

INTERVENTIONAL RADIOLOGY

Growing into maturity

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This issue of the Hellenic Journal of Radiology, which is enjoying a significant rejuvenation and an enhancement of its activities under the visionary editorship of Professor Nicholas Gourtsoyiannis, is dedicated to interventional radiology. A series of excellent articles by some of the most eminent Greek interventional radiologists is testament to the robust health of this discipline in the country that gave birth to the scientific study of medicine.

The current spectrum of interventional radiology is very broad. From modest beginnings in peripheral angioplasty, this discipline has expanded to include therapeutic procedures in most organ systems. It is now inconceivable that any large acute hospital can function without interventional radiologists participating in the care of patients who have sustained major trauma. Organ transplantation, the palliation of patients with cancer, the management of acute ischaemia, and the emergency treatment of stroke increasingly require the assistance of expert interventional radiologists.

Interventional oncology is fast becoming the fourth pillar of cancer care, alongside Surgical, Medical and Radiation oncology. Interventional radiologists practising in this field use imaging guided, minimally invasive techniques for local tumour treatment. These have been shown to achieve similar oncological results to surgery for the treatment of diseases such as small renal cell carcinoma, with fewer complications and shorter hospital stay than equivalent surgical techniques.

One of the major advantages of interventional radiology is that, despite the use of sophisticated and sometimes expensive equipment, it is a very cost-effective discipline because many of its procedures do not require the use of general anaesthesia and because in most cases patients can be discharged after a very short stay in hospital.

Interventional radiology is a unique discipline. Although it emerged from the increasingly invasive techniques used in angiography and other branches of diagnostic radiology, its purpose is the treatment of patients rather than the making of diagnoses. As a result of this unusual origin, interventional radiology lacks the full infrastructure for clinical practice. When conventional radiologists worked mainly in the vascular field this was not a huge problem because most of the patients they treated were under the care of vascular surgeons. Although this relationship has not been without its difficulties, various models of collaboration have emerged between vascular surgery and interventional radiology that have enabled patients to be cared for appropriately. However, this is not a model that can work effectively in interventional oncology, as the diverse clinical teams involved in oncology cannot be expected to be familiar with the potential complications, after care and follow-up requirements of patients who undergo local tumour treatment by interventional radiologists.

Interventional radiology is now a mature discipline, which has a rightful place in modern medicine.

From this new status flows the responsibility to establish appropriate methods of patient care that will allow it to function as a complete clinical service. This should include the necessary infrastructure for the care of patients at all times, including outpatient facilities, resident staff and an appropriate financial model. Interventional radiology makes a very substantial contribution to the care of patients; it should no longer be regarded as an optional extra. [R](#)