

Pictorial review of diagnostic imaging in preoperative planing of the shoulder joint

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Instability of the shoulder joint is the most often reason to request diagnostic imaging by the orthopaedic surgeon in a daily clinical routine. Standard examinations include X-rays in internal, external rotation and abduction with the outlet view analysis. Ultrasound is performed as the first line examination in evaluating the AC joint and the rotator cuff tendons. Bone and soft tissues are analysed with MSCT and MRI. CT postprocessing with reconstructions being the forefront for bone injuries yields better orientation for the surgeon, osteochondral lesions and bone marrow are better analysed with MRI. Fat supression sequences are used regularly. Except confirming degenerative disease it is important to exclude other pathology that may reflect to the shoulder, and malignancy. Acute trauma cases, most often firstly seen by surgeons, and/or sequele are to be evaluated in time to adapt a proper treatment protocol.

Conclusion

From a radiologist's perspective all methods are to be used to reach quality preoperative diagnostic information in preoperative planing.

Authors declare no conflict of interest.