

SPECIALNO SLIKANJE ZAPESTJA S STISNjeno PESTJO

SPECIAL X-RAY WRIST WITH CLENCHED FIST VIEW

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IZVLEČEK

Uvod: Roka je izjemno pomemben del telesa, saj z njo stvari premikamo, se jih dotikamo, z roko proizvajamo mišično silo, hkrati pa je senzorično-motorični nadzor gibanja roke zelo natančen. Poškodbe zapestja so relativno zelo pogoste, čeprav so nekatere poškodbe očitne, je potrebna natančna preiskava, da se odkrije tudi tiste druge, bolj subtilne poškodbe. Skafolunatna (S-L) nestabilnost je predvidena iz abnormalne pozicije ali čolnička ali lunice. Nastane pri močno pretiranem iztegu zapestja (dejansko upogib nazaj), ki preseže normalno sposobnost iztega kosti distalne zapestne vrste v srednjem zapestnem sklepu. Popolna poškodba je vidna le na stresnih rentgenskih slikah (stisnjena pest), diagnozo pa največkrat potrdimo z magnetno resonanco ali artroskopijo zapestja. Vedno primerjamo obe roki zaradi možne benigne kongenitalne variante širšega S-L prostora.

Namen: Predstavitev specialnega slikanja zapestja s stisnjeno pestjo na travmatološkem oddelku v UKC Ljubljana.

Metode: Na travmatološkem oddelku slikamo zapestja s stisnjeno pestjo v posteroanteriorni ter stranski lateromedialni projekciji. Pacient sedi na stolu ob preiskovalni mizi. Pri obeh projekcijah je nadlahtet slikane roke ob telesu ter v komolcu v fleksiji za 90°. Slikano zapestje ima položeno na digitalnem detektorju. Pozicijsko je zapestje enako pozicionirano kot pri klasičnem slikanju zapestja. Med eksponiranjem pacient stisne pest, tako da se napnejo vse mišice slikanega zapestja. Ugotovili smo, da je pri PA projekciji pomembno, da je roka naslonjena na palec roke, tako da je ravnina med šiljastima odrastkoma koželjnice in podlahtnice vzporedna s podlago. Pacient mora dobro napeti mišice, saj se drugače patologija ne prikaže.

Rezultati: Zaradi poškodbe S-L vezi je razdalja med čolničkom in lunico povečana. Čolniček, ki ni več vezan na lunico, se zavrti z distalnim delom v palmarno smer, zato je njegova radiološka senca krajša od normalne. Ugotovili smo, da je pomembna pravilna pozicija zapestja ter dober stisk mišic, saj drugače hitro zakrijemo patologijo.

Zaključek: Po pregledu pacienta, se zdravnik travmatolog odloči za stresno slikanje zapestja s stisnjeno pestjo. Pomembno pri slikanju zapestja s stisnjeno pestjo je dobra komunikacija s pacientom, da razume pomen dobrega stiska mišic. Pomembno je hitro prepoznavanje ter zdravljenje poškodb zapestja, ki lahko vodijo v dolgotrajno boleznost.

Gljučne besede: RTG zapestja, stresno slikanje s stisnjeno pestjo, skafolunatna nestabilnost

ABSTRACT

Introduction: The hand is an extremely important part of the body, because we use to move things, touch them and produce muscular force. At the same time the sensory-motor control of the movement of the hand is very precise. Wrist injuries are relatively common. Although some injuries are obvious, careful investigation is needed to detect other, more subtle injuries as well. Scapholunate (S-L) instability is predicted from an abnormal position of either bone scaphoid or bone lunate. It occurs when the wrist is severely stretched (actually bending backwards), which exceeds the normal ability to stretch the bone of the distal wrist type in the middle wrist joint. Complete damage is visible only on stress X-rays (clenched fist), and the diagnosis is usually confirmed by magnetic resonance imaging or wrist arthroscopy. We always compare both wrists due to the possible benign congenital variant of the wider S-L space.

Purpose: Presentation of a special wrist painting with a clenched fist at the trauma department at the UKC Ljubljana.

Methods: At the polyclinic - traumatology department, wrists with clenched fists are imaged in posteroanterior and lateral (lateromedial) projection. The patient is sitting in a chair next to the examination table. In both projections, the arm is lowered along the body and in the elbow in flexion of 90°. The wrist is laid on a digital detector. In terms of position, the wrist is positioned in the same way as in classic wrist painting. During exposure, the patient clenches their fist so tight that all the muscles of the wrist are tense. We found that in PA projection, it is important that the hand rests on the thumb of the hand, so that the line between radius and ulna is parallel to the detector. The patient must tense the muscles well, otherwise the pathology will not show.

Results: Due to the injury of the S-L ligament, the distance between scaphoid and lunate is increased. Scaphoid, which is no longer tied to lunate, rotates with the distal part in the palmar direction, so its radiological shadow is shorter than normal. We found that the correct position of the wrist and good muscle compression are important, because otherwise we quickly cover up the pathology.

Conclusions: After examining the patient, the traumatologist decides to perform a stressful X-ray wrist with a clenched fist view. It is important when imaging a wrist with a clenched fist to communicate well with the patient to understand the importance of good muscle compression. It is important to quickly identify and treat wrist injuries, so this does not lead to long-term illness.

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