



General correspondence

Flawed peer-review process

Since the introduction of digital imaging, clinicians have unprecedented access to medical images and this has enabled them to incorporate images into articles. However, clinicians are not experts at image interpretation; they may select incorrect images and may mislabel them. This was demonstrated in an article published in the March edition of *Internal Medicine Journal* (IMJ) by Blanchard *et al.*¹ The adrenal lesion in question is poorly visualised because of the phase selected and is also most likely incorrectly labelled. The arrows on the lateral part of the 'cystic adrenal mass' are pointing at what looks like a normal gallbladder. It would be highly unusual for any adrenal mass to be in this position. Certainly this 'cyst' bears little relationship to the photograph of the resected specimen. This raises an important issue. First, authors are potentially misleading readers by

using incorrect/suboptimal images and labels, and reviewers are not selected appropriately to be able to detect these errors. This issue was first raised in 2010 by Stuckey² following another IMJ article with misleading images. A radiologist should be involved in the review process to detect errors and ensure the image supports the findings of the text. The failure of specialist peer review has the potential to contaminate the literature with misleading articles and degrades the scientific process and knowledge transfer. As this is a serious recurrent issue, does the editorial board of IMJ have a plan to rectify this problem?

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References

- 1 Blanchard E, Brenner P, Delprado W, Samaras K. Lymphangioma: an unusual

cause for a non-functioning adrenal mass. *Intern Med J* 2014; **44**: 306–7.

- 2 Stuckey S. Radiology images. *Intern Med J* 2010; **40**: 868.

Author reply

We thank Sutherland¹ for his observation regarding the erroneous placement of arrows in our case of the reported adrenal lymphangioma.² We completely agree that radiologists should be involved in the review process of case reports where imaging is presented, to ensure accuracy. Perhaps, as is standard in the review process, the pro-bono and after-hours expertise and participation of experienced radiologists could be invited. Sutherland

makes a valid point about the importance of radiographic accuracy.

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References

- 1 Sutherland T. Flawed peer review process. *Intern Med J* 2014; **44**: 714.

- 2 Blanchard E, Brenner P, Delprado W, Samaras K. Lymphangioma: an unusual cause for a non-functioning adrenal mass. *Intern Med J* 2014; **44**: 306–7.

EDITOR'S NOTE

Medical journal editors face some unexpected hurdles in the course of performing their duties. One of these is raising the angst of expert readers when errors are made.

In the case described here, a scan was mislabelled, and this was missed. Fortunately, we have the means of correcting such errors, and I am not distressed that any meaningful