Since the publication of the first book on virtual colonoscopy, the first edition of the *Atlas of Virtual Colonoscopy* in 2003, researchers and advocates of virtual colonoscopy around the world have made considerable progress. Virtual colonoscopy is being done in many countries and its acceptance by the public and by the medical community at large has gained substantial footing. The practice of virtual colonoscopy has spread beyond academic centers to private practice. Many, but not all, exams are now reimbursed by insurance companies. Notably, in 2010, the president of the United States opted to be screened for colorectal cancer with virtual colonoscopy rather than conventional optical colonoscopy.

In approaching the task of compiling material for the first edition, I approached everyone I knew who was conducting research on virtual colonoscopy to contribute to the project. The collective effort helped bring together information and case material showing examples and teaching points from all experts, regardless of whether those teaching points had been presented previously in the peer-reviewed literature. In carrying out the task of creating a second edition, such an inclusive approach was no longer necessary or feasible. Yet, it was important to garner the knowledge and experience of experts from around the globe. I therefore enlisted the assistance of Andrea Laghi to coedit the work. I took primary responsibility for Part I and Andrea and his colleague Franco Iafrate took primary responsibility for the images in Part II.

Part I remains a text-based collection of chapters on key topics with a liberal use of images, including the history of virtual colonoscopy, clinical background information, review of clinical trial data separated by the United States and by other countries, patient preparation and tagging, performance and reporting of virtual colonoscopy (with all my best tips on how to do great exams and efficient interpretations), viewing methods, flat lesions, magnetic resonance colonography, extracolonic lesions, and computer-aided detection. I would like to bring attention to the unique chapter on “Global Implementation of Computed Tomography Colonography” (Chapter 2), in which contributors from countries around the world tell the “story” of virtual colonoscopy research and clinical development in their country. This affords the opportunity to document historical information not found in the peer-reviewed literature and will be of interest to a wide international audience. Part II remains primarily image-based with detailed explanations of the teaching point in each caption, divided into chapters on normal anatomy and sessile, pedunculated diminutive, and flat lesions, masses, stool, and diverticula. A most interesting chapter on pitfalls (and how not to fall into them!) and miscellaneous topics are included in chapter 20. In all, there are about 700 images in the book.

A new feature is the use of movie files for several figures. The movies, i.e., endoluminal fly-throughs and teaching videos, are posted on the publisher’s Web link: http://extras.springer.com/2011/978-1-4419-5851-8. The use of movie loops in radiology textbooks, in the form of either a CD, a DVD, or a Web link, is beginning to gain acceptance and adds a wonderful dimension to the book beyond the printed words and images.
We thank the countless individuals who have contributed to the advancement of virtual colonoscopy since 1993. We are particularly grateful for the opportunity to bring this timely contribution to the radiology, gastroenterology, and medical community at large.

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