

## Foreword

Once again, I have the honor to prepare the foreword for the monumental text *Borderlands of Normal and Early Pathological Findings in Skeletal Radiography*, edited by Drs. Juergen Freyschmidt, Joachim Brossmann, Juergen Wiens, and Andreas Sternberg. This latest edition is true to the tradition of excellence that was readily apparent in the previous version. It again emphasizes the interface between what should be considered normal and what is pathologic, an interface that is encountered every day on multiple occasions by any physician who is involved in the interpretation or review of imaging studies, whether they appear on the viewbox or, with increasing frequency, on the computer screen.

As would be expected, much has transpired since the publication of the last edition of this work. Old concepts have been clarified, have changed considerably, or have even been discarded, and new concepts have emerged. Dr. Freyschmidt and colleagues have addressed these modified or new ideas through the use of important alterations in the text and a dramatic increase in the number of illustrations, all well chosen to display the findings in as vivid a fashion as possible. A new emphasis on advanced imaging methods, such as computed tomography and magnetic resonance imaging, is apparent throughout and certainly justified, but the importance of conventional radiographic analysis remains central. The organization of the book has also been updated, with new reliance on the assessment of five basic pathologic processes: dysplasia, trauma, necrosis, inflammation, and tumor.

Why purchase and read this book? Simply, because the knowledge that one would gain by doing so would clearly lead to a marked improvement in accurate assessment of skeletal images. More specifically, one's ability to differentiate between clinically significant and insignificant findings would improve dramatically, resulting in more appropriate patient care. Yes, there are other available books on this subject, and some are quite good. *Borderlands* is unique and my favorite, however, because of its organization, completeness, and focus. The previous edition was situated in a prominent place in my office—I referred to it often (some of its pages are now folded or torn) as did our residents and fellows. This new addition will sit alongside it and I expect its fate will be the same. In short, this is not a book to be placed on the shelf and forgotten but one to use on a regular basis.

Dr. Freyschmidt and colleagues are to be congratulated for once again providing the rest of us with an invaluable reference source. To complete such a work is no easy task, and the authors have my deep admiration. It is a privilege for me to provide this foreword, and I congratulate the editors on a job well done.

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## Preface

With the increasing use of cross-sectional imaging modalities in skeletal radiology, our knowledge of the true anatomic relationships of many normal variants and borderline findings has grown considerably. Meanwhile, concepts regarding the clinical importance of some variants and borderline findings have changed, especially in sports-related conditions.

Faced with these facts, we felt that a new approach was needed in organizing our material.

This fifth edition of *Borderlands* is based on a new didactic approach, which is intended to give the book an unprecedented logical consistency throughout. The material is organized according to the basic diagnostic questions that are raised by the primary clinical findings, the primary radiographic findings, or both. As in other organ systems, key diagnostic issues are based on several broad pathologic categories:

- Anomaly
- Trauma
- Necrosis
- Inflammation
- Tumor

When faced with a skeletal finding that may be a normal variant or one of the basic types of pathology listed above, the reader can turn to a specific portion of the book to decide whether the finding is normal or definitely pathologic.

Borderline findings are difficult to collect for publication, either because they were missed or because the first radiographic examination was performed too late. Also, borderline findings can be difficult to portray in an illustration, as it is not possible to bring out certain relevant details by changing the viewing conditions (e.g. by using an iris diaphragm with a halogen source for reading a plain film or by adjusting the computer screen). For these reasons, the book also deals with pathological conditions in their fully established forms. By knowing the fully developed presentation, the radiologist can easily picture earlier forms that occupy the “borderland” range.

We have maintained the tradition of including some rare entities among the illustrations. This has been done to uphold the reputation of the book as an “all-in-one” reference source.

We suggest that the reader study Chapter 1, as it covers methods and stratagems for separating the wheat from the chaff, i.e., differentiating normal and still normal findings (variants) from findings that are definitely pathological.

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