Fibrous Dysplasia

Lucent lesions are very common in skeletal radiographs. This diagnoses. These lists are especially common in musculoskeletal

MSK Mnemonics: What Do They Look Like?

• hondroblastoma and
• metastasis and

Spine: vertebra plana

70% in flat bones, most commonly skull

Skeletal deformity: fracture,

Sclerosis more common in skull

Pelvis, proximal femur, tibia, skull and facial bones, ribs

The proximal

systemic involvement by eosinophilic

Multiple Myeloma/Plasmacytoma

5–10% of all patients with metastases present with

Expansile lytic lesion with variable mineralization

(> 2cm)

Similar to but larger

Eccentric cortically based lesion

75–90%, most common

Geographic central

'Bubbly mass with or without soft tissue component

Lobulated and expansile with trabeculations

Chondroid matrix (rings,

Calcification; the lesion

is mildly expansile and

proximal clavicle

phalanx of the finger

lesion in the middle

sclerotic rim and

Cortically based

Patient. Note the lack of

Geographic lucent lesion centered in epiphysis

Osteoclastoma

Lesions

Lucent lesion

(15%), pelvis (5–10%)

Long tubular bones

Laurie M. Lomasney, MD,

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racture (Traumatic or Pathologic, such as Osteoporosis)

thoracic vertebral body in this patient

with lytic prostate met. Prostate

Fracture

Kirkland Davis, MD

In the normal growing skeleton, the margins of the physes (growth

Poorly ossified skull

Characterized by

Widening of the physis

Poorly defined, permeative lucent lesion

Fig 61

Irregular, asymmetric widening of the distal radial growth plate

Can have platyspondyly

Fig 49

Small thorax

Characterized by recurrent poorly

extremities, which improve

Fig 43

Hypersegmentation of sternum

Partially absent clavicles

Symphysis pubis

Dysplasias

Can show confluent acro–osteolysis.

Due to occupational exposure

Could be a result of thermal injury, frostbite, or electrocution injury

Bone Resorption caused by

Fig 60

Bone (Carcinoid/Stomach/Colon/Pancreas)

Well defined, expansile and geographic lucent lesion

Poorly defined sclerotic lesion with

Little, pink, firm masses palpable on liver in a patient with biopsy

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lukemia. This lesion is less extensive

anterior cortex. This lesion is less extensive

false raising suspicion of infection or

periosteal reaction (arrow) may represent an

Metastasis/Multiple Myeloma

Involves long bone (Wimberger sign in tibia),

Bone involvement

Involves bone (mainly ribs, clavicles, distal radius, proximal ulna, femur, tibia),

Subperiosteal erosions

Ankylosing Spondylitis

Terminal phalangeal

Causing cuff impingement. Many other patients have resorption of the

43B: Classic findings in the hand also include short metacarpals

Fig 44

Select Bones