

CORRESPONDENCE

The Uses and Limitations of Whole-Body Magnetic Resonance Imaging

by Dr. med. Gerwin Schmidt, PD Dr. med. Dietmar Dinter,
Prof. Dr. med. Dr. h. c. Maximilian F. Reiser, Prof. Dr. med. Stefan O. Schoenberg
in volume 22/2010

Advantages in Vascular Tumors

The authors provide an extensive overview of the uses of whole-body magnetic resonance imaging (MRI) in manifold diseases. However, we wish to make two comments with regard to the use of whole-body MRI in benign or malignant tumors.

It is correct to state that multiple cartilaginous exostoses entail the risk of malignant transformation (1). However, such transformations usually occur in elderly patients, and we agree that repeated radiographic examinations in young patients are certainly not advisable. However, the question arises whether all known exostoses should be subject to regular radiological (MRI) control examinations from childhood onwards. In our hospital, patients with clinically controllable exostoses on the peripheral skeletal system are fully informed about the fact that if these increase in size after patients have reached their full physical height, malignant transformation is the first diagnosis that springs to mind. In such cases, local MRI at the highest resolution should be conducted in order to determine the cartilage cap, so as to gain closer insights into a possible transformation. In exostoses that are close to the trunk and less easily clinically controlled, regular local MRI scanning is certainly a sensible option. Altogether, the question is whether in the cases mentioned above the more time-consuming and costlier whole-body MRI may lead to earlier detection of the

transformation, thus conferring a prognostic advantage. As far as we are aware, no studies have been conducted in this regard.

By contrast, we think that whole-body MRI offers a diagnostic advantage in patients with vascular tumors (for example, angiosarcomas). Because of their multifocality, these can often not be diagnosed by using conventional radiography or scintigraphy (2). In this setting, whole-body MRI can detect even smaller infiltrations of the bone marrow cavity, which will have to be made accessible to surgical treatment (3).

DOI: 10.3238/arztebl.2010.0750

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PD Dr. med. Jendrik Harges
Prof. Dr. med. Georg Gosheger
Albert-Schweitzer-Str. 33
48149 Münster, Germany
Andrea.falk@ukmuenster.de

Conflict of interest statement

The authors declare that no conflict of interest exists according to the guidelines of the International Committee of Medical Journal Editors.

The authors of the article have chosen not to publish a reply.