
KREP
2025
KARNATAKA RADIOLOGY EDUCATION PROGRAM

Spotters


A
B

Enchondroma

Figure 7-18 **MONOSTOTIC AND POLYOSTOTIC BONE DISEASE. A. PA Hand, Monostotic Lesion.** Note the solitary osteolytic lesion is present in the fifth metacarpal. Observe the pathologic fracture in this enchondroma (*arrow*). **B. PA Hand, Polyostotic Lesions.** Note the multiple expansile osteolytic lesions throughout all metacarpals and phalanges. Similar changes were present in the opposite hand, feet, and long bones in this patient with multiple enchondromatosis (Ollier's disease).


A
B
C

MAFFUCCI SYNDROME

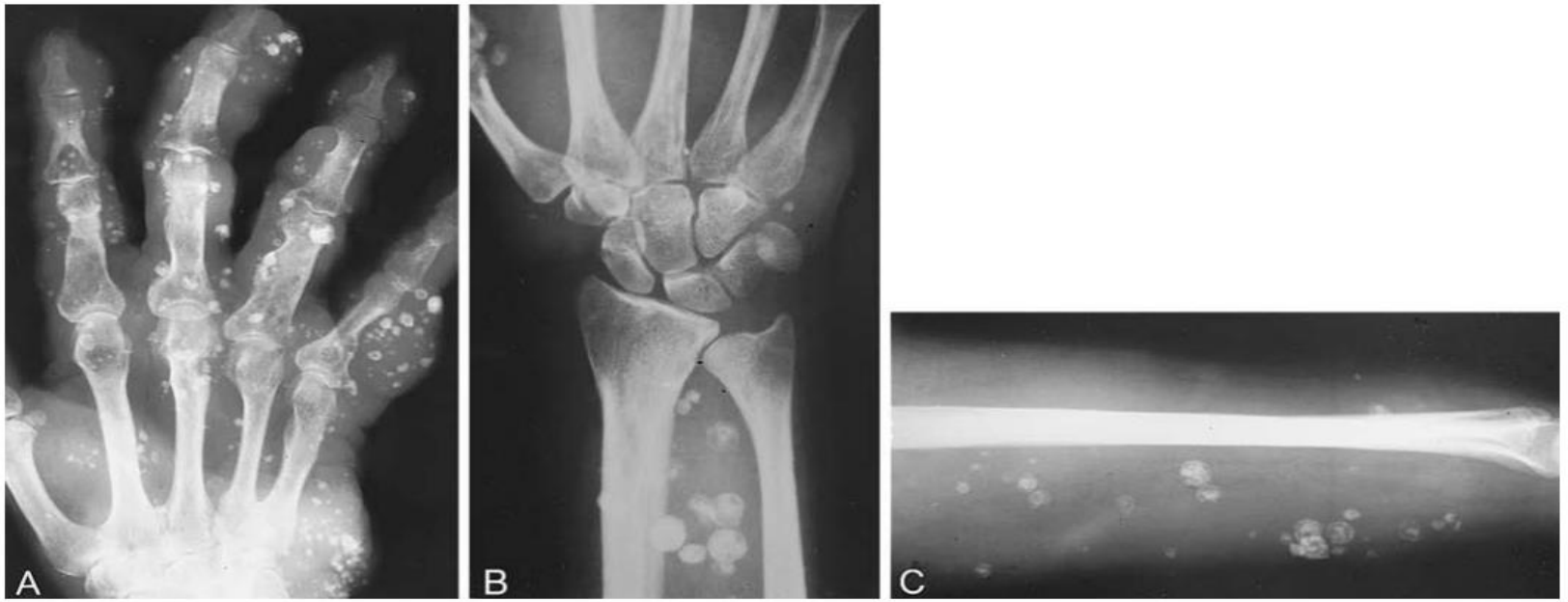


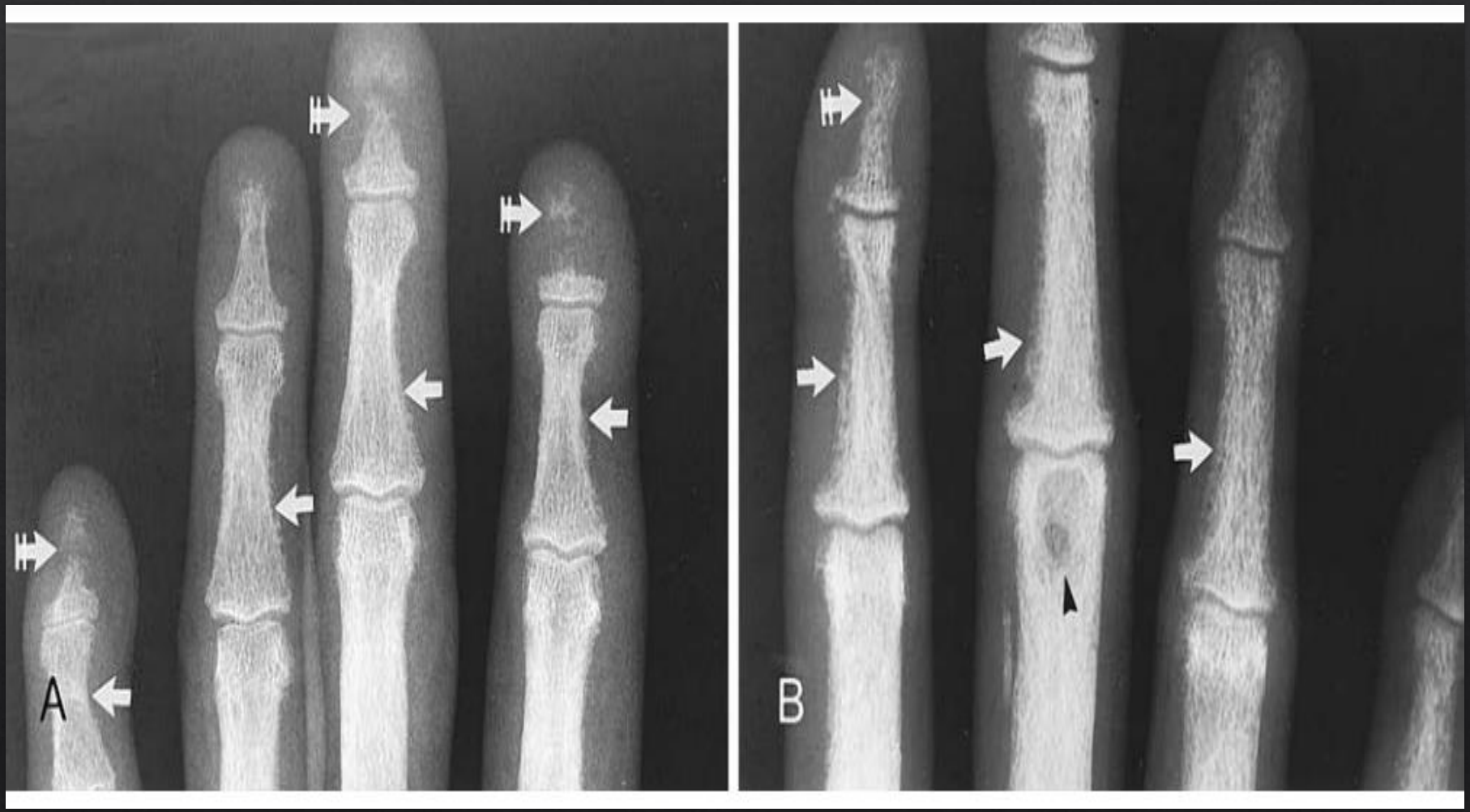
Figure 11-266 **MAFFUCCI'S SYNDROME. A. PA Hand.** Observe the large soft tissue cavernous hemangiomas throughout the hand, with associated phlebolith calcification within the masses. These phleboliths appear as circular radiopacities within the soft tissue masses. **B. PA Wrist.** **C. Lateral Forearm.** Note the large, circular calcifications throughout the soft tissues of the wrist and forearm. These calcifications represent phleboliths within adjacent soft tissue cavernous hemangiomas. Note the relatively radiolucent center present within the calcifications, which is a characteristic presentation of phleboliths. *COMMENT:* Maffucci's syndrome is defined as multiple enchondromatosis with soft tissue cavernous hemangiomas. (Panel A courtesy of Jack Edeiken, MD, Houston, Texas.)


A


B

Thyroid Acropachy

Figure 14-41 **THYROID ACROPACHY. A. PA Hands.** Observe the thick, dense periosteal new bone at the metacarpals and phalanges (*arrows*). **B. PA Feet.** Note that similar changes are seen on the medial surface of the first metatarsal (*arrows*), a distinctively characteristic site for thyroid acropachy of the foot.


A
B

Hyperparathyroidism

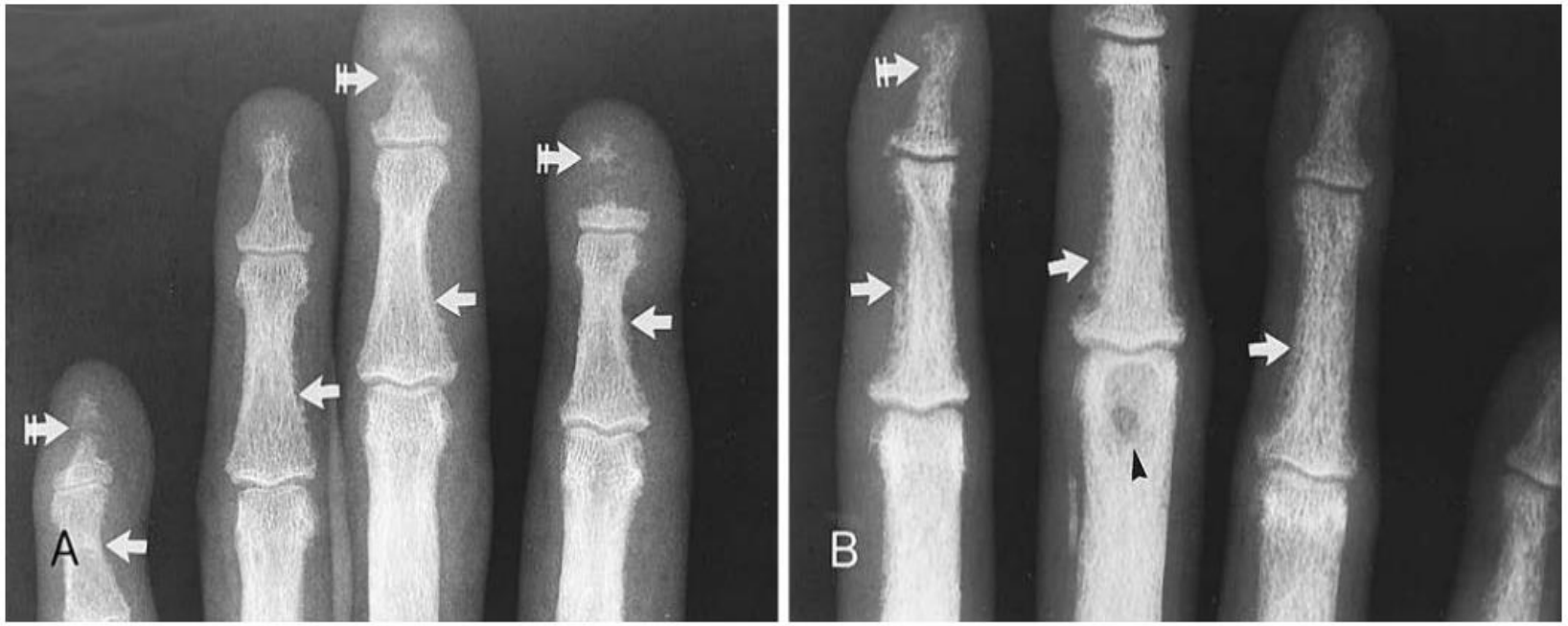
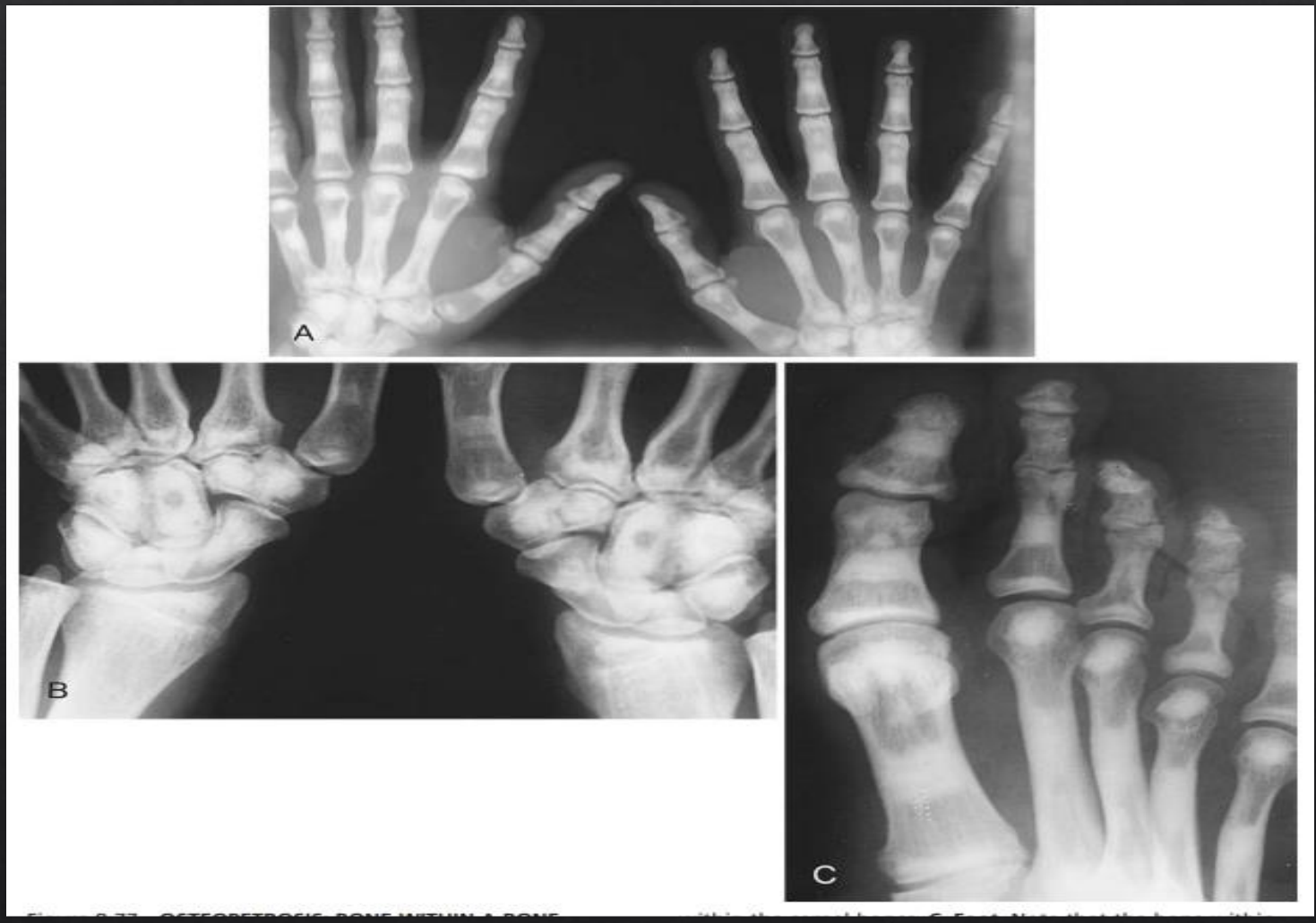


Figure 14-28 **HYPERPARATHYROIDISM: SUBPERIOSTEAL RESORPTION. A and B. PA Hands.** Note the radial margins of the proximal and middle phalanges bilaterally are frayed, irregular, and lace-like (*arrows*) owing to characteristic subperiosteal resorption. Also note the brown tumor (*arrowhead*) and osteolysis of the distal phalanges (*crossed arrows*).


A
B
C

Osteopetrosis

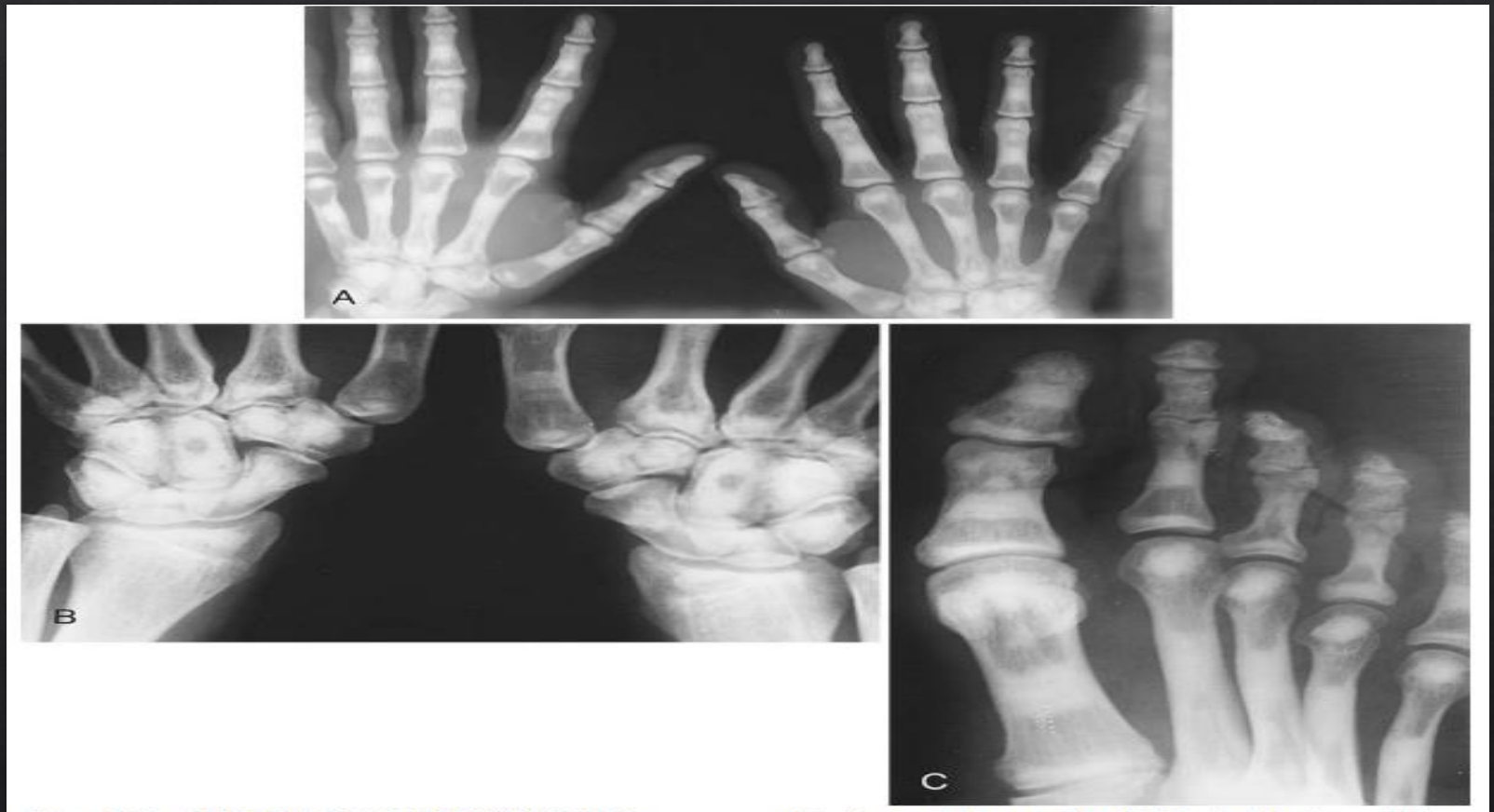
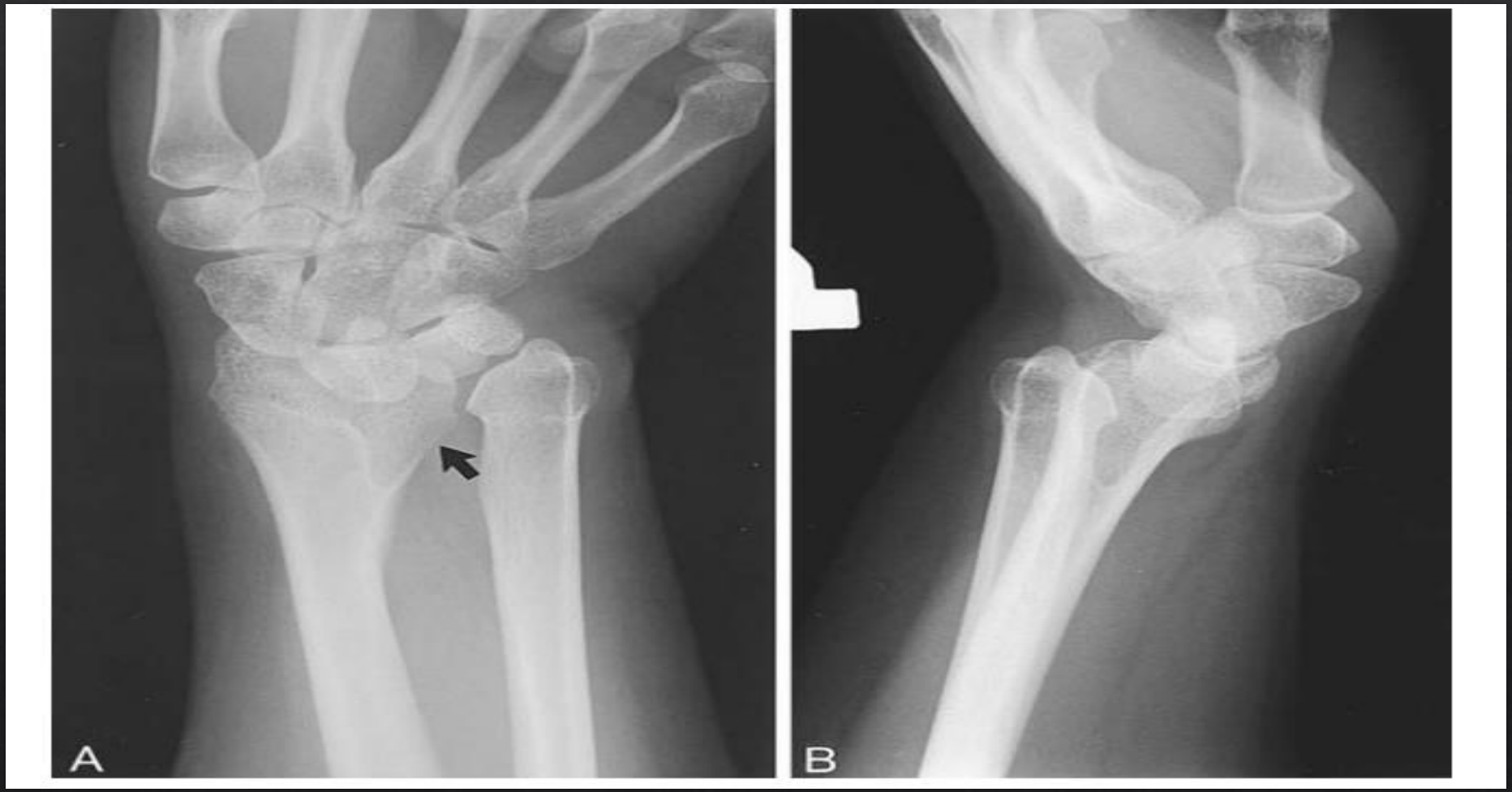


Figure 8-77 **OSTEOPETROSIS: BONE WITHIN A BONE APPEARANCE. A. Hands.** Note the increased densities within the metacarpals and phalanges, producing a bone within a bone effect. **B. Wrists.** Note the areas of increased density within the carpal bones. **C. Foot.** Note that the bone within a bone appearance here is similar to that seen in the small bones of the hand.


A
B

Madelung deformity

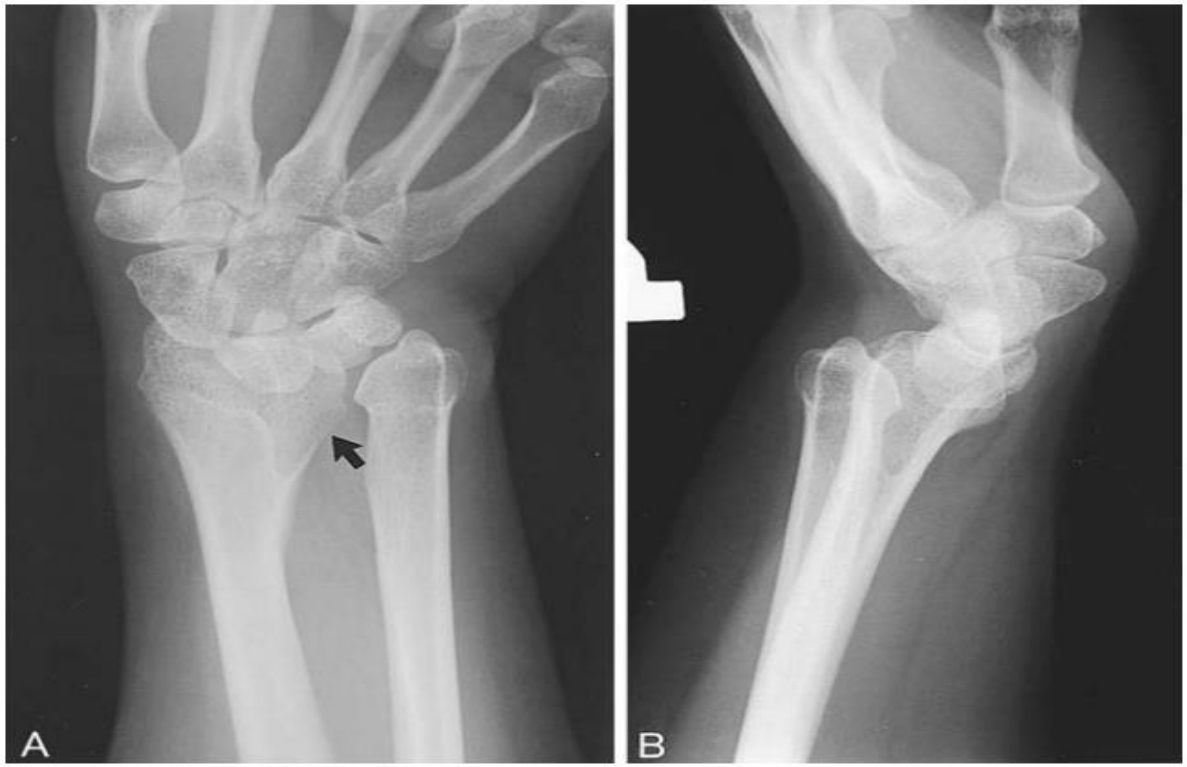
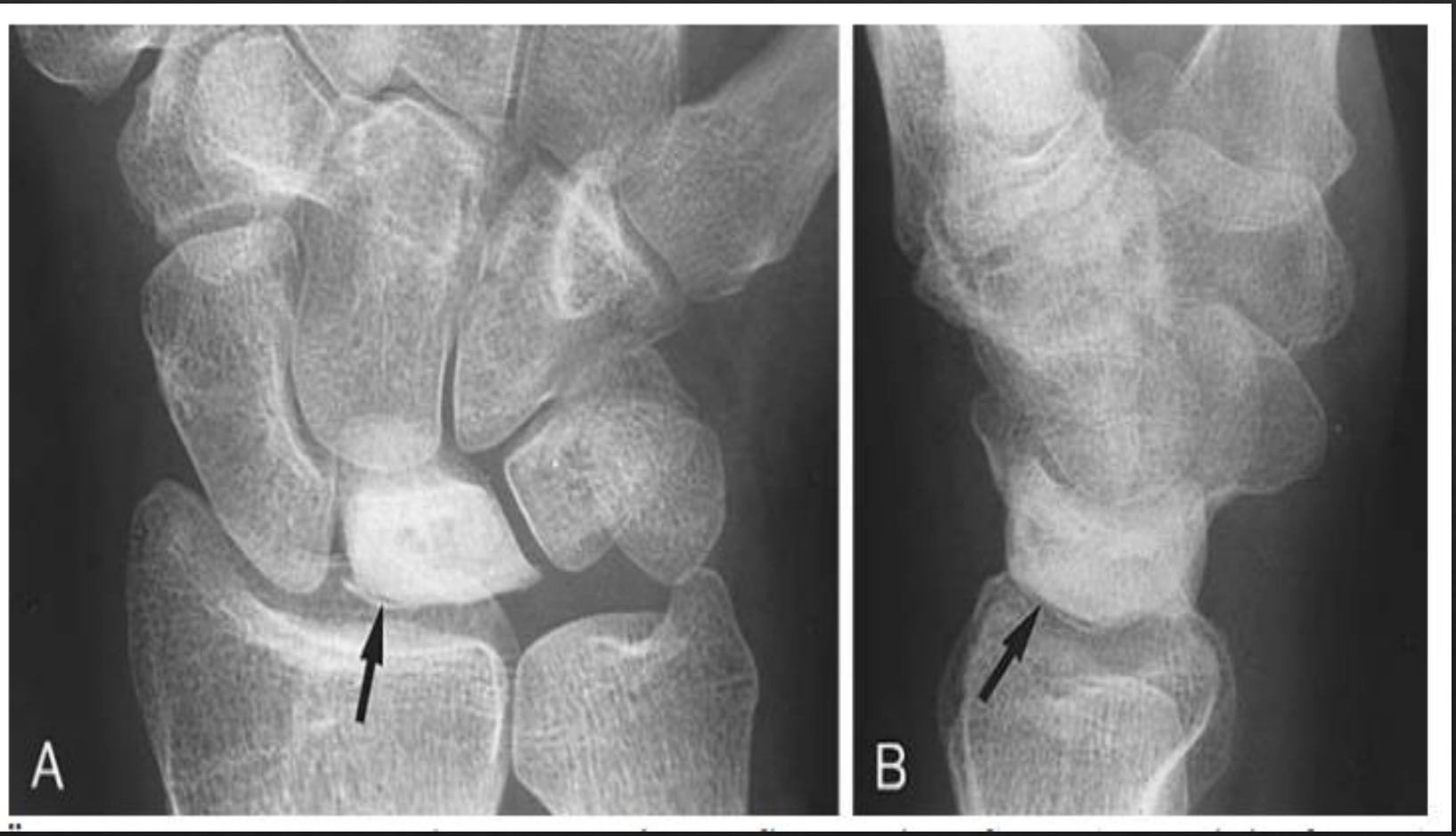


Figure 3-127 **MADELUNG'S DEFORMITY. A. PA Wrist.** Premature closure of the medial portion of the distal radial physis has created an ulnar slant to the distal articulating surface of the radius. A characteristic V-shaped deformity is present on the ulnar side of the distal radius (*arrow*). There is a widening of the radioulnar articulation, and the lunate lies at the apex of the proximal carpal row. **B. Lateral Wrist.** Note the characteristic posterior subluxation of the ulna, which has been referred to as the bayonet deformity (Madelung's deformity).


A
B

Kienböck's Disease


A
B

Lunate dislocation

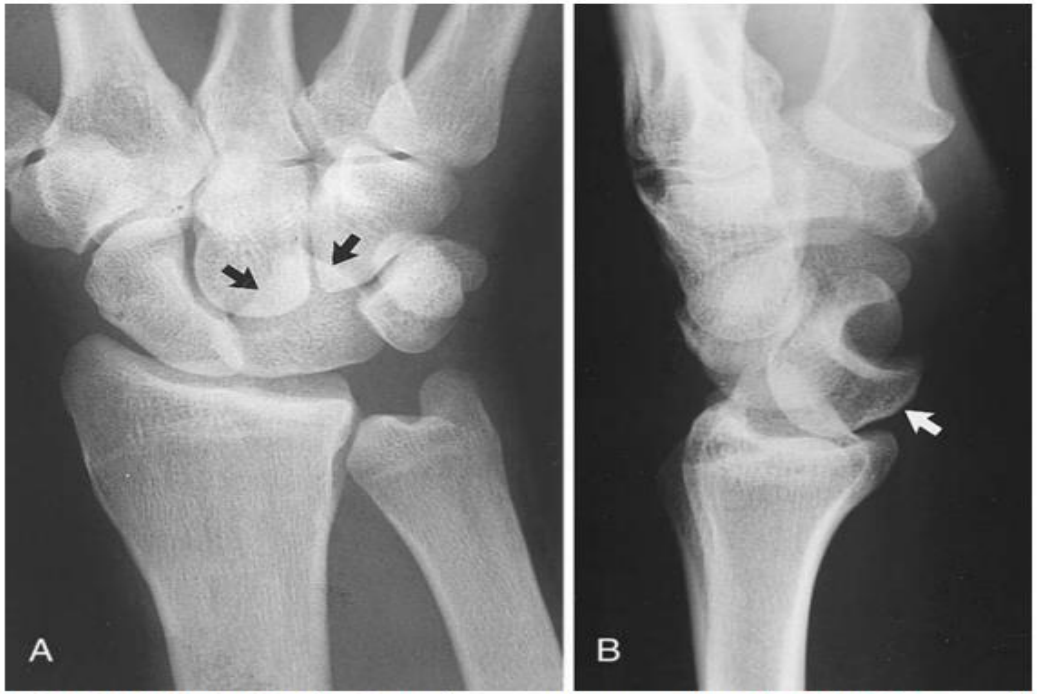


Figure 9-205 **LUNATE DISLOCATION. A. PA Wrist.** Note the overlap of the distal lunate with the capitate. The triangular shape (pie sign) (*arrows*) is characteristic of anterior dislocation of the lunate. **B. Lateral Wrist.** Note that the lunate can be seen displaced anteriorly and tilted forward at its superior aspect (*arrow*). *COMMENT:* Anterior lunate dislocation is the most common carpal displacement. The characteristic findings are well demonstrated with the triangular appearance on the PA film and the anterior forward displacement on the lateral projection.