

MONTHLY NEWSLETTER

November 2005

CARECORE EXTENDS COVERAGE TO FLUSHING OFFICE

In October, our new Flushing office received approval from CareCore National to provide Radiological services to participating insurance carriers. Our two pre-existing Bayside offices will continue to accept CareCore patients.

CareCore National provides diagnostic imaging management services to many health plans in New York, including Oxford, Aetna, GHI, HIP, and Healthnet.

Participation in CareCore will further help MSR provide readily accessible radiological services to the Flushing community.

FILM DIGITIZER INSTALLED

Main Street Radiology has installed a Medical Film Digitizer. Studies performed prior to MSR conversion to a 100% digital facility can be digitized and incorporated into our PACS (Picture Archiving and Communication System). Radiologists are able to view prior studies stored on film at any of our offices, without having the films be delivered to a specific site. In addition, referring physicians may view old studies through the internet.

The high resolution digitizer is capable of scanning all radiology studies stored on film, including mammograms. 11 line pairs per mm (44.5 micron) resolution far exceeds the American College of Radiology (ACR) Teleradiology Practice Guidelines. ACR recommends at least 2.5 mm line pairs/mm resolution.

MSR APPROVED FOR *HEALTHFIRST*

Main Street Radiology recently obtained approval to provide outpatient Radiology services to *Healthfirst* patients. *Healthfirst* provides free or low-cost health insurance plans to over 400,000 New York City area residents. Programs include Medicaid Managed Care Plan, Medicare Plan, PPO, Child Health Plus and Family Health Plus Products.

In addition to *Healthfirst*, MSR currently participates in numerous additional Medicaid Replacement Plans, and is pending approval for additional plans (see box). We hope that our participation in these plans will further improve our service to our community and referring physicians. If your patients have insurance plans currently not covered by MSR, please contact Ken Seedorf at 718-428-1500.

MEDICAID REPLACEMENT PLANS CURRENTLY ACCEPTED BY MSR

Americhoice
Care Plus
GHI HMO
Healthfirst
HIP
NY Hospital Community Health
Plan
United Healthcare

PENDING PLANS

Affinity
Centercare
Fidelis
Healthplus
Metroplus
Neighborhood Health Providers
Wellcare

NEW FLUSHING SATURDAY HOURS

Our new Flushing Office began Saturday hours on September 17. Currently, we are performing MRI, CT, Ultrasound, Mammography, and X-ray from 9 am to 1 pm. We will continue to provide Saturday services at both Bayside offices, performing MR, CT, X-ray, Ultrasound, Mammography, PET, and Nuclear Medicine. We expect to begin evening hours at our Flushing Office later this Fall as demands require.

CASE OF THE MONTH

SYNOVIAL SARCOMA

History: 64 year old female presents with a palpable mass at the plantar surface of the foot. The patient was referred to Main Street Radiology for a foot MRI to rule out ganglion cyst or fibroma.

Findings: 13 cm mass at the plantar surface of the foot was noted, which surrounded both neurovascular and tendinous structures, and invaded the calcaneus (Figures 1 and 2). The mass presented with MRI signal characteristics suggesting a cystic lesion.

A follow-up CT scan of the foot (Figures 3 and 4), showed a non-calcified mass invading the calcaneus. Diagnosis of synovial sarcoma was made on biopsy. Chest CT (Figure 5)

showed extensive pulmonary metastases.

Discussion: Synovial sarcoma occurs in the para-articular regions of the extremities. The clinical profile is that of slow-growing palpable mass and progressive pain, with sensory/motor dysfunction distal to the lesion. There is a long duration of symptoms (average 2-4 years), which can be misdiagnosed as arthritis or synovitis. Metastasis is present at initial diagnosis in 25% of patients, most commonly to the lungs.

As synovial sarcoma may calcify, the best diagnostic clue on a CT scan is a soft tissue mass with calcifications in proximity to joints. The best diagnostic clue on MRI is a heterogeneous mass

with three different signal intensities (hyperintense, isointense, and hypointense areas) on T2 weighted images. This triple signal intensity is seen in 30% of cases and represents a mixture of cystic and solid elements with hemorrhage and fibrous tissue.

Treatment can involve surgical resection with wide margins, with local recurrence in 20-25%. High grade lesions require radical resection and radiation therapy. Chemotherapy is utilized in metastatic cases. The 5 year survival rate is 27-76%.

(Case prepared by Anthony Italiano, M.D.)

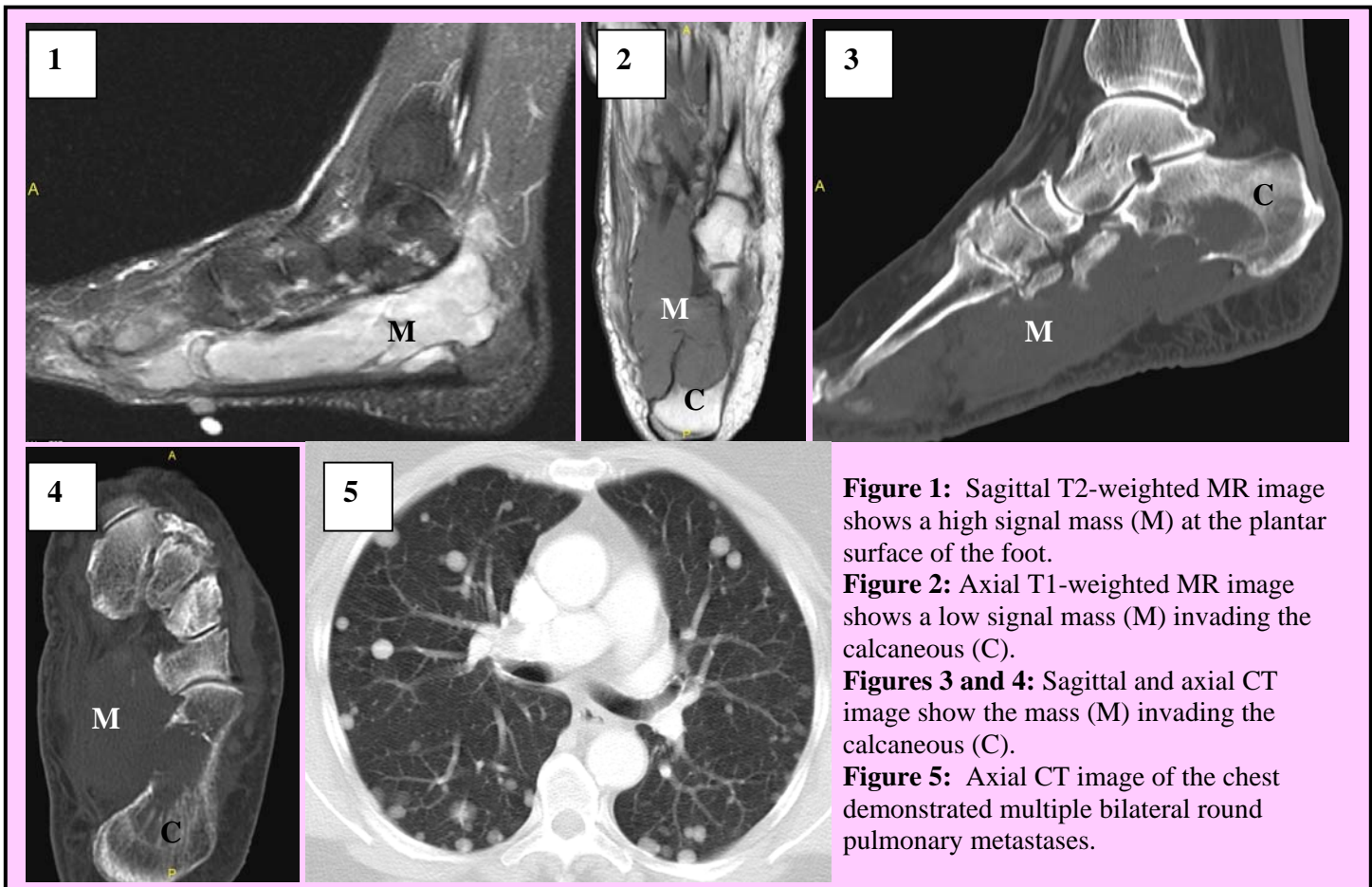


Figure 1: Sagittal T2-weighted MR image shows a high signal mass (M) at the plantar surface of the foot.
Figure 2: Axial T1-weighted MR image shows a low signal mass (M) invading the calcaneus (C).
Figures 3 and 4: Sagittal and axial CT image show the mass (M) invading the calcaneus (C).
Figure 5: Axial CT image of the chest demonstrated multiple bilateral round pulmonary metastases.