

# Pearls I Would Have Told My Much Younger Self

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## Disclosures

- Book Royalties: Elsevier
- Consultant: Bioclinica
- Medical Director: POCUSPRO
- Advisor: Philips
- Not relevant



Syllabus on line and other educational material:  
[www.jacobsonmskus.com](http://www.jacobsonmskus.com)

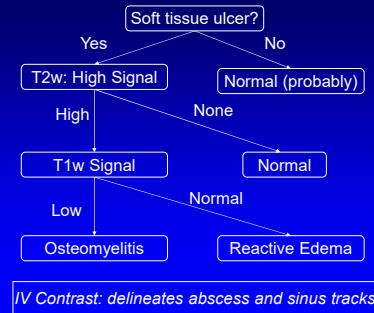
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## Outline

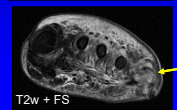
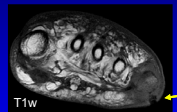
- Osteomyelitis versus neuropathic osteoarthropathy
- “Cyst” at imaging

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## Osteomyelitis: adult

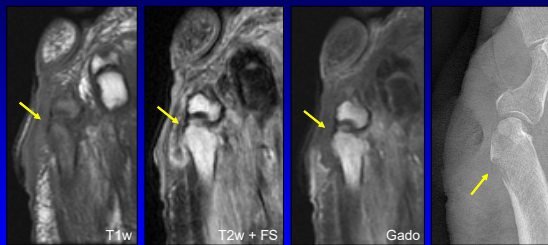


*\*In the absence of ulcer, surgery, or penetrating injury, osteomyelitis of foot is rare*



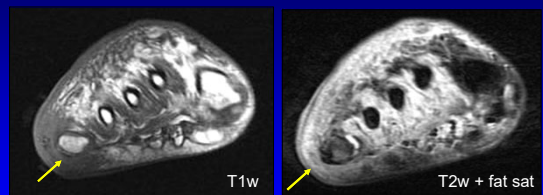
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## Osteomyelitis: 5th metatarsal

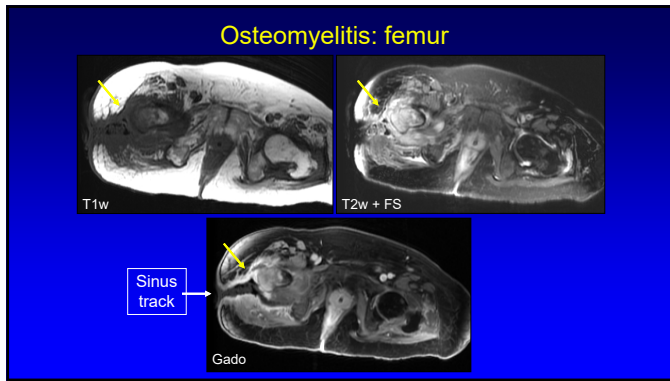


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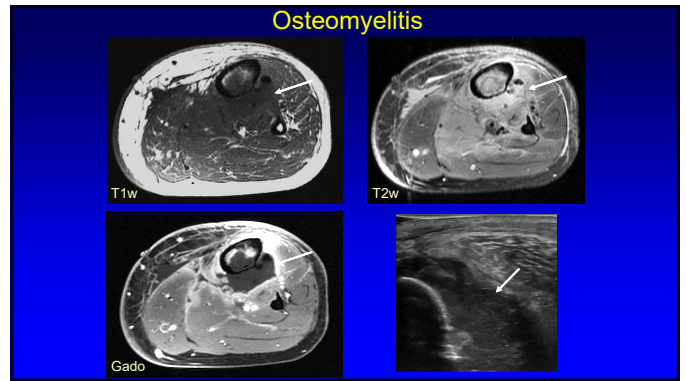
## Reactive Edema



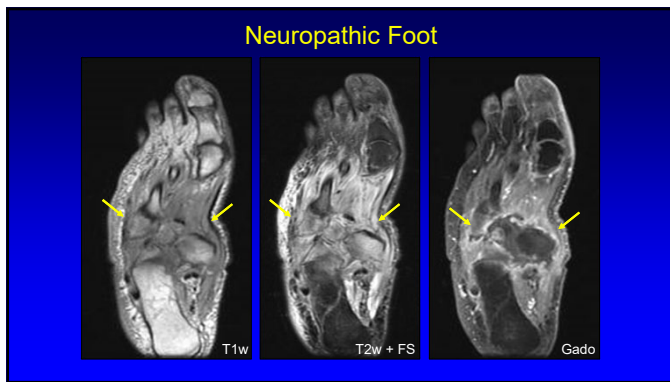
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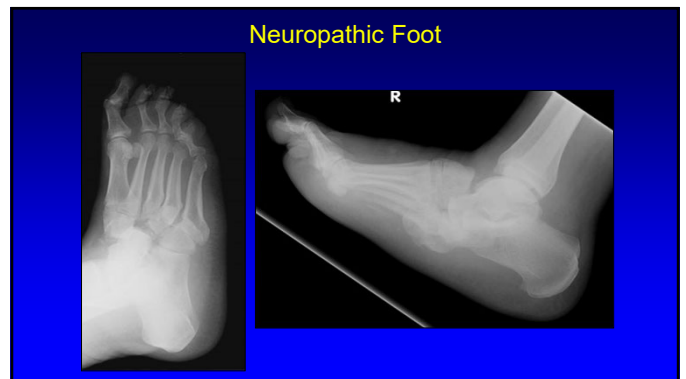
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- ### Neuropathic Foot
- Loss of proprioception and deep sensation
  - Relaxation, hypotonia
  - Recurrent injury
  - Malalignment
  - Joint destruction and disorganization
  - Location: determined by disease
    - Diabetes: lower extremity, esp. midfoot
    - Syring: upper extremity, spine

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- ### Neuropathic Foot
- Bone marrow edema:
    - High T2w
    - T1w: variable, often normal
  - **No** adjacent ulcer
  - Multiple joints: esp. **midfoot**
    - Osteomyelitis: 5<sup>th</sup> MT > 1<sup>st</sup> MT > calcaneus
  - Subluxation
- Radiology 2002; 224:649

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### Outline

- Osteomyelitis versus neuropathic osteoarthropathy
- "Cyst" at imaging

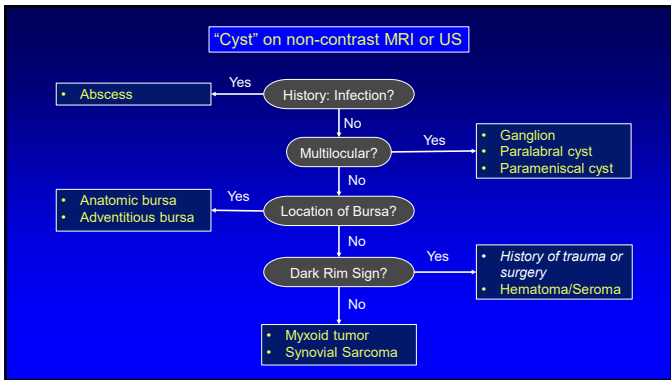
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### Synovial Sarcoma

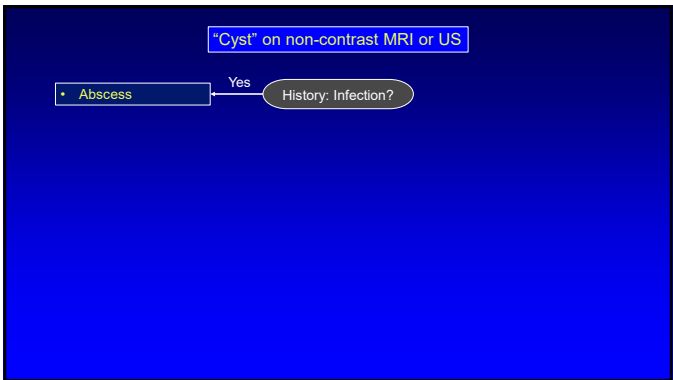
Sagittal T1w      Sagittal T2w      Axial T2w

*Teaching Point:*  
All that is bright on T2w is not a cyst

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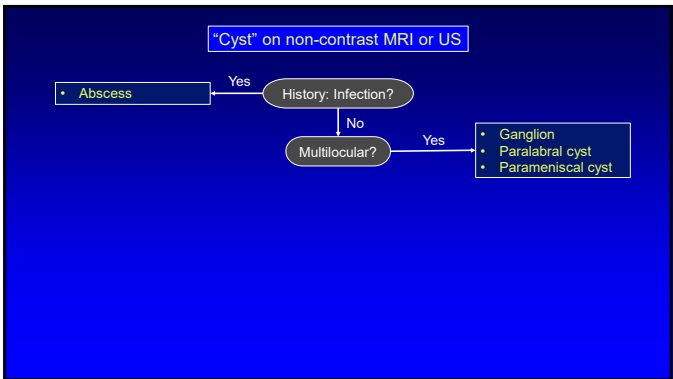
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### Abscess

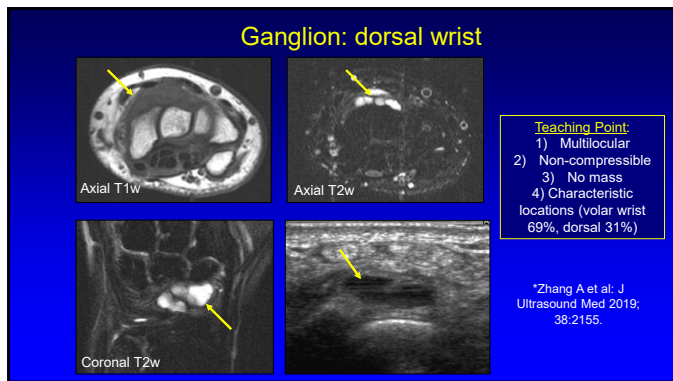
\*Note soft tissue edema and enhancement

T1w fat sat post-gado

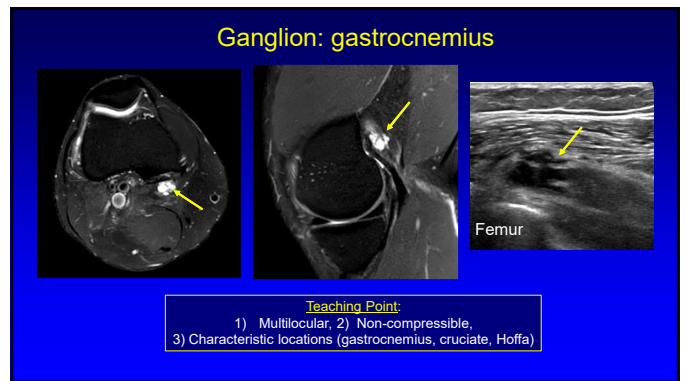
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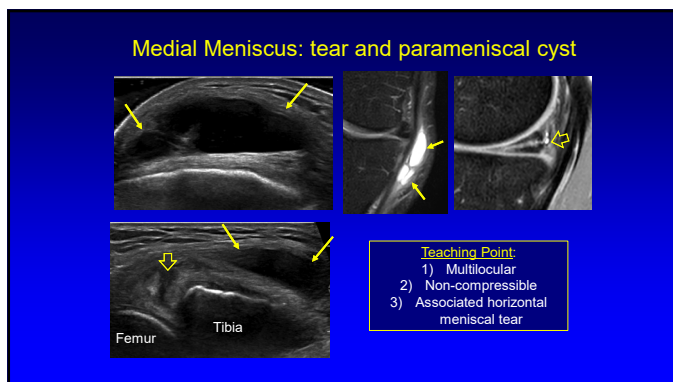
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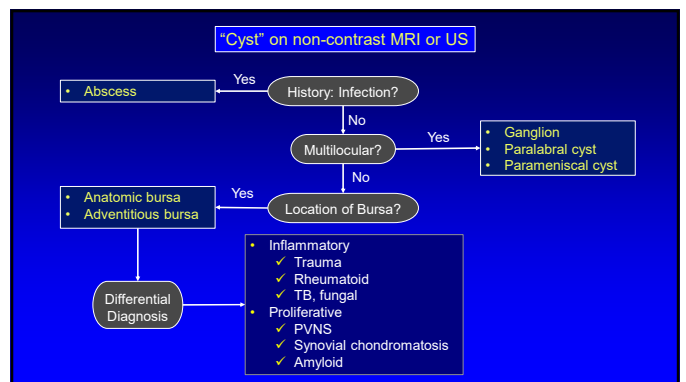
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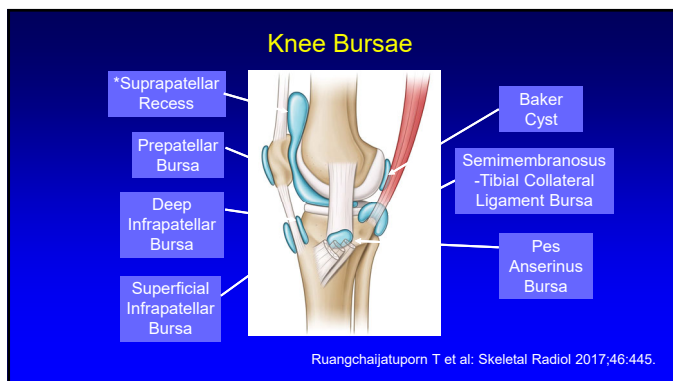
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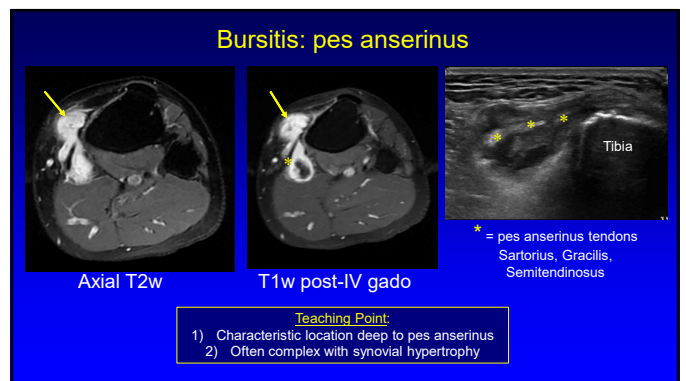
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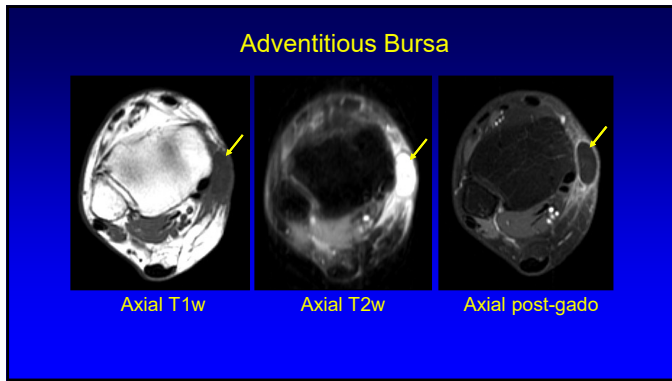
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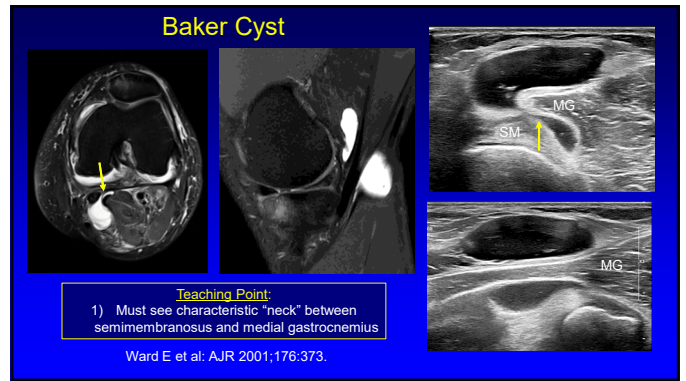
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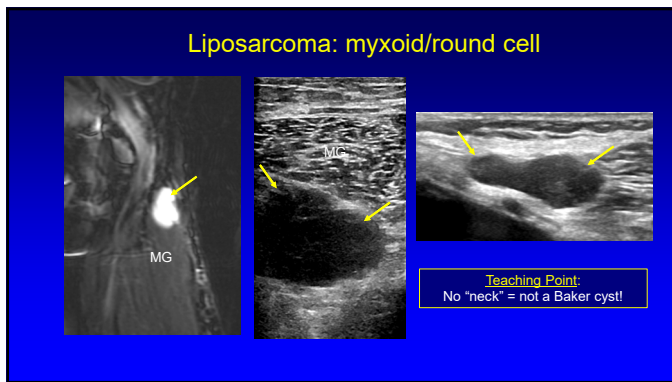
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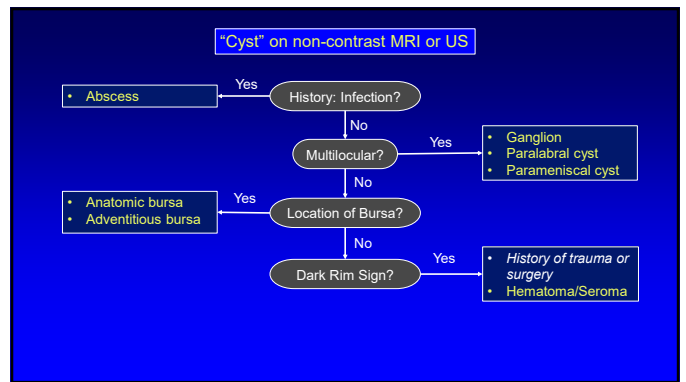
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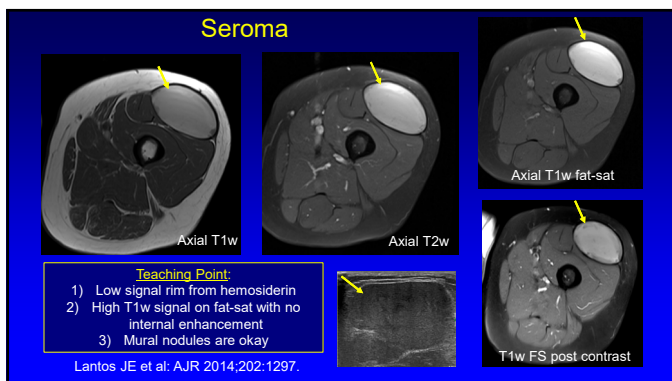
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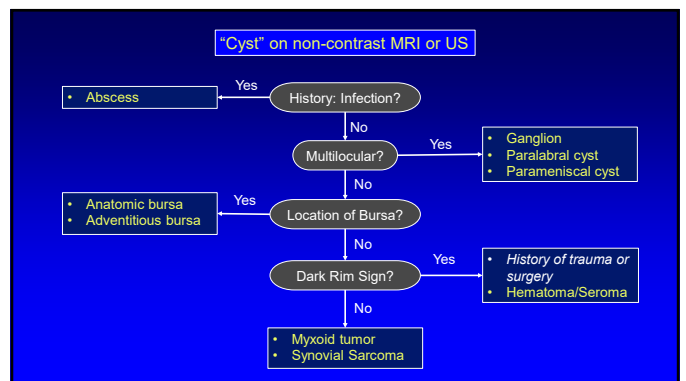
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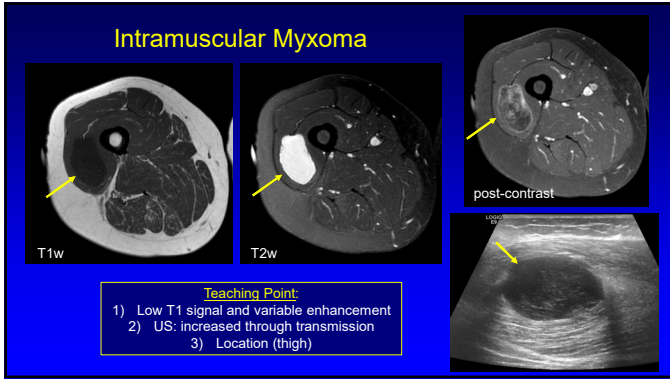


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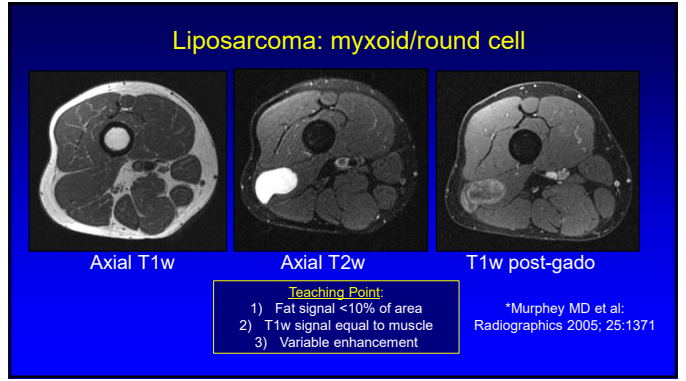


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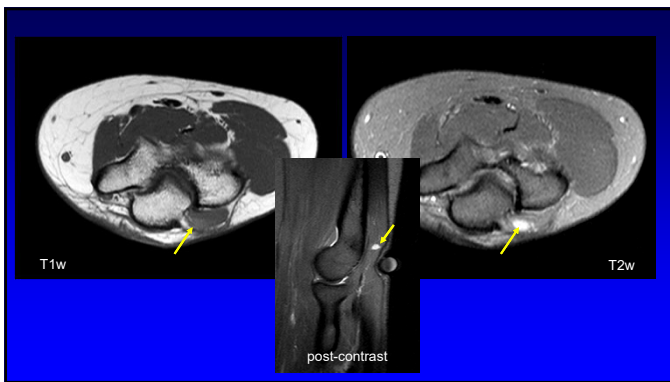




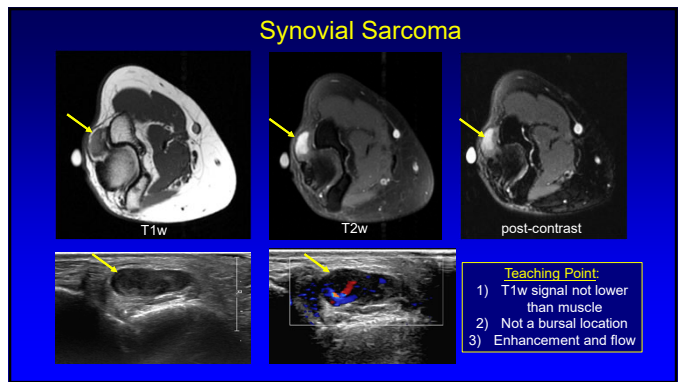
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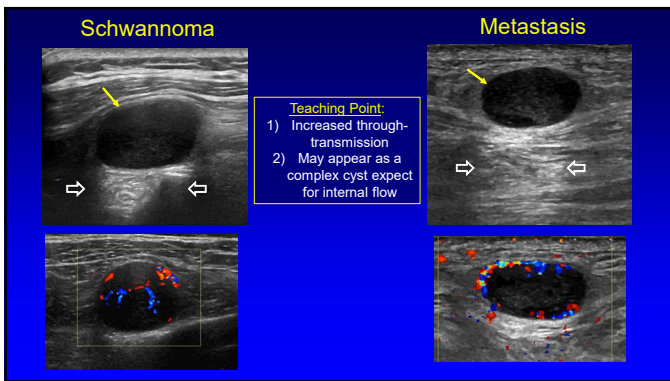
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