



IMAGING AND INTERVENTION



IMAGING AND INTERVENTION

Editor in Chief

Cihan Duran, MD

Associate Professor of Radiology Department of Cardiothoracic Imaging, University of Texas Health Science Center at Houston, Houston, TX, USA
ihan.Duran@uth.tmc.edu

Associate Editor

Irfan Masood, MD

Vascular & Interventional Radiology University of Texas Medical Branch, Galveston, TX, USA

Editorial Board

Eric Walser, MD

Professor & Chairman of Radiology Vascular & Interventional Radiology University of Texas Medical Branch, Galveston, TX, USA.

Glenn Garcia, MD

Associate Professor of Radiology Director of Musculoskeletal Radiology University of Texas Medical Branch, Galveston, TX, USA.

Gunvir Gill, MD

Associate Professor of Radiology Chief of Vascular & Interventional Radiology University of Texas Medical Branch, Galveston, TX, USA.

Arya Bhagerpour, DO

Assistant Professor of Radiology Program Director, Vascular & Interventional Radiology University of Texas Medical Branch, Galveston, TX, USA.

Manoj Kathuria, MD

Associate Professor of Radiology Vascular & Interventional Radiology UT Southwestern Medical Center, Dallas, TX, USA.

Huda Al-Jadiry, MD

Assistant Professor of Radiology Neuroradiology University of Texas Medical Branch, Galveston, TX, USA.

Umar Chaudhry, MD

Assistant Professor of Radiology Neuroradiology University of Texas Medical Branch, Galveston, TX, USA.

Javier Villanueva-Meyer, MD

Associate Professor of Radiology Nuclear Medicine and Molecular Imaging University of Texas Medical Branch, Galveston, TX, USA.

Quan Nguyen, MD

Assistant Professor of Radiology Breast Imaging University of Texas Medical Branch, Galveston, TX, USA.

Arsalan Saleem, MD

Associate Program Director Vascular & Interventional Radiology University of Texas Medical Branch at Galveston, TX, USA

Driss Raissi, MD

Associate Professor of Radiology, Medicine, Surgery and Obstetrics & Gynecology Chief, Division of Vascular & Interventional Radiology University of Kentucky College of Medicine, KY, USA

Osman Ahmed, MD FCIRSE,

Assistant Professor, Vascular and Interventional Radiology, University of Chicago, IL, USA

Musa Kaleem MBBS; FRCR; MRCPCH

Consultant Pediatric Radiologist and Deputy Clinical Lead, Radiology Department Alder Hey Children's Hospital Liverpool, UK

Constantine Raptis, MD

Associate Professor of Radiology, Cardiothoracic Imaging Mallinckrodt Institute of Radiology, St. Louis, MO, USA

Founders

Irfan Masood, MD

Vascular & Interventional Radiology University of Texas Medical Branch, Galveston, TX, USA

Arsalan Saleem, MD

Associate Program Director Vascular & Interventional Radiology University of Texas Medical Branch, Galveston, TX, USA

Hasan Khan, MD

Radiology University of Texas Medical Branch, Galveston, TX, USA

Hamzah Saleem, MD

General Surgery University of Illinois Chicago, IL, USA



Publisher
İbrahim KARA

Publication Director
Ali ŞAHİN

Editorial Development
Gizem KAYAN TEKAÜT

Deputy Publication Director
Gökhan ÇİMEN

Finance and Administration
Zeynep YAKIŞIRER ÜREN

Publication Coordinators
İrem SOYSAL
Arzu YILDIRIM
Deniz KAYA
Bahar ALBAYRAK
Gamze BİLGİN
Ebru BOZ

Project Coordinators
Sinem Fehime KOZ
Doğan ORUÇ
Emre KARA

Graphics Department
Ünal ÖZER
Deniz Elif DURAN

Contact

Address: Büyükdere Cad.
105/9 34394

Şişli, İstanbul, Turkey

Phone: +90 212 217 17 00

Fax: +90 212 217 22 92

E-mail: info@avesyayincilik.com



IMAGING AND INTERVENTION

Aims and Scope

Imaging and Intervention (Imaging Interv) is an international, scientific, open-access periodical published in accordance with independent, unbiased, and double-blinded peer-review principles. It is an online-only journal, published triannually in April, August, and December. The publication language of the journal is English.

The aim of the journal is to publish original research papers of the highest scientific and clinical value in all fields of radiology and related disciplines. Imaging and Intervention also publishes reviews, rare case report and letters to the editors.

The scope of the journal is multidisciplinary, representing all topics related to diagnostic radiology and related subspecialties, vascular and interventional radiology, and endovascular surgery.

The journal's target audience includes healthcare professionals, physicians, and researchers who are interested or working in all fields of diagnostic and interventional radiology and related subspecialties.

The editorial and publication processes of the journal are shaped in accordance with the guidelines of the International Committee of Medical Journal Editors (ICMJE), World Association of Medical Editors (WAME), Council of Science Editors (CSE), Committee on Publication Ethics (COPE), European Association of Science Editors (EASE), and National Information Standards Organization (NISO). The journal is in conformity with the Principles of Transparency and Best Practice in Scholarly Publishing (doaj.org/bestpractice).

Publication Fee Policy

Processing and publication are free of charge with the journal. No fees are requested from the authors at any point throughout the evaluation and publication process. All manuscripts must be submitted via the online submission system, which is available at <https://imgint.manuscriptmanager.net>. The journal guidelines, technical information, and the required forms are available on the journal's web page.

Advertisement Policy

Imaging and Intervention can publish advertisement images in the journal's website upon the approval of the Editor in Chief. Potential advertisers should contact the Editorial Office. Advertisers have no effect on the editorial decisions or advertising policies.

Disclaimer

Statements or opinions expressed in the manuscripts published in the journal reflect the views of the author(s) and not the opinions of the editors, the editorial board, and/or publisher. The editors, editorial board, and publisher disclaim any responsibility or liability for such materials.

Open Access Statement

Imaging and Intervention is an open access publication, and the journal's publication model is based on Budapest Open Access Initiative (BOAI) declaration. All published content is available online, free of charge at www.imaging-interv.org. Authors retain the copyright of their published work in the Imaging and Intervention. The journal's content is licensed under a Creative Commons Attribution-NonCommercial (CC BY-NC) 4.0 International License which permits third parties to share and adapt the content for non-commercial purposes by giving the appropriate credit to the original work.

Editor-in-chief: Cihan Duran
Address: Department of Cardiothoracic Imaging, University of Texas Health Science Center at Houston, Houston, TX, USA
E-mail: irmasood@UTMB.EDU

Publisher: AVES
Address: Büyükdere Cad., 105/9 34394 Mecidiyeköy, Şişli, İstanbul, Turkey
Phone: +90 212 217 17 00
Fax: +90 212 217 22 92
E-mail: info@avesyayincilik.com



IMAGING AND INTERVENTION

Instructions to Authors

Imaging and Intervention (Imaging Interv) is an international, scientific, open-access periodical published in accordance with independent, unbiased, and double-blinded peer-review principles. It is an online-only journal, published triannually in April, August, and December. The publication language of the journal is English.

The journal aims to publish original research papers of the highest scientific and clinical value in all fields of radiology and related disciplines. Imaging and Intervention also publishes reviews, case report and letters to the editors.

The scope of the journal is multidisciplinary, representing all topics related to diagnostic radiology and related subspecialties, vascular and interventional radiology, and endovascular surgery.

The journal's target audience includes healthcare professionals, physicians, and researchers who are interested or working in all fields of diagnostic and interventional radiology and related subspecialties.

EDITORIAL AND PUBLICATION PROCESS

The editorial and publication processes of the journal are in accordance with the guidelines of the International Council of Medical Journal Editors (ICMJE), the World Association of Medical Editors (WAME), the Council of Science Editors (CSE), the Committee on Publication Ethics (COPE), the European Association of Science Editors (EASE), and National Information Standards Organization (NISO). The journal conforms to the Principles of Transparency and Best Practice in Scholarly Publishing (doaj.org/bestpractice).

Originality, high scientific quality, and citation potential are the most important criteria for a manuscript to be accepted for publication. Manuscripts submitted for evaluation should not have been previously presented or already published in an electronic or printed medium. The authors should inform the journal of manuscripts that have been submitted elsewhere for evaluation and rejected for publication. The submission of previous reviewer reports will expedite the evaluation process. Manuscripts that have been presented in a meeting should be submitted with detailed information on the organization, including the name, date, and location of the organization.

PEER REVIEW PROCESS

Manuscripts submitted to Imaging and Intervention will go through a double-blind peer-review process. Each submission will be reviewed by at least two external, independent peer reviewers who are experts in their fields to ensure an unbiased evaluation process. The editorial board will invite an external and independent editor to manage the evaluation processes of manuscripts submitted by editors or by the journal's edito-

rial board members. The Editor in Chief is the final authority in the decision-making process for all submissions.

ETHICAL GUIDELINES

An approval of research protocols by the Ethics Committee in accordance with international agreements (World Medical Association Declaration of Helsinki "Ethical Principles for Medical Research Involving Human Subjects," amended in October 2013, www.wma.net) is required for experimental, clinical, and drug studies and for some case reports. If required, ethics committee reports, or an equivalent official document will be requested from the authors. Submission that have no ethical approval will be reviewed according to COPE's Research, Audit and Service Evaluations guideline. Such manuscripts can be rejected after editorial review due to the lack of ethics committee approval.

For manuscripts concerning experimental research on humans, a statement should be included that written informed consent of patients and volunteers was obtained following a detailed explanation of the procedures they may undergo.

It is the authors' responsibility to protect the patients' anonymity carefully. For photographs that may reveal the patient's identity, signed releases of the patient or their legal representative should be enclosed, and the publication approval must be provided in the Methods section.

For studies carried out on animals, an approval research protocol by the Ethics Committee in accordance with international agreements (Guide for the care and use of laboratory animals, 8th edition, 2011" and/or "International Guiding Principles for Biomedical Research Involving Animals, 2012") is required. Also, the measures taken to prevent pain and suffering of the animals should be stated clearly in such studies.

Information on patient consent, the ethics committee's name, and the ethics committee approval number and date should also be stated in the Methods section of the manuscript.

PLAGIARISM AND ETHICAL MISCONDUCT

Imaging and Intervention is extremely sensitive about plagiarism. All submissions are screened by a similarity detection software (iThenticate by CrossCheck) at any point during the peer-review and/or production process.

When you discuss others' (or your own) previous work, please make sure that you cite the material correctly in every instance.

Authors are strongly recommended to avoid any form of plagiarism and ethical misconduct that are exemplified below.

Self-plagiarism (text-recycling): Overlapping sections or sentences with the author's previous publications without citing



IMAGING AND INTERVENTION

them. Even if you are the author of the phrases or sentences, the text should not have an unacceptable similarity with the previously published data.

Salami slicing: Using the same data of research into several different articles. Reporting the same hypotheses, population, and study methods in different papers is not acceptable.

Data Fabrication: It refers to the addition of data that never occurred during data gathering or the experiments. Results and their interpretation must be based on the complete data sets and reported accordingly.

Data Manipulation/Falsification: It refers to manipulating the research data to give a false impression. This includes manipulating images (e.g. micrographs, gels, radiological images), removing outliers or 'inconvenient' results, changing data points, etc.

In the event of alleged or suspected research misconduct, e.g., plagiarism, citation manipulation, and data falsification/fabrication, the Editorial Board will follow and act according to COPE flowcharts.

PREPRINT

Imaging and Intervention does not consider preprint publications as a prior publication. In other words, authors are allowed to present and discuss their findings on a non-commercial preprint server before submission to a journal.

Authors must provide the journal with the pre-print server deposition of their article accompanying its DOI during initial submission.

If the article is published in the Imaging and Intervention, it is the author's responsibility to update the archived preprint and link it to the published version of the article.

AUTHORSHIP

Each person listed as an author should fulfill the authorship criteria recommended by the International Committee of Medical Journal Editors (ICMJE - www.icmje.org). The ICMJE recommends that authorship is based on the following four criteria:

1. Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
2. Drafting the work or revising it critically for important intellectual content; AND
3. Final approval of the version to be published; AND

4. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

In addition to being accountable for the parts of the work he/she has done, an author should be able to identify which co-authors are responsible for specific other parts of the work. Also, the authors should have confidence in the integrity of the contributions of their co-authors.

All those designated as authors should meet all four criteria for authorship, and all who meet the four criteria should be identified as authors. Those who do not meet all four criteria should be acknowledged in the title page of the manuscript.

Imaging and Intervention requires corresponding authors to submit a signed and scanned version of the Copyright Agreement and Acknowledgement of Authorship form (available for download www.imaging-interv.org) during the initial submission process to act appropriately on authorship rights and to prevent ghost or honorary authorship. If the editorial board suspects a case of "gift authorship," the submission will be rejected without further review. As part of the submission of the manuscript, the corresponding author should also send a short statement declaring that he/she accepts to undertake all the responsibility for authorship during the submission and review stages of the manuscript.

CHANGE OF AUTHORSHIP

Imaging and Intervention reviews the authorship according to the author's declaration in the Title Page; thus, it is the authors' responsibility to send the complete author names' final order. Requests in the change of authorship (e.g. removal/addition of the authors, change in the order etc.) after submission are subject to editorial approval. Editorial Board will investigate these kind of cases and act following COPE flowcharts.

Change of authorship requests should be submitted to the Editorial Office with an official letter stating the reasons of the change. The letter must be signed by all authors and include their approval on the change in authorship. If the request is approved by the Editorial Board, authors need to submit a new Copyright Agreement Form according to the final order list.

DECLARATION OF INTEREST

Imaging and Intervention requires and encourages the authors and the individuals involved in the evaluation process of submitted manuscripts to disclose any existing or potential conflicts of interest including financial, consultant, and institutional, that might lead to potential bias or a conflict of interest. Any financial grants or other support received for a submitted study from individuals or institutions should be disclosed to the



IMAGING AND INTERVENTION

Editorial Board. The ICMJE Potential Conflict of Interest Disclosure Form should be filled in and submitted by all contributing authors to disclose a potential conflict of interest. The journal's Editorial Board resolves cases of a potential conflict of interest of the editors, authors, or reviewers within the scope of COPE and ICMJE guidelines.

APPEAL AND COMPLAINT

The Editorial Board of the journal handles all appeal and complaint cases within the scope of COPE guidelines. In such cases, authors should get in direct contact with the editorial office regarding their appeals and complaints. When needed, an ombudsperson may be assigned to resolve claims that cannot be resolved internally. The Editor in Chief is the final authority in the decision-making process for all appeals and complaints.

COPYRIGHT AND LICENSE

Imaging and Intervention requires each submission to be accompanied by a Copyright Agreement and Acknowledgement of Authorship form (available for download www.imaging-interv.org). By signing this form, the authors retain the copyright of their work. They agree that the article, if accepted for publication by the Imaging and Intervention, will be licensed under a Creative Commons Attribution-NonCommercial (CC BY-NC) 4.0 International License which permits third parties to share and adapt the content for non-commercial purposes by giving the appropriate credit to the original work.

When using previously published content, including figures, tables, or any other material in print and electronic formats, authors must obtain permission from the copyright holder. Legal, financial and criminal liabilities in this regard belong to the author(s).

DISCLAIMER

Statements or opinions expressed in the manuscripts published in Imaging and Intervention reflect the views of the author(s) and not the opinions of the editors, the editorial board, or the publisher; the editors, the editorial board, and the publisher disclaim any responsibility or liability for such materials. The final responsibility regarding the published content rests with the authors.

MANUSCRIPT PREPARATION

The manuscripts should be prepared in accordance with ICMJE-Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals (updated in December 2018 - <http://www.icmje.org/icmje-recommendations.pdf>). Authors are required to prepare manuscripts in accordance with the CONSORT guidelines for randomized research studies, STROBE guidelines for observational original research studies, STARD guidelines for studies on diagnostic accuracy, PRISMA guidelines for systematic reviews and me-

ta-analysis, ARRIVE guidelines for experimental animal studies, and TREND guidelines for non-randomized public behavior.

Manuscripts can only be submitted through the journal's online manuscript submission and evaluation system, available at <https://imgint.manuscriptmanager.net>. Manuscripts submitted via any other medium and submissions by anyone other than one of the authors will not be evaluated.

Manuscripts submitted to the journal will first go through a technical evaluation process where the editorial office staff will ensure that the manuscript has been prepared and submitted in accordance with the journal's guidelines. Submissions that do not conform to the journal's guidelines will be returned to the submitting author with technical correction requests.

Authors are required to submit the following:

- Copyright Agreement and Acknowledgement of Authorship Form, and
- ICMJE Potential Conflict of Interest Disclosure Form (should be filled in by all contributing authors) during the initial submission. These forms are available for download at www.imaging-interv.org.

Preparation of the Manuscript

Title page: A separate title page should be submitted with all submissions, and this page should include:

- The full title of the manuscript as well as a short title (running head) of no more than 50 characters,
- Name(s), affiliations, highest academic degree(s), and ORCID IDs of the author(s),
- Grant information and detailed information on the other sources of support,
- Name, address, telephone (including the mobile phone number), and email address of the corresponding author,
- Acknowledgment of the individuals who contributed to the preparation of the manuscript but who do not fulfill the authorship criteria.

Abstract: An abstract should be submitted with all submissions except for Letters to the Editor. The abstract of Original Articles should be structured with subheadings (Objective, Methods, Results and Conclusion). Please check Table 1 below for word count specifications.

Keywords: Each submission must be accompanied by a minimum of three to a maximum of five keywords for subject indexing at the end of the abstract. The keywords should be listed in full without abbreviations. The keywords should be selected from the National Library of Medicine, Medical Subject Headings database (<https://www.nlm.nih.gov/mesh/MBrowser.html>).



IMAGING AND INTERVENTION

Manuscript Types

Original Articles: This is the most important type of article since it provides new information based on original research. Acceptance of original papers will be based upon the originality and importance of the investigation. The main text of original articles should be structured with Introduction, Material and Methods, Results, and Discussion subheadings. Please check Table 1 for the limitations for Original Articles.

Clinical Trials

Imaging and Intervention adopts the ICMJE's clinical trial registration policy, which requires that clinical trials must be registered in a publicly accessible registry that is a primary register of the WHO International Trials Registry Platform (ICTRP) or in ClinicalTrials.gov.

Instructions for the clinical trials are listed below.

- Clinical trial registry is only required for the prospective research projects that study the relationship between a health-related intervention and an outcome by assigning people.
- To have their manuscript evaluated in the journal, the authors should register their research to a public registry at or before the time of first patient enrollment.
- Based on most up to date ICMJE recommendations, Imaging and Intervention accepts public registries that include a minimum acceptable 24-item trial registration dataset.
- Authors are required to state a data sharing plan for the clinical trial registration. Please see details under "Data Sharing" section.
- For further details, please check ICMJE Clinical Trial Policy at <http://www.icmje.org/recommendations/browse/publishing-and-editorial-issues/clinical-trial-registration.html>

Data Sharing

As of January 1, 2019, a data sharing statement is required for the registration of clinical trials. Authors are required to provide a data sharing statement for the articles that report clinical trial results. The data sharing statement should indicate the items below according to the ICMJE data sharing policy:

- Whether individual de-identified participant data will be shared
- What data, in particular, will be shared
- Whether additional, related documents will be available
- When the data will be available and for how long
- By what access criteria will be shared

Authors are recommended to check the ICMJE data sharing examples at <http://www.icmje.org/recommendations/browse/publishing-and-editorial-issues/clinical-trial-registration.html>

While submitting a clinical trial to Imaging and Intervention;

- Authors are required to make registration to a publicly accessible registry according to ICMJE recommendations and the instructions above.
- The name of the registry and the registration number should be provided in the Title Page during the initial submission.
- Data sharing statement should also be stated in the Title Page even the authors do not plan to share it.

Statistical analysis to support conclusions is usually necessary. Statistical analyses must be conducted in accordance with international statistical reporting standards (Altman DG, Gore SM, Gardner MJ, Pocock SJ. Statistical guidelines for contributors to medical journals. *Br Med J* 1983; 7; 1489-93). Information on statistical analyses should be provided with a separate subheading under the Materials and Methods section, and the statistical software used during the process must be specified.

Units should be prepared in accordance with the International System of Units (SI).

Editorial Comments: Invited brief editorial comments on selected articles are published in Imaging and Intervention. Editorials should not be longer than 1000 words, excluding references. Editorial comments aim to provide a brief critical commentary by reviewers with expertise or high reputation in the research article published in the journal. Authors are selected and invited by the journal to provide such comments. Abstract, Keywords, and Tables, Figures, Images, and other media are not included.

Review Articles: Reviews prepared by authors who have extensive knowledge on a particular field and whose scientific background has been translated into a high volume of publications with a high citation potential are welcomed. The journal may even invite these authors. Reviews should describe, discuss, and evaluate the current knowledge of a topic in clinical practice and guide future studies. The authors should plan the subheadings of the review articles. However, each review article should include an "Introduction" and a "Conclusion" section. Please check Table 1 for the limitations for Review Articles.

Case Reports: There is limited space for case reports in the journal and reports on rare cases or conditions that constitute challenges in diagnosis and treatment, those offering new therapies or revealing knowledge not included in the literature, and interesting and educative case reports are accepted for publication. The text should include Introduction, Case Presentation, and Discussion with an unstructured abstract. Please check Table 1 for the limitations for Case Reports.



IMAGING AND INTERVENTION

Letters to the Editor: This type of manuscript discusses important parts, overlooked aspects, or lacking parts of a previously published article. Articles on subjects within the scope of the journal that might attract the readers' attention, particularly educative cases, may also be submitted in the form of a "Letter to the Editor." Readers can also present their comments on the published manuscripts in the form of a "Letter to the Editor." Abstract, Keywords, and Tables, Figures, Images, and other media should not be included. The text should be unstructured. The manuscript that is being commented on must be properly cited within this manuscript.

Tables

Tables should be included in the main document, presented after the reference list, and should be numbered consecutively in the order they are referred to within the main text. A descriptive title must be placed above the tables. Abbreviations used in the tables should be defined below the tables by footnotes (even if they are defined within the main text). Tables should be created using the "insert table" command of the word processing software, and they should be arranged clearly to provide easy reading. Data presented in the tables should not be a repetition of the data presented within the main text but should be supporting the main text.

Figures and Figure Legends

Figures, graphics, and photographs should be submitted as separate files (in TIFF or JPEG format) through the submission system. The files should not be embedded in a Word document or the main document. When there are figure subunits, the subunits should not be merged to form a single image. Each subunit should be submitted separately through the submission system. Images should not be labeled (a, b, c, etc.) to indicate figure subunits. Thick and thin arrows, arrowheads, stars, asterisks, and similar marks can be used on the images to support figure legends. Like the rest of the submission, the figures, too, should be blind. Any information within the images that may indicate an individual or institution should be blinded. The minimum resolution of each submitted figure should be 300 DPI. To prevent delays in the evaluation process, all submitted figures should be clear in resolution and large in size (minimum dimensions: 100 × 100 mm). Figure legends should be listed at the end of the main document.

All acronyms and abbreviations used in the manuscript should be defined at first use, both in the abstract and in the main

text. The abbreviation should be provided in parentheses following the definition.

When a drug, product, hardware, or software program is mentioned within the main text, product information, including the name of the product, the producer of the product, and city and the country of the company (including the state if in USA), should be provided in parentheses in the following format: "Discovery St PET/CT scanner (General Electric, Milwaukee, WI, USA)"

All references, tables, and figures should be referred to within the main text, and they should be numbered consecutively in the order they are referred to within the main text.

Limitations, drawbacks, and the shortcomings of original articles should be mentioned in the Discussion section before the conclusion paragraph.

References

Both in-text citations and the references must be prepared according to the AMA Manual of style.

While citing publications, preference should be given to the latest, most up-to-date publications. Authors are responsible for the accuracy of references. If an ahead-of-print publication is cited, the DOI number should be provided. Journal titles should be abbreviated in accordance with the journal abbreviations in Index Medicus/MEDLINE/PubMed. When there are six or fewer authors, all authors should be listed. If there are seven or more authors, the first three authors should be listed followed by "et al." In the main text of the manuscript, references should be cited in superscript after punctuation. The reference styles for different types of publications are presented in the following examples.

Journal Article: Akman S, Ertürer RE, Tezer M, Tekeşin M, Kuzgun U. Long-term results of olecranon fractures treated with tension-band wiring technique. *Acta Orthop Traumatol Turc.* 2002;36:401-417.

Book Section: Fikremariam D, Serafini M. Multidisciplinary approach to pain management. In: Vadivelu N, Urman RD, Hines RL, eds. *Essentials of Pain Management.* New York, NY: Springer New York; 2011:17-28.

Table 1. Limitations for each manuscript type

| Type of manuscript | Word limit | Abstract word limit | Reference limit | Table limit | Figure limit |
|----------------------|------------|---------------------|-----------------|-------------|--------------------------|
| Original Article | 4000 | 250 (Structured) | 35 | 6 | 5 or total of 10 images |
| Review Article | 5000 | 250 | 50 | 6 | 10 or total of 15 images |
| Case Report | 1200 | 200 | 15 | No tables | 4 or total of 8 images |
| Letter to the Editor | 400 | No abstract | 5 | No tables | No media |



IMAGING AND INTERVENTION

Books with a Single Author: Patterson JW. Weedon's Skin Pathology. 4th ed. Churchill Livingstone; 2016.

Editor(s) as Author: Etzel RA, Balk SJ, eds. Pediatric Environmental Health. American Academy of Pediatrics; 2011.

Conference Proceedings: Morales M, Zhou X. Health practices of immigrant women: indigenous knowledge in an urban environment. Paper presented at: 78th Association for Information Science and Technology Annual Meeting; November 6-10; 2015; St Louis, MO. Accessed March 15, 2016. <https://www.asist.org/files/meetings/am15/proceedings/openpage15.html>

Thesis: Maiti N. Association Between Behaviours, Health Characteristics and Injuries Among Adolescents in the United States. Dissertation. Palo Alto University; 2010.

Online Journal Articles: Tamburini S, Shen N, Chih Wu H, Clemente KC. The microbiome in early life: implications for health outcomes. Nat Med. Published online July 7, 2016. doi:10.1038/nm4142

Epub Ahead of Print Articles: Websites: International Society for Infectious Diseases. ProMed-mail. Accessed February 10, 2016. <http://www.promedmail.org>

REVISIONS

When submitting a revised version of a paper, the author must submit a detailed "Response to the reviewers" that states point by point how each issue raised by the reviewers has been cov-

ered and where it can be found (each reviewer's comment, followed by the author's reply and line numbers where the changes have been made) as well as an annotated copy of the main document. Revised manuscripts must be submitted within 30 days from the date of the decision letter. If the revised version of the manuscript is not submitted within the allocated time, the revision option may be canceled. If the submitting author(s) believe that additional time is required, they should request this extension before the initial 30-day period is over.

Accepted manuscripts are copy-edited for grammar, punctuation, and format. Once the publication process of a manuscript is completed, it is published online on the journal's webpage as an ahead-of-print publication before it is included in its scheduled issue. A PDF proof of the accepted manuscript is sent to the corresponding author and their publication approval is requested within 2 days of their receipt of the proof.

Editor in Chief: Cihan Duran

Address: Department of Cardiothoracic&Body Imaging, University of Texas Health Science Center at Houston, Houston, TX, USA
E-mail: irmasood@UTMB.EDU

Publisher: AVES

Address: Department of Cardiothoracic Imaging, University of Texas Health Science Center at Houston, Houston, TX, USA

Phone: +90 212 217 17 00

Fax: +90 212 217 22 92

E-mail: info@avesyayincilik.com

Webpage: avesyayincilik.com



IMAGING AND INTERVENTION

Contents

Original Articles

- 1** COVID-19 CT Severity and Handedness: Is There a Relation?
Sonay Aydın, Mecit Kantarcı, Erdem Fatihoğlu, Hakkı Yeşilyurt, Erdal Karavaş
- 6** Factors Influencing Fourth-Year Medical Students' Rank Lists of Radiology Residency Programs
Florentino Saenz, Shadan Alwan, Quan Nguyen

Case Reports

- 11** Two Bronchial Artery Aneurysms in Cystic Fibrosis
Elif S. Duran, Mina F. Hanna
- 14** Successful Glue Embolization of a Retroperitoneal Lymphatic Malformation Complicated with Refractory Chylous Ascites: A Case Report
Muhammad O. Awiwi, Ahmet Baş, Rahşan Özcan, Gonca Tekant
- 18** MRI Features and Pathological Findings of Metastatic Renal Small Cell Carcinoma: A Rare Case Report
Mustafa Bozdağ, Sümeyye Ekmekçi
- 23** Endovascular Retrieval after Migration of Nexplanon® in a Subsegmental Pulmonary Artery: Case Report
Virginie Bliach, Amandine Laporte, Dominique Cabral, Marc Sirol, Mostafa El Hajjam