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low haemoglobin at the time of biopsy. Splenic lesions were targeted using either an intercostal or subcostal approach. Coaxial technique with single capsular puncture using an 18-gauge TruCut needle was performed under aseptic conditions to obtain multiple cores. The biopsy tract was plugged using Gelfoam pledgets (two to four) delivered through the coaxial needle and the specimens fixed in formalin.

Results:
All four biopsies led to satisfactory specimen retrieval for adequate histological analysis. Diagnosis of one diffuse large B-cell lymphoma, two Hodgkin’s lymphomas and one sarcoidosis was made. Ultrasound assessment post-biopsy revealed no significant haematoma. Retrospective review of medical records showed no biopsy-related complications. One patient reported mild pain — defined as four out of ten on a Likert scale.

Conclusion:
The study is limited by the small number of cases that demonstrate achievement of adequate tissue sampling without complication. Splenectomy carries a significant risk of morbidity and long-term infection . Plugged ultrasound-guided spleen biopsy appears to be a safe and effective alternative for obtaining histological diagnosis, sparing the need for splenectomy.

Analysis of ultrasound-guided superficial lymph node biopsies

Authors: Jawaad Farrukh, Bonnie Dhas, Cherian George

Category: Interventional radiology

Purpose:
Histological analysis of abnormal lymph nodes is essential to diagnosis and management. Consequently, obtaining an adequate specimen is crucial. Surgical excision biopsy is the traditional method of tissue sampling. However, this introduces added risk and cost compared with less invasive alternatives such as image-guided core needle biopsy (CNB). The aim of this study was to review our ultrasound-guided superficial lymph node biopsy (US-CNB) service with an emphasis on its diagnostic yield.

Methods and materials:
We searched our records for US-CNB procedures performed over 12 months at our trust. Only inguinal, axillary and supraclavicular node CNBs were included. Patient demographics, procedural notes and histological results were reviewed. Specimens were categorised by histological diagnosis. Lymphoma samples were further classified as diagnostic (no further sampling required), partially diagnostic (diagnostic for lymphoma but exact type could not be confirmed) or non-diagnostic.

Results:
48 patients were included in the analysis, 46 of whom received a conclusive diagnosis. 73% received a diagnosis of malignancy, including 18 cases of lymphoma. 16 of the lymphoma biopsies were diagnostic. Two were partially diagnostic, needing excision for subtyping. There were no non-diagnostic cases or procedural complications.

Conclusion:
Our study demonstrates a high diagnostic yield from US-CNB: 96% overall and 89% for lymphoma. Current lymphoma guidance recommends CNB only where excision is impractical or too risky. However, we believe that US-CNB is a safe, minimally invasive procedure with high diagnostic yield that should be considered a first-line method for sampling superficial lymph nodes.

Steroid injections in the era of COVID-19

Authors: Sina Motahariasl, Rajeev Gupta, Nima Motahariasd

Category: Musculoskeletal

Purpose:
Intra- and peri-articular steroid injections are commonly used to treat soft tissue and joint pain. Though safe, the systemic absorption of these injections warrants attention to potential side effects like immunosuppres-

Significance of abnormal bone marrow signal on spine MRI

Authors: Muhammad Butt, Ahmed Musa, Serena Virdi, Maya Jafari

Category: Musculoskeletal

Purpose:
Increasing use of magnetic resonance imaging (MRI) has led to more patients being identified as having abnormal bone marrow signal (BMS). Our aim is to evaluate the incidence and significance of abnormal BMS identified on MRI of the spine in our institution.

Methods and materials:
This is a retrospective observational study of patients aged 18 and above undergoing MRI of the spine from January to March 2018. The radiology reports were reviewed. Follow-up imaging of up to two years and laboratory work-up for patients with indeterminate BMS were reviewed.

Results:
A total of 1,883 patients underwent MRI of the spine. MRI was abandoned in 26 patients. No comments were made about the BMS in 1,041 patients. The appearance of the BMS was reported in 816 patients — 642 normal and 174 abnormal. The three most common causes of abnormal BMS were metastases from a known primary (35–20%), haemangiomias (28–16%) and Modic changes (27–16%).

Fourteen patients had indeterminate BMS. Following further assessment, significant oncological diagnoses were identified in four patients (2.3%) — two monoclonal gammopathy of uncertain significance, one non-Hodgkin’s lymphoma and one breast cancer.

Conclusion:
Abnormal BMS is a common finding on MRI of the spine. In most cases, a cause will be identified from the history and/or the appearance on imaging. A significant oncological diagnosis needs to be considered in patients with indeterminate BMS on MRI.

Early limited MRI in the management of suspected scaphoid fracture: A single-centre experience

Authors: Ammaarah Said, Anika Choraria, Kanman Rajesparan

Category: MSK

Purpose:
Blood supply to the scaphoid bone puts it at risk of avascular necrosis when fractured with resultant potential morbid sequelae. To avoid the complications of missed scaphoid fracture, radio-occult suspected scaphoid fractures have traditionally been managed as fractures with immobilisation, repeat radiographs and multiple clinical follow-ups. This management strategy has drawbacks — prolonged immobilisation leading to muscle pain, stiffness and loss of function requiring hand therapy; and