

3rd Global Meeting on ONCOLOGY AND RADIOLOGY

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Follow Up chest x-ray for those who've been suspected to have a radiological diagnosis of community acquired pneumonia.**Tarek Khater**

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Background: The aim of this audit is to evaluate whether the follow up chest x rays have been performed for those adults who've been radiologically diagnosed with community acquired pneumonia and within the high risk group of developing an underlying lung pathology according to British Thoracic Society guidelines. Lung cancer is one of the most prevalent cancer in men and women. Unfortunately, patients with pneumonia have similar sets of symptoms to those that eventually diagnosed with lung cancer. Patients who have lung disease are also more susceptible to have superadded infection. An infective radiological ranges may mask an underlying undetected malignancy. Therefore, a follow up chest x ray should be requested within 6 weeks to ensure resolution of the radiography opacities, as would be anticipated in pneumonia. Our methodology is to include all adults aged above 18 years of age and have chest x ray consolidation/opacification insistent with infection with exclusion to those who are already known to have lung cancer. The results showed that only 27% of the proper candidates were requested a follow up chest x ray on discharge which put most patient at the risk of having late presentation of the underlying pathology if existed and doesn't meet the criteria of the BTS. Our data also showed that 11% of the requested follow ups were hiding a different lung pathology.

Biography

Tarek has MBBCh from Tanta University in Egypt, GMC full registration and residency in York Teaching Hospital as an Acute Common Care Stem Trainee. I have worked in different UK trusts as a junior fellow including University Hospital of Southampton for 2 years gaining experience in managing patients in the acute medical setting. I have participated in 5 different audits in the last 2 years, 2 of them have been presented in annual BSIR in Manchester.

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