The Call

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The marimba ringtone on the iPhone. An innocuous sound that's become so mainstream, but one that jolts you to your senses when you don't know who's calling from the other end. In my path to becoming a pediatric radiologist, there were three particular calls that come to mind that led to where I am today.

The first call came even before I started my fellowship training. It was my soon-to-be mentor consultant. The question was simple - why choose pediatric radiology as a specialty? But the answer may not have been so straightforward at the time. It was a question that came up, not just from my mentors, co-residents, and family, but also from myself. Surely, there's enough practicing pediatric radiologists in the country as it is. The mainstays in this specialty, well-known and highly regarded in their own right, are all very much active, even willing to take the extra time to give out free lectures to teach the rest of the radiologists and other clinicians. So, the first question led to more questions in my mind. What else can one gain from joining them? Even more important, what else can I contribute that hasn't already been done? These were pressing questions, so much so that I might even feel asking myself throughout the course of the fellowship program.

The second call came around three months in to my fellowship training. A 10-month-old girl was brought to the emergency room because of abdominal pain. It was in the wee hours of the morning, the pain was excruciating, and she was passing out blood in her stools. A not-so-rare scenario in the emergency department, but this was during the COVID pandemic. Strict policies to ensure the safety of healthcare workers and patients were still being implemented. Worse for the family, they had to pass through stricter law enforcement out in the streets to get to the hospital. Going through this ordeal just to bring her right away to the hospital meant that their baby's cries were nothing but ordinary this time. The attending physician at the ER took a long look at her, interviewed her parents, inspected her soiled diapers, already suspected the cause, but wanted to make sure. Call the pediatric radiologists! Get a stat abdominal x-ray, ultrasound, and prepare the fluoroscopy for intervention if needed. All the initial imaging modalities completed, the Pedia Rads called upon came right away to help out the clinicians with their diagnosis. Wearing full PPEs before the dawn of light, the diagnosis by the radiologists was confirmed. In layman's terms, it was the girl's bowel segment that was getting pushed inside another, causing an intestinal obstruction and inflammation within, leading to her incessant cries. An air enema had to be done, and it had to be done quick — within the first 24 hours to give a better chance for a successful intervention. Sure enough, after pushing in the air through a rubber tube and watching it all unfold live on a computer screen, the cause of the intestinal blockage was successfully removed. The patient was relieved, and so were the parents, and even the pediatric surgeon waiting on standby. This time there won't be a need for a scalpel, but just watchful observation, and hoping it won't happen again. The infant was eventually sent home, and there were no more calls that came in after that night.

This was just one of the scenarios that happened during the fellowship training. It doesn't happen a lot, but there will be times that this call must be answered. Aside from the infinitely more-toxic environment of the interventional radiologists who barely get enough sleep themselves, this is one case that a subspecialized radiologist must also be vigilant and be ready to receive that call. It's a true emergency, and the complications if left unattended may be catastrophic. So, the question came up again, why even choose pediatric radiology as a specialty? One has to be on-call for such a scenario, no matter what time that call comes in. One has to deal with fussy tiny patients who still haven't even learned how to communicate what they're feeling. One has to deal with the patient's anxious parents, who've most likely checked Dr. *Google* and Dr. *ChatGPT* online everything they think they already know about their baby's illness, all doing so while still on their way to the hospital. Lastly, one also has to deal with the attending pediatrician, who most likely as a whole list of things on their mind that you shouldn't have missed in the scan before finalizing that report. Not just in cases of intussusception, but in a myriad of other cases that can happen in the early hours of the morning that a pediatric radiologist will be called upon - such as a recurrent generalized seizure requiring an immediate MRI, or a baby who swallowed a coin requiring a full x-ray workup for localization, or perhaps even an ill-timed trip to the Radiology department to check for a scoliotic deformity just because that's the only free time the mother can bring in their child outside her work hours. No matter the reason, the pediatric radiologist will be called.

So, to answer the first question, it's actually the moments *after* the call was made that matters. It's when the patient is brought in for follow-up and the Pedia Rad is no longer met by a fussy baby or an anxious parent. Instead, one is met by a healthy growing child and more agreeable parents, knowing that the worst may already be in the past. And, by their attending physician who are reassured that the Pedia Rad made the right call, so in turn they won't be calling back again, well at least for this case.

The third call, very much different from the first two, isn't actually in a form of a physical call with a ringing phone. It's a call in a sense that it's in the form of a present participle - a *calling*. Indeed, it's a calling answered by pediatric radiologists who believe in its cause. It's knowing that this country has a generally young population that there will always be a need for pediatric radiologists, especially since many hospitals have only a few on their roster, some even with none. It's a calling that there will always be more to learn about this specialty, and so research and continuing medical education are still needed, not just for this society but for the sake of all radiologists who will at some point encounter a difficult pediatric imaging study. Not all of the questions initially mentioned were answered here, but it's okay. In fact, they may still be open-ended questions. But, they're still important to ask ourselves nonetheless. It's to gain some introspect, since this is a continuous path, and they will still arise at one point or another. Ultimately, the more important one is being able to answer the first question without hesitation, since understanding why choosing pediatric radiology as a specialty could impact the trajectory of one's career, one's vocation, and the lifelong quest for a sense of fulfillment. It is a calling, one that will continue to jolt you into your senses knowing what is truly at stake - that we as pediatric radiologists and in each of our reports are always making the right call.