

Terminology used in publications for post-mortem cross-sectional imaging

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We write to you today to suggest the need for standardisation of terminology used in the forensic/autopsy journals in the ever increasing number of publications in the emerging field post-mortem cross-sectional imaging. In our opinion, there are too many different terms used currently both as words and/or abbreviations and the time has come to propose within the forensic literature that common terminology be applied to this field. The introduction of standardised terminology is critical, not only for those endeavouring to write and publish their work but also for those attempting to find references by keyword searches. We suggest the following terminology be introduced to initiate the process of standardisation:

1. Currently, the two modalities emerging as dominant in post-mortem imaging are computed tomography and magnetic resonance imaging. We propose, as has been adopted within the UK, these be generically referred to as post-mortem cross-sectional imaging, so both modalities are covered by a single phrase. Authors could then go on to specify which of the two modalities, i.e. post-mortem computed tomography or post-mortem magnetic resonance imaging or both, are referred to within their work.
2. In the case of post-mortem computed tomography, we propose the abbreviation PMCT be used. In the case of

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post-mortem magnetic resonance imaging, we consider the term PMMR most appropriate.

3. For angiography, we propose the following wording be used; post-mortem computed tomography angiography (abbreviated to PMCTA) or post-mortem magnetic resonance angiography (abbreviated to PMMRA).
4. In the case of post-mortem image-guided biopsy, we suggest the words image-guided biopsy are added after the modality and that the abbreviation should be PMCTIGB or PMMRIGB.
5. As new techniques emerge, appropriate terminology and abbreviation can be agreed to and introduced on a term-by-term basis. An example of an emerging technique is that of post-mortem ventilation. So as not to

cause confusion with other clinical techniques, in this case, we suggest the words ventilated post-mortem computed tomography (VPMCT) or ventilated post-mortem magnetic resonance (VPMMR) could be used.

In our opinion, the time is right to present these suggestions within the literature. Although we recognise that neither we nor any journal can enforce such terminology or abbreviations, we are hopeful that authors of forthcoming papers will consider our proposal, accept our suggestions and begin using the proposed terminology. It is essential that common terminology be applied to all publishing within this field, as it will assist authors, reviewers and those searching for said references.

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