

Point of Care or Clinical Ultrasound?

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Approximately 50 years ago, ultrasound was introduced in clinical practice and soon became one of the most popular methods for medical evaluation. It was introduced in many specialties and today we cannot imagine medical fields such as cardiology, obstetrics and gynecology, gastroenterology or urology without ultrasound.

Ultrasound has been used by clinicians immediately after clinical examination for a long time in German-speaking countries. This type of examination was called “clinical ultrasound”. The advantage of this strategy is that the diagnosis can be obtained earlier, without moving the patient to another service. On the other hand, clinical informations (like anamnesis and palpation) can be used to improve ultrasound diagnosis. This strategy was adopted many years ago in Romania as well, which explains the fact that many physicians performing ultrasound are clinical specialists and not radiologists.

In English-speaking countries, ultrasound is “owned” by radiologists and only a few clinical specialists, such as cardiologists or obstetricians use it in daily practice. In these countries, after clinical examination, the patient is referred to a radiologist, for an ultrasound examination. Later on, the patient returns to the clinician, for the final diagnosis and therapeutical decision.

German Professor Lucas Greiner, a good old friend of the Romanian Society of Ultrasound (SRUMB), start-

ed a difficult task many years ago, to introduce clinical ultrasound to gastroenterologists in Europe. Together with some enthusiastic friends (I was happy to be among them for more than 10 years), every year, during the European Gastroenterology Meeting (UEGW), he tried to convince clinicians from the field of gastroenterology and hepatology that looking into the abdomen with ultrasound waves is mandatory for a quick and reliable diagnosis. It was a very difficult job, since in many European countries ultrasound is still considered a radiologic method.

But, very recently, the tides have changed. An important paper called “Point of Care Ultrasound” was published in the *New England Journal of Medicine* [1]. In order to increase the confidence of medical diagnosis, this paper proposes the introduction of a new type of ultrasound examination: immediately after the clinical exam (so that the patient is not sent in a radiology department for the ultrasound examination). This new concept originating across the ocean is a very interesting one. Probably, in a few years, we shall see that in the USA (and also in English-speaking countries), this type of ultrasound will be practiced by clinicians (such as gastroenterologists, nephrologists, pneumologists, endocrinologists, rheumatologists, emergency medicine, family doctors and many others). Several meetings concerning “Point of Care Ultrasound” are scheduled in USA cities in 2012. This is the first step for the introduction of clinical ultrasound in this part of the world.

As a person involved for a long time in the promotion of clinical ultrasound, I believe this is a very important moment. Why? Because I think that in a front of a patient, anamnesis and clinical examination should be followed by ultrasound, a normal and direct step needed for the final diagnosis and for therapy. Some years ago, somebody asked: “Ultrasound, the stethoscope of the fu-

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ture?” Surely, today the ultrasound probe already is the “stethoscope” of the present, in many specialties.

Thus, probably it is not important what we call this strategy: “clinical ultrasound” or “point of care ultrasound”. The important thing is to use this method immediately after clinical examination, in order to be able to answer to some questions and to obtain a quick and precise diagnosis, with a rapid start of the treatment, if needed.

I am very convinced that, in future years, “clinical ultrasound” (or “point of care ultrasound”) will be introduced everywhere in many specialties, to obtain a confident diagnosis, as soon as possible, with low costs.

References

1. Moore CL, Copel JA. Point-of-Care Ultrasonography. *N Engl J Med* 2011; 364: 749-757.