A case of claudication in a young man

Sir,

We read with interest the case report by Jaffer and Cameron (vol 66(10), 2005, p. 594) that highlights the existence of cystic arterial disease as a rare cause of intermittent claudication in young people. In 2004, a similar unusual case of calf claudication in a young athlete secondary to osteochondroma (Osborn and Raman, 2004) was reported in your journal.

It appears that the authors have overlooked the value of non-radiational imaging in diagnosing vascular pathologies. Duplex sonography has been largely accepted as the first-line investigation in patients presenting with peripheral vascular disease. It has also been shown to be a valuable tool for identifying this pathology non-invasively (Brodmann et al, 2001).

There is also good evidence in the literature supporting the role of magnetic resonance imaging in diagnosing cystic adventitial disease (Mellado and Salvado, 2002). Moreover, magnetic resonance imaging has the added advantage of delineating the surrounding soft tissues more precisely and involves no radiation hazards to the patient (Elias et al, 2003).

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Mellado JM, Salvado E (2002) Adventitial cystic disease of the popliteal artery: role of MRA. *Eur Radiol* **12**(4): 948
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Sir,

We entirely agree with these helpful comments. We accept that ultrasonography is indeed a useful tool in the work-up of peripheral vascular disease; however, it is user dependant and many units have limited experience with it. Magnetic resonance imaging has great facility in the work-up of patients such as the one described in our article but access is often difficult because of the limited availability. We did not have either imaging modality easily available at the time our patient was treated.

Clearly, when considering cystic arterial disease or other rare causes of claudication, non-radiational imaging may indeed be useful.

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The expert witness and the lawyers

Sir,

I read Mr James Badenoch's lucid and cogent article on the expert witness and lawyers with interest (vol 66(11), 2005, p. 610).

My own interest as a diagnostic radiologist lies in the finding of Kleinmann classical metaphyseal lesions (CML) in babies usually under 1 year old and leading this as evidence of non-accidental injury.

Cases with this finding of CMLs tend to be heard in the family courts where, as far as I can understand, no effort has been made on the part of lawyers to ensure that the expert's opinions withstand logical analysis other than the opinions eminate from 'experts', despite the fact that radiologists by definition are not clinical experts. As the family court proceedings are secret my views are based on assumptions.

The Sir Roy Meadow 'situation' grew and thrived in the secrecy of the family courts and on emergence into the light of the criminal courts was 'untried' in the sense that Mr Badenoch so ably describes.

I submit that the case in relation to CMLs is in a similar state to the Sir Roy Meadow situation and the difficulty in lawyers ensuring that the expert's opinions, in this case radiologists, are subjected to logical analysis is that no Fellow of the Royal College of Radiologists except myself, to my knowledge, is prepared to argue that a CML could have a cause other than non-accidental injury.

If the Royal College of Radiologists expresses the opinion that CMLs equate without exception to non-accidental injury how is a defence lawyer to combat this view in a logical way.

A joint committee with shared representation from the Royal College of Radiologists and the Royal College of Paediatricians is at present considering the question of the assessment of non-accidental injury and I look forward with interest to their views as to the place of CMLs in non-accidental injury. At present if a CML is found in a baby and criminal proceedings are instituted the case would appear, to me, to be indefensible. I am not aware of any logical analysis of this entity by the British legal profession.

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