GAST I - What can we learn from each other?

**Vorsitz / Moderation:** Vorwerk D / Ingolstadt

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<tr>
<th>RöKo INT 304.1</th>
<th>Intro: What is GAST?</th>
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<tr>
<td>15:00 Uhr</td>
<td>Referent(en): Calli M, Wirth S, Herold C</td>
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<td><strong>weitere Autoren:</strong> Calli C, Herold C</td>
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**Kurzfassung:** The acronym GAST -- German for guest -- stands for the combined conference of the German, Austrian, and Turkish radiological societies. The GAST-Symposium 2017, the fifth of its type, is integrated as international session in the annual DRK/ÖRG meeting.

Turkey is a popular holiday destination for citizens of German-speaking countries for many years; it offers an ancient and interesting culture, which is unfamiliar in some respects and consequently very exciting. On the other hand, many people who themselves originate from Turkey, or whose parents did, today live and work in German-speaking countries such as Germany and Austria. Indeed, many of them are also citizens of these countries.

Cultural aspects aside, Turkey's development in the fields of science and research has also been disproportionately rapid. It was probably not least for that reason that in 2012 the Federal Ministry for Education published a guideline to promote increased collaboration with Turkey.

Many of our Turkish colleagues have completed part of their radiological training in various countries outside Turkey. Friendships have developed in this way, which both sides have kept up. So, as well as these rather formal facts, it is no surprise that this cooperation first saw the light of day at a private meeting between Turkish and German-speaking radiologists at the fringes of the RSNA 2009 in Chicago. The national radiological societies immediately picked up this idea and have ever since given it their strong support, for which many thanks are due.

**Lernziele:**
- to understand what GAST is and stands for

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<th>RöKo INT 304.2</th>
<th>Radiology in Turkey: What can we learn?</th>
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<td>15:10 Uhr</td>
<td>Referent(en): Kaya T</td>
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Kurzfassung: Radiology in Turkey: After the introduction of the X-Ray in 1897 by a military doctor named Esad Feyzi, studies started in Turkey on the field of radiology. He took the first radiographies at the Imperial Medical School (Istanbul) in 1896. The contributions of Dr. Esad Feyzi, is significant with respect to introducing the knowledge about ROENTGEN rays to Turkey. He made use of X-ray method for medical diagnosis. Esad Feyzi worked in the clinical team at the Yildiz Temporary Military Hospital in Istanbul to take radiographies of soldiers wounded at war in cooperation with the German Red Cross medical delegation. This event is most probably the earliest examples of the application of X-ray technique into military surgery all over the world.

Turkish Society of Radiology: (TSR) is one of the foremost medical specialty organizations in Turkey. It was formed with the recent merger of two main radiology societies of Turkey, one of them founded as early as 1924 (the latter, the Turkish Society of Medical Imaging and Interventional Radiology, was founded in 1991). TSR is the largest organization of radiological professionals and academicians in the country.

The vision of TSR is to be a global pioneer in science, contributing to public health; a highly regarded society; and the primary decision making authority in the field of radiology. Its mission is supporting the progress of radiology as a science, in accordance with the public interest, preserving the rights and benefits of our members, and strengthening occupational, social and scientific relationships between its members.

Turkish Society of Radiology publishes the quarterly peer-reviewed journal Diagnostic and Interventional Radiology. This journal, which has been published since 1994, has the highest standards of peer-review, editorial content and publication quality and it is a medium for original articles, reviews, pictorial essays, technical notes and case reports related to all fields of diagnostic and interventional radiology. Five years Impact factor of Diagnostic and Interventional Radiology is 1.441. TSR also have two Turkish language Journal (Turkish Seminars of Radiology and Turkish Journal of Radiology) both published three issue in a year.

The Society continues to run the Winter School program, through which every resident undergoes a training program during their residency period.

The TSR has an actively functioning Board Commission. Board exams, which consist of two parts – one a theoretical exam and the other a practical exam - are held by the society to ensure the high quality of radiology services in the country since 2005.

With Scholarship program TSR also aims to support our young colleagues who want to work in any field of radiology, either at home or abroad.

TSR also holds GAST joint meeting annually together with the German and Austrian societies. The first GAST meeting was held in Izmir, 2010. The second and the third meetings were held in Istanbul 2012 and 2014. The fourth meeting was organized in Innsbruck 2015. This is the fifth meeting of GAST here in Leipzig.

TSR is also in close relations with Japan Society of Radiology, Korean Society of Radiology, Iranian Society of Radiology, Lebanese Society of Radiology and Pakistani Radiology Society by the protocols we signed.

Turkish Society of Radiology, which is an institutional member society of ESR, is in a strong relationship with European Society of Radiology for last 10 years. Strengthen and improving the relationship between two societies is utmost important for TSR.

The Society annually organizes national congresses of radiology as well as symposia and other small-scale meetings. The first national Turkish Radiology Congress was held between 15 - 17 September in 1966 in Istanbul. Between 1924 and 2016, the TSR has organised thirty seven national congresses. Attendance to the annual congresses is in the range of 1200-1500 radiologists. Impressive arrays of world-renowned radiologists from many subspecialties of radiology are invited to these meetings to present lectures.

The duration of the Turkish radiology residency programme is five years. This time period has been set out as sufficient for a comprehensive resident education according to the TSR. The society is of the opinion that new branch specialties like interventional radiology, neuroradiology and paediatric radiology will have to be instituted within the society in the near future, as they are growing at a rapid pace and the society wishes to ensure that Turkey keeps pace with the rest of the world in terms of radiological developments.

We are also organizing the European Diploma in Radiology examination at our annual congresses for three years cooperatively with European Board of Radiology. We are very eager to continue our
collaboration with EBR, since this internationally valued diploma is an important reference point for standardization of training and assessment and organizing this exam during our annual congresses increases the significance of our society and makes us officially recognized.

TSR currently have 4300 members and as a society member we hope our number of members and awareness of our discipline will increase in the forthcoming years.
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<td>15:20</td>
<td>RöKo INT 304.3</td>
<td>Radiology in Germany: What can we learn?</td>
<td>Wirth S</td>
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**Kurzfassung:** Obviously, there are lots of things we can learn from each other. This abstract will focus on a typical, perhaps unexpected but representative example.

Besides cultural differences between Turkey and Germany, and the difference in mean financial income, one may think that medical provision to the population would be better in Western or Central Europe than it is in Turkey. One may even think that this holds particular for expensive MRI Imaging.

From the past meetings we have learned that this is not the case, at least in the big cities. For instance, in German hospitals alone there are as many MRI scanners in operation as there are in Turkey as a whole, in other words approximately 11 scanners per million inhabitants. But in Turkey, just as many MRI scans are carried out in total. The reason is that Turkish scanners are much better operated to full capacity, and 50 scans or more per day is normal there.

This necessitates a shift system, with all its problems, but it also provides a very good availability, and also highly skilled radiological and radiographic staff. We have also learned from specialist interactions that in Turkey there are still high incidences of diseases at various stages, which are less common in Germany-speaking countries but still important. Tuberculosis and helminthiasis are typical examples for this. The increasing number of refugees in Germany may also cause a rise in these two and in other, similar pathologies.

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<td>15:30</td>
<td>RöKo INT 304.4</td>
<td>Radiology in Austria: What can we learn?</td>
<td>Jaschke W</td>
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<td>15:40</td>
<td>RöKo INT 304.5</td>
<td>Tuberculosis and Echinococcosis: Diagnosis</td>
<td>Elmas N</td>
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**Kurzfassung:** Tuberculosis (tb) and Echinococcosis are known as important endemic diseases and major health problems all over the world. Diagnosis depends on clinical symptoms, laboratory findings, and also cross-sectional imaging techniques. Tuberculosis is mostly seen in lungs whereas Echinococcosis mostly affects liver and lungs. However, both diseases may involve whole parts of the body such as skeletal system, abdominal cavity, and central nervous system (CNS).

The infectious agent of tb is Mycobacterium tuberculosis and it is transmitted by inhalation of air droplets. Pulmonary tb may be diagnosed as primary and reactivation tb. Radiological findings include parenchymal disease, lymphadenopathy, atelectasis, pleural effusion, and miliary disease. A previously dormant primary infection exists in reactivation tb. The abdomen is the most common focus of extrapulmonary tb. The abdominal involvement may be manifested as lymphadenopathy, peritonitis, gastrointestinal, hepatosplenic, adrenal, and genitourinary tb. Meningitis is the most frequent manifestation of CNS involvement. Skeletal tuberculosis commonly presents as vertebral involvement and paravertebral abscess.

Echinococcosis is a parasitic disease and the agents include Echinococcus granulosus (EG), Echinococcus multilocularis (EM), Echinococcus vageli, and Echinococcus shiquicus. Echinococcus granulosus is the most commonly seen infection. Sheep, cattle, buffalo, camels, and pigs are the commonest intermediate hosts. The radiological appearances of hydatid disease differ according to types. Echinococcus granulosus is seen as cystic hydatid disease while Echinococcus multilocularis manifests in more solid and invasive forms. Treatment alternatives may vary in a spectrum of percutaneous treatment options to surgical procedures. Treatment depends on the Gharbi classification of the hydatid disease.

**Lernziele:**
- Radiological findings of pulmonary and extrapulmonary tb
- Gharbi classification of hydatidosis
- The difference of radiological appearances between EG and EM
- Case examples of tb and Echinococcosis with direct radiograms and cross-sectional imaging

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**RöKo INT 304.6**

**Infection diseases of the CNS**

16:05 Uhr

Referent(en): Gizewski E

**Kurzfassung:** This presentation will give an overview of typical and most common cerebral infectious diseases. The typical imaging patterns mainly in MRI but also in CT are discussed. Furthermore, MRI sequences, which can be of additional help in infectious diseases apart from T1 and T2 sequences will be discussed. Additionally, the typical differential diagnoses are included in the cases shown.

**Lernziele:** Cerebral infectious diseases can be viral, bacterial or due to parasites. Some have typical patterns in MRI. Brain infections can present as meningitis, encephalitis and ventriculitis or a combination of such types. Brain abscesses can be verified using DWI.