
IOP - Images

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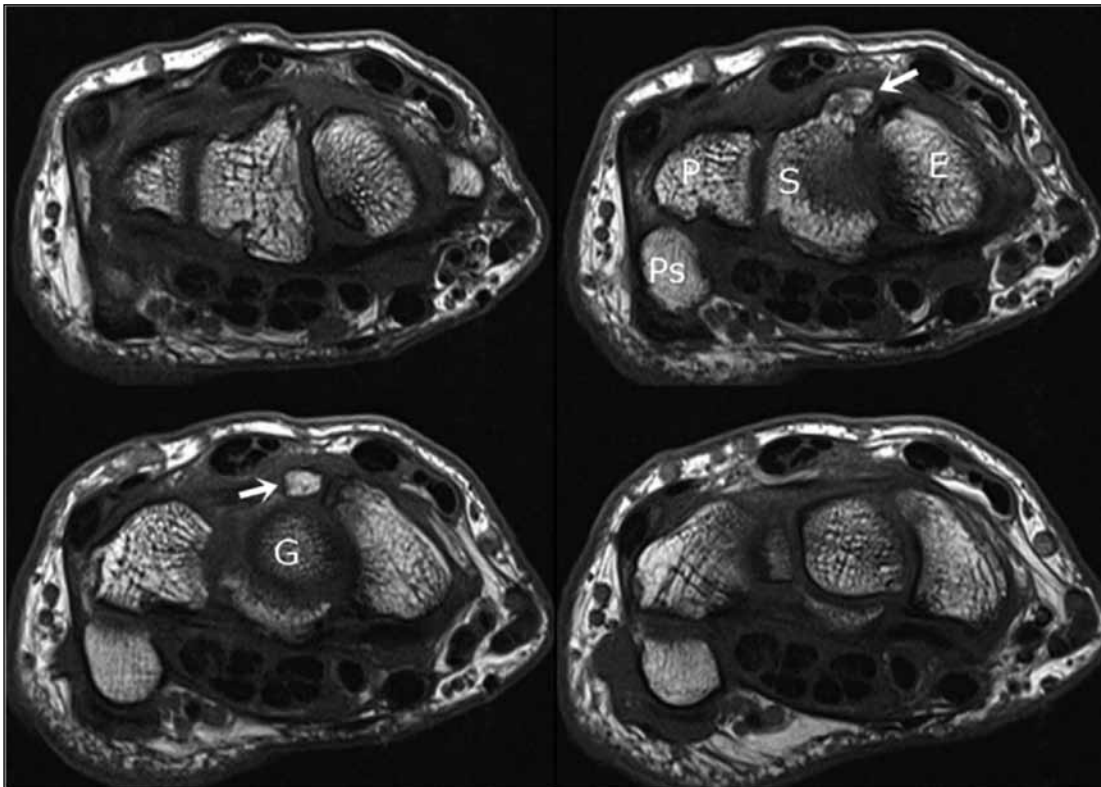
Case presentation

Fifty six year-old male with pain at the back of his wrist at rest, that increases at hand-shake. Moreover, he feels pain on his wrist ulnar aspect at the time of playing tennis. He reports no clear episode of traumatism.

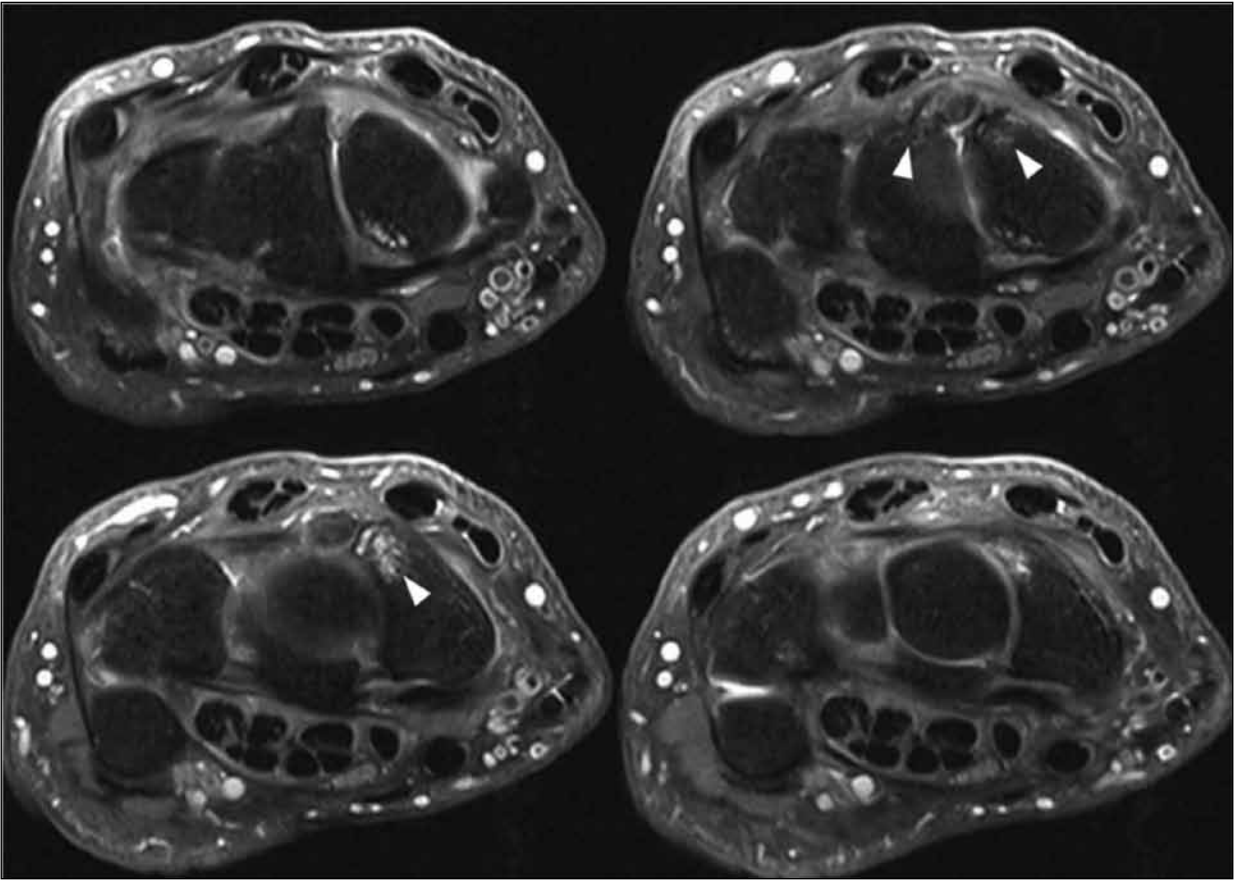
Findings in and interpretation of imaging studies

We can see a bone fragment adjacent to the dorsal edge of the scapho-lunate joint which forms pseudo-joints both on the dorsal edge of the lunate and the dorsal aspect of the scaphoid (Figures 1 and 3). There is edema in both synchondrosis and margin unevenness in the cortexes that are faced with the ossicle, and edema in the sub-chondral bone which is believed to be of degenerative origin (Figures 2 and 4). It is assumed it is an accessory ossicle.

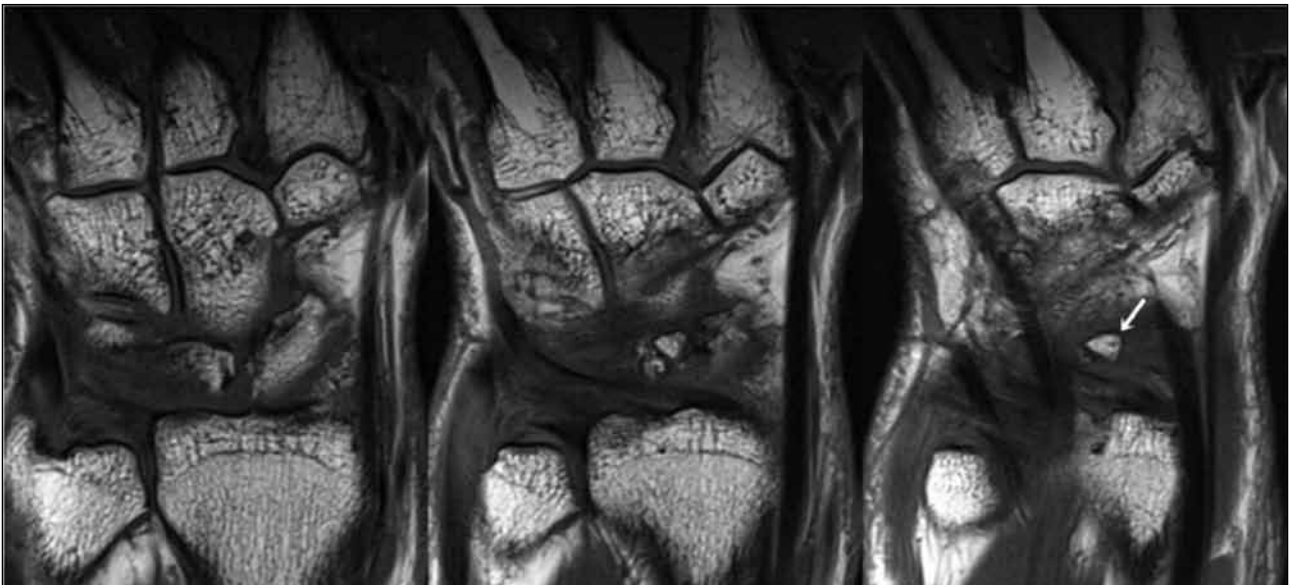
Resolution of the case on page 253.



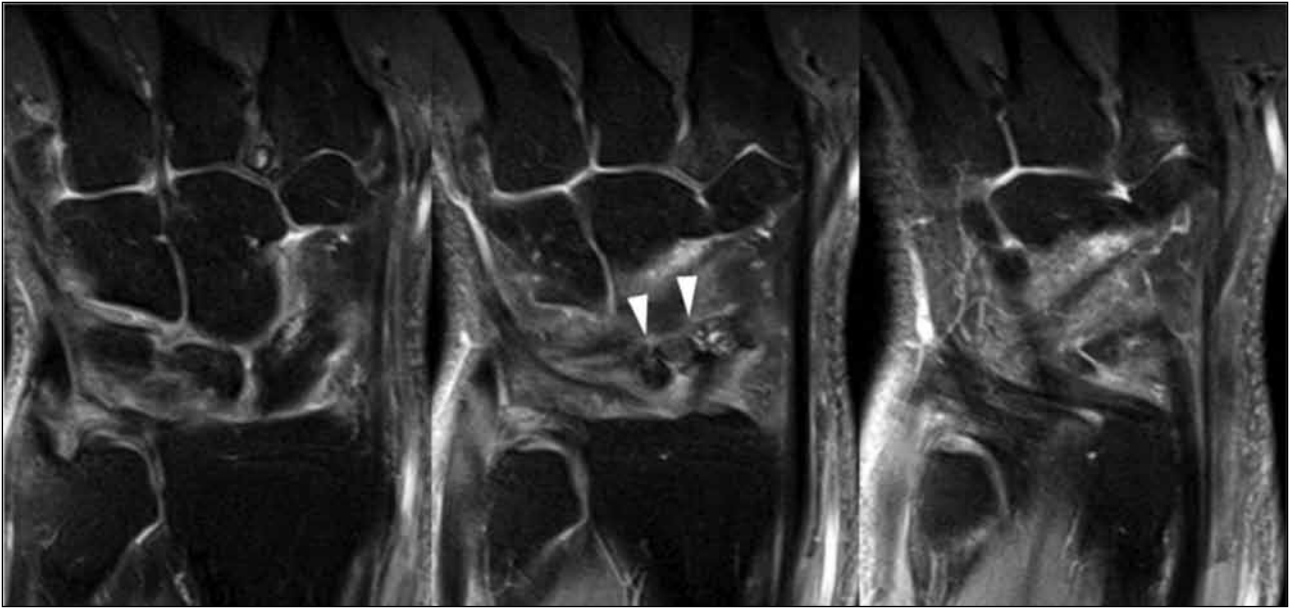
▲ **Figure 1.** Consecutive, transverse sections of the wrist in T1 sequence. The images show clearly an ossicle (*white arrows*) located in the confluence of the dorsal margins of the scaphoid and the lunate. S: scaphoid; L: lunate; T: triquetrum; P: pisiform; C: capitate.



▲ **Figure 2.** Consecutive, transverse sections of the wrist in proton density sequence with fat suppression. The images show bone edema in sub-chondral bone in the dorsal edges of the scaphoid and the lunate (*white arrow tips*) which represent inflammatory changes in synchondrosis with the ossicle. They also show margin unevenness in the cortices that are faced with the ossicle, which suggest degenerative changes.



▲ **Figure 3.** Consecutive, coronal sections of the wrist in T1 sequence. Accessory ossicle (*white arrows*). The left and central images show the degenerative changes that are typical of these medical findings.



▲ **Figure 4.** Consecutive, coronal sections of the wrist in proton density sequence with fat suppression. The images show both synchondrosis (*white arrow tips*) and surrounding inflammatory changes.