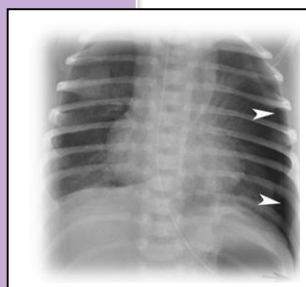




BULLETIN

Top News:

CHEST X-RAY INTERPRETATION



MEDICAL SHARE INFO



TELERADIOLOGY



Dear Dr's and Colleagues,

Greetings form Bestinet Management, thanking you and the staff for the cooperation and understanding in the medical examination process. Our focus and challenges continues in eliminating the number of workers whom continue to fail in their medical examination in Malaysia.

Tele radiology will be our core focus this year which will be implemented in stages in all source countries. This will overcome the differences in clinical findings and opinions.

Hepatitis B continues to be the top pathology failures ,we sincerely hope extra precautions are undertaken on workers coming from high epidemic areas or regions as test sensitivity is beyond human control .

Post heath briefing in the risk of Hepatitis B to the workers will assist in the prevention of being exposed to unhealthy environment and high risk factors. As said before Vaccinating those with low or no antibody will be a proactive measure, though it involves extra cost to the workers.

CHEST X-RAY INTERPRETATION

Previously mentioned, the most commonly missed findings of chest plain films include airspace disease, pulmonary nodules.

All of these diagnoses have one thing in common:-

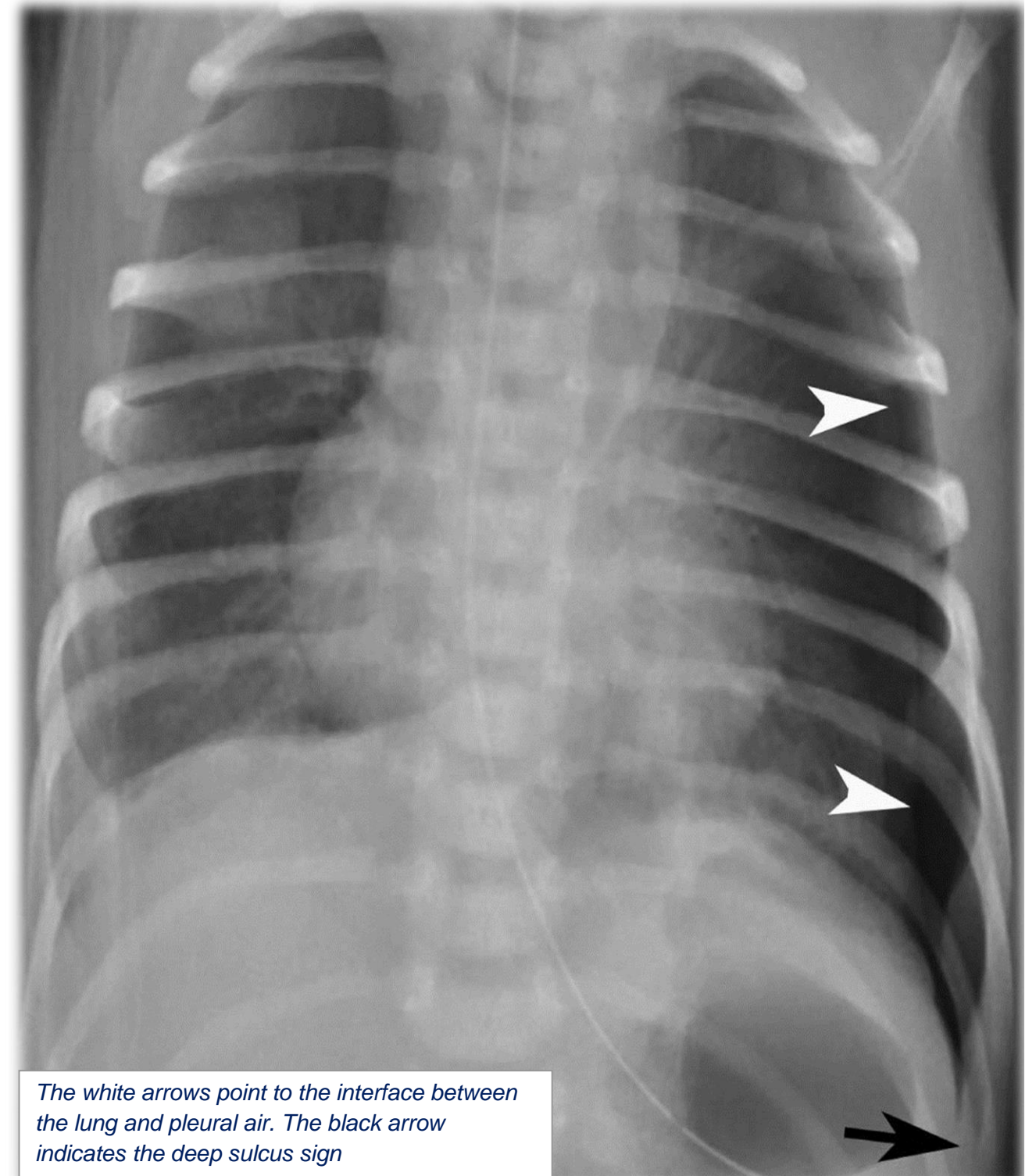
They are commonly found in the **most difficult place to evaluate on chest x-ray the lung apices and inferior bases**. The lung apices and inferior bases pose challenges in their evaluation due to the presence of overlying structures, such as ribs, clavicle, diaphragm, and solid organs.

Airspace disease is a broad category that includes pneumonia, pulmonary edema, and pulmonary embolism, among others. Some small or hazy focal pulmonary infiltrates can be difficult to visualize.

Some find it helpful to consider silhouette signs to help identify them. These silhouette signs are: **obliteration of normal air/soft-tissue interface, accentuation of the interlobar fissures, air bronchograms, and obliteration of normal pulmonary vascular markings**.

Despite looking for these clues, pneumonia can still be present despite a negative CXR.

The white arrows point to the interface between the lung and pleural air.
The black arrow indicates the deep sulcus sign



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MEDICAL SHARE INFO

WHAT DOES IT LOOK LIKE AND HOW LONG DOES IT LAST?

For many people newly infected with HIV, a rash is one of the earliest symptoms. A wide range of illnesses, infections, and allergic reactions can irritate the skin, however, so a rash alone is never sufficient to diagnose HIV.

People who develop a rash and believe that they may have been exposed **HIV** should see the doctor. People are at risk of exposure through sex with someone whose HIV status is unknown, sharing needles, or a blood transfusion, for example

There is **no single rash that is specific to people who have HIV**. This is because when a person develops HIV, changes in their immune system can trigger a number of skin reactions.



A seroconversion rash occurs as the body produces HIV antibodies.

SEROCONVERSION RASH

Within a few weeks of HIV infection, many people develop flu-like symptoms and a rash. This process, known as seroconversion, occurs as the body produces HIV antibodies.

Seroconversion illness may also cause a **FEVER** and swollen lymph nodes. This HIV rash doesn't itch, and is usually flat and red. It often affects large areas of the body, such as the chest or back.

REACTIONS TO HIV DRUGS

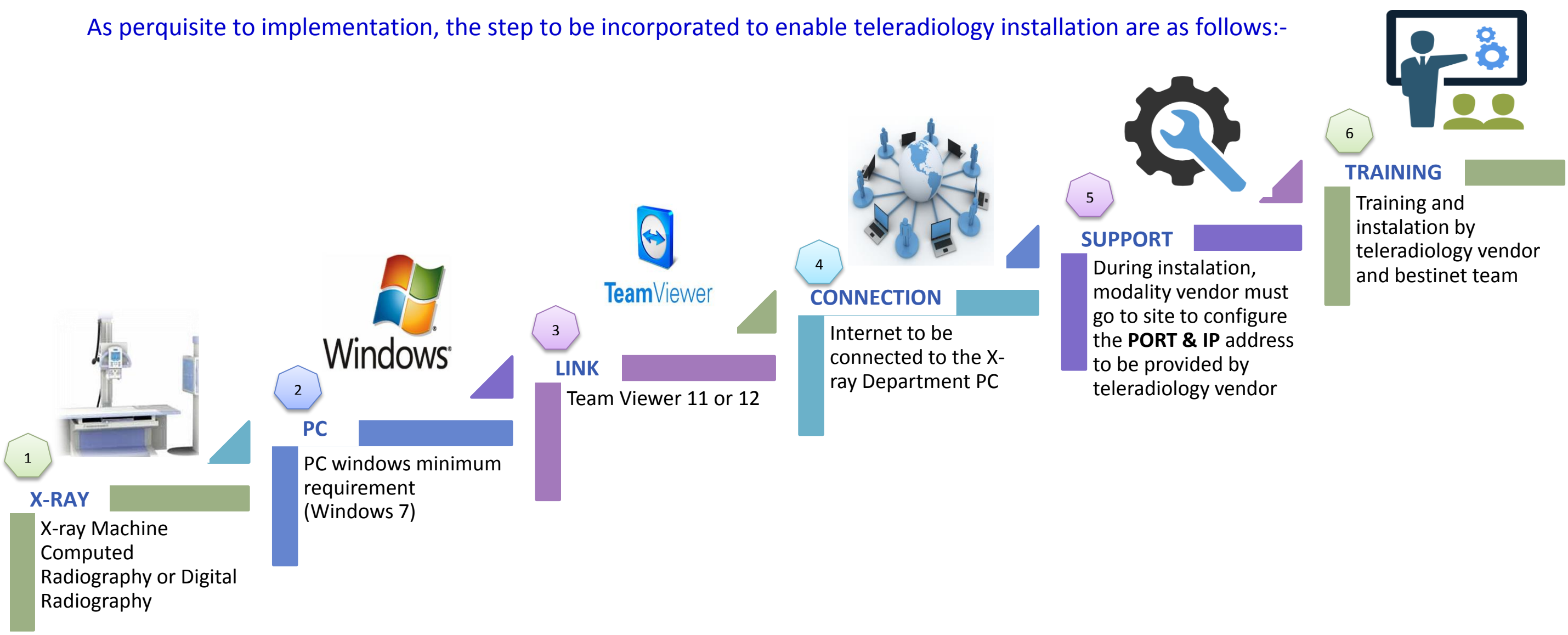
An allergic reaction to HIV drugs can also cause a skin rash. This type of rash usually presents as a large red area covered in tiny red bumps. Many people experiencing an allergic reaction may also have a fever and muscle pain

RASHES DUE TO A WEAKENED IMMUNE SYSTEM

Because HIV reduces the immune system's ability to fight off infections, people with the disease are at risk from a range of skin infections and rashes

TELERADIOLOGY

As perquisite to implementation, the step to be incorporated to enable teleradiology installation are as follows:-



Teleradiology Moving Forward