

MDCT arthrography accurately identifies

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MDCT arthrography is better than MR arthrography for diagnosing glenoid rim osseous lesions, lesions that have been identified as potential causes of recurrence after shoulder surgery, according to a new study.

The study, done at the Hopital Sainte Marguerite in Marseille, France, included 40 patients scheduled for [shoulder surgery](#). All patients had both an MDCT arthrography (MDCTA) and an MR arthrography exam (the current standard exam). "Our study found that MDCTA was as accurate as MR arthrography for the study of labro-ligamentous injuries, glenoid [cartilage](#) lesions and Hill-Sachs fractures related to anterior shoulder instability," said Thomas Le Corroller, MD, an author of the study. However, in detecting glenoid rim fractures, "MDCTA showed a sensitivity of 100% and a specificity of 96% whereas MR arthrography demonstrated a sensitivity of 67% and a specificity of 100%," said Dr. Le Corroller.

Correct diagnosis of glenoid rim fractures is crucial to selecting the proper surgical treatment, noted Dr. Le Corroller. "Patients demonstrating a glenoid rim osseous lesion may undergo more extensive treatment in order to provide a stable shoulder without long term arthritic degeneration," he said.

"In our institution, we currently use MDCTA whenever surgical treatment of anterior shoulder instability is considered," Dr. Le Corroller, said.

Dr. Le Corroller did note that MDCTA requires radiation, and the "use

of MDCTA of the shoulder in a young population requires a [radiation dose](#) reduction strategy."

More information: The study was presented on May 4, in conjunction with the American Roentgen Ray Society Annual Meeting in Chicago.

Provided by American Roentgen Ray Society

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