ROLE OF ULTRASONOGRAPHY AND MRI IN DIAGNOSIS OF GLENO HUMERAI INSTABILITY

Thesis
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By

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دور الرنين المغناطيسى والموجات الصوتية فى تشخيص عدم اتزان مفصل الكتف

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دور الرنين المغناطيسى والموجات الصوتية فى تشخيص عدم اتزان مفصل الكتف

تم اجراء الدراسة موضوع البحث على ٥٤ مريضا يعانون من عدم اتزان الكتف تم فحص كل مريض بالموجات الصوتية والرنين المغناطيسي وتم حقن مفصل الكتف في بعض الحالات بالصبغة. اظهرت النتائج المبدئية الترابط بين الموجات فوق الصوتية والرنين في تقييم التغيرات الذي تحدث لمفصل الكتف والحالة الاكلينيكية له دور فعال في تشخيص حالات عدم اتزان. كما ان الحقن الموضعي المباشر بالصبغة كان له دور اضافي في تقييم انواع عدم الاتزان التي تصيب الجهاز العضلي المفصلي للكتف. تم مقارنة النتائج بالمنظار الجراحي.

الملخص العربي

مفصل الكتف هو مفصل مركب تشريحيا حيث ان ثباته واتزانه يعتمد على اتحاد من بناء عظمى وكذلك بناء من الانسجة الرخوية التى تلتف حول مفصل الكتف. هذه الانسجة الرخوية هى المركب الوترى الغضروفى، محفظة المفصل، العضلات والاوتار حيث انهم يعملون كمثبت ديناميكى وكذلك استايكى ليمنعوا المفصل من تخطى مجال الحركة المثالى.

عدم ثبات المفصل الحقى العضدى يحتوى على تشخيصات مختلفة ومتعددة ذات مجال عريض من الأمراض المختلفة. انه من المهم فهم التشريح، الأمراض، التاريخ المرضى، الكشف الطبى وكذلك التقسيم لهذه الأمراض حتى يتسنى تشخيص المرض صحيحا.

وحينما نصل الى التشخيص الصحيح بالتالى يتسنى الوصول الى العلاج الصحيح جراحيا أو غير جراحيا.

إن تشخيص عدم ثبات واتزان المفصل الحقى العضدى مازال مركب حيث ان التاريخ الاكلينيكى والمرضى لا يكفيان للحصول على التشخيص الدقيق لذلك لابد من وسائل تصويرية تشخيصية يمكن الاعتماد عليها ليس فقط للحصول على التشخيص الصحيح ولكن لتقييم وسائل العلاج المختلفة ايضا.

ان الهدف من هذه الدراسة هو توضيح دور الموجات الصوتية كوسيلة للفحص الجماعى كذلك تقييم الوسائل المتعددة لفحص التصوير بالرنين المغالطيسى لتصوير المفصل ومقارنته بنتائج المنظار الجراحى (القاعدة الذهبية).

ان هذا البحث يحتوى على ٥٤ مريض يعانون اكلينيكيا من خلع في مفصل الكتف (فردى أو متكرر)

تم عمل فحص الموجات الصوتية والرنين المغناطيسى لجميع المرضى وتتابع بفحص الرنين المغناطيسى لتصوير المفصل بالحقن الموضعى المباشر بالصبغة لسته واربعون مريض فقط. نتائج هذه الفحوصات تم جمعها ومقارنتها بنتائج المنظار الجراحى.

في هذا البحث وجد أن:

- الموجات الصوتية يكشف قطع الغضروف الامامى السفلى بنسبه ٩٤% حساسي و ٦٦% نوعية.
 - فحص الرنين المغناطيسي يتمتع بحساسية ٧٢% و ٧٨% نوعية.
 - فحص الرنين المغناطيسي لتصوير المفصل يتمتع ٧٨% حساسية و ١٠٠٠% نوعية

وفى نهاية هذا البحث نوصى بعمل فحص الموجات الصوتية اولا كفحص جماعى والاتجاه للرنين المغناطيسى لتصوير المفصل لتقيم حفظة المفصل وكذلك حجم اصابة الاوتار والغضاريف للحصول على التشخيص الصحيح.

Abstract

The study included 54 patients with glenohumeral instability. For every patient; Ultrasonography, MRI were done and intra-articular contrast injection in some cases (MRA) .The preliminary results have shown the role of sonography in monitoring of instability. Correlation between US and MRI and clinical findings may have a role in diagnosing glenohumeral instability. MR arthroghraphy is promisable in defining the type of instability

(Key Words: ultrasonography-MRA-shoulder instability)

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List of abbreviations

• ABER : abduction and external rotation.

• AC : acromi-clavicular

AIGHL : Anteroinferior glenohumeral ligament

• ALPSA : anterior labrum periosteal sleeve avulsion

• AMBRII : atraumatic multidirectional bilateral rehabilitation inferior capsular interval closure

• BLC : biceps labral complex

BHAGL: Bony humeral avulsion of the

glenohumeral Ligament

CHL : coracohumeral ligament

CT : Computed tomography.

• FSE : fast spin echo

• GHjoint : glenohumeral joint

• GL : glenoid labrum

• GLAD : glenoid labrum articular disruption

• HAGL : humeral avulsion of the glenohumeral

Ligament

• HH : humeral head

• IGL : inferior glenohumeral ligament.

• IGL C : inferior glenohumeral ligament complex.

• IGHL : inferior glenohumeral ligament.

• IGHLC : inferior glenohumeral ligament complex

• MDI : multidirectional instability

• MGHL : middle glenohumeral ligament

• MRI : Magnetic resonance imaging.

• MRA : Magnetic resonance arthrography

• POLPSA : Posterior labrocapsular periosteal sleeve

Avulsion

• RCT : Rotator cuff tendon.

• SGHL : superior glenohumeral ligament

• SLAP : superior labrum anterior to posterior.

• STIR : Short Time Inversion recovery

• TE : time of echo

• THL : transhumeral ligament

• TR : time of repetition

• TUBS : traumatic unidirectional with Bankart

lesion surgical interventional

• US : Ultrasound.

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