



4th IDKD Intensive Course in Hong Kong Excellence in Teaching



Musculoskeletal Diseases

June 28 – 30, 2014

Hong Kong

In collaboration with The University of Hong Kong and Hong Kong College of Radiologists

肌肉骨骼疾病

2014年6月28日至30日

香港

香港大学及香港放射科医学院协办

Course on Diagnostic Imaging and Interventional Techniques
Main Program

General Concept

Concept

The International Diagnostic Course Davos (IDKD) offers interactive teaching workshops, presented by a highly qualified international faculty. IDKD courses are organ-based with annually changing topics: Brain, Head & Neck, Spine – Chest & Heart – Abdomen & Pelvis – Musculoskeletal. IDKD is currently offering courses in Davos, Switzerland, in Athens, Greece and in Hong Kong, China. The course objectives are to review and discuss effective approaches to diagnosis in musculoskeletal radiology.

For the fourth time, IDKD will be run as an Intensive Course in Hong Kong, featuring 14 different workshops spread over three days, this time covering imaging of musculoskeletal diseases.

Workshops

The participants will attend 14 different workshops covering the medical imaging approach to the diagnosis of musculoskeletal diseases. The instruction is in groups of approximately 50 – 60 participants. During workshops, participants first get a brief introduction to the subject and then study case material prepared by the instructors. Finally, the instructors guide through the cases, discuss different diagnoses, present additional material and ask pertinent questions to the participants, thus allowing active interaction. The teachers can be easily approached during breaks to individually discuss unsolved problems.

The participants are encouraged to bring their own laptop (PC or Mac) for case viewing and will get the relevant case files on a USB-stick. For participants not bringing their own laptop, image loops will be prepared for viewing the cases on the classroom VCR projector. Participants will stay in the same classroom during all workshops. The case viewing is supported by a special software, uniquely developed for IDKD and drawing from the extensive expertise with electronic teaching.

Highlight Lectures on “Hot Topics” and Diagnostic Dilemmas

Highlight lectures presented daily by experts on “hot topics”, new developments or political issues in radiology and associated sciences will complete the scientific program.

Syllabus

The IDKD Syllabus produced for IDKD Davos 2014 containing the condensed version of the presented workshops is included in the registration fee in digital form on the same USB stick as the cases.

IDKD Online Cases

IDKD offers access to two well-documented cases per teacher on the IDKD online database. Each participant receives a unique login (user / password) to access the database.

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IDKD offers
interactive, organ-based
teaching workshops
with annually
changing topics.

General Information

Registration

Registrations are accepted online at www.idkd.org

Registration Fees (in HK\$)

Registration fees include the full teaching program, the course syllabus on USB stick, coffee breaks and the Welcome Reception, IDKD Lunch-Bufferet and Lunch-Symposia.

	Regular	Residents
Early (before May 17):	HK\$ 4,600.–	HK\$ 3,900.–
Standard:	HK\$ 5,600.–	HK\$ 4,900.–

Payments

by Credit Card: MasterCard, Visa or American Express
by wire transfer (bank charges to be borne by remitter) with bank details as follows:

Bank: HSBC, No 1 Queen's Road, Central, Hong Kong
Account name: Swire Travel Ltd.

Account nr. 111-016275-002

Code: 004

Swift: HSBCHKHKKHKK

Remittance details: IDKD-HK Course

Cancellation Policy

Written notification is required for cancellations and changes. Refunds: 80% before May 17, 2014 and 50% before June 1, 2014. No refund thereafter.

Cancellation of the IDKD Course

Course fees will be reimbursed in case of cancellation of the IDKD Course due to reasons other than war, war-like events, acts of terrorism or epidemics, in which case only a proportionate part would be refundable.

Confirmation of Registration and Course Badge

Online registrations will be automatically confirmed. You will receive your personal course badge and further information at the registration desk onsite. The badge is personal and is your admission card to the course. **Do not forget it! Do not lose it!** In the case of loss, a replacement badge will be provided for an administrative charge of HK\$ 300.–.

Disclaimer

The IDKD and the Course Management cannot accept liability for acts of any suppliers to this meeting nor the safety of any attendee while in transit to or from this event nor for any accidents or injuries that may occur. All participants are strongly advised to carry sufficient travel and health insurance.

Travel Agency

Swire Travel Limited

6/F Cambridge House, Taikoo Place

979, King's Road, Quarry Bay

Hong Kong

Phone: +852 (0)315 188 19

Fax: +852 (0)315 463 24

E-Mail: idkd-hk2014@swiretravel.com

Duration

14 workshops (max. 5 workshops/day) and 3 lecture blocks spread over 3 days, starting June 28 at 9 am (registration starting at 8 am) and ending June 30 at 6.30 pm

Opening Hours Course Office

Saturday, June 28, 8 am – 6.30 pm. All other days : 30 min. before until 30 min. after sessions.

Program Changes

Information and times mentioned in this documentation may be subject to change at very short notice. Updated information will be published on www.idkd.org

Coffee and Lunch Breaks

Coffee, soft drinks and cookies will be offered and served during intermissions in the Industry Exhibition area. The IDKD Buffet-Lunch on Monday serves as a final get-together.

Complimentary lunch seminars may be offered. For individual lunches two restaurants are close by.

IDKD on the Internet

Information is regularly updated. Visit our website at www.idkd.org

Exhibition

An industrial exhibition of selected imaging industries is located in the meeting lobby and will present relevant information and expert advice. Meet the representatives of leading companies and discuss recent advances of imaging technology.

CME Credits

The course will be accredited by Hong Kong College of Radiologists. An application has been made to the EACCME for CME accreditation of this event. The European EACCME credit system is recognized by the AMA, hence credits of IDKD can also be claimed by North American participants as CME points.



The Royal Australian and New Zealand College of Radiologists is allocating a comparable number of points for attendance of the entire course. All credit points granted will be announced on the web at www.idkd.org

Organisation

Course Directors

Jürg Hodler, Zurich
Rahel A. Kubik-Huch, Baden
Gustav K. von Schulthess, Zurich
Christoph L. Zollikofer, Kilchberg (Zurich)

Local Board

Lilian Leong, Chair of Local Board,
Founding President and Immediate Past-President,
Hong Kong College of Radiologists
Pek-Lan Khong, Head, Department of Diagnostic
Radiology, The University of Hong Kong
Jennifer Khoo, Senior Vice-President and
Chair of the Scientific Sub-committee,
Hong Kong College of Radiologists
Hector Ma, Director,
Senior Consultant Radiologist, Scanning Department,
St. Teresa's Hospital, Hong Kong

Case Editor

Fabian Morsbach, Zurich (CH)

Foundation for the Advancement of Education in Medical Radiology

Adolf E. Kammerer, Zurich, Chairman
Thomas Kehl, Davos
Brigit Läubli, Zurich
Walter Weder, Zurich
Christoph L. Zollikofer, Kilchberg (Zurich)

Course Management

Yela von Schulthess
IDKD Hong Kong Office, Zurich,
E-Mail: idkd-hongkong@bluewin.ch

Management in Hong Kong

Toby Chui, Swire Travel Limited
E-Mail: idkd-hk2014@swiretravel.com



Faculty Addresses

A

Suzanne E. Anderson-Sembach, MD

Department of Radiology
Kantonsspital Baden, Switzerland
Baden, Switzerland
andersonsembach@bluewin.ch

B

Robert D. Boutin, MD

Department of Radiology
Musculoskeletal Section
U.C. Davis School of Medicine
Sacramento, CA, USA
robert.boutin@ucdmc.ucdavis.edu

F

Xiao Yuan Feng, MD

Chairman, Department of Radiology
Huashan Hospital
Fudan University
Shanghai, China
xyfeng@shmu.edu.cn

G

James F. Griffith, MD

Department of Imaging and Interventional Radiology
Prince of Wales Hospital, Shatin
The Chinese University of Hong Kong
New Territories, Hong Kong
griffith@cuhk.edu.hk

P

Christian W.A. Pfirrmann, MD

Chairman, Department of Radiology
Orthopedic University Hospital Balgrist
Zurich, Switzerland
christian.pfirrmann@balgrist.ch

R

Michael Recht, MD

Chairman, Department of Radiology
NYU Langone Medical Center
US-New York, USA
michael.recht@nyumc.org

S

Jin-Suck Suh, MD

Department of Radiology
Yonsei University College of Medicine
Seoul, South Korea
iss@yuhs.ac

T

Michael J. Tuite, MD

Department of Diagnostic Radiology,
Musculoskeletal Division
University of Wisconsin Hospital and Clinics
US-Madison, USA
mjtuite@wisc.edu

V

Bruno Vande Berg, MD

Department of Radiology and Medical Imaging
University Hospital St.Luc
Brussels, Belgium
vandeberg@rdgn.ucl.ac.be

W

Lawrence M. White, MD

Department of Medical Imaging
Mount Sinai Hospital
Toronto, Canada
lwhite@mtsinai.on.ca

Program Overview

For topics of workshops and lectures please refer to page 10 and 11.

Saturday, June 28, 2014

08.00 – 09.00	Registration
09.00 – 09.15	Main Hall Welcome Address Introduction Prof. J. Hodler
09.15 – 10.00	Highlight Lecture Functional Imaging of the Musculoskeletal System and Potential Clinical Applications 肌肉骨骼系统功能成像及其潜在的临床应用 James F. Griffith, Hong Kong
10.00 – 10.30	Coffee Break
10.30 – 11.45	Workshops
11.45 – 13.30	Lunch / Lunch Symposium
13.30 – 14.45	Workshops
14.45 – 15.15	Coffee Break
15.15 – 16.30	Workshops
16.45 – 18.00	Workshops
18.00 – 19.00	Welcome Reception

Sunday, June 29, 2014

08.00 – 09.15	Workshops
09.15 – 09.45	Coffee Break
09.45 – 11.00	Workshops
11.10 - 12.00	Highlight Lecture How to Integrate Western and Chinese Traditional Medicine: Special Reference to Musculoskeletal Disease and Imaging 如何结合西医与中国传统医学：肌肉骨骼系统及成像 Xiao Yuan Feng, Shanghai, China
12.00 – 13.30	Lunch / Lunch Symposium
13.45 – 15.00	Workshops
15.15 – 15.45	Coffee Break
15.45 – 17.00	Workshops
17.15 – 18.30	Workshops



Monday, June 30, 2014

08.00 – 09.15 Workshops

09.15 – 09.45 Coffee Break

09.45 – 11.00 Workshops

11.10 – 12.00 Highlight Lecture
**Overcoming Orthopedic
Metallic Artifacts in MRI
and CT**
克服MRI和CT的骨科金属伪影
Jin-Suck Suh, Seoul, Korea

12.00 – 13.30 IDKD Lunch Buffet

13.45 – 15.00 Workshops

15.15 – 15.45 Coffee Break

15.45 – 17.00 Workshops

17.15 – 18.30 Workshops

Scientific Program

Highlight Lectures 重点课程



Saturday, June 28, 2014

09.15 – 10.00

Functional Imaging of the Musculoskeletal System and Potential Clinical Applications

肌肉骨骼系统功能成像及其潜在的临床应用

James F. Griffith, Hong Kong

Sunday, June 29, 2014

11.10 – 12.00

How to Integrate Western and Chinese Traditional Medicine: Special Reference to Musculoskeletal Disease and Imaging

如何结合西医与中国传统医学：肌肉骨骼系统及成像

Xiao Yuan Feng, Shanghai, China

Monday, June 30, 2014

11.10 – 12.00

Overcoming Orthopedic Metallic Artifacts in MRI and CT

克服MRI和CT的骨科金属伪影

Jin-Suck Suh, Seoul, Korea

01. Shoulder: Instability

肩关节：不稳定

02. Elbow

肘关节

Michael J. Tuite, Madison WI (US)

03. Wrist and Hand

腕及手关节

04. Muscle Imaging

肌肉成像

Robert D. Boutin, Sacramento CA (US)

05. Hip

髋关节

06. Spine

脊椎

Christian W.A. Pfirrmann, Zürich (CH)

07. Knee

膝关节

08. Postoperative Knee and Shoulder

术后膝及肩关节

Lawrence M. White, Toronto ON (CA)

09. Ankle and Foot

踝及足关节

10. Cartilage Imaging

软骨成像

Michael Recht, New York NY (US)

11. Tumors

肿瘤

12. Arthritis

关节炎

Suzanne E. Anderson-Sembach, Zürich (CH)

13. Metabolic/Endocrine

代谢/内分泌

14. Infection

炎症

Bruno Vande Berg, Brussels (BE)

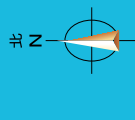
酒店 Hotels

- 1 港島香格里拉酒店 Island Shangri-La, Hong Kong
- 2 港麗酒店 Conrad Hong Kong
- 3 香港萬豪酒店 JW Marriott Hong Kong
- 4 衛蘭軒 The Wesley Hotel
- 5 灣仔皇悅酒店 Empire Hotel Hong Kong, Wanchai
- 6 灣仔維景酒店 Metropark Hotel Wanchai
- 7 華美酒店 Wharney Hotel
- 8 六國酒店 Luk Kwok Hotel
- 9 香港灣景酒店 The Harbourview
- 10 香港君悅酒店 Grand Hyatt Hong Kong
- 11 萬麗海景酒店 Renaissance Harbour View Hotel Hong Kong
- 12 芬名酒店 The Fleming Hong Kong Hotel
- 13 世紀香港酒店 Novotel Century Hong Kong Hotel
- 14 利景酒店 The Charterhouse
- 15 南洋酒店 South Pacific

- 港鐵入口 MTR Entrance
- 警署 Police Station
- 主要大廈 Major Buildings
- 灣仔渡輪碼頭 Wanchai Ferry Pier
- 的士站 Taxi Stand
- 行人天橋 Pedestrian Footbridge
- 往尖沙咀及紅磡渡輪 Ferry to Tsim Sha Tsui & Hung Hom

- 灣仔渡輪碼頭 Wanchai Ferry Pier
- 行人天橋 Pedestrian Footbridge
- 往尖沙咀及紅磡渡輪 Ferry to Tsim Sha Tsui & Hung Hom
- 港鐵入口 MTR Entrance
- 警署 Police Station
- 主要大廈 Major Buildings
- 灣仔渡輪碼頭 Wanchai Ferry Pier

- ### 主要交通工具 Major Public Transport
- B1** 巴士站 (金紫荊廣場) Bus Stops at Golden Bauhinia Square
 - B2** 巴士站 (灣仔碼頭) Bus Stops near Wanchai Ferry Pier
 - B3** 巴士站 (告士打道) Bus Stops at Gloucester Road
 - B4** 巴士站 (港灣道 瑞安中心) Bus Stops at Shui On Centre, Harbour Road
 - B5** 巴士站 (會議道) Bus Stops at Convention Avenue
 - 灣仔渡輪碼頭 (往尖沙咀及紅磡) Wanchai Ferry Pier (to Tsim Sha Tsui & Hung Hom)
 - 灣仔港鐵站 Wanchai MTR Station



維多利亞港
Victoria Harbour



往中環 To Central

往銅鑼灣 To Causeway Bay



Venue

HKCEC – Hong Kong Convention & Exhibition Centre

Level 2

1, Expo Drive, Wanchai,
Hong Kong

Travel

Upon request, air transportation and special travel- and holiday-arrangements for extension of stay are provided. Please visit www.idkd.org for more information or consult Swire Travel Ltd by emailing idkd-hk2014@swiretravel.com.

Hong Kong International Airport has a highly efficient and comprehensive transport network to connect to the city. Arriving and departing passengers have plenty of choice. The Airport Express offers passengers a direct link from the terminal to the city. Taxis, limousines and coaches can also be found. Visit www.hongkongairport.com for more details of transportation routes and costs.

Accommodation

Accommodation is available at special rates close to the Convention Centre in different categories and may be booked online at www.idkd.org. Headquarter is the “Renaissance Harbour View Hotel” integrated in the Convention Centre.

Social Program

Welcome Reception

The official Welcome Reception will be held on Saturday, June 28, 18.00 – 19.00 in the lobby in the Industry Exhibition, immediately following the last workshop. All participants and guests are cordially invited.

IDKD Lunch Buffet

An informal IDKD Lunch Buffet will take place on Monday, June 30, 12.00 – 13.30 (Details TBA). All participants and guests are cordially invited.



Future IDKD Courses



Visit the IDKD website at www.idkd.org for updated information.

2014

7th IDKD 2014 Greece

Musculoskeletal Diseases

September 25 – 28, 2014

Athens, Greece

2015

47th IDKD 2015 Davos, Switzerland

Diseases of the Chest and Heart

March 22 – 27, 2015

Davos, Switzerland

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PRESCRIBING INFORMATION VISIPAQUETM iodixanol

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PRESENTATION An isotonic, aqueous solution containing iodixanol, a non-ionic, dimeric contrast medium, available in three strengths containing either 150 mg, 270 mg or 320 mg iodine per ml. **INDICATIONS** X-ray contrast medium for use in adults in cardioangiography, cerebral angiography (conventional and i.a. DSA), peripheral arteriography (conventional and i.a. DSA), abdominal angiography (i.a. DSA), urography, venography, CT enhancement, studies of the upper gastrointestinal tract, arthrography, hysterosalpingiography (HSG) and endoscopic retrograde cholangiopancreatography (ERCP). Lumbar, thoracic and cervical myelography in adults. In children for cardioangiography, urography, CT enhancement and studies of the upper gastrointestinal tract. **DOSEAGE AND ADMINISTRATION** Adults and children: Dosage varies depending on the type of examination, age, weight, cardiac output, general condition of patient and the technique used (see SPC and package leaflet). **CONTRAINDICATIONS** Manifest thyrotoxicosis. History of serious hypersensitivity reaction to VISIPAQUE. **WARNINGS AND PRECAUTIONS** A positive history of allergy, asthma, or reaction to iodinated contrast media indicates need for special caution. Premedication with corticosteroids or H1 and H2 antagonists might be considered in these cases. Although the risk of serious reactions with VISIPAQUE is regarded as remote, iodinated contrast media may provoke serious hypersensitivity reactions. Therefore the necessary drugs and equipment must be available for immediate treatment. Patients should be observed closely for at least 15 minutes following administration of contrast medium, however delayed reactions may occur. Non-ionic contrast media have less effect on the coagulation system *in vitro*, compared to ionic contrast media. When performing vascular catheterization procedures one should pay meticulous attention to the angiographic technique and flush the catheter frequently (e.g. with heparinized saline) so as to minimize the risk of procedure-related thrombosis and embolism. Ensure adequate hydration before and after examination especially in patients with renal dysfunction, diabetes mellitus, paroxysmalism, the elderly, children and infants. Particular care is required in patients with severe disturbance of both renal and hepatic function as they may have significantly delayed contrast medium clearance. For haemodialysis patients, correlation of time of contrast medium injection with the haemodialysis session is unnecessary. To prevent lactic acidosis in diabetic patients treated with metformin, administration of metformin should be discontinued at the time of administration of contrast medium and withheld for 48 hours and

reinstated only after renal function has been re-evaluated and found to be normal. (Refer to SPC). Special care should also be taken in patients with hyperthyroidism, serious cardiac disease, pulmonary hypertension, patients predisposed to seizures/focal cerebral pathology, tumours, epilepsy, alcoholics and drug addicts), and patients with myasthenia gravis or pheochromocytoma. One should also be aware of the possibility of inducing transient hypothyroidism in premature infants receiving contrast media. All iodinated contrast media may interfere with laboratory tests for thyroid function, bilirubin, proteins, or inorganic substances (e.g. iron, copper, calcium, and phosphate). An increased risk of delayed reactions (flu-like or skin reactions) has been associated with patients treated with interferon-2 up to two weeks previously. **PREGNANCY AND LACTATION** The safety of VISIPAQUE in pregnancy has not been established. Contrast media are poorly excreted in breast milk and minimal amounts are absorbed by the intestine. Breast feeding may be continued normally. **UNDESIRABLE EFFECTS** Intravascular use: Usually mild to moderate, and transient in nature. They include discomfort, general sensation of warmth or cold, pain at the injection site or distally. Serious reactions and fatalities are only seen on very rare occasions. Nausea and vomiting are rare, and abdominal discomfort is very rare. Hypersensitivity reactions occur occasionally with symptoms such as rash, urticaria, erythema, pruritus, dyspnoea or angioedema (immediate or delayed). Hypotension or fever may occur. Severe reactions such as laryngeal oedema, bronchospasm, pulmonary oedema and anaphylactic shock are very rare. Neurological reactions such as headache, dizziness, seizures, and transient motor or sensory disturbances (e.g. taste or smell alteration) are very rare. Also reported very rarely: vagal reactions, cardiac arrhythmia, depressed cardiac function, ischaemia, and hypertension. "Iodine mumps" is a very rare complication. Arterial spasm may follow injection into coronary, cerebral or renal arteries. A minor transient rise in S-creatinine is common. Renal failure is very rare. Post phlebographic thrombophlebitis or thrombosis is very rare. Arthralgia is very rare. Severe respiratory symptoms and signs including dyspnoea and non-cardiogenic pulmonary oedema, and cough may occur. Intrathecal use: Meningism, photophobia or chemical meningitis. Transient motor or sensory dysfunction, Confusion, Paraesthesia. Seizures. EEG changes Local pain. Headache, nausea, vomiting or dizziness. Use in body cavities: Endoscopic Retrograde Cholangiopancreatography (ERCP): Elevation of amylase levels, pancreatitis. Oral use: diarrhoea, nausea, vomiting, abdominal pain. Hysterosalpingiography (HSG): Transient pain in the lower abdomen. Vaginal bleeding/discharge, nausea, vomiting, headache, fever. Arthrography: Pressure sensation and post procedural pain. **PHARMACODYNAMIC PROPERTIES** In 64 diabetic patients with serum creatinine levels of 115 - 308

µmol/L, VISIPAQUE use resulted in 3% of patients experiencing a rise in creatinine of ≥ 44.2 µmol/L and 0% of the patients with a rise of ≥ 88.4 µmol/L. The release of enzymes (alkaline phosphatase and N-acetyl-β-glucosaminidase) from the proximal tubular cells is less than after injections of non-ionic monomeric contrast media and the same trend is seen compared to ionic dimeric contrast media. VISIPAQUE is also well tolerated by the kidney. **INSTRUCTIONS FOR USE AND HANDLING** Like all parenteral products, VISIPAQUE should be inspected visually for particulate contamination, discoloration and the integrity of the container prior to use. The product should be drawn into the syringe immediately before use. Containers are intended for single use only, any unused portions must be discarded. VISIPAQUE may be warmed to body temperature (37°C) before administration. **MARKETING AUTHORISATION HOLDER** GE Healthcare AS, Nycomedvej 1-2, Postboks 4220 Nydalen, N-0401 Oslo, Norway. **CLASSIFICATION FOR SUPPLY** Subject to medical prescription (POM). **MARKETING AUTHORISATION NUMBERS** PL 0637/0017-19 (Glass vials/bottles and polypropylene bottles with stopper and screw cap), PL 0637/0026-28 (Polypropylene bottles with a twist-off top). PRICE 320mg/ml, 10x50ml: £228.81. **DATE OF REVISION OF TEXT** 19 October 2007.

GE Healthcare, Level 12, Langham Place Office Tower, 8 Argyle Street, Mongkok, Kowloon, Hong Kong. www.gehealthcare.com

References:

1. Aquilini P et al. N Engl J Med 2003; 348: 491-9.
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11. Manke C et al. Acta Radiologica 2003; 44: 590-6.
12. Klein NE et al. Acta Radiologica 1993; 34: 72-7.

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Acknowledgements



The IDKD is very grateful to all companies and persons who helped through their collaboration and contribution to realize and develop the 4th IDKD Intensive Course in Hong Kong.

Main Global Sponsor



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7th IDKD Intensive Course in Greece
Excellence in Teaching



Musculoskeletal Diseases

September 25 – 28, 2014
Athens, Greece

An Interactive Course in Diagnostic Imaging



47th International Diagnostic Course Davos
Excellence in Teaching



Diseases of the Chest and Heart

March 22 – 27, 2015
Davos, Switzerland

Course on Diagnostic Imaging and Interventional Techniques



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DOB Health Paris - P 13 008 DOT - March 2013 - Photo: Olivier Buhagiar

DOTAREM 0.5 mmol/mL, solution for injection. **COMPOSITION** (*): Per 100 mL of solution active ingredient: Gadoteric acid* 27.932 g corresponding to: DOTA 20.246 g corresponding to gadolinium oxide 9.062 g. **Indications** (**): Magnetic Resonance Imaging for: - cerebral and spinal disease - diseases of the vertebral column - and other whole-body pathologies (including angiography). **Posology and method of administration** (*): The recommended dose is 0.1 mmol/kg, i.e. 0.2 mL/kg in adults, children and infants. In angiography, depending on the results of the examination being performed, a second injection may be administered during the same session if necessary. In some exceptional cases, as in the confirmation of isolated metastasis or the detection of leptomeningeal tumours, a second injection of 0.2 mmol/kg can be administered. The product must be administered by strict intravenous injection. - **Contraindications**: Hypersensitivity to gadoteric acid, to meglumine or to any medicinal products containing gadolinium. **Precautions for use**: Dotarem must not be administered by subarachnoid (or epidural) injection. The usual precaution measures for MRI examination should be taken such as exclusion of patients with pacemakers, ferromagnetic vascular clips, infusion pumps, nerve stimulators, cochlear implants or suspected intracorporeal metallic foreign bodies, particularly in the eye. **General particulars corresponding to all gadolinium contrast agents**: All gadolinium based contrast media can cause minor or major reactions that can be life-threatening. These can occur immediately (within 60 minutes) or be delayed (within 7 days) and are often unpredictable. Because of the risk of major reactions, emergency resuscitation equipment should be available for immediate use. Hypersensitivity reactions can be aggravated in patients on betablockers and particularly in the presence of bronchial asthma. These patients may be refractory to standard treatment of hypersensitivity reactions with beta agonists. Impaired renal function. Prior to administration of gadoteric acid, it is recommended that all patients are screened for renal dysfunction by obtaining laboratory tests. There have been reports of Nephrogenic Systemic Fibrosis (NSF) associated with use of some gadolinium-

containing contrast agents in patients with severe renal impairment (GFR < 30 mL/min/1.73 m²). As there is a possibility that NSF may occur with Dotarem, it should only be used in these patients after careful consideration. - **CNS disorders**: As with other contrast agents containing gadolinium, special precautions should be taken in patients with a low seizure threshold. Precautionary measures, e.g. close monitoring, should be taken. All equipment and drugs necessary to counter any convulsions which may occur must be made ready for use beforehand. **Interactions with other medicinal products and other forms of interaction**. No interactions with other medicinal products have been observed. Formal drug interaction studies have not been carried out. **Fertility, pregnancy and lactation** (*). **Effects on ability to drive and use machines** (*). **Undesirable effects** (*): hypersensitivity reaction including anaphylaxis, angioedema, urticaria, erythema, pruritis, rash, eczema, bronchospasm, laryngospasm, oedema, dyspnea, nasal congestion, sneezing, cough, dry throat, nausea, vomiting, diarrhoea, abdominal pain, muscle contracture, muscular weakness, back pain, agitation, anxiety, paresthesia, headache, dysgeusia, thoracic pain, feeling cold, feeling hot, fever, chills, asthenia, malaise, coma, convulsion, syncope, presyncope, dizziness, parosmia, tremor, conjunctivitis, ocular hyperaemia, vision blurred, lacrimation increased, eyelid edema, bradycardia, tachycardia, arrhythmia, palpitations, hypotension, hypertension, vasodilatation, pallor, cardiac arrest, respiratory arrest, injection site (pain, reaction, oedema), injection site extravasation, superficial phlebitis, NSF (*). **Overdose** (*). **PHARMACOLOGICAL PROPERTIES** (*): Pharmacotherapeutic group: paramagnetic contrast media for MRI, ATC code: V08CA02. **Presentation** (**): 5, 10, 15, 20, 60 & 100 mL in vial (glass) and 10, 15 & 20 mL in a pre-filled syringe (glass). **Marketing authorisation holder** (*): Guerbet - BP 57400 - F-95943 Roissy CdG cedex - FRANCE. **Information**: tel : 33 (0) 1 45 91 50 00. **Revision**: November 2011

(*): for complete information please refer to country's local SPC. (**) Indications may differ between countries- (***) All presentations may not be marketed

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