Winners of the 2010 American College of Rheumatology Annual Image Competition

American College of Rheumatology Audiovisual Aids Subcommittee

The Audiovisual Aids Subcommittee of the American College of Rheumatology (ACR) is pleased to present the winners of the 2010 Annual Image Competition. This competition is an opportunity for health professionals to contribute to one of the preeminent image collections devoted to rheumatic diseases. More than 100 entries were submitted to this year’s competition. The selection process was a difficult but pleasurable task for the Subcommittee. Each submitted image was evaluated not only for a competition prize, but also for inclusion in the new Rheumatology Image Bank.

The 2010 overall competition winner was a composite of thermal images of hands rewarming after cold challenge (comparison of healthy control, patient with primary Raynaud’s phenomenon, and patient with systemic sclerosis) (Figure 1). In the still image category, contrast-enhanced computed tomography demonstrating mesenteric vasculitis in a patient with systemic lupus erythematosus was the winner (Figure 2). A composite of images depicting the knee of a patient with gout was the winner in the case study category (Figure 3).

Honorable mention was awarded to images of malignant atrophic papulosis of small intestines (submitted by Axia Toledo-Garcia, MD), familial cold autoinflammatory syndrome (submitted by Karyl Barron, MD), lipoma arborescens of the knee (submitted by Harpreet Tiwana, MD), malar rash (submitted by Luz Amar Dhindsa-Castanedo, MD), Schnitzler syndrome: urticaria and bone sclerosis (submitted by Kenneth Washington, MD), unilateral sacroiliitis in a patient with axial spondyloarthritis (submitted by Gleb Slobodin, MD), tophaceous gout (submitted by Yimy Medina, MD), videocapillaroscopy in systemic sclerosis (submitted by Maurizio Cутolo, MD), Whipple’s disease (submitted by Sudumpai Jarukitsopa, MD), and worsened gout: differential diagnosis of rheumatoid arthritis (submitted by Jose Alexandre Mendonca, MD).

The winning images of the 2010 competition, as well as several other noteworthy submissions, will be included in the Rheumatology Image Bank. The ACR’s Rheumatology Image Bank provides the medical community with 24/7 access to the foremost collection of rheumatology images in the world. This collection, formerly known as the ACR Slide Collection on Rheumatic Diseases (3rd edition), features contributions from all over the world and serves as a critical aid to countless physicians, researchers, journalists, and health care professionals. Since its launch at the 2009 ACR Annual Scientific Meeting, the Rheumatology Image Bank has received over 100,000 unique visitors worldwide including 9,900 registered users, with both numbers climbing to new heights each day. To view these images and many more, visit the Rheumatology Image Bank at http://images.rheumatology.org.

The ACR encourages the continued submission of high-quality images to its annual image competition. The Audiovisual Aids Subcommittee is targeting particular images to enhance the image bank. If you have high-quality images that illustrate rheumatic conditions or are relevant to the practice of rheumatology, please submit them to the 2011 Image Competition. The deadline for the 2011 competition is Thursday, September 1.

If you have any questions regarding the image competition, please contact products@rheumatology.org.

Members of the Audiovisual Aids Subcommittee of the American College of Rheumatology Committee on Education: Alan N. Baer, MD, Baltimore, Maryland (Chair); Brian E. Daikh, MD, Portland, Maine; Eric P. Gall, MD, Chicago, Illinois; Kristine M. Lohr, MD, Lexington, Kentucky; Janet Maynard, MD, Baltimore, Maryland; Erika H. Noss, MD, Boston, Massachusetts; Kathleen M. O’Neil, MD, Oklahoma City, Oklahoma; Andrea Ramirez, MD, Houston, Texas; Lee Anderson, RN, BSN, Champlin, Minnesota (Association of Rheumatology Health Professionals [ARHP] representative); Nancy Baker, ScD, OTR/L, Pittsburgh, Pennsylvania (ARHP representative); Iris Davidson, BSR, Vancouver, British Columbia, Canada (ARHP representative).

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Figure 1. Thermal images of hands rewarming after cold challenge: comparison of healthy control (left panels), patient with primary Raynaud’s phenomenon (middle panels), and patient with systemic sclerosis (right panels). The images in the top row were taken immediately after removal from cold water (15°C), those in the middle row were taken midway through rewarming (room temperature; 23°C), and those in the bottom row were taken after 15 minutes of rewarming. Red and white represent relatively warm skin temperatures (best seen in the healthy control after rewarming), and blue and purple relatively cold skin temperatures. The healthy control exhibits fast rewarming, the patient with primary Raynaud’s phenomenon exhibits asymmetric rewarming, and the patient with systemic sclerosis exhibits little rewarming. Submitted by Andrea Murray, PhD, Tonia Moore, BSc, and Ariane Herrick, MD, Manchester, UK.

Figure 2. Systemic lupus erythematosus: mesenteric vasculitis (computed tomography with contrast enhancement). In this 30-year-old woman with active systemic lupus erythematosus, there is diffuse circumferential wall thickening with submucosal edema of the small bowel, resulting in a ”double halo” or ”target” sign. These findings are indicative of mesenteric vasculitis. Submitted by Chun Yu Tan, MD, Cheng Du, China.

Figure 3. Tophaceous gout. The evaluation of a superficial mass over the right patella of a 35-year-old man included plain radiography of the knee (A), dual-energy computed tomography (B), and aspiration of tophaceous material from the mass (C). The patient had no history of acute gouty arthritis, but had a serum urate level of 11.8 mg/dl. The tophaceous deposits are evident as green masses on the dual-energy computed tomography image. Submitted by Eric Matteson, MD, Rochester, MN.