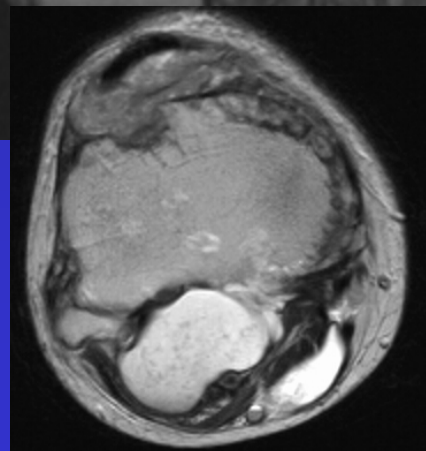
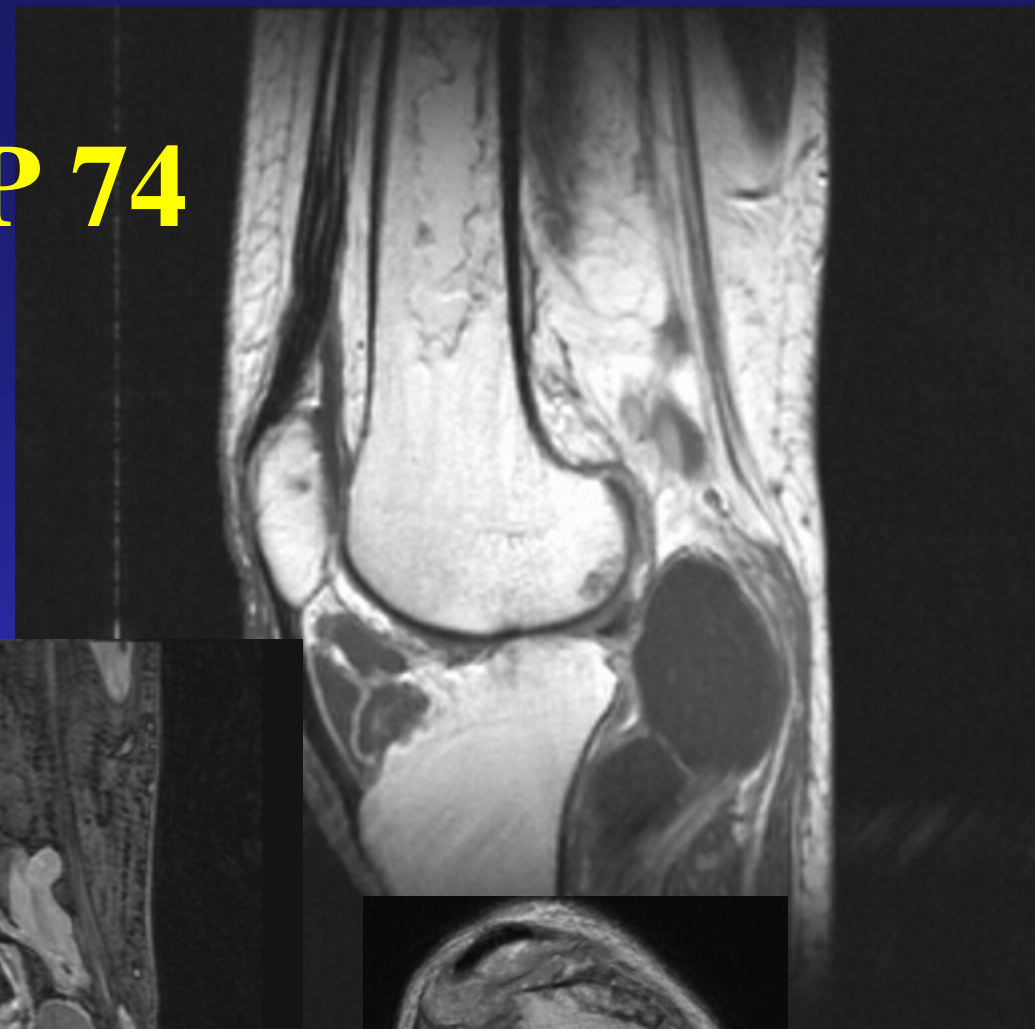
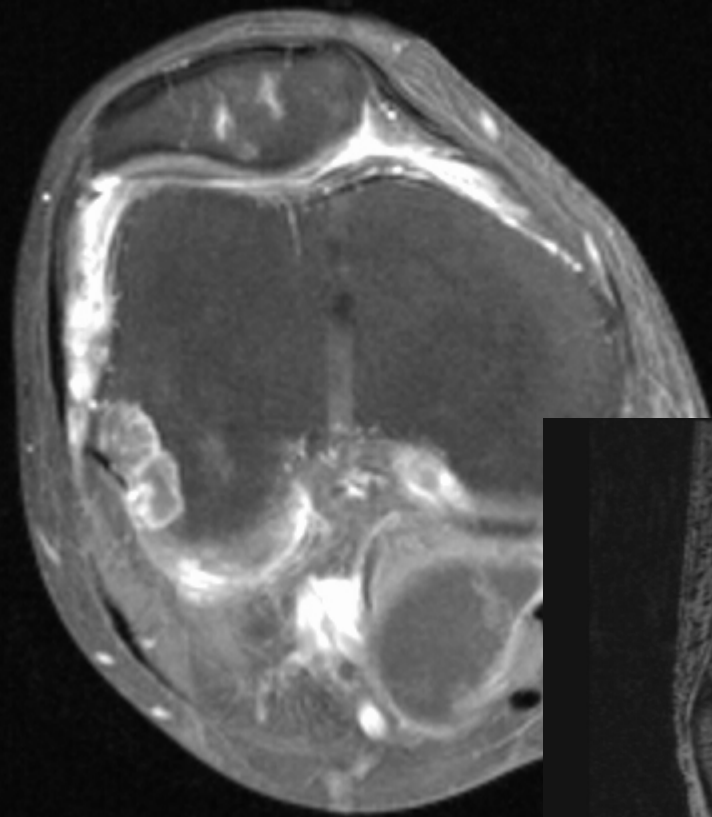


Arthrofibrose, Z.n.PVNS



PCP 74

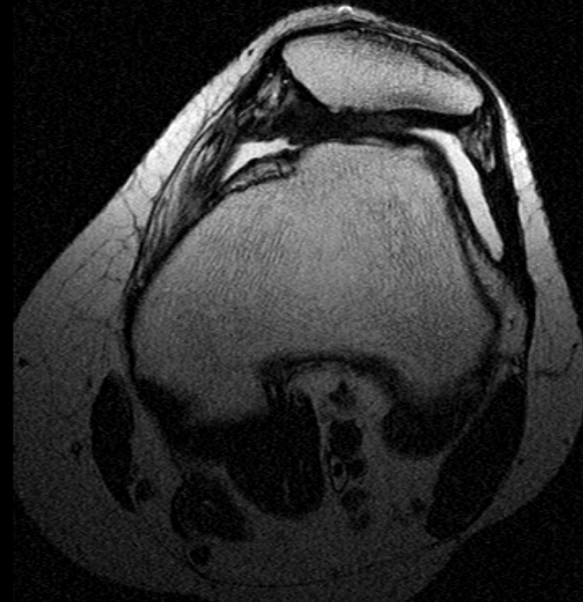
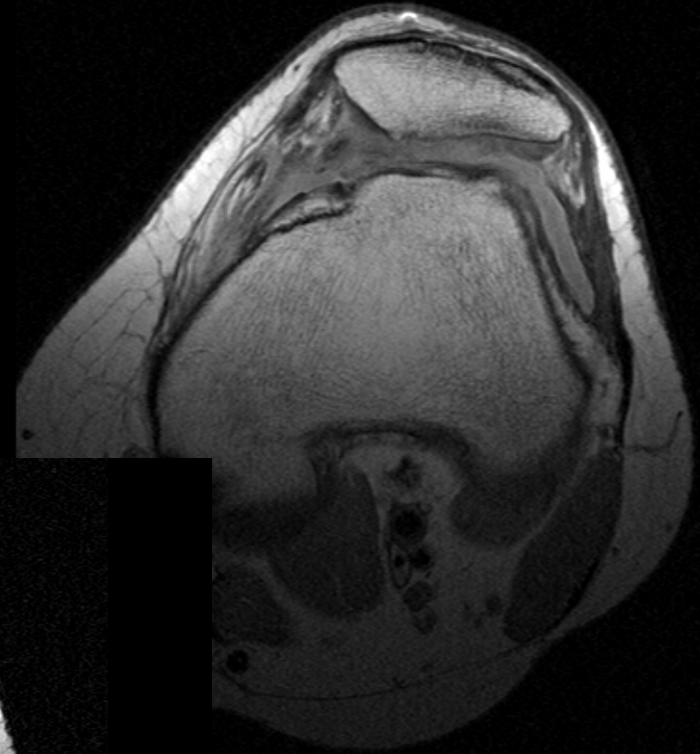
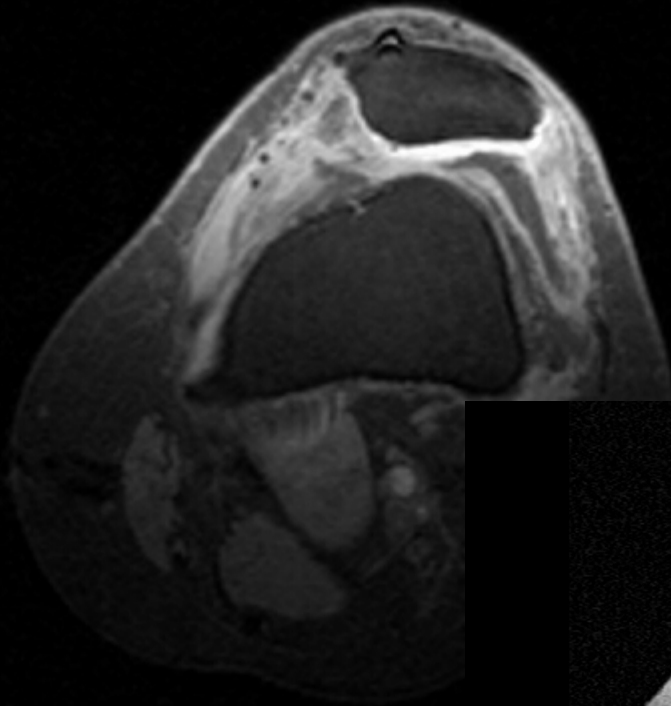


PCP 45a



- **Mischbild aus
arthritischen und
arthrotischen
Veränderungen**

Synovialitis



MRT/Entzündung

- **OSTEOMYELITIS**
- **Primär (hämatogen)**
- **Sekundär (per continuitatem, posttraumatisch, postoperativ)**

Osteomyelitis

➤ **Akut**

➤ **Subakut (geringe Sklerose),
Brodieabszess**

➤ **Chronisch: Brodieabszess**

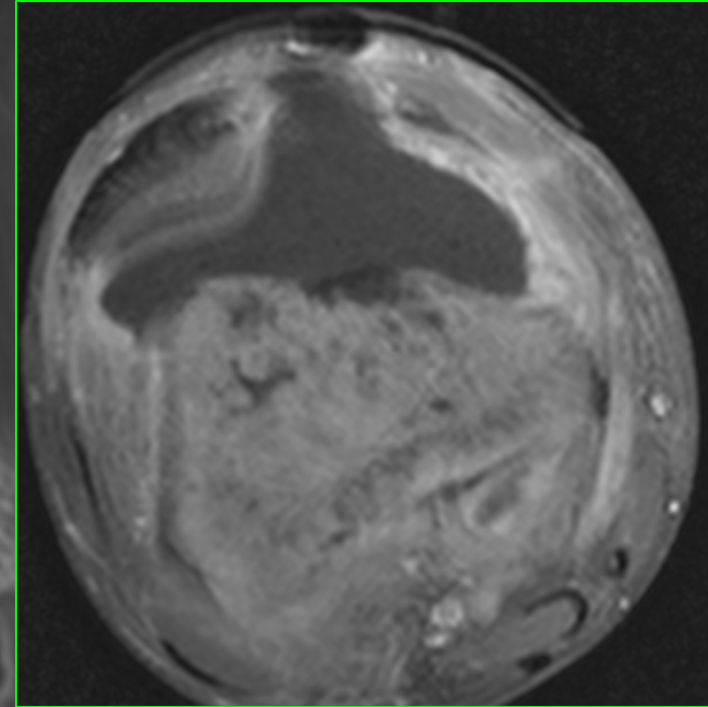
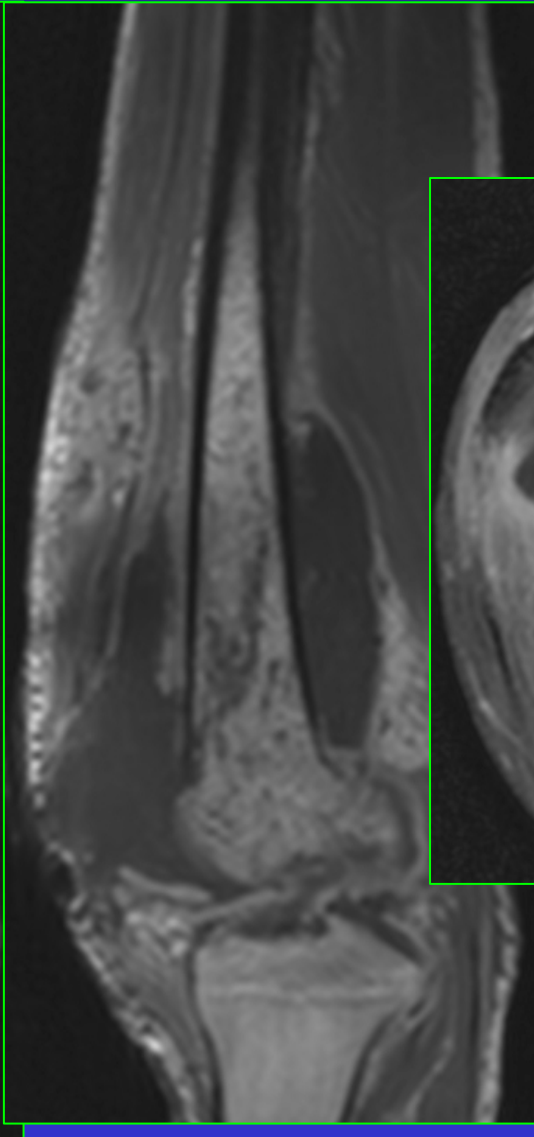
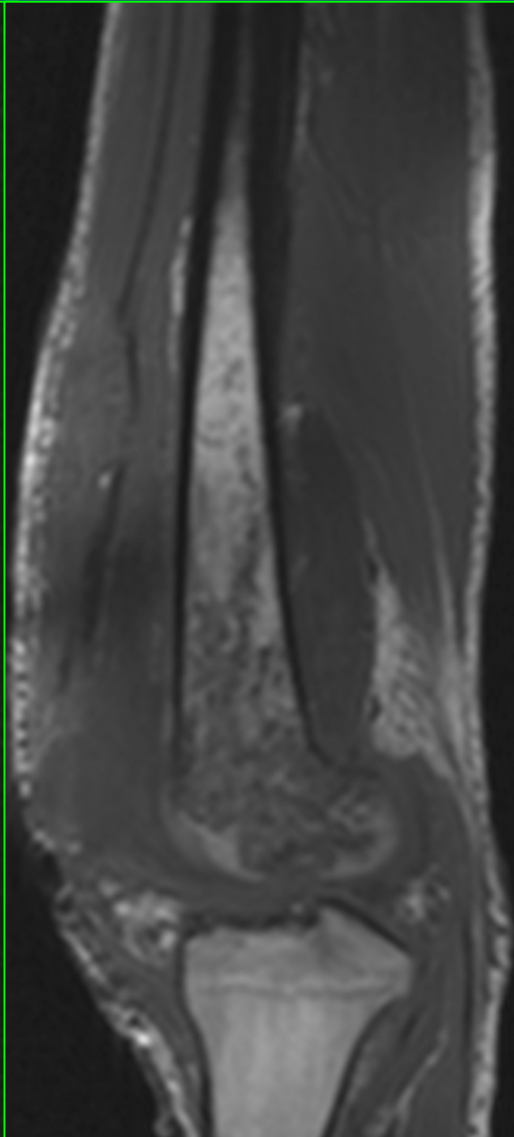
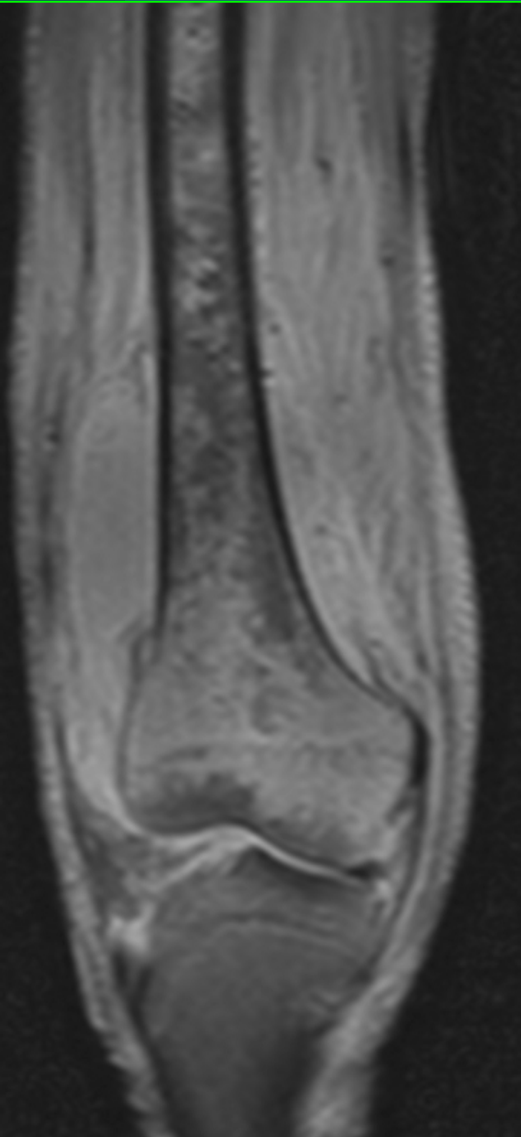
**Irreguläre Sklerose, Hyperostose,
Sequester**

➤ **Posttraumatisch: irreguläre
Begrenzung, Zysten, Reinfektion**

Diagnostische Herausforderung

- Unterscheidung septische Arthritis / Osteomyelitis
- Knochenmarködem bei septischer Arthritis
- Gelenkspunktion

Septische Arthritis+OM



Differentialdiagnose

- **Osteomyelitis versus primäre Weichteilinfektion gut möglich mit MRT**
- **Brodieabszess: DD (Zysten, fibröse Dysplasie, Osteoblastom)**

Bohndorf K, Diagnostic Imaging of acute and Chronic osteomyelitis Radiologe 1996: 36; 786-94

Differentialdiagnose

- **Ewingsarkom**
- **Osteosarkom**
- **Nekrotischer Tumor**
- **Posttraumatische Serome**

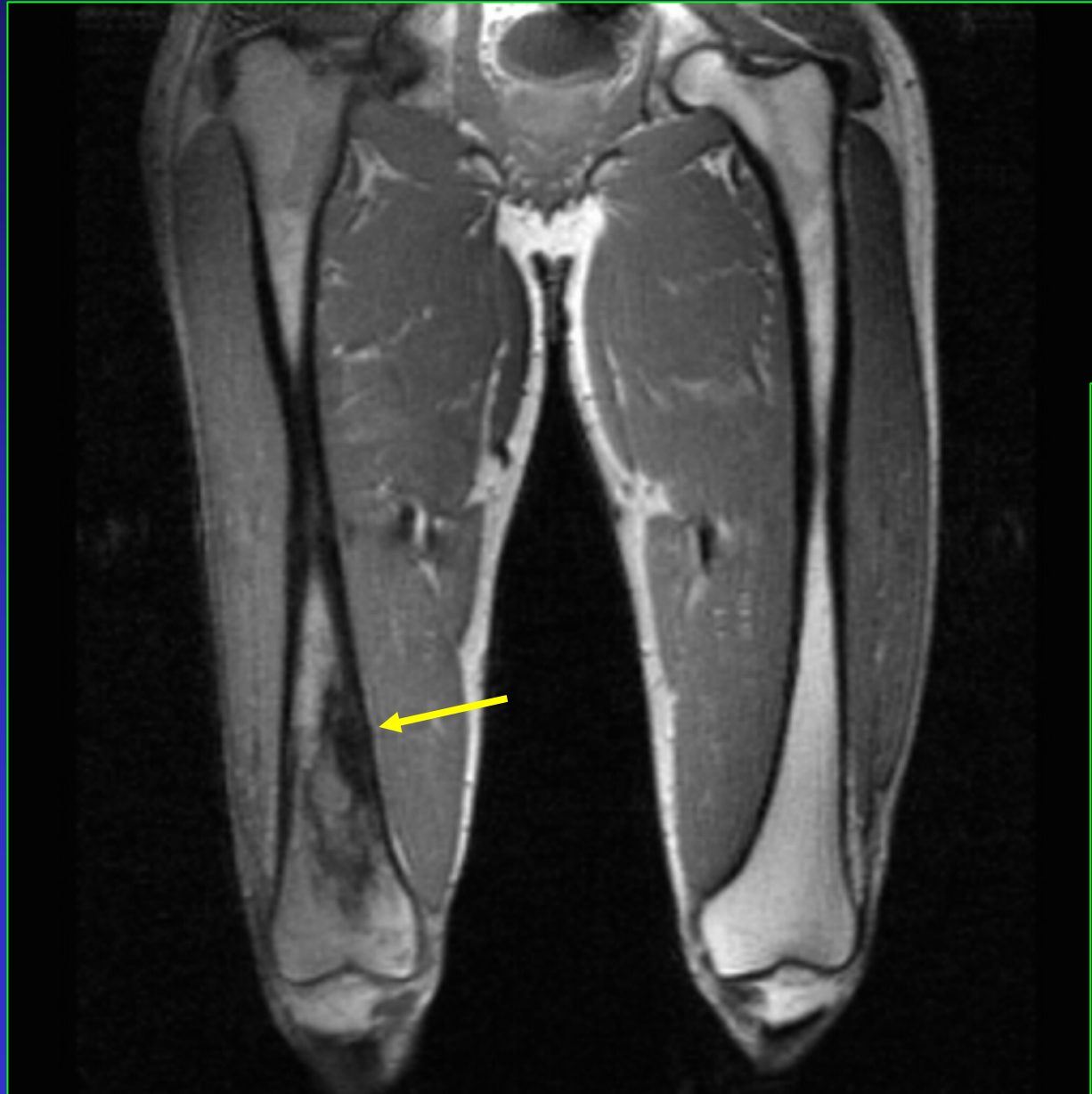
Morphologie

- **STIR ↑**
- **T1-SE ↓**
- **Irreguläre Begrenzung**
- **Periossäres Ödem**
- **Intraossärer Abszess = Brodie
hypointenser Ring (STIR, T2-w)**
- **Ausgeprägte periphere Gd-Aufnahme**

Untersuchungstechnik

- STIR - Ödemnachweis
- T1-SE – anatomische Details
- Immer Gd. l.v. (T1-SE + Fatsat!)
- T2-TSE, TE > 100 ms (Kontrast:
Entzündung / Knochenmark) + Fatsat!
- ~~T2-TSE~~

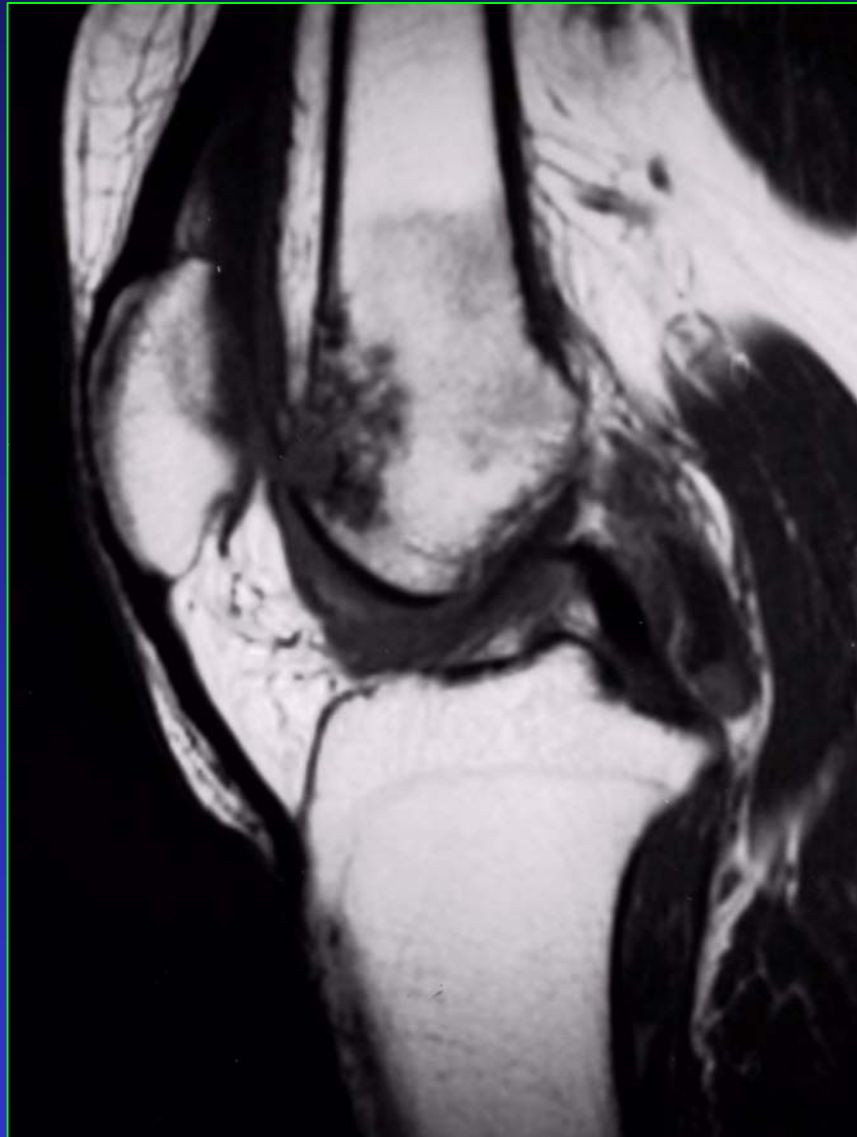
Brodieabszess



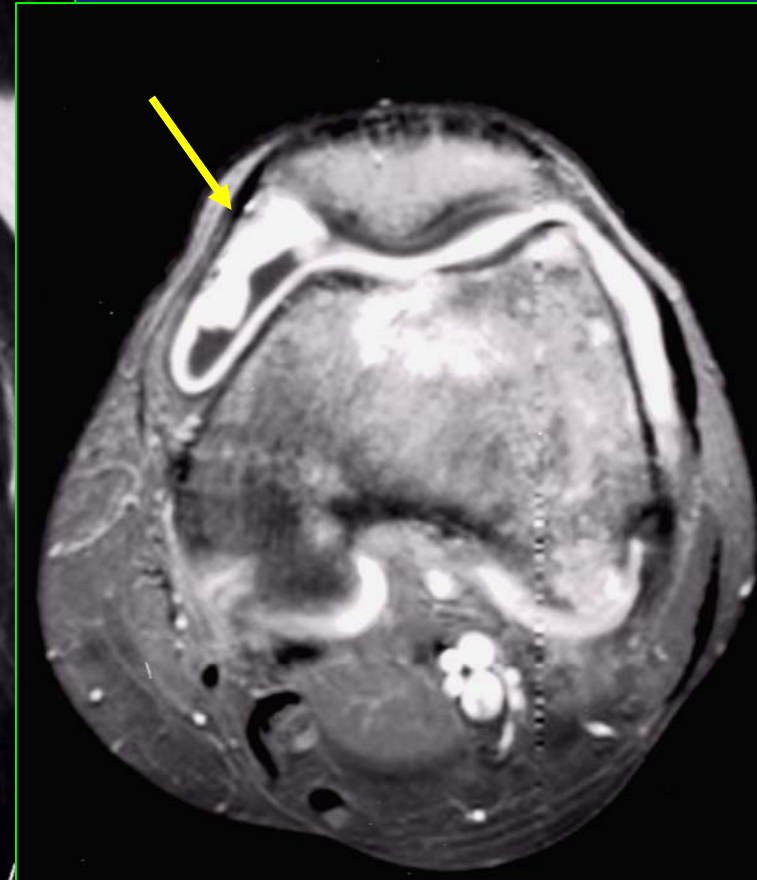
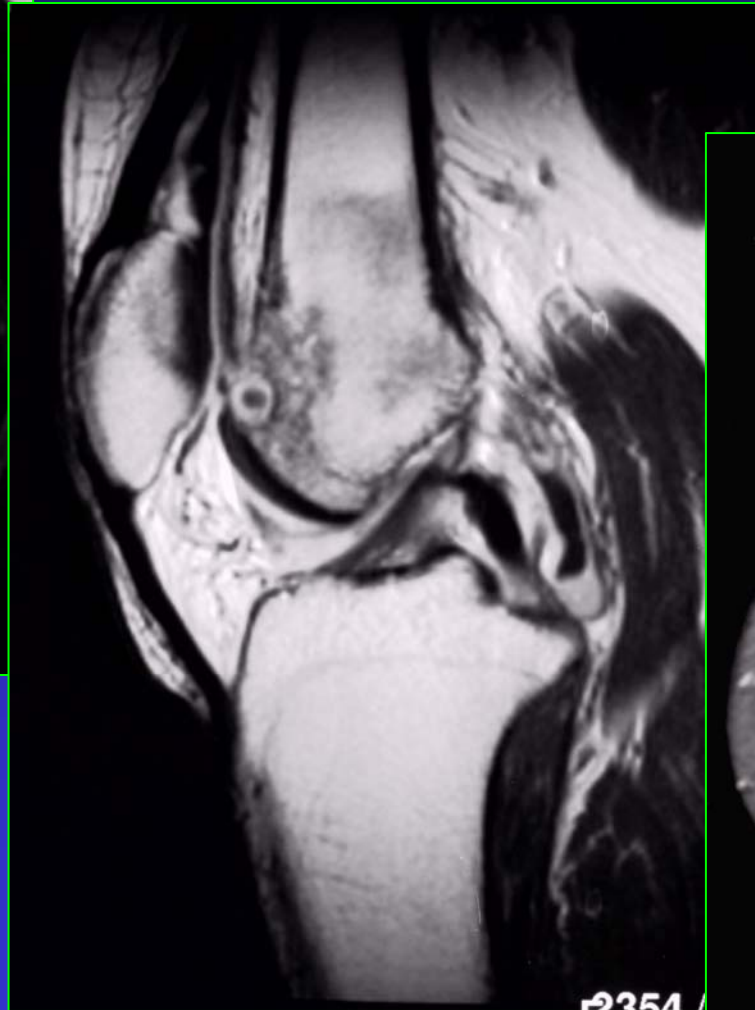
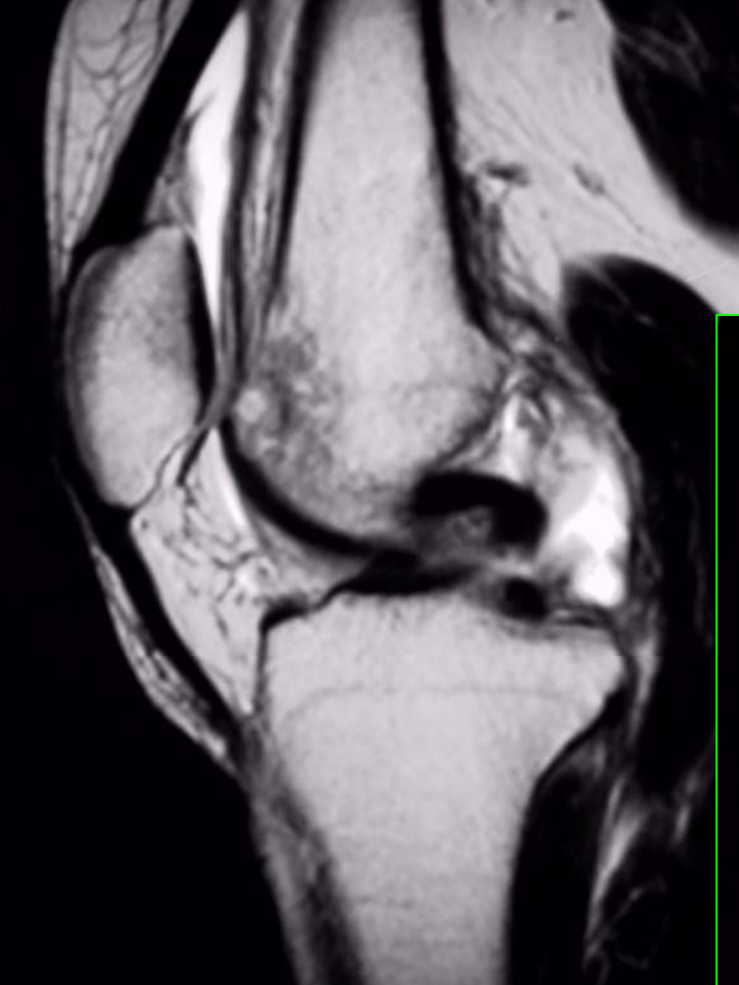
Spezifische Osteomyelitis

- TBC
- Nekrotisierend
- Hämatogen
- Gelenkeinbruch

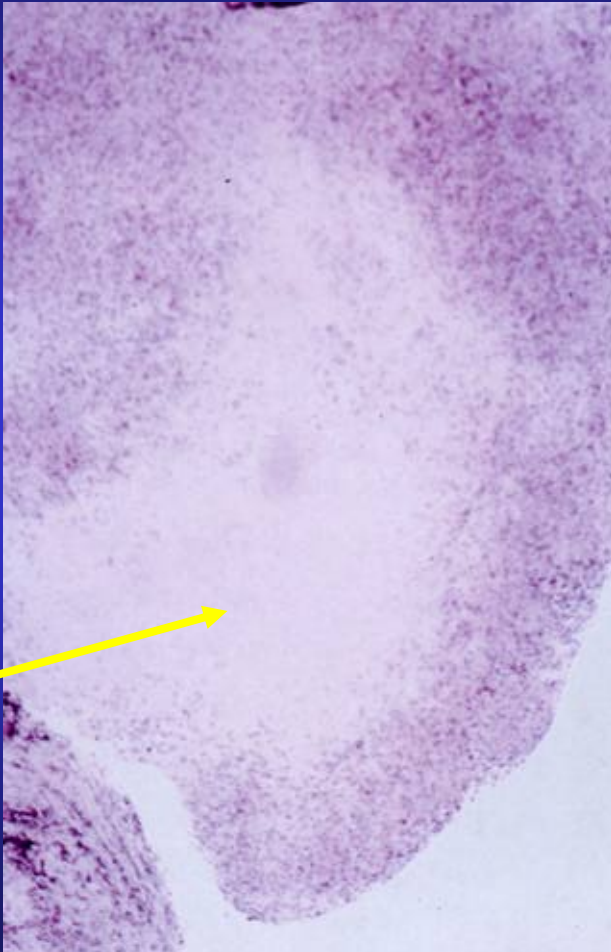




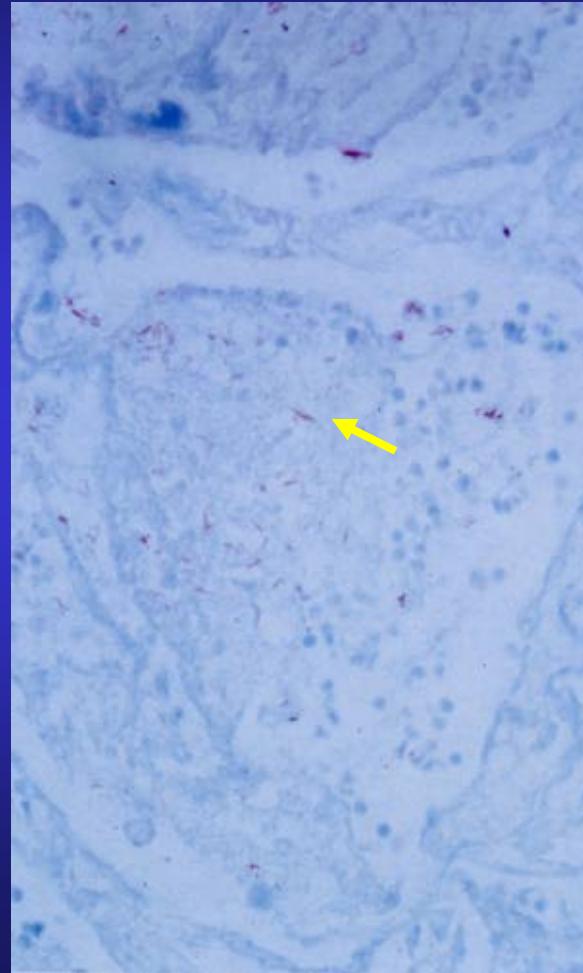
Proliferative Synovialitis(TB)



Spezifische Osteomyelitis



Nekrose



Ziehl-Neelson

Bildgebende Verfahren

Primär: Nativröntgen (2 Ebenen)

US (adjuvant bei Säuglingen)

CT (bei V. a. Sequester)

WEITERFÜHREND

MRT

(Diff.diagnose,
Weichteile)

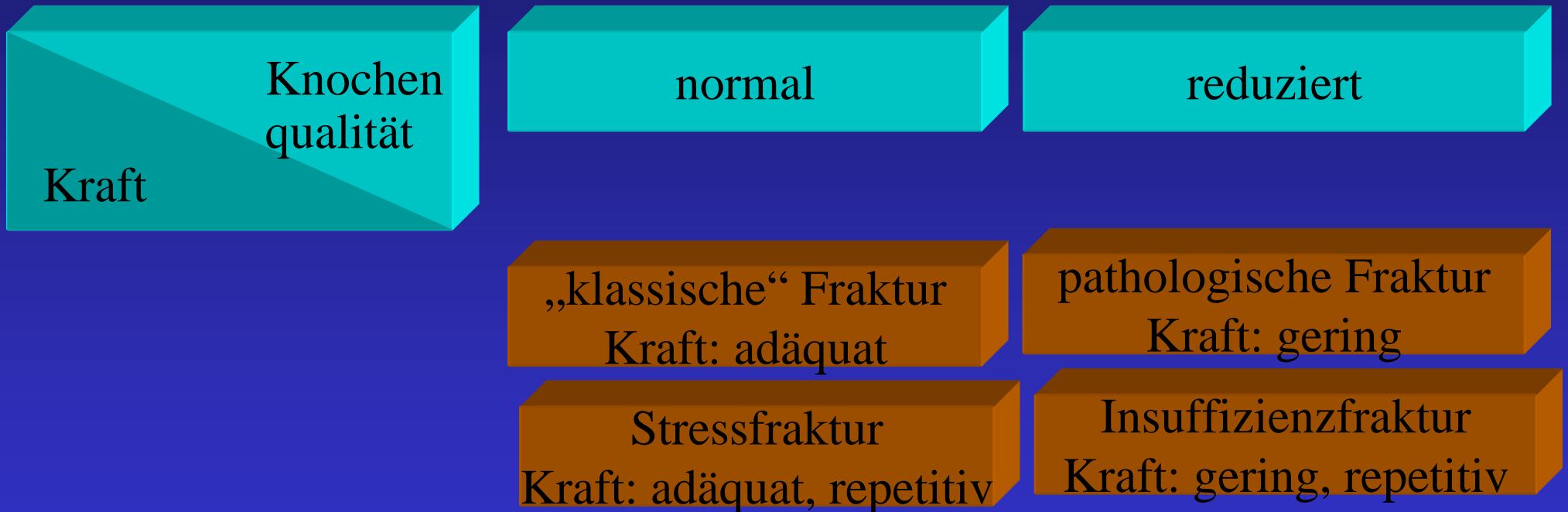
Szinti

V.a.multi=
fokal

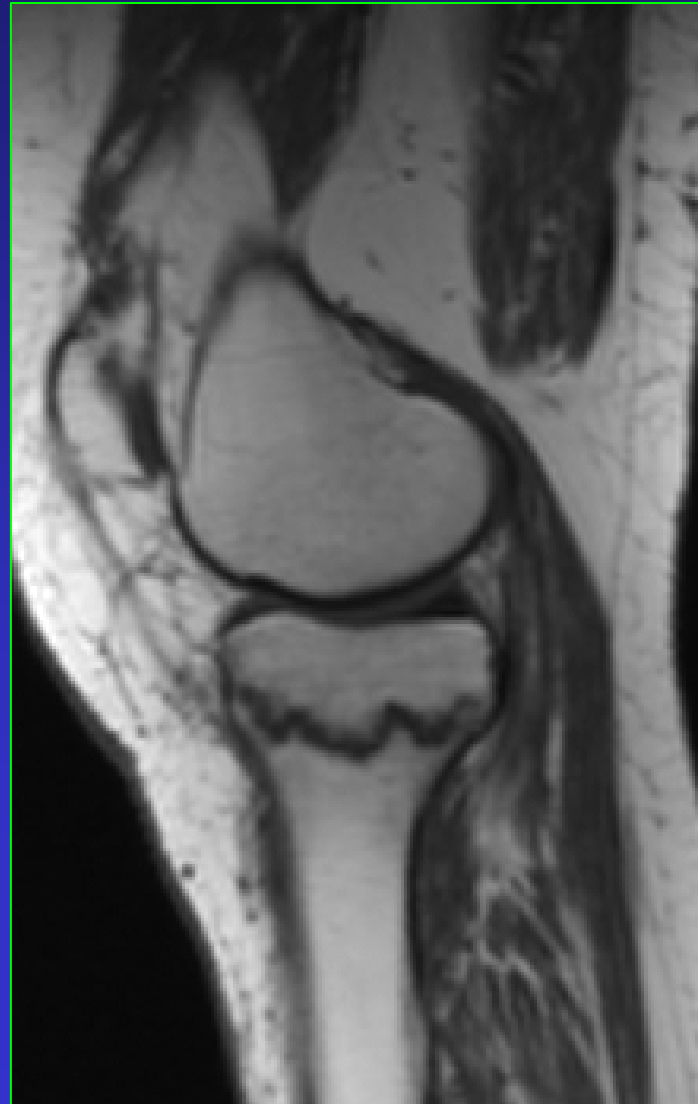
Überlastung

- “Overuse Syndrom“
- Tendinose
- Fraktur

Frakturklassifikation



Stressfraktur



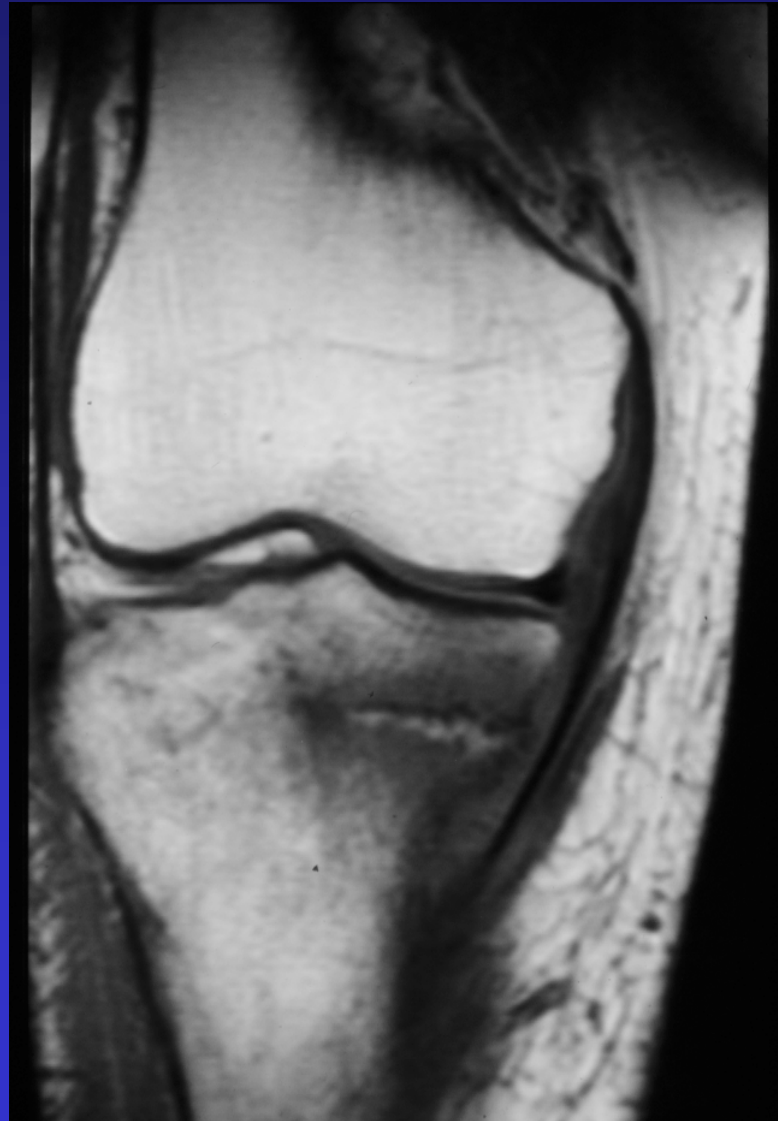
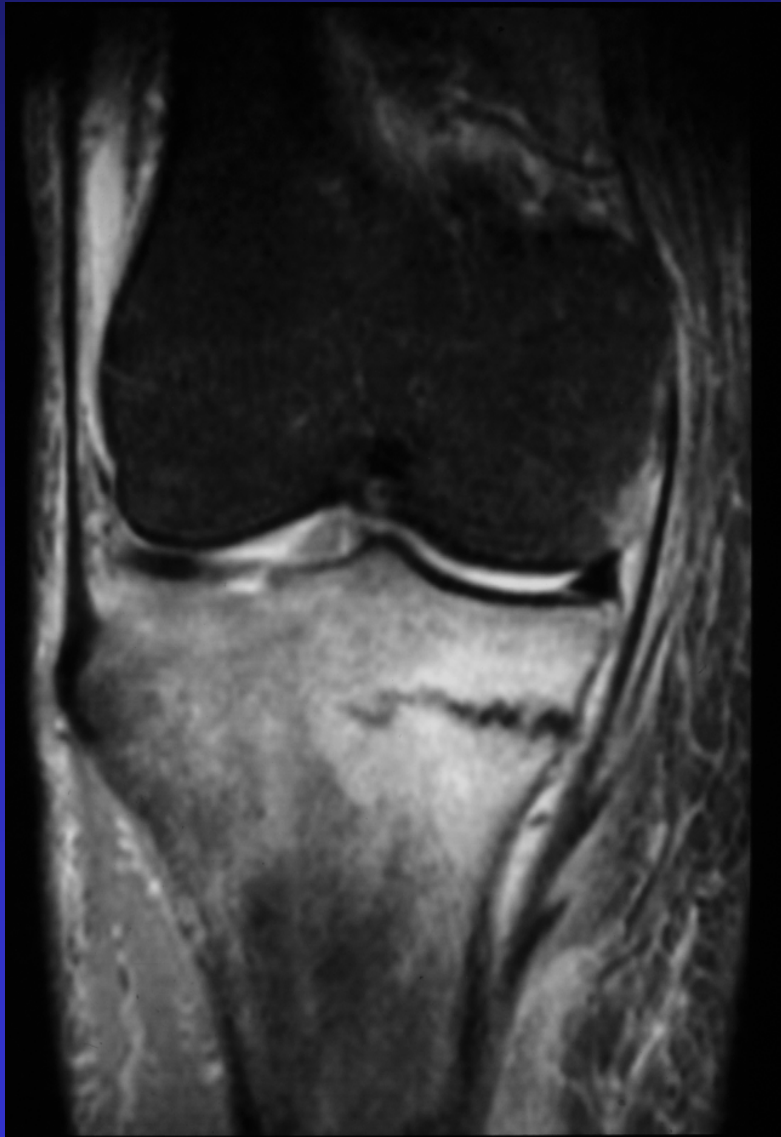
Erstuntersuchung



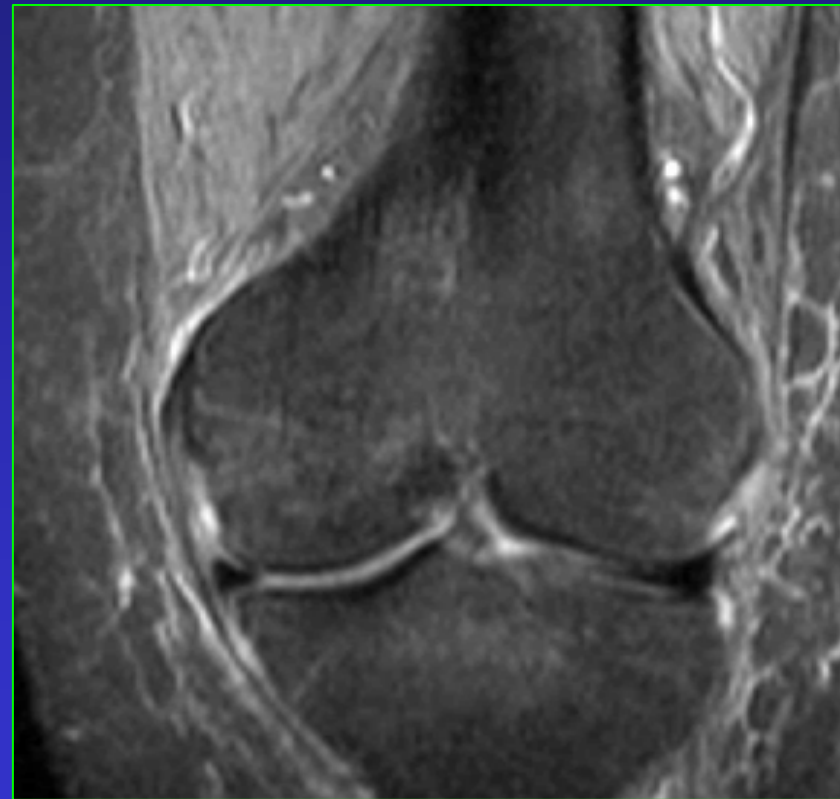
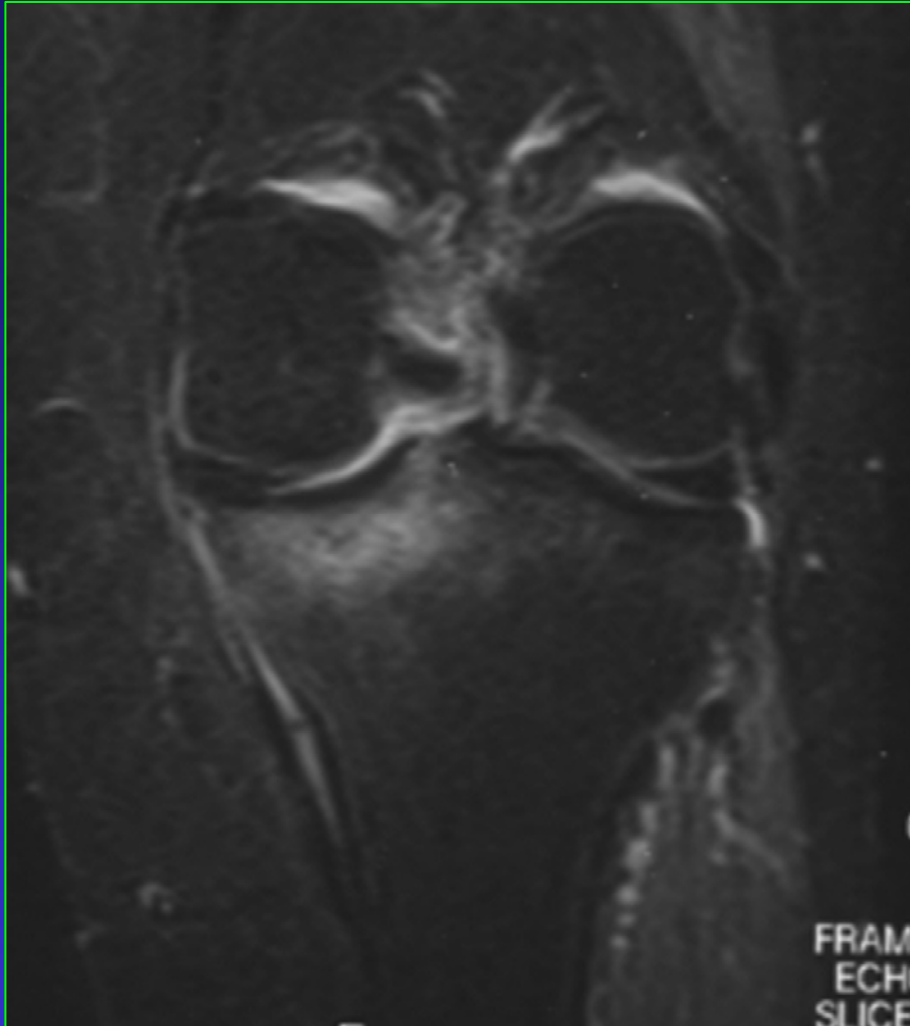
Follow-up



Stressfraktur Tibia



Bone Bruise 2 Monate



Überlastungssyndrom

Untere Extremität

Rektus-femoris-Tendinose

(lateral) schnappende Hüfte
(Traktussyndrom)

(Posteriore) schnappende Hüfte
(Bizeps femoris)

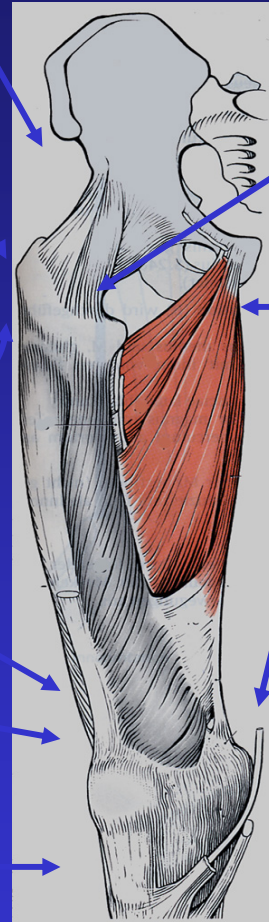
Quadricepssehnen-tendinose

**Iliotibialbandsyndrom
(Runner's knee)**

**Patellarsehnentendinose
(jumper's knee)**

Fat pad syndrome ("Hoffitis")

Popliteustendinose/Bursitis



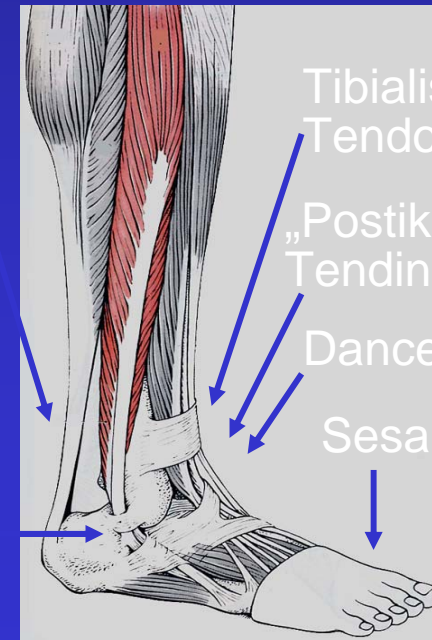
(medial) schnappende Hüfte,
Iliopsoastendinose (Bursitis)

Tendinose/Bursitis der
Adduktoren

Hamstringtendinose, **Pes-anserinus-Tendinose/Bursitis**

Tendinose,
Haglundferse,
Fersensporn

Peroneal-split-syndrom



Tibialis-anterior-Tendovaginitis

„Postikussehnen“-Tendinose

Dancer's heel

Sesamoiditis

Intrinsische Faktoren

Varianten

Fehlstellungen :

Beinlängendifferenz,
femorale Anteversion,
Varus- Valgus-
fehlstellung

Muskuläre Dysbalance

Minderdurchblutung
Alter, Geschlecht, Körpergröße
Gewicht



Extrinsische Faktoren

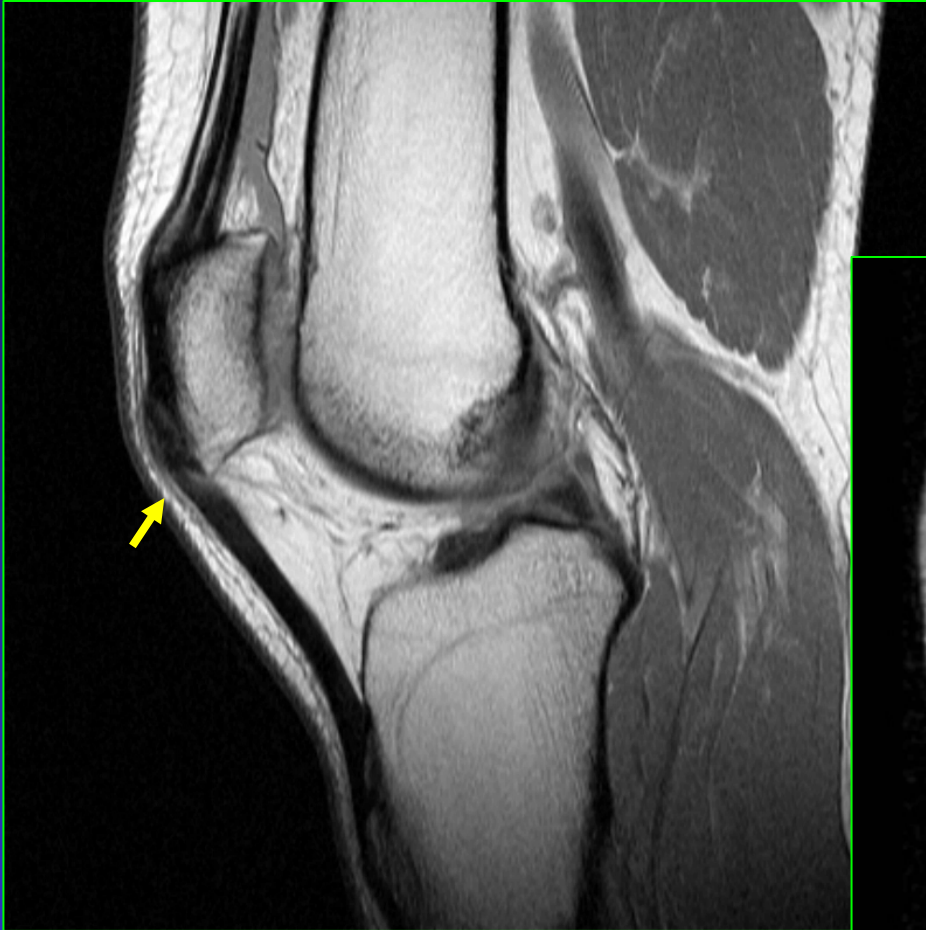
Inadäquates Training

Umgebung:
Bodenbeschaffenheit

inadäquate Kleidung

Doping

Jumper's Knee (Patellatendinitis)



13 jähriges Mädchen:

Superolateraler Knorpeldefekt,
Patellartendinitis Grad 1

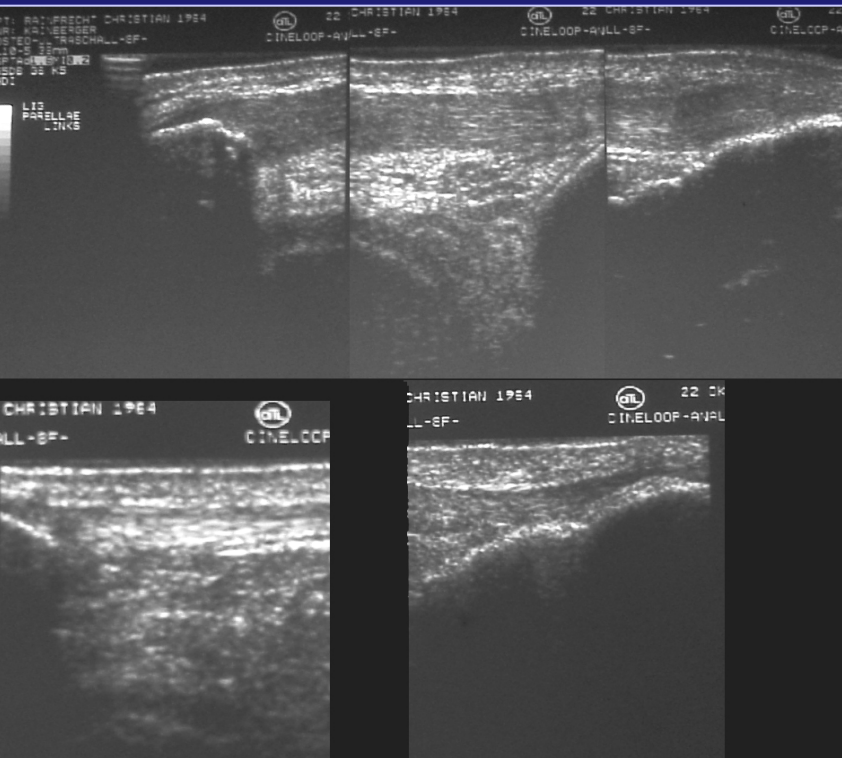


Overuse Lig. Patellae

Adoleszentenformen:

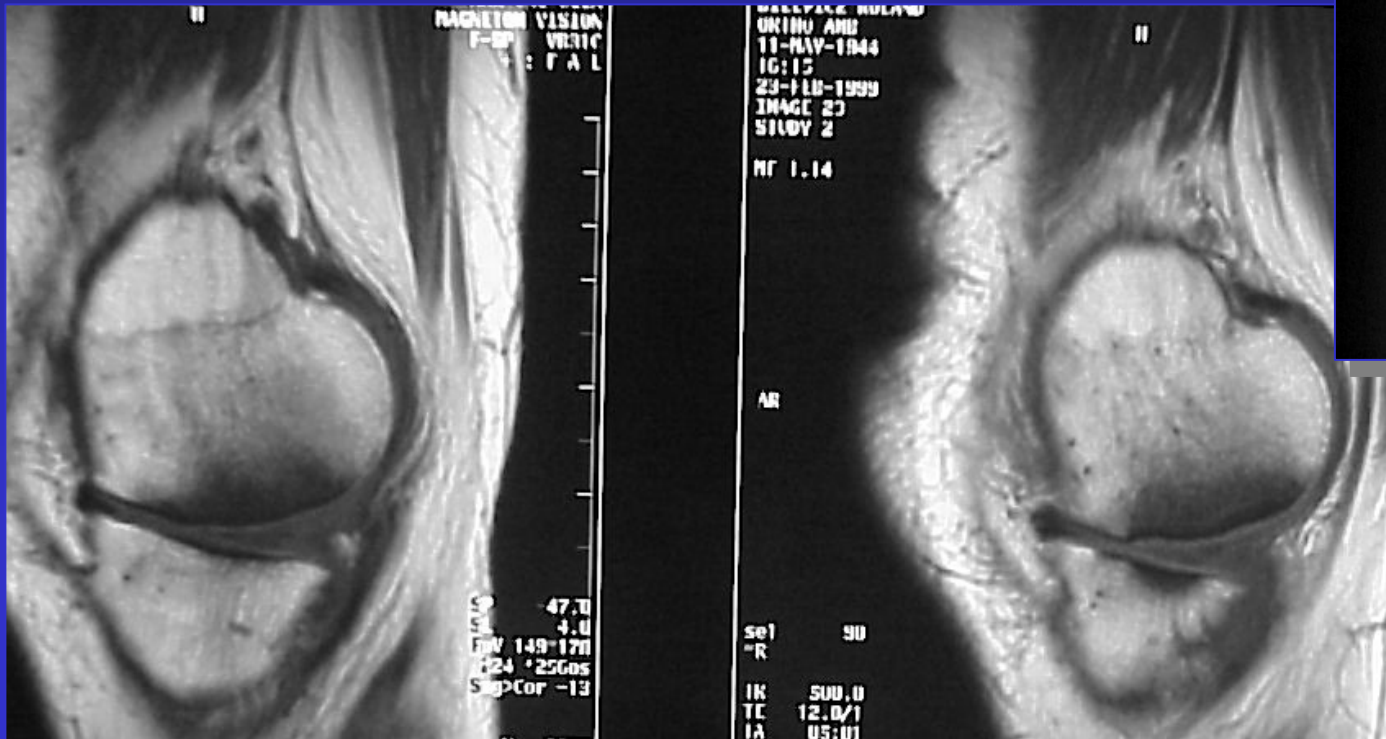
M. Osgood-Schlatter (Traktionsapophysitis)

M. Sinding-Larsen-Johanson (dist. Patella)



Knorpel und subchondralregion = funktionelle Einheit

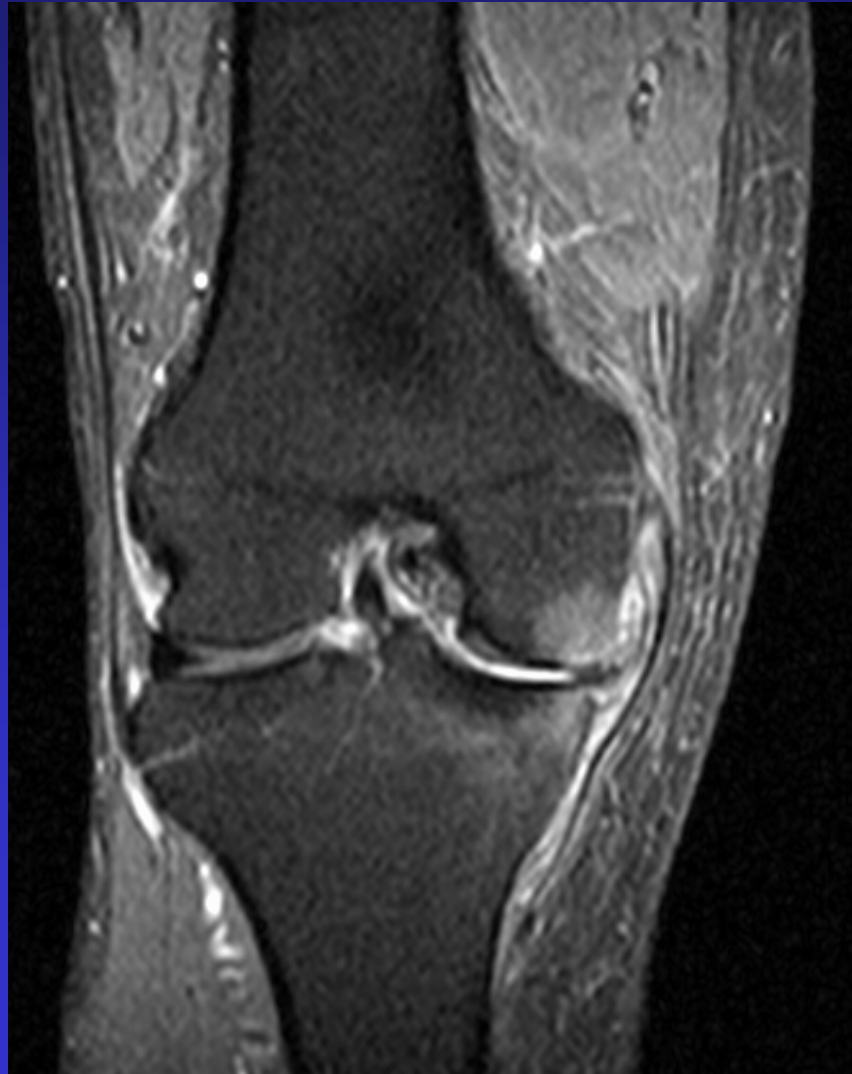
56 jähriger Mann, plötzlicher
Knieschmerz



56 jähriger Mann, plötzlicher Knieschmerz



Z.n. Teilmenispektomie



Pes anserinus Synovialiszyste



The End

