Image-guided Injections for Joint Pain
A CLOSER LOOK AT MRI ARTHROGRAMS

MRI Arthrograms are image-guided injections that use fluoroscopy to evaluate internal derangement of joints. While non-contrast MRI exams can diagnose many types of pathology, there are several joint-specific conditions where the presence of contrast injected during an arthrogram may aid in the evaluation and characterization of joint disorders (see TABLE 1).

MRI ARTHROGRAMS AT CDI

BENEFITS:
- MRI Arthrograms are particularly effective for detecting tears or lesions of the structures and ligaments of the joints, especially the knee, wrist and elbow, as well as rotator cuff tears or damage from a shoulder dislocation
- For safety and accuracy, fluoroscopic or X-ray guidance is used to ensure placement of the needle in the joint
- An anesthetic may be injected to potentially offer short-term pain relief and help determine if the joint is the source of pain

EXAM:
- Patient lies on a fluoroscopy table and the radiologist inserts a needle into the joint to inject contrast material
- Still images of the joint are captured to visualize dye dispersion

CONTRAINDICATIONS:
Relative contraindications including joint infections, fractures, known hypersensitivity and prosthetic joints should be discussed with the radiologist. When MRI is contraindicated, a CT scan can be substituted.

The radiologists at Center for Diagnostic Imaging (CDI) are available to consult with you on a patient-by-patient basis to determine if an image-guided injection procedure is appropriate.

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TABLE 1: Clinical indications where MRI Arthrograms may aid in detection/characterization of internal derangement or mechanical symptoms (including clicking, clunking, grinding or catching).

<table>
<thead>
<tr>
<th>ELBOW</th>
<th>HIP</th>
<th>KNEE</th>
<th>SHOULDER</th>
<th>WRIST</th>
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</thead>
<tbody>
<tr>
<td>Medial elbow pain in the throwing athlete</td>
<td>Femoral acetabular impingement</td>
<td>Post-op meniscal repair</td>
<td>Pain with overhand motion (throwing)</td>
<td>Ulnar-sided wrist pain</td>
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<tr>
<td>Characterization of osteochondral lesions</td>
<td>Potential labral tear or post-op labral surgery</td>
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<td>Instability</td>
<td>Dissociation of the proximal carpal row on X-ray</td>
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<td>Post-op rotator cuff</td>
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<td>Potential labral tear or post-op labral repair</td>
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<td>Adhesive Capsulitis</td>
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