What is the "normal" dimension ratio of a lumbar vertebra viewed laterally?

A. Width > height
B. Width = height
C. Height > width
D. All of the above
CASE # 77

Anterior spondylolisthesis ALWAYS indicates an underlying pars defect?

A. True
B. False
what are these ossific fragments?

A. Multiple fractures
B. Unfused apophyses
C. Accessory ossicles
D. Enthesophytes
CASE # 79

What is the diagnosis?

A. Fracture
B. Pars defect
C. Developmental pseudoarthrosis
D. Post traumatic heterotopic ossification

CASE # 80

Is this patient still actively bleeding into the abdominal wall?

A. Yes
B. No
C. Can't tell
CASE # 81

What is the significance of the intraarticular bubble?

A. Hip was dislocated
B. Infection
C. Penetrating trauma
D. Fistula from bowel

CASE # 82

Which does NOT favor external callus formation over internal callus?

A. Fragments so far apart
B. Fragments are moving
C. Fragments are infected

CASE # 83

What is the significance of the gas bubbles?

A. Dislocation “Baltimore” bubble (remember case 81)
B. Infection
C. Penetrating trauma
D. Fistula from GI tract
CASE # 84

What is the significance of the gas bubbles?

A. Bizarre “trapped” vacuum phenomenon
B. Infection
C. Fistula from GI tract
D. Dislocated, dislocation related “Baltimore” bubble

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CASE # 85

Diagnosis?

A. Discitis/osteomyelitis
B. Fistula from GI tract
C. Neuropathic spine
D. Osteoarthrosis

Discitis/Osteomyelitis

Discitis/Osteomyelitis

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CASE # 86

Where did the muscles go?

A. Harvested for reconstruction flap
B. Developmentally absent (e.g. Poland syndrome)
C. Severe atrophy from nerve damage

Pectoralis Harvest
CASE # 87

Diagnosis?

A. Calcified malignancy
B. Calcified granulomatous infection (TB)
C. Calcified tophus (gout)
D. Calcified disc herniation
CASE # 88

Would an MRI evaluate spinal canal invasion . . .

A. Better
B. Worse
C. About the same
CASE # 89

Diagnosis?

A. Osteopikiosis
B. Osteonecrosis
C. Paget disease
D. Chronic osteomyelitis
Osteonecrosis

Physeal Scar

Osteonecrosis

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CASE # 90

Diagnosis?

A. Uremic osteopathy
B. Thalassemia
C. Sickle cell
D. Radiation osteitis

We need help!!

There's more to life than just bones . . .

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CASE # 92

Diagnosis?

A. Osteoarthritis
B. Osteopoikilosis
C. Osteitis condensans
D. Radiation osteitis

Osteitis Condensans Pubis

Osteitis Condensans Ilii
CASE # 93

Diagnosis?

A. Paget disease
B. Psoriatic arthritis
C. Lymphoma
D. Fibrous dysplasia
CASE # 94

Unilateral sacroiliitis is infection until proven otherwise ...

A. True
B. False
CASE # 95

Diagnosis?

A. Fibrous dysplasia
B. Enchondroma
C. Osteomyelitis
D. Osteosarcoma

Osteosarcoma

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CASE # 96

How is this lesion behaving?

A. Non-aggressive (likely benign)
B. Aggressive (likely malignant)
CASE # 97

Which finding in a fatty lesion is LEAST concerning for malignancy?

A. Superficial / subcutaneous location
B. Large size
C. Rapid growth
D. Large amount of non-fat internal tissue
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| Contrast |

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CASE # 98

Diagnosis?

A. Hydroxyapatite crystal deposition
B. Heterotopic ossification
C. Osteosarcoma
D. Dermatomyositis
CASE # 99

Diagnosis?

A. Osteonecrosis  
B. Osteomyelitis  
C. Disuse osteopenia  
D. Malignancy

CASE # 100

With full thickness supra/infraspinatus tendon tears, where does contrast extravasate?

A. Biceps tendon sheath  
B. Subscapular recess of glenohumeral joint  
C. Subacromial/subdeltoid bursa  
D. AC joint
CT Case Review for Nuclear Medicine Physicians
Wednesday, June 8, 2011
CT of the Musculoskeletal – Cases 76-100

THE END

questions?