SUMMARY OF ELBOW IMAGING

Mri elbow: - Open - Closed -Extremity

→ Indications: * Pain *Trauma *Swelling *inflammation

Examination Technique:



- → Surface coil "one elbow"
- Patient Position:
- ▶ Prone "Swimmer position superman position"
- FABS "Flexed Abducted Supinated View"





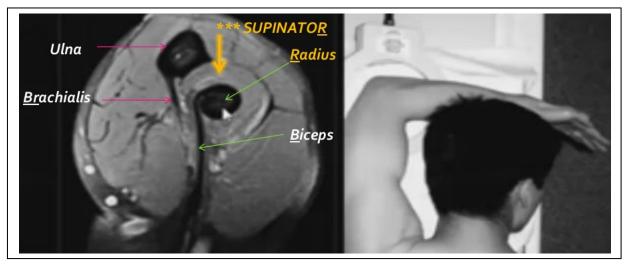
• FABS

- ✓ Flexed Abducted Supinated View → Show distal biceps tendon
- To identify Radius & Ulna in FABS position:
 - 2 tendons are seen Biceps & Brachialis

Biceps attached to Radius & Brachialis is attached to Ulna

LAND MARK

SUPINATOR MUSCLE
FORMING COMPLETE
RING AROUND Radius



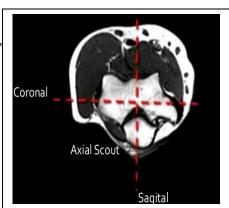
• Examination Protocol:

- ✓ FOV 14:16 cm "Not > 14 cm → for good quality image"
- ✓ 3 mm slice thickness − 1 mm gap
- ✓ Axial Saggital Coronal
- ✓ T1, T2, T2 fa-tsat, STIR

•Protocol must be :

3 T1	Sag. – Ax Cor.
+ Any 3 T2	Sag. – Ax. – Cor

i.e T2 or STAIR or Gradient



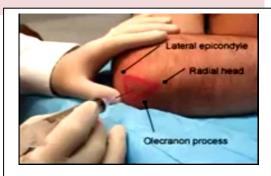
A.M.ABODAHAB

SUMMARY OF ELBOW IMAGING

T1	T2WI		Structures	
Low	Low	-Cortical bone		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		-Tendons	CFT, CET, Biceps	100
		-Ligaments	MCL, RCL	60
		-Calcifications		30
Low	High	Fluid	Effusion – Cyst – Articular cartilage	
High	Low	FAT	Subcetaineous - Dermoid	

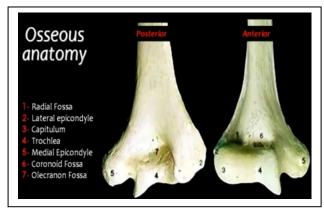
MR ARTHROGRAPHY

- Direct injection 0.5 ml Gd / 10 ml saline
- Indications:
 - ✓ Loose bodies "common in elbow"
 - ✓ Osteochondral lesions
 - ✓ UCL pathology "Ulnar Collateral Ligament"

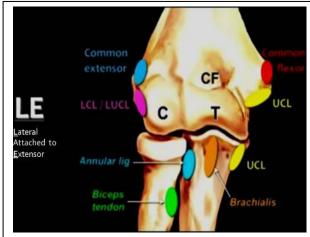


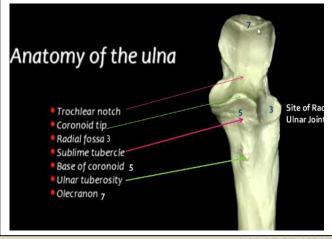
Anatomical Triangle for injection & Aspiration

ANATOMY

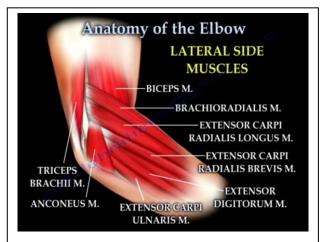


- •Medial Epicondyle :
- is Significantly more prominent than lateral
- → At Distal Humerus:
- •Trochlea is medial & articulate with Ulna.
- •Capitulum is lateral & articulate with Radius

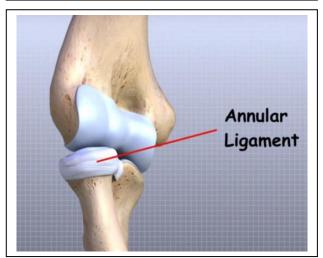


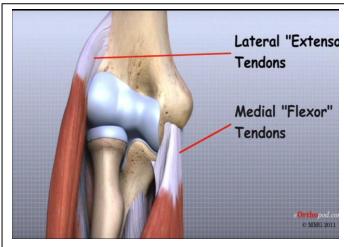


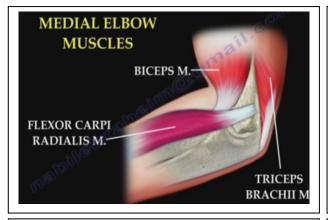
A.M.ABODAHAB



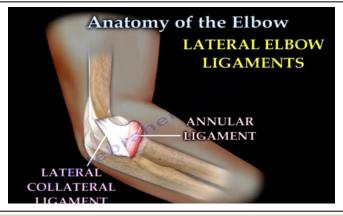












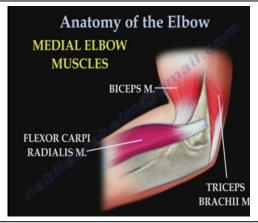
→ TENDONS & LIGAMENTS←

"4 Groups" Anterior – Posterior – Medial – Lateral

I- Posterior compartment: Triceps / Olecranon bursa / Anconeous muscle /

1- TRICEPS: Tri /Has 3 Tendons: \underline{L} ong & \underline{L} ateral Are \underline{L} ateral. \rightarrow Olecranon/ - Medial is







Avulsion Triceps Tendon : "Small piece of bone = Avulsion Triceps "

- □ Uncommon "Least common elbow injury"
- ightharpoonup CP: pain , swelling , unable to extend elbow
- \Rightarrow X-ray \rightarrow Swelling +/- Piece of bone
- \Rightarrow MRI \rightarrow Thickened retracted tendon + Edema
- ⇒ TTT: Surgical repair



Avulsion Tear of Triceps Tendon

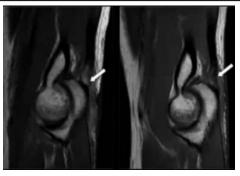
Further MRI

assessment "Partial or Full Thickness Tear"











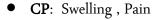


SUMMARY OF ELBOW IMAGING

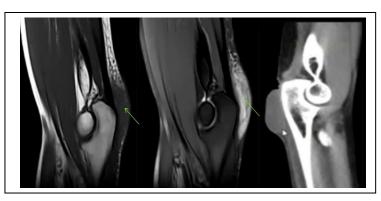
2- olecranon bursitis old name →"Student Elbow"

- Inflamation of olecranon bursa
- Causes:
 - O Extensive use ←Student & table
 - O Repeated Trauma

- O Infection
- O Infamation: Rhumatoid, gout, Etc



• X-ray: Soft tissue swelling at olecranon +/- Fracture +/- Calcification (in gout)



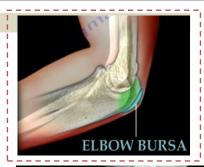
O CT & MRI:

■ Bursa → Fluid / Marginal Enh.

■ Muscle: Triceps edema

■ **Joint**: Effusion

■ Ca: in gout, seen in CT



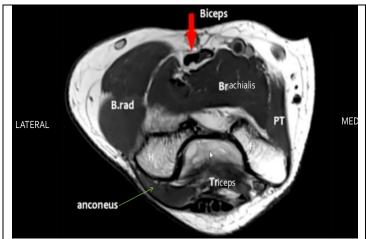


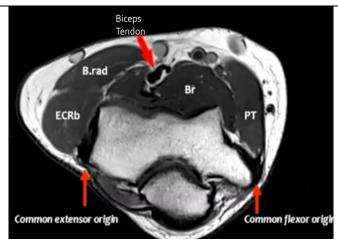
□ II- Anterior compartmen

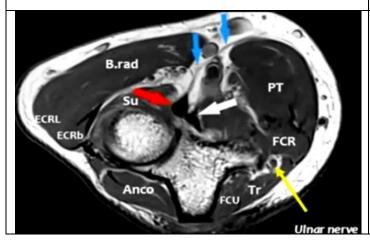
Biceps tendon Brachialis tendon Supinator syndrome Bicepito radial bursitis

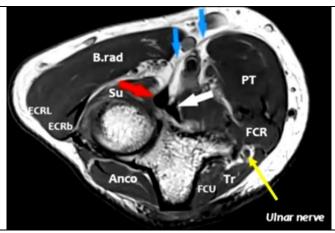
B,B,B,S

1- Biceps Tendon







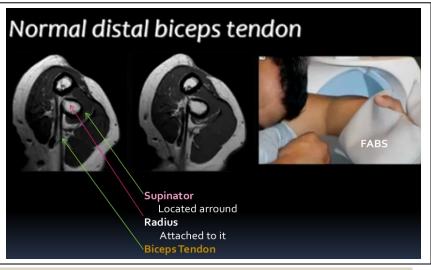


LANDMARKS: Biceps & Brachialis "Every Ms of them has ONE R 😊"

- ✓ Biceps attached To Radius
- ✓ BRachialis Attached to Ulna
- ⇔ Biceps Tendon → Anteriorly & Lat "Red arrow"
- ♥ Brachialis " " → Behind & Medially "White Arrow"

Biceps Tendon





A.M.ABODAHAB

□ DISTAL BICEPS TENDON RUPTURE

Best seen in Saggital

- ⇒ Cause: forcefull flexion trauma
- \Rightarrow Torn Biceos \rightarrow Retracted in the arm
- ⇒ Unbalbable cord like biceps tendon
- \Rightarrow MRI occasionally needed to confirm

