



Dear friends,

Although I announced that we shall make a break till New Year, there were some nice events that should be saved and shared among us. I got only few of your articles, but the volume is filled up with some excellent jokes from the FB page [Sonographers Hide In Their Rooms](#). I hope you will have the same great fun I had when looking at these great jokes.

I am happy to inform you all that our president dr. Gideon Gelin is fine, despite the terrible turmoil in his country of Haiti. Also, with all the problems caused by war in Ukraine, I am in touch with good men on both sides in Russia and Ukraine, and they are all hoping for the war to end. Same as we in here.

Our next Newsletter shall be published before New Year. Before that, I wish you successful remaining of the year, lots of personal satisfaction and peace. Please, invite your colleagues to join us, all they need to do is send me an email and recommendation by you. Kind regards.

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POCUS MOSCOW NEWS

Contributed by Dr. Vsevolod Lykhin, MD, PhD



Dear colleagues, we present a report on the recent educational activities of the POCUS MOSCOW GROUP.

Our group continues to develop regional educational POCUS events. At the end of July 2022 seven of our instructors held a mass workshop in Tver. The main topic of the event was the eFAST/BLUE diagnostic protocols. The training was attended by 48 people: ambulance staff, anesthesiologists, intensive care physicians, and general practitioners. Focused presentation of the material allows in the shortest possible time to obtain initial skills of critical diagnostic protocols for patients in various critical conditions.





In the first week of August, Dr. Vsevolod Lykhin participated in the organization of the first POCUS course in the Republic of Kyrgyzstan. The regional provider was Manas Iskhakov. Together we managed to hold 4 master classes in Osh and Bishkek. The main topics were the general concept of Point-of-Care Ultrasound, as well as practical training in Regional Anesthesia and Ultrasound Guided Vascular Access. The practical aspects of such courses allow several manipulations in real clinical conditions, with the performance of ultrasound guided regional blocks on real patients in the operating room. Such visionary courses allow to increase doctors' awareness of new possibilities of diagnostics and interventions in Point-of-Care Ultrasound. This visit is the start of the new POCUS Silk Road project.





One of the points of the regional POCUS MOSCOW program was a visit to Krasnoyarsk with a program on ultrasound guided regional anesthesia and the eFAST protocol. Training in mini-groups in a large hospital setting.

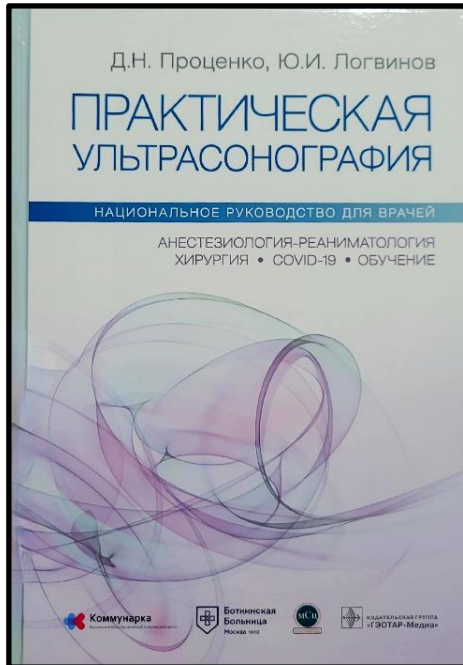


From September 26 to September 30, the second visit within the POCUS Silk Way project. This time in the Republic of Kazakhstan. Educational workshops on eFAST/BLUE protocols were held based on scientific oncological center in Astana. In the operating room several ultrasound guided regional blockades were demonstrated.



The main result of the last years of our work is the publication of our new book. Meet **"Practical Ultrasonography. A National Guide"**. The book is edited by D. N. Protsenko,

chief anesthesiologist and resuscitator of Moscow. This manual is a universal accompanying material for the POCUS MOSCOW courses. The up-to-date presentation of the material with an abundance of QR codes for playing video clips. The book covers all the emergency protocols eFAST, RUSH, BLUE, and also describes the method of Focused echo. Interventions on ultrasound guided regional anesthesia and vascular access are included.

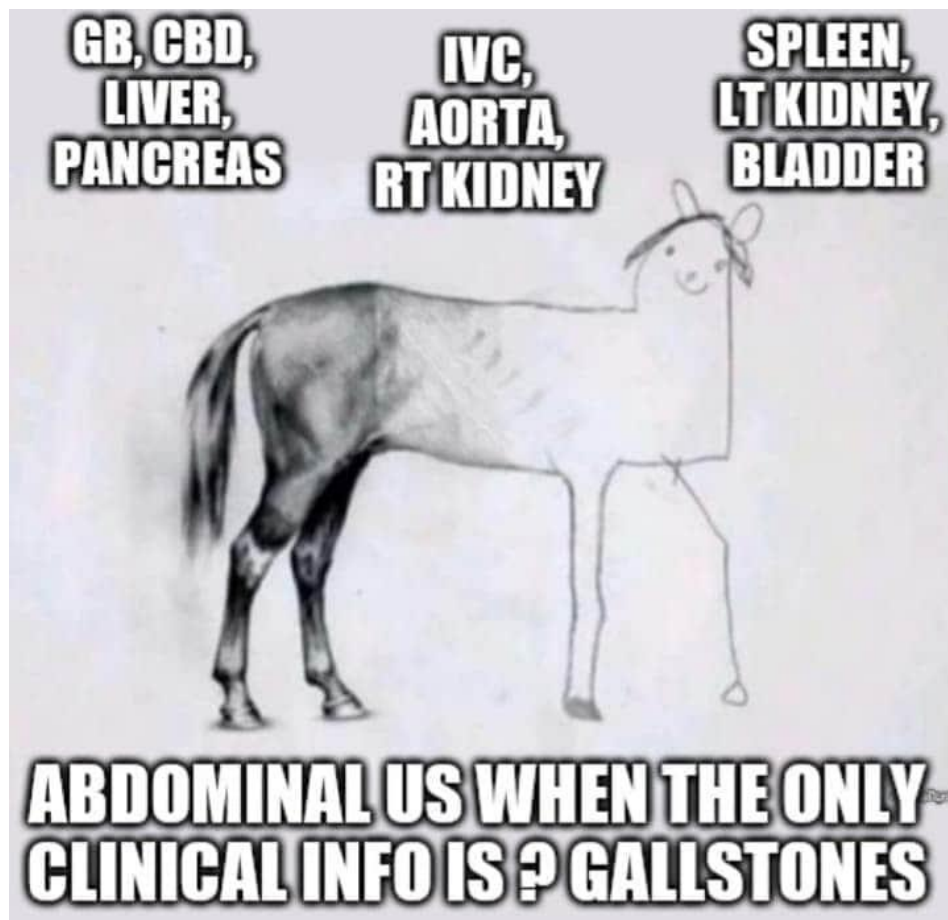
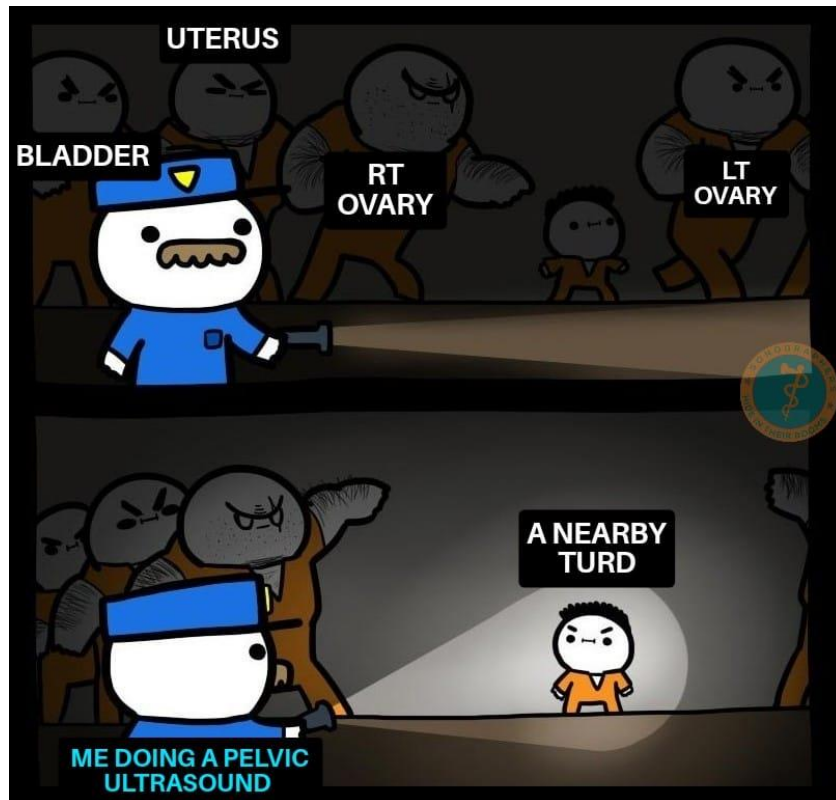


The POCUS MOSCOW group continues the active development of the Point-of-Care Ultrasound technique.

Kind regards,
CEO of POCUS MOSCOW,
Dr. Vsevolod Lykhin.

Sonographers Hide In Their Rooms

More great sonography jokes from an excellent Facebook page:



LUNG ULTRASOUND IN DIAGNOSIS OF LUNG CANCER

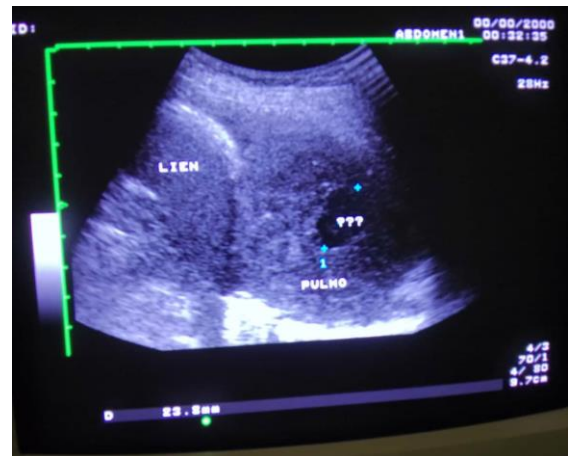
Ivica Zdravković, MD, PhD, Kristina Stević, MD
"ID MEDICA" clinic, Požarevac, Serbia

We are presenting two cases of lung cancer initially diagnosed with anamnesis, physical exam and lung ultrasound. Sadly, these two cases are diagnosed within only 10 days in a small family medicine clinic that has approximately 15-20 patients a day. Serbia has recently reached top position on CIA's list of mortality rate, with over 16 deaths per 1.000 inhabitants per year, becoming the "deadliest" country in the world...

The first patient is Mrs. A.S., 70 years old. Her main complaint was pain in the left armpit and chest, since March this year. She went to her physician in Vienna (Austria), but was dismissed without any exam, with "explanation" that she probably had rib injury (?). She wasn't coughing, had no blood in her sputum, no fever. Meanwhile, she lost several kilos and felt weaker, with increased pain. She came to our clinic without any X-ray, lab or previous medical reports. She is a heavy smoker.

Physical findings: Normal body temperature. Normal color of skin. No cyanosis. Auscultatory decreased respiratory sound on the left, percussion dullness above the left basis of the lung. SpO2=96%. Normal BP, 75 BPM, normal heart rhythm, heart sounds normal. No abdominal pain. No legs swelling.

POCUS: All lung fields with normal A-lines profile. In the left subcostal view with convex probe there is anechogenic change in the lung tissue (see photos below).



We ordered thoracic CT, which showed large tumor mass in the lower lobe of the left lung:



Further bronchoscopy and histopathology proved small cell lung carcinoma.

Our second patient is Mr. M. S., 67 years old. He is a diabetic and takes medications for high blood pressure. Heavy smoker too. His main concern was coughing out blood occasionally for past 6 months and losing over 10 kilos. He feels weakness and occasional discomfort while deep breathing. Also has no recent lung X-rays, lab. results, nor any other medical documentation.

Physical findings: Normal body temperature. Normal color of skin. No cyanosis. Auscultatory respiratory crackling under right scapula, percussion dullness above the right basis of the lung. SpO2=95%. BP 150/100, 80 BPM, heart rhythm normal, sounds normal. No abdominal pain. Mild legs swelling.

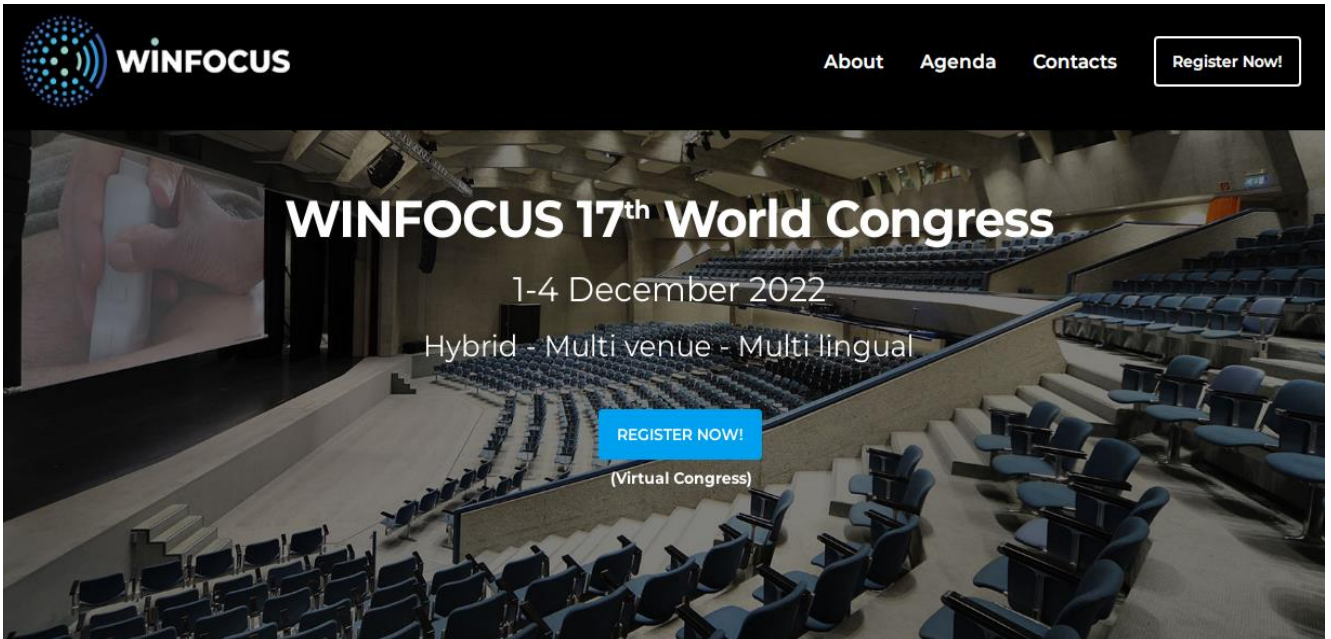
POCUS: Normal FATE. B-lines in lower right fields (PLAPS). In the right subcostal view with convex probe there are two anechogenic changes in the lung tissue (see photos below).



We ordered thoracic CT, which showed tumor mass in the lower lobe of the right lung (no image). Further bronchoscopy and histopathology proved lung adenocarcinoma.

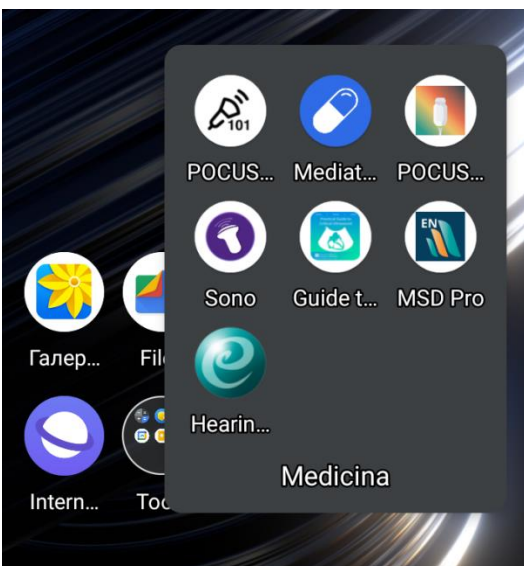
Conclusion: Lung cancer appears more frequently in the upper lobes (60-75% of all tumors are in the upper lobes). Lung ultrasound (LUS) is used more and more since it proved its sensitivity during the Covid pandemic. Sadly, most of LUS practitioners neglect the subcostal view inspection and limit their exam to intercostal spaces. These two cases remind us that LUS must include subcostal exam and that subcostal inspection of lung tissue should be a regular part of initial POCUS exam.

NEWS & LINKS

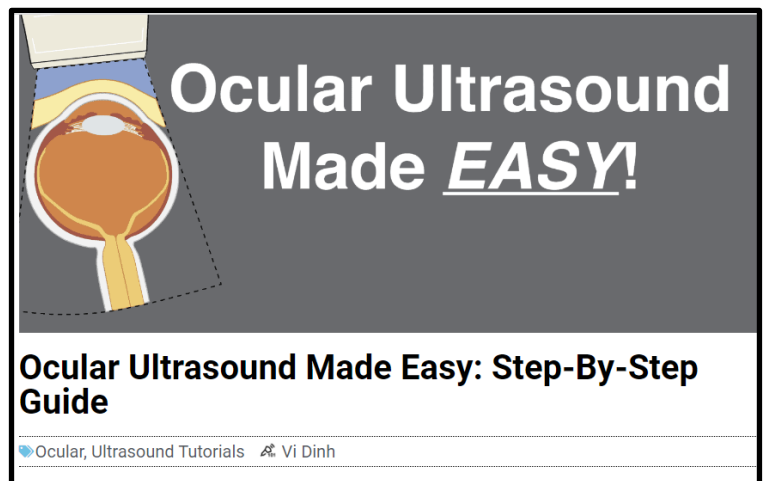


We are happy to inform you that our Board member, Dr. Vsevolod Lykhin, managed to provide free participation for all IPO members on this event. Please, for more details see the website: <https://www.winfocusworldcongress.com/>

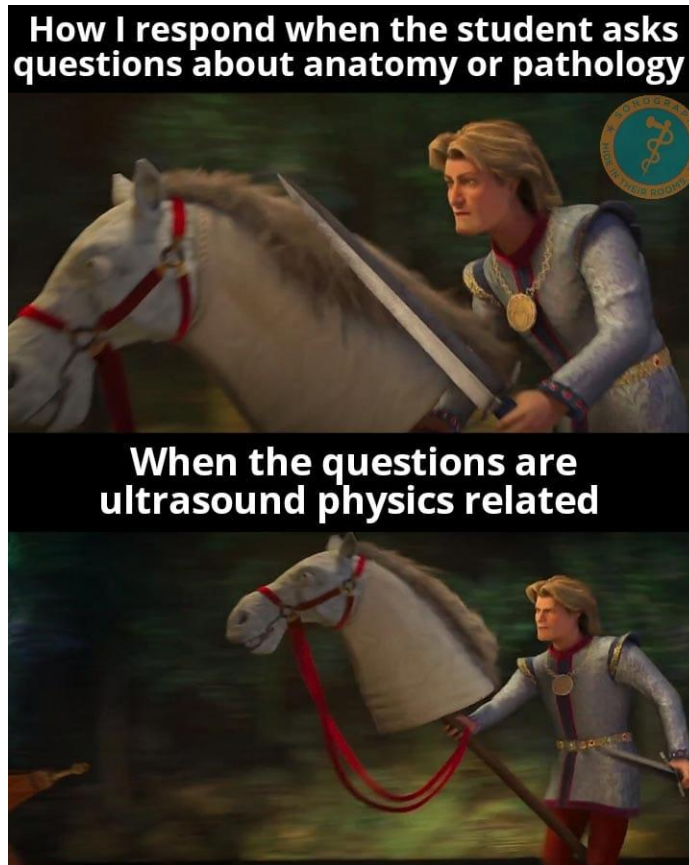
I am happy to inform you about fine words of Dr. Reed Krause, from **POCUS 101**, which I received in a personal email a month ago: "(...) Thank you for your contribution to the POCUS community. I am also happy to hear feedback about our courses, especially from an expert like yourself." These compliments are also for the activities of our organization. POCUS 101 has an excellent mobile application, probably the best at the moment available on Playstore. I warlmy recommend it. The POCUS 101 application is one of the few I keep in my mobile phone. Their web presentation is here: <https://www.pocus101.com/>



My mobile phone...



My suggestion of the month, at "POCUS 101"



**THE WHEELS ON MY MACHINE
WHEN I GO PORTABLE**



I laughed solid 10 minutes on this one. Whoever uses older ultrasound machines on a heavy cart, knows very well how stubborn one wheel can be :D

Thyroid Ultrasound Workshop in Bosnia and Herzegovina

Doboj, September 2022.

Contributed by Prim. dr. Željka Popović, IPO Board member

From 8th till 11th September 2022. Health Center in City of Doboj (Bosnia and Herzegovina) hosted the Second Symposium of Medical Doctors with international participation. As a part of this symposium, we organized an ultrasound workshop, which was attended by 18 doctors from different specialties. The topic of this workshop was ultrasound exam of thyroid gland. We selected this area as a simpler type of ultrasound diagnosis, with the aim of introducing unexperienced doctors to this diagnostic method. Our goal was to free them from prejudice and fear of mastering this valuable clinical skill.

The workshop was divided into two parts: theoretical and practical. During theoretical lectures participants were introduced to scanning techniques and the normal appearance of the thyroid gland, and they also learned about the most common pathology of this organ. After the theoretical lectures, participants had the opportunity to familiarize themselves with the apparatus and scanning, and after that came the patients who were previously selected with already known pathology.







On behalf of Doboj Health Center organizer of this event was Dr. Željka Popović, IPO specialist, Board member of IPO. Educators on the workshop were Dr. Kristina Stević, IPO specialist from Serbia, and Dr. Sunčica Starović-Bajčetić, radiologist. After the training, participants did not hide their satisfaction with the organization of workshop and the knowledge they gained.

