

**Liver abscesses secondary to acute cholangitis***Abscessos hepáticos secundários a colangite aguda*

I have read with interest the article of Guimarães Filho et al. entitled “Caroli’s disease complicated with liver abscess: a case report”<sup>(1)</sup>. The authors deserve congratulations for the images quality and for reporting an interesting clinical presentation. However, I would like to suggest the possibility of the reported case being cholangiolytic abscesses (abscesses secondary to cholangitis), and not a case of Caroli’s disease complicated with liver abscesses.

According to the authors, the patient presented signs corresponding to the Charcot’s triad (fever with chills, jaundice and abdominal pain) from the symptoms onset, allowing the diagnosis of acute cholangitis.

The findings at magnetic resonance imaging initially performed in the patient might be interpreted as small cavities communicating with the biliary tract, a finding that may be observed in acute cholangitis which progresses to development of liver abscesses<sup>(2)</sup>.

On the images presented by the authors, the central dot sign (typical of Caroli’s disease<sup>(3,4)</sup>) cannot be characterized. Also, the report does not mention the concomitant presence of renal cysts which could lead to the diagnosis of Caroli’s syndrome.

The second MRI study shows larger cavities in the right liver lobe, exactly on the same site where the alterations were described at the first

study, which leads us to consider the possibility that the findings understood as small cholangiolytic abscesses visible at the first study, had coalesced to form larger abscesses.

While reiterating my compliments to the authors of the article, it is worthwhile to remember that acute infectious conditions of the biliary tract constitute events of high clinical relevance, requiring prompt action by radiologists in the diagnosis and eventually in the treatment of the disease.

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**Teleradiology and telework in Brazil***Teleradiologia e teletrabalho no Brasil*

The January/February issue of **Radiologia Brasileira** brought a relevant article about “The vision of a Brazilian teleradiologist: five-year experience, prospects and information heterogeneity”<sup>(1)</sup>, approaching four important topics: digital radiology, teleradiology regulations in Brazil, medical ethics and telework. Some further considerations are needed on such themes.

As regards digital radiology, the Brazilian Society of Health Informatics<sup>(2)</sup>, together with Technical Board of Health Informatics of the Brazilian Federal Council of Medicine (CFM), is very attentive and is also very active on themes such as standardization of protocols, electronic health recording systems and health data systems interoperability. Inexorable and global changes are underway, and under no circumstances should Brazilian radiologists refrain from playing an active role in such changes, supporting the progress of medicine in a flat and globalized world, acting as critics, as appropriate, particularly in what respects the utilization of the Internet. On the other hand, one thing remains unchanged: the responsibility over the medical practice, and with such responsibility in view the Resolution No. 1,890/2009<sup>(3)</sup> from CFM is quite clear on its “Article 2nd – Teleradiology services must be supported by appropriate technological resources and comply with the technical and ethical standards established by CFM with respect to data storage, handling, transmission, confidentiality, privacy, and guarantee of professional secrecy”. All standards are in force, and are public. With respect to supervision, the § 2 of the mentioned Resolution establishes: “The investigation of possible ethics violation in teleradiology services shall be carried out by the Regional Agency of CFM with jurisdiction on those services”. A filed complaint is enough to initiate such an investigation. Furthermore, telemedicine is already regulated in Brazil by CFM since the publication of the Resolution CFM No. 1,643 in 2002.

On the other hand, the new Code of Medical Ethics<sup>(4)</sup>, published in 2010, establishes on the sole paragraph of Chapter V that “Medical services remotely provided under the telemedicine concept or other methods, shall be regulated by Brazilian Federal Council of Medicine”. It is therefore a fact that we must immediately incorporate telemedicine-teleradiology into the radiologists’ practice.

With respect to teleworking<sup>(5)</sup>, which is already regulated since December 15, 2011, Law 12,551 establishes on its Article 6: “There are

no differences between the work performed at the employer’s premises, the work performed at the employee’s household or the work remotely performed, whenever the assumptions of the employment relationship are characterized”; and on the sole paragraph – “Telematic and computerized means of command, control and supervision are equivalent, for purposes of legal subordination, to the personal and direct means of command, control and supervision of the work of another.”.

Thus, Law 12,551/11 clarifies that telecommuting, or the work performed outside the employers’ premises, either at the workers’ residences or at other locations, constitutes an employment relationship, and such relationship shall be governed by the regulations established at CLT (Consolidation of Brazilian Labor Laws), at any premises of a company<sup>(5)</sup>.

I agree with the author of the previously mentioned article<sup>(1)</sup> that awareness and mobilization must be developed within our professional category to face the challenges posed by the discussed themes; however, such awareness and mobilization must occur with comprehensive knowledge and reflection of existing regulations and actions in the current scenario.

Additionally, other perceptions and discussions deserve attention and reflection beyond telediagnosis, be such discussions on tele-education and comprising themes such as intellectual property rights, or on teleconsulting, i.e., a second clinical opinion between health professionals.

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