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Right Hip Sagittal Reformat

ECIAL SURGERY DEPARIMENT OF WILL JOSPITAL FOR SPECIAL SURGERY DEPARTMENT OF RADIOLOGY AND MARGING HOSPITAL Axial CT image left him Axial CT image right hip

ECIAL SURGERY DEPARTMENT OF THE ADIOLOGY AND MAGING HOSPIT JOSPITAL FOR SPECIAL SURGERY DEPARTMENT OF Axial CT with bone window

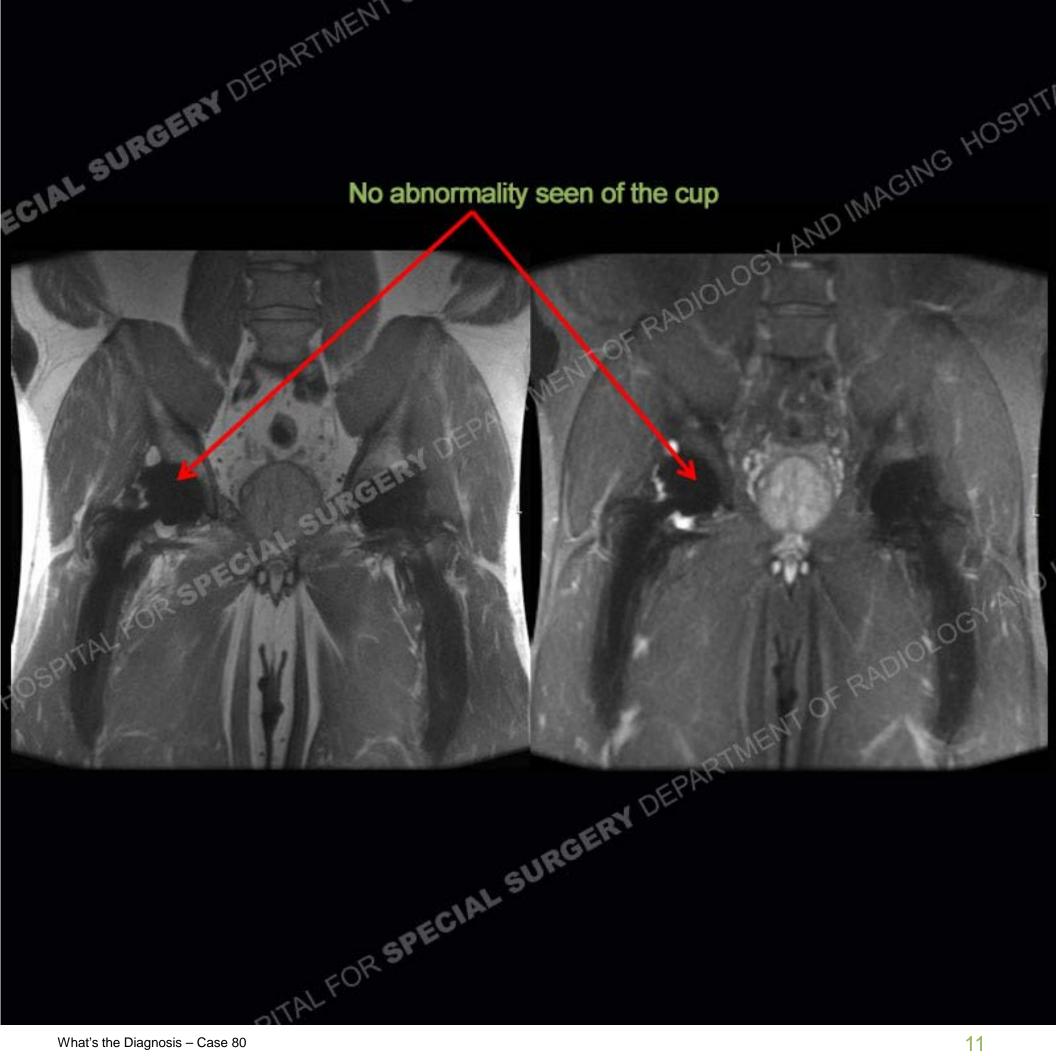
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Findings

In this case, there are no findings to be made on the radiographs or on the MRI examination. On the CT examination, there is a lucent line in the liner of the acetabulum. The relative difference in attenuation at the articulation of the total hips and the adjacent metal components indicates these are ceramic on ceramic (COC) total hip arthroplasties. Additionally, the axial CT images demonstrate the necessity of appropriate windowing and technique in being able to generate the appropriate diagnosis.





Increased conspicuity with appropriate windowing

CIAL SURGERY DEPOSITION

CIAL SURGERY Poor visualization Improved visualization HOSPIT

Improved visualization HOSPIT

RADIOLOGY AND IMAGING

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AXIAL SURGERY DEPARTMENT

Diagnosis: Ceramic Liner Fracture

A rare complication of a ceramic on ceramic total hip arthroplasty related to the brittle architecture of the ceramic components. Improvements have been made in the components but this complication does still present. It classically presents with a squeaking with ambulation but does not have to. This often signifies a non-displaced crack that can go on to a catastrophic fragmentation of the prosthesis. This complication necessitates revision as was done in this example.

This case highlights a couple of other points. It is important to understand the limitations of any given radiology exam and frequently, no individual exam can answer every question. MRI, particularly with recent advances in artifact reduction, is an exquisite tool at diagnosing complications in THA but even that can not answer all questions. In this case the ceramic on ceramic articulation is better seen with a CT exam. However, both the technique at acquiring the exam and then reading the exam must be tailored in such a way to allow optimal visualization of the hardware. Also, comparison to older exams is helpful to help prevent erroneous diagnoses. In this case, a degenerative, subchondral cyst could be mistaken for a focus of osteolysis which may confound the clinical picture.

ERAN DEPARTMENT 2 IMAGING HOSPI R EPARTMENT OF R SUPINE @PACU Revision with metal on poly THA

TALFOR SPECIAL SURGERY DEPARED. 16:05 **Primary**

Degenerative subchondral cyst without change. Not an area of osteolysis of the control of the co HOSPITAL FOR SPECIAL SURGERY COPRIMENT OF RADIO 166 Coronal IR Postoperative

References

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