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Black or White - Systematic Evaluation of Conventional Radiography

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3D to 2D

Aim

This presentation aims to describe:

- the technical properties of plain imaging affecting the anatomy of the hip on the X-Ray
- > summarize the different radiographic projections of the hip

Overview



Conventional x-Ray

Acetabulum

- > depth
- > coverage
- version
- > inclination

Femur

- Head-neck deformity
- varus-valgus

MRI

- > labrum
- > cartilage
- > asphericity
- > torsion

СТ

- > torsion
- > 3D-imaging
- > 3D-animation

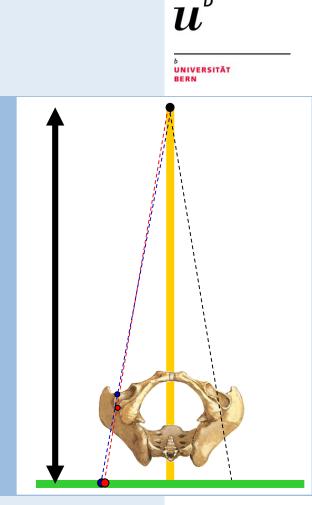
Technical Principles of Radiographic Imaging

- > Film-Tube Distance
- > Patient-Film Distance
- > Centering and Direction of the X-Ray Beam
- > Conical Projection
- > Fluoroscopy



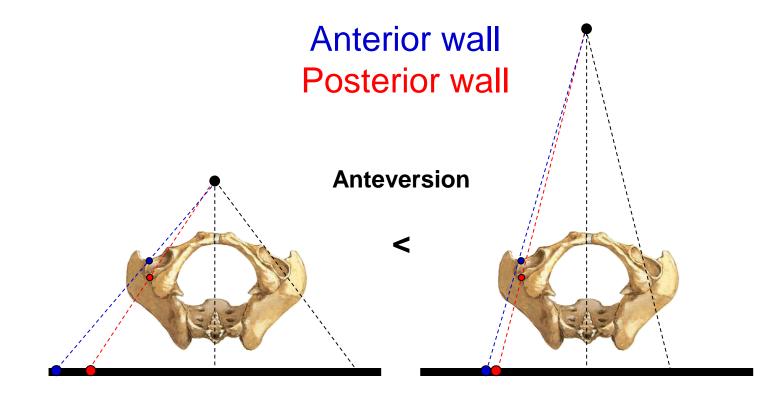
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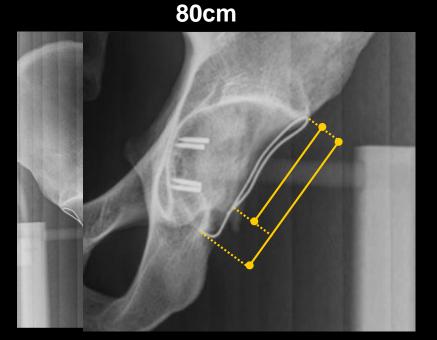


Film-Tube Distance

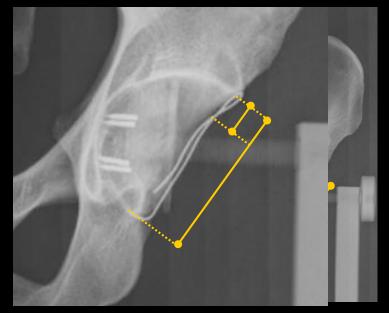
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Film-Tube Distance



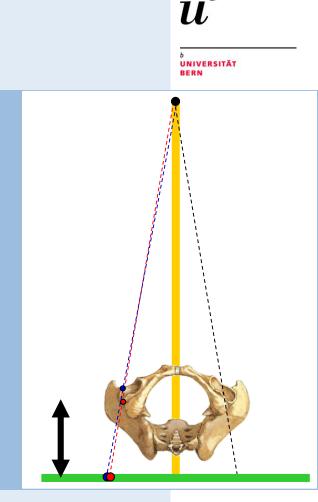
120cm

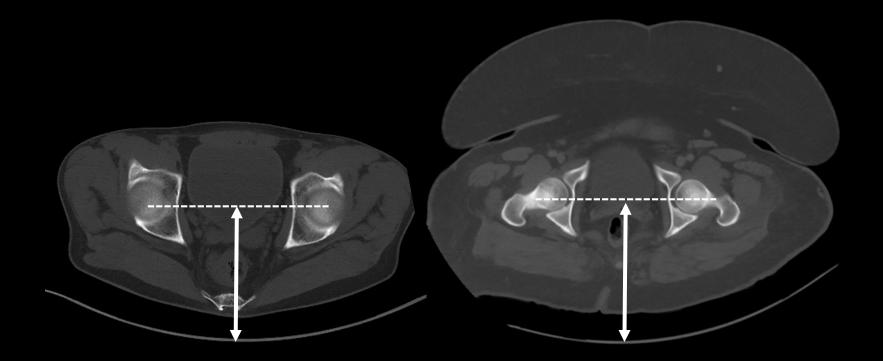


decreasing film-tube distance may mimicking a retroversion

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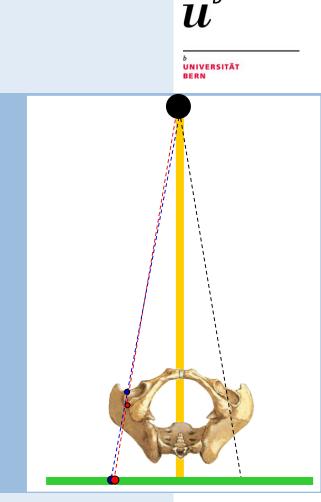


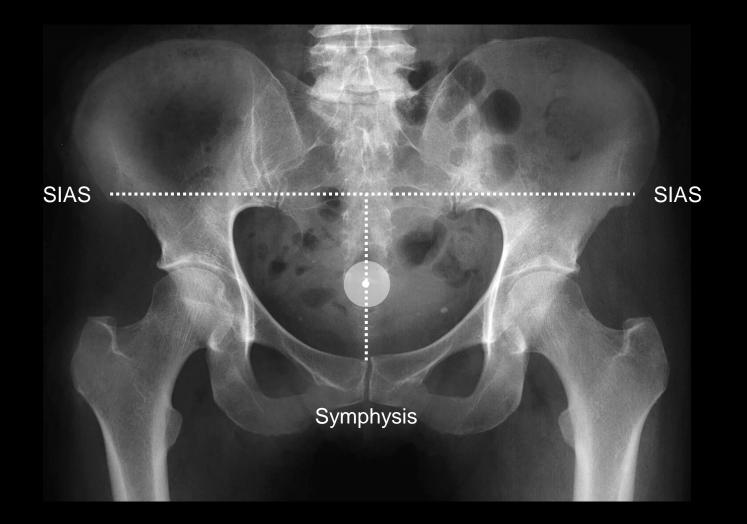


Irrelevant

Technical Principles of Radiographic Imaging

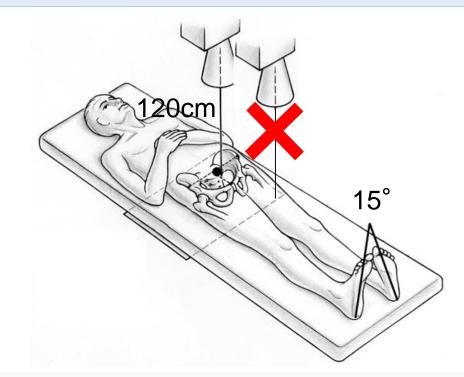
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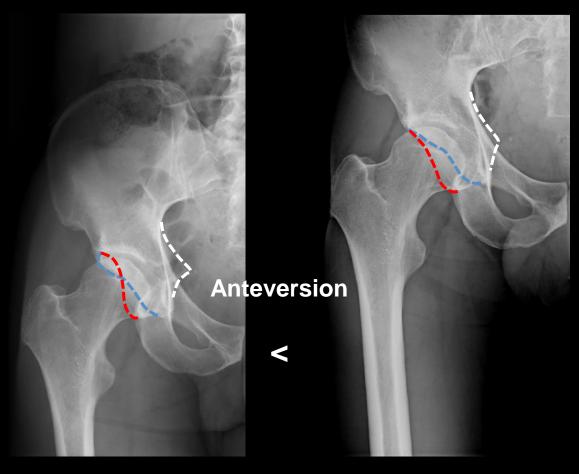


Centering and Direction of the X-Ray Beam

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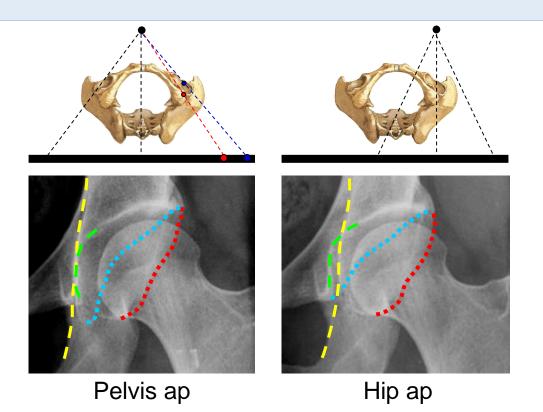
No deep-centered pelvic X-Rays for joint-preserving surgery



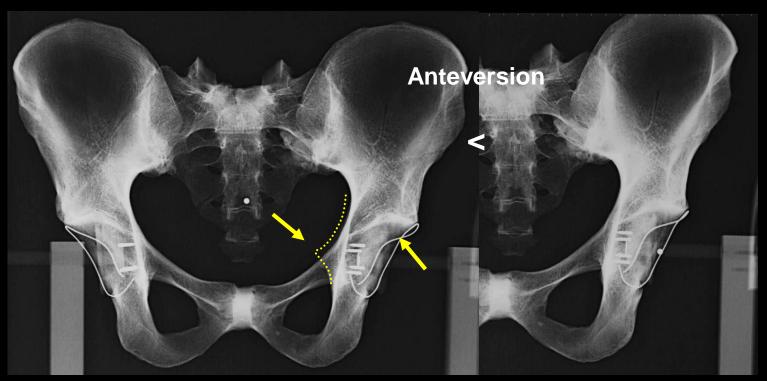
Pelvis ap Deep-centered pelvis

Centering and Direction of the X-Ray Beam

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Centering and Direction of the X-Ray Beam



Hip ap

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Conical Projection



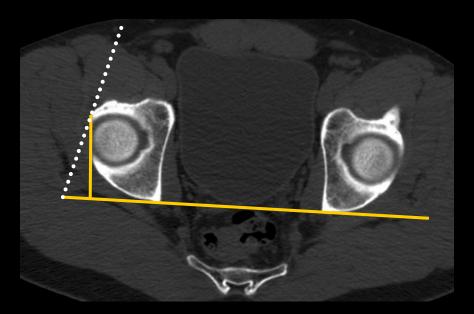
Anterior wall Posterior wall



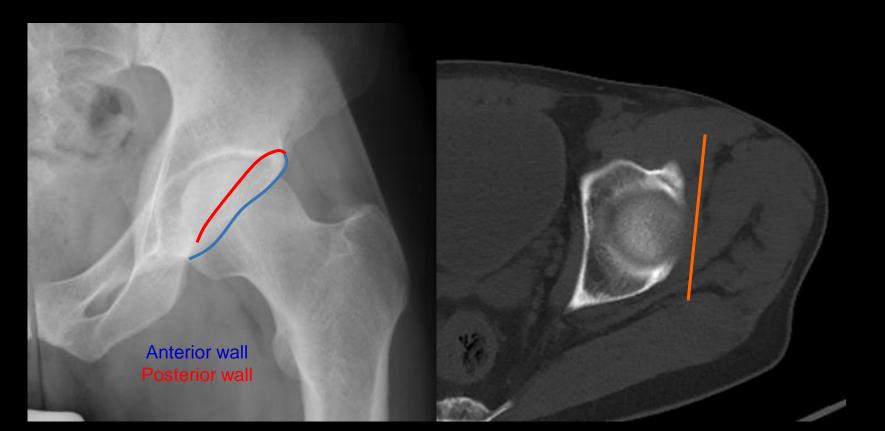


Conical Projection



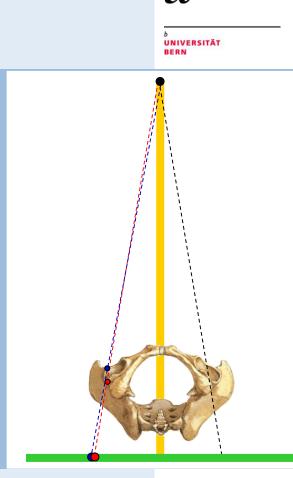


Conical Projection



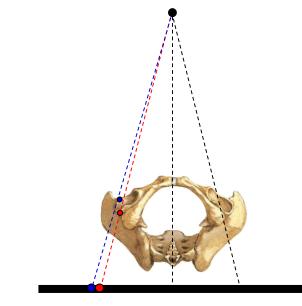
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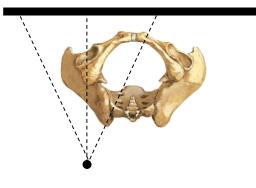


Fluoroscopy

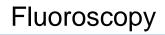




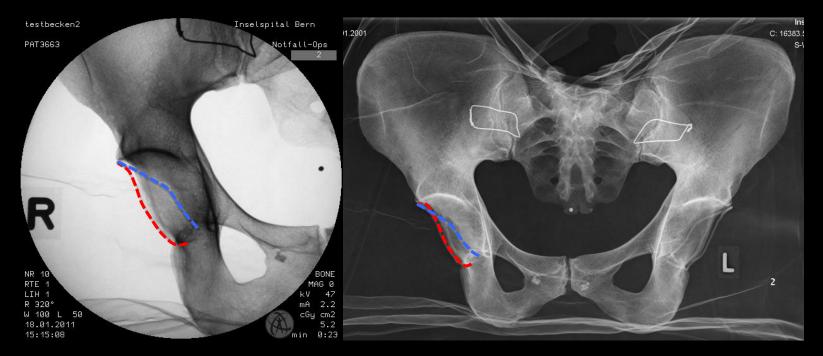
- Hip centered
- Posteroanterior projection
- Lower film-tube distance
- Changed patient-film distance



X-Ray



Fluoroscopy

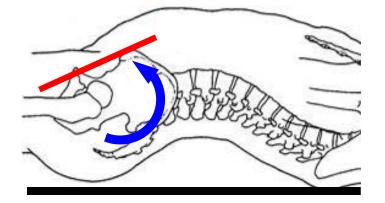


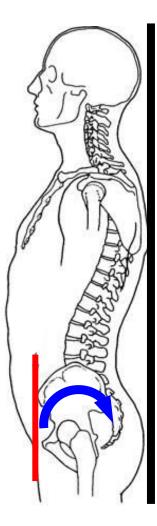
Increased anteversion, LCE unchanged

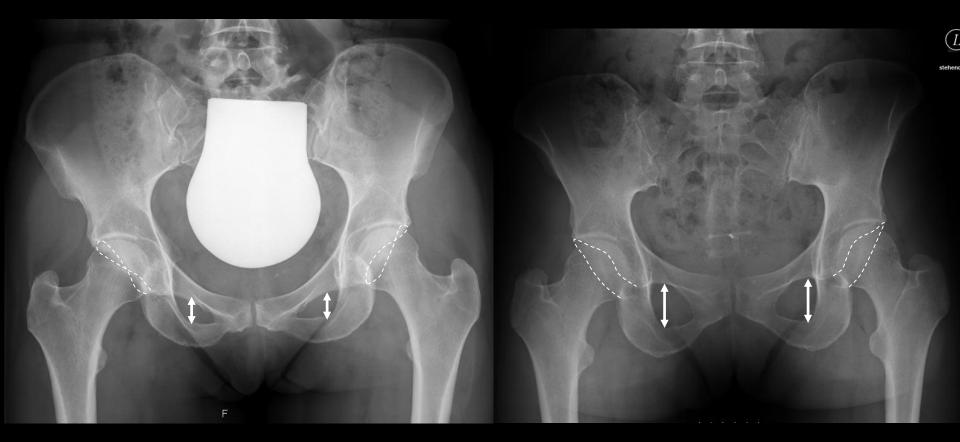
Supine or standing X-Ray?

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- > Unchanged joint space
- Posterior pelvic tilt in standing position
- > supine = standard (Inselspital)
 - All major studies correlating acetabular retroversion with hip pain and osteoarthritis are based on supine imaging
 - Comparability to intraoperative imaging







supine

standing

Summary: pelvis ap

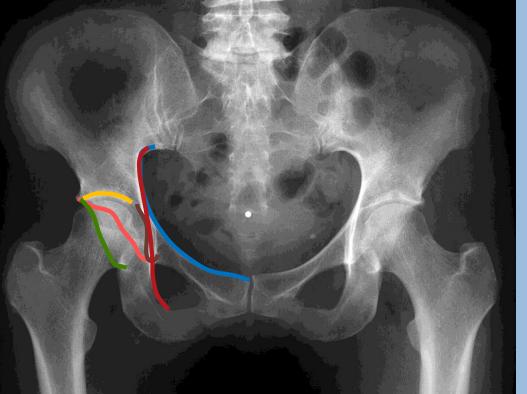


- > Correct centering and direction of the X-ray beam
 - central beam is directed to the midpoint between the upper border of the symphysis and a line connecting both anterior superior iliac spines
 - supine
 - internal rotation of 15°
- > Patient-Film Distance
 - 120cm

Six lines by Letournel

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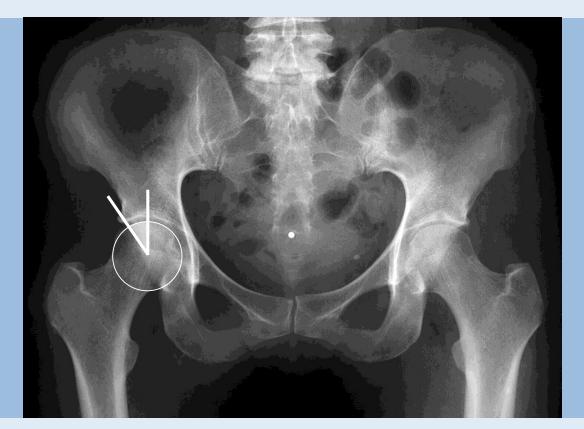


Acetabular Coverage

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- > Lateral Center-Edge angle (LCE)
- Acetabular Index (AI)
- > Coxa profunda
- > Protrusio Acetabuli
- > Anterior Wall Index and Posterior Wall Index: rule of thirds

Lateral Center-Edge angle (LCE)



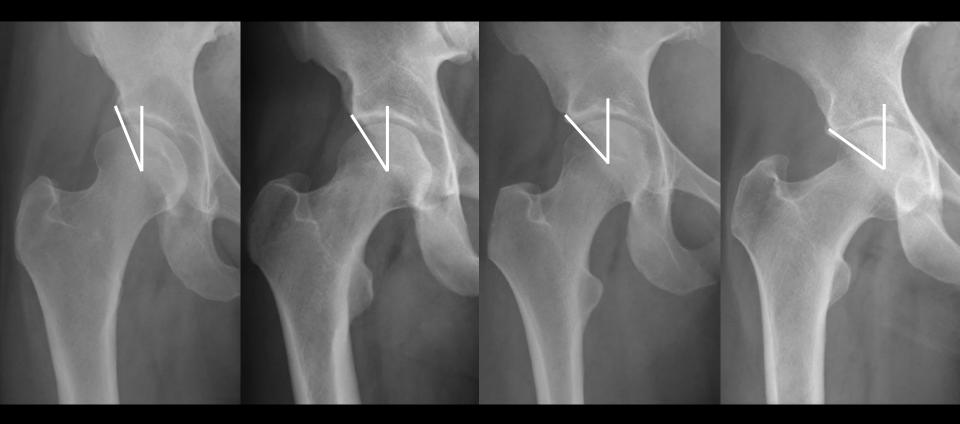
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Deep hip

Protrusion



<22°

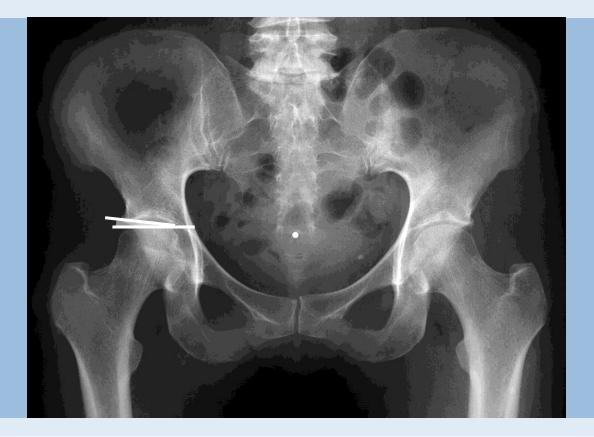
34-39°



Acetabular Index (AI)



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Deep hip

Protrusion



>14°

-7-2°

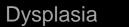




Deep hip

Protrusion

Coxa Profunda = anatomical norm variant



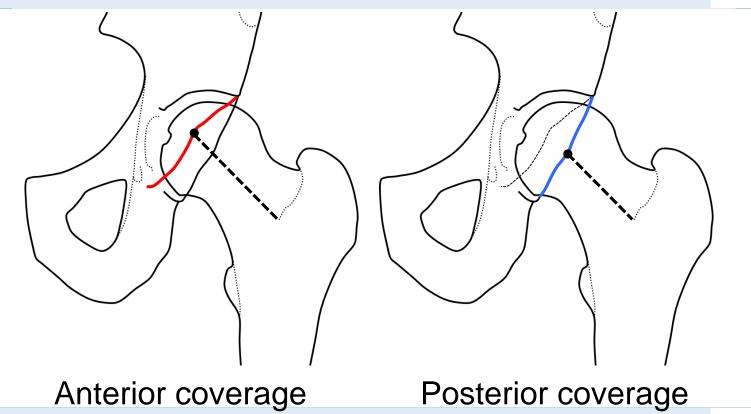
Deep hip

Protrusion



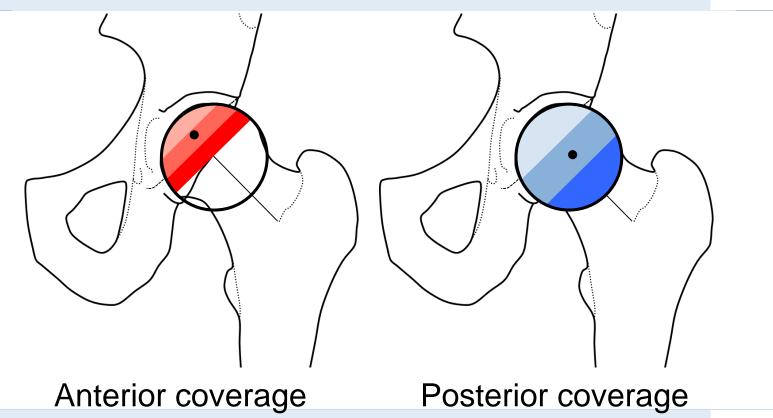
Rule of Thirds (Acetabular Wall Index)





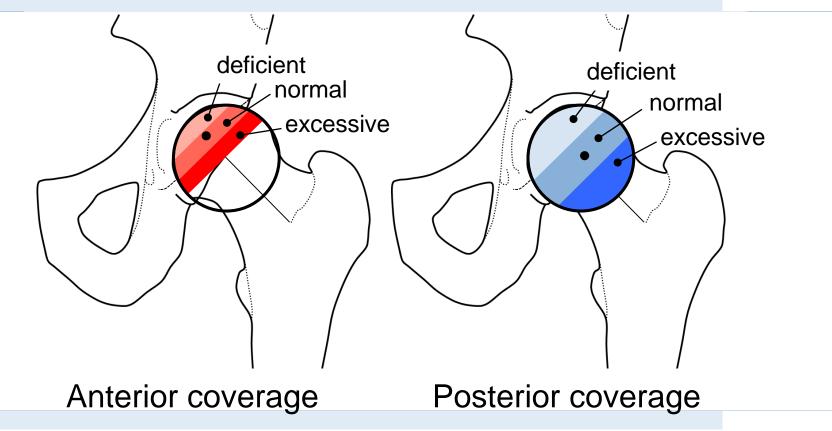
Rule of Thirds (Acetabular Wall Index)



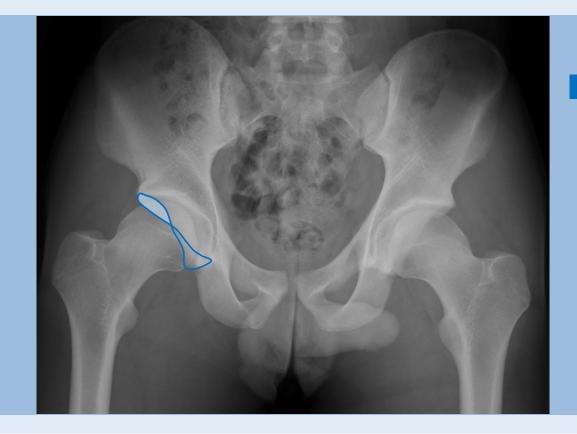


Rule of Thirds (Acetabular Wall Index)

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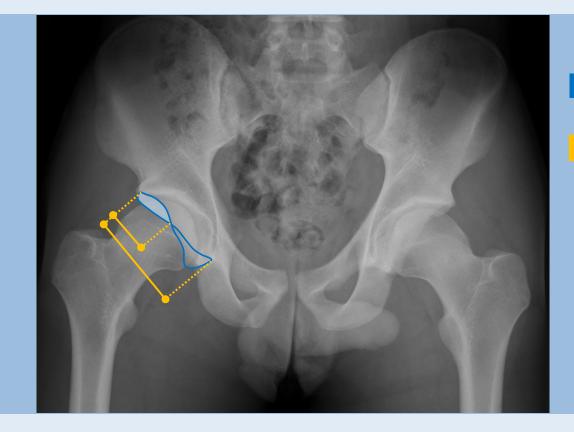






Cross-over sign («figure of 8»)





Cross-over sign («figure of 8») Retroversion-Index

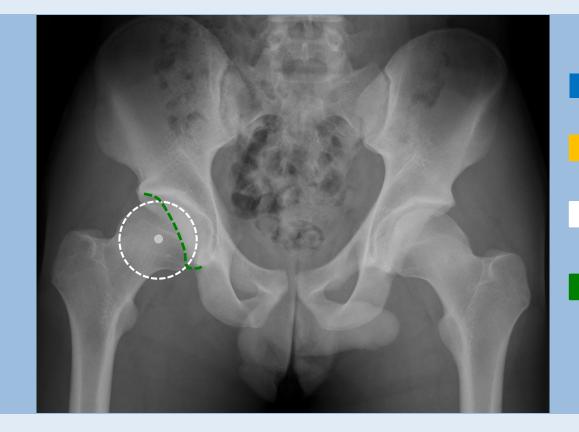




Cross-over sign («figure of 8») Retroversion-Index

Ischial-spine sign





Cross-over sign («figure of 8») Retroversion-Index

Ischial-spine sign

Posterior wall sign

Femoral Anatomy

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- > Pistol-grip deformity
- > CCD-angle
- > Alpha angle

Femoral Anatomy



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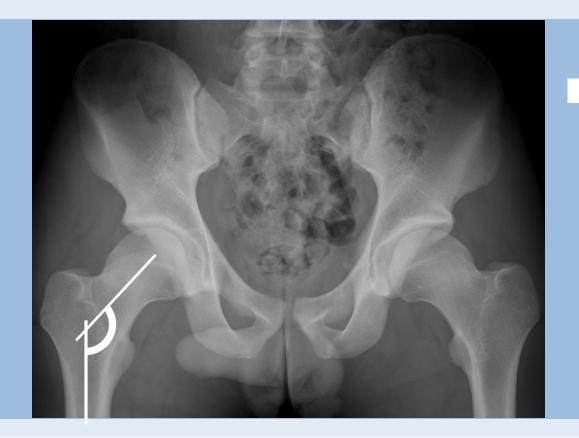


Pistol-grip deformity

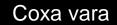
Femoral Anatomy: CCD



U

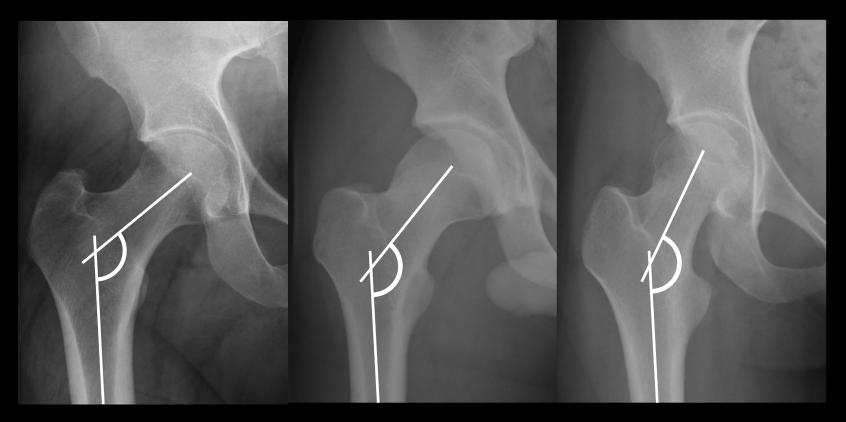


Corpus-Collum Diaphysis Angle (CCD)



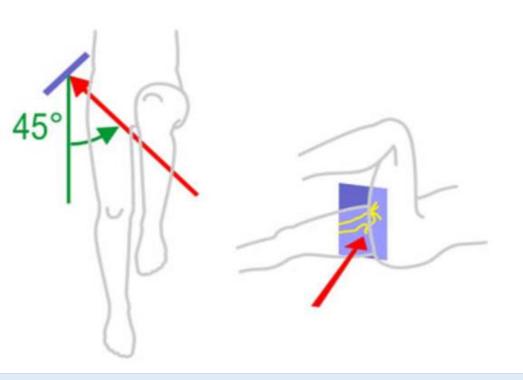
Normal

Coxa valga





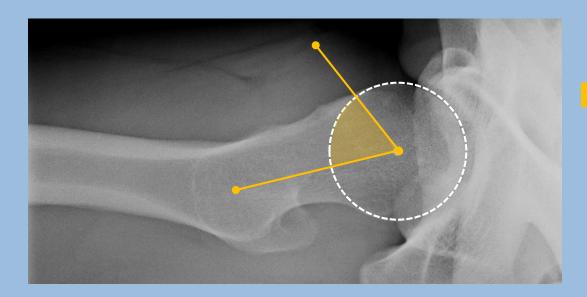
Femoral Anatomy



- > Cross-table view
 - 2nd standard projection
 - Hip in 15° internal rotation as compensation for femoral antetorsion

Femoral Anatomy: Alpha Angle

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Alpha angle

- Abnormal if >60°

