Dear Friends,

It gives me great pleasure to introduce this issue of Medicamundi. The core of this issue deals with a selection of recent developments in Interventional procedures and the associated guidance techniques. In several of them, 3D images and live fluoroscopy are combined to show the spatial relationships of the blood vessels, and the progress of endovascular materials such as catheters, probes and stents.

Cone-Beam CT (CBCT) can be used to track interventional needles using the rotation of the C-arm in systems such as the Philips Allura Xper FD20. XperGuide overlays live fluoroscopy on the acquired images, showing the needle path and target in endovascular procedures, or following the progress of a biopsy needle.

A “hybrid” operating room, with a fixed high-end imaging system and all the facilities of a conventional operating room, enables interventional techniques and open surgery to be performed in the same location. A new tool, known as the HeartNavigator, combines planning of optimal X-ray views with live guidance during the procedure.

Although the use of stents is now routine, stent thrombosis can still occur as a result of malapposition or underexpansion. The StentBoost image enhancement tool improves visualization of the stent deployment.

Superposition of CT angiography (CTA) on a live fluoroscopy image provides valuable support for complex procedures. Applications presented in this issue of Medicamundi include introduction of a transarticular interlaminar percutaneous puncture system (TIPPS) with the ability to perform in-end liver disease, and transumbilical embolization of endoleaks following endovascular aneurysm repair.

MR guidance offers advantages in soft tissue structures such as the liver, for example in guiding the probe for ablation of malignant tumors. Here, the Panorama HFO open MR scanner offers good access and freedom of patient positioning without compromising image quality.

With the acquisition of Resposicition, Philips has obtained a strong position in respiratory diseases. In surgical procedures, the combination of anesthesia and undiagnosed obstructive sleep apnea (OSA) is potentially dangerous. Preoperavtive screening of patients using an appropriate questionnaire can identify patients at risk.

Another aspect of respiration is the use of inhaled drugs to treat respiratory diseases. Two articles cover the evolution of nebulizers and the development of the new generation of “intelligent” nebulizers that enable more precise dosage and a patient feedback mechanism.

I trust that this issue of Medicamundi will give you a glimpse of some of the latest developments we are working on at Philips Healthcare, and hope that you will find it both interesting and informative.

Henk van Houten
General Manager Philips Research, Program Manager Healthcare

Instructions to authors

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The Editors-in-Chief reserve the right to require the revision of a manuscript as a condition of its acceptance and to make any changes required to make the article conform to the editorial standards of Medicamundi and/or regulatory requirements (this could result in publication only in the international edition, which is sold separately in the USA).

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How to submit an article to Medicamundi

Medicamundi welcomes articles on interesting applications of Philips Healthcare products.

Because Medicamundi is a scientific journal, the article should be written in a neutral, factual style, usually in the third person.

Although not all criteria will be appropriate for every article, the article should cover all or most of the following points:

• the type of healthcare institution
• the clinical problems to be solved
• the type of equipment used
• the examination parameters

The results obtained, with good-quality illustrations.

Printed images demand a higher resolution than electronic displays. Please read the adjacent section on Electronic submission.

The article should proceed smoothly from start to conclusion, without digressions. As it is an article, rather than a scientific report, the sections should hare titles, but not be numbered.

The article should not exceed 2500 words, and should be accompanied by an abstract of not more than 100 words.

Please note that it is not always possible to accept all articles submitted – sometimes a selection has to be made! The decision to publish is the responsibility of the Editorial Board of Medicamundi, who will review all submitted articles.

Submission of articles and images

Articles for publication in Medicamundi should be submitted to:

The Editors-in-Chief Medicamundi Philips Healthcare Building QX-2.128 A P.O. Box 10 000 5680 DA Best, the Netherlands E-mail: hendrik-jan.hadders@philips.com

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