10 Bariatric/Metabolic surgery for the radiologist
Part 1: Gastric restrictive surgery
Approximately a third of American adults were clinically obese between 2007 and 2008, and the treatment of obesity-related medical conditions was estimated to cost almost $210 billion, accounting for more than 20% of U.S. national health expenditures. While it can help many patients, gastric restrictive surgery can cause complications such as bowel obstruction, infection with abscess formation, incisional/port hernia, and pulmonary embolism. This article will highlight the clinical features of gastric restrictive surgery relevant to the radiologist and review the radiologic appearance of normal and complicated laparoscopic adjustable gastric banding and laparoscopic sleeve gastrectomy.
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22 Imaging blunt pancreatic and duodenal trauma
The incidence of pancreatic injury in blunt abdominal trauma ranges from 0.2% to 12%, with mortality rates as high as 30%. The pancreas and duodenum are commonly injured simultaneously, with an incidence of 50% to 98%, often also involving the left hepatic lobe of the liver and spleen. Isolated pancreatic injuries are rare, occurring with an incidence of less than 30%. Mortality and morbidity significantly increase when the diagnosis is not recognized at admission. Thus, a prompt diagnosis of pancreatic injury is critical in delivering appropriate and timely interventions and for minimizing complications. Computed tomography (CT) is the imaging modality of choice in stable patients and provides an excellent means for detecting and characterizing solid visceral injuries.
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