MUSCULOSKELETAL SOCIETY

THE ASSOCIATION OF MUSCULOSKELETAL RADIOLOGISTS OF INDIA



February 2025

Musculoskeletal Society - India

ॐ सर्वे भवन्तु सुखिनः सर्वे सन्तु निरामयाः। सर्वे भद्राणि पश्यन्तु मा कश्चित् दुःख भाग्भवेत्। (May All be Happy, May All be Free from Illness, May All See what is Auspicious, May no one Suffer.)



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MONTHLY **NEWSLETTER**

IJMSR - our journal What's new in Skeletal radiology President's message Secretary's report Member achievements **Publications** MSS in academics MSS India Social Media Forthcoming events Bone pit

IJMSR

INDIAN JOURNAL OF MUSCULOSKELETAL RADIOLOGY



February 2025

Indian Journal of Musculoskeletal Radiology

Official publication of the Musculoskeletal Society (MSS)

Review latest developments in the field of Musculoskeletal Radiology

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The Indian Journal of Musculoskeletal Radiology (IJMSR) is an open access peer-reviewed journal, committed to publishing high quality research and advancements in the field of Musculoskeletal Radiology.

- Online submission
- Wider visibility through open access
- Higher impact with wider visibility
- Prompt review

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Imaging appearance of pre-osseous and osseous phase of fibrodysplasia ossificans progressiva: A rare entity Akshit Bhardwaj, Pankaj Sh

Patterns of injuries in sports groin: Review and pictorial essay

DOI: 10.25250/LMSR-25-2024

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Case Report

Ultrasound acting as a guiding light in the diagnosis of posterior interosseous nerve entrapment at ligament of Frohse - A case report

DOI: 10.25259/LMSR_60_2023 Chinese 0

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Case Report

Soft-tissue tumor of myoepithelial origin in leg with secondary bone changes: A rare case report

Preksha Mukeshbhai Mer, Kavan Ashesh Parikh DOI: 10.25259/IJMSR_20_2024

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Advisors International Relations:

Dr. Hema Nalini C Dr. Harun Gupta

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IJMSR billboard

Review Article

Distore (0 Full text & | PDF &

Case Report

Riya Samanta, K. S. V. Abl

DOI: 10.25259/LJMSR. 44.2024















The Joint Effort: MSK Quiz

- Interesting images/case-based quiz/worked up cases can be submitted in a quiz fashion. The first part of the quiz should consist of a basic question with images and relevant case details. The second part should include findings, diagnosis, discussion (with differentials) and references.
- 2. The maximum number of contributing authors should be three (3).
- The maximum number of images is upto four
 and the word limit for discussion is 150.
- 4. Upto five (5) references can be submitted with the discussion.
- The cases will be judged on the basis of novelty, interesting teaching points, originality and after a thorough peer review.

WHY REVIEW FOR IJMSR?

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Sameer's Musings

Henry David Thoreau's quote—"The price of anything is the amount of life you exchange for it."—offers a profound perspective on value, time, and the true cost of our choices.

The real currency we spend is not money but time, energy, and attention—essentially, fragments of our finite existence.

Thoreau's words encourage us to be intentional. If every decision costs a portion of our life, we should invest in what enriches us—experiences, relationships, personal growth—rather than things that merely consume our time without meaningful returns.

The real question is: Are we trading our life wisely?

-Sameer Raniga

WHAT'S NEW IN SKELETAL RADIOLOGY?

Test yourself answer: an elderly man presenting with features of

Muhammad Riaz, Hasaam Uldin ... Rajesh Botchu Test Yourself: Answer | 07 February 2025



Association between medial knee joint bone morphology and popliteal cyst: a retrospective MRI-based analysis

Erdi Imre & Bilgin Bozgeyik Scientific Article 07 February 2025



<u>Ultrasonography in the assessment of calcium pyrophosphate</u> deposition disease

Janeth Yinh, Mohamed Jarraya & Ali Guermazi Review Article 07 February 2025



Imaging in clinical trials for psoriatic arthritis: a scoping review

Andrew Xiao, Ainge Roy ... Matthew D. Li Review Article | 06 February 2025



Sex differences in photon-counting detector computed tomography-derived scaphotrapeziotrapezoid joint morphometrics

Taylor P. Trentadue, Andrew Thoreson ... Kristin D. Zhao Scientific Article | 05 February 2025



The RCR are delighted to continue supporting the delivery of the successful Travelling Professor Scheme in partnership with the **Special interest groups (SIGs)**.

The role of the Travelling Professor is to visit a several training programmes to deliver lectures or study days to highlight their radiology specialty and promote best practice.

Each participating SIG and along with the RCR contribute matched funding for each professorship to covers travel expenses for the appointee, event overheads and any recordings generated by the Travelling Professor presentations.

The purpose of the award is:

- To highlight the radiology specialty in the UK
- To promote best practice with regards to acquisition and reporting techniques
- To promote the radiology specialty as a specialist interest in future careers
- To provide specific radiology teaching at both trainee and consultant level to centres that might not
 have access to such training opportunities.



BSSR (BRITISH SOCIETY OF SKELETAL RADIOLOGISTS)

Dr Rajesh Botchu





PRESIDENT'S MESSAGE

MESSAGE FROM THE PRESIDENT, MSS, INDIA - FEBRUARY 2025

Dear Members of the MSS,

It is indeed my pleasant duty to appraise each of you that our MSS, India is growing by leaps and bounds, in the type of high quality MSK Imaging we are doing in each of our institutions. The What's App group activity makes us all feel like a big national family, where members learn, share their difficult cases / situations and get the best of experienced minds in difficult reads... a big thank you to those members who take these discussions to the highest level of expertise.

Our MSS members are so enthusiastic that MICOD Cases have become a daily invigoration, that sets us on a knowledge seeking journey. Thank you, Dr Sruthi Subramaniam, for restarting & setting the cases from first of February 2025.

I hereby request all members to contribute interesting cases from their institutions and make MICOD a combined national movement...

International recognition befalls on us, as we are up on social media platforms, thanks to Dr Sameer Raniga, and his youthful team bringing us the best of creativity in precise, eyecatching presentations that with sustained continuous fervor will reach exalted heights...

I wish to also acknowledge the wonderful efforts of Dr Raj Negi, our Chief Editor, IJMSR, who has spared no efforts to keep the journal indexed and give a lot of work to his team of spirited of young editors.

Monthly Newsletter is like the clarion call of our beloved MSS, India, where Dr Ankur Shah and Dr Aakanksha Agarwal with consistent hard work, compose all the useful news for us to update ourselves with MSS activities. A big thanks to both of them.

Works are in progress to organize a very comprehensive and innovative annual conference this year at Coimbatore – MSS 2025. Requesting all members to register early, put some time aside for getting together and chill out in the hospitality of this salubrious city, with lot of interesting sights to visit and enjoy, along with academic excellence meted out by the Organizing team comprising of Dr Dharmendar, Dr Pushpa BT and Dr Anbarasu, in close coordination with senior faculty and patrons of this much awaited conference in July 2025. We will also have other interim activities of MSS, India, news of which once finalized, will be circulated to all our members.

It is a request and reminder to one and all to write to us at secretarymssindia@gmail.com; about any suggestions or ideas you would like to contribute to MSS, India, addressing your emails to Dr Dharmendar Singh, Gen Secretary, MSS, India.

Long Live MSS, India...!!

Jai Hind.



SECRETARY'S MESSAGE

As your Society Secretary, I would like to remind everyone of the importance of contributing to the ongoing success and growth of MICOD. We are eager to receive your cases for daily interactions, as these discussions foster valuable learning and engagement among our members.

Additionally, I encourage you to submit your articles for the upcoming edition of our society journal.

This is a wonderful opportunity to share your research, ideas, and experiences with the wider community.

Lastly, please don't forget to register for our highly anticipated Annual Conference at Coimbatore. It's an event you won't want to miss, offering invaluable networking and professional development opportunities.

Let's work together to make this a year of meaningful contributions and memorable experiences.

Best regards, DK



MEMBER ACHIEVEMENTS, OUR PRIDE





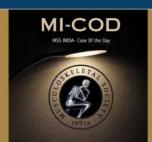
Editor's award for reviewer in IJRI 2023 awarded to Dr Hirak Ray Choudhury during AOCR 2025 @ Chennai.

Dr. PUSHPA BT & team

On behalf of the ISSLS Prize Committee, it is my absolute pleasure to inform you that your manuscript, Cartilage End Plate Defects Precede and Initiate Bony End Plate Defects and Disc Degeneration – An 'Integrated Total End Plate Score' to Identify Preclinical Discs at Risk for Degeneration, co-authored by you and your colleagues, has been awarded the prestigious ISSLS Prize 2025 in Clinical Science. This honor includes a monetary prize of USD \$20,000, generously sponsored by the European Spine Journal.

Your manuscript will be published in the *European*Spine Journal, and additional details about the publication process will be shared with you shortly.

As part of the ISSLS Prize arrangements, we are delighted to invite one of the co-authors to present your study at the upcoming ISSLS meeting in Atlanta, Georgia, USA, from May 12–16, 2025. This presentation will take place during the special ISSLS Prize session.



Special appreciation for Dr. Suvinay Saxena, Dr Sruthi & Dr Praveen for on-time sharing of cases on a daily basis.

MSS @ AOCR 2025, CHENNAI



MSK MRI Lower Limb workshop (Basic to intermediate level) (WS.1.2-MSK-MRI-LL)







► MRI Knee

▶ 1.00 pm - 2.00 pm : LUNCH

MRI Foot & Ankle

Lead coordinators

Dr Muthusamy Chandramohan: MBBS, DMRD, FRCR, DIPMSKMed, EDIMSK, DESEM (UK)

Consultant Musculoskeletal Radiologist, Bradford Teaching Hospitals NHS Trust, UK Lead for Orthopaedic Radiology, Sports Imaging & Rheumatological Imaging, BTHFT Honorary Senior Lecturer, University of Leeds,

Honorary Visiting Consultant, Leeds Rhinos Rugby League Club, UK Member, Sports Subcommittee of the European Society of Skeletal Radiologists Member, Arthritis Subcommittee of the

European Society of Skeletal Radiologists

Dr Santosh Rai : MBBS ,MD, DNB, FRCR Consultant Musculoskeletal Radiologist

Chairman, Radiology Department, University Hospital Coventry and Warwickshire NHS Trust, Coventry Honorary Senior Lecturer Warwick Medical School (University of Warwick)

MSK Ultrasound workshop (WS 3.1 MSUS)







 Attempted dynamic evaluation of individual structures with appropriate patient and probe positioning

Program Schedule

► Morning session (8 am to 1 pm)

and skin

▶ LUNCH (12.45 am to 1.30 pm)

► Afternoon session (1.30 pm to 5 pm)

Course International Faculty

Dr Girish Gandikota , USA

Course Coordinators Faculty

Dr. Pushpa BT

Dr. Madhavi K

And several other National and International faculties - experts in this field to teach an share their expert knowledge

Time	Торіс	Chairperson / Speaker
02:45pm-03:00pm	Challenges in Radiological diagnosis of crystal arthropathy	Dr. Girish Gandikota
03:00pm-03:15pm	Non-traumatic MSK emergencies - A Quick response Challenge	Dr. Shivanand Gamanagatti
	Discussion	
03:30pm-05:30pm	MSK Interventions	
	Chairperson	Dr. Marcel Prasetyo (ILO, Indonesia)
	Chairperson	Dr. Swati Sharma
03:30pm-03:42pm	Radiofrequency ablation of vertebral osteoid osteoma: Challenges and precautions	Dr. Dharmendra Singh
03:45pm-03:57pm	Vertebroplasty to Spine-Jack: A perspective of Vertebral augmentation procedure	Dr. Steve Morgan
04:00pm-04:12pm	Ultrasound guided management of chronic myofascial pain	Dr. Hong-Jen Chiou (President, TRA)
04:15pm-04:27pm	Interventions in tendinosis: What's the option	Dr. Gaurav Kant Sharma
04:30pm-04:42pm	US- guided Interventions in Carpal tunnel syndrome: A tailored approach	Dr. Nishith Kumar
04:45pm-04:57pm	Image-guided interventions in hind foot: A methodical approach	Dr. Satish Babu M.

MSS @ AOCR 2025, CHENNAI

Time	Торіс	Chairperson / Speaker
08:30am-10:30am	MSK IMAGING - Core and Cutting Edge	
	Chairperson	Dr. Dharmendra Singh
	Chairperson Aggressive bone tumor: A surgeon's expectation to MSK	Dr Apoorv Narula
08:30am-08:42am	Radiologist Radiologist	Dr. Pushpa B.T.
08:45am-08:57am	DECT in MSK imaging - Recent trends	Dr. Manickam Subramanian
09:00am-09:12am	Demystifying Top ten skeletal dysplasia: Never to forget	Dr. Varaprasad Vemuri
09:15am-09:27am	Injuries of tendons and nerves of hand and finger: What a plastic surgeon expects from a radiologist	Dr. Vaishali Upadhyay
09:30am-09:42am	Radiological guide to inflammatory arthritis	Dr. Girish Gandikota
09:45am-09:57am	Morphological and functional imaging of cartilage: Clinical impli- cations	Dr. Ankur Shah
10:00am-10:12am	OT-Rads: An approach to clinical implications	Dr. Avneesh Chhabra
10:15am-10:27am	MRI of Diabetic Foot: Pearls and Pitfalls	Dr. Vijay Papineni
10:30am-11:00am	AOCR opening ceremony & culturals@Hall A	4
11.00am-01:00pm	MSK - TRAUMA & SPORTS IMAGING	
	Chairperson	Dr. Girish Gandikota
	Chairperson	Dr. Isha Narula
11:00am-11:15am	A methodical imaging approach to evaluation of groin injury	Dr. Girish Gandikota
11:20am-11:35am	MRI in traumatic Brachial plexopathy: Sunderland's nerve injury grading Correlation with MRI /MR Neurography	Dr. Avneesh Chhabra
11:40am-11:55am	RAMP and corner injuries of knee: What an Arthroscopic surgeon expect from a MSK Radiologist	Dr. Hema Nalini Choudur
12:00pm-12:15pm	A compartmentalized approach for evaluation of elbow injury in athletes	Dr. Raj Chari
12:20pm-12:35pm	Labro-ligamentous injuries in athletes: What to convey to an arthroscopic surgeon	Dr. Manickam "Nicks" Kumaravel
12:40pm-12:55pm	Sports injury imaging in Ankle	Dr Suhas Nagaraj
01:00pm-01:30pm	Luncheon Session 1: MSK plain Radiograph - trauma & arthritis	Dr. Aditya Daftary
01:30pm-01:45pm	Luncheon Session 2: Interesting case presentations	Dr. Sanjay Desai
02:00pm-03:30pm	MSK IMAGING - My challenging cases/errors	
	Chairperson	Dr. Hema Nalini Choudur
	Chairperson	Dr. Annu Singhal
02:00pm-02:15pm	Imaging of soft tissue sarcomas: Challenges	Dr. Harun Gupta
02:15pm-02:30pm	Lessons learnt from my misses in radiographs of Cervical spine and pelvic trauma	Dr. Hema Nalini Choudur
02:30pm-02:45pm	The challenges of diffusion and dynamic MR imaging in bone tumors	Dr. Mahesh Prakash
Time	Торіс	Chairperson / Speaker
02:45pm-03:00pm	Challenges in Radiological diagnosis of crystal arthropathy	Dr. Girish Gandikota
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04:45pm-04:57pm	Image-guided interventions in hind foot: A methodical approach	Dr. Satish Babu M.
Time	Topic	Chairperson / Speaker
04:45pm-05:05pm	PEARL: MSK	Dr. Madhavi K
09:15am-09:30am	Pearls and Pitfalls in Pediatric MSK Imaging	Dr. Kushaljit Singh Sodhi

MSS @ AOCR 2025, CHENNAI



Journal of Clinical Orthopaedics and Trauma 63 (2025) 102917

Contents lists available at ScienceDirect

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journal homepage: www.elsevier.com/locate/jcot



Original article

Trends of publications on primary sarcomas of bone: A bibliometric analysis

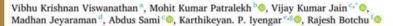








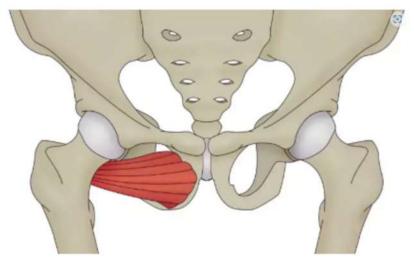
Image-Guided Musculoskeletal Interventional Radiology in the Personalised Management of Musculoskeletal Tumours

Hasaam Uldin , Ibrahim Kanbour , Anish Patel and Rajesh Botchu *

Study Unveils Pelvic Stress Fractures: Rare Complication In Tumour Reconstruction

tten By : Medha Baranwal I Medically Reviewed By : Dr. Kamal Kant Kohli

Published On 25 Jan 2025 9:30 AM | Updated On 25 Jan 2025 12:38 PM



0256-025-04870-0

QUESTION

question: 67 year old male with worsening right should ricted range of motion

tt Evans² · Petra Balogh³ · Mahmoud Etaiwi² · Rajesh Botchu¹

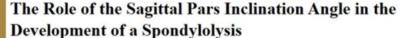
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UK: Pelvic stress fractures (PSFs) following pelvic tumor resection and reconstruction are rare but significant complications that can have a profound impact on patient recovery and quality of life. A recent study, published online in Apollo Medicine, highlights the importance of early diagnosis and timely management of this complication. Researchers suggest that radiologists and orthopedic oncology surgeons must be aware of pelvic stress fractures to ensure optimal patient care.

Dr. Rajesh Botchu, the study's lead author from the Royal Orthopedic Hospital in Birmingham, UK, shared valuable insights with Medical Dialogues. He emphasized that pain following pelvic tumor surgery can stem from several causes, including recurrence of the tumor and implant failures. He added, "Stress response and stress fractures can occur due to altered biomechanics, which can result in pain. These conditions can mimic ecurrence on MRI, and awareness of this is essential to decrease morbidity."

Sage Journals

Original Article



Mohsin Hussein D 1, Christine Azzopardi 2, Srinivasa Rao Bendi 3, Faizul Hassan 4, Gurjit Bhogal⁵, Karthikeyan P. Iyengar (1) 6, Jwalant Mehta⁴, and Rajesh Botchu (1) 2

Skeletal Radiology https://doi.org/10.1007/s00256-025-04870-0

TEST YOURSELF: QUESTION



Test yourself question: 67 year old male with worsening right shoulder pain and restricted range of motion

Kevin Quinlan¹ · Scott Evans² · Petra Balogh³ · Mahmoud Etaiwi² · Rajesh Botchu¹

Skeletal Radiology https://doi.org/10.1007/s00256-025-04869-7

TEST YOURSELF: ANSWER



Test yourself answer: a 67-year-old male with worsening right shoulder pain and restricted range of motion

Kevin Quinlan¹ · Scott Evans² · Petra Balogh³ · Mahmoud Etaiwi² · Rajesh Botchu¹

Indian Journal of Orthopaedics https://doi.org/10.1007/s43465-024-01308-y





Imaging of the Hip & Bony Pelvis: Techniques and Applications

Raju Vaishya¹

Received: 20 November 2024 / Accepted: 24 November 2024 © Indian Orthopaedics Association 2024

The hip and bony pelvis are critical in diagnosing and treating musculoskeletal (MSK) health, making the second edition of "Imaging of the Hip & Bony Pelvis: Techniques and Applications" (Fig. 1) an invaluable resource. Spanning 523 pages, this comprehensive volume bridges the gap between innovative technology and clinical practice, featuring 380 black and white and 62 colour illustrations that elucidate the intricate anatomy and pathology of this region. The book is divided into 19 chapters that cover everything from foundational concepts to advanced imaging techniques, catering to a diverse audience that includes seasoned professionals and newcomers alike.

Edited by Drs Mark Davies, Rajesh Botchu, and Karthikeyan P. Iyengar, the book compiles insights from

- and inflammatory conditions, along with its applications in preoperative planning and post-operative evaluations.
- Magnetic Resonance Imaging (MRI): This chapter addresses using MRI for soft tissue injuries, bone marrow oedema, cartilage damage, and the evaluation of inflammatory conditions and tumours.
- Ultrasound: The text explores how ultrasound can assess soft tissue injuries, joint effusions, and bone tumours, as well as its use in guided injections and interventions.
- Nuclear Medicine Imaging: This section reviews nuclear medicine techniques, including bone scans and SPECT/ CT, for evaluating bone metabolism, infections, and tumour activity.
- · Clinical Applications: This part covers a vast array of





Review

Imaging of Peripheral Intraneural Tumors: A Comprehensive Review for Radiologists

Kapil Shirodkar ¹, Mohsin Hussein ¹, Pellakuru Saavi Reddy ¹, Ankit B. Shah ², Sameer Raniga ³, Devpriyo Pal ⁴, Karthikeyan P. Iyengar ⁵ and Rajesh Botchu ^{1,*}



pediatric reports



Renieu

Pictorial Review of Paediatric Limp

Shashank Chapala 1, Sahana Giliyaru 2, Rajesh Botchu 3,8, Suvinay Saxena 4, Karthikeyan P. Iyengar 5 and Muthusamy Chandramohan 6

Ultrasound of Shoulder

Neha Nischal, Ankit B. Shah, M. Zanetti,

Contents Imaging Technique ent Positioning, Transducer Positi amic Examination Technique Color and Power Doppler. Normal and Abnormal Ultrasound Findings ... Acromioclavicular Joint Acromioclavicular Joint Long Biceps Tendon Rotator Cuff Subacromial-Subdeltoid Bursa Differentiation Between Cheonic (Degenerative) and Acute (Posttraumatic) Lesions Role in Instability Role in Various Abnormalities

Ultrasound imaging of the shoulder joint has become an increasingly valuable diagnostic tool in evaluating shoulder joint pathology due to its accessibility, cost-effectiveness, and the ability to provide real-time, dynamic assessment. The shoulder, being a highly mobile and complex joint, is prone to a variety of musculoskeletal disorders, including rotator cuff tears, impingement syndrome, tendi-nopathy, bursitis, etc. which can be effectively diagnosed with ultrasound. Ultrasound offers several advantages including the ability to per-form dynamic imaging, as well as the poten-tial for guiding therapeutic interventions like injections or aspirations. This chapter elucidates the US technique for shoulder ultra-sound examination and appearances of normal structures and pathological changes.

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Interventional Procedures

Sonal Saran, Dharmendra Kumar Singh, and Rajesh Botchu

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6.7	Ganglion and Para-labral Cyst Aspiration
6.8	Nerve Blocks
7	Conclusion
D-E	TYPETS

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Department of Musculoskeletal Radiology, Royal Orthopedic Hospital, Birmingham, UK

Abstract

Image-guided shoulder interventions have emerged as essential tools in the management of common shoulder complaints, necessitat-ing a comprehensive understanding of the complex shoulder anatomy and the relevant imaging modalities. Fluoroscopy and ultra-sound are the primary imaging techniques, each tailored to specific procedural goals, with fluoroscopy effectively visualizing joints such as the glenohumeral joint, while ultrasound is preferred for soft tissue interventions. Proper patient preparation and careful selection of injectable agents—including local anesthet-ics, corticosteroids, and platelet-rich plasma are vital for minimizing risks and optimizing outcomes. The management of rotator cuff disorders, particularly through targeted injec-tions and ultrasound guidance, demonstrates significant promise in alleviating pain and promoting healing. Key interventions address pain in structures such as the subacromial space, glenohumeral joint, scapulothoracic joint, and biceps tendon, enhancing rehabilita-tion efforts, particularly for conditions like adhesive capsulitis and scapulothoracic bursitis. As imaging technologies advance, includ-ing the integration of robotics and MRI-guided approaches, the precision and efficacy of shoulder interventions are expected to improve, ultimately leading to better patient

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Scapulothoracic Joint

Mohsin Hussein, Kapil Shirodkar, Aadin Hussein,

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4.8	Soft Tissue Sarcoma	- 00
4.9	Sprengel Deformity	ox
	THE PARTY OF THE P	-

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The scapulothoracic joint (STJ) is a nonsynovial articulation between the scapula and chest wall and is supported by surrounding soft tissue, muscles, and bursae. It functions with acromioclavicular joint and associated ligaments to provide stability and enable vari-ous shoulder motions, including lifting and overhead activities, in coordination with the glenohumeral joint. The STI's role in the "scapulohumeral rhythm" is crucial for proper shoulder function. Alterations in scapular position or movement, known as scapular dyskinesis, can arise from a variety of etiologies including structural bony or soft tissue lesions overuse sports injuries, occupation-related injuries and trauma. This chapter covers the anatomy, imaging techniques, US scanning technique and pathologies of the STJ.

Introduction

The scapulothoracic "joint" (STJ) differs from traditional joints in that it is a non-synovial functional articulation between the ventral concavity of the scapula and the dorsolateral convexity of posterior chest wall. Instead of a joint capsule or synovial membrane, the gliding movements at the STJ are facilitated by the surrounding soft tis sues (including muscles and bursae). The STJ, along with the acromioclavicular joint (ACJ),

Blockchain and Digital Twin for Smart Hospitals

CHAPTER

Intelligent health care: applications of artificial intelligence and machine learning in computational medicine

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7.1 Introduction

7.1.1 Al and ML's foundations in health/cancer care

Healthcare has seen a significant transformation thanks to artificial intelligence (AI) and machine learning (ML), which offer the ability to analyze massive datasets for purposes like classification, prediction, or drawing insightful conclusions. While ML focuses on statistical models trained on preduction, or usawing integration constitutions. With receiver on statistical modern trained are already and the real-world data to predict outcomes. All includes a variety of computer algorithms. From clinical decision-making tools to the analysis of electronic medical records (EMRs), these technologies are being incorporated into many facets of healthcare. Als capacity to manage "Big Data," which is defined by volume, velocity, variety, authenticity, and value, is the foundation for its use in the

Big Data analytics can boost research skills outside of typical clinical trial settings, which can lead to better medical outcomes. However, due to privacy concerns, there is still skepticism over successful adoption. Big Data analytics and ML have the potential to significantly enhance clinical decision-making procedures in intensive care units (ICUS), where enormous volumes of data are analyzed on a daily basis. Similarly, ML has demonstrated promise in identifying treatment prediction models and patient subgroup clustering in pediatric care related to long-term illnesses charac-terized by disease heterogeneity, such as nutrition in preterm infants or pediatric inflammatory

terized by disease beterogeneity, such as nutrition in preterm infants or pediatric inflammatory bowel disease (IBD).

The advances in deep learning algorithms, exponential computing power, and availability of digital patient data like never before have led to a wave of interest and investment in artificial intelligence in healthcare. No radiology conference is complete without a substantial dedication to AI. Many radiology departments are keen to get involved but are unsure of where and how to begin. This short article provides a simple road map to aid departments to get involved with the technology, demystify key concepts, and pique an interest in the field. We have broken down the journey into seven steps: problem, team, data, kit, neural network, validation, and governance. Still, there

Test yourself answer: an elderly man presenting with features of cauda equina

Test Yourself: Answer | Published: 07 February 2025

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ACADEMICS



Dr. Varaprasad @ Arab Health conference - Dubai Delivered lectures on Bone marrow edema pattern and Traumatic Brachial plexopathy



http://icri.vidocto.com/



Musculoskeletal Interventions including pain management

11:30 am-1:00 pm

Workshops

Presentation Hall 3 | W12

Dr Gaurav Kant Sharma, Dr Pushpa B T, Dr Dharmendra Kumar Singh, Dr Nishith Kumar, Dr Naveen Rajadurai, Dr Mukesh Yadav, Dr Arjun S

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When a friend makes a mistake, the friend remains a friend and the mistake remains a mistake.

—Steven Bartlett

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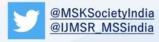
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bone pit

Contributor: Dr Hirak Ray Choudhury

Imaging to Psoriatic arthritis- Emerging trends.

Psoriatic arthritis incorporates increased bone resorption with bone erosions, osteolysis, and loss of bone mineral density along with increased bone formation, periostitis, syndesmophytes, enthesiophytes, and ankylosis.

High-resolution peripheral quantitative computed tomography (HR-pQCT)

- •HR-pQCT has higher sensitivity for erosion detection compared to radiography and MRI (the minimal erosion dimensions identified by HR-pQCT, MRI, and radiography were 0.09, 0.14, and 0.66 cm, respectively)
- ·Erosion progression and therapeutic efficacy better estimated.

Low-dose CT (LDCT)

- Low-dose CT techniques enable the acquisition of CT data at radiation doses comparable to radiography
- Comparing radiography, LDCT, and MRI for identifying sacroiliitis in axSpA, LDCT had higher sensitivity than radiography but lower sensitivity than MRI but higher specificity than both radiography and MRI.

MRI

•Psoriatic Arthritis MRI Score (PsAMRIS), which includes synovitis (score 0–3), flexor tenosynovitis (score 0–3), bone edema score (score 0–3), bone erosion (score 0–10), bone proliferation (score 0 or 1), and periarticular inflammation (score 0 or 1), for assessing inflammatory and structural changes at the MCP, PIP, and DIP joints of PsA patients

social media presence











FORTHCOMING EVENTS



Webstite: www.mss2025.indianmss.org



ISS 2025 Annual Meeting

SEE LIKE A SURGEON: THINK LIKE A PHYSICIAN

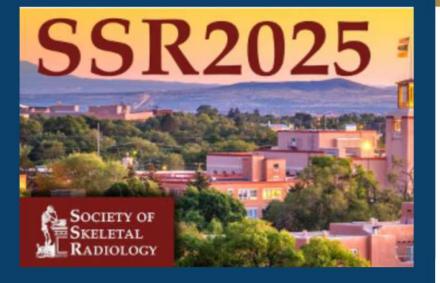
Call for Abstract Submissions
(Scientific Presentations and Educational
Exhibits)

(Scientific Session abstracts will be presented on either Monday, September 15 or Tuesday, September 16. Educational Exhibits will be ondemand.)

Submission Deadline: Friday, February 14, 2025

Invitation to Participate

The International Skeletal Society (ISS) invites members and non-members to submit scientific abstracts and educational exhibits to be considered for presentation at the 2025 ISS Annual Meeting. Submissions must not have been published elsewhere.





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4 SIMPLE REASONS







Members can be an active part of various committees. Senior MSS members are helpful in providing guidance for various collaborations and research activities.

Associations MSS is globally linked to various skeletal societies which helps in collaboration and

recognition of members.