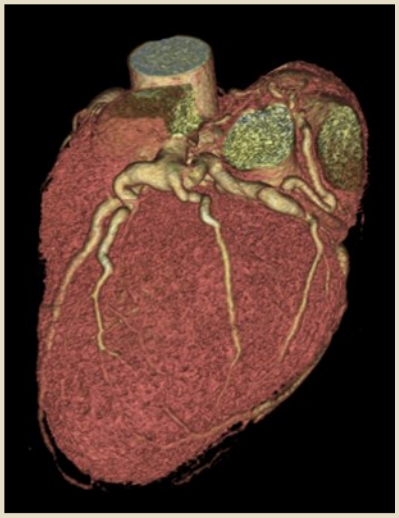
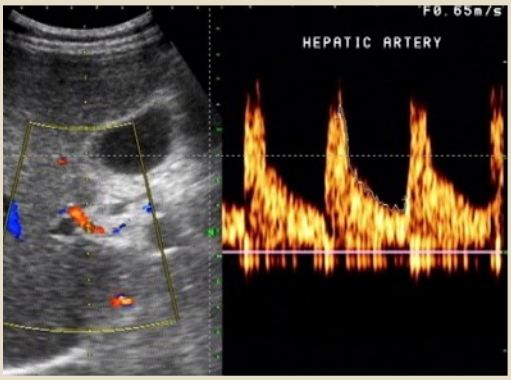
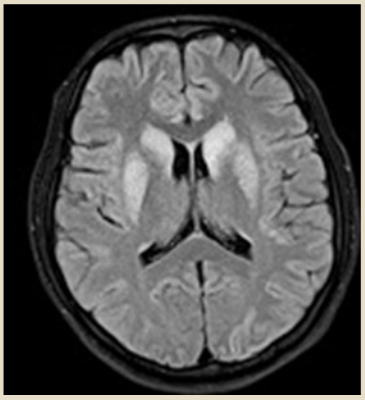
Waves

WAVES: THE OFFICIAL PERIODICAL OF
CALCUTTA ACADEMY OF RADIOLOGY
VOLUME VI, ISSUE I, JULY 2025






WAVES
THE OFFICIAL PERIODICAL OF
CALCUTTA ACADEMY OF RADIOLOGY
VOLUME VI, ISSUE I, JULY 2025

Joint Editors: Dr. Viral Parekh, Dr. Bijon Kundu and Dr. Anup Sadhu

Waves

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We are all aware of Dr. Hemant Patel's unexpected demise. He served as the Past President of IRIA, the International Liaison Officer of IRIA, and the Honorary Secretary of the Asian Oceanian Society of Radiology (AOSR).

Dr. Hemant Patel suffered a serious aortic dissection on Sunday, July 6, 2025, immediately after he gave his lecture at the IREP event hosted by the Delhi State Chapter of IRIA at Apollo Hospital, New Delhi.

It is difficult to find the right words to express our sorrow. Dr. Hemant Patel was a remarkable leader and a unifying figure in promoting the Radiology field, the association, and society. His absence will be deeply felt by everyone. He was a pioneer in Radiology and a senior member of IRIA, having held various positions including Secretary & Joint Editor of IJRI, Vice President, Secretary General, and President. His death is a major loss for his family, the profession, the association, and society.

His outstanding contributions, vibrant leadership, and unwavering dedication to radiology will always be remembered.

We hope that his memories will give strength to his family and all of us during this difficult time.

We at Calcutta Academy of Radiology pray to the Almighty to provide the grieving family with the strength to endure this immense loss.

May his soul rest in eternal peace!

Om Shanti.

Sadgati.

Shraddhanjali.

Waves

WAVES: THE OFFICIAL PERIODICAL OF CALCUTTA ACADEMY OF RADIOLOGY

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INSIDE THIS ISSUE

Editorial: VIP syndrome: Dr. Viral Parekh

VIP Syndrome, or Very Important Person Syndrome, refers to a phenomenon in healthcare where high-profile patients receive preferential treatment that deviates from standard medical practices. This preferential treatment can manifest in various ways, such as expedited access to medical services, special accommodations, and even alterations in treatment protocols. While the intention behind such accommodations may be to provide enhanced care, the reality is that these deviations can lead to significant issues within the healthcare system, often resulting in poorer health outcomes for the VIP patients themselves and potentially compromising the quality of care for other patients.

In India, VIP Syndrome is particularly prevalent in both private and public hospitals. Influential figures, including politicians, wealthy businesspeople, celebrities, and high-ranking government officials, frequently receive special privileges that disrupt the normal operations of healthcare facilities. This preferential treatment can create an environment of inequality, where the needs of VIP patients overshadow those of regular patients, leading to longer wait times and reduced access to care for others. The presence of VIP patients can also place immense pressure on healthcare professionals, who may feel compelled to prioritize the needs of these individuals over established medical protocols. This pressure can result in hasty diagnoses, rushed treatments, and a general compromise in the quality of care provided.

VIP Syndrome affects not only individual patients but also undermines trust in the healthcare system. When patients perceive unequal care, it breeds anger and disappointment, damaging the credibility of medical institutions. This can create ethical dilemmas for medical professionals as they navigate the needs of influential patients while striving for fair care. To mitigate VIP Syndrome, healthcare organizations should implement clear rules prioritizing patient care. Limiting the number of companions for VIP patients can reduce disruptions, and strict adherence to standard medical practices is crucial for maintaining care quality. Training staff to handle VIP situations with professionalism fosters a culture of fairness and accountability.

Ultimately, addressing VIP Syndrome requires a concerted effort from healthcare institutions, policymakers, and medical professionals to create an equitable healthcare system that prioritizes the well-being of all patients. By reinforcing the importance of standardized care and minimizing the influence of status on medical treatment, healthcare providers can work towards a more just and effective healthcare environment for everyone.

We appreciate the help of Dr. Bhavin Jankharia, Dr. Rajesh Botchu and his colleagues, and Dr. Mayukh Bhattacharya in bringing out this issue of this periodical and we invite every Radiologist to be a part of this academic publication.

Joint Editors: Dr. Viral Parekh, Dr. Bijon Kundu and Dr. Anup Sadhu

Section I
Cases by
Dr. Bhavin Jankharia

Dr. Bhavin Jankharia,
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Twitter: @bhavinj

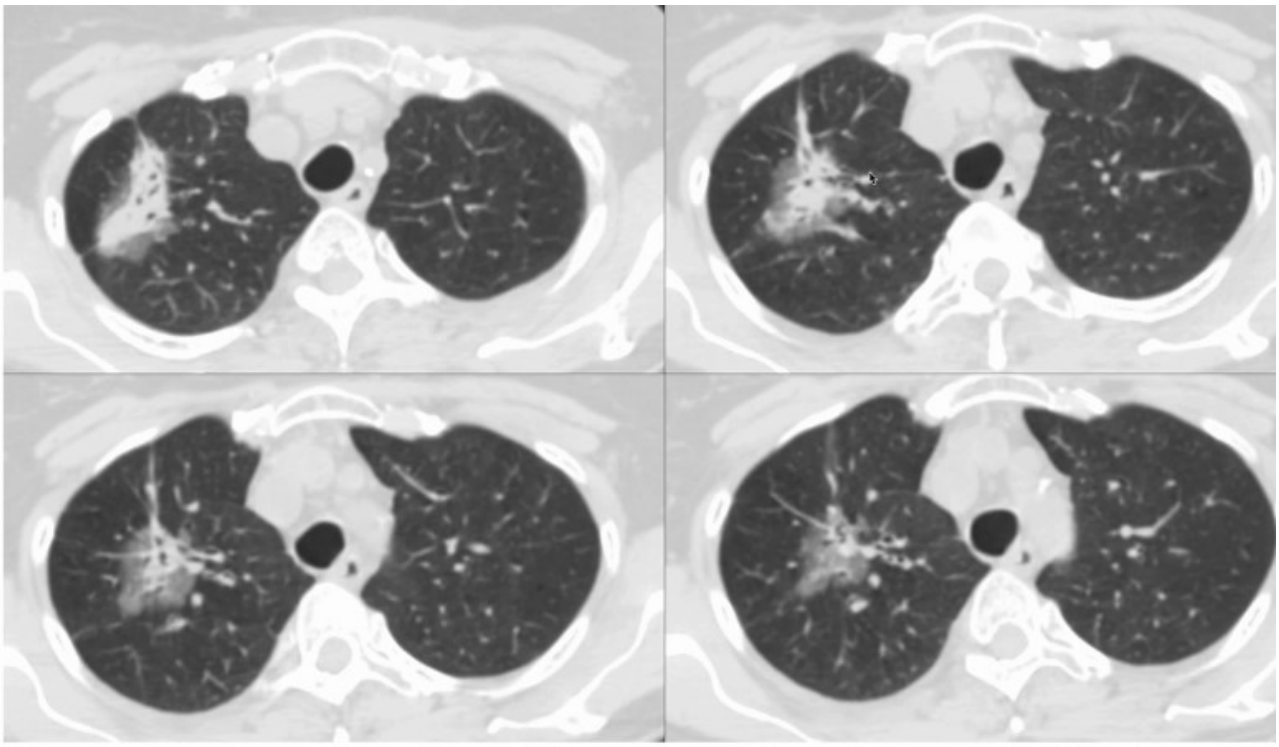
Dr. Bhavin Jankharia is a well-known figure in the Radiology community, recognized for his expertise and contributions to Radiology education. Currently serving as a Consultant Radiologist at Picture This by Jankharia and as a Trustee of the Radiology Education Foundation, he has graciously agreed to share his knowledge with us. With his wealth of experience and expertise, Dr. Jankharia's insights and knowledge are invaluable resources for those in the Radiology community.

Here is a brief overview of his accomplishments:

- **Authored 5 books, 35 chapters, and 57 articles listed on PubMed**
- **Presented 32 posters**
- **Delivered over 1500 invited lectures spanning 27 years**
- **Served as the Editor-in-Chief of the Indian Journal of Radiology & Imaging from 2007 to 2012**
- **Published his latest book "Computed Tomography of Interstitial Lung Diseases" in 2019**
- **Holds the position of Honorary Visiting Consultant in Radiology at Tata Medical Centre, Kolkata**
- **Previously held the role of President of the Indian Radiology & Imaging Association in 2014.**

Dr. Bhavin Jankharia, MD.

Case I : The Non-Resolving Subsolid Lesion - What Would you Do?



Focal subsolid opacity with a dense part-solid component with air bronchograms - complex lesion

You may access the full discussion regarding the case by scanning this QR code to view the video.

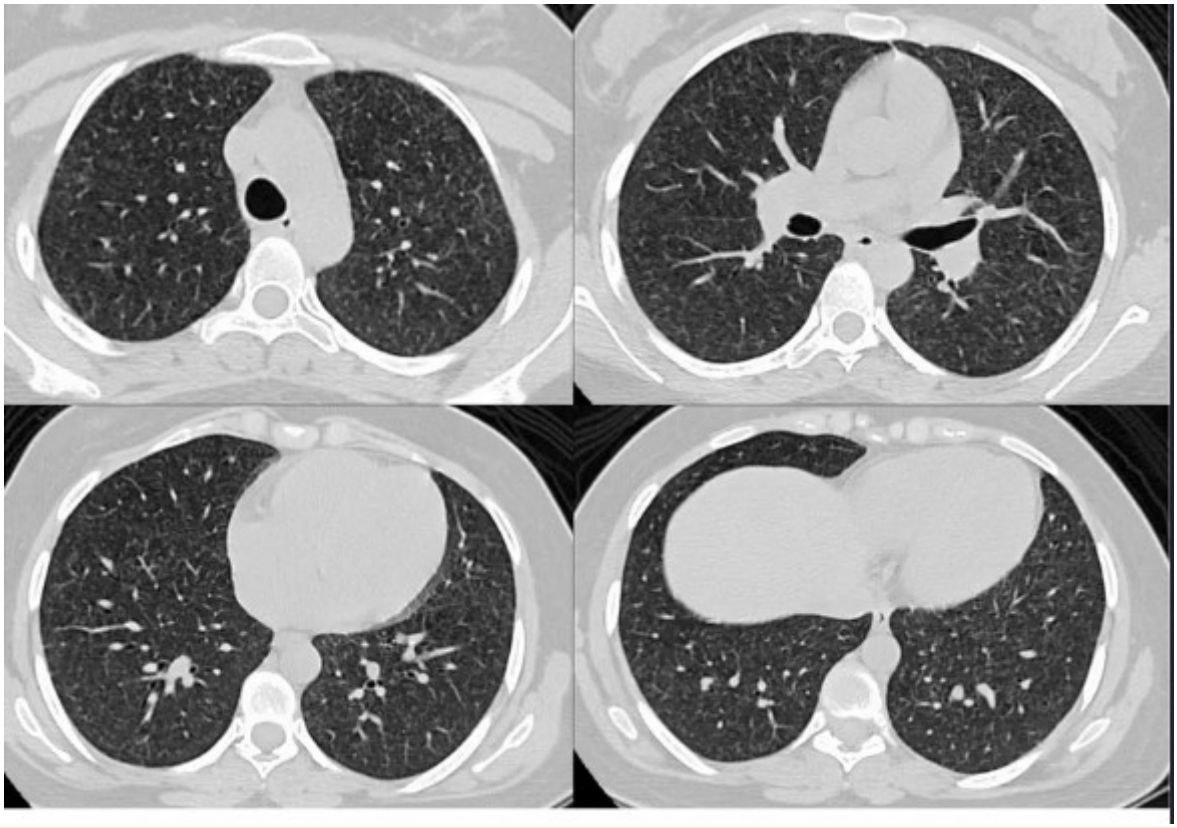
76-years old with a subsolid lesion in the right upper lobe with a part-solid component. What would you do?

1. **Wait.**
2. **PET/CT**
3. **Biopsy**
4. **Resect**

The case has a twist that may change your initial thought process, along with another similar case where the outcome was decided by the patient.

Dr. Bhavin Jankharia, MD.

Case II : The Scourge of Bleomycin.



You may access the full discussion regarding the case by scanning this QR code to view the video.

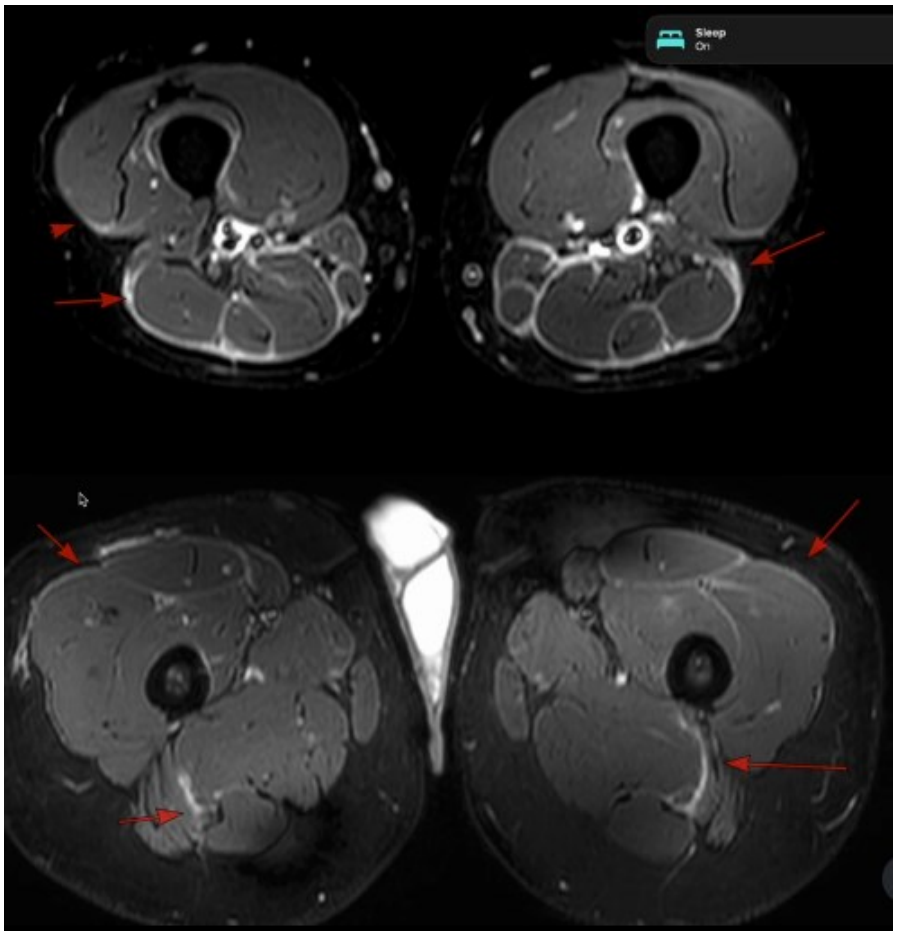
18-years old with Hodgkin's was on ABVD. Follow-up PET after 5 cycles when patient had fever, dyspnoea and cough showed subtle ill-defined centrilobular nodules and ground glass with a hypersensitivity pneumonitis pattern.

After excluding all possibilities, this was assumed to be bleomycin induced lung injury. The patient came back for a follow-up CT after 2 months.

The video describes the case, the outcome and then discusses medication induced lung injury (MIPI), the go-to-article, other similar cases and 4 different cases of bleomycin lung injury from the archives.

Dr. Bhavin Jankharia, MD.

Case III : The Symmetric Fascial Edema Pattern of Dermatomyositis



You may access the full discussion regarding the case by scanning this QR code to view the video.

35-years old with dermatomyositis came for a myositis MRI.

There is a classic pattern of symmetric fascial edema. The video discusses this and other MRI myositis patterns and the evolution in this field.

Section II

OSTEOID OSTEOMA OF FOOT AND ANKLE A CASE SERIES

Charlotte Peers, Lili Cook,
Sai Niharika Gavvala, Rajesh Botchu

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OSTEOID OSTEOMA OF FOOT AND ANKLE—A CASE SERIES

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Bristol Road South, Northfield, Birmingham, B31 2 AP, UK.

Osteoid osteoma is one of the most common benign tumours of the bone. Most commonly seen in adolescents and young adults. Most of the patients present with severe pain at night usually relieved with salicylates. They are usually seen involving long bones of limbs, phalanges and vertebrae. (5)

A very rare case of metachronous osteoid osteoma of mid-diaphysis of fibula followed by distal humeral osteoid osteoma after a 7-year interval has been reported. (2)

Imaging features of Osteoid osteoma:

According to the WHO classification (5th edition), the diagnostic criteria include a typical nidus <2 cm with or without surrounding sclerosis and a narrow transition zone.

On radiographs, osteoid osteoma typically appears as an ovoid lesion <2cm with a central nidus and surrounding periosteal reaction with cortical thickening(1,5). The nidus is a circumscribed lucent area with a sclerotic dot in the centre in most cases, with those with a nidus reporting better pain relief than those without one. (3)

CT is the modality of choice for diagnosis and characterisation of Osteoid osteoma with central lucent nidus and surrounding reactive sclerosis with a central sclerotic dot in a few.

MRI demonstrates extensive marrow oedema with central nidus. Intra-articular osteoid osteomas are associated with large joint effusion and synovitis. There is an absence of sclerosis in intraarticular osteoid osteoma.

Osteoid osteomas involving the neck of the femur have a typical Half moon sign(8) which denotes the morphology of bone marrow oedema.

The treatment of choice for osteoid osteomas is Radiofrequency Ablation(RFA)(4,6,7) with a technical success rate of 94.2% to 100%(9).

Osteoid osteomas involving the foot are quite unusual, with the long bones being more commonly involved with a predilection for the talus. (6)

OSTEOID OSTEOMA OF FOOT AND ANKLE—A CASE SERIES

Charlotte Peers, Lili Cook, Sai Niharika Gavvala, Rajesh Botchu
Department of Musculoskeletal Radiology,
Royal Orthopaedic Hospital,
Bristol Road South, Northfield, Birmingham, B31 2 AP, UK.

We present a case series of osteoid osteomas of ankle and foot treated with RFA .

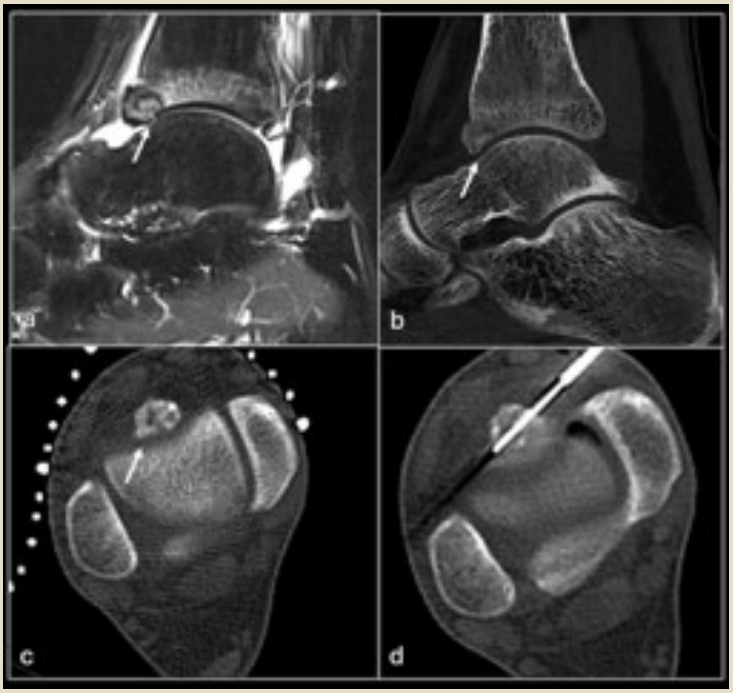

Figure 1.

PDFS (a) and CT(b) sagittal and axial CT (c) showing osteoid osteoma of the anterior part of the distal tibia (arrow) with osseous edema and joint effusion treated with RFA (d)

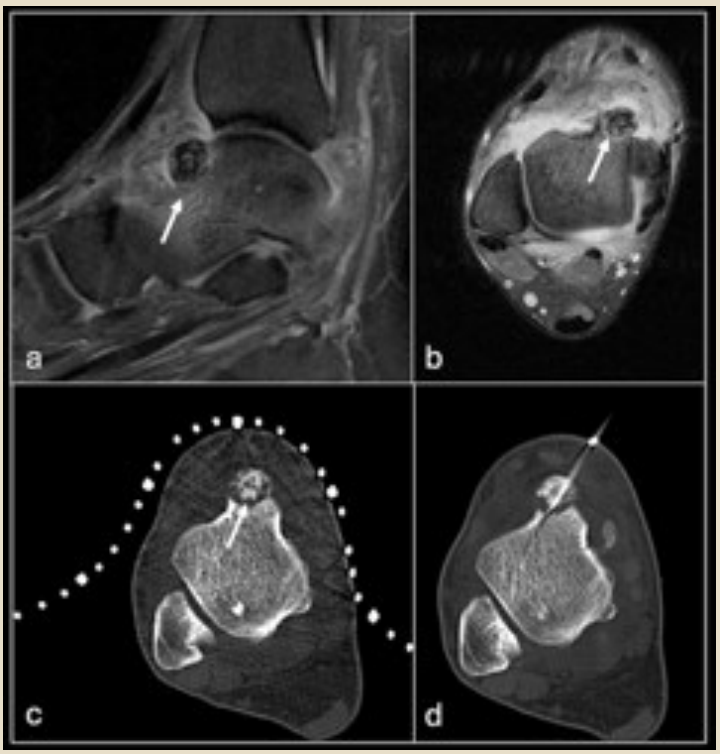

Figure 2.

PDFS sag (a) and axial (b) and axial CT (c) showing osteoid osteoma of the dorsal part of the neck of talus (arrow) with osseous edema and joint effusion treated with RFA (d)

OSTEOID OSTEOMA OF FOOT AND ANKLE—A CASE SERIES

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We present a case series of osteoid osteomas of ankle and foot treated with RFA .

Figure 3.

PDFS sagittal (a) and axial (b) and axial CT (c) showing osteoid osteoma of the calcaneum (arrow) with osseous edema and subtalar joint effusion treated with RFA (d)

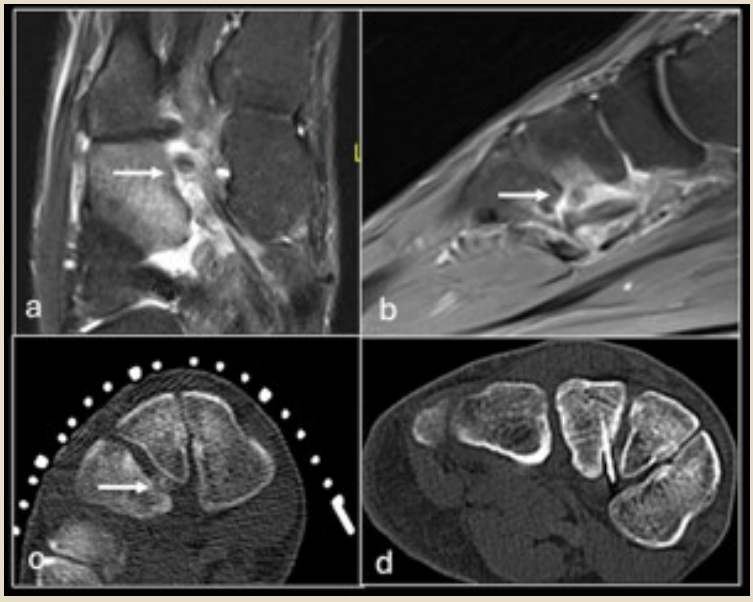

Figure 4.

PDFS axial (a) and sagittal (b) and coronal CT (c) showing osteoid osteoma of the intermediate cuneiform (arrow) with osseous edema treated with RFA (d)

OSTEOID OSTEOMA OF FOOT AND ANKLE—A CASE SERIES

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Section II

Unusual case

Anomalous branching from cervical segment of Internal Carotid Artery

Dr. Mayukh Bhattacharya

MBBS, MD, Consultant Radiologist

Welkin Medicare &

Ramrik Neurointensive care Hospital

Kolkata.

Dr. Mayukh Bhattacharya
MBBS, MD
Consultant Radiologist
Welkin Medicare and Ramrik Neurointensive care Hospital Kolkata.

Dr. Mayukh Bhattacharya has had a distinguished career in the field of medicine, starting with his academic achievements at Medical College Kolkata where he graduated with an MBBS and was a Gold Medallist. His dedication and hard work continued as he pursued further education, obtaining his MD from VSS Medical College, Sambalpur in 2008.

Throughout his career, Dr. Bhattacharya has gained valuable experience working at prestigious institutions such as NIMS Hyderabad and KIMS Odisha. His expertise and commitment to patient care have led him to his current position as a private practitioner in Kolkata, where he is affiliated with corporate hospitals and Diagnostic chains.

In his current role as the unit head at Welkin Medicare and Ramrik Neurointensive care Hospital, Dr. Bhattacharya specializes in Thoracic Radiology and Musculoskeletal MRI. His focus on these areas of medicine allows him to provide specialized care and diagnostic services to his patients, ensuring they receive the highest quality of treatment.

Dr. Bhattacharya's dedication to his profession and his ongoing pursuit of excellence make him a highly respected and sought-after medical professional in the Kolkata area. His commitment to patient care and his expertise in his field make him a valuable asset to the medical community.

Duplication of Middle Cerebral artery - A rare entity

Dr. Mayukh Bhattacharya
MBBS, MD, Consultant Radiologist
Welkin Medicare and Ramrik Neurointensive care Hospital
Kolkata.

A rare case presentation

Anomalous branching from cervical segment of Internal Carotid Artery

INTRODUCTION

The internal carotid artery (ICA) serves as the lifeline and super highway connecting the heart to the brain, and hence is indispensable. Any morphological variation in vessel anatomy is hence likely to be of paramount importance. The variations may be related to course of the artery or anomalous branching of the artery in neck. The latter aberration is extremely rare. We report a case of anomalous cervical ICA branch incidentally picked up on CT neck angiography.

CASE REPORT

A 50-year female patient presented in ER of our hospital with severe headache and altered consciousness. Screening CT scan suggested presence of SAH. A week later, the patient was advised CT angiography of head and neck vessels. A saccular aneurysm was detected at the junction of left ACA and AcoM. Neck vessels were unremarkable. However, a closer inspection revealed an unexpected anomalous branch from proximal left ICA in neck arising from its anterior wall and showing tortuous cranial course supplying occipital region of scalp. No intracranial communication of the anomalous arterial branch was detected. Detailed evaluation of left external carotid artery (ECA) failed to show any occipital artery branch of ECA.

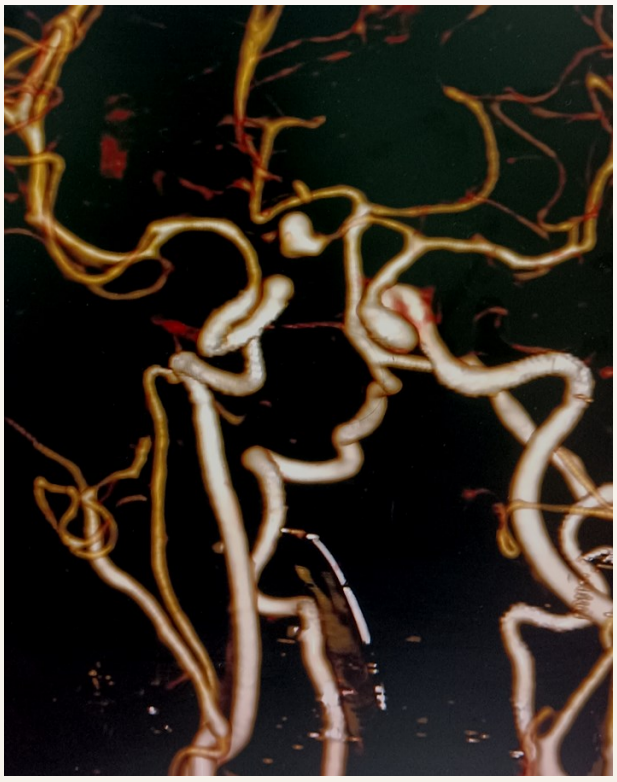

Image 1. ACA-ACom junction saccular aneurysm on left side in a 50 year old female

Duplication of Middle Cerebral artery - A rare entity

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A rare case presentation

Anomalous branching from cervical segment of Internal Carotid Artery

DISCUSSION

Conventional anatomical descriptions of the cervical ICA have always recorded that no branch arises from this segment. Reports of anomalous branching from cervical ICA segment are a rarity. Aberrant ICA branches are embryologically considered to be of two types: anomalous persistent foetal branches; or abnormal development of ECA branches from ICA.

The rare variations include origins of the ascending pharyngeal, occipital or superior thyroidal arteries; or persistent carotico-basilar anastomotic arteries, viz. persistent hypoglossal or proatlantal segmental arteries. Rarely, vertebral artery may originate from ICA. Aberrant branches can be unilateral or bilateral.

The potential clinicopathologic implications of aberrant branches from cervical ICA are the following-

- **Modification of surgical or neurointerventional techniques**
- **Importance of preservation of distal patency of an occluded proximal cervical ICA**
- **Difficulty in understanding clinical symptomatology while correlating embolic strokes with aberrant vascular pathways**
- **Persistent proatlantal segmental artery association with increased risk of CVA including 10% risk of coexisting intracranial aneurysm**

CONCLUSION

Branches from ICA in neck do exist and can be incidentally picked up on Colour Doppler USG, CT angiography and DSA. There are clinical implications including chances of potential error in differentiation of ICA from ECA during carotid surgeries and the need to modify standard surgical techniques once these anomalous branches are identified.

Reference:

Busch et al. Detection of Anomalous Cervical Internal Carotid Artery Branches by CDU. European Journal of Vascular and Endovascular Surgery. 2017; 53(6):776-782.

Duplication of Middle Cerebral artery - A rare entity

Dr. Mayukh Bhattacharya
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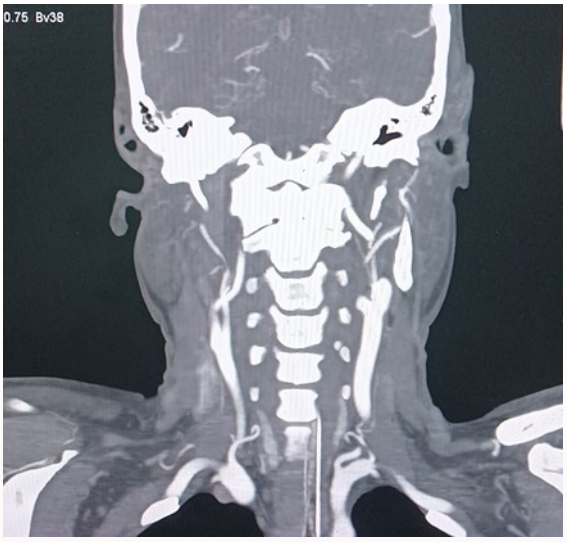
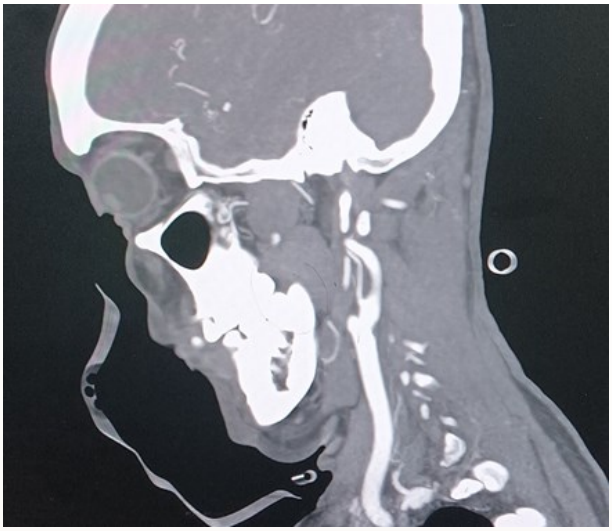
A rare case presentation

Anomalous branching from cervical segment of Internal Carotid Artery





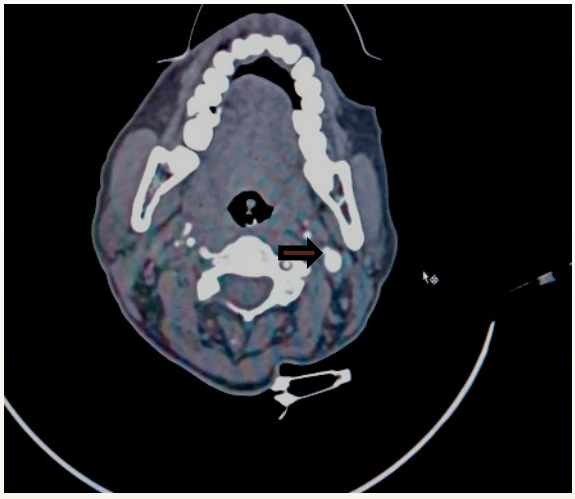


Image 5. VRT showing anomalous origin of occipital artery from cervical left ICA (red arrow)

Images 2,3,4. Origin of anomalous branch from left ICA in neck in CT angiography (marked with arrow in image 4)

Section IV

QR codes of

Calcutta Academy of Radiology

QR code of Calcutta Academy of Radiology YouTube channel

QR code of Calcutta Academy of Radiology Website

Section V

E-learning: Links of YouTube teaching videos and About Us.

Hyperlinks and QR codes of academic material published on YouTube by Calcutta Academy of Radiology		
1	Imaging of acute Pancreatitis—Dr. Anirudh Kohli	
2	USG of rotator cuff - Dr. P. K. Srivastava	
3	PET CT Physics - Dr. Sikandar Sk.	
4	PET CT in Neurology - Dr. Sikandar Sk.	
5	CAR - Case of the week - Case 1 - Megalencephalic leukoencephalopathy with subcortical cysts. - Dr. Viral Prekh	
6	CAR - Case of the week - Case 2 - Adenocarcinoma of terminal ileum - Dr. Viral Parekh	
7	CAR - Case of the week - Case 3 - Stener lesion - Dr. Nivedita Chakraborty	
8	CAR - Case of the week - Case 4 - Anterior shoulder dislocation - Dr. Nivedita Chakraborty	
9	CAR - Case of the week - Case 5 - Secondary intracranial hypotension. - Dr. Viral Parekh	

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14	CAR - Case of the week - Case 10 - Myocardial annular dysjunction - Dr. Ritu Agarwal	
15	CAR - Tribute to Wilhelm Conrad Roentgen - Immortal Roentgen.	
16	CAR - Case of the week - Case 11 - Dacryocystocele with anatomy of Nasolacrimal apparatus. - Dr. Viral Parekh	
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20	CAR - Case of the week—Case 15 - Adrenal haemangioma - Dr. Viral Parekh	
21	CAR - Case of the week - Case 16 Patellar GCT - Dr. Nivedita Chakrabarty	
22	CAR - Case of the week - Case 17 - MEN Syndrome - Dr. Sayan Sarkar	
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Hyperlinks & QR codes of academic material published on YouTube by Calcutta Academy of Radiology

26	CAR CME - Heart Anatomy	
27	CAR– Case of the week - Case 21 - Pancreatic metastases - Dr. Viral Parekh	
28	CAR - Case of the week - Case 22 - Intrapulmonary teratoma - Dr. M. Bhattacharya	
29	CAR– Case of the week - Case 23 - Gall stone ileus - Dr. Viral Parekh	

We have just unveiled our website cal-academy-radiology.in dedicated to sharing our educational resources. Be sure to explore the site and stay informed. Additionally, you can connect with us on WhatsApp, Telegram, and YouTube. Don't hesitate to share your own cases for a chance to be showcased on our channel.

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A Platform For Radiology Education & Interaction

The Calcutta Academy of Radiology was founded on the 8th of November 2019, the International Day of Radiology, specifically, with the aim of promoting Radiology education for both Residents and practicing Radiologists.

Since then, we have been actively engaging on WhatsApp and Telegram, where members from around the globe have participated in discussions on thousands of cases, allowing us to share experiences and support one another. These social media platforms have proven to be invaluable learning tools.

In February 2020, we successfully organized a half-day CME focusing on GI Radiology. Subsequently, another CME on Neuroradiology was held in July 2022. We have intentions to host more CME programs in the future.

Furthermore, our presence on YouTube enables us to regularly share teaching videos, contributing to the dissemination of Radiology knowledge as widely as possible.

Next issue will be published in September 2025

We release our periodical every two months, so the next edition of "Waves" is set for July 2025. We are in search of compelling cases and original content from our Radiology colleagues, which will be selected based on their quality. We invite all of you to contribute to this publication. Please send your material in Word format with high-resolution images, as well as your photo and workplace details and email address. The deadline for submissions is August 15th, 2025. You can email the Word file to the provided address or share it via WhatsApp using the three listed phone numbers.

On our YouTube channel, we regularly showcase new cases and have received positive feedback on our educational videos. We kindly request all Radiologists to share their educational videos with us. If they contain valuable content, we will definitely feature them on our channel. Our Telegram group currently lacks academic engagement compared to our WhatsApp group. Therefore, we urge all of you to join our Telegram group. Telegram can accommodate up to 200,000 members, so by posting our study material there, we can reach and benefit a larger audience. Stay safe and take care, my friends. We look forward to seeing all of you in the upcoming issue of Waves.

Best regards,

Anup Sadhu, Bijon Kundu, and Viral Parekh.