



# Capitolo 10

## Acronimi ed abbreviazioni

### Introduzione

“The patient went from the ER to the OR and then to the ICU”.

Indubbiamente il lessico dei medici è ricco di abbreviazioni, tanto che gli operatori della sanità in generale ed i radiologi in particolare adoperano perlomeno dieci abbreviazioni per minuto (questa è una statistica fatta in casa, per favore non citatela).

Vi sono diversi tipi di abbreviazioni:

- abbreviazioni dirette;
- abbreviazioni immediate;
- abbreviazioni che espandono il termine;
- abbreviazioni che risparmiano energia;
- abbreviazioni a doppio senso;
- abbreviazioni che espandono la mente.

Le abbreviazioni dirette sono quelle in cui esiste un'equivalenza di termini tra l'italiano e l'inglese; in questi casi non ci sono difficoltà. È necessario solo invertire l'ordine delle parole, identificare le abbreviazioni ed impararle.

Vediamo alcuni esempi così che possiate godere delle cose semplici della vita... fino a che potete!

HRT	Hormone replacement therapy
LVOT	Left ventricle outflow tract
ASD	Atrial septal defect
VSD	Ventricular septal defect
TEE	Transesophageal echocardiography
LDA	Left anterior descending artery
ACE	Angiotensin converting enzyme

Le abbreviazioni immediate sono impiegate più frequentemente per farmaci e sostanze chimiche il cui nome possiede tre o quattro sillabe di troppo. Le chiamiamo immediate perché in genere sono le stesse in diverse lingue. Vediamo un esempio:

CPK      Creatin phosphokinase

Di seguito riportiamo alcuni esempi di abbreviazioni largamente impiegate nella lingua inglese, ma in genere utilizzate nella loro forma esplicita in altre lingue. Siccome la lingua è in continuo cambiamento, siamo sicuri che questi termini possano avere un'abbreviazione nelle diverse lingue; tuttavia, vengono perlopiù impiegati nella loro forma esplicita.

NSCLC    Non-small-cell lung cancer

PBSC     Peripheral blood stem cells

Esiste un altro gruppo di abbreviazioni che possiamo chiamare “che risparmiano energia”. Queste sono abbreviazioni che in molte lingue vengono mantenute nella forma inglese, per cui quando vengono espanse la prima lettera di ciascuna parola non combacia con l'abbreviazione. Le possiamo chiamare “abbreviazioni che risparmiano energia” in quanto non è così difficile arrivare all'abbreviazione “nazionale” di questi termini. In questi esempi, possiamo notare che la maggior parte dei nomi degli ormoni vengono abbreviati con sigle che risparmiano energia:

FSH      Follicle-stimulating hormone

TNF      Tumor necrosis factor

PAW      Pulmonary arterial wedge

Esiste un altro tipo di abbreviazioni che chiamiamo “a doppio senso”. In questi casi un'abbreviazione si riferisce a due differenti termini. Il contesto aiuta, ovviamente, nell'individuare il significato reale; tuttavia è importante fare particolare attenzione in quanto un errore interpretativo può portare a situazioni anche imbarazzanti:

- PCR
  - Polymerase chain reaction
  - Plasma clearance rate
  - Pathological complete response
  - Protein catabolic rate

- HEV
  - Human enteric virus
  - Hepatitis E virus
- PID
  - Pelvic inflammatory disease
  - Prolapsed intervertebral disc
- CSF
  - Colony-stimulating factor
  - Cerebrospinal fluid

Le abbreviazioni più divertenti sono quelle in cui la pronuncia dell'acronimo ricorda una parola che non ha nessuna relazione con il significato dell'abbreviazione. Noi chiamiamo questo gruppo "le abbreviazioni che espandono la mente".

Il *cabbage* in inglese è un ortaggio dotato di proprietà gasogenica; tuttavia quando un chirurgo dice "this patient is a clear candidate for cabbage", non indica che cosa il paziente debba mangiare, ma piuttosto sta suggerendo il tipo di chirurgia a cui il paziente debba essere sottoposto che è quella del CABG (*coronary artery bypass graft*).

Se vi capitasse di camminare lungo un corridoio e sentire un oncologo affermare "I think your patient needs a chop", ci si potrebbe domandare se sia possibile che una nuova terapia possa consistere in una bistecca di maiale o di agnello. Invece, si riferisce allo schema di polichemioterapia CHOP, costituita da ciclofosfamide, idrossidaunomicina, oncovina e prednisone.

Ci sono ancora molte altre abbreviazioni e molte altre ci saranno in futuro. Di sicuro la professione medica ci terrà impegnati nell'inseguire tutte le sue incursioni nella creatività linguistica.

Indipendentemente dal tipo di abbreviazione che avrete di fronte vi diamo tre suggerimenti:

1. identificate le abbreviazioni più frequenti;
2. leggete le abbreviazioni nei vostri elenchi;
3. iniziate con gli elenchi delle abbreviazioni della vostra sottospecialità radiologica.

Leggete le abbreviazioni nei vostri elenchi. Leggete le abbreviazioni dei vostri elenchi in maniera naturale; tenete a mente che essere capaci di riconoscere delle abbreviazioni scritte potrebbe non essere sufficiente.

Da questo punto di vista ci sono tre tipi di abbreviazioni:

1. Abbreviazioni di cui fare lo spelling.
2. Abbreviazioni da leggere (acronimi).
3. Abbreviazioni in parte da leggere e in parte di cui fare lo spelling.

Nessuno capirebbe un'abbreviazione di cui va fatto lo spelling se letta e nessuno capirebbe un'abbreviazione letta se ne viene fatto lo spelling. Cerchiamo di chiarire questo punto con un esempio. LAM sta per linfangiomatosi e deve essere letto *lam*. Nessuno vi capirebbe se invece di dire *lam* voi faceste lo *spelling* L-A-M.

Per tale ragione non fate lo spelling di un' "abbreviazione da leggere" e non leggete un' "abbreviazione che necessita spelling".

La maggior parte delle abbreviazioni sono abbreviazioni che necessitano spelling, scritte con un ordine delle lettere che le rende quasi impronunciabili. Pensate per esempio a COPD (*chronic obstructive pulmonary disease*) e tentate di leggerne l'abbreviazione non adoperate la "forma esplicita (*chronic obstructive pulmonary disease*) di una classica abbreviazione come questa perché suonerebbe terribilmente innaturale.

Alcune abbreviazioni sono diventate acronimi e per questo devono essere lette. L'ordine stesso delle loro lettere ci permette di leggerle. LAM appartiene a questo gruppo.

Il terzo gruppo è costituito da abbreviazioni come CPAP (*continuous positive airway pressure*) che deve essere pronunciato *C-pap*. Se voi ne fate lo spelling C-P-A-P nessuno vi capirà.

**Rivedete l'elenco delle abbreviazioni della vostra sottospecialità.** Rivedete quanti più elenchi di abbreviazioni possibile della vostra specialità e ripetetele fino a che non acquistate familiarità con il significato e con la pronuncia.

Sebbene ognuno debba approntare i propri elenchi di abbreviazioni, ve ne proponiamo alcune classificate per specializzazione.

Per iniziare, controllate che l'elenco della vostra specialità sia incluso, altrimenti iniziate a compilarlo da soli. Siate pazienti ... questo compito può durare per il resto della vostra carriera.

## Elenchi di abbreviazioni

### Elenco generale

5FU	5-Fluorouracil
ABPA	Allergic bronchopulmonary aspergillosis
ACE	Angiotensin-converting enzyme
ACL	Antibodies to cardiolipin
ACTH	Adrenocorticotropic hormone
ADH	Antidiuretic hormone
ADPKD	Autosomal dominant polycystic kidney disease
AF	Atrial fibrillation
AFP	Alpha fetoprotein
AJCC	American Joint Cancer Commission
ALT	Alanine aminotransferase
a1AT	a1-Antitrypsin
AML	Acute myeloid leukemia
ANA	Antinuclear antibodies
APCs	Atrial premature complexes
API	Arterial pressure index
APUD	Amine precursor uptake and decarboxylation system
ARDS	Acute respiratory distress syndrome
ARF	Acute renal failure
AS	Ankylosing spondylitis
AST	Aspartate aminotransferase
ATN	Acute tubular necrosis
AVP	Arginine vasopressin
BAL	Bronchoalveolar lavage
BCC	Basal cell carcinoma
BCG	Bacillus Calmette-Guérin
BMT	Bone marrow transplant
BP	Bullous pemphigoid
BPF	Brazilian purpuric fever
CBD	Common bile duct
CCK	Cholecystokinin
CD	Crohn disease
CEA	Carcinoembryonic antigen
CF	Cystic fibrosis
CML	Chronic myeloid leukemia
CMML	Chronic myelomonocytic leukemia

COPD	Chronic obstructive pulmonary disease
CP	Cicatricial pemphigoid
CRF	Chronic renal failure
CRH	Corticotropin-releasing hormone
CSF	Colony stimulating factor
CT	Computed tomography
CTX	Cholera toxin
CUPS	Cancer of unknown primary site
CWP	Coal workers' pneumoconiosis
CXR	Chest X-ray
DCIS	Ductal carcinoma in situ
DLE	Discoid lupus erythematosus
DGI	Disseminated gonococcal infection
DH	Dermatitis herpetiformis
DISH	Diffuse idiopathic skeletal hyperostosis
DPB	Diastolic blood pressure
DRA	Dialysis-related amyloidosis
DRE	Digital rectal examination
DU	Duodenal ulcer
DVT	Deep venous thrombosis
EBA	Epidermolysis bullosa acquisita
EBV	Epstein Barr virus
ECG	Electrocardiogram
EGD	Esophagogastroduodenoscopy
ERCP	Endoscopic retrograde cholangiopancreatography
ESRD	End-stage renal disease
FAP	Familial amyloid polyneuropathies
FEV1	Forced expiratory volume in one second
FMF	Familial Mediterranean fever
FSGS	Focal and segmental glomerulosclerosis
FSH	Follicle-stimulating hormone
GBM	Glomerular basement membrane
GCT	Germ cell tumor
GFR	Glomerular filtration rate
GGT	c-Glutamyltranspeptidase, c-glutamyltransferase
GH	Growth hormone
GHRH	Growth hormone-releasing hormone
GI	Gastrointestinal
GIP	Gastrin inhibitory peptide
GU	Gastric ulcer
HBV	Hepatitis B virus
hCG	Human chorionic gonadotropin

HCV	Hepatitis C virus
HIVAN	Human immunodeficiency virus-associated nephropathy
HOA	Hypertrophic osteoarthropathy
HP	Hypersensitivity pneumonitis
HPV	Human papilloma virus
HRT	Hormone replacement therapy
HSC	Hematopoietic stem cell
HUS	Hemolytic uremic syndrome
IBD	Inflammatory bowel disease
IBS	Irritable bowel syndrome
IL	Interleukin
ILD	Interstitial lung disease
IPSID	Immunoproliferative small intestinal disease (Mediterranean lymphoma)
ITP	Idiopathic thrombocytopenic purpura
JN	Juvenile nephronophthisis
LA	Lupus anticoagulant
LBBB	Left bundle branch block
LCDD	Light chain deposition disease
LDH	Lactate dehydrogenase
LES	Lower esophageal sphincter
LH	Luteinizing hormone
LIP	Lymphoid interstitial pneumonitis
MAC	Mycobacterium avium complex
MALT	Mucosa-associated lymphoid tissue
MCD	Medullary cystic disease
MCD	Minimal change disease
MCHC	Mean corpuscular hemoglobin concentration
MCTD	Mixed connective tissue disease
MCV	Mean corpuscular volume
MEN1	Type 1 multiple endocrine neoplasia
MPGN	Membranoproliferative glomerulopathies
MR	Magnetic resonance
MRI	Magnetic resonance imaging
NSAIDs	Nonsteroidal anti-inflammatory drugs
NUD	Non-ulcer dyspepsia
OA	Osteoarthritis
OCG	Oral cholecystography
ODTS	Organic dust toxic syndrome
OSA	Obstructive sleep apnea
PAH	Primary alveolar hypoventilation



PAN	Polyarteritis nodosa
PAP	Pulmonary alveolar proteinosis
PBC	Primary biliary cirrhosis
PCI	Prophylactic cranial irradiation
PCP	Pneumocystis carinii pneumonia
PDR	Physicians' desk reference (vademecum)
PEG	Percutaneous endoscopic gastrostomy
PF	Pemphigus foliaceus
PG	Pemphigoid gestationis
PIF	Prolactin inhibitory factor
PML	Progressive multifocal leukoencephalopathy
PNET	Peripheral primitive neuroectodermal tumor
PRA	Plasma renin activity
PRL	Prolactin
PSA	Prostate-specific antigen
PsA	Psoriatic arthritis
PTC	Percutaneous transhepatic cholangiography
PTE	Pulmonary thromboembolism
PTH	Parathyroid hormone
PV	Pemphigus vulgaris
RA	Rheumatoid arthritis
RBBB	Right bundle branch block
RBC	Red blood cell
RF	Rheumatoid factor
RMSF	Rocky mountain spotted fever
RPGN	Rapidly progressive glomerulonephritis
RPRF	Rapidly progressive renal failure
RTA	Renal tubular acidosis
RV	Residual volume
RVT	Renal vein thrombosis
SBC	Secondary biliary cirrhosis
SBP	Systolic blood pressure
SCC	Squamous cell carcinoma
SCID	Severe combined immunodeficiency
SCLE	Subacute cutaneous lupus erythematosus
SI	Serum iron
SIADH	Syndrome of inappropriate secretion of antidiuretic hormone
SLE	Systemic lupus erythematosus
SPB	Spontaneous bacterial peritonitis
SSc	Systemic sclerosis
SVCS	Superior vena cava syndrome

TB	Tuberculosis
TBB	Transbronchial biopsy
TGF $\beta$	Transforming growth factor $\beta$
TIBC	Transferrin iron-binding capacity
TIPS	Transjugular intrahepatic portosystemic shunt
TLC	Total lung capacity
TNF	Tumor necrosis factor
TRH	Thyrotropin-releasing hormone
TSH	Thyroid-stimulating hormone
TTA	Transtracheal aspiration
TTP	Thrombotic thrombocytopenic purpura
UC	Ulcerative colitis
US	Ultrasonography
VATS	Video-assisted thoracic surgery
VC	Vital capacity
VF	Ventricular fibrillation
VIP	Vasoactive intestinal peptide
VPCs	Ventricular premature complexes
WBC	White blood cell
WDHA syndrome	Watery diarrhea, hypokalemia and achlorhydria (Verner-Morrison)
ZES	Zollinger-Ellison syndrome

## Elenchi per specialità

### *Anatomia*

AC	Acromioclavicular joint
ACL	Anterior cruciate ligament
ACS	Anterior cervical space
ARA	Anorectal angle
ATA	Anterior tibial artery
BNA	Basle Nomina Anatomica
CBD	Common bile duct
CFA	Common femoral artery
CHA	Common hepatic artery
CHD	Common hepatic duct
CN	Cranial nerve
CNS	Central nervous system
CS	Carotid space

DCF	Deep cervical fascia
DLDCF	Deep layer of the deep cervical fascia
DRUJ	Distal radioulnar joint
ECU	Extensor carpi ulnaris
EEL	External elastic lamina
GB	Gallbladder
GDA	Gastroduodenal artery
GE	Gastroesophageal junction
GI	Gastrointestinal
IANC	International anatomical nomenclature
ICA	Internal carotid artery
ICRP	International Commission on Radiological Protection
IEL	Internal elastic lamina
IHBD	Intrahepatic biliary ducts
IMA	Inferior mesenteric artery
ITB	Iliotibial band
IVC	Inferior vena cava
JV	Jugular vein
LA	Left atrium
LAA	Left atrial appendage
LAD	Left anterior descending coronary artery
LCL	Lateral collateral ligament
LCX	Left circumflex coronary artery
LES	Lower esophageal sphincter
LGA	Left gastric artery
LHA	Left hepatic artery
LHD	Left hepatic duct
LHV	Left hepatic vein
LIMA	Left internal mammary artery
LLL	Left lower lobe (of lung)
LLQ	Left lower quadrant (of abdomen)
LPV	Left portal vein
LUCL	Lateral ulnar collateral ligament
LUL	Left upper lobe (of lung)
LUQ	Left upper quadrant (of abdomen)
LV	Left ventricle
LVOT	Left ventricular outflow tract
MCL	Medial collateral ligament
MCP	Metacarpophalangeal
MHV	Middle hepatic artery
MLDCF	Middle layer of the deep cervical fascia
MS	Masticator space

MTP	Metatarsophalangeal
NA	Nomina anatomica
OM	Obtuse marginal branch
PCL	Posterior cruciate ligament
PCS	Posterior cervical space
PDA	Posterior descending anterior coronary artery, patent ductus arteriosus
PDV	Pancreaticoduodenal vein
PHA	Proper hepatic artery
PICA	Posterior inferior cerebellar artery
PMS	Pharyngeal mucosal space
PS	Parotid space
PTA	Posterior tibial artery
PV	Portal vein
RA	Right atrium
RAS	Reticular activating system
RCL	Radial collateral ligament
RDPA	Right descending pulmonary artery
RHA	Right hepatic artery
RHD	Right hepatic duct
RHV	Right hepatic vein
RIMA	Right internal mammary artery
RL	Right lower lobe (of lung)
RLQ	Right lower quadrant (of abdomen)
RPS	Retropharyngeal space
RPV	Right portal vein
RUL	Right upper lobe (of lung)
RUQ	Right upper quadrant (of abdomen)
RV	Right ventricle
RVOT	Right ventricular outflow tract
SCF	Superficial cervical fascia
SCM	Sternocleidomastoid muscle
SCV	Subclavian vein
SFA	Superficial femoral artery
SLS	Sublingual space
SMA	Superior mesenteric artery
SMC	Smooth muscle cell
SMS	Submandibular space
SMV	Superior mesenteric vein
ST	Scapulothoracic
STT	Scaphoid-trapezium-trapezoid
SVC	Superior vena cava

TE	Tracheoesophageal
TFCC	Triangular fibrocartilage complex
TMJ	Temporomandibular joint
TMT	Tarsometatarsal
UCL	Ulnar collateral ligament
UES	Upper esophageal sphincter
UPJ	Ureteropelvic junction
UVJ	Ureterovesical junction
VS	Visceral space

### *Anamnesi clinica*

ABCD	Airway, breathing, circulation, defibrillate in cardio-pulmonary resuscitation
ABSYS	Above symptoms
AC, a.c.	Ante cibum (before a meal)
ad lib.	Ad libitum (as desired)
ADR	Adverse drug reaction
AU	Auris uterque (each ear)
AVPU	Alert, responsive to verbal stimuli, responsive to painful stimuli, and unresponsive (assessment of mental status)
AWS	Alcohol withdrawal symptoms
BC, BLCO, cbc	(Complete) blood count
BID, b.i.d.	Bis in die (twice a day)
BIO	Biochemistry
BIPRO	Biochemistry profile
BP	Blood pressure
BUCR	BUN and creatinine
BUN/Cr ,BUCR	Blood urea nitrogen/creatinine
CC	Chief complaint
CCCR	Calculated creatinine clearance
Ch. D.	Chirurgiae doctor, surgery doctor
Cib.	Cibus (food)
COEPS	Cortically originating extrapyramidal symptoms
CPE, CPX	Complete physical examination
CR	Creatinine
CrCl	Creatinine clearance
CVS	Current vital signs
d.	Dexter (right)
DD, D/D, DDX	Differential diagnosis

DIFFRLS	Differentials
DM	Diastolic murmur
DNR	Do not resuscitate
DOA	Dead on arrival
DRE	Digital rectal examination
DTR	Deep tendon reflex
E/A	Emergency admission
EAU	Emergency admission unit
EPMS	Extrapyramidal motor symptoms
ESR	Erythrocyte sedimentation rate
FCUS	First-catch urine sediment
FEN	Fluid, electrolytes, and nutrition
FH, FAHX	Family history
FH+/FH-	Family history positive/negative
FHA/FHHD	Family history of alcoholism/heavy drinking
FHCa	Family history of cancer
FHEH	Family history of essential hypertension
FHMI	Family history of mental illness
FHSF	Family history symptom free
FHVD	Family history of vascular disease
GERS	Gastroesophageal reflux symptoms
GISYS	Gastrointestinal symptoms
GP	General practitioner
H&P	History and physical examination
HARPPS	Heat, absence of use, redness, pain, pus, swelling
IBSY	Irritable bowel symptoms
IRSS	Illness-related symptoms
IV, i.v.	Intravenous
LUQ	Left upper quadrant (of abdomen)
LUTS	Lower urinary tract symptoms
M.D.	Medicinae doctor
MOUS	Mutiple occurrence of unexplained symptoms
NBM	Nil by mouth (nothing by mouth, U.K.)
NFH	Negative family history
NIS	No inflammatory signs
NNS	Non-specific symptoms
NOHF	No heart failure symptoms
NOSYS	No symptoms
NPO	Nil per os (nothing by mouth, U.S.)
NPx	Neurologist's physical examination
NSAD	No signs of acute disease
NSI	No signs of infection/inflammation

NVS	Neurological vital signs
NVS	No visual symptoms
OD	Oculus dexter (right eye), overdose
OPEX	On physical examination
OS	Oculus sinister (left eye)
p.c.	Post cibum (after meals)
p.r.n.	Pro re nata (according to circumstances, may require)
p.v.	Per vaginam
PC	Present complaint
PCA	Patient-controlled analgesia
PCLS	Persistent cold-like symptoms
PE, Pex, Px, PHEX	Physical examination
PESS	Problem, etiology, signs and symptoms
PFH	Positive family history
PH, PHx	Past history
PHI	Past history of illness
PMS	Premenstrual symptoms
PO, P.O.	Per os (by mouth, orally)
POMR	Problem-oriented medical record
PPES	Peer physical examinations
ppm	Parts per million
PRE	Progressive-resistance exercise
PS	Prescription
PT	Physical therapy/therapist
q.2h.	Quaque secunda hora (every two hours)
q.3h.	Quaque tertia hora (every three hours)
q.d.	Quaque die (every day)
q.h.	Quaque hora (every hour)
q.i.d.	Quater in die (four times daily)
q.v.	Quantum vis (as much as desired)
RBC	Red blood count
RDA	Recommended daily allowance
RESP	Respiratory symptoms
RLL	Right lower lobe (of lung)
RLQ	Right lower quadrant (of abdomen)
RML	Right middle lobe (of lung)
RMSD	Rheumatic-musculoskeletal symptoms/diseases
RS	Review of symptoms
RUL	Right upper lobe (of lung)
RUQ	Right upper quadrant (of abdomen)

Rx	Prescribe, prescription drug
S&S, S/S, SS	Signs and symptoms
SASR	Symptoms of acute stress reaction
SC, S/C, SQ	Subcutaneous
si op. sit,	si opus sit (if necessary)
SM	Systolic murmur
SOAP	Subjective, objective, assessment, and plan (used in problem-oriented records)
SSHF	Signs and symptoms of heart failure
SUS	Stained urinary sediment
Sx	Signs
t.i.d.	Ter in die (three times daily)
TFT	Thyroid function test
TINFHO/NFHO	(There is) no family history of . . .
TPN	Total parenteral nutrition
TRINS	Totally reversible ischemic neurological symptoms
TWBC	(Total) white blood count
U&E	Urea and electrolytes
UEE	Urinary excretion of electrolytes
UGIS	Upper gastrointestinal symptoms
UGS	Urogenital symptoms
URELS	Urine electrolytes
VR	Vocal resonance
VS, vs	Vital signs
VSA	Vital signs absent
VSOK	Vital signs normal
WRS	Work-related symptoms

### *Ospedale*

CCU	Coronary care unit
CCU	Critical care unit
ICF	Intermediate care facility
ICU	Intensive care unit
ECU	Emergency care unit
EMS	Emergency medical service
ER	Emergency room
OT	Operating theater/theatre



## *Radiologia*

### **Tomografia computerizzata (CT), ricostruzioni multiplanari**

CAT	Computed axial tomography
CECT	Contrast enhanced CT
CPR	Curved planar reformation
CT	Computed tomography
CTA	CT angiography, CT arteriography
CTAP	CT during arterial portography
CTC	CT cholangiography
CTDI	CT dose index
CTHA	CT hepatic arteriography
CTM	CT myelography
CTP	CT perfusion imaging
CVS	Continuous volume scanning
DCTM	Delay CT myelography
DEQCT	Dual-energy quantitative CT
EBCT	Electron beam CT
EBT	Electron beam tomography
FOV	Field of view
FWAHM	Full width at half maximum
FWATA	Full width at tenth area
HRCT	High-resolution CT
HU	Hounsfield units
LI	Linear interpolation
MCTM	Metrizamide CT myelography
MIP	Maximum intensity projection
mIP, minIP	Minimum intensity projection
MLI	Multislice linear interpolation
MPR	Multiplanar reformation
MTT	Mean transit time
Nr-MIP	Noise-reduced maximum intensity projection
QCT	Quantitative CT
ROI	Region of interest
SC	Slice collimation
SEQCT	Single-energy CT
SFOV	Scan field of view
SNR	Signal-to-noise ratio
SSD	Shaded surface display
SSP	Section sensitivity profile

SVS	Step volume scanning (EBCT)
TF	Table feed
UFCT	Ultrafast CT
VOI	Volume of interest
VRT	Volume rendering technique

## Radiologia convenzionale

ABER	Abduction and external rotation
ACR	American College of Radiology
ALARA	As low as reasonably achievable (radiation dosages)
AP	Anteroposterior
ASNR	American Society of Neuroradiology
ASSR	American Society of Spine Radiology
At Wt, AW	Atomic Weight
BE	Barium enema
Bol	Bolus
Bq	Becquerel
BS	Barium swallow
C/C	Cholecystectomy and operative cholangiogram
CAG, CHGM	Cholangiogram
CAG, CHGRY	Cholangiography
CDG	Conventional dacryocystography
CPR	Curved planar reformation
CRT	Cathode ray tube
CSG, CG, CCG	Cholecystography or cholecystogram
CXR	Chest X-ray
DC	Double contrast
DCG	Dacryocystography
DSCA	Double-contrast shoulder arthrography
DFCG	Digital fluorocholangiogram
DICOM	Digital imaging and communications in medicine
DLP	Dose±length product
DSAR	Digital subtraction arthrography
FOV	Field of view
FWAHM	Full width at half maximum
FWATA	Full width at tenth area
H/S	Hysterosalpingography
HOCA	High osmolar contrast agent
ICRP	International Commission on Radiological Protection
IOCG	Intraoperative cholangiogram

IVCH	Intravenous cholangiogram
IVP	Intravenous pyelogram
IVU	Intravenous urogram
keV	Kiloelectron-volt
KUB	Kidney-ureters-bladder (plain abdominal radiography)
kV	Kilovolt
LAO	Left anterior oblique position
LAP	Late arterial phase
LMM	Lumbar metrizamide myelography
LOCM	Low osmolar contrast medium
LPO	Left posterior oblique position
LUT	Look-up table
MCU	Micturating cystography
MCUG	Micturating cystourethrogram
MLG	Myelography
Nr-MIP	Noise-reduced maximum intensity projection
OCC	Oral cholecystography
OCG	Oral cholangiogram
PA	Posteroanterior
PACS	Picture archive and communication system
PFMM	Plain film metrizamide myelography
PMG	Pneumomyelography
PS	Parotid sialography
PVP	Portal venous phase
RAO	Right anterior oblique
RC	Retrograde cystogram
RGPG, RGP	Retrograde pyelogram, retrograde pyelography
RGU, RUG	Retrograde urethrogram, retrograde urethrography
ROI	Region of interest
RPO	Right posterior oblique
RU	Retrograde urogram
RUP	Retrograde ureteropyelography, retrograde pyelogram
S/N, SNR	Signal to noise ratio
SBFT	Small-bowel follow-through examination
SC	Single contrast
SCGC	Single-contrast graded-compression technique (GI radiology)
SCVIR	Society of Cardiovascular and Interventional Radiology
SFOV	Scan field of view
SOL	Space-occupying lesion

SSD	Shaded surface display
TTC	T-tube cholangiogram
TTP	Time to peak
UCG, UCR	Urethrocytography
UGI	Upper gastrointestinal series
VCG	Voiding cystography
VCU, VCUG	Voiding cystourethrogram, voiding cystourethrography
VOI	Volume of interest
VR	Volume rendering
VRT	Volume rendering technique
WSM	Water-soluble myelography
XR	X-ray

## Radiologia interventistica

BN	Bird's nest filter
CVA	Central venous access
DSA	Digital subtraction angiography
EAP	Early arterial phase
ERC	Endoscopic retrograde cholangiography
F	French (unit of a scale for denoting size of catheters)
FNAC	Fine-needle aspiration cytology
FWHM	Full width at half maximum
HDAF	Hemodynamic access fistula
IACB	Intraaortic counterpulsation balloon pump
LAP	Late arterial phase
LP	Lumbar puncture
PC	Percutaneous cholecystostomy
PCD	Percutaneous drainage
PCN	Percutaneous nephrostomy
PCWP	Pulmonary capillary wedge pressure
PEG	Percutaneous endoscopic gastrostomy
PEI	Percutaneous ethanol injection
PFG	Percutaneous fluoroscopic gastrostomy
PICC	Peripherally inserted central catheter
PTA	Percutaneous transluminal angioplasty
PTBD	Percutaneous transhepatic biliary drainage
PTC	Percutaneous transhepatic cholangiography
PTFE	Polytetrafluoroethylene
PTHC	Percutaneous transhepatic cholangiography
PVP	Portal venous phase, percutaneous vertebroplasty

Rt-PA	Recombinant tissue plasminogen activator
SCVIR	Standards of Practice Guidelines on Angioplasty
SK	Streptokinase
TACE	Transcatheter arterial chemoembolization
TIPS	Transjugular intrahepatic portosystemic shunt
TNB	Transthoracic needle biopsy
tPA	Tissue plasminogen activator
TTP	Time to peak
UK	Urokinase
VT	Vena-Tech (vena cava filter)

### **Risonanza magnetica (RM)**

CHES	Chemical shift selective pulses
CME-MRI	Contrast medium-enhanced MRI
CNR	Contrast to noise ratio
COPE	Centrally ordered phase encoding
CSI	Chemical shift imaging (magnetic resonance spectroscopy method)
CVMR	Cardiovascular magnetic resonance
DNMR	Dynamic nuclear magnetic resonance
DTPA	Diethylene triamine pentaacetic acid (a binding substance for both Gd and <sup>99m</sup> Tc)
DWI	Diffusion-weighted image
EMRI	Electron MRI
EPI	Echoplanar imaging
EPMR	Echoplanar magnetic resonance
EP-MRSI	Echoplanar magnetic resonance spectroscopic imaging
ERSC-MRI	Endorectal surface coil MRI
ESR	Electron spin resonance
ETL	Echo train length
FAST	Fourier-acquired steady-state technique
FC	Flow compensation
FID	Free induction decay
FISP	Fast imaging with steady-state precession
FLASH	Fast low-angle shot
fMRI	Functional MRI
FMRIB	Functional MRI of the brain
FS	Fast saturation
FSE	Fast spin echo
FT	Fourier transform

FTNMR	Fourier transform nuclear magnetic resonance
Gd-DTPA	Gadolinium-diethylenetriamine penta-acetic acid
Gd-MRA	Gadolinium-enhanced magnetic resonance arteriography
GE	Gradient echo
GEMRA	Gadolinium-enhanced magnetic resonance angiography
GRASS	Gradient-recalled acquisition in steady-state
GRE	Gradient-recalled echo, gradient echo
GRM	Gradient rephasing motion
HASTE	Half Fourier acquisition single-shot turbo spin echo
i-MR	Interventional MRI
IR	Inversion recovery
ISMRM	International Society for Magnetic Resonance in Medicine
MAS NMR	Magic angle spinning nuclear magnetic resonance
MOTSA	Multiple overlapping thin-slab acquisition
MPGR	Multiplanar two-dimensional gradient echo
MRA	Magnetic resonance angiography
MRA	Magnetic resonance arthrography
MRCP	Magnetic resonance cholangiopancreatography
MRE	Magnetic resonance elastography, magnetic resonance enteroclysis
MRI	Magnetic resonance imaging
MRM	Magnetic resonance myelography
MRS	Magnetic resonance spectroscopy
MRU	Magnetic resonance urography
MRV	Magnetic resonance venography/venogram
MTF	Modulation transfer function
MTP	Magnetization transfer pulse
NAA	N-Acetyl aspartate (MR spectroscopy)
NAQ	Number of acquisitions
NEX	Number of excitations
NMRI	Nuclear MRI
PC	Phase contrast
PMR	Proton magnetic resonance
PWI	Perfusion-weighted imaging
RF	Radiofrequency
ROPE	Respiratory-ordered phase encoding
SAR	Specific absorption rate
SE	Spin echo
SENSE	Sensitivity encoding for MRI

SLS	Interslice spacing
SLTHK	Slice thickness
SMASH	Simultaneous acquisition of spatial harmonics
SMRI	Society of Magnetic Resonance Imaging
SPGR	Spoiled gradient recalled acquisition in steady state, spoiled gradient-recalled echo
SPIO	Superparamagnetic iron oxide (particles)
SPIR	Spectral presaturation by inversion recovery
SSFP	Steady-state free precession
SSNMR	Solid-state nuclear magnetic resonance
STEAM	Stimulated-echo acquisition mode
STIR	Short-tau inversion recovery, short T1 inversion recovery
T1w	T1-weighted image
T2w	T2-weighted image
TE	Time to echo (echo time)
TI	Inversion time
TOF	Time of flight
TR	Time of repetition (repetition time)
TSE	Turbo spin echo
USPIO	Ultrasmall superparamagnetic particles
VENC-MR	Velocity-encoded cine MRI

## Medicina nucleare

AXL	Axillary lymphoscintigraphy
CPDS	Computer processed dynamic scintigraphy
CS	Cerebral scintigraphy
DIC	Direct isotope cystography
DMSA	<sup>99m</sup> Tc-Dimercaptosuccinic acid scintigraphy
DPLS	Dynamic perfusory lung scintigraphy
DRC, DRCG, DRNC	Direct radionuclide cystography
DRVC	Direct radionuclide voiding cystography
DTMS	Dipyridamole-Thallium myocardial scintigraphy
EMPS	Exercise myocardial perfusion scintigraphy
HBFS	Hepatobiliary functional scintigraphy
HIDA	Hepatobiliary scintigraphy with dimethylimino- diacetic acid
IMP	I-123-Isopropylidoamphetamine (radiolabeled agent for brain perfusion SPECT)
IRC	Indirect radionuclide cystography

IVCU	Isotope-voiding cystourethrogram
MPS	Myocardial perfusion scintigraphy
PET	Positron emission tomography
rCBF	Regional cerebral blood flow
RIA	Radioimmunoassay
RNVC, RNC	Radionuclide voiding cystography
SCINT	Scintigraphy
SESC	Sestamibi scan
SPECT	Single photon emission computed tomography
SRS	Somatostatin receptor scintigraphy
SSMM	Sestamibi scintimammography
Tc-99m-ECD-	Technetium-99m bicisate ethyl cysteinatate dimer bicisate (radiolabeled agent for brain perfusion SPECT)
Tc-99m-HMPAO	Technetium-99m-hexamethyl propylamine oxime (radiolabeled agent for Brain Perfusion SPECT)
Tc-99mI-123-QNB	Technetium-99m-iodine-123-quinclidinyl-iodo-benzylate
Tc-99m-labeled RBCs	Red blood cell scan (Meckel's scan)
TMS	Thalium myocardial scintigraphy
TPBS	Three-phase dynamic bone scintigraphy
V/Q scanning	Ventilation-perfusion scintigraphy
WBC scans	White blood cell scans
WBS	Whole body scintigraphy
WCS	White cell scintigraphy

## Ultrasonografia

3D-US	Three-dimensional ultrasound
AD	Acoustic densitometry (ultrasound)
B-mode	Brightness-mode
BPD	Bi-parietal diameter (ultrasound measurement of the head of a fetus)
CCUS	Complete compression ultrasound
CDI	Color Doppler imaging
CEUS	Contrast-enhanced ultrasound
CRL	Crown rump length (ultrasound fetal measurement)
CW	Doppler Continuous wave Doppler
DPVTI	Doppler power velocity time integral
DR	Dynamic range
EDV	End diastolic velocity
EFOV	Extended field of view



EJU	European Journal of Ultrasound
ELB	Echolucent band
ERUS, EUS	Endorectal ultrasonography, endorectal ultrasound
ESB	Echostrong band
EUS	Endovascular ultrasonography, endoscopic ultrasound
EVS	Endovaginal sonography
EVUS	Endovaginal ultrasound
ISUOG	International Society of Ultrasound in Obstetrics and Gynecology
IVUS	Intravascular ultrasound
PDI	Power Doppler imaging
PI	Pulsatility index
PIM	Pulse inversion mode
PNU	Prenatal ultrasonography
PRF	Pulse repetition frequency
PSV	Peak systolic velocity
PWD	Pulsed-wave Doppler
QUI	Quantitative ultrasound index (bone density)
QUS	Quantitative ultrasound
RI	Resistivity index
RTU	Real-time ultrasound
SVU	Society for Vascular Ultrasound
TAUS	Transabdominal ultrasonography
TEE	Transesophageal echocardiography
TGC	Time-gain compensation
THI	Time harmonic imaging
TRUS	Transrectal ultrasound
TULIP	Transurethral ultrasound-guided laser-induced prosta-tectomy
TUS	Transabdominal ultrasound
US, USG	Ultrasound, ultrasonography
USB	Ultrasound-guided aspiration biopsy
USMF	Ultrasound multi-frame (images)
VUS	Voiding urosonography, voiding urethrosonography

## Esercizi: frasi comuni contenenti abbreviazioni

In questa parte riportiamo alcune frasi d'uso comune in lingua inglese contenenti abbreviazioni, seguite dalle definizioni delle abbreviazioni utilizzate.

Fraasi:

- A 40-year-old man visited our hospital, and was diagnosed as having Felty's syndrome because of splenomegaly and pancytopenia as well as definite RA.
- MCV, MCHC, LDH, ANA and RF values are normal.
- The platelet and WBC counts exceeded their normal ranges. He was diagnosed as suffering from ... (ITP, CMML, AML, CML). Two months after, he received a BMT.
- Foreign bodies display a variable signal intensity on both T1- and T2-weighted images. MR shows an inflammatory response while CT can show the retained foreign body. US evaluation could be useful in selected patients.
- COPD is a risk factor in the development of TB.
- Cholera can be diagnosed by the presence of CTX in stools.
- A 16-year-old female suffering from fever, chills, rash and presenting multiple nodular opacities in CXR was diagnosed as having ... (RMSF, BPF, DGI).
- An ECG was obtained, and showed ... (RBBB, LBBB, APCs, VPCs, AF, VF).
- He is actually under treatment with ACEI. Ten years ago he was treated with PTCA because of the three AMI he had suffered.
- RA and SSc are more common in females.
- PCP and PML are two of the complications that can be suffered by AIDS patients.
- Cutaneous manifestations of SLE can be divided into SCLE (acute) and DLE (chronic).
- The key to the diagnosis of septic arthritis is joint aspiration. Joint fluid is opaque and has a WBC count greater than 100,000.
- Clinical signs of skeletal metastases include hypercalcemia and the syndrome known as HPO.
- Prolonged morning stiffness helps to distinguish a truly inflammatory arthritis such as RA from non-inflammatory arthritides such as OA.
- The typical attack of acute gouty arthritis is a painful monoarthritis, most often in the first MTP joint (podagra).
- Scaphoid fractures exhibit a high rate of non-union and AVN.

- › Water is arbitrarily assigned a value of 0 HU.
- › MRI is the imaging modality of choice for the CNS.
- › The aorta is normally visible on PA and lateral chest radiographs.
- › Generally, a PT of below 15 seconds, a PTT within 1.2 times control and a platelet count greater than 75,000/ml will be acceptable.
- › TIPS is a relatively new technique for the treatment of patients with portal hypertension.
- › To rule out the presence of DVT, a lower extremity ultrasound examination should be performed.
- › Approximately 1% of cardiac muscle cells, including those in the SA and AV nodes, are autorhythmic.
- › In the chronic form of mitral regurgitation, clinical monitoring focuses on the evaluation of left ventricular function, with treatment of CHF.
- › The RCA supplies the right ventricle and the AV node.
- › The LCA divides into the anterior descending and circumflex arteries.
- › In the ARDS an increase in capillary permeability occurs.
- › SOB can usually be attributed to one of two fundamental categories of disease, cardiac or pulmonary.
- › In patients with documented DVT or PE in whom anticoagulation is contraindicated, percutaneous placement of an IVC filter in the angiography suite may be warranted.
- › The azygous vein provides venous drainage into the SVC.
- › NHL carries a less-favorable prognosis than Hodgkin's disease.
- › There is a strong association between thymoma and MG.
- › Neurofibromas and schwannomas are more common in patients with NF-1.
- › KS remains the most common malignancy in HIV disease and constitutes an AIDS-defining illness.
- › LIP is an AIDS-defining illness in children.
- › One of the classic differential diagnoses in radiology is that of the SPN.
- › The SMA supplies the bowel between the duodenojejunal junction and the splenic flexure of the colon.
- › CT scanning has replaced DPL for detecting and evaluating free fluid within the abdominal cavity.
- › The pelvis joins the ureter at the UPJ, a common site of obstruction.
- › The higher incidence of UTIs in young women is attributed to the relatively short female urethra.
- › When an ACE inhibitor is administered, glomerular filtration is reduced.
- › Intrinsic renal causes of acute renal failure include ATN and acute glomerulonephritis.
- › A clue to the prerenal nature of the failure is contained in the ratio of serum BUN to creatinine.

- › The standard screening mammogram includes two views of each breast: the CC view and the MLO view.
- › Hydrocephalus is called obstructive when there is a blockage of normal flow of CSF.
- › Fetal growth is assessed by measurement of abdominal circumference, which is important in detecting IUGR.
- › The transitional zone represents the site of BPH.
- › Strokes are sometimes preceded clinically by so-called TIAs.
- › The most common location of stroke is in the MCA distribution.
- › ACA occlusion may cause contralateral foot and leg weakness.
- › A small infarction in some portions of the PCA territory may have catastrophic consequences.
- › HMD is the most common cause of neonatal respiratory distress.
- › An important complication of long-term ventilatory support is BPD.
- › TTN occurs when there is inadequate or delayed clearance of the fluid at birth, resulting in a “wet lung”.
- › EA and TEF both represent anomalies in the development of the primitive foregut.
- › NEC occurs primarily in premature neonates exposed to hypoxic stress.
- › DDH is suspected clinically in newborns with a breech presentation.
- › PVL is the result of prenatal or neonatal hypoxic-ischemic insult.
- › An AVM is a congenital lesion resulting from persistent fetal capillaries.

#### Definizioni:

ACA	Anterior cerebral artery
ACE	Angiotensin-converting enzyme
ACEI	Angiotensin-converting enzyme inhibitor
AF	Atrial fibrillation
AIDS	Acquired immunodeficiency syndrome
AMI	Acute myocardial infarction
AML	Acute myeloid leukemia
ANA	Antinuclear antibodies
APCs	Atrial premature complexes
ARDS	Acute respiratory distress syndrome
ATN	Acute tubular necrosis
AV	Atrioventricular
AVM	Arteriovenous malformation
AVN	Avascular necrosis
BMT	Bone marrow transplantation
BPD	Bronchopulmonary dysplasia
BPF	Brazilian purpuric fever
BPH	Bening prostatic hyperplasia

BUN	Blood-urea nitrogen
CC	Craniocaudal
CHF	Congestive heart failure
CML	Chronic myeloid leukemia
CMML	Chronic myelomonocytic leukemia
CNS	Central nervous system
COPD	Chronic obstructive pulmonary disease
CSF	Cerebrospinal fluid
CT	Computed tomography
CTX	Cholera toxin
CXR	Chest X-ray
DDH	Developmental dysplasia of the hip
DGI	Disseminated gonococcal infection
DLE	Discoid lupus erythematosus
DPL	Diagnostic peritoneal lavage
DVT	Deep venous thrombosis
EA	Esophageal atresia
ECG	Electrocardiogram
HIV	Human immunodeficiency virus
HMD	Hyaline membrane disease
HPO	Hypertrophic pulmonary osteoarthropaty
HU	Hounsfield units
ITP	Idiopathic thrombocytopenic purpura
IUGR	Intrauterine growth retardation
IVC	Inferior vena cava
KS	Kaposi's sarcoma
LBBB	Left bundle branch block
LCA	Left coronary artery
LDH	Lactate dehydrogenase
LIP	Lymphocytic interstitial pneumonitis
MCA	Middle cerebral artery
MCHC	Mean corpuscular hemoglobin concentration
MCV	Mean corpuscular volume
MG	Myasthenia gravis
MLO	Mediolateral oblique
MR	Magnetic resonance
MRI	Magnetic resonance imaging
MTP	Metatarsophalangeal
NEC	Necrotizing enterocolitis
NF-1	Neurofibromatosis type 1
NHL	Non-Hodgkin's lymphoma
OA	Osteoarthritis

PA	Posteroanterior
PCA	Posterior cerebral artery
PCP	Pneumocystis carinii pneumonia
PE	Pulmonary embolism
PML	Progressive multifocal leukoencephalopathy
PT	Prothrombin time
PTCA	Percutaneous transluminal coronary angioplasty
PTT	Partial thromboplastin time
PVL	Periventricular leukomalacia
RA	Rheumatoid arthritis
RBBB	Right bundle branch block
RCA	Right coronary artery
RF	Rheumatoid factor
RMSF	Rocky mountain spotted fever
SA	Sinoatrial
SCLE	Subacute cutaneous lupus erythematosus
SLE	Systemic lupus erythematosus
SMA	Superior mesenteric artery
SOB	Shortness of breath
SPN	Solitary pulmonary nodule
SSc	Systemic sclerosis
SVC	Superior vena cava
TB	Tuberculosis
TEF	Tracheoesophageal fistula
TIA	Transient ischemic attack
TIPS	Transjugular intrahepatic portosystemic shunting
TTN	Transient tachypnea of the newborn
UPJ	Ureteropelvic junction
US	Ultrasonography
UTI	Urinary tract infection
VF	Ventricular fibrillation
VPCs	Ventricular premature complexes
WBC	White blood cell