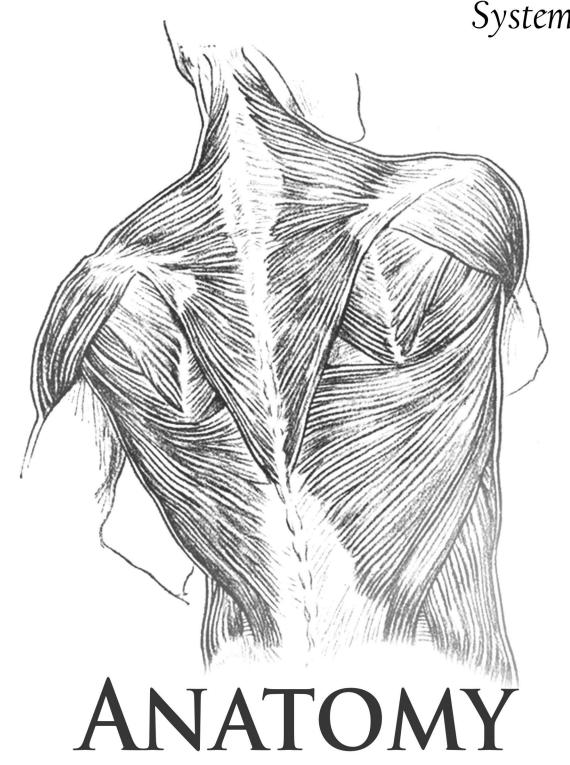
# The Skin and MUSCULOSKELETAL System





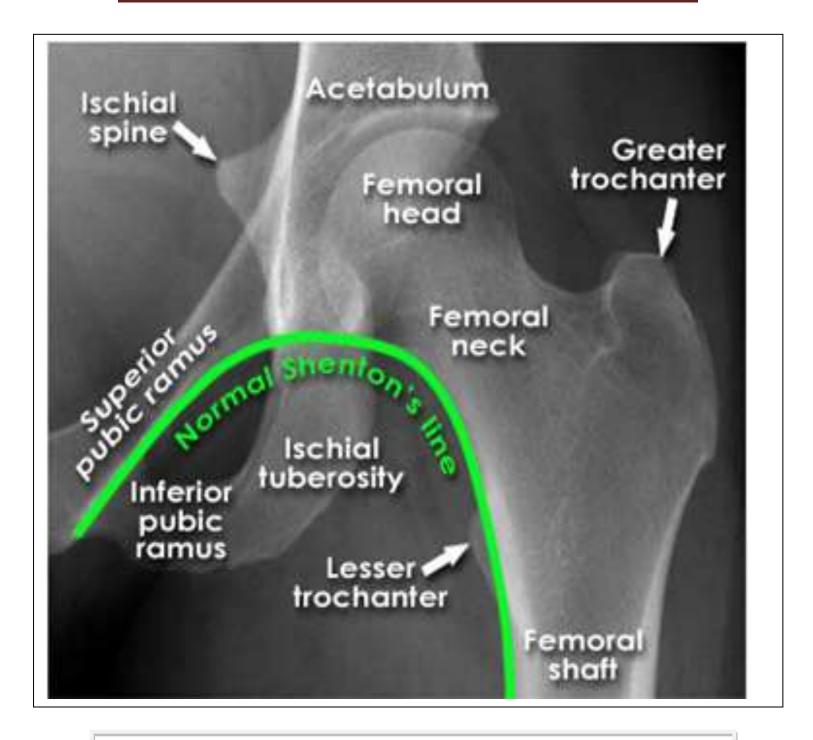
SLIDES ■ Sheet □

SLIDE:8

DOCTOR: Amjad Al-Shatarat

# Go to <a href="http://radiologymasterclass.co.uk">http://radiologymasterclass.co.uk</a>





Hip X-ray anatomy - Normal AP (anterior-posterior)

- <u>Shenton's line</u> is formed by the medial edge of the femoral neck and the inferior edge of the superior pubic ramus
- Loss of contour of Shenton's line is a sign of a fractured neck of femur

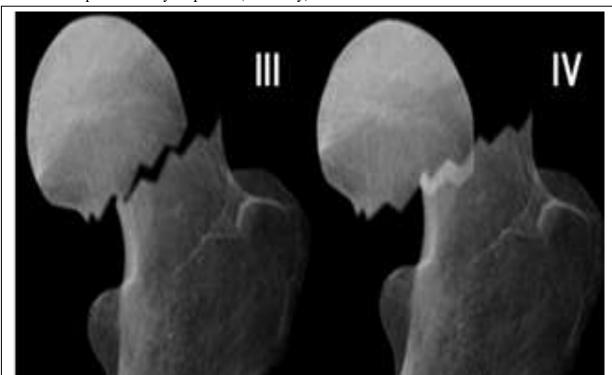
# Fractures of the femoral neck do not always cause loss of Shenton's line

- ullet I Incomplete or impacted bone injury with valgus angulation of the distal component (read only)
- II Complete (across whole neck) undisplaced (read only)



Fractures of the femoral neck that cause loss of Shenton's line

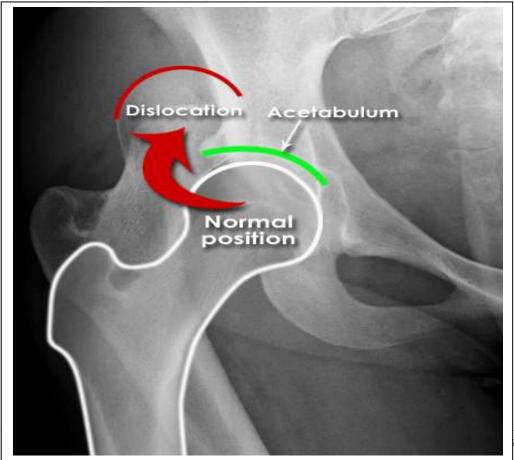
- III Complete partially displaced (read only)
- IV Complete totally displaced (read only)



# **Hip dislocation - AP**

• The femoral head lies superior and lateral to the acetabulum

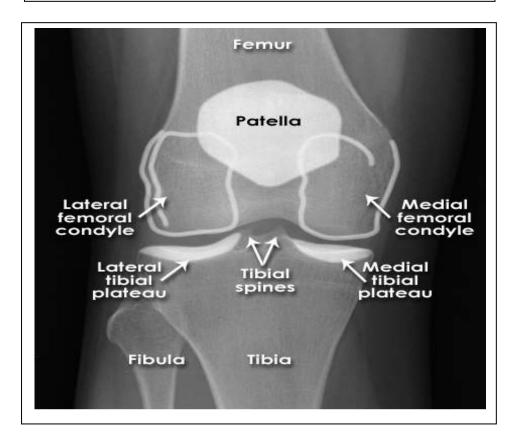




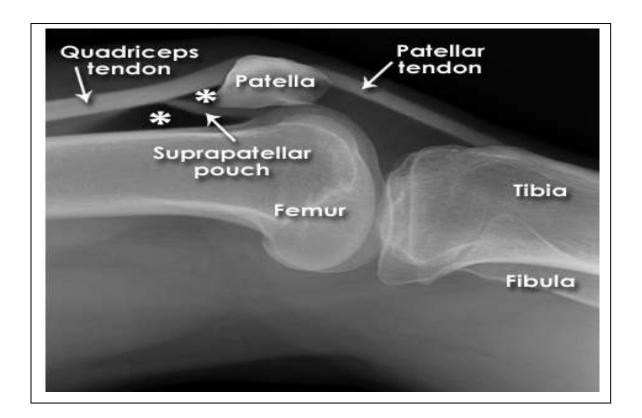
# **Knee - Normal AP**

• The patella is often not clearly seen on this view

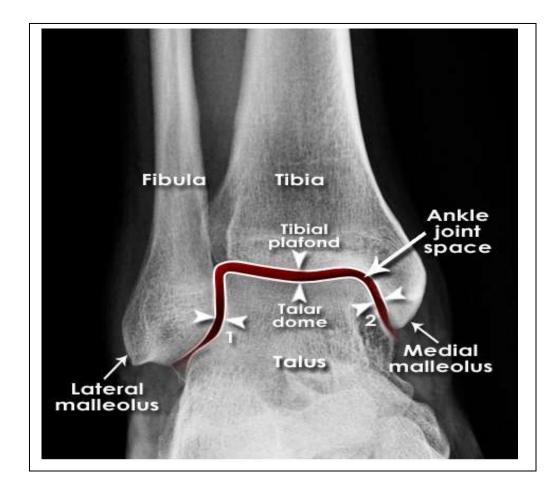




# **Knee - Normal Lateral (Horizontal Beam)**



(read only)



# Ankle anatomy - Normal AP 'mortise'

- The weight-bearing portion is formed by the tibial plafond and the talar dome
- The joint extends into the 'lateral gutter' (1) and the 'medial gutter' (2)
- The joint is evenly spaced throughout





**Ankle anatomy - Normal Lateral** 

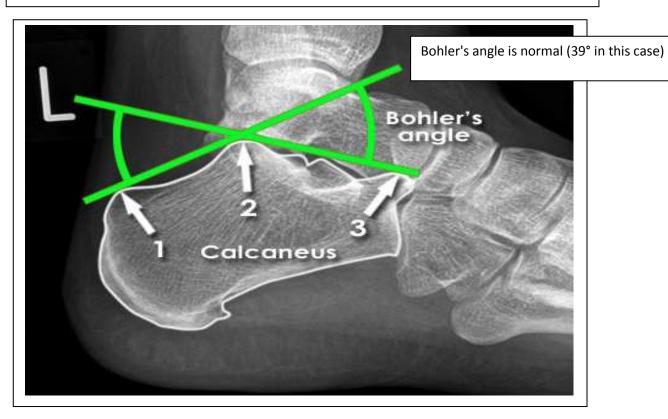
Carefully following the bone contour of the tibia and fibula shows the inferior edge of the medial and lateral malleolus

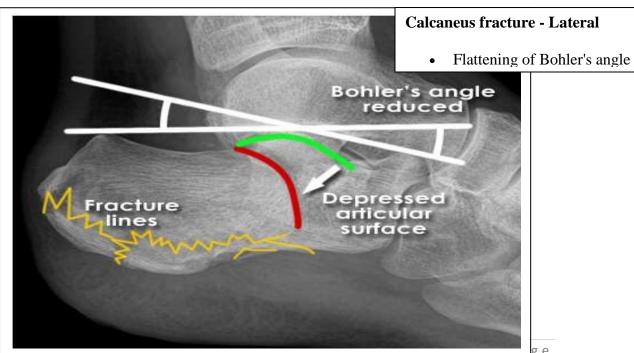
#### Bohler's angle

Severe injury may result in flattening of the calcaneus. This results in a reduction of 'Bohler's angle'.

On a lateral view this angle is formed by the intersection of two lines.

The first line is drawn from (1) - the upper edge of the calcaneal body posteriorly to (2) - the upper edge of the posterior articular facet of the calcaneus at the subtalar joint. From this point another line is drawn to (3) - the upper edge of the anterior process of the calcaneus.





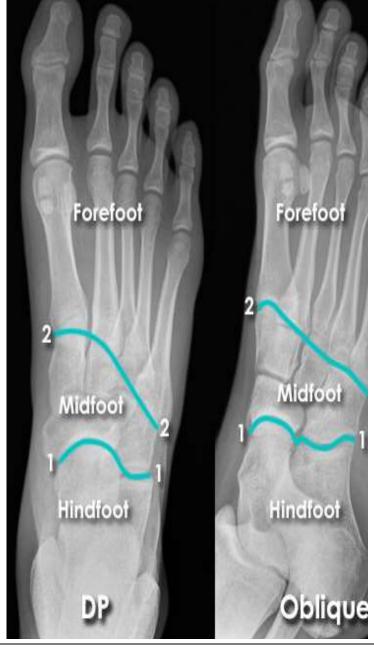
#### **Standard views**

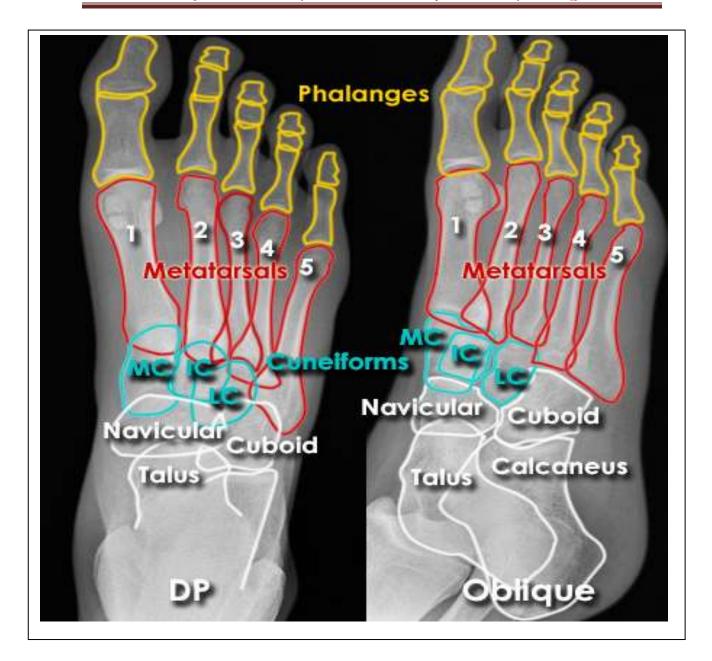
**Dorsal-Plantar (DP) and Oblique** - are standard projections of the forefoot. If only a phalangeal fracture is suspected then DP and oblique views of the toe(s) can be acquired. Lateral views can also be helpful.

# Foot X-ray anatomy - DP and Oblique views

- **Hindfoot** = Calcaneus + Talus
- **Midfoot** = Navicular + Cuboid + Cuneiforms
- **Forefoot** = Metatarsals + Phalanges
- **1** = Hind-midfoot junction
- **2** = Mid-forefoot junction = Tarsometatarsal joints (TMTJs)

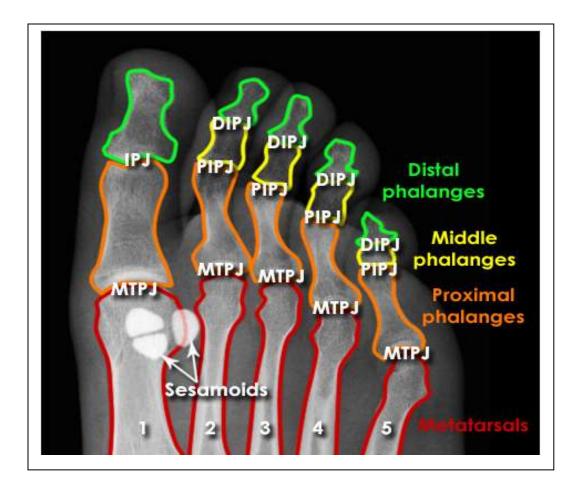






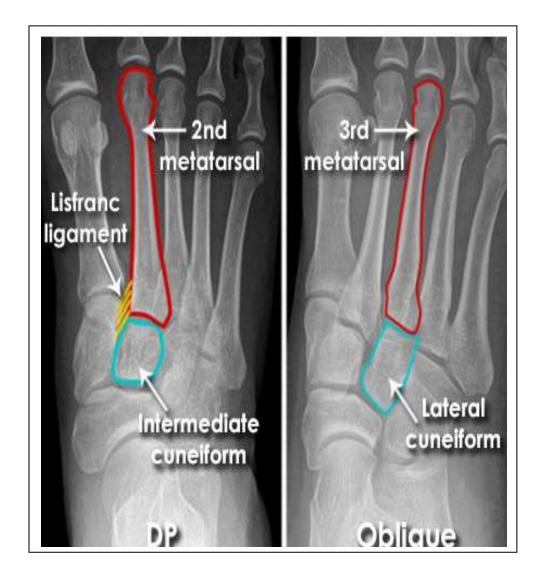
# foot X-ray anatomy - DP and Oblique views

- Metatarsals and phalanges of the toes are numbered 1 to 5
- 1 = Big toe
- 5 = Little toe
- **MC** = Medial Cuneiform
- **IC** = Intermediate Cuneiform
- **LC** = Lateral Cuneiform



# Forefoot X-ray anatomy - Joints

- **MTPJ** = Metatarsophalangeal Joints
- **IPJ** = Interphalangeal Joint (of big toe only)
- **PIPJ** = Proximal Interphalangeal Joints
- **DIPJ** = Distal Interphalangeal Joints
- Note the medial side sesamoid is 'bipartite' (in 2 parts) this is a common normal variant not a fracture



# **Lisfranc injury (read only)**

The 'Lisfranc' ligament stabilises the mid-forefoot junction. Loss of alignment of the 2nd metatarsal base with the intermediate cuneiform indicates injury to this important ligament.

Every post-traumatic foot X-ray must be checked for loss of alignment at the midfoot-forefoot junction (tarsometatarsal joints).

# **Lisfranc injury - DP** (read only)

- Second metatarsal displaced from the intermediate cuneiform
- No fracture is visible but this is a severe injury which is debilitating if untreated
- **NOTE:** Lisfranc ligament injury can be subtle and does not always result in displacement If there is a clinically suspected ligament injury then clinical and radiological follow-up must be arranged

