



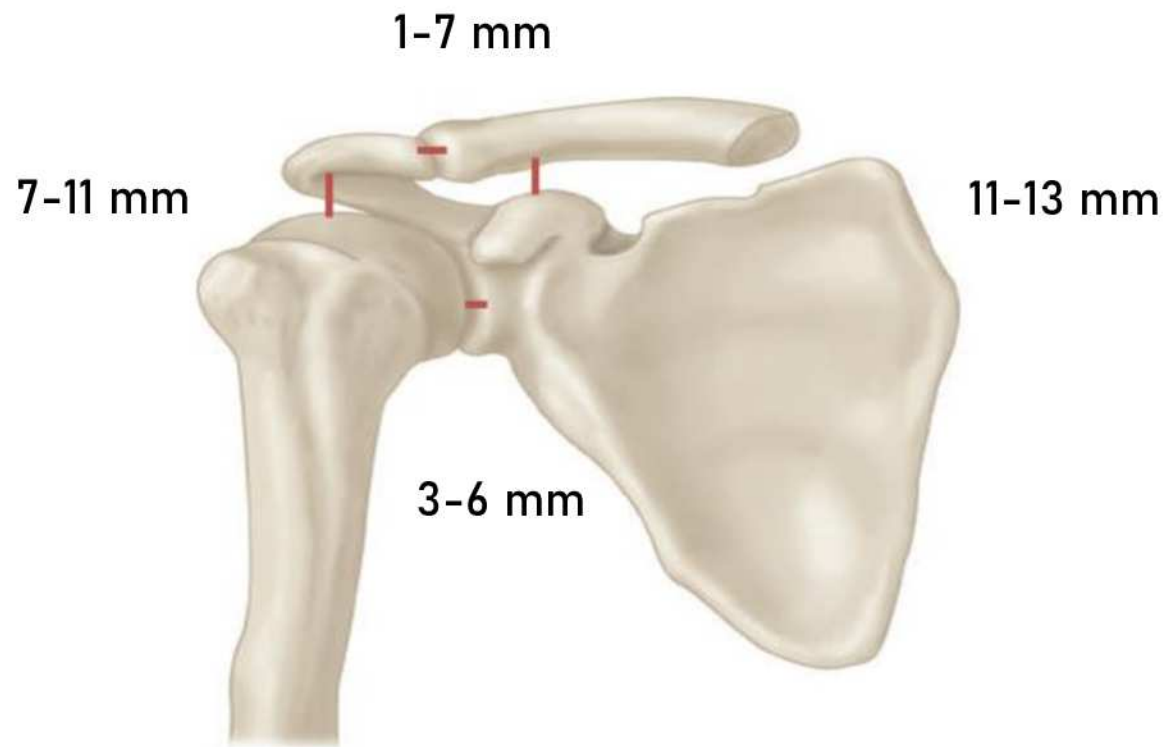
Õlg õla kõrval.

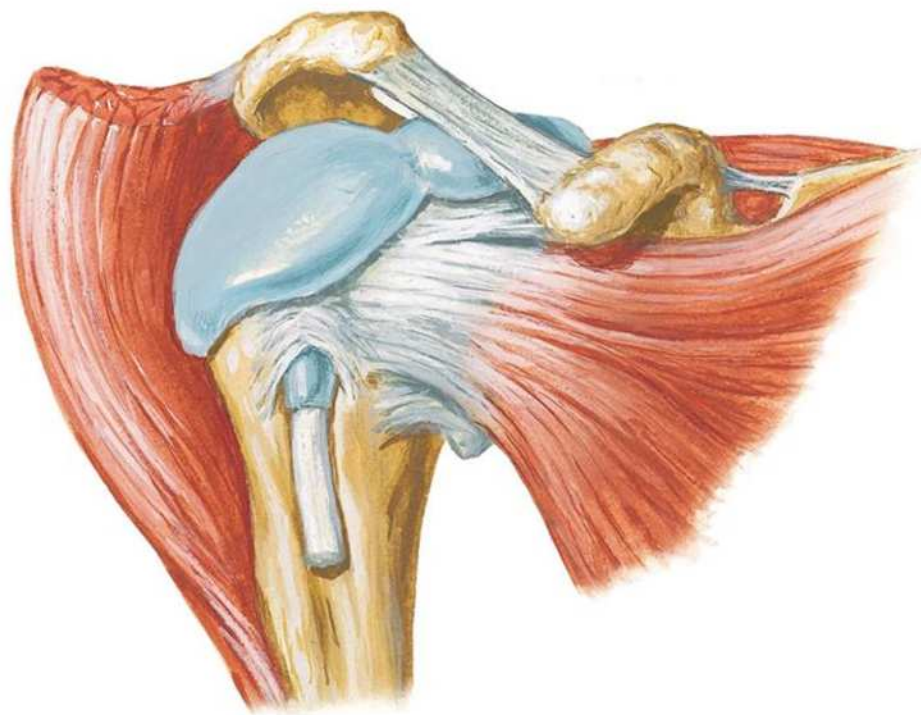
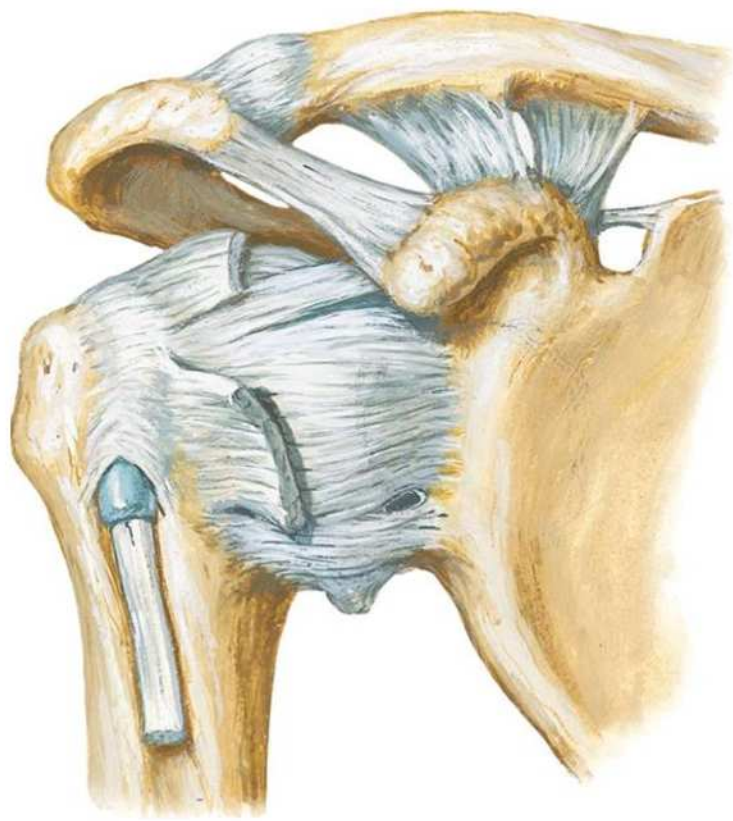
Vol 1.

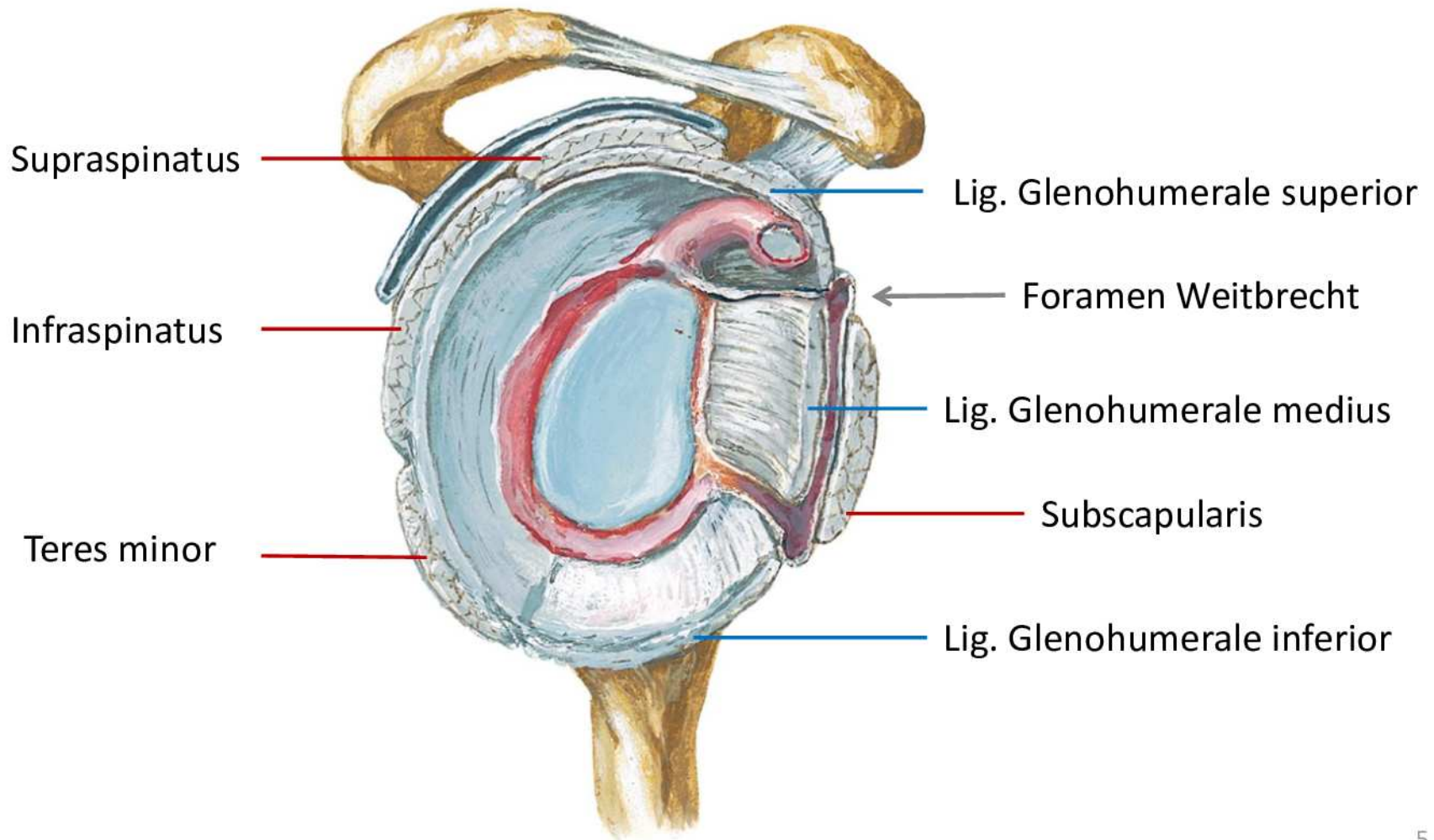
Hendrik Vaaks
Radioloogia I
ITK
2022

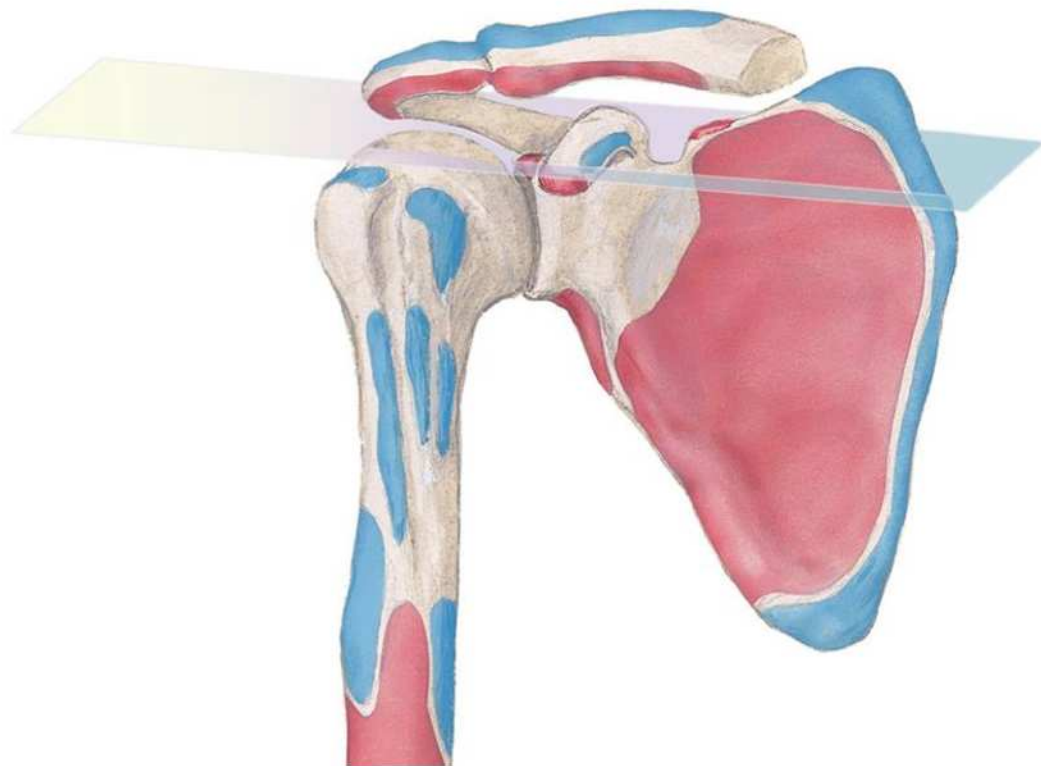
Täna saates...

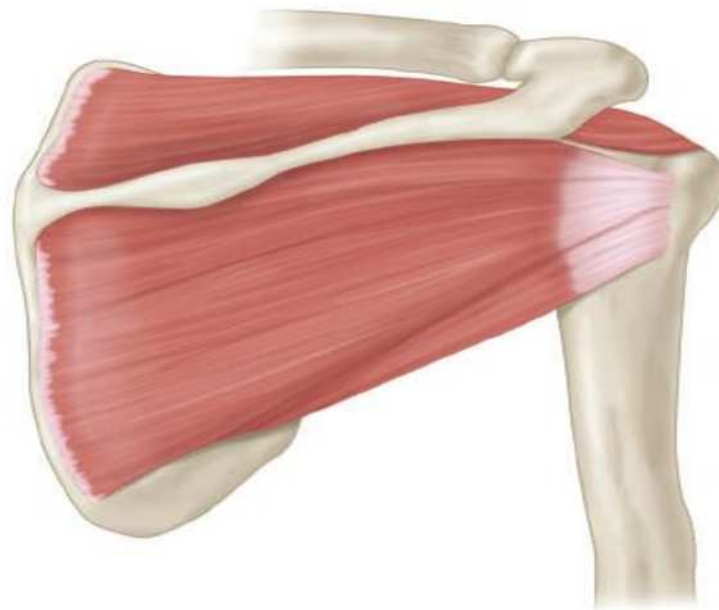
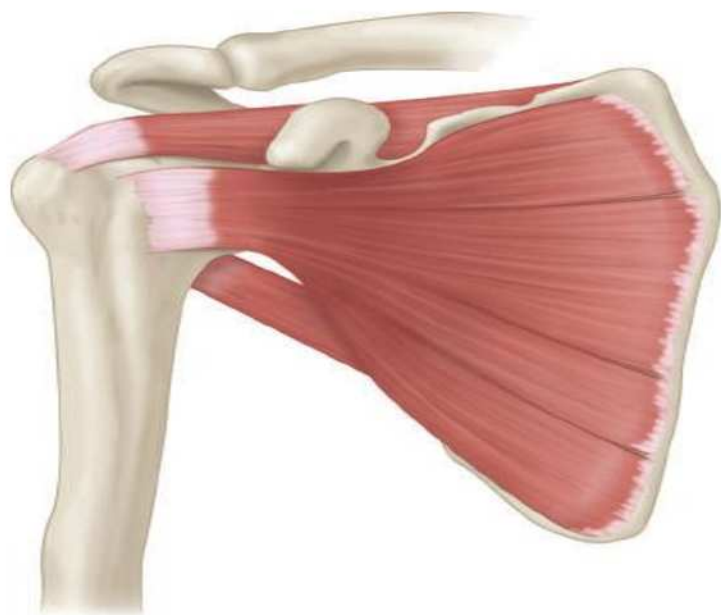
- × Anatoomia
- × Röntgen – mida ootab ortopeed?
- × Ultraheli

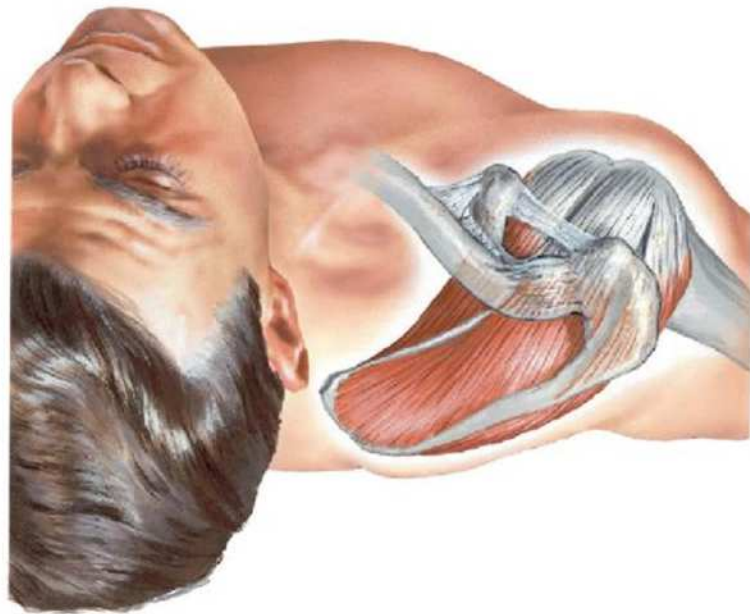
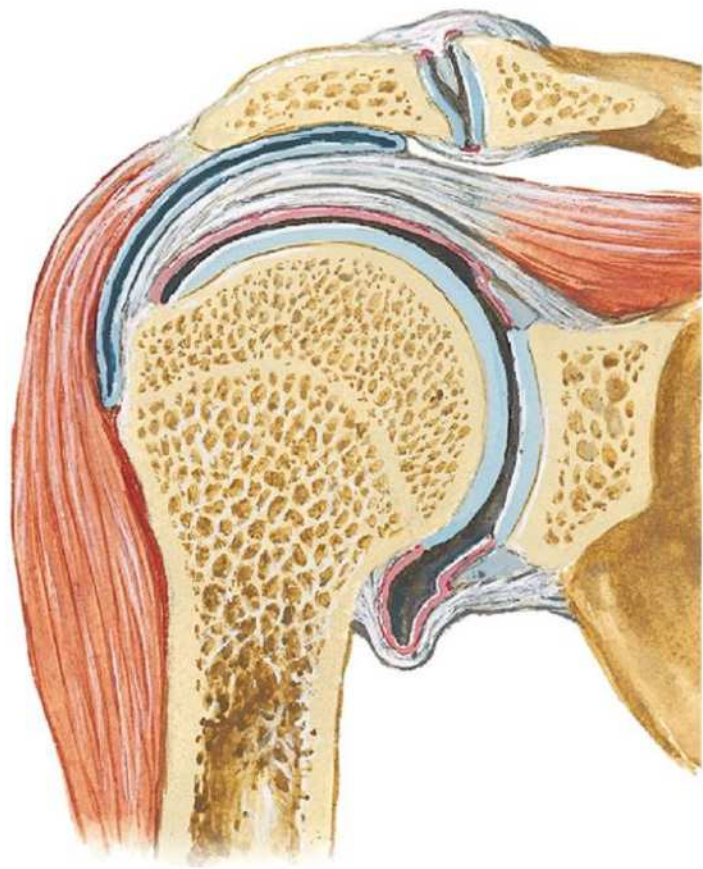






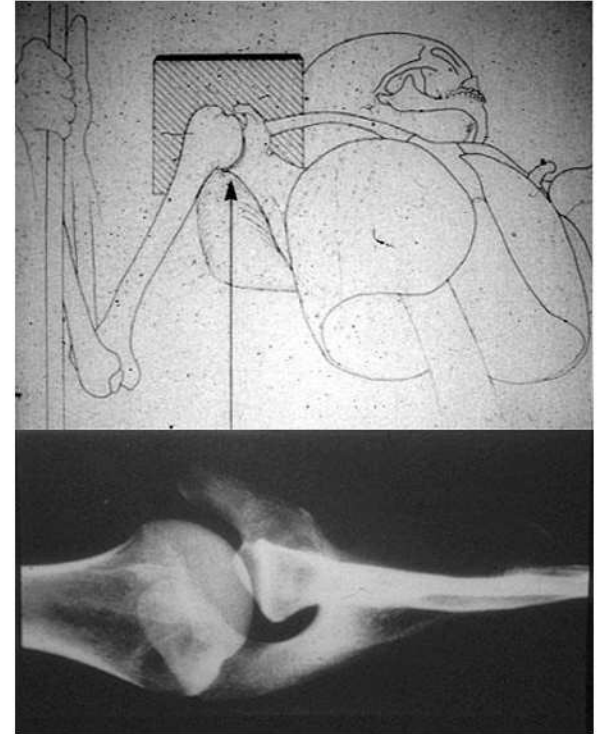
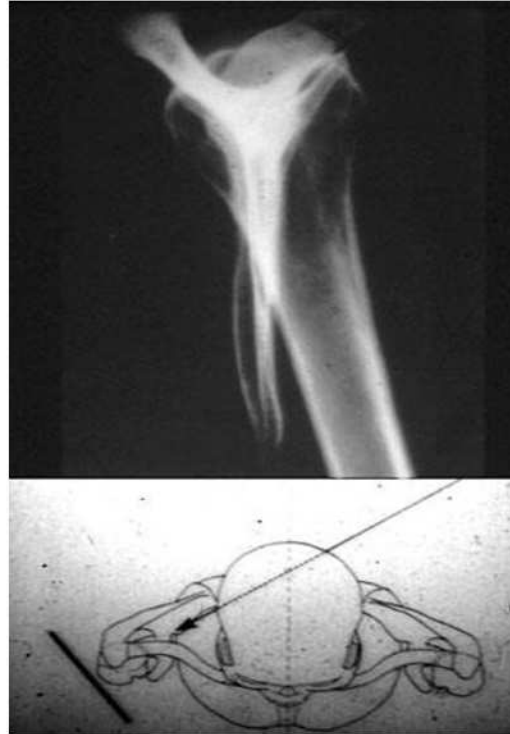
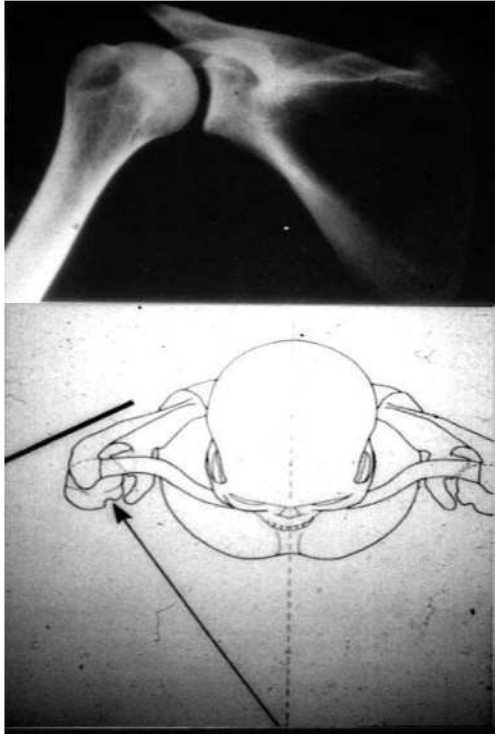






× Röntgen – mida ootab ortopeed?

Röntgen ü/v standardid



Info ortopeedile I-III

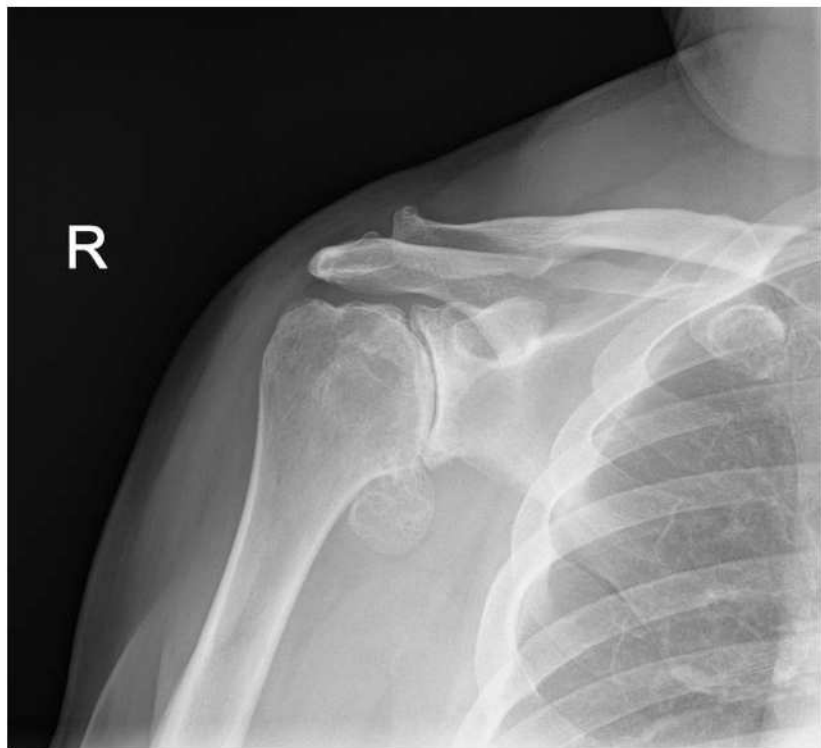
- × Liigespindade kongruentsus
 - × Humeruse pea sfäärilisus, glenoidi deformatsioon
- × Humeruse pea luudefektid
 - × Hill-Sachs / Mclaughlin
- × Luuline Bankart
 - × Suurus (võimalusel % glenoidist) ja nihe

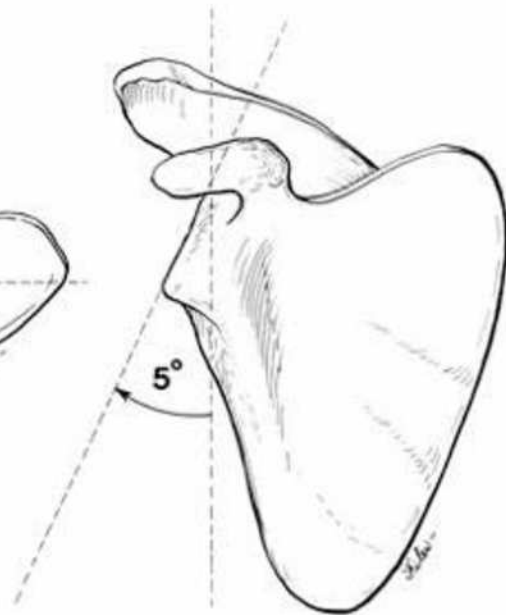
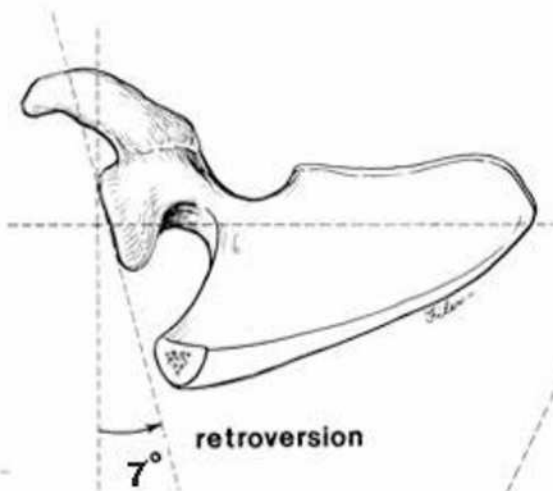
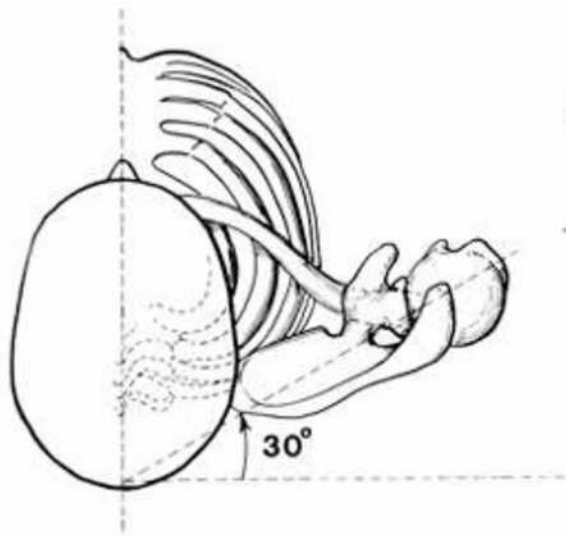




Info ortopeedile IV-V

- × Glenohumeraalne (GH) degeneratsioon
 - × Liigespindade ebatasasus, skleroos, luutsüstid, osteofüüdid
- × Glenoidi asend abaluu keha suhtes
 - × Retroversiooni norm 5-7 kraadi





Info ortopeedile VI

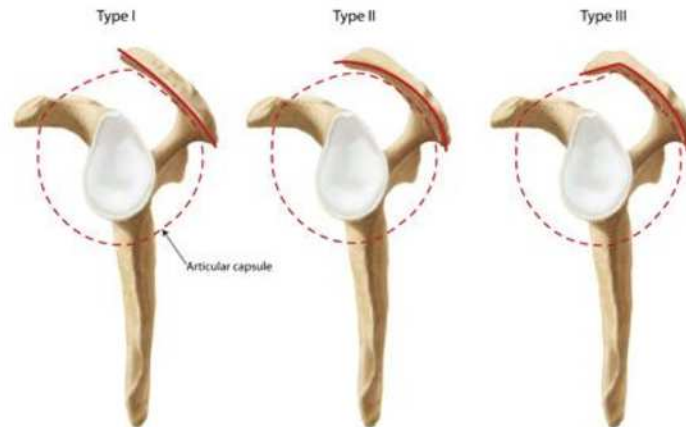
- × Akromioklavikulaar (AC) degeneratsioon
 - × Liigespilu laius (artroos/osteolüüs),
osteofüüdid (eriti SA suunalised)



Info ortopeedile VII

× Subakromiaalne (SA) degeneratsioon

× Tuberculum majuse ebatasasus ja skleroos,
akromioni tüüp (Bigliani I-III), H-A distant



Info ortopeedile VIII

× Humeruse pea proksimaalne migratsioon



Info ortopeedile IX

× Rotaatormanseti (RM/RC) artropaatia

× Favardi klassifikatsioon

Group 1



Group 2



Group 3



Traumad

- × Humeruse proksimaalsed murrud (Neer)
 - × oluline leid = fragmendi nihe >1 cm või rotatsioon >45 kraadi
- × AC luksatsioonid (Rockwood)
- × Scapula murrud
 - × liigespinna dislokatsioon + aste või kogu glenoidi murdumisel selle nurkdislokatsioon

DISPLACED PROXIMAL HUMERAL FRACTURES

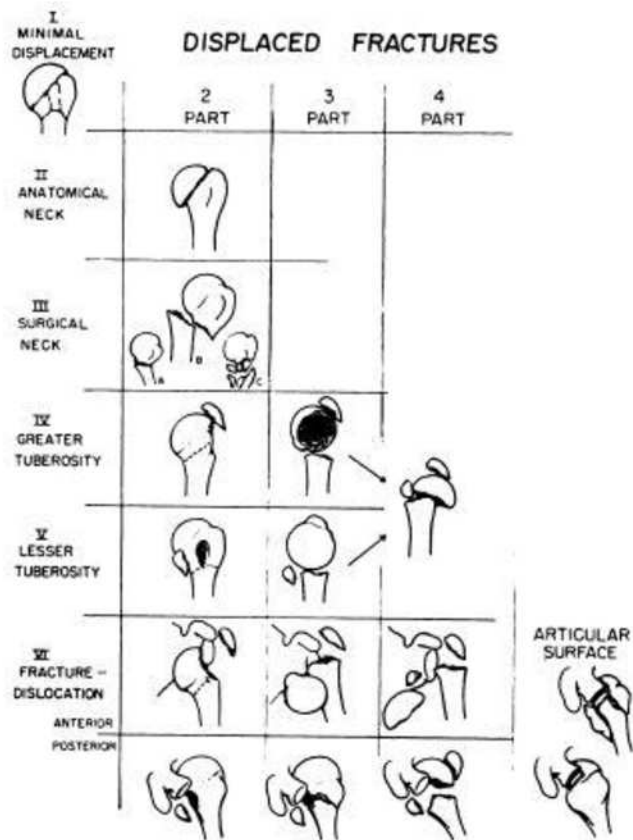
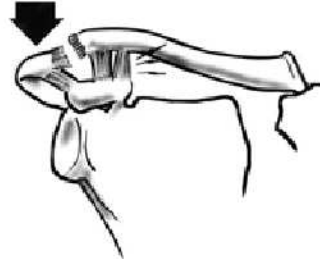


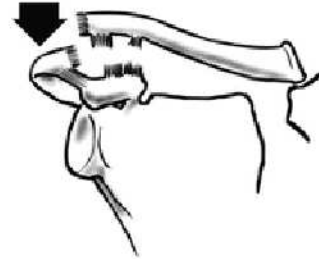
Fig. 3



Type I



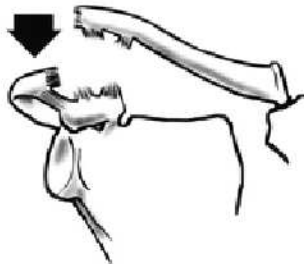
Type II



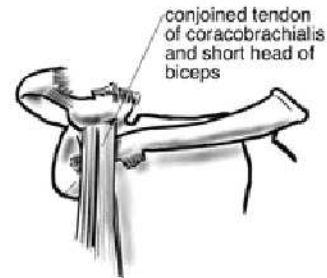
Type III



Type IV



Type V



Type VI



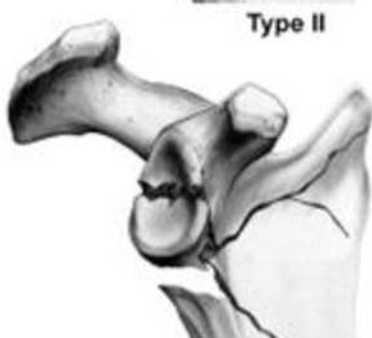
Type I



Type II



Type III



Type IV



**Type V
variants**



× Ultraheli

Ultraheli

+ -

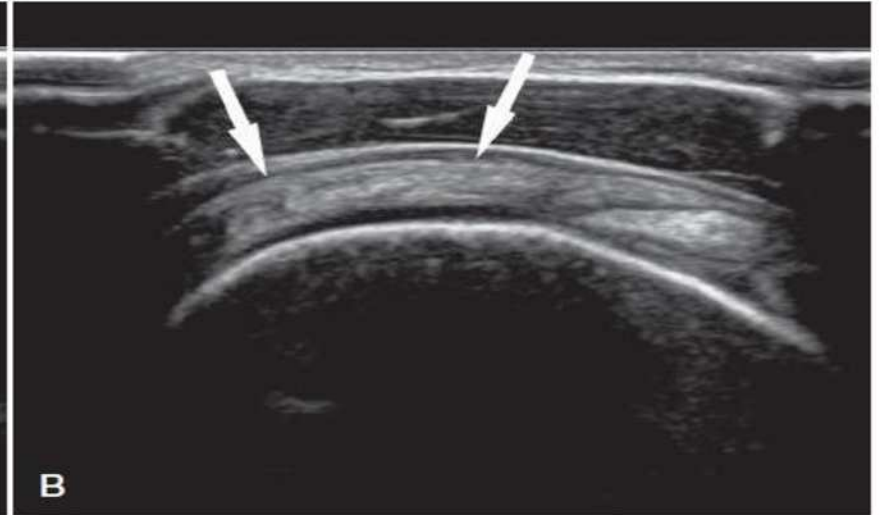
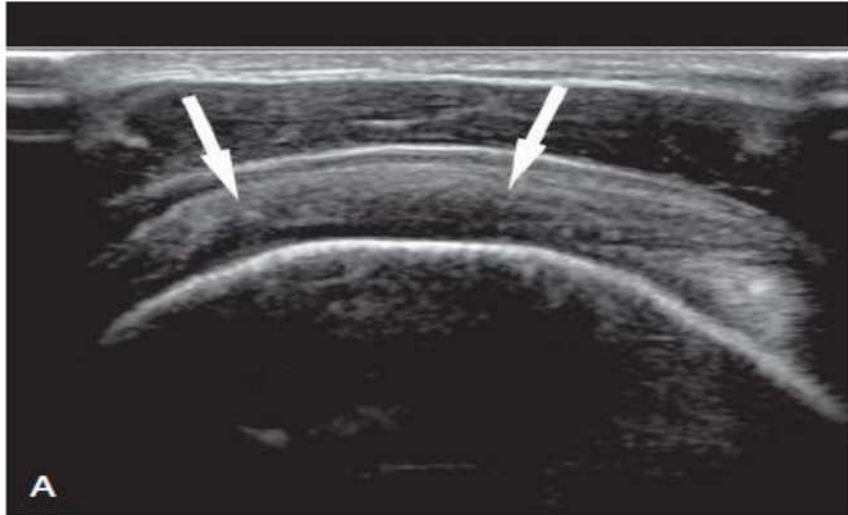
- × Odav ja kättesaadav
- × Dünaamiline uurimine
 - × Pitsumine /
subluksatsioon
 - × Võrdlev
kontralateraalselt
- × Vastunäidustusi pole
 - × metall või elektroonika
- × Labrumi või ligamendi
vigastus
- × Pikk õpikõver (~50-100
uuringut)
- × Piiratud uuringuaeg

UH rutiin

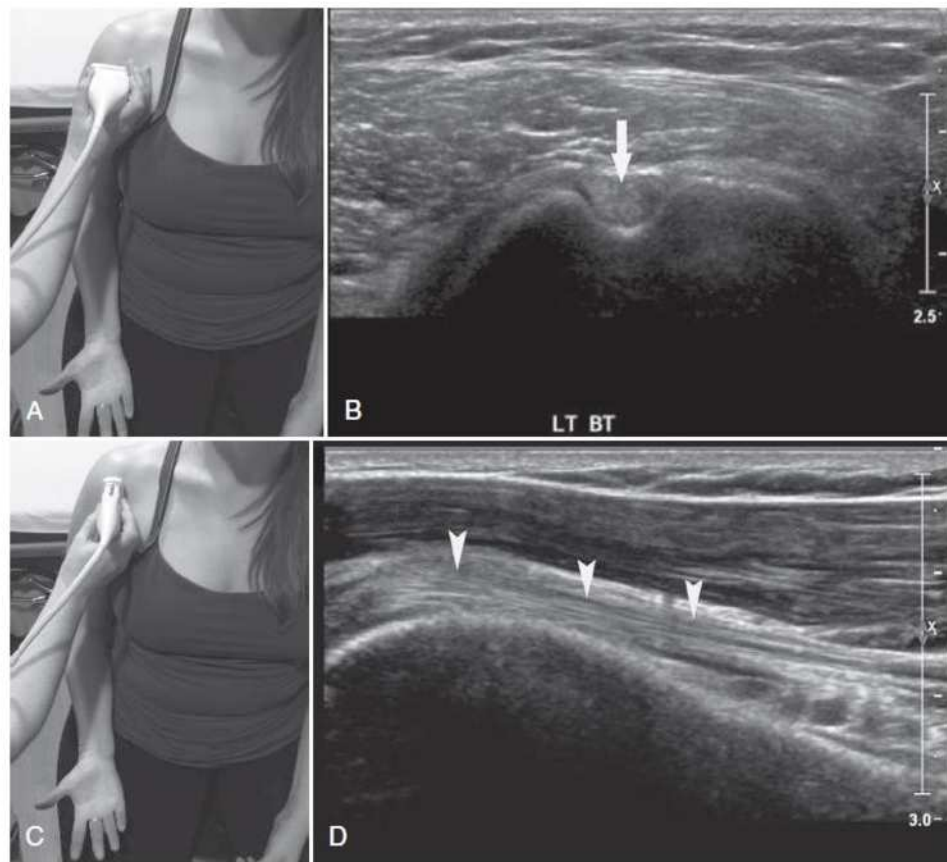
- × LHBB
- × SSC (+ pitsumine)
- × SSP (+ pitsumine)
- × ISP
- × TMin
- × Lihasmass (SSP ja ISP)
- × Õla tagaosa
- × AC-liiges

Anisotroopia!

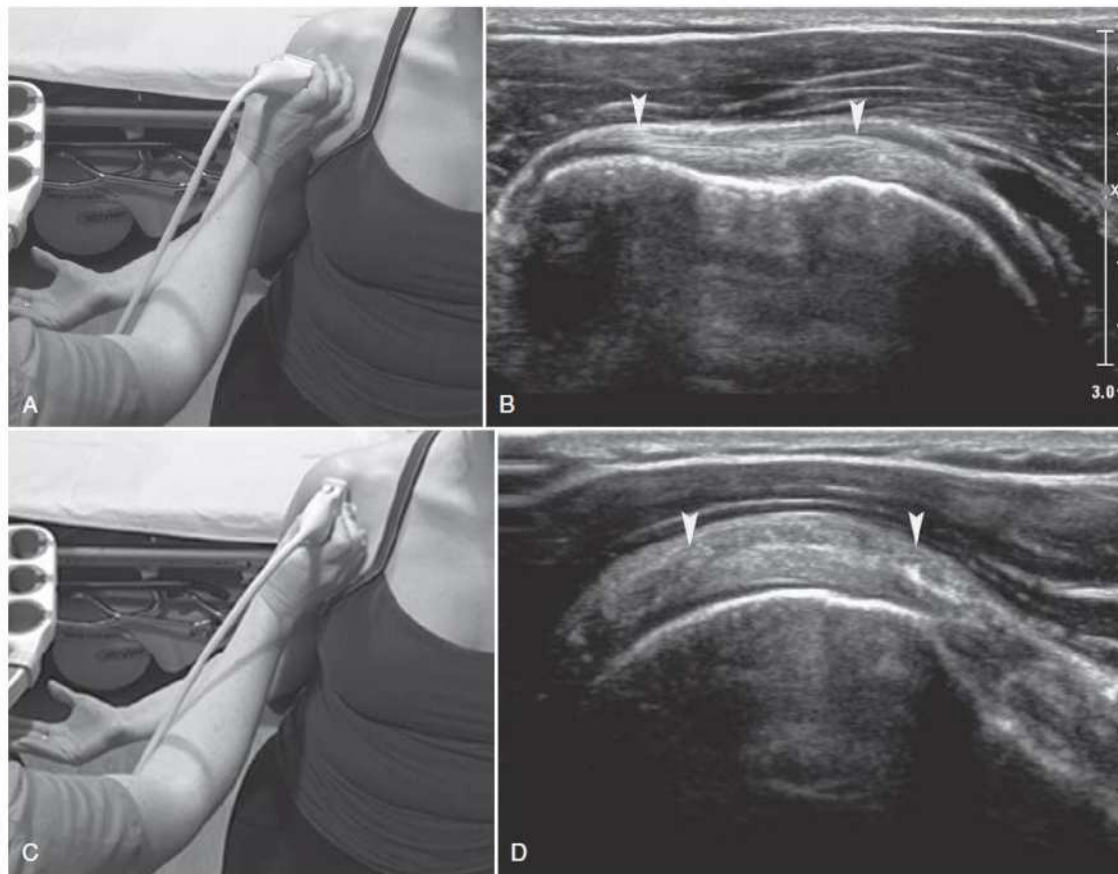
Anisotropy!



LHBB



SSC



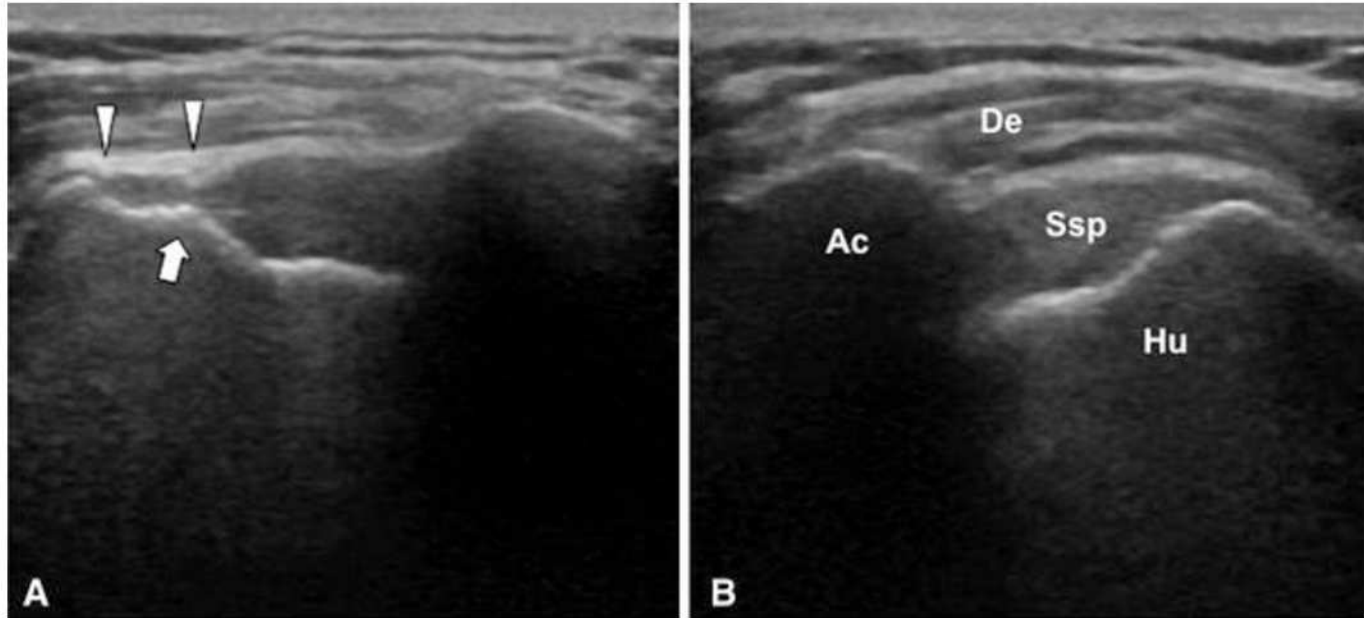
SSP





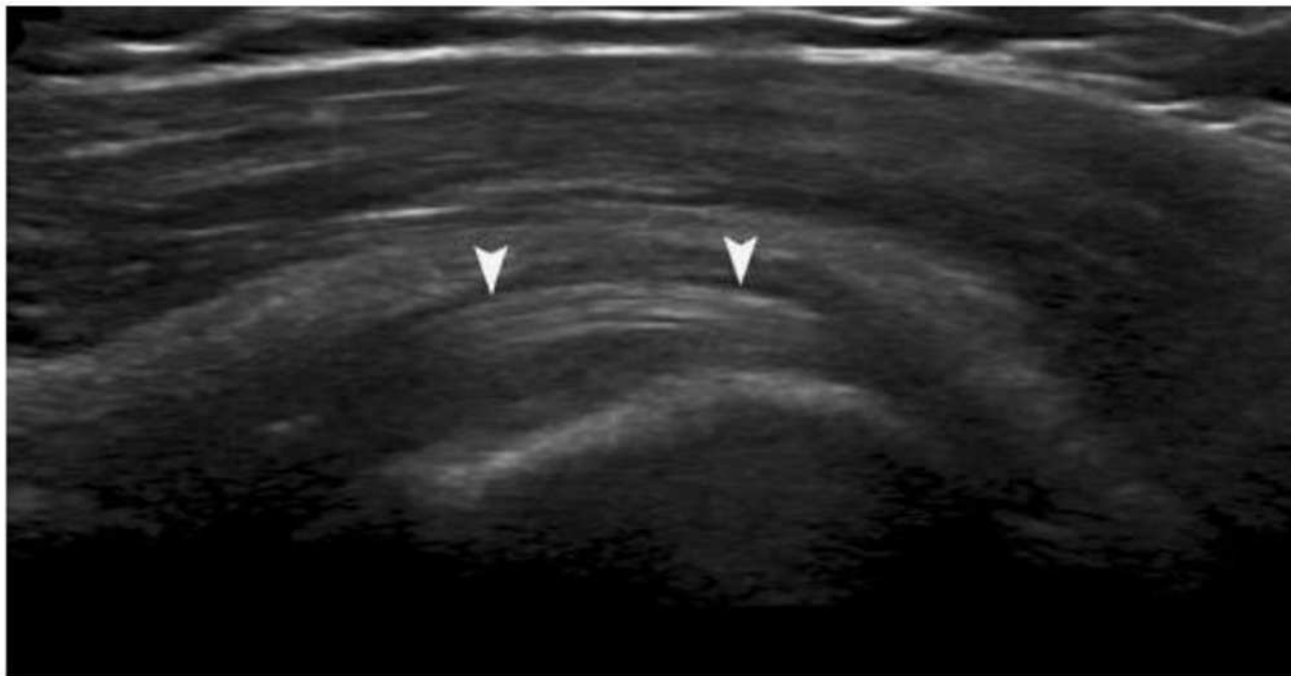
Crass asend

SSP krokodilli lõuad vs linnunokk



dex

sin

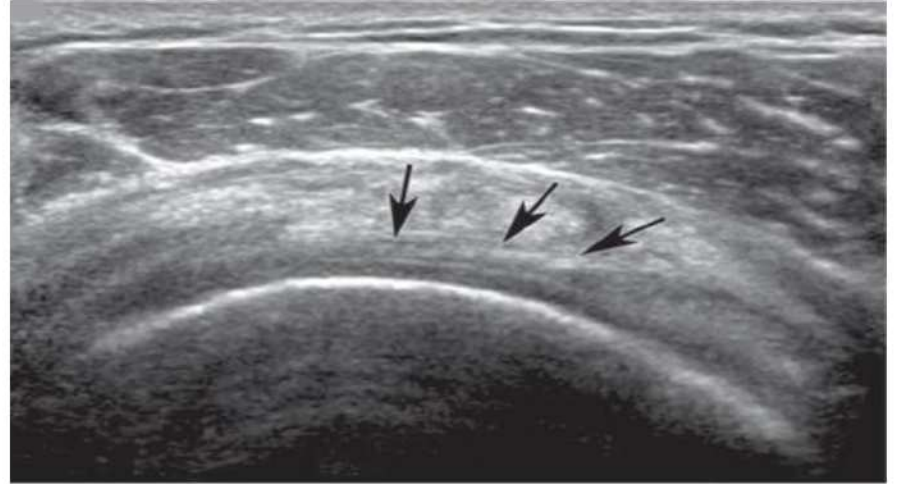




Rotator cable

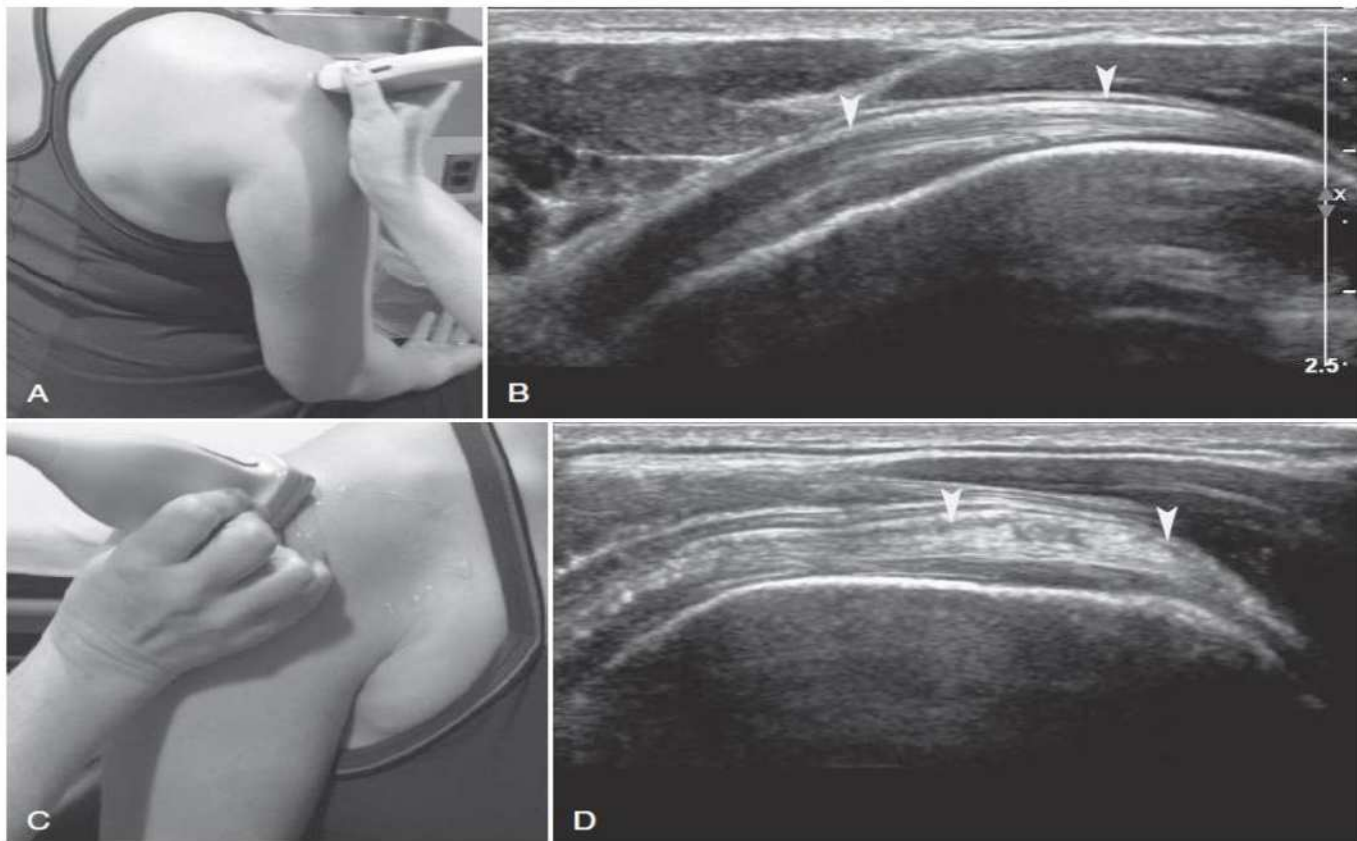


SAX

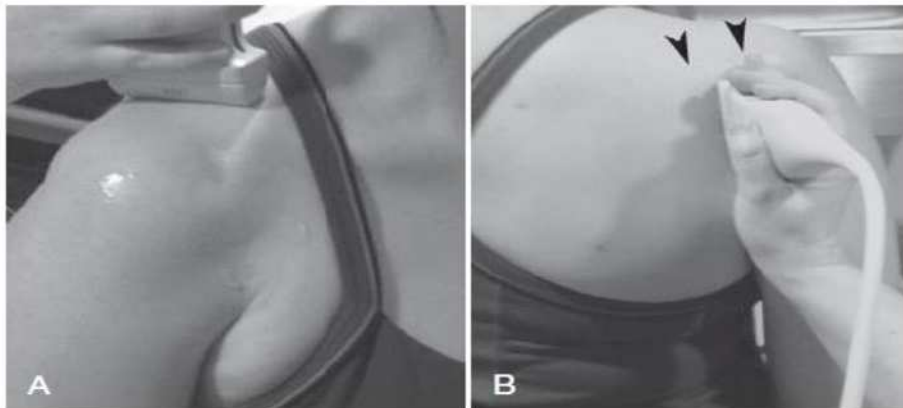


LAX

ISP



RM lihased



Tänan kuulamast!



Kasutatud allikad

- × Kullerkann A. „Mida ortopeed radioloogilt õla uuringute kirjeldamisel ootab II“
- × Rumack C. „Diagnostic ultrasound 5th“
- × Lee M. H. et al „Comprehensive Shoulder US Examination: A Standardized Approach with Multimodality Correlation for Common Shoulder Disease“
- × <https://radiopaedia.org/articles/normal-radiographic-measurements-of-the-shoulder-1>
- × „Netter's Concise radiologic anatomy 2nd“