

Regarding letters to the editor

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Like most medical journals, *Pediatric Radiology* receives letters to the editor. For us there is a small but steady stream. Most are published, but some are not.

The decision to publish a letter to the editor lies solely with the editor; however, the editor often consults the assistant editors regarding the validity of and need to publish certain letters. There is no requirement that the journal publish every letter received or that any particular letter be published. It is the editor's prerogative to decide not to publish any letter for any reason.

Currently, the journal has a 4- to 5-month supply of material in queue for publication. Fillers are not needed. Letters to the editor may be turned away simply for lack of space and for no other reason.

We welcome letters that earnestly point out errors, that constructively challenge our way of thinking and that supplement the knowledge provided by the addressed journal article. Letters must align with the journal's overarching goal of improving the health care of children. We do not welcome letters that do not align with this goal, that do not add to our knowledge, that are inflammatory or derogatory, or that contain unsubstantiated data or make unsubstantiated claims. Letter writers may be asked to modify their letters for clarity, style and brevity and may be asked to remove extraneous, unsubstantiated, inflammatory or derogatory

comments. Failure to satisfactorily comply will result in a letter not being published.

The Letters to the Editor section of the journal is not intended to be a forum of debate. When a letter is received and is considered for publication, the authors of the addressed article are offered the opportunity to reply. The authors' reply is not required. The editor may elicit the authors' input on whether publishing a letter is justified and warranting of a reply. After the letter and the reply, no further discourse will be published. Letters from other sources on the same article, particularly if different in content, will be considered and, if published, may be accompanied by additional replies from the authors.

In this issue of the journal, we publish a letter received from Findley et al. [1], written in response to a recent editorial by Moreno [2]. Many of our readers will be upset by the decision to publish this letter—some will aptly note that the letter fails to meet criteria set forth two paragraphs ago. The letter was published only after the authors agreed to a change in title, to remove some text that was not pertinent to the addressed article, and to remove unsubstantiated material on some cases.

The letter by Findley et al. [1] is useful. It reminds us to be aware of differences in opinion and challenges that exist in child abuse imaging. These differences in opinion and challenges serve to underscore the need for further research on abusive trauma, on entities that mimic abusive trauma, and on differentiation between the two. As physicians involved in the diagnosis of child abuse, we are very cognizant of the necessity to consider other diagnoses and do so routinely, day in and day out, patient by patient, case by case.

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2. Moreno JA (2013) What do pediatric healthcare experts really need to know about Daubert and the rules of evidence? *Pediatr Radiol* 43:135–139