

Imaging

- Radiography
- Ultrasonography
- Computed tomography (CT), CT arthrography
- Magnetic resonance imaging (MRI), MR arthrography (direct, indirect)

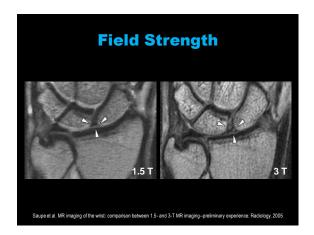
MRI and **MR** Arthrography

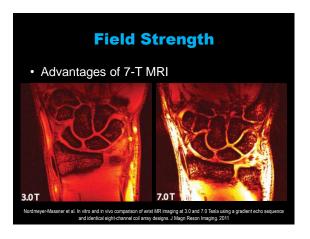
- System (field strength)
- Coil
- Patient position
- · Protocol (sequences)

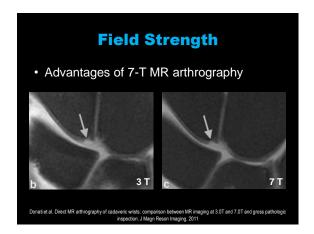
Field Strength

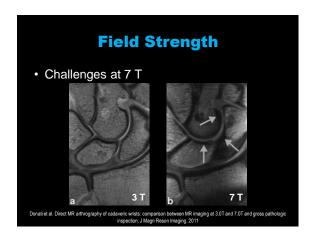
- · Advantages of 3-Tesla (T) imaging:
 - Increased signal-to-noise ratio (SNR)
 - → Higher spatial resolution
 - → Shorter image acquisition time
 - → Higher contrast-to-noise ratio (CNR)
- Challenges at 3 T:
 - Specific absorption rate (SAR)
 - Artifacts

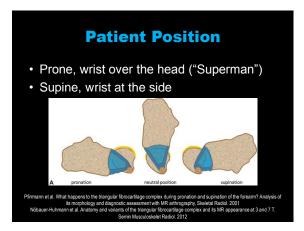
Saupe. 3-Tesla high-resolution MR imaging of the wrist. Semin Musculoskelet Radiol. 2009

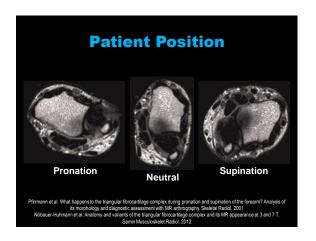


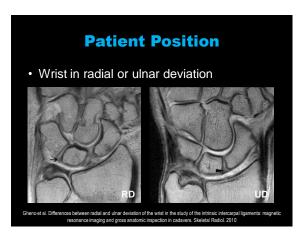




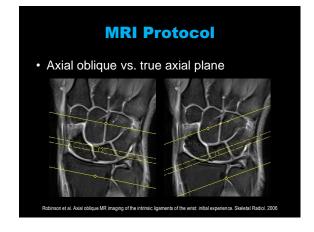


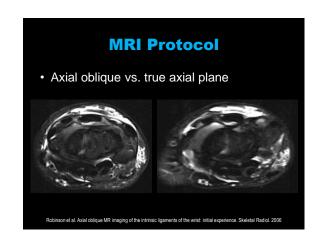


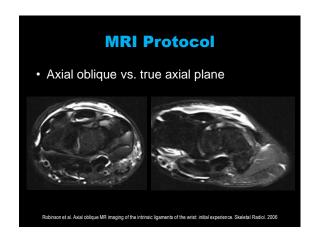


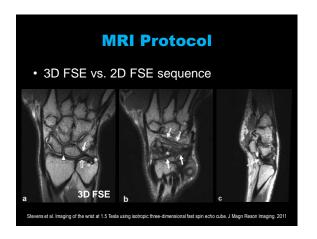


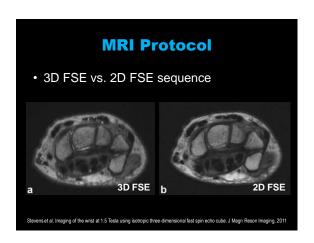
MRI Protocol Axial and/or coronal T1-w TSE Coronal proton density (PD)-w with/without fat-suppression (FS) Axial T2-w TSE FS Sagittal PD-w with/without FS (Gd-enhanced iv. 3D T1-w GRE FS)



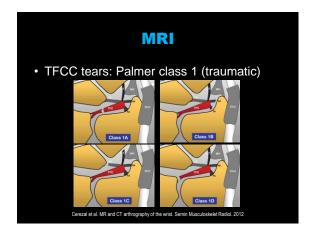


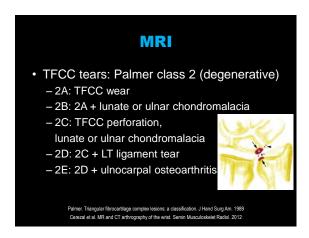


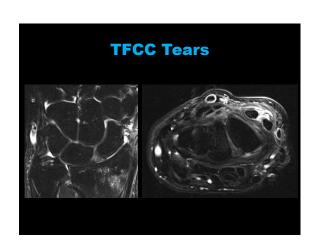


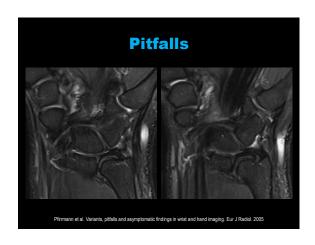








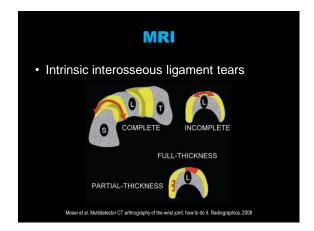




MRI

- Criteria for intrinsic interosseous ligament tears:
 - Increased signal intensity on fluid-sensitive
 FS images
 - Morphologic distortion or complete absence
 - Secondary SL dissociation (>3 mm), carpal arch disruption, ganglion cyst formation

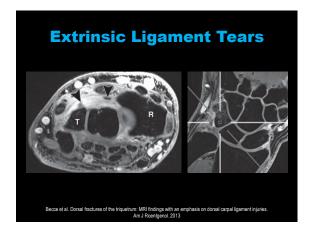
Chhabra et al. Current perspectives on the advantages of 3-T MR imaging of the wrist. Radiographics. 2012

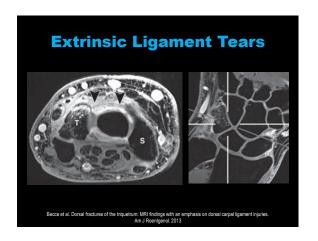


Intrinsic Ligament Tears

Criteria for extrinsic ligament injuries: Acute sprain (grade 1): periligamentous edema Partial tear (grade 2): thickening due to periand intraligamentous edema Complete tear (grade 3): complete disruption Traction-related avulsive cystic changes Soft-tissue ganglion cysts

Chhabra et al. Current perspectives on the advantages of 3-T MR imaging of the wrist. Radiographics. 2012





Direct MR Arthrography

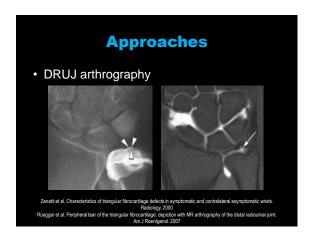
- Exploits the natural advantages gained from joint effusion:
 - Distends the joint capsule
 - Outlines intra-articular structures
 - Leaks into abnormalities

Indications

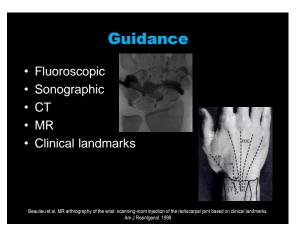
- TFCC tears
- SL and/or LT ligament tears
- · Articular cartilage lesions
- Intra-articular ("loose") bodies

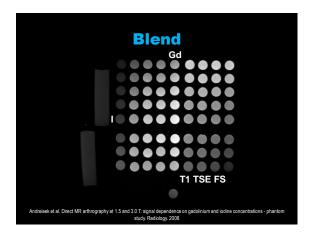
Cerezal et al. Wrist MR arthrography: how, why, when. Radiol Clin N Am. 2005 Lomasney et al. Magnetic resonance arthrography of the upper extremity. Radiol Clin N Am. 2013

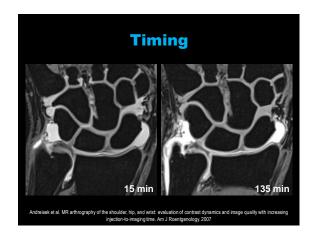
Approaches • Dorsal: - Unicompartmental (radiocarpal) arthrography - Bicompartmental - Tricompartmental - Tricompartmental





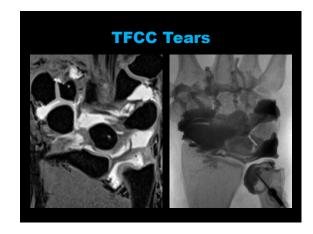


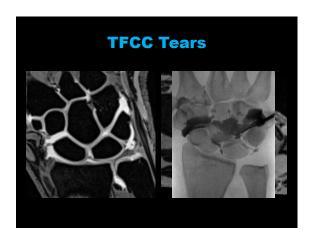


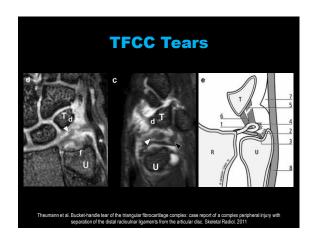


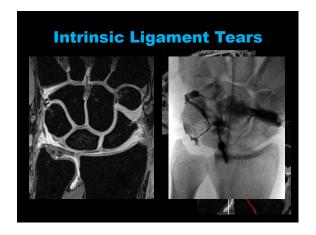
MR Arthrography Protocol

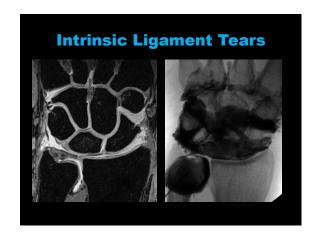
- Axial, coronal and sagittal T1-w TSE FS and/or 3D T1-w GRE FS
- Coronal PD-w FS
- Axial T2-w TSE FS



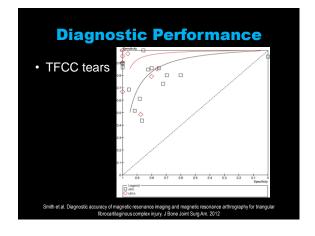












Diagnostic Performance							
	MRI			MR Arthrography			
	TFCC	SL	LT	TFCC	SL	LT	
Sensitivity	0.44-1 (0.75)	0.59-0.89	0.04-0.50	0.48-1 (0.84)	0.68-1	0.50-0.82	
Specificity	0.60-1 (0.81)	0.70-1	0.90-0.97	0.76-1 (0.95)	0.87-1	0.94-1	
Smith et al. Diagnostic accuracy of magnetic resonance imaging and magnetic resonance arthrography for triangular fibrocartilaginous complex ritjury. J Bone Joint Surg Am. 2012 Ringler. MRI of wrist ligaments. J Hand Surg Am. 2013							

Diagnostic Performance							
	1.5 T	3 T	P				
Sensitivity							
TFCC	0.82	0.90	0.493				
SL	0.57	0.70	0.482				
LT	0.22	0.50	0.114				
Specificity							
TFCC	0.59	0.74	0.378				
SL	0.83	0.94	0.051				
LT	0.94	0.94	0.898				
Anderson et al. Dia	Anderson et al. Diagnostic comparison of 1.5 Tesla and 3.0 Tesla preoperative MRI of the wrist in patients with ulnar-sided wrist pain. J Hand Surg Am. 2008						

