



Time for another open dialogue for Maxillofacial Radiology with a new journal

Health-related quality-of-life is often considered to be equally, if not more important than quantity-of-life. It is a multi-dimensional element of well-being affected by the physical, mental, emotional and social status of patients, which is increasingly used to assess the health status of the general public and patients.^[1,2] To provide and preserve high quality-of-life and the National Health Systems Management in each country, diagnosis and imaging are one of those crucial steps, which are encouraging clinicians and hospitals to “prove” the effectiveness and quality of their care. Technological advances in medicine have resulted in more sophisticated treatment modalities for achieving this purpose and have also been paralleled by changes in imaging esp. in Dentomaxillofacial area.

New imaging technologies advances in dentistry are becoming increasingly popular for diagnosis and treatment assessment.^[3] Three-dimensional (3D) computed tomography (CT) which is cross-sectional modality inherently avoids the superimposition and problems due to magnification and offers to visualize of the craniofacial structures with more precision than the two-dimensional method.^[4,5] In the last decade, a new technique called as cone beam CT (CBCI) was proposed for the maxillofacial imaging, which was the first reported in the literature by *Mozzo et al.*^[6] The advantages of this imaging modality are; much more lower radiation dose than multi-detector CT, the possibility of individualized overlap-free reconstructions and digital imaging and communications in medicine data can be in and exported for other applications Moreover, this imaging technology allows 3D imaging and information on 3D, which offers to visualize of the craniofacial and dental structures for maxillofacial surgical applications and orthodontics use.^[7,8] Lately 3D assessment software designed for evaluating a volume in maxillofacial area, which can be stored, superimposed and displayed with

previous set of evaluations in order to visually appreciate any significant changes. Nowadays, we have increasing evidence that these newly developed technologies can be a valuable monitoring tool for physicians in order to take clinical decisions with enhanced confidence and intervene earlier when needed.

With the use of these technologies, new sophisticated research and case studies were started to conduct in our area. The past decade has seen an “explosion” on the numbers of papers, journals and scientific meetings focused on Dentomaxillofacial Imaging. These efforts, although seemed much, continue appropriately and have led to clinical trials. Admixed with the knowledge that further research studies are needed prior to any clinical trials/use esp. from the radiation point of view. Like almost all imaging modalities, CBCT, one of this new imaging modality, produce ionizing radiation and imaging of the patients should base upon diagnostic or image-guidance necessity. This concerns not only for just professions, but also for the public as well. An article examining the use of CBCT appeared on the front page of the New York Times on November 23, 2011.^[9] In this article, the use of CBCT technology in orthodontics is questioned and pointed out that the children and adolescents are particularly vulnerable to radiation, which gathers from this new CBCT technique.

As professions in this area, we must eliminate the concern and also provide our patients best diagnostic imaging method with less radiation according to as low as reasonably achievable and appropriate technique. In order to do this, we must first know what is harmful in what way? To achieve this kind of information, a world-wide effort should be performed by all our colleagues in our field. For this purpose, National and International groups began to prepare guidelines for what is considered to be used and also concern for as unethical practice for imaging.^[10,11]

However, a fine network and publications such Journal of Oral and Maxillofacial Radiology is needed for every kind support to spread the information and for the function of bringing new scientifically based research to the attention of lay people and professionals.

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Yes, we're not performing surgeries on conjoined twins or making the front pages for bizarre medical findings, but we are undoubtedly improving quality of lives. We must remember that good health-care is a team effort starting from Clinicians, Researchers and Health providers to Publishers. And while the radiologists may not be the star striker, we are certainly taking one for the team. I would like to congratulate Editor-in Chief and Editorial Board for establishing such a new journal and another open dialogue for our colleagues.

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