

Advanced system of head & neck imaging in Hong Kong

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Editor's note

Prof. Ahuja has provided his insight into why he thinks Hong Kong has a very advanced system in developing the technologies of Head and Neck Imaging, he further elaborated the reason behind by comparing it with the system in India.

For details, please refer to the video interview we conducted with Prof. Anil T. Ahuja (*Figure 1*).

Expert introduction

Anil T. Ahuja, Professor, Department of Imaging and Interventional Radiology, The Chinese University of Hong Kong, Hong Kong, China.

Prof. Anil T. Ahuja (*Figure 2*) is a distinguished expert in the researches of Head and Neck Imaging and Ultrasound. His research mainly focuses on Neck Masses, Lymph Nodes, Thyroid, Parathyroid, Salivary Gland and Head & Neck Tumors.

After obtaining his radiology training in India, where he studied at Seth G.S. Medical College, K.E.M. Hospital & B.Y.L. Nair Hospital in Mumbai, and in England for further training, he went to Hong Kong to begin his academic career at the Department of Imaging and Interventional Radiology of the Faculty of Medicine, Chinese University of Hong Kong in 1988.

Over the years, Prof. Ahuja has been actively involved in multiple collaborative research initiatives in the department. He has held lectures and hands on workshops at major international meetings. Besides, he has also published extensively in peer-reviewed medical journals and edited ten books in radiology, as well as authored numerous book chapters.

Interview Questions

AOT: *What leads you to the study of imaging and radiology?*

Prof. Ahuja: I started the study of Imaging and Radiology in 1982, when there was very little computer based imaging. The development of ultrasound and computed tomography (CT) has just started. And we had mostly basic imaging at



Figure 1 Interview with Prof. Anil T. Ahuja (1).

Available online: <http://www.asvide.com/article/view/27211>



Figure 2 Prof. Anil T. Ahuja.

that time. When I received medical training in India, I could see that this trend has begun to change. That is because now you have new modalities coming in, and that's what excited me. I chose to do Radiology because of that, it changes rapidly. In the next ten years, it changed dramatically. We can see ultrasound begins (to develop), and so do mainstream CT and magnetic resonance imaging (MRI) comes along too. This field generally lies on the top 5 specialties that are

chosen by medical students for their careers.

AOT: What do you think are the major differences between Hong Kong and India in their medical practices in head and neck imaging?

Prof. Ahuja: Currently, not much differences. Because now there is equipment, funds, money, techniques, expertise and so on. From what I can see, everything is available in India, which is not what it was twenty years ago. Therefore, the medical practices in head and neck imaging in India nowadays is advanced. The advantage that we have in India is that the numbers (sample size) are big, implying that the experiences are vast too. For instance, if we see five patients a week, they would have seen a hundred of them a week.

Looking at China's medical practices in head and neck imaging, I will say that the situation is exactly the same as India's situation. Because the number of patients in China is huge too. Their experiences are vast, and they have all the modern technologies and facilities available to them. Besides, the Chinese travel to overseas meetings, they held lectures, and bring back the technologies from overseas meetings. In this regards, there is not much difference between Hong Kong and India. To certain extent, I may even say that India is a bit ahead of Hong Kong, mainly because of the numbers (big sample size), which I believe the vast experiences comes with it too.

Another factor is on the variety. The variety of diseases that you have seen in underdeveloped country are very different. You might see the same diseases again and again. However, the variety of diseases is so vast in India, that every time I go there to teach, I actually ended up learning more about it. Let's say if we do about twenty CTs over here, they are doing about eighty to ninety CTs for their patients. As the young doctors in India have seen a lot more, their experiences on studying the variety of diseases are then a lot more than doctors in Hong Kong.

AOT: In recent years, what has been the biggest advance/ technological breakthrough in head & neck imaging?

Prof. Ahuja: Over the years, for the development of Head & Neck Imaging, we can look at certain aspects. We have four major streams in this field, including CT scanning, positron emission tomography-computed tomography (PET/CT) scanning, MRI and ultrasound. They interact with each other. Hence, it's not the case that you only focus on one mainstream, you often start with one and then you add something else. For example, you might do the MR and

then it PET-CT is indeed required, or you might do a CT and it requires an Ultrasound instead.

As a matter of fact, in some places, MR is not easily available so doctors will do mostly CTs. In other places, such as in underdeveloped countries, CTs may not be that easily available, doctors will then probably solve the problem with using Ultrasound instead. All in all, it depends on where you practice and the access that you have to do it. Because It's not uniform all over the world.

For the system in head and neck imaging, I think Hong Kong is as developed as any other places in the world. Because it has access to every single equipment that you can ever require. The level of expertise and the amount of experiences are of very high quality in Hong Kong, and so do the technology. Therefore, I don't think you need to go anywhere else in the world for any advances in medical system other than Hong Kong.

AOT: As an editorial board member of Annals of Thyroid, do you have any messages for our readers/peers in your field?

Prof. Ahuja: It is all about hard work. Most importantly, you need the persistence. You cannot just lose faith for people whom have once rejected you. You cannot just walk away easily in this path, and you have to be persistent in your work. The longer you stay, the longer you survive. I will probably say that it is persistence that requires hard work and that is a long process to work on.

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