The future prospective of Neuroradiology

Fong Y Tsai, MD, FACR
Imaging Research Center, Taipei Medical University

The Neuroradiology has come a long way to reach the current status since 1960. CT, MRI and Neurointervention have replaced those previous risky diagnostic and therapeutic procedures. Neuroradiologists have enjoyed those successful discovery and the path paved by our pioneers. However, this success has also changed some practice patterns. Diagnostic neuroradiologists concentrate on reading out from CT and/or MRI. Interventional neuroradiologists pay very much attention to interventional procedures only. The separation of diagnostic and interventional neuroradiologists has become wider and more obviously in recent years. The insurance company reimbursements have made the situation even worse. This situation has made other neural sciences group to eye on and can get self-referral. This may be a potential challenges for neuroradiology to face now and in the near future.

Although neuroradiology has faced some uneasy challenge situation, yet neuroradiology may use our own talent to improve our edge to retain our practices. Diagnostic neuroradiology should pay more attention to use new sequences to assist diagnosis and interventional neuroradiology need to develop new techniques to protect own expert in the field. Diagnostic neuroradiology should also learn the edge of interventional procedures and likewise interventional neuroradiology should learn from the edge of diagnostic modalities. This combination may give us more leeway to break through. The interventional neuroradiology has faced even more challenge due to lack of trainee from radiology. The change of Interventional Neuroradiology Society (Founded in 1992 as the American Society of Interventional and Therapeutic Neuroradiology/ASITN) to Society of Neurointerventional Surgery has made the narrow door open up to have others getting in the field. Although, those neurointerventional procedures will not be replaced but those performing physicians will not be only radiologists.

The challenge is not all bad, it may create new way of practice and improve ourselves to be respected by our peers and retain our specialties. Another issue is to open our own clinical to see and to follow-up those patients whom we have cared with special diagnostic and interventional procedures. The bottom line is to be better than others in order to get respect from our peers. Thus research in the neuroradiology will provide more edge to retain and blossom our future. How to balance out clinical, teaching and research will be another challenge issues for our neuroradiology. Perhaps, we need to give very extensive thoughts to peek through our future tunnel of neuroradiology.