



Radiology Society of Ethiopia



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Dear Members

It is indeed my pleasure to welcome you all to our annual scientific conference. I hope every one of you were doing fine.

As we all know radiology is a rapidly evolving as well as exciting field of medicine. I am truly glad to see many of you come together to make our conference vibrant. Our this year annual conference is different from the previous four years at which we were promoting the post graduate expansion of radiology. This year our theme is “promoting interventional radiology in Ethiopia”. With this in mind we dedicated this conference to interventional radiology and invited international speakers who are in the practice of interventional radiology to present and share also their experiences.

It has been also several decades since interventional radiology was introduced in the radiology practice. Since then the development of interventional radiology has expanded greatly. Many disease conditions which were done by open surgery can now be managed with minimally invasive radiological procedures. This will reduce hospital stay and have minimal complication rates compared to the open surgical interventions. Moreover, nowadays many procedures are being performed as an outpatient bases.

Despite remarkable advances in interventional radiological practice worldwide, our practice still is lagging behind even if there are encouraging startups. We should advocate and advance interventional radiology which is now becoming the standard of management for many disease conditions. Radiologists should transit from being diagnosticians to involvement in patient management. This will advance the field of radiology in the country and also improve the training of next generation of specialists. On this juncture, I would like to appreciate the inspiring effort made by two of our radiologists, Dr. Yared Nigussie & Dr. Ashenafi Aberra, whom I hope will be the leaders of the interventional radiology practice in Ethiopia. I am hoping lots of scientific papers on interventional radiology will be presented in the coming radiology conferences.

Let me wish you all an enriching, knowledgeable, learning experience and for our overseas guests, don't forget to enjoy this city and the sights and food of Ethiopia including “Kurt”.

Tesfaye Kebede, MD, SCR,SSBI

Consultant Radiologist and Subspecialist in Body Imaging

Associate professor & Chair department of radiology, SOM-CHS-AAU

President of RSE

Radiology from other clinicians perspective

The role of radiology in Modern medicine

Even though radiology joined medicine relatively late from other clinical disciplines, it has grown fast and nowadays became leading medical profession.

The beauty of radiology is not only that it is spearheading medical technology, but also it's multi disciplinary role. I can say modern radiology is like a wild card in medicine, which bridge the gap of almost all health disciplines. Beyond that, interventional radiologists are managing most delicate procedures like angiography and stenting, catheter embolization of tumors, uterine fibroid embolization, image guided biopsy and drainage etc....

In our practice, the recent introduction of hydrostatic reduction of intussusception in Tikur Anbessa Hospital has markedly reduced the morbidity and mortality in children.

Modern medicine is becoming more and more less invasive, and technology dependant. Therefore, you all need to get ready to move with technology and update on modern clinical medicine.

Sooner or later radiology will be setting up quality of future medicine. That is why some wise parents' and mentors want their children to join radiology.

Thank you

Miliard Derbew MD. FRCS. FCS-ECS

Professor of Pediatric surgery

Immediate Past President of the College of Surgeon
Of East Central and Southern Africa, COSECSA

Congratulations to radiologic society of Ethiopia to its achievements!


As all medical professionals are aware your discipline has been a key in advancement of diagnostic as well as therapeutic care in all areas of medicine; particularly in surgery. The regular joint sessions between radiology & my department for instance, are extensions of this reality. Both diagnostic as well as interventional as some call it, surgical radiology has come to rescue many of my fellow surgeons to find their way out in the dilemma of what to do. This has been a growing experience over years, particularly at SOM, AAU. The radiology staff as well as the leadership in different chairs of the university should deserve very great thank you.

As we celebrate the current achievements we need to work harder in the follow up and catch up of new development in this very fast developing field of medicine.

Dereje Gulilat, MD

Associate professor of surgery

Consultant cardiothoracic and General Surgeon
Chairman, Department of surgery, SOM, AAU



Radiology has been one of the most important armamentarium for surgeons since elucidation of x-rays by Roentgen in 1895. The discovery of x-rays helped much in diagnosing of fractured bone and plan of subsequent management. Significant advancement has been made in the field over the years since then. When we were students it was only x-ray that was available and ultrasound was at its infancy. However our practice as GP was supported only by x-rays which were read by ourselves. When we joined residency ultrasound was already included in the diagnostic work up here at TAH. At the same time Radiology residency program was in place which helped us much in having clear reports from the department. Having radiology session in the department of Surgery helped us much in acquiring skill to interpret x-ray findings. The introduction of computerized tomography was additional leap in the diagnosis and decision of surgical treatment for various surgical pathologies. We do appreciate the role of MRI in our practice. The role of our Radiologists in the team approach to help our patients is tremendous. I used to teach my students how to read x-rays and some of those same students are the ones who specialized in the field and give me great support in the diagnosis and treatment plan. I consider this as a great blessing and encourage them to work hard for the advancement of the field in our country.

Development of radiology and the value of radiology fellowship practice in patient care

Diagnostic imaging has come so far that now it is unthinkable to practice medicine without it. Clinical practice should be supplemented with the appropriate imaging diagnostic and interventional modalities. Significant improvement in treatment outcomes and quality of care has been shown after the introduction of imaging diagnostic modalities in our set-up. Specialty directed radiology discussions have become compulsory for planning any surgery, especially neurosurgical interventions. This is achieved with great success when fellowship driven radiology programs have been opened. Moreover, it is always delighting to see enthusiastic consultants and fellows who work hard towards improving the quality of care in a multidisciplinary way.

Tsegazeab Laeke, MD
Neurosurgeon

Berhanu Kotisso, MD
Professor in Surgery
AAU, School of medicine department of Surgery

An interview with Dr. Colonel Mekbib Teklemariam

The first Ethiopian Radiologist



When I was asked to do an interview with Dr. Mekbib Teklemariam, who is the first Ethiopian radiologist, I didn't know what to expect. I have never interviewed anyone before. It was somehow exciting to meet the first guy who chose to join the specialty I am currently studying. I know that we all chose our specialties for one or another reason but one thing is for sure, we consulted someone who has done it before deciding, either directly or not. But this guy probably didn't. He is the pioneer. Why radiology? What inspired him? The questions like such were in my mind when I reached his office on the 9th of August, on a rainy afternoon. I reached there before time to find his office ahead of our appointment, because the two things one can at least do when taking time out of the first radiologist's day is show up on time and dress professional...at least I tried. The nice clerk at the information desk guided me to the 1st floor where the office is located. So, I went up to where I was directed and reached at an office with an open door. I saw a guy busy at work behind a monitor. And when I got closer,

I was met with round glasses and sharp eyes. And as soon as I saw the fluoroscopic image displayed, I knew I was in front of the person I was looking for.

I introduced myself referencing our phone conversation earlier that week. With a pleasant smile he told me we can go on and start. So here we go.

Early childhood

Dr. Mekbib is from a family of devout orthodox Christians. His father was a full-time church servant at the 4 kilo 'kidistsilasie church' around the area that used to be called 'Ginfile'. In the early days of the year 1937, Dr. Mekbib's family decided to leave Addis temporarily and flee to a possible safe haven from the aggressive Italian forces in Addis which by that time has taken total control over the city. And that safe place for the family was Muger, located in the then area of Selalae. And Dr. Mekbib was born on 14th of April, 1937 while his family was on the run. And yeah that makes our respected radiologist 81 plus years old by the time this interview was conducted.

The family returned back to their home in Addis in a couple of years and Mekbib was just a toddler. The young Mekbib was soon engaged in the church teaching system and it was only when he was 13 years of age that he joined the secular education at grade 1. He joined the then 'kedamawihalesilasie primary school. In easy words, both elementary and high school were just 'a piece of cake' to the hard working young Mekbib. Being the highest scorer was the norm for him throughout the years. He went on to finish high school in the same school. What

did he aspire to become in the future during his young days at school? You guessed wrong! He wanted to become an engineer!

And of course his high school leaving score wasn't surprising for people who knew the bright young man. Himself and a fellow young man named Mulugeta Wubeshet became the highest scorers from all over Ethiopia in the year 1959 scoring 97 out of 100 in the final national exam at grade 12. And of course they received the gracious honorary award from the emperor himself. The day of the award was quite eventful even more for excited Mekbib. He was met by people from the military! He was told that the government has pre-arranged for him to join the then "Harar military academy/Hailesilasie I military academy" located at the foot hills of hakim gara, part of a chain of mountain ranges surrounding the town. One would expect a young man who happens to be a national highest scorer to spend the morning of his award ceremony with family, celebrating. But no. He had to spend the whole morning doing medical check ups accompanied by people from the military who were also there to keep an eye on him. They were not going to take a chance. Few days later he was told he has a month to wrap up his family affection and buckle up because he is about to join the military.

Graduate and post graduate

The military academy was one of the physical illustrations of the emperor's ambition in uniting Africa. The school was established to produce young brilliant leaders for the military and its students were only from Ethiopia or friendly African countries at the time. It had strict military courses given by the then highly admired

military personnel mostly from India. And entry requirements were quite strict. It had common academic courses and arts and natural science streams to be given according to the students' inclinations and choice. It was a school that has created many respected academicians and military leaders, both for Ethiopia and Africa at large.

Young Mekbib joined the soldier's life being in the batch called "the 3rd course". The daily aggressive military trainings became part of his life. It all has paid off at the end because he is now Dr. Colonel, a title not a single person can achieve at the same time in a single life. The course was for 3 years and at his second year, on a lucky day, Mekbib was called to the office to be told that he has got a scholarship for medicine at the Croatian capital Zagreb, which was part of the Yugoslavian federation back then.

Learning medicine by itself is known to be demanding all the time and needs a committed self. That Mekbib and 5 of his other friends were ready for when they joined medical school in a foreign country. But more was needed. Things, the courses were all given in 'serbo-croatian'. When the other students went on to study anatomy, Mekbib had to get a dictionary first to orient himself. You would have to translate that to English and then try to memorize your anatomy. I would say they had to commit for 2 medical degrees at the same time. He recalls exams were given on the students' schedule when the student declared himself/herself ready. And almost all the exams were oral. One goes to the stage of a hall filled with college students and professors and will be asked questions by the professor who is part of the audience, and of course in 'serbo-

croatian`. Mekbib remembers the times he has cancelled his appointed date of exam because he was overwhelmed with the idea of it. But he was brave. He made it through and on the year 1969 he graduated with his medical degree

He did his internship in different hospitals in Addis. As a general practitioner he was deployed to the military hospital in Asmara in which he worked from the year 1971 to 1974.

After return from Asmara Dr. Mekbib was once again starving for a new chapter of life. One where learning, specializing was written in bold. Soon he was informed of a scholarship to the eastern European country he once stayed at for six long years. And he was to learn radiology. Another point where fate decided his life call. He remembers he never considered radiology when he thought of potential options. Rather neurosurgery was in his mind. He did take his time to decide to take the chance. He was told that he might have to wait for a while until another specialty scholarship was to be in the horizon. He wasn't going to waste any time. Decision was made and once again he moved back to Yugoslavia.

Dr. Mekbib relocated to the capital Belgrade. He remembers it was a much nicer and interesting stay than the first one. Radiology became a new interesting journey. It was quite a busy life. His batch was of total 10 people. There was morning case discussion every working day. Weekends were time for recap and not a nap. He had to read a lot every day. The latest radiological advance for the time was practiced in the department. Mostly Ultrasound, X-ray and most importantly fluoroscopic imagings were the areas of focus with cardiac catheterization being at its center. And that was where Dr. Mekbib and radiology were tied up together for life. Though it was fate

that brought them together, he loved it the whole way. And after 2 years of hard work in the restless days, Dr. Mekbib was awarded his certificate of specialty in radiology in the year 1976.

As he was packing to go back home, he was informed of a chance to do a fellowship at a hospital in Dublin. Of course he accepted the offer. His stay at the university hospital in Dublin was quite interesting as he remembers. He was particularly impressed with the inter departmental case discussions that made him enjoy the every day puzzle that radiology is. Diagnosing and then differentiating became the center of his career as he is now an imaging diagnostician.

After a year of stay, he returned to Addis Ababa. And it was a different world. He came back from a world full of radiologists practicing the latest radiological technology, to a place where he is the only one with the title. When he started working at the now Tor Hayloch hospital (which used to be called Leilt Tsehay hospital), he was automatically the head of the imaging department. I was curious to know the members of that department and they were mostly radiography technologists who were educated at different foreign countries. And he told me there were foreigner radiologists in the big hospitals like Tikur Anbesa at the time.

I was curious of the reason why he never joined AAU medical faculty in Tikur Anbesa. There is the obvious reason of being a military Dr. But once he was asked to join and he did want to join. But before he did he wanted the hospital to repair the fluoroscopy machine which was not working at the time. His precondition was never met and the fluoroscopy machine still not working... even today

Family and current life

Dr.Mekbib has never stopped practicing radiology .He currently works in a private practice. He is a father of three ,1 girl and 2 boys ,the youngest one being 35 years of age. None of his children have joined the field of medicine. He walks home every day from work because he doesn't like the crazy traffic in Addis and he has not driven a car for the past 10 years. I asked what he did for fun and he showed me to a load of magazines stucked on the table at one corner of his office and he loves to read magazines ,a lot . He plays' solitaire free cell '- a computer card game,when he is not reading on his free days.

I asked his advice for the current practicing radiologists both individually and as a professional society and he said "Taking the current high number of practicing radiologists and the capacity both skill and resource wise that comes with it, the Young radiologists should think of establishing a dedicated diagnostic center where every imaging and interventional

procedure can be provided. A center fully equipped that nobody would be referred to another place. That way we can help the society and ourselves to a great deal". He also commented on the lack of quick repairing of different diagnostic imaging machineries which keeps to be a challenge for all the years he has been practicing.

I was finally eager to hear of what he had to say about radiology as a career for life, for nobody has known it for as long as he has. I asked of what he would advice to the many general practitioners planning to join radiology. And his answer was both inspiring and true .He said he has been happy in all the years he has practiced .He loves how radiology associates with every field of the human health when it comes to diagnosis and treatment. He loves that it is an ever-growing science with something new every now and then. And he would advise anyone interested to pursue it ,for definitely, any physician who is naturally always seeking a solution for a patient will enjoy the ability radiology equips with.



Interviewer Dr. Freweyni Asfaw
2nd year Radiology Resident at AAU

Why Radiology?



My biggest inspiration to join Radiology came from the residents I met during the 'show patient' sessions, as an Intern. That is when I learned that not only is radiology about figuring out what is wrong with patients by seeing through them but that it integrates that with the clinical scenario. The residents also asked me follow-up questions about previous interesting cases, and I could see how passionate they were about their jobs. Also, I have had more than a few patients whose diagnosis and course of treatment completely changed after a consult with the radiology department. By the end of my internship, I thought, who wouldn't want to join a specialty that is both interesting and essential for all other fields.

Dr. Betelhem Birhanu
1st year Radiology resident SPHMMC



Although we get to attach to radiology for three weeks during our undergraduate training; it wasn't until the end of my internship that I decided to pursue it as a career. Seeing how every clinician's decision depended on a radiologist's input, I realized it is the cornerstone of any medical discipline.

The field of radiology as well as technology in general is growing dramatically, not only as a diagnostic tool but also as a means of intervention.

Even though practice of radiology is in its infancy in our country, seeing where the rest of the world is makes it even more exciting.

Everyday in Radiology is like solving a puzzle. The broad variety of cases seen as well as the diagnostic challenges faced makes it intellectually fulfilling.

Two years into my post graduate training, I'm even more glad I decided to join radiology. Every day is filled with exciting challenges and opportunities to learn more. I'm looking forward to contribute my share in the long path we have to travel in advancing this promising field in Ethiopia.

Dr. Etsehiwot Demeke
2nd year Radiology resident at TASH

ምርመራ በካሬ ሜትር

እስቲ ወግ ቢጤ ላወጋችሁ፡- መምሬ አያልቅበት አባላለሁ፡- የግንባራ ጠባባ ከወደሰሜን ቢመስልም በቋንቋዬ ግን ከበጌ ምድር ነዉ የመጣህዉ የሉኛል፡ እኔ ግን የሚገርማችሁ በጣም ገንፎ አወዳለሁ፡- (የብቆሎ)፡- ዘወትር ከምሳ በኋላ ደግሞ በአረንጓዴ የቅጠል እንጨት ጥረሴን ካልፋቅሁ ሳዛጋ ነዉ የምዉለዉ፡- የሰራ ባልደረቦቼ አንት ከየት ነህ ሲሉኝ ግራ ስለሚገባኝ ዝምታን አመርጣለሁ፡- ዘንድሮ ግን ለማንነቴ መልስ ያገኘሁ መስሎኛል፡-

ለማንኛዉም ያኔ ድሮ በጎረምሳነቴ ስቀብጥ የውለድኩት ልጄ ይኸዉ ኮሊጅ በጥሶ አመሉ የከፋ ሁኖ እኔ ምርቃት ብነፍገዉም መንግስት መርቆ ራቅ አድርጎ ስለላከዉ ቤት የሚያሞቅ ልጅ ፍለጋ ከባለቤቴ ጋር ሙከራ ቢጤ ጀመርን፡- ስኬቴን ለማረጋገጥም ሀኪም ዘንድ ጎራ አልን፡- ሃኪም ተብየዉ ግን ስዉ ከመጸየፉ ይሁን ከስንፍና በእጁ እንኳን ሳይዳሰሳት ወረቀት አሸክሞ ወደ ሌላ ምርመራ ክፍል እንድንሄድ ሲልከን ዉስጤ በጣም አዘኘ፡- ለአንድ አፍታ የድሮ ሀኪም ስብእና ከፊቴ ድቅን ብሎ ታዎኝ፡- ሳይሰለች ችግራን ሰምቶ፡- ልብሴን አስወልቆ ብብቴን ሳይቀር እየኮረኮረ በሽታዬን ፍለጋ ሲደክም ታዎኝ፡- ታዲያ የዚህኛዉ ሃኪም መሆን ስላጠራጠረኝ ዉቃቢዬ አልወደደዉም የሚል ምክኒያት ለባለቤቴ ነግሬ እንደ ሸቀጥ መቸርቸያ ከተማዉን ከሞላዉ ለላኛዉ ኪሊኒክ እኛኑ ቆጭ ብሎ የሚጠብቅ ሀኪም ዘንድ ይህን ገባሁ፡- የመጣንበትንም ካሰረዳን በኋላ እንደ ጓደኛዉ ወረቀት አሸክሞ ወደ ሌላ ክፍል ሲልከን ከሰፈራ ማዶ ካለዉ ጠንቋይ ጋር የሄድኩ መስሎ ተሰማኝ፡- ልዩነቴ የሀኪም ተብዬዉ ካዳሚዎች ነጭ ለባሽ መሆናቸዉ ይመስለኛል፡- አንድ ጥያቄ ልጠይቅና ወደ ታሪኩ እመልሳችኋለሁ ለመሆኑ ህክምናና ጥንቆላ አንድነታቸዉና ልነታቸዉ እንደ ምን ነዉ? ከዛም የያዘነዉን ወረቀት ተሸክመን ወደ ሌላ ክፍል አመራን፡- ከዛም አንድ እንደ እሱ ቀልበቢስ የሆኑት ነጭ ለባሽ አባባ ያምጡት ብላ በእጄ የለዉን ወረቀት ተቀብላ ይሄ የሸንት፣ ይህኛዉ የሰገራና የደም ነዉ አዚሁ ይሰራል ይሄኛዉ ግን የተለየ ምርመራ ነዉ እኛ ጋር የለም ብላ የሚሰራበትን ቦታ አመለከተችን እኔ ግን በጣም ግራ ስለገባኝ ጠጋ ብዬ የኔ ልጅ እኔ የመጣሁት ባለቤቴ ማርገዝ አለማርገዝን ለማረጋገጥ ነዉ ታዲያ እርግዝና በደምና በሰገራ ይታወቃል እንዴ ብዬ ብጠይቃት ግራ እንደ መጋባት ብላ አላወቅም ብላኝ አርፍ፡- እኔ የምልዉ ትምህርታችሁ አቢያታዊ ዲክራሲ ነዉ እንዴ ብዬ ለመጠየቅ አሰብኩና “የአፍ ወለምታ” የሚለዉ የአያቴ ተረት ትዝ ብሎኝ ካፌ መለሰኩትና የተጠየኩትን ከፍዬ ወደ አመለከተችን ቦታ ሄድን፡- ዘንድሮ ወደ ኪስ የሚገባዉና የሚወጣዉ አልመጣጠን ብሏል ያዉ አሁንም የተጠየኩትን ግመሽ ደርዘን የመቶ ብር ናቶች ከፍዬ ይህን ወደ ሀኪሙ ክፍል ገባሁ፡-

ከዚያም አንድ ጎረምሳ ቢጤ አልጋ ላይ አስተኝቶ ሆደን በባዝለን መሳይ ቅባት እያሻሽ ስመለከተው ድሮ አያቴ የጠላ ቂጣ ለመጋገር የጋለ ምጣድ ስታሽ ትዝ አለኝ ይኼ የሚለዎው ቅባቴና ከፊት ለፊት ያለው ቴሌቪዥን ብቻ ነው፡- ካሁን ካሁን ምን ይለን ይሆን እያልን አይን አይኑን ስናየው ማሰሱን ቆም አድርጎ እርጉዝ መሆኗን አበሰራት ልቤ ስትደልቅ እንዳይሰማ እጄን ደረቴ ላይ አስቀምጬ በደሰታ ስሜት ተባረክ ለማለት ገና አፌን ከምክፈቴ እርግዝናው መንታ መሆኑን ዱብዳ ሲነግረኝ ቃላቴን ሳልጨርስ

በድንጋጤ ፈዝዜ ቀረሁ፡- እሷም ምን አይነት ስሜት ውስጥ እንነበረች ለማወቅ በሚከብድ አስተያየት ተመለከተኝኝ ያው እግዜና ይህን ካለ እንግዲህ አልኩና “የቀበጡ እለት” የሚለው ተረት ትዝ አለኝ በዚች ቅፅበት የወተት፣ የሸንት ጨርቅ ፣የልብስ ፣የመጫወቻ፣.....የመሳሰሉት ወጪዎች እንደ በሽታ ታዩኝ፡- እኔም ምን አቅብጠኝ ነዉ ያኔ አልጋ ላይ.....ብዬ ተፀፀትኩ፡- እሱ የከፈተውን ሳይዘጋው አያድርም አልኩናም ባለቤቴን ከአልጋው አውርጄ የምርመራው ውጤት በወረቀት ብጤ እስከሚሰጠን ለመጠበቅ በተዘጋጀው ቦታ ስናመራ ከመርማሪው ጋር ቆማ ስትታዘብ የነበረች ባልደረባው ጠርታ አባባ ክፍያ አለ አለችኝ፡- ከዚያም በጣም በመገረም እናንተ የከፈለና ያልከፈለ ለይታችሁ አታስቀምጡም እንዴ ብዬ ግማሽ ደርዘን የመቶ ብር ናቶች መስጠቴን የሚገልፅ መረጃ ባሳያትም እሱን አውቃለሁ እንደከፈሉ ነገር ግን የእርሶ ባለቤት ያረገዝቸው መንታ ስለሆነ እጥፍ ያስከፍላችኋል አለችኝ፡- በድንጋጤና በመገረም ተመለከትኳት ቀጠል አድርጌም ወደ እናንተ የላከኝ ክሊኒክ እኮ ደምና ሰገራ ስትሰጥ እንደዚህ አላሉንም ወይንስ የዚህን ወጤት አይተው እንደገና ያስከፍሉን ይሆን? ብዬ ጠየኳት በጣም ስላሳዘንኳት መሰለኝ ያዘዘኝ ዶክተሩ ስለሆነ ይግቡና ያናግሩት ብላ ብትመረኝ ፋዩዳ ለሌለዉ ነገር ጊዜ ማባከን ስለሆነኩኝ ከደርዘን ያስቀረኋቸዉን 6 የመቶ ብር ናቶች ከፍዬ ወጣሁ፡- ነገሩ ግን ግራ ገብቶኛል ባለፈው መውሰድ ስለምፈልግ የዘር ፍሬዎቼን ጤንነት ለመመርመር ስሄድ ሁለቱንም የዘር ፍሬዎቼን እያገለበጠ ሲመረምረ ነበር፣ ወይስ ሲያስገቡኝ ሁለት የዘር ፍሬ ያለኝ ስላልመሰላቸው ነው? እሱን እግዜር ይወቀው ነገር ግን ይሄ አሰራር ልክ ነዉ ብዬ አላሰብም፡- ምክኒያቱም መንታ ማርገዝ እርግማን ምሆኑ ነዉ፡-

ስለሆነም ይህ ነገር በጊዜ መላ ካልተበጀለት ያው ምርመራው እንደጊዜው መሬት ተወዶ በካሬ ሜትር መሆኑ የማይቀር መሆኑን ያመለክታል፡- ታዲያ ያኔ ወጪ እንዳይበዛብን ቦታ መርጠን የሚያመንን ቦታ ብቻ በካሬ ሜትር ተለክቶ እንመረመርና እንከፍላለን፡- የዛኔ የሰውነት ክፍላችን ካርታ ይወጣለታል ማለት ነው፡- ከእምብርት በታችና በላይ በቀኝና በግራ እየተባለ፡- ታዲያ በጣም ትንሹ ክፍያ የወንጌቶች የዘር ፍሬ ሲሆን ትልቁ የእርግዝና ምርመራ ይሆናል ማለት ነዉ፡- እንግዲህ ከፍተኛ የምርመራ ዋጋ ለሚያስወጣን ጉዳይ ትንሽ ይሚያስከፍላል የወንጌቶች ጉዳይ ተጠያቂ ንወ ማለት ነዉ፡- አይመስለችሁም? የንን ጊዜ አለማሰብ ይሻላል ምክንያቱም ስምንተኛው ሺ የመጣ ያህል ያስፈራኛል፡- “ሽሽታችሁ በክረምት ወይም በሰንበት እንዳይሆን ፀልዩ “ የሚለው የመጽሃፍ ቅዱስ ጥቅስ ትዝ አለኝ እኔ ግን በሰዉኛ “ህመማችሁ ምርመራ በካሬ ሜትር በሆነበት ጊዜ እንዳይሆን ፀልዩ፣ በተለይ ለነፍስ ጡሮች” ስለሆነም ወጌን አነግዲህ እንደ አባቶቻችን በምክር ላሳርገዉ፡- እባካችሁ ለሰው ሳይሆን ለእግዜር ታዘዙ፣ ንዋይ ሳይሆን ህሊችሁ ይግዛችሁ፣ ጥላቻ ሳይሆን ፍቅር ይብዛላችሁ፡- ከጊዜው ጋር ተራመዱ (ተደመሩ) ብዬ በሚቀጥለው እስክንገናኝ ይህና ሰንበቱልኝ

መምሬ አያልቅበት



OBITUARIES

Leslie Robert Whittaker

Neil Whittaker

Professor of radiology University of Addis Ababa (b 1922; q Charing Cross Hospital, University of London, 1945; OBE; MRCS; DCH; DMRD; FRCR), d 24 December 2014.

Leslie Robert Whittaker was born in Swansea. After house jobs at Charing Cross Hospital and Swansea General Hospital, he joined the Royal Air Force Volunteer Reserve. He joined the colonial medical service and was posted to Kenya as a medical officer. In 1954 he moved to Nairobi to train as a radiologist before being appointed consultant radiologist for Kenya's Ministry of Health. In 1975 he was appointed professor of

diagnostic radiology at the University of Nairobi Medical School. Principal surgeon of the Kenya St John Ambulance Brigade, he was appointed Knight of the Order. He received his OBE for services to radiology in Kenya. A spell working in the Seychelles was followed by his being appointed professor of radiology at the University of Addis Ababa, Ethiopia. He leaves three children and six grandchildren.

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ሌሃ ራድዮሎጂስት
 ሚስት እጥረት ያለበት
 ልረዳው ፈልጎ ሳምንት ከሚስት
 እህት ፈለኩና “ለሱ” የምትመኙ
 ይተያዩ ብዬ እሷ እሱጋ ሄደች።
 አየና ሲያበቃ ጀመረ መተቸት
 AP ላይ ቆንጆ ነች
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 በላተራል ደግሞ ትልቅ ትመስላለች።
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በ ዶ/ር ዮሃንስ ሐዋዝ

Relationship between clinical Medical Physicists and Others in Medical Imaging Programs

1. Relationship with the Imaging Physician

While the imaging physician is responsible for the examination and final diagnosis, the medical physicist is responsible for keeping the physician informed of patient doses and how they compare to doses used nationally, advances in the field of medical imaging, limitations of the imaging process, and the technical characteristics of specific imaging equipment. The medical physicist must be aware of advances in relevant safety technologies, e.g., in MR safety and electrical safety, technologic limitations in imaging equipment, national standards of image quality, comparative aspects of different imaging modalities, relevant requirements of private certifying groups, relevant safety requirements for chemical safety, and relevant medical advances that will affect equipment purchase.

If there is a potential radiation, mechanical or electrical safety hazard for the patient or staff, the medical physicist should not allow the examination to be performed until satisfied that proper actions have been taken to eliminate the hazard. The medical physicist should be available to advise imaging staff on how to respond to questions from the patient regarding radiation exposures. If the patient is unduly anxious about the potential for risk from radiation exposure, the medical physicist should assist the physician in counseling the patient. The medical physicist's first responsibility is to the patient and, consequently, there is an ethical obligation to seek outside reconciliation of serious differences of opinion with regard to image quality and patient safety

2. Relationship with Technologists

The medical physicist should be able to advise the technologist on the roles of individual parameters defining the techniques in producing an optimal image. This combined expertise can facilitate the production of the highest quality images possible for diagnostic purposes

3. The Medical Physicist as an Employee of the Hospital

The hospital may contract with a single medical physicist for services either as an outside contractor or an employee. An important issue involves the opportunity to consult. The time and considerations under which consulting is allowed should be negotiated. The medical physicist must be a member of the professional staff and a member of the medical staff if employed by a hospital. Often he or she acts as a technical administrator for the department and reports to the department chair as do the imaging physicians. The medical physicist's function in the department requires that he or she be intimately involved in all decisions affecting image quality, radiation protection

By **Seiife Teferi Dellie (Ph.D)**, Associate Prof. of Medical physics

Addis Ababa University, CHS, Department of radiology

Extracted from "the role of the clinical medical physicist in diagnostic radiology" published for the American association of physicists in medicine by the American institute of physics, AAPM report no. 42.

Contributed by Dr. Seiife Teferi

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Dr Shewalem Negash

Dr Bekele Tadesse
Dr Frehiwot Bekele
Dr Samuael esseye
Dr Wondim Getnet
Dr Yared Nigussie
Dr Yonas Tadesse

National Ultrasound Training Center

Here is the picture showing the place for the national US training center established by the RSE in collaboration with the FMOH, TASH & SPMMC to be used as a training center for all levels of ultrasound training; from mid-level professionals to advanced training for radiologists. It has six capacious ultrasound cubicles and one mini-conference room which can accommodate up-to 25 trainees at a time.



Conference room



Ultrasound cubicles

Am I crazy?

Or my Patient

My knowledge?

Or, his tough brain?

Storm to drain

My cognition?

His perception?

He nags me

Busy to argue

Quarrel with me

Persuade me

To accept his diagnosis

Prescribe his own medics

So, who am I here?

A physician? A rapportur?

Oh God, Help me to have the patiency

& help me to be trust worthy

Dear lord, make my “civilized” patients ignorant or let them know medicine in full detail

So that they can treat

They can trust

They can blink

They can stick

So that we can share a common sense

To live in peace

Dr. Temesgen Mekonnen

Assessment of Satisfaction of Radiologists Practicing in Ethiopia

The level of professional satisfaction is a key factor in delivering quality of medical care. the level of professional satisfaction of radiologist in Ethiopia was not known therefore the main aim the study was to assess the level of professional satisfaction in Ethiopian Radiologist.

The study is a cross-sectional survey of the level of professional satisfaction radiologist with at least 2 years of professional experience who came for annual conference Radiological Society of Ethiopia (RSE). we used a self administered structured questionnaire

Eighty radiologists participated in the study of which 2/3 were male and > 53.9% were younger than 45yrs of age. the overall all satisfaction level f radiologist was . 62.8%. Radiologists whose age group 35-44 ($p=0.018$), male ($p = 0.01$), those working in large cities outside Addis ($P = 0.01$), and radiologist in clinical practice were somewhat or extremely satisfied ($p= 0.03$). whereas Radiologists working in small towns ($p= 0.001$), females, and younger age were more dissatisfied. 32% of the radiologist are either very satisfied or extremely satisfied with the monthly income and it was significantly associated with the level of satisfaction ($p=0.001$)

The survey demonstrated high level of professional satisfaction. professional satisfaction was associated with work arrangement , gender , age group related to years of experience and place of work . income was also significantly associated with professional satisfaction.



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