Pediatric radiologists strive to collaborate and communicate with pediatricians and pediatric medical and surgical subspecialists. We all share the common goals of advocating for children’s health and accurate diagnosis and treatment in times of illness. This issue of Pediatric Annals highlights questions and answers about radiation from medical imaging as well as common clinical presentations encountered by both pediatricians and pediatric radiologists: limping, abdominal pain, headaches, and vomiting. These topics were chosen to help guide the general pediatrician in evidence-based ordering of radiologic examinations for these frequent scenarios.

The American College of Radiology (ACR) has created a collection of evidence-based and expert-approved “Appropriateness Criteria,” which are categorized by subspecialization within radiology. There are currently 18 “pediatric” topics covered by the ACR Appropriateness Criteria. The continually updated topics can be browsed at https://www.acr.org/Clinical-Resources/ACR-Appropriateness-Criteria. The topics include appropriate imaging of sinusitis, prenatal hydronephrosis, seizures, back pain, appendicitis, hip dysplasia, head trauma, scoliosis, and fever of unknown origin, among others. These recommendations were created for pediatricians and pediatric subspecialists by expert panels of pediatric radiologists and neuroradiologists in collaboration with pediatricians and pediatric subspecialists.

We thank the journal for the opportunity to highlight the importance of appropriate imaging in diagnosis, as well as communication between radiologists and ordering physicians. During this time of evolving health crises, it is increasingly important for the medical community to align and advocate together. In response to gun violence, the medical community coined the phrase, “#ThisIsOurLane,” on Twitter. Continuing to encourage and advance accurate education and impactful research into novel diseases and vaccines is in our lane as physicians. Advocating for health care equity is in our lane as physicians. As eloquently stated by the Society of Pediatric Radiology recently on Facebook: “we are privileged to serve and protect the voiceless and some of the most vulnerable members in our communities.” The statement was prompted by both the exposure of health inequities during the coronavirus 2019 pandemic as well as the social and racial inequities in the police shootings of Black people. Many physicians took part in recent #whitecoats4blacklives events across the country to show support for racial, social, and health equity.

In appreciation for the opportunity to collaborate with the journal on this topic, the authors and I are donating to support work toward understanding and addressing pediatric health care inequities. Only with intentional efforts to address these disparities in our communities will we achieve the desired results of health equity and optimal health care for all children.

REFERENCES

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About the Guest Editor