Monday 14 October 2019

British Society of Skeletal Radiologists: Musculoskeletal (MSK) radiology

10:00 - 10:30

**Trauma plain films: the devil is in the detail**

Dr Richard Fawcett, Leeds Teaching Hospitals NHS Trust

**Learning points**

Close scrutiny of plain radiographs still has a role in trauma imaging and can affect clinical management.

Subtle plain radiographic findings can hint at significant underlying soft tissue injury.

Certain patterns of radiographic findings are not typical for simple trauma and may mimic something more sinister.

Understanding the radiographic technique used can be vital to making certain diagnoses in plain film trauma cases.
Incidental don’t touch lesions

Dr Rajesh Botchu, The Royal Orthopaedic Hospital NHS Foundation Trust, Birmingham

Learning points

Skeletal ‘don’t touch’ lesions are those processes that are radiographically so characteristic that a biopsy or additional diagnostic tests are unnecessary.

These cause anxiety to patient and surgeon.

These include normal variant, post traumatic, dysplasia and reactive lesions.

These may require a multimodality approach in some cases.

Awareness of these lesions are essential.

References


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11:00 - 11:30

Imaging of arthritis

Dr Emma Rowbotham, Leeds Teaching Hospitals NHS Trust

Learning points

Early diagnosis and treatment is of paramount importance with the advent of Disease Modifying Anti Rheumatic Drugs (DMARDs) meaning that cross sectional imaging is becoming increasingly important for assessment in arthritis.

Patterns of erosive change are useful in indicating the underlying condition; erosions can be categorised as marginal, periarticular or central.

Both US and MRI have been shown to be more sensitive to early changes or arthropathy and will often be used where there are no radiographic signs present to detect pre clinical synovitis.

Quantification techniques are described using both US and MRI but largely remain within the realms of research at present.

References

Rowbotham E, Grainger AJ. Rheumatoid Arthritis: Ultrasound Verus MRI.. AJR Sept 2011, Vol 197, Number 3


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12:00 - 12:30

Common paediatric musculoskeletal (MSK) conditions

Dr Karl Johnson, Birmingham Children's Hospital NHS Foundation Trust

Learning points

In the growing skeleton, there are a wide variety of normal variants which can mimic or be confused with pathological conditions. An understanding and recognition of these changes is important to avoid unnecessary investigations in children.

Within the paediatric skeleton, the bones are more plastic and the periosteum is relatively thickened and stronger. Consequently, the fracture pattern in children is different to that in adults. Ligamental and tendon injuries are relatively unusual in children.

The presence of the physeal growth plate is unique to children and is a point of relative weakness. The Salter-Harris classification of physeal fractures is important to understand as the grading of these injuries significantly affects patient management.

The incidence of certain pathologies is very age dependant and a recognition of the age of a child and the site of suspected pathology are important determinates of the differential diagnosis. For example, hip pain in the younger child is more likely to be the result of Perthes disease whereas slipped upper femoral epiphysis typically occurs in the adolescent age group.

Musculoskeletal infection in children can vary in its site and radiographic appearances. An understanding of the location and radiological findings is important as the consequences of missed infection can cause long-term morbidity.

References


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