Chest CT has become the imaging modality of choice for initial assessment and follow-up of various thoracic and cardiovascular diseases owing to its clear delineation of thoracic anatomy. However, various intra- and extrathoracic structures can be easily overlooked by scanning and satisfaction-of-search errors, leading to either misinterpretation or misdiagnosis of many relevant diseases of the lungs, airways, cardiovascular structures, pleura, chest wall, esophagus and upper abdomen\(^1\,^2\). Careful inspection of various anatomic structures, especially these blind spots, together with the use of additional expiratory CT and post-processing CT techniques (e.g. coronal and sagittal reconstructions, maximum-intensity projection, and minimum-intensity projection) can help detect subtle or incidental findings and provide more accurate and effective interpretation of chest CT\(^3\,^4\,^5\).

This interactive session will remind various abnormalities in various anatomic locations (from the level of the thoracic inlet to the lung base) which might be overlooked when reading chest CT.

References