



Editorial

Luminal imaging - Small and large bowel



This special issue of *Clinical Radiology* is focused on luminal imaging and brings together five articles from experts in the field.

Radiological evaluation of the small bowel has come a long way since the first described report of enteroclysis by Pesquera in 1929.^{1–4} Nasojejunal intubation for enteroclysis has been subject of numerous debates over the years due to the discomfort associated with the procedure. Recent advances in imaging techniques and oral contrast media have obviated the need for nasojejunal intubation and made the examination of the small bowel a more widely available and accepted procedure; however, this has increased the challenges to imaging departments with increased use of imaging techniques for nebulous indications.

The understanding and investigation of Crohn's disease has also evolved tremendously over the last century. The evolution of magnetic resonance imaging (MRI) of the small bowel as a reliable and safe investigation in Crohn's disease over the last decade has brought challenges for most imaging departments. The first article sets out the principles of the imaging techniques and the role of each imaging method in this complex disease. It also discusses the importance of pathways in the diagnosis and management of this disease from initial diagnosis to surveillance and assessing treatment response.⁵

The second article highlights the factors to be taken into consideration including technical issues and ways of overcoming practical difficulties in setting up an MRI service.⁶

In a world where patients move between various cities and nations and the ever-increasing use of teleradiology providers by institutions to manage workload, it is important for radiologists to be aware of some of the more specialist issues that are dealt with in tertiary hospitals.^{7,8} Dr Upponi's team have brought together two excellent reviews on intestinal transplantation and intestinal failure.^{9,10}

With the advances in the staging and treatment of rectal cancer, understanding the importance of accurate staging is pivotal in stratifying treatment options. The article on MRI of rectal cancer discusses the rationale for imaging standards in morphological and functional imaging with specific focus on advanced rectal cancer and its implications on clinical management.¹¹

I am grateful to all the contributors for their dedication to produce high-quality manuscripts in a timely fashion despite their increasingly busy schedules. I would also like to thank the editorial office staff of *Clinical Radiology*, without whom this issue would not be possible. Although the entire breadth of luminal imaging is not covered in this issue, it has focussed on some of the more recent advances in bowel imaging with specific focus on pathways where service delivery needs to be planned to take into account the wide spectrum of resources required to establish these services successfully. I hope you enjoy reading this special issue.

Conflict of Interest

The authors declare no conflict of interest.

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A. Rajesh*

Department of Radiology, University Hospitals of Leicester NHS Trust,
Gwendolen, UK

E-mail address: arumugam.rajesh@uhl-tr.nhs.uk

* Guarantor and correspondent: A. Rajesh, Department of Radiology, University Hospitals of Leicester NHS Trust, Gwendolen Road, Leicester LE5 4PW, UK.