

Sample Report

Patient Name: XXXXX XXXXXX
MR Number: 536392
Referred By: XXXX XXXX, DPM
Date of Birth: XX/XX/1971
Exam Date: 1/9/14
Exam Type: Left Foot

Location:
Office Fax:
Accession #: 173898

CLINICAL INFORMATION: 42-year-old female with pain along the second metatarsophalangeal joint and second interspace. Patient had two previous surgeries, one for neuroma resection as well as a cyst that formed in the surgical site.

TECHNIQUE: Long axis T1 inversion recovery, sagittal T1 inversion recovery, short axis dual echo and inversion recovery images of the left forefoot were performed.

COMPARISON: MRI dated 05/11/2012.

FINDINGS:

In the interim there has been resection of the cystic lesion in the second interspace. There is some slight scar tissue in the second interspace without clear evidence of a stump neuroma or recurrent cyst. Minimal fluid in the first and third interspaces likely physiologic. Fourth intermetatarsal web space is normal. No perineural fibrosis along the first, third, or fourth interdigital nerve.

Flexor and extensor tendons are intact without tendinosis, tenosynovitis, or a tear. Distal plantar fascia is intact.

There is a tear of the plantar plate at the second metatarsophalangeal joint. There is degeneration and mild capsulitis of the lateral collateral ligament at the second metatarsophalangeal joint. Nearly one-shaft dorsal subluxation of the second proximal phalanx relative to the head of the second metatarsal. There is small joint effusion. Mild chondral thinning without a focal osteochondral lesion. Stress/reactive marrow edema is noted peri-articular at the second metatarsophalangeal joint related to the instability of the pre-dislocation syndrome. In part this could represent bone marrow contusion.

Small effusion at the first metatarsophalangeal joint. The remaining articulations of the forefoot are preserved.

Normal hallucal sesamoids in anatomic alignment.

The remaining plantar plates and collateral ligaments are intact.

IMPRESSION:

Complete tear of the second plantar plate at the second metatarsophalangeal joint with nearly one shaft dorsal subluxation of the second proximal phalanx in relation to the head of the second metatarsal. This is new compared to the prior study. There is peri-articular edema favored to represent stress/reactive marrow edema or bone marrow contusion related to the instability of the dislocation.

There is mild scarring in the second interspace without clear evidence of a stump neuroma. There has been resection of the previously noted cystic lesion in the second interspace. There may be some slight perineural fibrosis along the second interdigital nerve. First, third and fourth intermetatarsal web spaces are normal.

No acute fracture or Freiberg infraction.

Thank you for your referral and the opportunity to provide your interpretation. If you have any questions about this report, please call 888.ART.4MRI (278.4674).



THIS REPORT WAS ELECTRONICALLY SIGNED
Joel L. Rosner, M.D.

JR / pd

Dictated: 1/12/14 2:51 pm
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