ANPH 252:

Skeletal Pathology Necrosis of Bone

Avascular Necrosis of the Bone

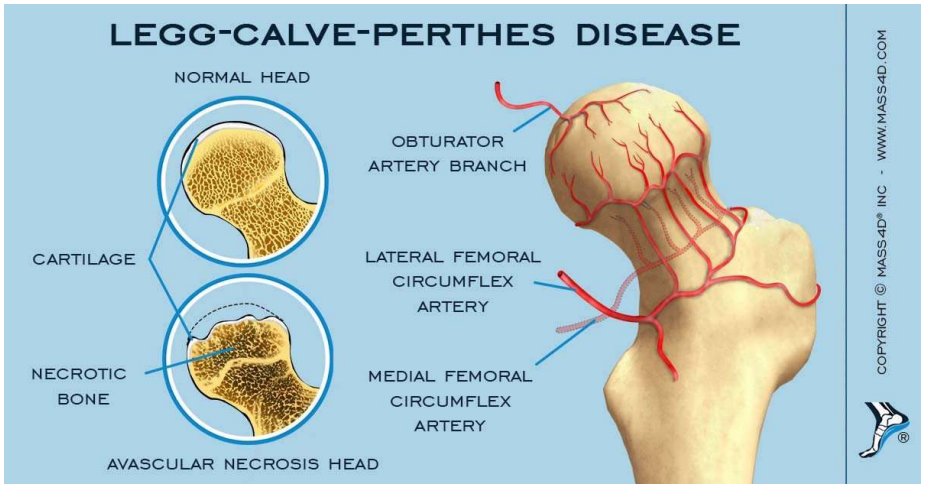
- Legg-Calve-Perthes disease
- Osteonecrosis
- Osteochondritis dessecans

Legg-Calve Perthe's Disease

- Childhood disease involving disrupted blood supply to the femoral head
- More common in boys
- The bone becomes brittle and susceptible to fractures
- Symptoms include limping, pain/stiffness in the hip, groin, thigh, limited range with the hip joint
- Individuals with this pathology are more susceptible to hip arthritis in their adulthood
- X-ray, MRI and Bone scans are preferred methods

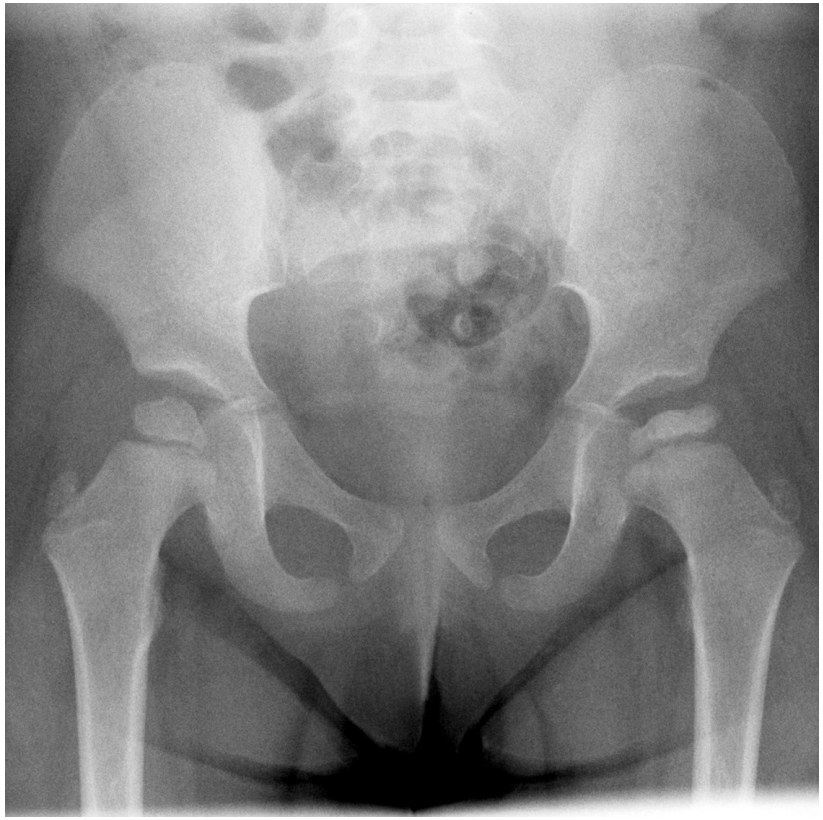
Legg-Calve Perthes Disease

- Goal is to keep the femoral head as round as possible so treatment includes physical therapy, crutches to avoid weight-bearing, casts, traction, joint replacement or joint realignment



Title	Legg-Calve-Perthes Disease
Author	MASS4D
Link	https://www.mass4d.com/blogs/clinicians-blog/legg-calve-perthes-disease

Legg-Calve Perthes Disease



Case courtesy of Assoc Prof Frank Gaillard, Radiopaedia.org, rID: 7980

Legg-Calve Perthes Disease



Case courtesy of Dr Erik Ranschaert, Radiopaedia.org, rID: 10654

Avascular (Ischemic) Necrosis

- Bone necrosis (osteonecrosis) due to lack of blood supply

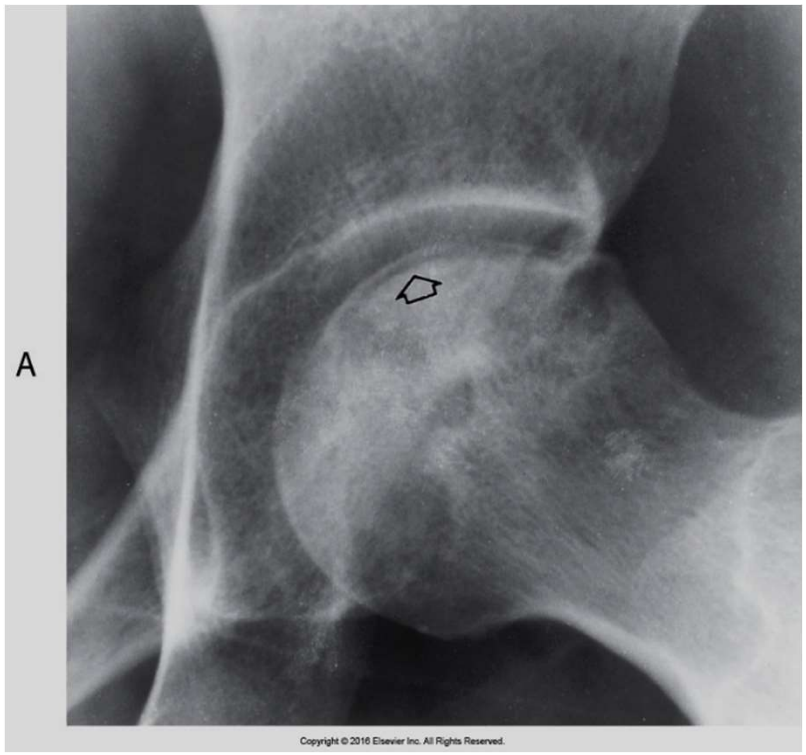
- Causes include trauma (single or repeated episodes), acute trauma (fracture or dislocation), thrombosis, vasculitis, and other conditions such as sickle cell anemia, steroid use, chronic pancreatitis, diabetes, radiation therapy

Avascular (Ischemic) Necrosis

- Femoral head is the most common site; femoral head flattens and secondary osteoarthritis develops

- CT, MRI and Bone scans can all be used to diagnose disease

Avascular/Aseptic Necrosis



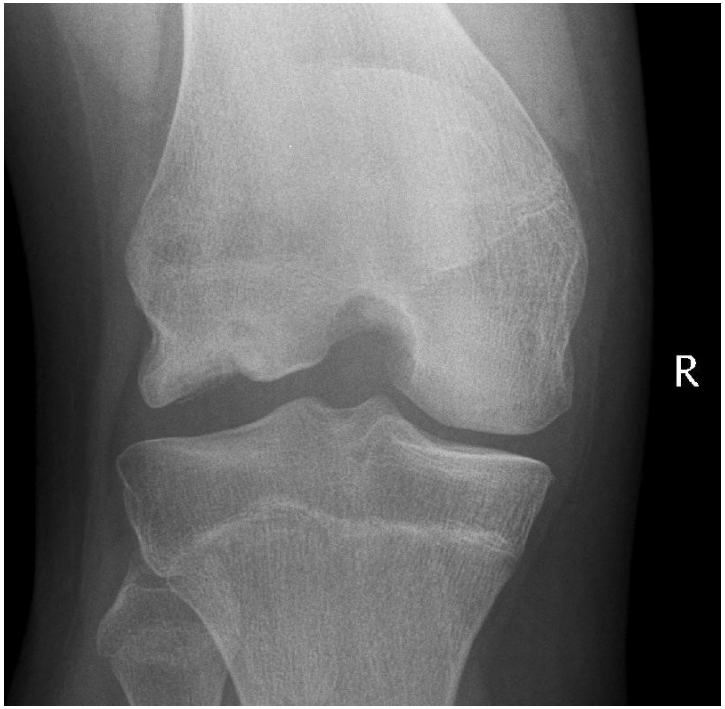


Eisenberg (6th ed.) Fig. 4-60

Osteochondritis dessecans

- Results from aseptic separation of an osteochondral fragment with gradual destruction of the articular surface

- Caused by competitive sports such as those with repetitive throwing, gymnastics, weight bearing on upper extremity, ankle sprains or instability



Case courtesy of Assoc Prof Frank Gaillard, Radiopaedia.org, rID: 3194

THANKS