12 Interesting MSK Cases

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Case 1: 12-year-old boy

Slipped and fell. Anterior knee pain and swelling
Knee pain
Knee pain
Knee pain

Periosteal sleeve avulsion: adolescence
Forced quadriceps contraction
Periosteal sleeve avulsion
Case 2: 45-year-old man

Multiple joint pains x 3yr
Wrist, shoulder, knee, ankle

RA negative
HLA B27 neg
↑ CRP
↑ ESR
Joint pains

Currently treated as either peripheral SpA or seronegative RA
Case # 3: 37-year-old man

Psoriasis
Multiple joint pains
Knee pain
Case 4: 44-year-old female

RA. Shoulder pain and swelling for 2 months
Shoulder swelling

Rice bodies: hypointense on T1- and T2WI
Chondroid bodies: hyperintense on T2WI
Case #5: 31-year old man
Case #5: 31-year old man

Adductor tendon tear, ‘sports hernia’
Case #5: 31-year old man

Adductor tendon tear, ‘sports hernia’
Case #6: 62-year-old man

Ca Pancreas 2017. Proximal thigh mass x 2 months, ? lipoma
Hypertrophy tensor fascia lata

RIGHT SIDE LS

LEFT SIDE LS
Previous CT
Case #7: 67-year-old man

Nasopharyngeal carcinoma Rxd with radiotherapy 1986

Supraclavicular mass

X 2 months

Came on after push-ups. Static since then.
Clavicular mass
Ultrasound
PET CT

SUVmax 3.3

Soft tissue mass protruding from medial third of R clavicle with mild activity at periphery

R infraclavicular LN

Subcarinal LN

L interlobar LN
Diagnosis

- Exuberant callus formation secondary to radiation-induced insufficiency fracture of the clavicle

Biopsy
- Fibrosis and necrotic bone fragments
- Reactive granulation tissue
- No granuloma. No malignancy.

Gram stain, TB, fungal culture: -ve
Case # 8: 17-year-old girl

- First presented aged 17
- Bilateral UL (>left) + LEFT LL weakness x one year
- LUL first, then R UL, then L LL
- Wasting, weakness and hyperreflexia
Case #8:
Latest FU, June 2017

- LUL function same
- Progressive RUL weakness & numbness
- Lower limbs similar
Follow-up MRI

2012

2017

2017
Hirayama’s Disease

- Sporadic, > adolescent males, insidious
- > Asian countries

- Muscle atrophy hand > forearm flexor, branchioradialis typically preserved
- Finger tremor and cold paresis
- Sensory symptoms less

- Progression stops after 2-3 years in most patients and before 5 years in 75%
Proposed Mechanisms

- Cervical spinal cord compressed by anterior shift of the posterior dura during neck flexion leading to ischemic necrosis of cord (esp. anterior horns)

- “Cervical Flexion Myelopathy” (CFM)
MRI Features

- Normal ± cord atrophy in neutral position
- Anterior shift of the posterior dura mater during flexion with flattening of the spinal cord against mid-cervical vertebral bodies
- Contrast enhancement of crescent-shaped posterior cervical epidural space
Treatment

- Conservative: Neck collar
- Arthrodesis (Anterior or Posterior) + Duraplasty
- Duraplasty alone
- Laminoplasty + Duraplasty
Case # 9: 37-year-old man

- Chronic disease
- Enlarging mass foot x 2 yrs, ? malignancy
Radiographs
Ultrasound
Case # 10: 35-year-old female

Left lower quadrant pain x 2 months
CS for IUD 2010 in Philippines
CT

? infection in scar, ? sarcoma
Ultrasound
Case #11: 70-year-old female

Umbilical mass x 1 month
CT (private): large pelvic mass, most likely ovarian and umbilical mass

Bx: poorly differentiated carcinoma
Case #11: 52-year-old female

TAHBSO St Theresa in 2012.
Umbilical pain and tenderness x 2 weeks

Infarcted infected mesenteric fat confirmed at surgery
Grew staph.
Case #12: 52-year-old female

Enlarging thigh mass x 10 years
CT
Biopsy

Osteoid and chondroid elements, no suspicious features:
‘osteochondroma of soft parts’
Post-op
Thank you