

Browser's notes

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Associated lesions requiring additional surgical treatment in grade 3 acromioclavicular joint dislocations.

Arrigoni P, et al.

Arthroscopy (2014) 30, 1, 6–10.

98 patients, operated on for grade 3 acromioclavicular joint (ACJ) dislocations who underwent arthroscopic evaluation for concomitant lesions constituted a retrospective study group for this report. 42 (42.8 %) of the patients were diagnosed with at least one additional pathologic lesion, of whom 29 (29.5 %) required an additional dedicated treatment. SLAP and posterior cuff tear treatments represented 24 of the 35 additional surgeries (68.5 %). Patients aged 45 years or older had a greater risk of presenting with lesions that required additional surgery.

The presentation, treatment and outcome of periosteal chondrosarcoma in the Netherlands.

Goedhart LH, et al.

Bone Joint J (2014) 96-B; 823–8.

Between 1958 and 2012 36 of 1791 chondrosarcomas from the Netherlands bone tumor registry, (2 %), were classified as periosteal chondrosarcomas. The most common locations were the proximal humerus and distal femur (12 each), the metaphysis (47 %) and the diaphysis (2.5 %). 50 % were grade I, 44 % grade II and none were grade III. This is the largest series on the subject. The mean diameter of the tumor was 3.8 cm. The authors mention that when a periosteal

chondroma is larger than 3 cm differentiating it from a periosteal chondrosarcoma is difficult and suggest that at this size, a histological diagnosis is essential.

Indocyanine Green-enhanced fluorescence optical imaging in patients with early and very early arthritis: a comparative study with magnetic resonance imaging.

Werner S, et al.

Arthritis & Rheumatism (2013) 65, 3036–3044.

Indocyanine green-enhanced fluorescence optical imaging (F01) is described as a novel diagnostic tool for assessment of inflammation in arthritis. The authors employed a commercially available xiralite system in 32 patients with untreated arthritis and compared the findings with clinical examination of 960 joints and contrast enhanced 1.5 T MRI (382 joints). The authors additionally used F01 in a control group of 46 subjects without signs of inflammatory joint disease (1380 joints).

With MRI as the reference standard F01 had sensitivity and specificity of 86 and 63 % respectively. The authors conclude that further multicenter studies would need to be done to reproduce these results which show promise in the early detection of inflammatory arthritis, which, if confirmed, would lend itself to onsite monitoring of disease.

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