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Thermology 2013-a computer-assisted literature survey

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European Association of Thermology

# THERMOLOGY INTERNATIONAL

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# Thermology 2013 - a computer-assisted literature survey

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## SUMMARY

The literature survey 2013 is based on 1063 papers found in Scopus and the journal "Thermology international, Vol.23" with the keywords "thermography" or "thermometry" "temperature measurement" or 'skin temperature' or 'core temperature' and restricted to "human" and "published in 2013". 41 percent of papers of this review are originated from Europe and 94.9 percent of all papers are written in English. 315 controlled studies using some kind of temperature measurement were included in this survey. Physiology and Endocrinology, Surgery, Cancer and Neurology & Psychiatry 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. Although the terms "breast" or "breast cancer" appeared in 101 publications, only a minority of those were related to breast thermography. Some articles were found for the complex regional pain syndrome and Raynaud's phenomenon.

**KEY WORDS:** Thermography, literature search, temperature measurement

## THERMOLOGIE 2013 – EINE COMPUTER-GESTÜTZTE LITERATURSUCHE

Die Literatursuche für 2013 basiert auf 1063 Arbeiten, die unter den Schlüsselwörtern "Thermographie" oder "Thermometrie" oder "Temperaturmessung" oder 'Hauttemperatur' oder 'Kerntemperatur' und der Einschränkung "Mensch" und "2013 publiziert" in der Datenbank Scopus und im 23. Jahrgang der Zeitschrift "Thermology international" gefunden wurden. Die Autoren thermologischer Publikationen kommen in 41 Prozent aus Europa, und 94,9 Prozent aller Arbeiten wurden in Englisch publiziert. 315 kontrollierte Studien, die irgendeine Form von Temperaturmessung einsetzten, wurden in diese Übersicht aufgenommen. Pharmakologie, Innere Medizin, Krebserkrankungen und Neurologie & Psychiatrie waren die vorherrschenden Anwendungsgebiete für Temperaturmessung in der Medizin. Wie in früheren Literaturübersichten, war die therapeutische Hypothermie und die Behandlung mit Hyperthermie das Thema vieler Veröffentlichungen. Auch Fieber erzielte eine große Zahl von Publikationen. Obwohl der Begriff "Brust" bzw. "Brustkrebs" in 101 Publikationen erwähnt wurde, berichtete nur eine Minorität davon über Brustthermographie. Einige Publikationen wurden zum komplexen regionalen Schmerzsyndrom (CRPS) und über das Raynaud-Phänomen gefunden und neue Anwendungen der medizinischen Thermographie wurden berichtet.

**SCHLÜSSELWÖRTER:** Thermographie, Literatursuche, Temperaturmessung

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## Introduction

This year's annual survey is based on a literature search in Scopus, a database that allows access EMBASE and MEDLINE. The aim of this regular annual publication is to survey the publications of 2013 related to thermography and temperature measurements in medicine.

## Methods

A search in Scopus with the terms "thermography" or "temperature measurement" or "thermometry" or "skin temperature" or "core temperature" and "year 2013" yielded more than 5400 hits. Table 1 shows the contribution of each search term to the results. Restriction with the term "humane" yielded a reduction to 1030 hits. After removing 8 doubles All articles and abstracts from the journal "Thermology international", Vol.23 were added, resulting in total of 1063 documents which appear in the section "References" of this survey. The total list of 1063 references will be included in the extended reference collection of "Published papers on THERMOLOGY or TEMPERATURE MEASUREMENT between 2011 and 2013".

Table 1  
Search terms and results

Combination of search terms	Hits
thermography AND "year 2013"	1572
thermography OR "temperature measurement" AND "year 2013"	4113
thermography OR "temperature measurement" OR thermometry AND "year = 2013"	4547
thermography OR "temperature measurement" OR thermometry OR "skin temperature" AND "year = 2013"	5072
(thermography OR "temperature measurement" OR thermometry OR "skin temperature" OR "core temperature") AND "year = 2013"	5494
thermography OR "temperature measurement" OR thermometry OR "skin temperature" OR "core temperature" AND "year = 2013" AND (limit to "human")	1032

This will become volume 4 of a collection of references related to thermology spanning the period from 1989 to 2013. They are available from the webpage of Thermology international at "www.uhlen.at/ Thermology international/ Publications on thermology and temperature measurement/ Volume 4". Volumes 1-3 of this reference collection can be accessed free of charge "www.uhlen.at/ Thermology international/ Archives.

The papers were analysed to show the origin of authors, the language, and 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 journals publishing papers related to the search profile in 2013. 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 subject of the publication using the list of medical fields used in last year's literature survey [1].

## Results

5594 publications were obtained with the search profile. Restriction to "human" reduced the number of hits to 1022 publications. After adding 41 papers from Thermology international, this survey is based on a total of 1063 publications.

## Language of publication

All but 59 papers of this database were published in English (94.9%). 13 publications appeared in Chinese (1.1%), 9 papers were published in Spanish (0.8%) and 8 in German (0.70%). 5 papers were written in French (0.4%) The language in 4 papers each was Turkish (0.3%) or Russian (0.3%), and Portuguese (0.3%) in 3 papers. 2 papers were written in Bosnian (0.2%), Croatian (0.2%), Italian (0.2%) or Japanese (0.2%). Czech, Norwegian, Polish, Serbian, and Ukrainian were the publication language in 1 paper (0.01% each). 17 publications appeared in two languages.

## Authors

In total, 5018 authors appeared in 1180 publications. L. Wang appeared as co-author in 11 papers [2-12]. However,

Figure 1  
Origin of authors: continents

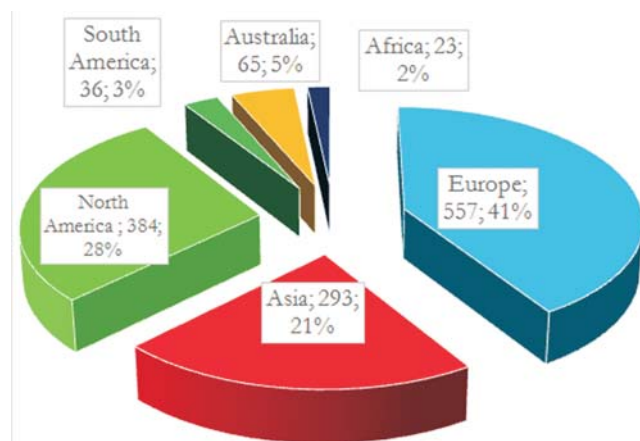
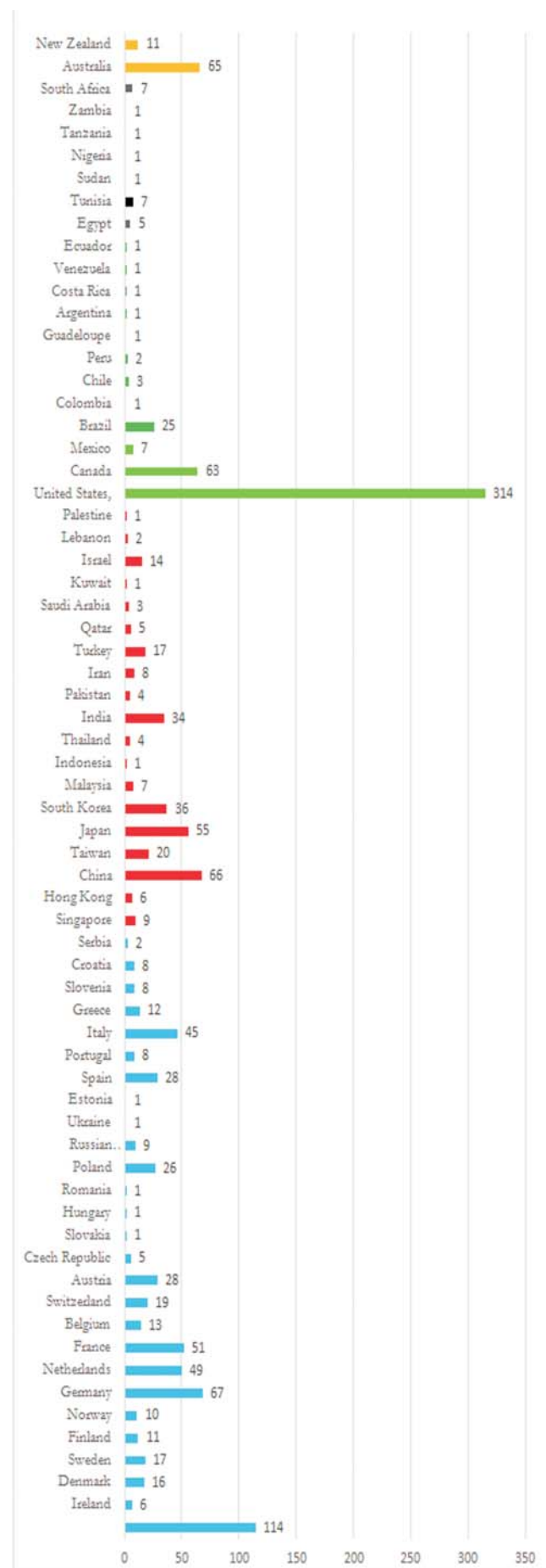


Figure 1  
Origin of authors countries



this name was given to different persons working in 6 different institutions such as Institute of Acupuncture and Moxibustion at the China Academy of Chinese Medical Sciences in Beijing [2,3], Department of Biomedical Engineering, Washington University in St. Louis, Missouri [4,5], College of Environmental and Chemical Engineering, Xi'an Polytechnic University in Xi'an, China [6,7,8]; Department of Public Health, Chung Shan Medical University in Taiwan [9], Clinical Engineering Department, Children's Hospital of Zhejiang University, School of Medicine in Hangzhou, China [10] and Institute for Medical Science and Technology, School of Medicine, University of Dundee, United Kingdom [11]. Two Chinese names, J. Liu and Y. Liu, appeared as corresponding author or co-author in 6 publications each. But again, these names do not represent a single person. J. Liu was found at 4 institutions (College of Architecture, Xi'an University of Architecture and Technology in Xi'an, China [6,7,8]; Department of Anaesthesiology, West China Hospital, Sichuan University in Chengdu China [12]; Department of Biomedical Engineering, School of Medicine, Tsinghua University in Beijing, China [13] and Department of Thoracic Surgery, Air Force General Hospital, in Beijing, China [14]) and the name Y. Liu was identified at 4 other research sites (Department of Biomedical Engineering, Washington University in St. Louis, Missouri [4]; College of Environmental and Municipal Engineering, Xi'an University of Architecture and Technology in Xi'an, China [6,7,8]; Medical Experiment Center, Central South University, 3rd Xiangya Hospital in Changsha, China [15] and Department of Anesthesiology, China Medical University Hospital in Taichung City, Taiwan [16]). Prof Glen P. Kenny, who holds the Research Chair in Environmental Physiology at the School of Human Kinetics, Faculty of Health Sciences, University of Ottawa, was the author in 1 paper [17] and co-author in 4 other papers [18-21].

Hamdi Chtourou [22-27] and Nizar Souissi [22-27], both work as sport scientists at the Sfax University in Tunisia,

and Lacy M Alexander [28-33] and Craig G. Crandall [20,34-38], both exercise physiologists, each of the four authored or co-authored in 2013 6 papers related to temperature measurements. The name of the Dutch thermal physiologist H.A.M Daanen, who works at the MOVE Research Institute Amsterdam and holds an extraordinary chair on thermo-physiology at the Faculty of Human Movement Sciences, VU University of Amsterdam, appeared as author in 5 papers [39-43]. The names of 19 authors appeared in 4 papers and of 65 authors in 3 papers.

Research was performed in 1369 institutions located in 67 countries. 28% of these were situated in North America, the majority, i. e. 314 in the United States, 63 in Canada and 7 in Mexico. 41% of researchers came from European countries, 114 research institutions were located in the United Kingdom, 67 in Germany, 51 in France and 49 in the Netherlands. 21% of temperature related research was conducted in Asia, 66 research sites were situated in China, 55 in Japan, 36 in South Korea and 34 in India. 5% of temperature research was performed in Australia, 3% in South America and 2% in Africa (figure 1).

### Journals

In total, 683 journals published papers related to the search profile. 16 journals published 41 to 7 papers related to topic of this survey. 41 publications were found in "Thermology international". Next in rank were "PLOS One" with 31 papers and the "European Journal of Applied Physiology" with 27 papers.

Table 2 lists the journal name, the number of papers of interest and their impact factor 2013. A mean impact factors of 3.274 was calculated for the 15 journals listed. The mean impact was derived from the cumulated impact factor of all 16 journals. The impact factor for "Thermology international" was calculated in the way that Thermology international published between 2011 and 2012 in 9 issues in total

Table 2  
Journals which published 7 to 41 papers on thermography or thermometry

Journal	Number of papers	Impact factor
Pediatric Emergency Care	7	0.923
Plastic and Reconstructive Surgery	7	0.967
Journal of Strength and Conditioning Research	7	1.858
International Journal of Cardiology	8	6.175
Chronobiology International	8	2.878
American Journal of Physiology Regulatory Integrative and Comparative Physiology	8	3.529
International Journal of Sports Physiology and Performance	8	2.683
Pain	9	5.836
Resuscitation	9	3.960
Journal of Applied Physiology	11	3.434
Medicine and Science in Sports and Exercise	12	4.459
Skin Research and Technology	13	1,503
International Journal of Hyperthermia	14	2.769
European Journal of Applied Physiology	27	2.298
Plos One	32	3.534
Thermology international	41	1,01*



69 citeable papers which received together 70 citations resulting in an impact factor of  $69/70 = 1.01$ .

### Type of publication

875 papers were classified as articles, 1 as article in press and 186 as review. 6 short papers, 4 short surveys, 23 conference abstracts and 14 full length conference papers have been published. The remaining papers were classified as 37 letters, 18 notes and 9 editorials.

### Type of study.

1159 papers have been related to humans. 97 reported findings in normal humans and 77 human experiments. 35 investigations conducted research on human tissue. 106 papers showed the keyword “nonhuman” and 99 papers have been published with the keyword “animals”. 315 controlled studies, 117 randomised controlled trials, 58 comparative studies, 55 controlled clinical trials, 63 case reports, 38 case-control studies and 36 cohort studies have been reported. 30 studies have been labelled as observational, 155 as prospective and 119 as retrospective. 174 clinical articles were detected. 74 papers were found with the keyword “sensitivity and specificity” and 36 publications related to the “predictive value of tests”. “Reproducibility” was a keyword in 34 papers and “reproducibility of results” was addressed in 69 articles.

### Human Medical publications

Different to MEDLINE and EMBASE, Scopus does not allocate citations to distinct fields of medicine. However, the fields of medicine used in last year’s literature survey can be used as search terms in the database generated for the year 2013. Usually, allocations to more than just one field are made. Table 3 shows in column 3 the total of references allocated to one field, whilst column 2 lists the reference numbers remained after exclusion of multiple allocations. Table 3 shows the allocations to fields of medicine. Physiology and Endocrinology was the most frequent allocated speciality of medicine. Surgery, Neurology & Psychiatry, and Cancer were the next in frequency of allocation, followed by Pharmacology and Pharmacy, Internal Medicine, Radiology & Nuclear Medicine, Pathology and Forensic Science, Rehabilitation, Dermatology and Venerology, Public Health, and Biochemistry. 7 paper publications were not allocated to a field. 101 papers were found for Breast or Breast Cancer, Disease, 20 publications for Complex Regional Pain Syndrome and Raynaud’s Phenomenon was keyword of 27 papers.

The search term “thermography” retrieved 207 papers, fever appeared in 127 publications, the term “hyperthermia” had 185 hits and “hypothermia” found 172 papers.

Table 2a  
Medial papers related to temperature

Medical field	Reference	Total number of allocated papers
Biochemistry	4,11,26,27,33,38, 44-104	67
Cancer	105-277	193
Dermatology and Venerology	278-346,1003,	103
Genetics	347-370	56
Geriatrics and Gerontology	371-394	36
Immunology and Haematology	395-420	64
Internal Medicine	421-492,1005,1020,1028,1041, 1045-1047	148
Microbiology	493-502,1044	32
Neurology and Psychiatry	503-593, 1031	199
Obstetrics and Gynecology	594-614	54
Otorhinolaryngology	615-619	11
Paediatrics	620-642,1000,1006,1015,1018,1019,1022,1024,1029,1032, 1038,1051,1053	57
Pathology and Forensic Science	643-681	130
Pharmacology and Pharmacy	682-727,1007,1037	190
Physiology and Endocrinology	728-875,1004,1008,1013,1016,1017,1043, 1049,1052	489
Public Health and Occupational Medicine	876-889,999,1002,1057,1059	84
Radiology and Nuclear Medicine	890-923,	145
Rehabilitation and Complementary Medicine	924-941,1033,1050	123
Surgery (including injuries)	942-997,1014,1027,1035,1039,1040,1060,1062	374
Toxicology and Drug Dependence	998,1026,1034	56
Medical instrumentation	1001, 1009-1012,1021,1023,1025,1030,1036,1041	11
Papers not allocated to a field	1048, 1054, 1055, 1056,1058,1061, 1063	7

## CRPS

A search in the database with the keywords "complex regional pain syndrome" or "CRPS" identified 17 papers and 3 abstracts, but only 15 of these reported diagnostic or prognostic techniques for CRPS [63,205,398,484,490,539, 556,895,896,900,916,941] or used temperature findings as outcome measure [550, 566, 694]. The remaining 5 papers discussed CRPS as being similar to atypical facial pain [167], odontalgia [578], temporo-mandibular disorders [229], neck pain[344] or diabetic neuropathy [506].

A study from South Korea investigated the genome profile of CRPS patients in comparison to healthy subjects and

found some differences particularly in the expression levels of matrix metalloproteinase 9 (MMP9)[63]. However, no correlation to temperatures findings were made.

A systematic review on prognostic factors of CRPS 1 concluded, that evidence about prognostic factor is scarce, which prevents firm conclusions being draw [490]. Five papers included in this review reported cold skin temperature as a prognostic marker for poor outcome.

A study published by an international group of authors from Denmark, Sweden and Germany reported cutaneous nordadrenaline levels in CRPS 1 patients during whole-body cooling or heating [484]. The main findings were that

Table 2b  
Medial papers related to temperature

Medical field	Reference	Total number of allocated papers
Thermography	1, 2, 5, 7, 13,15,28,50,51,52,67,82,95,100,106,107,118,119,126,130, 132, 137, 139, 140, 143, 145, 146, 150, 154,1 57-159,166,168, 174, 175, 178, 180, 183, 184, 191, 195, 206, 207, 212-214, 218, 219, 221, 228-232, 236, 240, 241, 245, 259, 262, 264, 266, 267, 272, 280, 281, 283, 288, 291, 293-295, 298, 303, 305, 309, 315, 322, 323, 328, 329, 336, 337, 340, 342, 346, 347, 350, 351, 353, 360, 373, 391, 397, 400, 406, 414, 423, 425, 437, 448, 453, 455, 463, 483, 494, 495, 499, 513, 521, 529, 536, 540, 563, 578, 594, 596, 597,610,611,615,621,636,645,650,651, 656, 657, 662-664, 669, 674, 675, 679, 680, 681, 684, 685, 687, 695,700, 713, 739, 741, 748, 759, 764, 782, 783, 793, 794, 797, 805, 820,830, 839, 853, 856, 859, 864, 869, 872, 873, 893, 911, 913, 922, 925, 930, 931, 933, 949, 950, 959, 962, 963, 964, 967-969, 979, 980, 984, 998, 1005, 1013, 1022, 1023, 1031, 1033, 1035	207
Fever	3, 35, 38, 56, 72, 84, 87, 93, 94, 96, 105, 115, 140, 151, 154, 170, 174, 175, 180, 188, 199, 205, 212, 213, 217, 252, 269, 270, 289, 293, 334, 335, 343, 347, 358, 364, 366, 373, 389, 394, 397, 399, 405, 408, 421, 422, 424, 433, 435, 439, 440, 441, 445, 447, 449, 451, 454, 467, 469, 477, 481, 483, 492, 501, 502, 510, 536, 538, 543, 549, 561, 568, 569, 583, 588, 599, 604, 615, 617, 620, 621, 622, 622, 623, 625, 627, 628, 631, 632, 634, 637, 641, 642, 663, 679, 680, 692, 715, 715, 716, 716, 719, 758, 773, 776, 786, 803, 817, 829, 831, 838, 846, 860, 880, 888, 889, 893, 951, 974, 991, 1000, 1018, 1022, 1029, 1051, 1053, 1062	127
Hyperthermia; local & general	4, 11, 28, 29, 31, 32, 34-38, 40, 43, 44, 46, 47, 53, 56, 58, 61, 64, 74, 77, 83, 87, 93, 94-97, 101, 103, 105, 109, 115, 126, 127, 130, 132, 134, 138, 141, 149, 153, 154, 161, 176, 177, 180, 182, 190, 198, 199, 201, 209, 211, 214, 216, 217, 223, 225, 228, 230, 233, 241, 248, 249, 252, 255, 256, 258, 259, 269, 271, 272, 273, 279, 295, 298, 313, 336, 343, 347, 348, 358, 365, 373, 377, 399, 415, 431, 435, 445, 449, 456, 475, 481, 484, 487, 523, 538, 539, 543, 549, 553, 561, 568, 569, 571, 573, 583, 586, 587, 604, 610, 624, 631, 640, 643, 646, 648, 663, 670, 671, 672, 678, 679, 686, 699, 702, 704, 705, 715, 725, 726, 736, 743, 744, 745, 747, 750, 753, 759, 768, 774, 785, 786, 788, 790, 795, 796, 800, 805, 810, 818, 820, 824, 828, 829, 841, 842, 845, 850, 855, 870, 875, 898, 914, 919, 923, 951, 960, 974, 986, 987, 1000, 1013,1039	185
Hypothermia, local & general	12, 16, 41, 44, 53, 62, 64, 72, 78, 84, 93, 94, 95, 110, 113, 117, 140, 147, 163, 179, 212, 234, 235, 240, 253, 277, 299, 348, 358, 373, 375, 379, 385, 390, 394, 395, 402, 408, 410, 427, 429, 431, 435, 448, 451, 453, 456, 458, 467, 470, 474, 476, 480, 484, 485, 487, 505, 512, 513, 515, 517, 519, 522, 524, 536, 538, 539, 541, 544, 552, 555, 558, 561, 568, 571, 572, 584, 591, 597, 598, 600, 602, 604, 606, 608, 609, 622, 628, 629, 630, 631, 632, 633, 635, 640, 653, 657, 682, 686, 689, 692, 697, 698, 705, 708, 720, 731, 735, 737, 741, 750, 751, 758, 764, 766, 767, 776, 783, 785, 786, 787, 796, 800, 803, 815, 820, 823, 831, 834, 836, 841, 846, 855, 862, 867, 869, 871, 878, 881, 889, 943, 950, 951, 953, 960, 961, 963, 964, 965, 967, 969, 970, 973, 974, 978, 982, 986, 992, 993, 996, 1008, 1014, 1019, 1027, 1032, 1041, 1043, 1047, 1049, 1052	172
Breast or Breast Cancer	3,5,11,13,29,47,61,68,95,97,106,109,111,115,118,119,131, 134, 135, 136, 138, 141-144, 146,149, 153, 158-161, 166, 173, 176, 178-183, 186,187, 190, 191, 193,196,198,200, 201,203-206, 208, 210,214, 216, 218, 220, 222, 226-230, 233, 235, 237, 238, 244, 245, 253-255, 257-259, 262, 263, 266, 267, 271, 274, 276, 321, 349, 553,560, 614, 660,681,719, 798,868, 880, 914, 923, 930, 946,983	101
Complex regional pain syndrome	<b>63,167, 205, 229, 344, 398, 484, 490, 506, 550, 556, 593, 566, 578, 694, 895, 896, 900, 916,941</b>	20
Raynaud´s phenomenon	30,119,129,136,215, 236, 251, <b>279</b> , 280, 284, 286, 296, 306, 318, <b>333</b> , 334, 335, 341, 344, 412, 429, 436, 503, 577, 583, 662, 882, 930, 995, 1057	29



the noradrenaline response did not differ between patients and controls or between the CRPS hand and the unaffected hand. In general, higher noradrenaline concentrations were detected during cooling than in the period of heating. Unfortunately, neurotransmitters with vasodilating action have not been investigated. The statement that heating leads to sympathetic inhibition is questionable as all vessels involved in thermoregulation are supplied only by sympathetic nerve fibers which are responsible for the adequate reaction to hot and cold stimuli.

Another international research collaboration between Australia, Italy and the United Kingdom obtained in patients with cold unilateral upper-limb complex regional pain syndrome that the temperature of the hands is modulated by the perceived location of the hands relative to the body midline [550]. Placing the affected hand on the healthy side of the body midline increased its temperature by  $0.47 \pm 0.14$  °C, but not if prism glasses made the hand appear to be on or beyond the body midline. When prism glasses made the healthy hand appear to be on the affected side of the body midline, even though it was not, the healthy hand cooled down by  $0.30 \pm 0.15$  °C.

Swiss researchers investigated factors that modify bodily self-consciousness which is defined as the experience of the self as a unified entity residing in a physical body [566]. Participants presented with a decrease in skin temperature across several body locations in case of illusory self-identification with a virtual body. Both, illusory identification and perceived location of body parts, play a role in mirror therapy and graded motor imagery. Low grade evidence is available that graded motor imagery may be effective for pain reduction and improved function when compared with usual care; and that mirror therapy may be effective for pain in post-stroke CRPS compared with 'covered mirror' controls [1064].

A study from Nanjing China, reported that 14 patients out of 106 patients with hemiplegic shoulder pain post stroke developed CRPS [539]. A study that demonstrated pain spread to the total body in 5 out of 20 patients with chronic CRPS could not detect any temperature abnormalities in comparison to healthy controls [398]. A 30 years old man with CRPS of the foot developed a permanent lesion of the lateral femoral cutaneous nerve after low-volume ethanol 96% application on the lumbar sympathetic chain. Successful lumbar sympathetic neurolysis with 2ml ethanol 96% at the right L4 spinal nerve resulted in increased skin temperature of the foot and also in pain reduction, better toleration of footwear and increased load-bearing capacity, which lasted for about 4-5 months [556].

Only three papers reported applications of infrared thermography for assisting the diagnosis of CRPS [205, 895, 900], and one paper used thermographically derived temperatures as outcome in a trial using balneotherapy [694]. A review from South Korea on thermography in pain medicine claimed that infrared thermography has a better diagnostic sensitivity for CRPS than MRI or triphasic bone scan [205]. Another Korean study investigated the reproducibility of temperature differences between affected and unaffected limbs measured in thermal images recorded in

CRPS patients [895]. The shape, size, and the detailed location of the regions of interest were determined by the investigator's own opinion based on patient history and symptoms. The mean temperature difference was  $1.51^{\circ}\text{C} \pm 0.66^{\circ}\text{C}$  for examiner 1,  $1.44^{\circ}\text{C} \pm 0.73^{\circ}\text{C}$  for examiner 2 and  $1.56^{\circ}\text{C} \pm 0.79^{\circ}\text{C}$  for examiner 3. The respective intraclass correlation coefficient among the three independent raters was 0.865 (95% confidence interval, 0.748-0.933), indicating that a temperature difference between CRPS-limbs and the contralateral side can be identified by different readers with a high grade of reliability. A case report of CRPS 1, which is a rare complication after transradial coronary intervention, used infrared thermography to prove evidence of a temperature difference  $\sim 2.0$  °C between the affected and the non affected arm.

### Raynaud's phenomenon (RP)

29 papers were found with the key word "Raynaud's phenomenon", but 13 papers were not relevant for the topic including a review on diagnostic procedures in patients with skin ulcers at the lower extremity [251]; 2 articles on temporomandibular disorders [136,930], a paper on psoriatic arthritis [280] and a paper on cutaneous microvascular dysfunction [30]. A small, portable infrared camera was recommended for the bedside evaluation of pressure ulcers [995]. One publication reported investigations in temperature changes caused by ischemia-induced reactive hyperaemia in patients after major surgery [236] and another article investigated temperature, blood flow and histamine concentration after immersion into cold water in cold induced urticaria [318]. A paper from Finland investigated face temperature in subjects who developed headache after administration of nitroglycerin and speculated about similar pathomechanisms of migraine, nitroglycerin induced headache and Raynaud's phenomenon [344]. The history of long-standing Raynaud attacks was not relevant for the diagnosis of acute hepatitis B in an heroin addicted 30 years old man [334]. A study conducted in Taiwan investigated the influence of room temperature, exposure to noise and vibration on skin temperature, the detection of RP was not intended in this study [429]. However, skin temperatures close to the environmental temperature after only 3 minutes of exposure lack credibility. A group of Malaysian tree fellers presented with colder finger tips, longer fingernail capillary return time and higher vibrotactile perception threshold than controls, but despite these findings, the tree fellers did not report colour changes of their fingers [1057]. It was proposed that that low skin temperature of the hands may be useful for distinguishing multiple system atrophy (MSA) from Parkinson's disease (PD) [503]. A study that included 50 MSA and 50 PD patients, and 25 normal healthy subjects obtained significantly lower palm skin temperature in MSA patients ( $32.0 \pm 2.7$  °C) than in controls ( $34.1 \pm 0.9$  °C,) but hand temperature was not different compared with the PD group ( $32.9 \pm 1.8^{\circ}\text{C}$ ).

The authors of a review on pulmonary hypertension in systemic lupus erythematosus mentioned an association between pulmonary hypertension and Raynaud's phenomenon [412]. In the illustrative case report included in this review, the diagnosis of RP was based on findings obtained by infrared thermography and capillaroscopy. A case re-

port of a 42-year-old male Japanese with Buerger's disease based the diagnosis of a concurrent Raynaud's phenomenon on an infrared thermogram showing low temperatures at all fingertips [436]. A case report from Germany also based the diagnosis of RP secondary to occupational vibration exposure on a slight delay of re-warming for the long fingers of the right hand [882]. As the symptoms of the Raynaud's phenomenon deteriorated over a period of 3 years, although the patient had finished working with vibrating tools, but developed symptoms and signs of rheumatoid arthritis, the contribution of vibration exposure to the manifestation of RP can be questioned.

An overview on paediatric morphea emphasized that the absence of sclerodactyly, Raynaud phenomenon, and nailfold capillary changes distinguishes morphea from systemic sclerosis [119]. Another review article stated that infrared thermography can be used to objectively assess the microvascular changes in Raynaud phenomenon [286]. A review on recent publications about systemic sclerosis [335] included a paper from 2012 that reported the use of infrared thermography as an endpoint in therapeutic trials of Raynaud's phenomenon. Authors from Australia reviewed drug treatment options for Raynaud's phenomenon in systemic sclerosis and reported that a rho kinase inhibitor was not effective in improving temperature recovery time in case of secondary Raynaud's phenomenon [333].

A study conducted at the Medical University in Wroclaw, Poland investigated by infrared thermography 29 subjects with symptoms of cold fingers but without Raynaud's phenomenon (RP), 23 patients with primary RP and 22 patients with secondary RP due systemic scleroderma of acral type and compared the results to 69 healthy controls [129]. They determined the difference between the mean temperatures of the dorsal hand and of all fingers and found that the difference was  $<0.5^{\circ}\text{C}$  in 70%, and  $<1.0^{\circ}\text{C}$  in 90% of healthy controls. Patients with primary Raynaud's phenomenon presented with a mean temperature difference  $3.35 \pm 1.4^{\circ}\text{C}$ , while the mean difference of patients with cold fingers was approximately  $2^{\circ}\text{C}$ . They calculated for subjects with cold fingers in comparison to healthy subjects a diagnostic sensitivity of 90% and a specificity of 88% at a temperature difference  $>1.0^{\circ}\text{C}$ . Increasing the threshold to  $\geq 3.0^{\circ}\text{C}$  supports the suspect of RP with a sensitivity of 65% and specificity of 83%.

A study protocol from South Korea described that hand temperature will be used as primary outcome and recovery of hand temperature after cold stress test as secondary outcome measure, in a study that will investigate the effect of Korean red ginseng on cold hypersensitivity in the hands and feet [215].

In Germany, time for recovery of the fingertip temperature to 67% of baseline readings was used as outcome in a small study treating systemic sclerosis patients with bosentan [279]. Unfortunately 9/22 patients had no temperature measurement at follow-up 3 months after treatment. 5 of the remaining 13 patients presented with a longer period for recovery (range of increase: 46 and 468 seconds). In 8 subjects a reduction of recovery time (range of decrease: 78 to 748 seconds).

In a multi-centre, double-blind, randomised, placebo-controlled, cross-over study, 37 subjects were treated with 0.5% or 1.25% nitroglycerine or placebo gel [296]. Blood flow was measured with a laser Doppler device at baseline and at the end 5 min exposure inside of a cold chamber ( $-20^{\circ}\text{C}$ ) and for the next 120 min at set intervals. The time to achieve 50% and 70% baseline skin temperature was used as secondary outcome parameter. The proportion of subjects achieving baseline BF was significantly greater in both treatment groups (66.2% for 0.5% and 69% for 1.25%) than in the placebo group (45.8%). No meaningful differences were seen in temperature measurements.

A composite lotion of natural herbal extracts and cosmetic ingredients was applied to the hands of 24 healthy subjects [306]. The lotion increased the unusual low baseline skin temperature ( $\sim 22.0^{\circ}\text{C}$ ) to  $28.35 \pm 0.25^{\circ}\text{C}$ , while after placebo the temperature rose to  $24.53 \pm 0.26^{\circ}\text{C}$ . Temperature investigations were not performed in Raynaud patients. However, 20 patients with Raynaud's phenomenon and 20 healthy controls were examined with nailfold capillaroscopy. The mean diameter of peripheral capillaries increased after treatment with the lotion by  $7.1 \pm 1.9\mu\text{m}$  and by  $2.05 \pm 1.2\mu\text{m}$  after placebo. Another gel containing herbal extracts also improved skin blood flow at 3 different concentrations [662]. However, temperature was not used as outcome measure.

In conjunction with a medical examination the cold sensitivity test (CST) is currently used to diagnose non freezing cold injuries in cold injury clinics. By means of infrared thermography, CST measures skin surface temperature as an estimation of skin blood flow in response to a cold challenge. A study conducted in England investigated the contribution of skin blood flow to skin rewarming [284]. Two CSTs were conducted by 6 non-cold injured subjects in  $30^{\circ}\text{C}$  air. The control CST involved 12 min gentle exercise prior to immersing the foot into  $15^{\circ}\text{C}$  water for 2 min followed by 15 min of spontaneous rewarming. The occlusion CST was the same except that blood flow to the foot was occluded during the rewarming period with a blood pressure cuff was placed at the ankle prior to the immersion and on removal from the water was inflated to 40 mmHg above the resting systolic pressure measured at the ankle. These results were compared to CSTs from six individuals with non-freezing cold injury and moderate-severe cold sensitivity and a non-perfused human digit model. During rewarming, skin blood flow in control CST returned to 104 % of the pre-immersion value and was higher than in both occlusion CST and CST in patients with moderate-severe cold sensitivity. The authors concluded that skin blood flow does contribute to the skin rewarming profile during a CST as a faster rate of rewarming was observed in the non occluded foot compared to either the occluded foot or the foot of non-freezing cold injury patients.

Compared to non stress exposed controls, exposure to a standardized laboratory stress task, the Trier Social Stress Test, reduced the skin temperature of finger tips in males and females, decreased the nasal skin temperature in females and increased the cheek temperature in males [583]. In Japan, the recovery time of the right dorsal hand and the



index finger was studied in a sample of 30 children and adolescents (median age: 12 years) with severe motor and intellectual disabilities [577]. The mean recovery rate of the fingertip was  $64.3 \pm 29.2\%$  (range: 3.3-114 %) and the dorsum rewarmed to  $60.8 \pm 47.7\%$  (range: 12-236 %). No information was provided how many subjects had a normal recovery time which is  $\geq 80\%$ .

### Breast cancer

Out of 101 hits labelled with the key words “breast” or “breast cancer” only 15 papers and 2 abstracts were dedicated to either thermal imaging [106, 111, 118, 142, 144, 146, 159, 160, 158, 166, 178, 193, 238, 257, 276, 681] or thermotherapy [190].

A study from England investigated the effect of sports bras on thermal regulation of the breast following exercise [111]. Sports bras negatively affected the cooling ability of the skin on the breast, with the material properties of the bra affecting thermal comfort following exercise.

In Shanghai the characteristics of acupoints in patients with hyperplastic mammary glands was investigated by infrared thermography [681]. The authors reported higher temperatures of some acupoints such as Rugen (ST18), Guanyuan (CV4), Qihai (CV6) and Hegu (L14).

### Screening and diagnosis

A paper reporting an automated analysis method for knee osteoarthritis detection made the false statement that “IR thermography is regarded as a gold standard for breast cancer detection. 5 papers were dedicated to breast cancer screening [118, 178, 193, 257, 267]. An evidence based guideline for breast cancer screening found insufficient evidence to support the use of other imaging modalities, such as thermography, breast-specific gamma imaging, positron emission mammography, and optical imaging, for breast cancer screening [193]. An update on breast cancer screening, dedicated for family physicians, found a similar negative recommendation for thermography [257].

A team of authors from Australia and Canada published a systematic review of elastography, electrical impedance scanning, and digital infrared thermography for breast cancer screening and diagnosis [267]. Sensitivity and specificity varied greatly for all three technologies, for infrared thermography variation of sensitivity was between 25 and 97 percent, values of diagnostic specificity were reported between 12 and 85 percent. The authors concluded that there is currently insufficient evidence to recommend the use of these technologies for breast cancer screening.

Two papers from Croatia had a totally opposite view on the value of thermography for breast cancer screening. Kolaric et al. recorded additional infrared thermal images from 28 women who were already scheduled for breast surgery [178]. The authors found 5 additional, previously unknown malignancies and concluded from their results that “*it would be prudent to use thermography as a primary screening method in detection of breast carcinoma*”. This paper was strongly criticised by Brkljacic et al. [118], who argued that worldwide infrared thermography is not recommended in any guideline for breast cancer screening and listed a number of shortcomings in the study by Kolaric et al. such as very

small sample size, already diagnosed patients, unclear criteria for patients selection, lack of information about surgical procedures, particularly no information how the patients with newly, only by thermography detected carcinomas were further evaluated. The authors expressed their sorrow that “*statements like those contained in this study by Kolaric et al are misleading for the public, and may raise false hopes and confuse many women who are exposed to the aggressive advertising of unproven »advantages« of thermography*”.

In fact, the effect of promoting infrared thermography in medical lay-people (females who were neither trained nor worked in a medical profession) was published by Australian authors [166]. In total 300 women were interviewed about their beliefs on the accuracy of diagnostic techniques promoted by commercial breast imaging companies. For each technology, infrared thermography, electrical impedance and computerised elastography, 100 females, aged between 25 and 54 years participated. 90% of respondents agreed that the companies’ promotional material promoted the message that the advertised breast imaging method was effective in detecting breast cancer, and 80% agreed that the material promoted the message that the imaging method was equally or more effective than a mammogram. Results showed 90% of respondents agreed with the promoted message that the advertised breast imaging method was effective in detecting breast cancer, and 80% believed that the advertised imaging method was equally or more effective than a mammogram. The apprehension of Brkljacic et al. [118] is supported by the conclusion of the authors that unregulated promotion of unproven commercial breast cancer testing services has “*the potential that women will use these services in preference to more evidence based technologies such as mammography, and put themselves at risk of a delay in breast diagnosis and treatment*” [166].

Researchers from Zagreb, Croatia, compared thermographic findings with various immuno-histochemical findings (hormone status positive or negative) from 75 female patients with invasive breast tumours [276]. The tumour itself and the breast containing the tumour were statistically significantly warmer than the healthy breast in all study patients. There was no statistically significant difference between patients with positive and those with negative estrogen receptors. However, estrogen negative tumours presented with a higher maximum and average temperature than estrogen positive tumours.

Phil Hoekstra described in 2 parts of a review paper the historical development of breast cancer detection by thermography [159] and commented on common questions and misunderstandings of breast thermography [160]. 2 presentations at the annual meeting of the American Academy of Thermology were dedicated to infrared thermal imaging of the breast [146, 158].

A paper from Singapore proposed a novel pseudo-colour palette for breast thermograms and reported a better performance than existing palettes [106]. Employing a Bayesian network on a database of thermograms from benign and malignant breast lesions, all diagnoses were based on biopsies, obtained moderate discrimination between healthy and diseased subjects [144]. Mechanical engineers from India esti-

mated tumour characteristics in a breast tissue with known skin surface temperature using Pennes bioheat equation as base for modelling heat transfer in the breast tissue [134]. However, in vivo evaluation of the model was not performed. Another study from India extracted texture features of thermal images from 27 females (18 biopsy proven cancer patients 9 healthy women). Feature selection was based on the average side-to-side difference of features in comparison of affected and healthy subjects [142]. This system could correctly identify 16 of 18 cancer patients and 7 of 9 healthy subjects. A multicenter study conducted in Israel based its diagnostic algorithm on asymmetry features extracted from 3dimensional infrared images and reported a diagnostic sensitivity of 90.9 percent and a specificity of 72.5 percent [238].

### Treatment

A review paper on thermosensitive liposomes for localized delivery and triggered release of chemotherapy included both clinically-approved lipid-based nanomedicines for the treatment of breast cancer such as Doxorubicin (Lipodox®, Sun Pharma, India) and nanomedicines currently undergoing clinical evaluation for example another preparation of Doxorubicin (ThermoDOX®, Celsion, USA) as therapy for recurrent chest wall breast cancer [97]. A nanolipid carrier (NLC) based thermoreversible gel for localized delivery of docetaxel to breast cancer was investigated in animal experiments and in tissue cultures of He-La cells and B-16 mouse melanoma cells. The results showed that the release of docetaxel from NLC in gel in vitro and in vivo was sustained for more than 60 h [266]. Cultures of breast cancer cells were used to evaluate the effects of various new drugs or drug carriers in combination with heat generating procedures [11, 274]

12 papers were detected by keyword “breast” reported applications of magnetic resonance imaging-guided high-intensity focused ultrasound [109, 138, 161, 189, 198, 200, 201, 203, 206, 208, 255, 560]. One publication of those investigated in ex vivo specimen of breast tissue [macroscopic and temperature changes caused by high-intensity focused ultrasound [198]. A new 11-channel radio frequency phased array coil for magnetic resonance guided high intensity focused ultrasound of the breast proved superior signal-to-noise-ratio and more accurate temperature measurement than a conventional single chest-loop coil [200]. A retrospective study reported the clinical outcome of 198 patients with recurrent breast cancer treated with re-irradiation and hyperthermia from 1993 to 2010 [190]. The 3, 5 and 10 years overall survival rates were 75%, 60% and 36%, respectively, with a median survival of 82 months.

### Discussion

The search profile of this year's survey is almost identical to that of the literature review for the year 2012 [1]. The focus of detailed description of papers is temperature measurement in the three clinical entities i.e. complex regional pain syndrome, Raynaud's phenomenon and Breast diseases

The best way to use thermography to assist the diagnosis of CRPS is to raise evidence that a diagnostic temperature difference of  $\geq 1^{\circ}\text{C}$  is existing. It is amazing, that well

known scientist working in pain physiology still believe that a heat stimulus acts as sympathetic inhibitor [484.]

Progress was made in establishing normal values of finger temperatures in patients with cold fingers or Raynaud-Phenomenon [129] and measurement of finger temperature or recovery time after cold challenge was the endpoint in therapeutic trials of vasospastic finger disease. The contribution of perfusion to temperature recovery after cold challenge was clearly demonstrated [284]. The influence of stress and disorders of the central nervous system on finger temperatures was also investigated.

In the senology community, breast thermography is still not accepted as an screening or diagnostic method for the detection of breast cancer. However, there is a continuous publication activity about the diagnostic accuracy of infrared breast imaging, mainly driven by automated or semi-automated diagnostic computer programmes. An unbiased study based on big sample of women who are screened for breast cancer is not yet available.

English is for years the predominant language for medical publication. 5,1 percent of the papers reviewed in this article were not published in English, which is a slightly greater of non English publications than in last years survey. Chinese achieved the second rank of publication languages. About 1% of publications appeared bilingual, presenting the paper in an English version combined with a version in the national language.

An average impact factor of 3.274 points was calculated for the 16 journals, which published in 2013 seven to forty-one papers on temperature measurement. This is an increase by 0.654 points compared to last year. As the impact factor is a measure of the reputation of a journal based on received citations for articles, published in a 2 year period prior to the evaluation year, the observed increase of journals may be interpreted that in 2013 journals with good reputation published regularly papers on temperature measurements

In 2013, a higher proportion of papers (41%) came from Europe, 4% more than last year. 28% of authors originated from North America and 21% from Asia. 22,5 of research institutions in Asia are located in China, 18,8% in Japan and 11.6 in India. Papers from countries in Africa and South America were less uncommon than last year and comprise together 5% of all articles included. The same percentage was observed for papers from Australia.

In conclusion, this years' literature survey was focused on temperature measurements with impact on clinical medicine, particularly applications for complex regional pain syndrome, Raynaud's phenomenon and breast diseases. Physiology & Endocrinology, Surgery, Neurology & Psychiatry, and Cancer were frequently identified fields of temperature measurement in medicine. Thermography appeared as keyword more often as last year. However, only some papers reported diagnostic infrared thermal imaging.

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## News in Thermology

### New Thermology journal launched

The Pan American Journal of Medical Thermology, ISSN 2358-4696, is a scientific journal that aims to contribute to the dissemination of knowledge in Thermology and related fields by publishing original articles, case reports, reviews, research notes and opinions. It is a quarterly publication in electronic version, combining scientific information and updates of specific interests of specialists and general affairs in the field of Thermology. This publication is distributed to the partners of ABRATERM, the Brazilian Association of Thermology. The chief editor is Dr. Mark Leal Brioschi. The journal is indexed in Google Scholar. Figure 1 shows the cover page of the new journal.

The journal is following an open access policy by providing immediate open access to its content on the principle that making research freely available to the public promotes greater global democratisation of knowledge.

The first issue published on 18. August 2014 contains 1 editorial and 8 articles, 4 papers have Brazilian authors, 1 paper each originated from Portugal, Germany, United Kingdom and South Korea. The papers show an English and Portuguese abstract, the full article appears either in English or in Portuguese language.

The table of contents is shown below.



Figure 1  
Cover of the Pan American Journal of Medical Thermology

### Editorial

Genival Veloso de França . Pan Am J Med Thermol 1(1): 1

### Articles

Ana Sofia Domingues, Eduardo M. Pereira, Joaquim Gabriel, Ricardo Vardasca :**Case Study in Thermal Monitoring of Physiotherapy Treatments to Ankle Sprains in Rugby Athletes.** Pan Am J Med Thermol 1(1): 3-10

Eduardo Borba Neves, José Vilaça-Alves, Eddy Krueger, Victor Machado Reis: **Changes in skin temperature during muscular work: a pilot study.** Pan Am J Med Thermol 1(1): 11-15

Alex de Andrade Fernandes, Alisson Gomes da Silva Gomes da Silva, Juscélia Cristina Pereira, Myrian Augusta Araújo Neves do Valle, Rafael Gonçalves Silva, João Carlos Bouzas Marins: **Resposta da temperatura da pele das mãos durante a realização de teste submáximo em cicloergômetro.** Pan Am J Med Thermol 1(1): 17-21

Edmar Batista dos Santos, Carlo Bonasso, Luciane Fachin Balbinot, Marcos Leal Brioschi, Henrique Tria Bianco, José Joaquim Fernandes Raposo Filho: **Risco de Acidente Vascular Encefálico: avaliação pela termografia cutânea por radiação infravermelha.** Pan Am J Med Thermol 1(1): 23-30

Leanderson Franco de Meira, Eddy Krueger, Eduardo Borba Neves, Percy Nohama, Mauren Abreu de Souza: **Termografia na área biomédica** Pan Am J Med Thermol 1(1): 31-41

Kamayni Agarwal, Ann-Christin Lange, Helge Beck **Contactfree Infrared Thermography for the Determining “Normal Skin Temperature” in 50 Healthy Probands.** Pan Am J Med Thermol 1(1): 43-49

John Allen, Alyson L Young, Bridget Griffiths **Subject Preparation and Thermal Acclimatization Prior to Mild Cold Challenge Testing Using Dynamic Thermal Imaging.** Pan Am J Med Thermol 1(1): 51-54

Ho-Yeol Zhang, Yong-Eun Cho, Young-Soo Kim: **Thermographic Findings of Spinal Cord Tumor.** Pan Am J Med Thermol 1(1): 55-67

## Meetings

26<sup>th</sup>-28<sup>th</sup> September 2014

ThermoMed International 2014, Langen near Frankfurt

60<sup>th</sup> Anniversary of the German Society of Thermography and Regulation Medicine (Deutsche Gesellschaft für Thermographie und Regulationsmedizin DGTR)

21<sup>st</sup> -23<sup>rd</sup> March 2015

XIX National Congress of the Polish Association of Thermology in Zakopane, Poland

*Conference Venue:* Hotel Hryny, Pilsudskiego str 20

*Information:* Prof Dr Anna Jung  
email: a.jung@spencer.com.pl

20<sup>th</sup>-24<sup>th</sup> April 2015

SENSING TECHNOLOGY+ APPLICATIONS in Baltimore, Maryland, USA

*Venue:* Baltimore Convention Center

*PRESENT YOUR LATEST RESEARCH IN THESE TECHNOLOGY AREAS:*

- Hyperspectral Imaging
- **IR Sensors and Systems**
- Data Visualization
- Information Systems and Networks
- Imagery and Pattern Analysis
- Next-Generation Sensors and Systems
- Wireless Sensing
- Terahertz Devices and Systems
- Spectroscopic Sensing
- **Thermographics**
- Fiber Optic Sensors
- 3D Imaging and Visualization
- Polarization
- Next-Generation Robotics

*PRESENT YOUR RESEARCH ON THE LATEST SENSORS, IMAGING, AND OPTICAL TECHNOLOGY FOR THESE APPLICATIONS AREAS:*

- Automotive/Transportation
- Communication/Networking
- **Healthcare/Medical Devices**
- **Pharmaceutical/Biotech**
- Manufacturing
- Oil, Gas, Petrochemical
- **Environmental Monitoring**
- Infrastructure
- **Sensing for Agriculture and Food/Water Safety**
- Harsh Environments
- Energy Harvesting
- Ocean Sensing

IMPORTANT DATES

Abstracts Due: 6 OCTOBER 2014

Author Notification: 15 DECEMBER 2014

Manuscript Due Date: 23 MARCH 2015

## 2015

PLEASE NOTE: Submissions imply the intent of at least one author to register, attend the conference, present the paper as scheduled, and submit a full-length manuscript for publication in the conference proceedings.

*Further information*

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6<sup>th</sup>-10<sup>th</sup> July 2015

QIRT – ASIA 2015 in Mahabalipuram, Chennai, India

*Venue* Hotel Radisson Blu Resort Temple Bay,  
Mahabalipuram (50 kms from Chennai City),

IMPORTANT DATES

Abstract submission deadline: November 20, 2014

Acceptance notification: January 31, 2015

Paper submission deadline: April 30, 2015

SCOPE OF THE CONFERENCE

QIRT-Asia 2015 will cover, but will not be limited to, the following topics:

- IR scanners and imaging systems for quantitative measurements.
- Data acquisition, image and signal processing.
- Integration of thermographic systems and multispectral analysis.
- Calibration and characterization of IR cameras, emissivity determination, absorption in media, spurious radiations, 3D measurements
- Certification and Standardization.
- Ultrasound thermography, eddy current thermography, photothermal methods and thermal effects induced by elastic waves or mechanical stresses, etc.
- Application of IR thermography to radiometry, thermometry and physical parameters identification in all fields such as: industrial processes, material sciences, thermo-fluid dynamics, energetics, non-destructive evaluation, cultural heritage, environment, medicine, biomedical science, food production...

*Information:* Secretariat, QIRT-Asia 2015

Radiological Safety Division

IGCAR, Kalpakkam

Tamilnadu - 603102

Email: info@qirtasia2015.com

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# XIII European Association of Thermology Congress



## Thermology in Medicine: Clinical Thermometry and Thermal imaging

The EAT and the Faculty of Physical Activity and Sports Sciences (INEF) are has the pleasure of inviting you to participate in the XIII EAT Congress in Madrid between the 3<sup>rd</sup> and 5<sup>th</sup> of September, 2015.

The target of this Congress is integrating professionals and researchers from different fields who are working daily with medical thermography, introducing the latest ad-

vances in infrared technology and the new applications arising from them

The Congress will appeal not only to end users of medical thermography but also to researchers and developers. The congress will focus on free communications and posters in the areas of Human Applications, Animal Applications, and Engineering.

We look forward to seeing you in Madrid in September 2015.



Prof. Manuel Sillero Quintana  
EAT2015 Chairman



Prof. James B. Mercer  
EAT President

## CALL FOR ABSTRACTS

The scientific committee will receive submission for abstracts for free communications and posters in the areas of "Biomedical Applications", "Animal Applications" and "Technical Applications".

Abstracts submission will be on-line,  
for submitting your abstract please click here !

**NOTE: Prizes will be awarded for the best oral communications, best poster (Kurt Ammer Prize) and best student oral presentation (Francis Ring prize). The authors of best communications will be invited to submit an extended version of their abstracts for publication in Thermology International.**



The congress will take place at the Physical Activity and Sport Sciences Faculty (INEF Madrid) which belongs to the Technical University of Madrid (UPM) located in the University City of Madrid. It has an auditorium with 600 places and two conference rooms with seating for 140 and 120 persons and are fully equipped with modern audio-visual equipments.

## IMPORANT DATES

- 10<sup>th</sup> October 2014** - Opening of abstract submission and registration.
- 30<sup>th</sup> January 2015** - Abstract submission deadline.
- 27<sup>th</sup> March 2015** - Acceptance notification to authors.
- 27<sup>th</sup> March 2015** - Opening of Early Bird registration.
- 17<sup>th</sup> April 2015** - End of Early bird registration.
- 31<sup>st</sup> August 2015** - End of Late registration.
- 3<sup>rd</sup> September 2015** - End of Last minute registration.
- 3<sup>rd</sup> September 2015** - Start of the event

**Madrid Metro website:**

<http://www.metromadrid.es/en/index.html>

**Spanish train services website:**

<http://www.renfe.com/EN/viajeros/index.html>

**Madrid city card website:**

<http://www.neoexperience.es/en/madrid/madrid-card>

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Prof. Dr. Francis Ring (UK)

Prof. Dr. James Mercer (NOR)

Prof. Dr. Kurt Ammer (AUT)

Dr. Kevin Howell (UK)

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Dr. Timothy Conwell (USA)

## TRAVEL INFORMATION

There is a train service directly from Madrid Barajas airport (Terminal 4) to Príncipe Pío Station (35 minutes, about 2.50 €; one train each 30 minutes), where the official hotel is located.

There are also metro and buses from the Airport to the city center (40-50 minutes, about 5-6 Euros). A taxi from the Airport could be another option but a little bit more expensive. In 2014 the fixed fee for a taxi from the Airport to any place in the centre of Madrid is 30€.

The radial structure high-speed (AVE) and regional trains and buses allow travel to Madrid from the most important cities of Spain. Furthermore, Madrid has an excellent underground system, a frequent bus network and many reasonably priced taxis for local transportation.

We encourage our attendees to use the public transport. A 10 ticket bonus will be provided to all the attendants with a 3-days registration at the Reception Desk of the Hotel FLORIDA NORTE.

## ACCOMMODATION

Hotels in Madrid are quite full in early September. For this reason, the organizers of the EAT Congress have reserved 100 rooms for participants at the Hotel Florida Norte\*\*\*\*, which will be the official hotel of the congress. The special fees for the attendants are:

- 35.35 € (incl. 10% VAT) per person in double bed room including breakfast (buffet).
- 59.35 € (incl. 10% VAT) single room including breakfast (buffet).

The Florida Norte Hotel is about a 25 minutes walk or a 5-10 minute bus ride to the venue. The city centre is a 10 minute walk from the hotel.

**VERY IMPORTANT.** In the registration form the participants have to indicate whether or not they will stay in the Hotel Florida Norte (organizers will inform to the Hotel). If they choose to use the Hotel Florida Norte, they have to reserve the hotel themselves writing and email to [reservas.florida@celuisma.com](mailto:reservas.florida@celuisma.com). Alternatively the hotel can be booked on-line at <http://www.celuisma.com/en>.

### NOTE:

If you indicate in the booking form that you are an attendant of the EAT Congress you will be charged the special congress rate and NOT the fee indicated on their website.

## PROGRAMME OF THE EAT CONGRESS 2015 (by 15<sup>th</sup> of July 2014)

	Tuesday, 1-9-15	Wednesday, 2-9-15	Thursday, 3-9-15	Friday, 4-9-15	Saturday, 5-9-15		
8:30		PRE-CONGRESS COURSE  Program of the course will be published soon at <a href="http://www.eat2015.info">www.eat2015.info</a>	Late Registrations (INEF)	Late Registrations (INEF)	Late Registrations (INEF)		
9:00			Morning Session 1-1 Technical Apps.	Morning Session 2-1 Biomedical Apps. (Sports)	Morning Session 3-1 Biomedical Apps.		
9:30							
10:00			Coffee Break				
10:30							
11:00			Morning Session 1-2 Technical Apps.	Morning Session 2-2 Biomedical Apps.	Morning Session 3-2 Biomedical Apps.		
11:30							
12:00			Lunch (INEF)				
12:30							
13:00			Evening Session 1-1 Technical Apps.	VISIT TO A PICTURESQUE CITY AROUND MADRID AND GALA DINNER (*)	Closing Ceremony and EAT Awards		
13:30							
14:00		Coffee Break					
14:30							
15:00	PRE-CONGRESS COURSE  Program of the course will be published soon at <a href="http://www.eat2015.info">www.eat2015.info</a>	Evening Session 1-2 Animal Apps.					
15:30							
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(\*) Note.- The bus will depart from the Florida Norte Hotel. The visit will be from 16:30 or 17:00 to 20:00 and the dinner from 20:00 to 22:00 arriving 23:00 to the hotel.



## REGISTRATION

	Early Registration (Until 17-4-15)	Late Registration (Until 31-7-15)	Last-minute Registration
<b>EAT MEMBER</b> <sup>(1)</sup>	300 €	360 €	400 €
<b>Non EAT member</b> <sup>(1,2)</sup>	350 €	410 €	450 €
<b>1-day registration</b> <sup>(3)</sup>	125 €	150 €	170 €
<b>Student</b> <sup>(4)</sup>	150 €	200 €	240 €
<b>Accompanying person</b> <sup>(5)</sup>	200 €	260 €	300 €

- (1) Full inscriptions include registration pack, coffee breaks, lunches, Gala Dinner, and 10 tickets for public transports (metro and bus).  
 (2) Annual EAT fee = 50 € (including one year subscription to the journal Thermology International). To get information about how to apply to the EAT as ordinary or extraordinary member, visit <http://www.europanthermology.com> (membership).  
 (3) 1-day registration will include registration pack and coffee breaks and lunch of the day. Gala Dinner not included.  
 (4) A certificate with ECTS credits will be provided by U.P.M. Gala Dinner not included.  
 (5) Accompanying person registration will include 2 one-day excursions (9:00 - 16:00) with lunch (3<sup>rd</sup> and 5<sup>th</sup> of September) and Gala Dinner.

**IMPORTANT:** To Register click [here!](#)

The payments will be through bank transfer or paypal

### Contact

For any question regarding the event do not hesitate in contacting:

**Prof. Manuel Sillero Quintana**

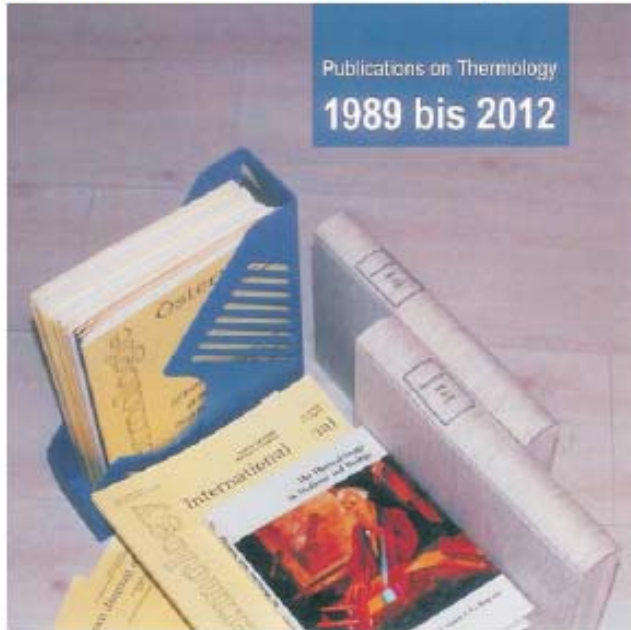
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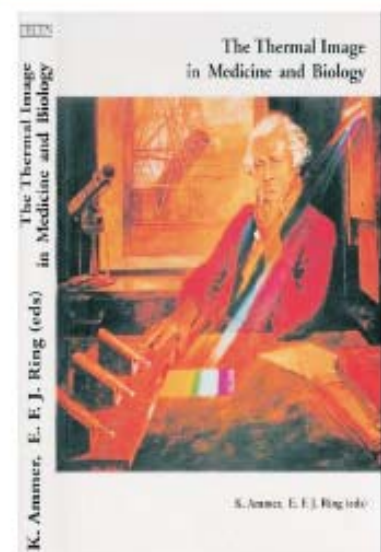


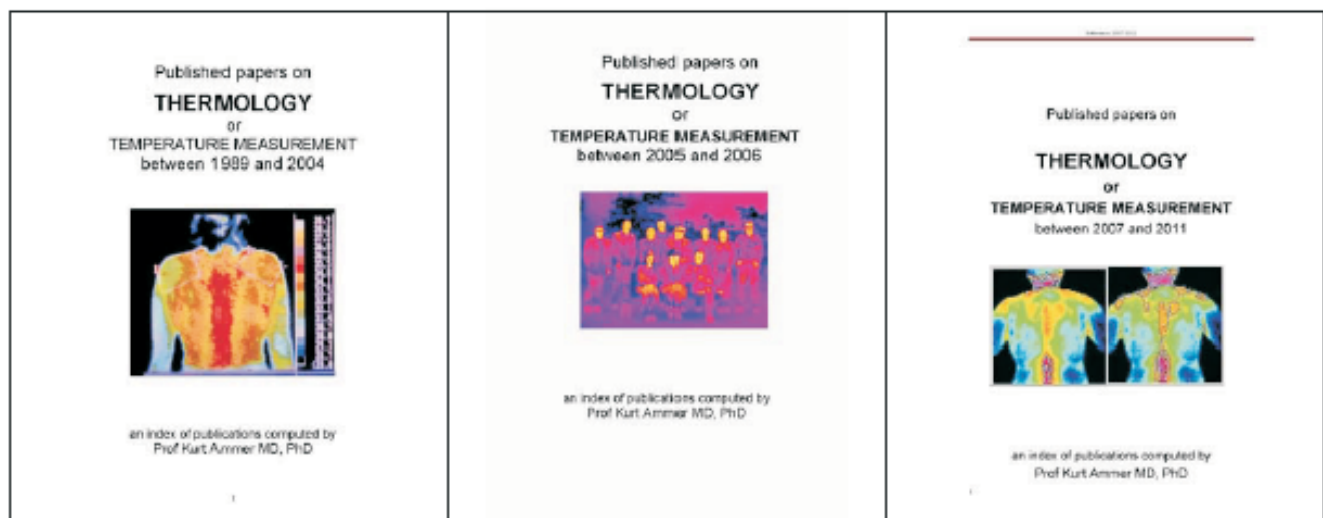
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### The Thermal Image in Medicine and Biology

edited by K. Ammer and E. F. J. Ring

Uhlen Verlag, Wien (1995)





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