

A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide.

13 y/o M presents with right elbow pain

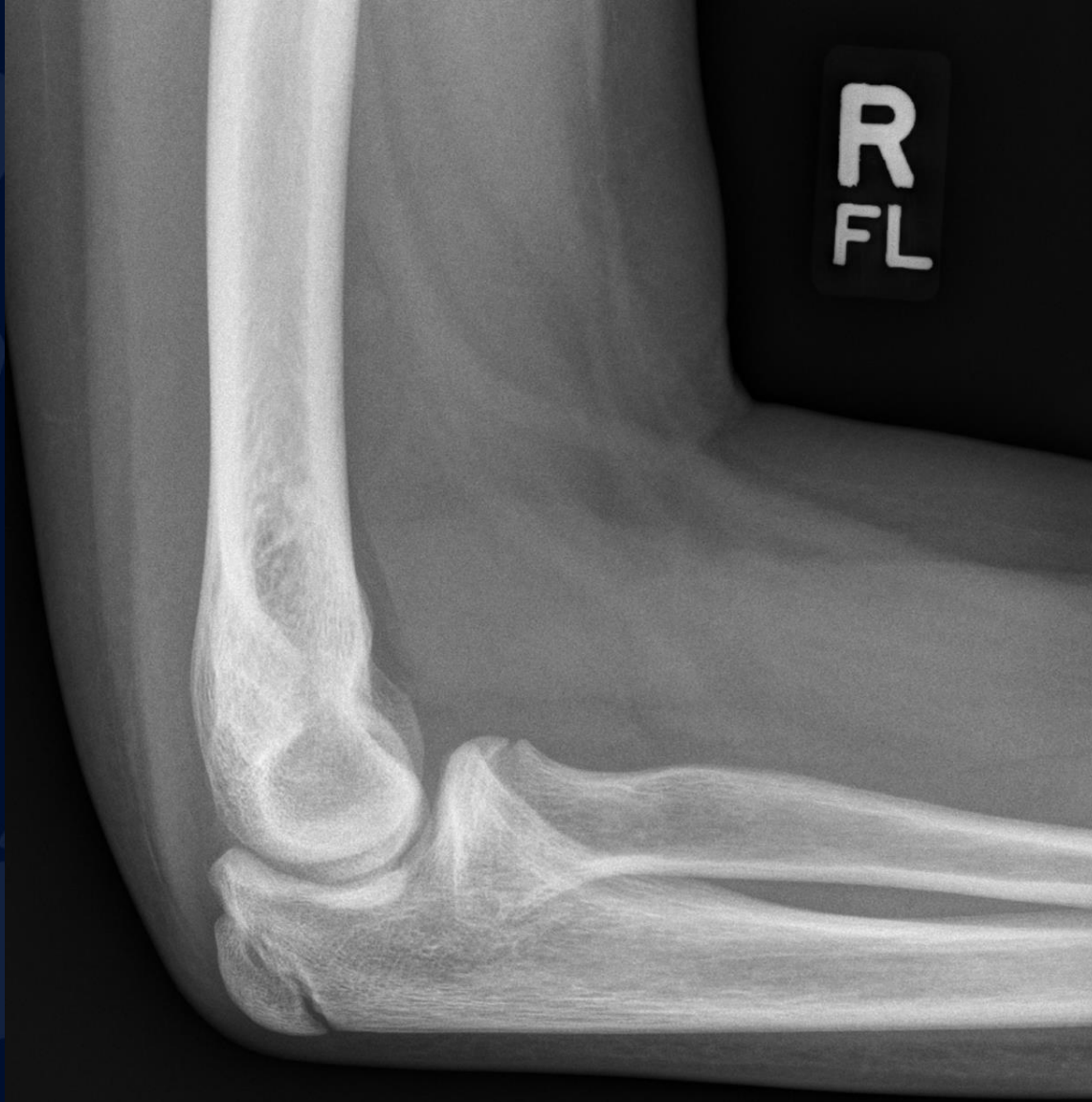
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HEALTH

RADIOLOGY

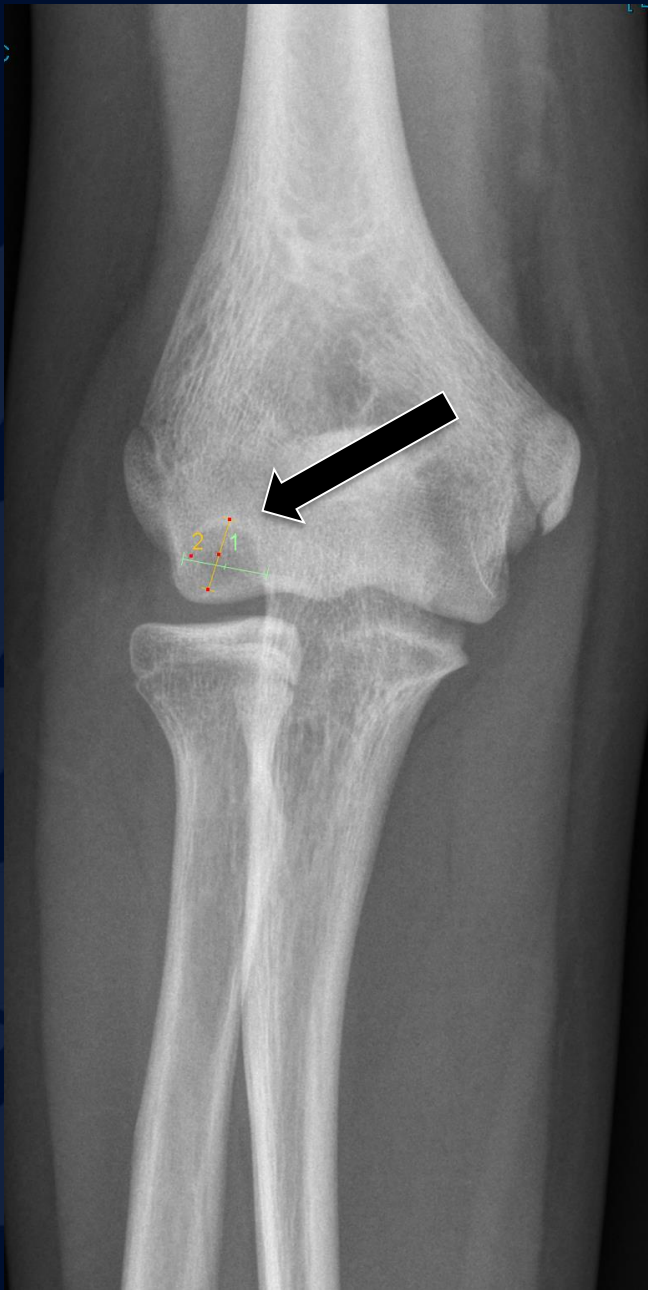




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A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide. The leaf has a prominent central vein and several smaller veins branching off it. The background of the slide is a solid dark blue.

Osteochondritis dissecans of the Capitellum



AP radiograph demonstrates subchondral radiolucency within the capitellum, measuring 1.2 x 1.1 cm with a sclerotic margin. No evidence of an intra-articular loose body.

Anatomic alignment.
Joint spaces maintained.

Osteochondritis dissecans

Focal joint disorder with progressive changes in subchondral bone and overlying articular cartilage that may lead to early joint degeneration.

In particular, elbow involvement of osteochondritis dissecans is rare. Etiology is unclear; likely multiple contributing factors (trauma, ischemia, genetic). Favored etiology is repetitive stress (microtrauma).

Radiographs demonstrate an ovoid radiolucent subchondral osseous lesion surrounded by sclerotic margin, +/- in situ or displaced intraarticular osseous fragment. Radiograph does not assess cartilage integrity with stability poorly evaluated.

Osteochondritis dissecans

MR or MR arthrography is the optimal diagnostic imaging modality as it can assess cartilage and OCD lesion stability.

Treatment: Stable lesions: rest, casting, NSAIDS over 3-12 months;

Unstable lesions require surgical intervention.

References

- Yellin JL et al: The surgical management of osteochondritis dissecans of the knee in the skeletally immature: a survey of the Pediatric Orthopaedic Society of North America (POSNA) Membership. J Pediatr Orthop. ePub, 2015
- Zbojnowicz AM et al: Juvenile osteochondritis dissecans: correlation between histopathology and MRI. AJR Am J Roentgenol. 205(1):W114-23, 2015
- Eismann EA et al: Management strategies for osteochondritis dissecans of the knee in the skeletally immature athlete. J Orthop Sports Phys Ther. 44(9):665-79, 2014