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Thermology 2011- literature search

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Contents (INHALTSVERZEICHNIS)

Review(ÜBERSICHT)

K.Ammer
Thermology 2011- a computer assisted literature search.....5
(Thermologie 2011- eine Computer gestützte Literatursuche)

News in Thermology (THERMOLOGISCHE NEUIGKEITEN)

Clinical Temperature Measurement.....31

InfraR&D 2012.....31

12th Congress of the EAT 2012- Call for papers.....31

Instructions for authors.....4

Meetings (VERANSTALTUNGEN)

Meeting calendar.....33

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Chapter in a book

Gautherie M, HaehnelP, Walter JM, Keith L. Long-Term assessment of Breast Cancer Risk by Liquid Crystal Thermal Imaging. In: Gautherie M, Albert E, editors. Biomedical Thermology. New York Alan R.Liss Publ; 1982. p. 279-301.

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Thermology 2011 – a computer-assisted literature survey

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SUMMARY

The literature survey 2010 is based on 1730 papers found in the databases MEDLINE and EMBASE with the keywords "thermography" or "thermometry" or "thermotherapy" or 'skin temperature' or 'core temperature' and restricted to "included in the databases between 01.01 and 31.12. 2010". 36,5 percent of papers of this review are originated from Europe and 96 percent of all papers are written in English. 588 controlled studies using some kind of temperature measurement were included in this survey. Physiology, cardiovascular diseases, neurology, dermatology and clinical & experimental pharmacology were the predominant fields of applications of temperature measurement in medicine. As in previous years, therapeutic hypothermia and hyperthermia treatment was the topic of many papers. Fever attracted also a high number of publications. Some articles were related to sleep or pain. Only few papers were found for intravascular temperature measurement, Raynaud´s phenomenon or breast thermography.

KEY WORDS: Thermography, literature search, temperature measurement

THERMOLOGIE 2007 – EINE COMPUTER-GESTÜTZTE LITERATURSUCHE

Die Literatursuche für 2010 basiert auf 1730 Arbeiten, die unter den Schlüsselwörtern "Thermographie" oder "Thermometrie" oder " Thermotherapie " oder 'Hauttemperatur' oder 'Kerntemperatur" und der Einschränkung "zwischen 1. Jänner und 31.Dezember 2010 erfasst" in den Datenbanken MEDLINE und EMBASE gefunden wurden. Die Autoren thermologischer Publikationen kommen in 36,5 Prozent aus Europa, und 96 Prozent aller Arbeiten wurden in Englisch publiziert. 588 kontrollierte Studien , die irgendeine Form von Temperaturmessung einsetzten, wurden in diese Übersicht aufgenommenIn der Medizin waren Physiologie, Herz-Kreislauferkrankungen, Neurologie, Dermatologie sowie klinische und experimentelle Pharmakologie die vorherrschenden Anwendungsgebiete für Temperaturmessung. Wie in früheren Literaturübersichten, war die therapeutische Hypothermie und die Behandlung mit Hyperthermie das Thema vieler Veröffentlichungen. Auch Fieber erzielte ein große Zahl von Publikationen. Einige Arbeiten wurden zu den Themen Schlaf bzw. Schmerz veröffentlicht. Zur intravaskulären Temperaturmessung, dem Raynaud-Phänomen oder zur Brustthermographie wurden nur wenige Publikationen gefunden.

SCHLÜSSELWÖRTER: Thermographie, Literatursuche, Temperaturmessung

Thermology international 2012, 22(1) 5-31

Table 1
Search terms and results

Combination of search terms	Hits
thermology	19
thermology OR thermography	240
thermology OR thermography OR telethermography	241
thermology OR thermography OR thermometry OR "temperature measurement"	1154
thermology OR thermography OR thermometry OR "temperature measurement" OR "core temperature	1634
thermology OR thermography OR thermometry OR "temperature measurement" OR "core temperature" OR "skin temperature"	1878
thermology OR thermography OR thermometry OR "temperature measurement" OR "core temperature" OR "skin temperature" OR heating	4004
thermology OR thermography OR thermometry OR "temperature measurement" OR "core temperature" OR "skin temperature" OR heating OR cooling	5232

Introduction

This year´s annual survey is the 24th in a series that started in 1989. The aim of this regular annual publication is to survey the publications of 2011 related to thermography and temperature measurements in medicine, biology and related science.

Methods

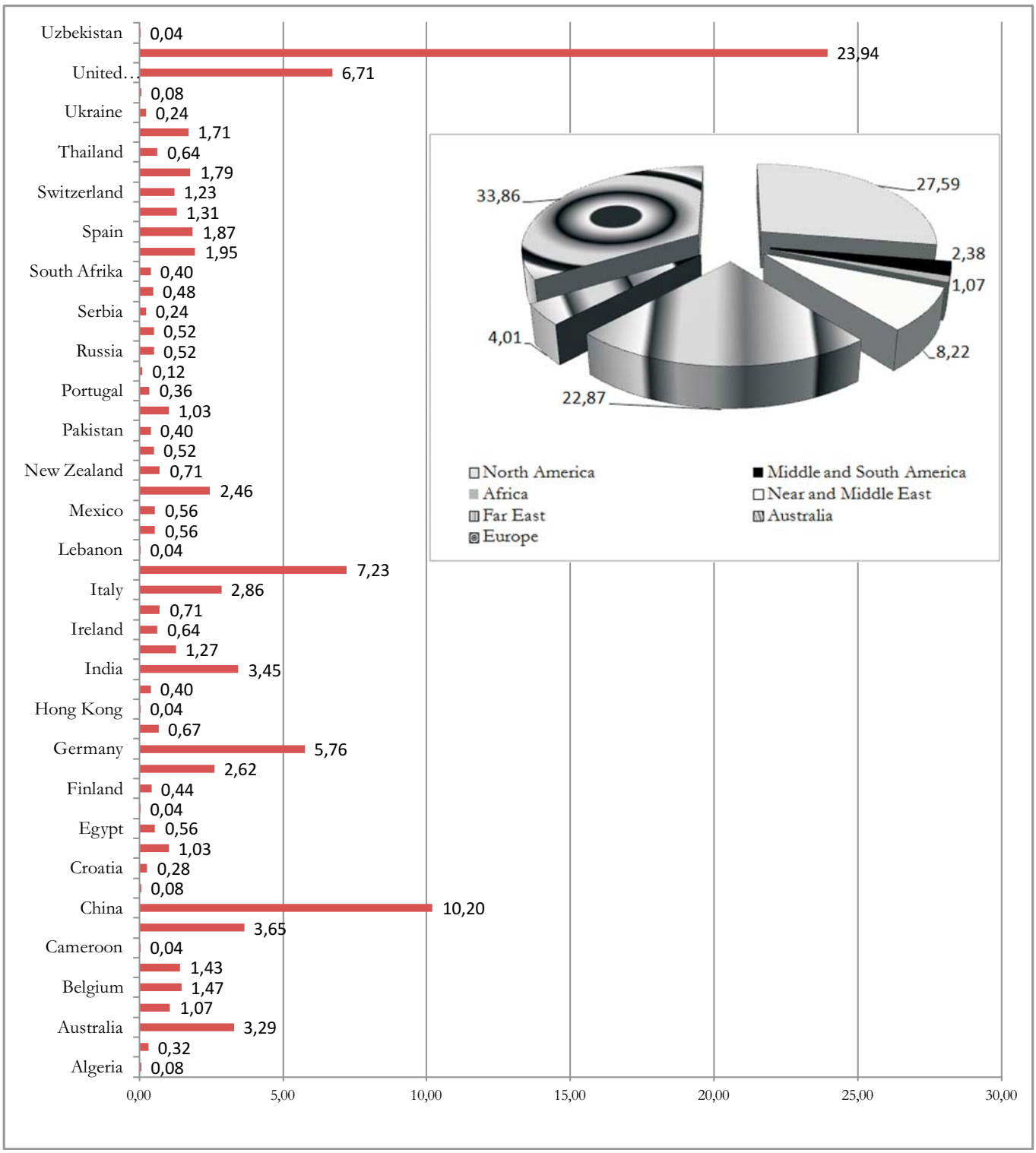
A search in EMBASE and MEDLINE with the terms "thermology" or" thermography" or "telethermography" or "temperature measurement or "skin temperature" or "core temperature" or "heating" or "cooling" and" year 2011" yielded 5232 hits. Table 1 shows the contribution of each search term to the results. Exchanging " year 2011" with "included between 01-01-2010 and 31-12-2010" reduced the number of hits to 2672. Further restriction with the term "human" yielded a further reduction to 1273 hits. Only papers related to clinical medicine will appear in the section "References" of this survey. However, the full list of references will be included in the reference collection

of "Published papers on THERMOLOGY or TEMPERATURE MEASUREMENT between 2007 and 2011". This cumulation of references related to thermology comprises now 3 volumes spanning the period between 1988 to 2011. The will be available from the webpage of Medical Imaging Research Unit of the University of Glamorgan at "www.MedImaging.org".

All volumes of this reference collection will be also included in a data disk that will contain all volumes of the journal "Thermology international" 1999 to 2011 together with all volumes of the former titles of this journal i.e "Thermologie Österreich" 1991 to April 1997 and "European Journal of Thermology" April 1997 to 1998.

The papers were analysed to show the origin of authors, the language, the journal and issue number of publication. For further classification, the Citation Report Database at Thompson Institute for Scientific Information (ISI) was searched to obtain the most recent Impact Factor for jour-

Figure 1
Origin of authorss: contries and continents



nals publishing papers related to the search profile in 2011. If a journal was not listed in ISI, the two years citation index, published by SciImago, was used instead.

Papers were allocated with respect to the topic of the publication into medical and non medical publications. Non medical papers were only included if there was a clear impact on clinical medicine. The only exception were papers reporting application or results from "Differential scanning calorimetry". The filter option of EMBASE was used to differentiate the papers by disease, publication type and study type

Results

2627 publications were obtained with the search profile. Restriction to humans yielded 1273 hits of which 1198 publications were located in EMBASE and 438 in MEDLINE. 363 papers were listed in both databases.

Language of publication

All but 104 papers of this database were published in English. 22 publications appeared in Chinese, 10 papers each were published in German, French, Japanese, Russian and Portuguese. 6 papers were written in Spanish, 5 in Polish, 4 in Turkish, 3 in Hebrew and 2 in Croatian. Bosnian, Catalan, Czech, Dutch Finish, Greek Norwegian, Serbian and Slovak was the publications language in 1 paper.

24 publications appeared in two languages, English plus Bosnian (1 paper), Catalan(1 paper), Chinese (16 papers) Croatian (1 paper), French(1 paper), German (1 paper), Japanese (1 paper), Polish (1 paper), Portuguese (6 papers), Serbian (1 paper) and Turkish (3 papers). All but 1 of 2400 publications showed a summary of the article in English.

Authors

In total, 11869 authors appeared in 2672 publications.Dr Nikki J.Robertson from the Institute for Women's Health, University College London appeared as author or co-author in 8 papers (1-9). Wang Y was found 16 times as author, Li Y 14 times and Wang L 10 times as author. However, these Chinese names are very common and the authorship obtained is nor restricted to single person..

Research was performed in 2519 institutions located in 59 countries. 27.59.% of these were situated in North America, the majority, i. e. 603, in the United States, 92 in Canada and 14 in Mexico. 33,86 % of authors came from European countries, 169 of these work in the United Kingdom, 145 in Germany, 72 in Italy and 66 in France. 31,09% of authors are from Asia, two thirds of these live in the Far East (figure 1).

Journals

In total, 1208 journals published papers related to the search profile. 29 journals published 47 to 10 papers related to topic of this survey. 45 publications were found in the "PLOS One". Next in rank were "Circulation" and the " International Journal of Hyperthermia" with 31 paper s each. Table 1 lists the journal name, the number of papers of interest and the impact factor 2010. A mean impact factors of 3,605 was calculated for 29 journals listed. The mean impact for publications on thermography was derived from the cumulated impact factors of all 29 journals.

Type of publication

1926 papers were classified as articles, 111 as article in press and 180 as review.. 8 short surveys, 326 conference abstracts and 33 full length conference papers have been published. The remaining papers were classified as 46 letters, 38 notes, 21 editorials and 1 book.

Table 2
Impact factors of journals that published with more than 10 papers related to temperature

Journal	papers	Impact factor
PLOS One	45	4.411
Circulation	31	14.432
International Journal of Hyperthermia	31	2.929
Journal of Thermal Biology	30	1.273
Journal of Chromatography A	27	4.194
African Journal of Biotechnology	26	0.573
Resuscitation	25	4.177
Bioresource Technology	20	4.365
Cryobiology	20	1.830
Food Chemistry	19	3.458
Powder Technology	16	1.887
CardioVascular and Interventional Radiology	16	2.003
Journal of Labelled Compounds and Radiopharmaceuticals	16	1.096
Critical Care	15	4.595
Critical Care Medicine	15	6.254
Journal of Endourology	15	1.729
American Journal of Physiology - Regulatory Integrative and Comparative Physiology	14	3.284
Archives of Disease in Childhood	13	2.616
Experimental Physiology	13	3.354
For International	13	(0.591)
Waste Management	13	2.358
Environmental Science and Technology	12	4.827
Colloids and Surfaces B: Biointerfaces	11	7.780
Environmental Science and Technology	11	4.827
European Journal of Cancer	11	4.944
Burns	10	1.718
European Journal of Applied Physiology	10	2.214
Lasers in Medical Science	10	2.311
Microvascular Research	10	2.311
Radiation Physics and Chemistry	10	1.132

Table 3
Papers allocated to medical fields

Medical field	Reference
Acupuncture & Complementary Medicine	9-23
Anesthesiology & Intensive Care	4, 7, 24-127
Cardiovascular Diseases &Cardiovascular Surgery	128-175
Chest Diseases, Thoracic Surgery& Tuberculosis	176-200
Clinical & Experimental Pharmacology	201-208
Dental Medicine	209-213
Dermatology and Venereology	214-232
Emergency Medicine	233-236
Endocrinology	237,238
Forensic Science	254,255
Fever	239-254
Hygiene & Microbiology	259-261
Immunology	256-258
Neurology & Neurosurgery	262-280
Obstetrics, Gynecology Breast disease	281-302 286-302
Occupational & Industrial Medicine	303-313
Ophtalmology	314-317
Orthopaedics & Orthopaedic Surgery	318-334
Otorhinolaryngology	335-339
Paediatrics and Paediatric Surgery	2-8, 340-355
Physical Medicine & Rehabilitation, Sports medicine	356-370
Physiology	371-386
Psychology, Psychotherapy and Psychiatry	393-404
Rheumatology CRPS Raynaud`s phenomenon	405-428 410-419 420-428
Sleep	429-436
Surgery	437-454
Temperature measurement Microwave thermometry MRI thermometry	1,455-490 480-486 1,487-490
Thermal Physiology Heat stroke	491-547 540-547
Hyperthemia, local & general	548-561
Hypothemia; local & general	562-646
Urology, Nephrology &Haemodialysis	647-668
Thermography, infrared	669-677
Medical instrumentation	678-684
Differential scanning calorimetry	685-702

Type of study

1861 papers reported studies in humans and 99 human experiments. 140 studies investigated normal humans and 104 investigations conducted research on human cells and 53 on human tissue. 173 clinical articles and 125 case reports have been published. 76 clinical trials, 100 randomized controlled trials and 151 major clinical studies have been reported. A controlled study was the theme in 1238 papers, 65 prospective studies and 90 comparative studies have been published.

753 papers were classified as non human studies, 365 as animal experiment, 203 investigated animal models, 186 studied animal tissue and 113 animal cells. 151 in vitro studies and 68 in vivo studies have been published.

Medical publications

The citations in MEDLINE and EMBASE are allocated to distinct fields of medicine. Usually, allocations to more than just one field are made. However, in table 2 the citation were allocated to one field only and multiple allocations have been avoided. Some papers were related to defined diagnoses such as fever or to therapeutic interventions such as therapeutic hypothermia. Most papers in the section "Applied Sciences in Medicine" are citations that have already allocated to medical field in Table 2.

The EMBASE filter "disease"obtained the following distributions (number of papers in brackets): hypothermia (156), heart arrest (114), fever (98), pain (78), hyperthermia (69), heart ventricle fibrillation (52), bleeding (50), inflammation (48), brain ischemia (47), hypertension(44), side effect (44), injury (42), thermal exposure (42), heart arrhythmia (39), hypoxic ischemic encephalopathy (36), neoplasm (35), seizure (35); tumour (34), burn (33), infection(33), breast cancer (32), out of hospital cardiac arrest (32), obesity (32), stroke (32) and diabetes mellitus (18).

Table 2 shows the allocations to fields of medicine. Anaesthesiology & Intensive Care was the most frequent allocated speciality of medicine. Hypothermia, Physiology and Cardiovascular Diseases were the next in frequency of allocation, followed by Chest Diseases, Thoracic Surgery& Tuberculosis, Rheumatology, Urology, Nephrology & Haemodialysis and Obstetrics, & Gynecology. Dermatology & Venereology, Neurology & Neurosurgery and Paediatrics and Paediatric Surgery received each 18 papers allocated. Some papers were found for Breast Disease [285-302], Complex Regional Pain Syndrome [410-419], Raynaud´s Phenomenon [420-428] and intravascular temperature measurement [164-175].

CRPS

Complex regional pain syndrome (CRPS) was the topic of 10 papers, five conference abstracts [412, 413, 414, 418, 419], one case report [417], once case series [411], two tutorial [415,416] and one randomised controlled trial [410] comparing intravenous regional blocks with lidocaine alone or lidocaine combined with 30, 60 or 120mg ketoroloac.

A study from Denmark correlated cutaneous norepinephrine levels with blood flow and skin temperature in healthy subjects and patients with unilateral CRPS (418). The authors believe that whole body cooling activates the sympathetic nerve system maximally and heating decreases the sympathetic nerve system. The authors reported a normal cutaneous sympathetic response and inverse correlation between norepinephrine and skin temperature.

A study from South Korea found that the temperature differences between the affected and non affected limb is independent from size, shape and location of the region of interest [412]

For the side to side difference in skin temperature of hands, measured with an infrared thermometer, a high inter-rater reliability was reported after applying the cold pressor test (left foot immersed in 5°C water for 30 seconds) in both healthy volunteers and CRPS patients [414]. A Dutch study investigated predictors of pain relieving response to sympathetic blockade in complex regional pain syndrome type 1 [419], but could find that skin temperature predicts the treatment outcome. CRPS in young patients may be caused by juvenile-onset small-fibre- polyneuropathy [413]. A case series from Russia documented the effect of sympathectomie by thermography and Laser-Doppler-Imaging [411]. A successfully treated CPRS was revived after an epileptic seizure and the patient recovered from CRPS only after drug treatment of his temporal epilepsy [417]. The tutorials were on management of CRPS of the upper extremity (415) and a guideline for diagnosing CRPS [416].

4 reviews were allocated to medical thermography [669, 674, 676 ,677.) One paper reviewed the literature on thermology and temperature measurement published in 2010 [669]. A short survey from Hungary presented rheumatology, Raynaud´s phenomenon and reconstructive surgery as established medical applications of infrared thermography. [677]. Another short survey described the historical development of infrared thermography and stated, that modern equipment provide nowadays an objective assessment of temperature related signs of physiology in health and disease [676]. A paper from Norway pointed to the potential of thermography as complementary method of diagnosis [674].

Breast cancer

Regulatory action against companies, who continue with direct-to-consumer online advertising for thermography as a sole agent with which to diagnose breast cancer , was demanded from the Western School of Law at University of California[295]. The FDA has already sent out warning letters to accused thermographic equipment providers [291]. Although new models for tumour detection by infrared imaging have been developed and published [287,299], a recent study concluded that digital infrared thermal imaging is not indicated for the primary evaluation of symptomatic patients nor should it be used on a routine basis as a screening test for breast cancer [293]. An editorial review gave a similar recommendation [286] . Monitoring infrared irradiation [296] as an alternative treatment for inoperable breast cancer might be a better application than diagnostic breast thermography.

Hypothermia

As in last years survey, hypothermia was of major interest. Cooling was applied locally to the scalp of cancer patients during chemotherapy to prevent hair loss [223,224,225, 602, to the knee after arthroscopy [333] or pharyngeal mucosa after tonsillectomy [337].

Hypothermia in neonates was defined as core temperature below 36 °C [582]. Therapeutic hypothermia is defined as a controlled lowering of core body temperature to 32°C to 34°C. However, hypothermia may occur accidentally [580, 629] or unintended [581].

Postoperative hypothermia is a common cause of complications in patients who underwent laparoscopic cholecystectomy [549]. A survey in Flandern in doctors in nurses involved in treatment of severe burns, reported that the majority of participants were aware of the danger of inducing hypothermia due to cooling of burns, but procedures for prevention of hypothermia were suboptimal [573]. A British audit concluded that current techniques employed to maintain peri-operative normothermia in burn patients are effective in the majority of patients but improvement for shorter procedures can be attained by closer temperature monitoring and appropriate use of active warming [590]. Less successful was the prevention of peri-opera tive hypothermia in the maternity theatre [570]. A pre- warmed operating room for adults undergoing knee or hip arthroplasty had minimal effect on preventing intra-operative hypothermia [324].

Premature neonates are at higher risk for intra-operative hypothermia despite increasing the ambient temperature and active warming methods [582]. A venyl insulation bag can prevent hypothermia in preterm infants [568]. A portable and percutaneous cardiopulmonary bypass for rewarming of patients with accidental severe hypothermia was compared with the conventional rewarming method and reported a higher survival rate of patients treated with the portable device [610]. Using forced-air warming, the temperature increased at twice the rate than by employing a resistive heating system [618].After cardiopulmonary bypass, the rate of rewarming was significantly greater with forced- air than with resistive warming or passive insulation , while resistive warming did not differ from passive insulation [439].

Accidental hypothermia can be accompanied by hypokalaemia and hypomagnesaemia with slowed conduction and QT prolongation [159, 604]. Therapeutic hypothermia attenuated histological myocardial injury in ventricular fibrillation cardiac arrest model of pigs while preserving more ATP and decreased apoptosis [142]. Hypothermia amplifies dispersion of repolarization (DOR) and is a mechanism for arrhythmogenesis., that is directly dependent on the depth of cooling and rewarming [630]. .

Therapeutic hypothermia has been integrated into international resuscitation guidelines to improve survival after out-of- hospital cardiac arrest [646]. Therapeutic hypothermia is also indicated in perinatal asphyxia [341,565] leading to hypoxic ischemic encephalopathy [625,633]. Hypothermia may also applied during neonatal transport [355], in heat stroke [541], head and spinal trauma [567,645], ischemic stroke [644]and kidney disease [609].

Ephedrin may prevent intraoperative hypothermia during spine surgery [586,587]. No difference in the rate of hypothermia was found between sevoflurane and propofol maintained anaesthesia during abdominal surgery [598]. Drug induced hypothermia was reported for olanzapine 617]. Ghrelin, a drug that increases food intake and decreases energy expenditure, was identified having induced hypothermia in male patient, but besides the physiological basis for hypothermia induction, no clinical risk could be confirmed in animal and human experiments [640].

A study from Belgium investigated feeding during therapeutic hypothermia following out-of-hospital cardiac arrest [627]. The authors reported sufficient gastrointestinal function to enable some enteral feed to be absorbed in most patients at a core temperature of 33°C. A study from Japan investigated whether preoperative oral intake of an amino-acid and no-fat liquid diet affects perioperative temperature [454] and found that the liquid diet group had significantly less hunger and hypothermia than the control group. Patients in the liquid diet group had also fewer chills and less shivering than the control group.

Large volume, ice-cold saline infusion during initial resuscitation efforts allows patients to arrive in the emergency department with a core temperature near the target range for therapeutic hypothermia [578]. Heart function at the induction of hypothermia infusion seems to be an important derterminant of favourable neurological outcome.[44, 605].

Intravascular hypothermia provides more precise temperature control compared to traditional methods for induction of hypothermia [593]. Automated peritoneal lavage was reported as a safe, highly effective and extremely rapid method to induce and maintain hypothermia in patients with cardiac arrest The high rates of favourable neurologic outcome in this study may indicate additional benefits of rapid cooling . [614]. Rapid induction of therapeutic hypothermia with liquid convection surface cooling system was associated with a very high rate of favourable neurologic recovery and an absence of adverse events in patients resuscitated from ventricular tachycardia and/or ventricular fibrillation [606].

A study from Japan found early achievement of return of spontaneous circulation (ROSC) was associated with favourable outcome, but early induction of cooling did not influence neurological outcome in unconscious patients treated with therapeutic hypothermia after out-of-hospital shockable cardiac arrest [628]. Therapeutic hypothermia after ROSC improved neurologic outcomes in patients who presented with ventricular fibrillation initially and hospital arrival [632]. Lower spontaneous admission body temperature and longer time of passive rewarming were associated with in-hospital mortality after cardiac arrest and therapeutic hypothermia [29].

Another study investigated the relationship between the duration of cooling and the speed of rewarming on neurological outcome [595]. The authors suggested cooling for more of 24 hours and rewarming speed of 2°C/day as appropriate combination of cooling and rewarming protocols.

In a large multicentre cohort of mild hypothermia approximately a third of the patients developed pyrexia, which was associated with less favourable neurological outcome than patients without fever in the rewarming period [601].

A secondary analysis of a large trial in Canada, was unable to confirm the survival advantage associated with cooling after out of hospital cardiac arrest [611]. A retrospective analysis of a single centre registry of resuscitated patients treated at a cardiology intensive care unit between 2003 and 2009 could not confirm any significant improvement in the survival rate [584].

Hyperthermia

6 papers were related to malignant hyperthermia [51, 78, 550, 551, 553,555]. Hyperthermia was observed in cocaine-induced agitated delirium [552] and after repeated anaesthesia with sevoflurane [555] . Burns can be associated with hyperthermia, if sufficient surface cooling is not provided [548]. Therapeutic hyperthermia was applied im combination with radiotherapy for cervical carcinoma [554] and breast cancer [289,296]. Hyperthermia may be an effective end-stage salvage treatment for recalcitrant paediatric malignant brain tumours [556]. A patient with alternariosis responded favourable to the local application of heat [561].

Fever

Fever represents a normal physiological response as a result of the introduction of an infectious agent producing exogenous and endogenous pyrogenes influencing the central set point of body temperature. Fever research is closely related to the measurement of body core temperature and to infectious diseases.

A systematic review from New Zealand identified three studies that compared infrared tympanic, rectal or oral thermometer readings with pulmonary artery catheter core temperature readings among critically ill adults with fever. In critically ill patients, tympanic and oral thermometry provide, on average, accurate measures of core temperatures within the febrile range and can be recommended for this purpose [244].

A study from Turkey identified a source of erroneous measurement with an tympanic thermometer. Lying on the ear prior to the measurement resulted in significantly different temperature values compared to the measurement without lying on the ear [455].

Comparison of temporal artery to rectal temperature measurements in children, 0-24 months old with fever higher

than 38 °C have been reported [241]. Statistical analysis of 450 paired temporal artery and rectal temperature measurements revealed a difference of mean temperatures of 0.03°C and 94.7% of measurements differed by less than 1.0°C resulting in a strong correlation of both measurements.

Trials for the estimation of core temperature based on measurements with an infrared camera continued in 2011 [242, 243, 248,249,484,675].

The ISO Standard for Infrared Thermal Imaging and Applications for Fever detection recommend the inner canthus of the eye as appropriate mesurement site for fever detection (676). A study from the UK [243] reported a small inter- and intra-individual variability of the temperature of the inner canthus compared to nose and forehaed temperatures of afebrile children. A Dutch study compared the temperature of the eye corner to the oesophageal temperature in 10 subjects during four conditions: rest, exercise, recovery and passive heating [484]. Canthus temperature and oesophageal temperature differed significantly during all conditions and their relationship was inconsistent between conditions. The authors conclude that the measuring the temperature of the inner canthus may not be a valid technique for core temperature estimation.

In a prospective study with 556 patients screened at the triage area of the emergency department at the University of Nebraska Medical Center, Hewlet et al. investigated the diagnostic power of an infrared thermal detection system (ITDS) for detecting fever above 37.8° during the H1N1 influenza pandemic. The sensitivity , specificity, positiv predictive value and negative predictive value to detect temperatures of ≥ 37.8°C were 0.58, 0.96, 0.40 and 0.98, respectiveley.

An ITDS was also used in an airport screening study and performed moderately well in detecting fever [249]. In the thermal images recorded from the front and side view of the face , a threshold for the maximum temperature within the image was set and sensitivity and specificity for detecting a tympanic temperature of ≥ 37.8 were calculated. Sensitivity was 86% for both views of the face, specificity was 71% for the front view and 51% for the side view. However, the intented screening for influenza-infected travellers failed due afebrile influenza cases.

Fever screening during the H1N1-2009 pandemic at the Narita International Airport in Japan employed infrared thermoscaners for fever detection [248]. The sensitivity and specificity of the infrared thermoscanners in detecting hyperthermia at cut-off levels of 37.5°C, 38.0°C and 38.5°C ranged from 50.8-70.4% and 63.6-81.7%. The authors concluded that fever detection alone is not feasable for influenza detection.

Applied Sciences in Medicine

Publications related to chemistry, biophysics, to equipment used for thermal ablation based laser technology , ultrasound or high frequency radiowaves were only considered for inclusion when they have been combined with a thermometer for monitoring heat distribution in the tissue treated.

Papers allocated to Medical Instrumentation reported cooling [678,679] or heating [684] equipment or devices that used temperature as a feedback signal [680-683).

Differential scanning calorimetry (DSC) directly measures heat changes that occur in biomolecules during controlled increase or decrease in temperature. DSC quantifies the enthalpy of unfolding due to heat denaturation. A biomolecule in solution is in equilibrium between the native (folded) conformation and its denatured (unfolded) state. The higher the thermal transition midpoint, when 50% of the biomolecules are unfolded, the more stable the molecule. DSC is also used to determine the change in heat capacity of denaturation. When temperature is plotted against heat flow, the resulting diagram is sometimes called DSC thermogram.

DSC was used to analyze the interaction between drugs and biological membranes (686, 687) or to assist diagnosis through analysis of cerebrospinal fluid (690, 691), saliva or serum (696) in patients with malignoma. It also applied to understand the structure of drug carrier molecules (685, 695, 697,698), organic coating agents (692)and proteins (701,702).

Discussion

The search profile of this year´s survey is identical to that of the literature review for the year 2010 (669). The main fields of application were the therapeutic removal of heat for lowering deep body temperature, and to less degree, monitoring heat-generating procedures by temperature measurement.

There is increased awareness of unintended hypothermia and a number of procedure have been invented to avoid lowering core temperature during surgery or therapeutic skin cooling. The mechanism of therapeutic hypothermia becomes more clear, and fine tuning of inducing hypothermia for neuroprotection after cardiac arrest and brain injury is in progress. Due to indications for therapeutic hypothermia, temperature measurements are common for monitoring neonates or patients with cardiovascular disease. Radiofrequency ablation of atrial fibrillations requires sophisticated monitoring of the esophageal mucosa temperature to prevent burns.

Intravascular temperature measurements and microwave thermometry at atherosclerotic plaques was occasionally a topic in the papers of this year´s survey. Diagnosis of Raynaud´s phenomenon based on thermal infrared images attracted some papers. Only some papers reported diagnosis assisted by infrared thermal imaging.

There is an ongoing debate, what thermometer, in which body site obtains the most accurate and reliable result of core body temperature. The inner canthus of the eye becomes now standard for estimating core temperature from infrared thermal images.

English continues to be the predominant language for medical publication. Only 3,85 percent of the papers reviewed in this article were not published in English, which is a smaller portion of non English publications than in last years survey. About 1% of publications appeared bilingual, presenting the paper in anEnglish version combined with a version in the national language.

An average impact factor of 3,605 points was calculated for the 29 journals, which published in 2011 more than 10 papers on temperature measurement. This is an decrease by 1.2 points compared to last year. However, these might be caused by the contribution of last years publication in nature which boosted the average impact factor of 2010.

33,4% of authors of papers came from Europe, 27.6 % originated from North America and 31,1 % from Asia. 10,2% of authors from Asia live and work in China, 723% in Japan and 3.45 in India. Papers from countries in Africa and South America are still rare and comprise together less than 4% of all articles included.

In conclusion, this years' literature survey was focussed on temperature measurements with impact on clinical medicine. Therapeutic hypothermia, anaesthesiology and cardiovascular diseases were frequently identified fields of temperature measurement in medicine. Similar as in las years survey, monitoring of thermotherapy with change of the core temperature in either direction was another important application of medical thermometry. Only some papers repoprted diagnostic infrared thermal imaging.

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News in Thermology

Clinical Temperature Measurement, 30 January 2012

Temperature as an indicator of fever and disease is as old as medicine itself. Today patient temperature remains a fundamental physiological measurement used not only for observation and diagnosis but also in surgery (thermal ablation), cancer therapy (high intensity focused ultrasound, HIFU) and brain therapy (hypothermia treatment).

A variety of temperature measuring technologies are used clinically and these can be separated into two categories: Contact (oral thermometers, axillary thermometers, temporal strips, thermocouples) and non-contact devices (ear thermometers and thermal imagers)

Recent developments have realised high-speed and high-resolution systems, but temperature, its measurement and relationship to the human body still hold many new areas of understanding and innovation.

This full day meeting has a strong set of international speakers discussing different approaches and advancements in clinical temperature measurement (see over for full programme).

Who should attend:

- Clinicians
- Medical Physicists/Researchers
- Pharmaceutical Companies
- Instrumentation Manufacturers
- IPEM/UKTA Members

Venue:

National Physical Laboratory, Teddington, London

Find travel information at **http://www.npl.co.uk/contact-us/directions-to-npl/**

Registration:

Standard delegate fee: £ 140

IPEM/UKTA member: £ 110

Students: £ 70

All rates exclusive of VAT.

Please register for the event on-line at

Www.regonline.co.uk/clinicaltemperaturemeasurement

infraR&D 2012-7. International Infrared Forum

Thermography in R&D, Industry and Automation

After the great success of the Infrared Conference InfraR&D the last few years, ITC is pleased to announce its popular international event for thermographers working in Research & Development, Industry and Automation in April 2012. With presenters from six countries, the recent 2011 conference was attended by delegates from more than 12 countries.

InfraR&D is a true user conference built upon the commitment of the presenters and the interest of the delegates. The conference is a professional meeting place for scientists, engineers and users of advanced infrared measurement equipment.

InfraR&D covers IR physics and applications in a wide variety of fields, from veterinary surveys, optical gas imaging to advanced NDT solutions and all in between.

Preliminary list of topics covered by submitted papers:

- Infrared thermography in thermo-fluid-dynamics
- Human febrile temperature measurement with thermography
- Use of thermography in detecting hidden infections
- Thermal modelling of electronics by means of IRT
- Partial discharges on HV equipment
- Thermal signatures of buildings
- IRT as tool for non-destructive evaluation of materials
- Induction excited thermography and NDT

The conference language is English

12th Congress of the EAT 2012-Call for papers

EAT2012 encourages authors to submit papers to one of the main topics indicated below, describing original work, including methods, techniques, advanced prototypes, applications, systems, tools or general survey papers, reporting research results and/or indicating future directions. Accepted papers will be presented at the conference by one of the authors and published in the journal "Thermology International". Acceptance will be based on quality, relevance and originality. There will be both oral and poster sessions.

The proceedings will be indexed by EMBASE/Excerpta Medica. Special sessions are also welcome.

Some topics of the event (not limited to):

Thermal physiology Alternative medicine

Sports medicine Thermal image processing

Physiotherapy Camera technology

Vascular medicine Thermology history

Veterinary medicine Temperature measurements in medicine and biology

Forensic and evidence medicine Botanic

Rheumatology Surgery

Dermatology Fever screening

Functional medicine Civil Engineering

Dentistry Industrial Maintainance

Camera technology

The abstract proceedings will be published as appendix of the journal Thermology International (cover in color, pages in black and white), that is indexed in EMBASE/ Excerpta Medica.

Please follow the instructions below for abstract submission.

HOW TO WRITE AN ABSTRACT FOR THE 12TH EUROPEAN CONGRESS ON THERMOLOGY

E.A.Thermology[1], F.E.U. Porto[2]

1 University of Somewhere

2 University of Somewhere Else

Introduction: The main text of the abstract proposal should be written in Garamond, font size 10. The abstracts should be organized in introduction, methods, results, discussion, acknowledgements and references. The headings of the sections are written in Garamond, bold, font size 10. The text is justified all over the abstract proposal.

Methods: Some of the sections can be omitted by the author or be appropriately named accordingly to the context. Some examples for the section names can be background or introduction, materials and methods, results, discussion, conclusion or others.

Images and Tables: Tables, figures and legends for illustrations should appear each on an extra sheet of paper. The text of the abstract submission, excluding the pages of the images and tables should not trespass one page.

Instructions for references: The references are not compulsory for the abstracts, but recommended for acceptance. References should follow the examples of the next section. If the reference is a book, the last name of the author appears first, followed by the first name initial(s). Then appears the book title, followed by the editor, year and pages.

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References:

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Dr. Kevin Howell, Royal Free Hospital, London, UK

Dr. Marcos Brioschi, Univ. São Paulo, Brazil

Dr. Ricardo Vardasca, School of Engineering,
Univ. of Minho, Portugal

Dr. Timothy Conwell,
Colorado Infrared Imaging Center, Denver, USA

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Conference Secretariat

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Faculty of Engineering, UP
Rua Dr. Roberto Frias, s/n
4200-465 Porto
PORTUGAL

email: eat2012@fe.up.pt

Tel. +351

Fax: +351 22 508 1445

Important dates

Conference Dates: September, 6-8th, 2012

Abstracts submission deadline: April 29th, 2012

Authors Notification: May 28th, 2012

Full paper submission deadline: June 30th, 2012

Registration

Early Bird Registration (Before March 31st, 2012)

Price: 300.00€

Includes: Reception, Proceedings, Coffee break, Lunch, Ceremony Dinner

Regular Registration (Between April 1st and June 30th, 2012)

Price: 350.00€

Includes: Reception, Proceedings, Coffee break, Lunch, Ceremony Dinner

Late Registration (From July 1st, 2012)

Price: 400.00€

Includes: Reception, Proceedings, Coffee break, Lunch, Ceremony Dinner

Student Registration

Until 01/07/2012 – 175€
(including coffee breaks, proceedings and ceremony dinner).

After 01/07/2012 – 250€
(including coffee breaks, proceedings and ceremony dinner).

All students have to provide proof of student condition (email of a letter of the university or a copy of a valid student card).

Accompanying Person Registration

Until 01/07/2012 – 100€
(including reception, event in casa da musica, ceremony dinner).

After 01/07/2012 – 125€
(including reception, event in casa da musica, ceremony dinner).

Cancelation Policy

Before 01/08/2012 –
a refund of 50% of the registration fee value.

From 01/08/2012 to 31/08/2012 –
a refund of 20% of the registration fee value.

From 01/09/2012 – no refunds given.

If all of the article authors cancel their registration, the article is also cancelled

There is a maximum of 2 articles per author.

At least one of the authors has to be registered.

Registration form on page 39 of this issue

Preliminary Programme

<table>
<tr><th>Time</th><th>Wednesday</th><th>Thursday</th><th>Friday</th><th>Saturday</th></tr>
<tr><td>08:30</td><td rowspan="2"></td><td>Registration</td><td rowspan="4">Morning Session</td><td rowspan="4">Morning Session</td></tr>
<tr><td>09:00</td><td rowspan="3">Morning Session</td></tr>
<tr><td>09:30</td></tr>
<tr><td>10:00</td><td></td></tr>
<tr><td>10:30</td><td></td><td>Coffee break</td><td>Coffee break</td></tr>
<tr><td>11:00</td><td rowspan="3"></td><td rowspan="3">Morning Session</td><td rowspan="3">Morning Session</td><td>Coffee break</td></tr>
<tr><td>11.30</td><td rowspan="2">Morning Session</td></tr>
<tr><td>12:00</td></tr>
<tr><td>12:30</td><td rowspan="3"></td><td rowspan="3">Lunch</td><td rowspan="3">Lunch</td><td></td></tr>
<tr><td>13:00</td><td rowspan="11">Lunch on-board at Douro river and visit to a Porto wine vineyard and return in a touristic train</td></tr>
<tr><td>13:30</td></tr>
<tr><td>14:00</td><td rowspan="5"></td><td rowspan="5">Afternoon Session</td><td rowspan="5">Afternoon Session</td></tr>
<tr><td>14:30</td></tr>
<tr><td>15:00</td></tr>
<tr><td>15:30</td></tr>
<tr><td>16:00</td></tr>
<tr><td>16:30</td><td></td><td>Coffee break</td><td>Coffee break</td></tr>
<tr><td>17:00</td><td rowspan="2"></td><td rowspan="2">Evening Session</td><td rowspan="2">Evening Session</td></tr>
<tr><td>17:30</td></tr>
<tr><td>18:00</td><td></td><td></td><td></td><td></td></tr>
<tr><td>18:30</td><td></td><td></td><td></td><td></td></tr>
<tr><td>19:00</td><td rowspan="8">Reception at Solar do Vinho do Porto (Porto wine and snacks)</td><td rowspan="8">Visit and event at Casa de Musica</td><td rowspan="8">Visit and ceremony dinner at-Tailors Porto wine cellar</td><td></td></tr>
<tr><td>19:30</td><td></td></tr>
<tr><td>20:00</td><td></td></tr>
<tr><td>20:30</td><td></td></tr>
<tr><td>21:00</td><td></td></tr>
<tr><td>21:30</td><td></td></tr>
<tr><td>22:00</td><td></td></tr>
<tr><td>22:30</td><td></td></tr>
</table>

Meetings

January 30th, 2012

National Physical Laboratory, Teddington, London
Programme:

10.00	Coffee and registration	
10.25	Welcome	Graham Machin (Head of Temperature Standards, National Physical Laboratory)
10.30	**Keynote - Medical thermometry training for clinicians: challenges and successes**	**Helen McEvoy** (National Physical Laboratory)
11.00	Time for a change when assessing and evaluating body temperature in clinical practice	Martha Sund-Levander (Hoegland Hospital, Eksjö, Sweden)
11.20	Can integrated and continuous vital sign and temperature monitoring contribute to the care of haemodialysis patients?	Sheera Sutherland (Churchill Hospital, Oxford)
11.40	Coffee	
12.00	Vital dental thermographic imaging	Paula Lancaster (Leeds Dental Institute)
12.20	Thermal symmetry on upper and lower extremities on healthy subjects using standardised images	Ricardo Vardasca (University of Minho, Portugal)
12.40	Daily variation of skin temperature in humans through infrared thermography. A pilot study about circadian rhythm	Ismael Fernández Cuevas (Universidad Politécnica de Madrid, Spain)
1.00	Detecting inflammatory disease in patients with active thyroid eye disease	John Allen (Freeman Hospital, Newcastle upon Tyne)
1.20	Lunch	
2.20	**Keynote - ISO standards for fever screening and their implications**	**Francis Ring** (University of Glamorgan, Pontypridd)
2.50	The conundrum of measuring body core temperature	James B. Mercer (University of Tromsø, Norway)
3.10	Non-intrusive and continuous fever recognition system for children	Maria del Pilar Garcia-Souto (Queen Mary University of London)
3.30	Application of a portable, low cost thermal imager for the assessment of finger temperature after hand cold challenge	Kevin Howell (Royal Free Hospital, London)
3.50	Thermovision applications in whole body cryotherapy	Armand Cholewka (University of Silesia, Poland)
4.10	Close	

Registration:

Standard delegate fee: £ 140

IPEM/UKTA member: £ 110

Students: £ 70

March18th-20th , 2012

116th National Congress of the Polish Association of Thermology in Zakopane

Abstract deadline: February 15th, 2012

*Deadline for hotel reservatio*n: March 1st, 2012

Registration fee: 200.-Euro

Local organizing committee

Prof. Anna Jung (Chair)

Dr Janusz Zuber (deputy Chair)

Dr Boleslaw Kalicki mgr ing. Piotr Murawski

Registration fee for non Polish participants will be paid in cash on arrival at the conference. Registration by e-mail is required before March 1st to ensure hotel reservation. After registration number is issued, delegates are committed to payment of the fee.
Registration includes welcome dinner Saturday, Lunch and accomodation.

Extra night + breakfast Monday + 50 .- Euro

Accompaning person – 150.- Euro

March in Zakopane is very attractive, being surrounded by the Tatra Mountains covered with snow. The International airport of Krakow, is a 2hr journey away. There is good connection from Krakow airport by railway to bus station in direct Zakopane

Further information

Prof Dr. Anna Jung
ajung@wim.mil.pl or a.jung@spencer.com

April 25th-26th , 2012

infraR&D 2012
7. International Infrared Forum infraR&D
Thermography in R&D, Industry and Automation at the Hannover Fair

Preliminary Programme

Wednesday April, 25th, 2012

16:00 – 18:00 Get together and registration at the FLIR Systems booth

19:00 Dinner

Thursday, April, 26th, 2012

9:00 Registration

9:30 Welcome

9:40 Conference

Infrared Thermography in Thermo-Fluid-Dynamics
Prof. Giovanni Maria Carlomagno, Italy

Fever Detection in Children with Infrared Thermal Imaging using the new ISO Recommendations
Prof. DSc MSc Francis Ring, United Kingdom

Use of Thermography in detecting hidden dental infections and the health implications of these infections UK
Dr Graeme Munor-Hall , United Kingdom

Study and thermal modelling of a motherboard by means of infrared thermography
Mar Cañada, Spain

Infrared Thermography as a tool for non-destructive evaluation of materials
Dr Carosena Meola, Italy

Detection of partial discarges on high voltage equipment with infrared thermography
Sreten Dobrivojeviæ, Serbia

Non-destructive evaluation of joints in car body structures by induction excited thermography
Christian Srajbr, Germany (PDF)

Human Temperature Measurement with Infrared Cameras
Antonio Cardoso, Portugal

Fundamental Research of Temperature Distribution in Metal Cutting using Thermography
Matthias Brockmann, Germany

17:00 End

Programme subject to changes without notice

23 - 27 April 2012
SPIE Defense, Security + Sensing in Baltimore. Maryland, United States

Venue: Baltimore Convention Center

IR Sensors and Systems

Infrared Technology and Applications
Conference Chairs:
Bjørn F. Andresen, SCD Semiconductor Devices (Israel);
Gabor F. Fulop, Maxtech International, Inc.;
Paul R. Norton, U.S. Army Night Vision & Electronic Sensors Directorate

Thermosense: Thermal Infrared Applications
Conference Chairs:
Douglas Burleigh, La Jolla Cove Consulting;
Gregory R. Stockton, Stockton Infrared Thermographic Services, Inc.

Infrared Imaging Systems: Design, Analysis, Modeling, and Testing
Conference Chairs
Gerald C. Holst, JCD Publishing
Keith A. Krapels, U.S. Army Night Vision & Electronic Sensors Directorate

Important Dates
Abstract Due Date: 10 October 2011
Author Notification: 19 December 2011
Manuscript Due Date for On-Site Proceedings (Conference DS215 only): 13 February 2012
Manuscript Due Date for Post-Meeting Proceedings Volumes: 26 March 2012

Website: http.// spie.org/x6765.xml

June 11-14, 2012

11th Quantitative InfraRed Thermography Conference at University of Naples Federico II, Naples, Italy

Steering Committee
Chairman: D. Balageas, France
Vice-Chairman: X.Maldague, Canada

The DEADLINE for submitting a 2-page abstract is December 15, 2011

Further information
www.qirt2112.unina.it
or contact the organizing committee at qirt2012@unina.it

July 16th - 18th, 2012

HEFAT 2012
9th International Conference on Heat Transfer, Fluid Mechanics and Thermodynamics InterContinental Hotel, Malta

Purpose

The focus of this conference is to provide a forum for specialists in heat transfer, fluid mechanics and thermodynamics from all corners of the globe to present the latest progress and developments in the field. This will not only allow the dissemination of the state of the art, but it will serve as a catalyst for discussions on future directions and priorities in the areas of heat transfer, fluid mechanics and thermodynamics. The additional purpose of this conference is to initiate collaboration in research.

Dear Colleagues

On behalf of the Organizing Committee, it is our sincere pleasure to invite you to participate in the 9th International Conference on Heat Transfer, Fluid Mechanics and Thermodynamics (HEFAT2012), 16 - 18 July 2012 on the island of Malta. Malta is a small independent nation state in the centre of the Mediterranean, just 93 km South of Sicily (Italy) in Southern Europe.

The conference venue is at the five star InterContinental Hotel. The hotel is a waterfront resort approximately 12 km from the Malta International Airport.

Conference website:
http://edas.info/web/hefat2012/index.html

Important dates

31 January 2012:
Deadline for submission of online abstracts

1 February 2012:
Notification of abstract acceptance

15 March 2012: Deadline for submission of full papers

30 April 2012:
Deadline for submission of final or revised papers

15 April 2012:
Deadline for early bird registration fee

15 May 2012:
Deadline for registration

Information

Prof Josua P Meyer
Chair: School of Engineering
Head: Department of Mechanical and Aeronautical Engineering, University of Pretoria,
Pretoria, South Africa

Tel: (012) 420 3104, Fax: (012) 420 2451
E-mail: josua.meyer@up.ac.za, www.me.up.ac.za

XII EAT Congress on Thermology

and 25th Symposium of the Austrian Society of Thermology

5-8 September 2012, Porto, Portugal

Universidade do Porto
FEUP Faculdade de Engenharia

idmec

http://paginas.fe.up.pt/eat2012

2013

3-5 July,2013

18th International Conference on Thermal Engineering and Thermogrammetry (THERMO)
Budapest University of Technology and Economics.

Information :

Prof.Dr.Imre BENKO"
Faculty of Mechanical Engineering
Budapest University of Technology and Economics (BME)
H-1521 Budapest, P.O.B.91,Muegyetem rpt.7
D.301.,HUNGARY

Mailing address: H-1112 Budapest, Cirmos u.1. 6/38 ,Hungary

Home Phone/Fax: 361-310-0999

Personal e-mail: ibenko@freestart.hu
and secretariat: mate@mate-net.hu

XII EAT Congress on Thermology

and 25th Symposium of the Austrian Society of Thermology

5-8 September 2012, Porto, Portugal

http://paginas.fe.up.pt/eat2012

REGISTRATION FORM

Please return to the conference secretariat at:

Faculty of engineering, Univ. Porto, Rua Dr. Roberto Frias, s/n, 4200-465 Porto, Portugal

Fax: +351 22 508 1445, E-mail: eat2012@fe.up.pt

PARTICIPANT

Last Name: _____ First Name: _____ Title: _____

Institution: _____

Street: _____

ZIP Code: _____ City: _____ Country: _____

Phone: _____ Fax: _____

ACCOMPANYING PERSON Last Name/First Name: _____

REGISTRATION FEE	payment before March 31st	payment before June 30th	payment from July 1st
Standard	☐ 300€	☐ 350€	☐ 400€
Student*	☐ 175€	☐ 175€	☐ 250€
Accompanying Person	☐ 100€	☐ 100€	☐ 125€

*All students have to provide proof of student condition (email of a letter of the university or a copy of a valid student card).

Pre Conference EAT Medical Infrared Course (certified by EAT)

☐ 125€ (before 30th June) ☐ 150€ (from 1st July)

HOTEL ACCOMODATION For hotel information please check the conference website at http://paginas.fe.up.pt/~eat2012/index_files/accommodation.htm

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For credit card payments, please register in the website http://www.fe.up.pt/eat2012

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Date _____ Signature _____

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• Österreichische Gesellschaft für Thermologie
•
• Hernalser Hauptstr.209/14
• A-1170 Wien
• Österreich

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