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COMMENTS ON

doi 10.1308/003588406X83168

Whitfield AHN, Whitfield HN. Is there a role for the intravenous urogram in the 21st century? *Ann R Coll Surg Engl* 2006; **88**: 62–5

doi 10.1308/003588406X116972

Multidetector row computed tomography

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This article raises some important issues both clinical and non-clinical. I shall concentrate on the clinical issues here. The intravenous urogram (IVU) has for a long time been the favourite imaging test of both the uroradiologist and urologist alike. There are five principal clinical scenarios in which multidetector-row CT provides the preferred examination in most urological practice:

1. unenhanced CT for acute loin pain;
2. CT urography for investigation of haematuria when malignancy is suspected;
3. CT urography for pre-operative PCNL planning;
4. CT arteriography for assessment of living, related transplant renal donors; and
5. CT kidneys for investigation of a renal mass.

There is much supporting evidence accumulating in the literature.^{1–5} This viewpoint also has the support of the British Society of Urogenital Imaging.

The two great English stalwarts responsible for the above writing have adopted a stance reminiscent of King

Canute on the seashore. The tide is coming in fast on the IVU. Comparative studies indicate that IVU is an examination of the past without a future. My advice to the authors is to get your arm bands on fast and start swimming.

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AUTHOR'S REPLY

doi 10.1308/003588406X116981

The reality of urological centres dealing with emergency admissions

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I am pleased that this article has triggered a reply from such an eminent uroradiologist as Dr Cowan.

The commissioning editor had intended to include this manuscript as part of the series 'Controversial Topics in Surgery' and had tried to find an author to champion the stance taken by Dr Cowan but was unable to do so.

There are some aspects of the views advocated by Dr Cowan with which I would agree. In 1982 I was involved in a study to explore the value of CT mapping of renal stones before open nephrolithotomy.¹ Having performed more than 2000 percutaneous nephrolithotomy procedures (including track dilatation), I have not found CT mapping to be necessary. I would entirely agree that CT, combined with ultrasound, is the best imaging modality for defining the nature of renal masses.

The debate concerning the best imaging for patients with suspected renal colic cannot be resolved without