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MRI Findings after a Subchondroplasty Procedure of the Ankle: A Case Report



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Introduction

Osteoarthritis (OA) is a common disease affecting 15% of the world's adult population with 4% of those suffering from OA in the ankle¹. Often in patients who fail conservative treatment, the use of an MRI is necessary to identify the pathology. Bone marrow lesions (BMLs) seen on MRI have been recognized as a source of the ankle pain. Majority of the BMLs fluctuate in size over time and are seen as hyperintense lesions on MRI. We present MRI findings of a patient following arthroscopy with subchondroplasty.

Case Study

A 71-year-old female with persistent left ankle pain and an AOFAS score of 70 failed numerous conservative treatment options. Preoperative MRI revealed a 10 x 7 mm lesion along the medial talar dome with extensive surrounding bone marrow edema. The decision was made for an arthroscopic debridement with subchondroplasty of the talar dome.

Procedure

Arthroscopic evaluation revealed large amounts of synovitic tissue, which was debrided. Upon adequate debridement, subchondroplasty was then performed. A total of 2 mL of calcium phosphate was combined with 2.4 mL of blood. Under fluoroscopic guidance, the cannula was retrograde drilled to the talar lesion with direct visualization with the arthroscope and the mixture was then injected.

Results

Serial MRI's performed after the initial subchondroplasty showed an increase in hypointensity centered within the medial talus and a gradual decrease in the surrounding bone marrow edema. Clinically, it also correlated with the patient's decrease in ankle pain with an increase in the patient's AOFAS score of 90 approximately 6 months after the procedure.

Imaging

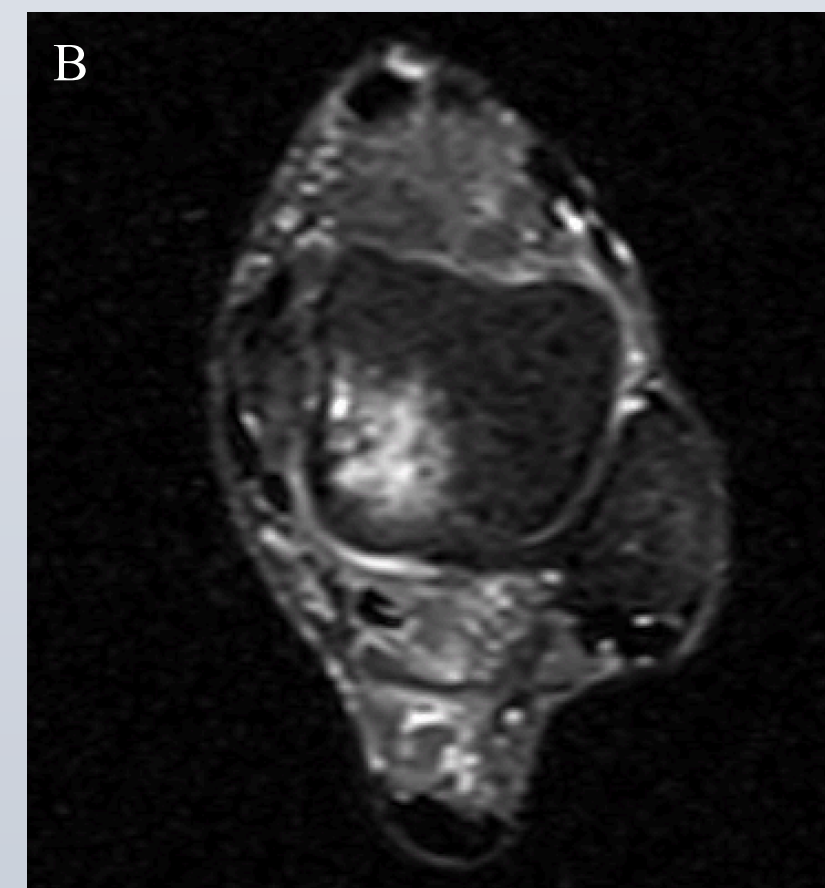
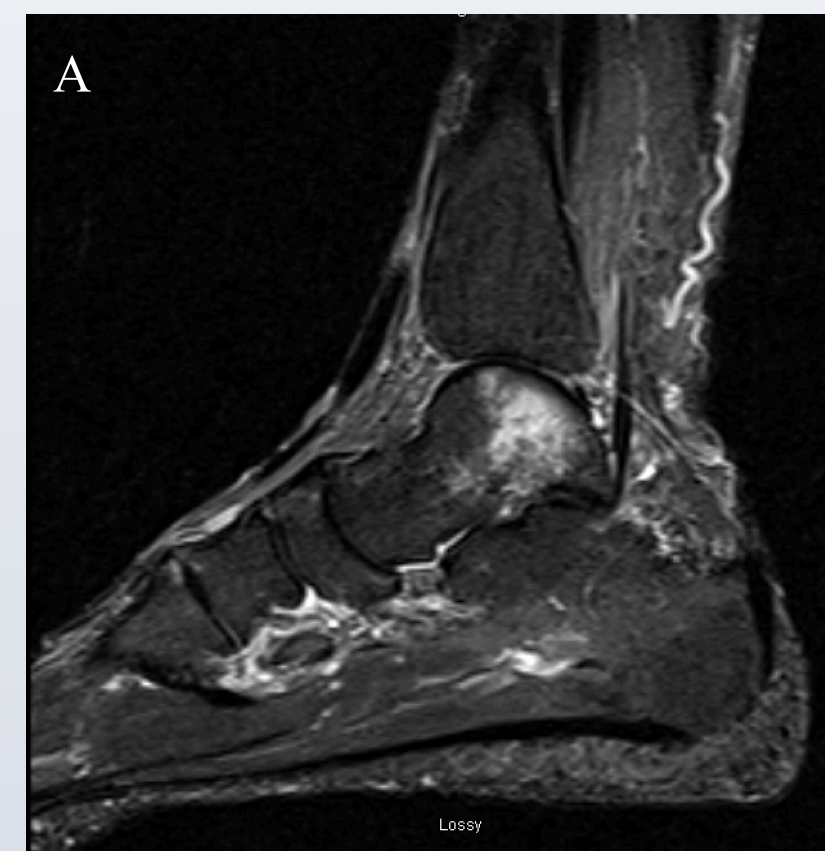


Figure 1: (A) Pre-operative T2 sagittal view (B) T2 Axial view showing 10 x 7 mm lesion along the medial talar dome with extensive surrounding bone marrow edema

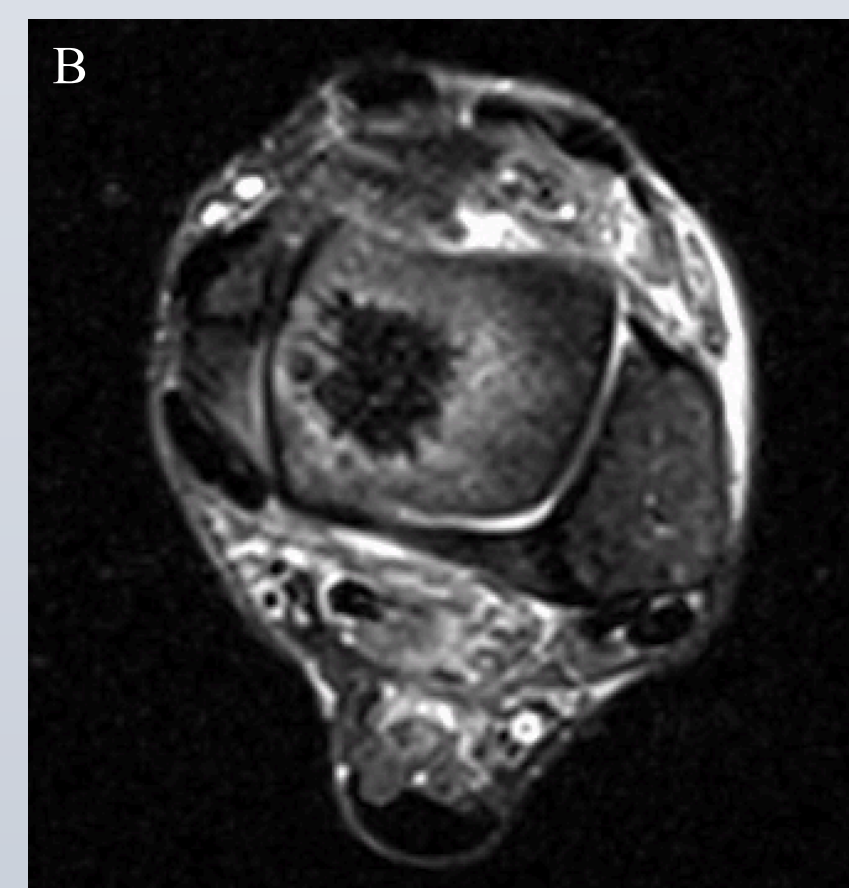
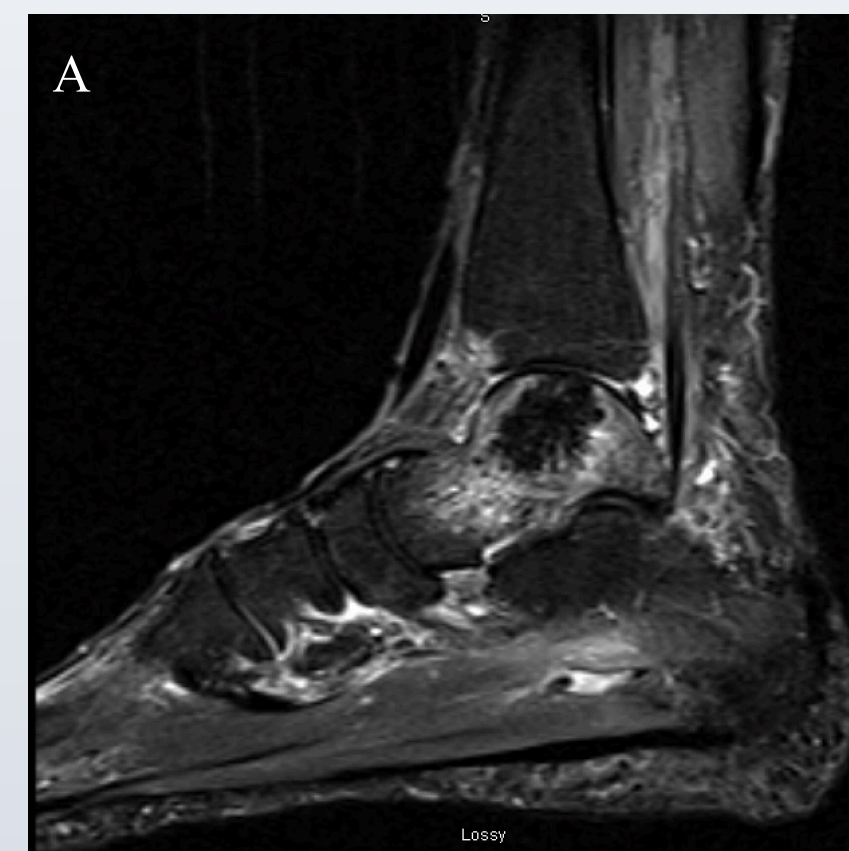


Figure 2: (A) Sagittal STIR view s/p 1 month subchondroplasty (B) T2 axial view with new hypointense area centered within the talar dome measuring 17 x 17 x 18 mm

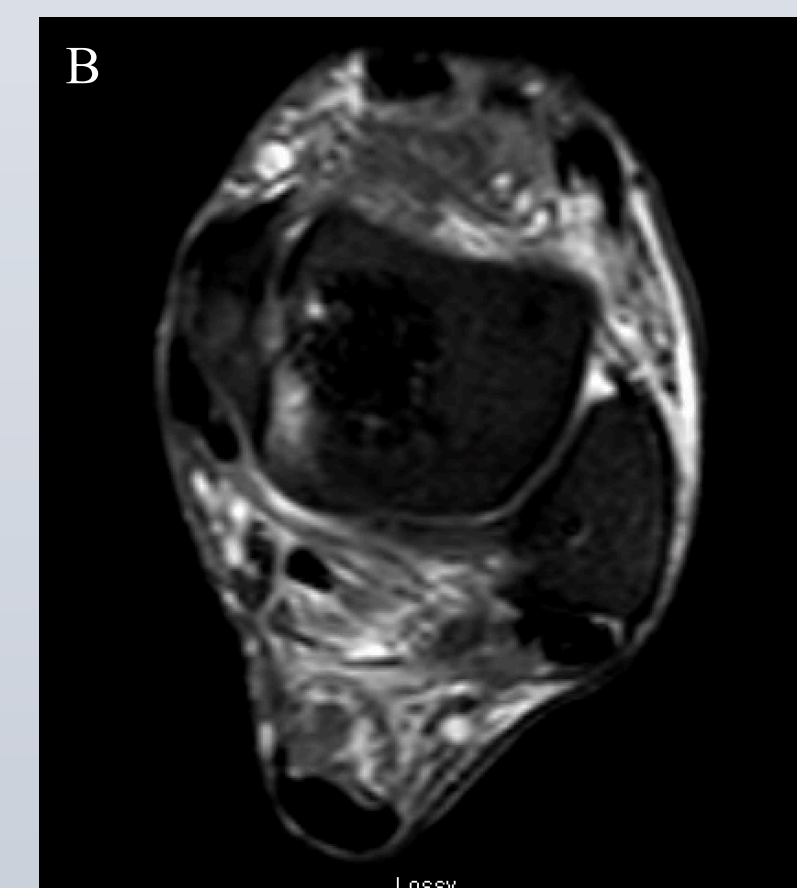


Figure 3: (A) Sagittal STIR view s/p 6 months subchondroplasty (B) T2 SPAIR axial view with a large hypointense area measuring 22 x 15 x 19 mm

Analysis and Discussion

Ankle arthritis affects 4% of the world's arthritic population. Ankle OA is typically described by narrowing of the tibio-talar joint space and loss of articular cartilage. However, it has been shown that the degree of joint space narrowing poorly correlates with the incidence and severity of the pain². Bone marrow lesions (BMLs), which are a common but nonspecific finding on MRI, on the contrary, have been well documented to correlate with pain in OA³. Symptomatic BMLs can be identified on MRI and subchondroplasty is a viable and proven option to treat them. The progression of pathologic subchondral bone to healthy, cancellous native bone can be visualized on post-procedure MRIs.

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