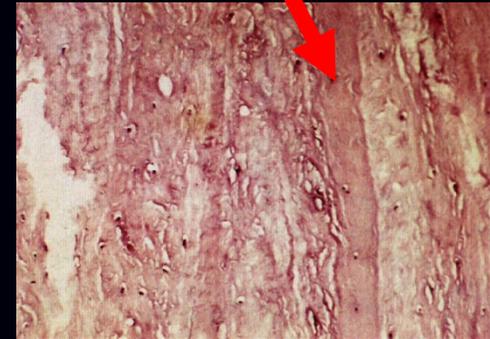
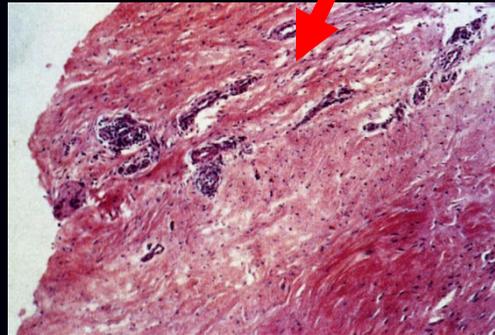


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Anatomia

Menischi



Anatomia

Menischi



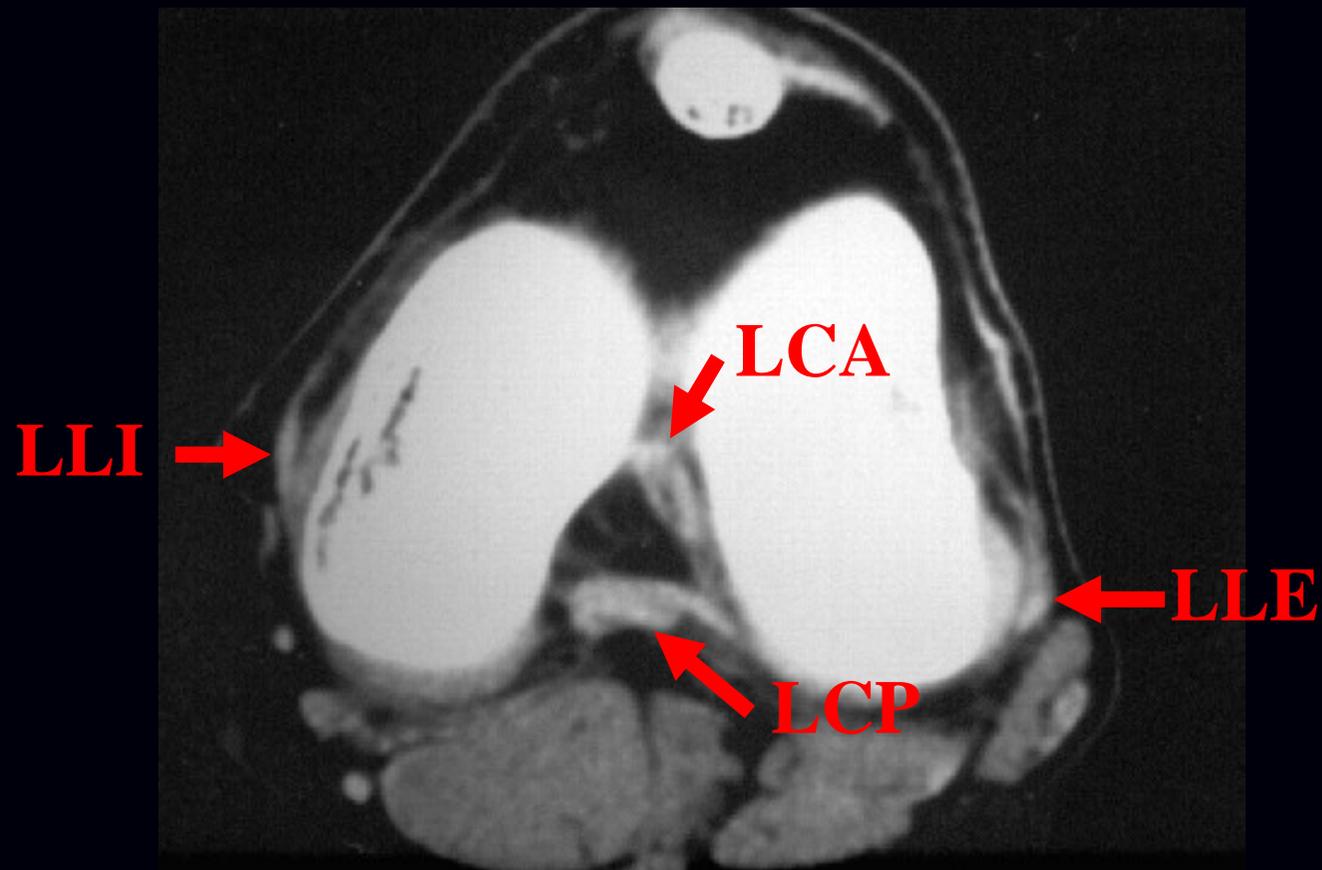
Anatomia

Menischi



Anatomia

Legamenti e punti d'angolo



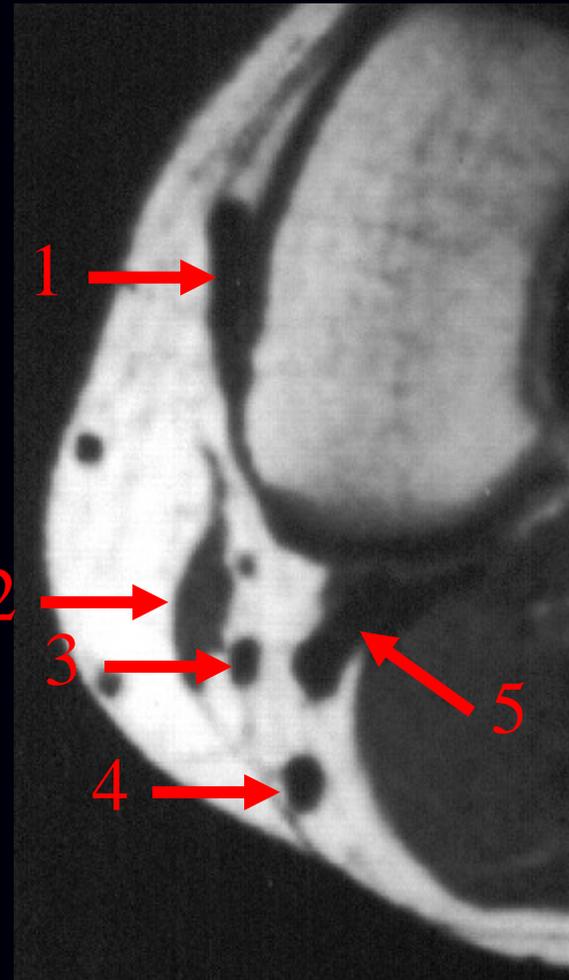
Anatomia

Legamenti e punti d'angolo

P.A.P.I.

Menisco interno
(corno posteriore)

1. LLI
2. Tendine sartorio
3. Tendine gracile
4. Tendine semitendinoso
5. Tendine semimembranoso



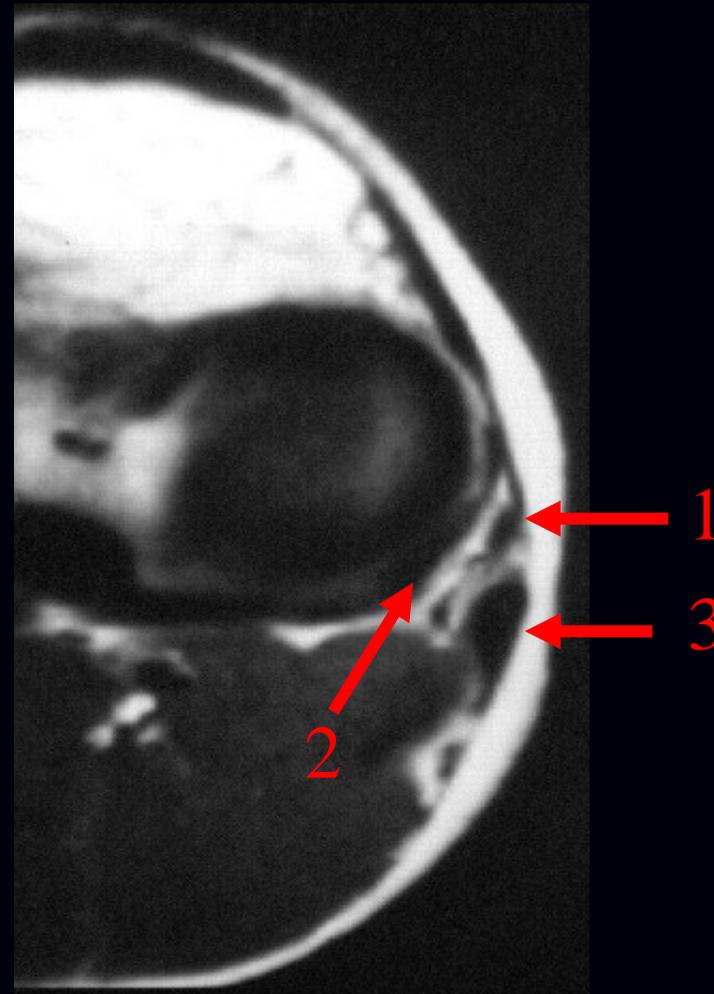
Anatomia

Legamenti e punti d'angolo

P.A.P.E.

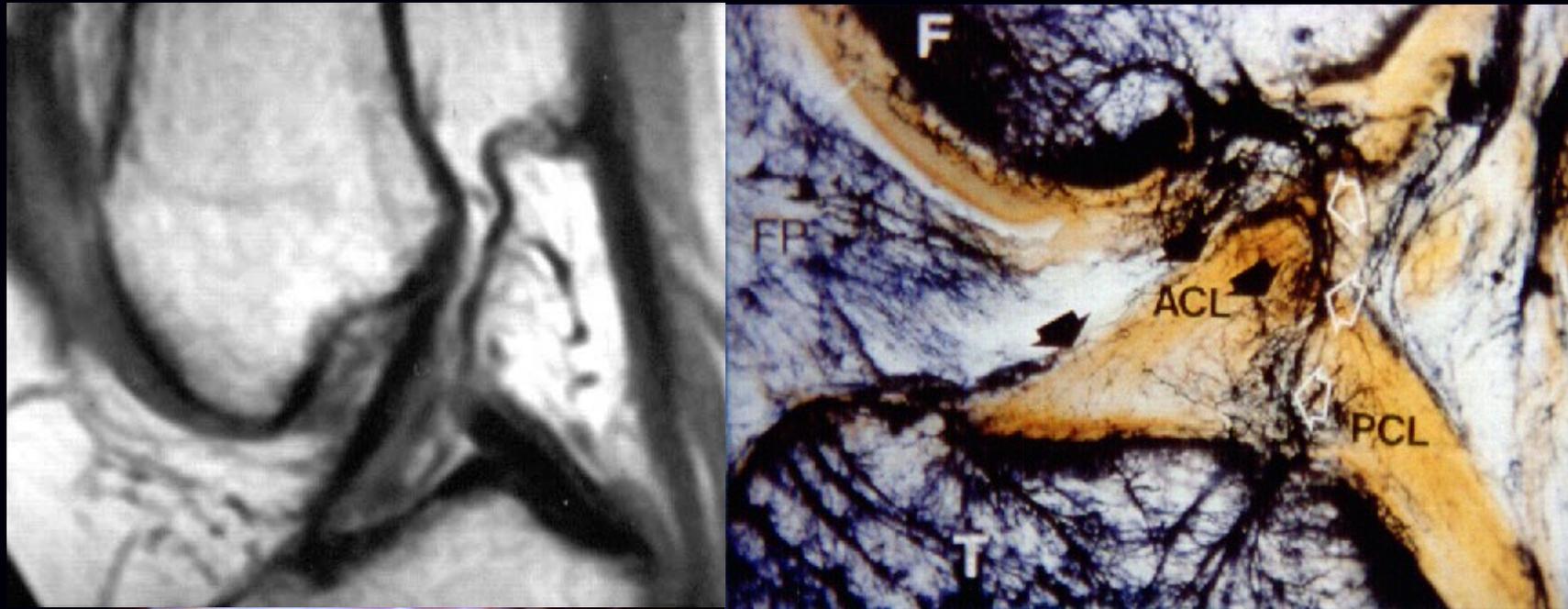
Menisco esterno
(corno posteriore)

1. LLE
2. Tendine popliteo
3. Tendine bicipite



Anatomia

Pivot



Patologia

- ✓ Patologia meniscale
- ✓ Patologia legamentosa
- ✓ Patologia sinoviale
- ✓ Patologia osteocondrale

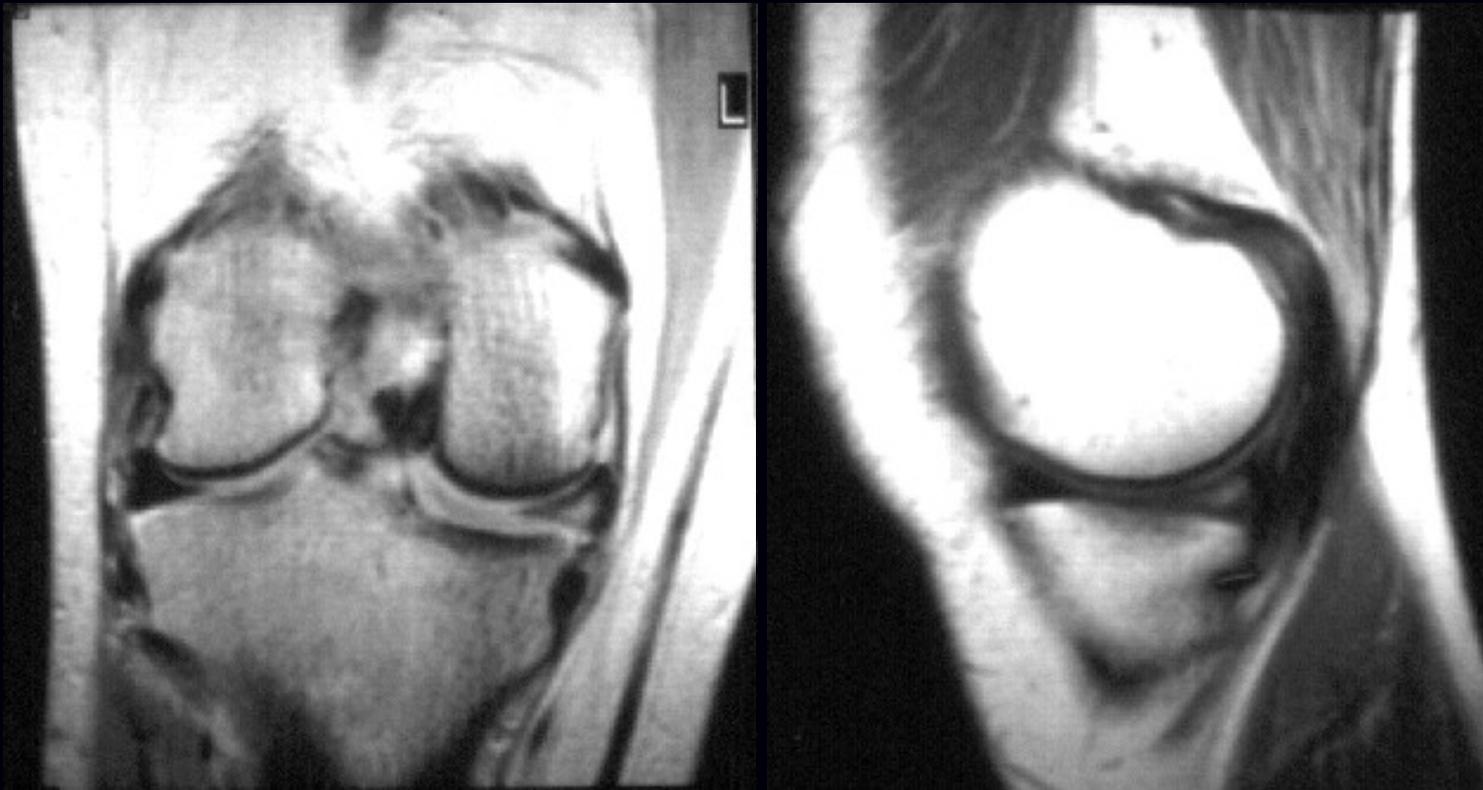
Patologia

Menischi

- ✓ Patologia degenerativa
- ✓ Patologia traumatica
- ✓ Patologia displasica

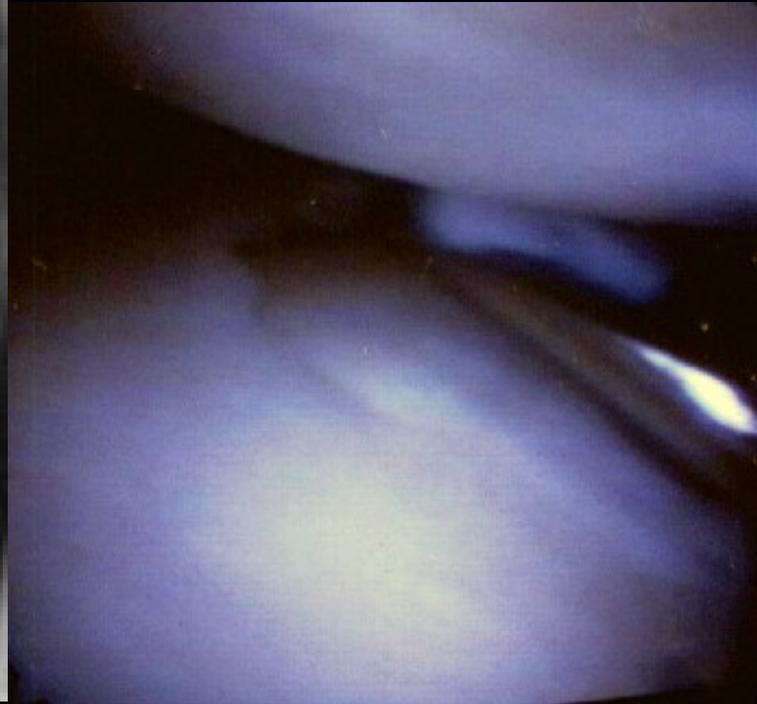
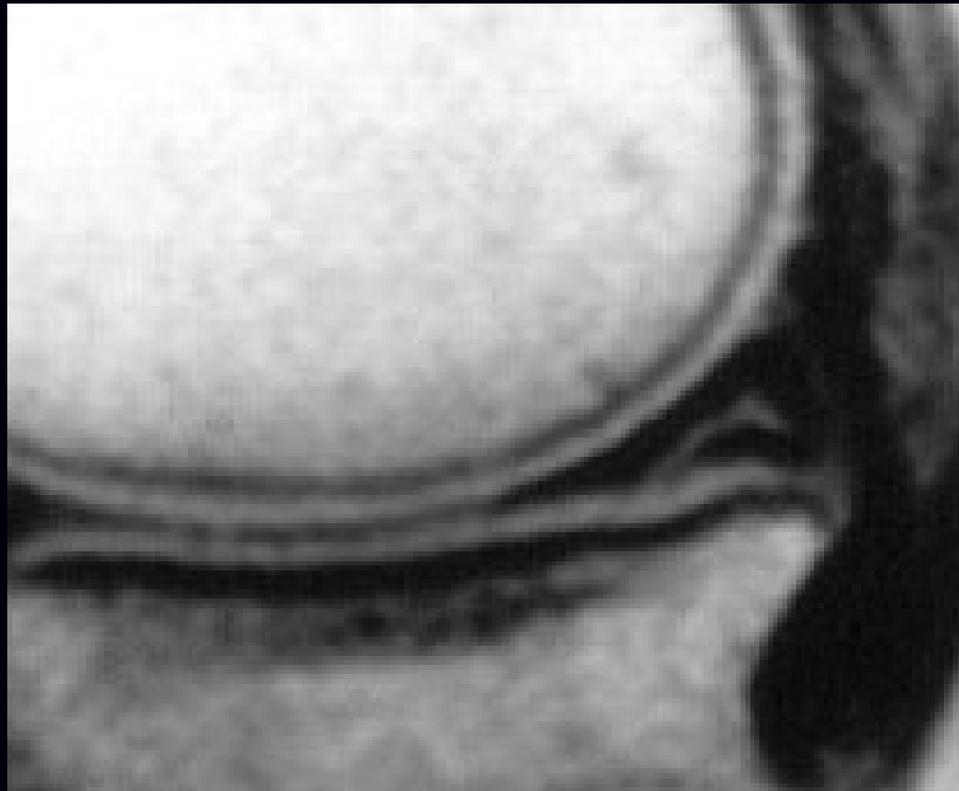
Patologia

Menischi: patologia degenerativa



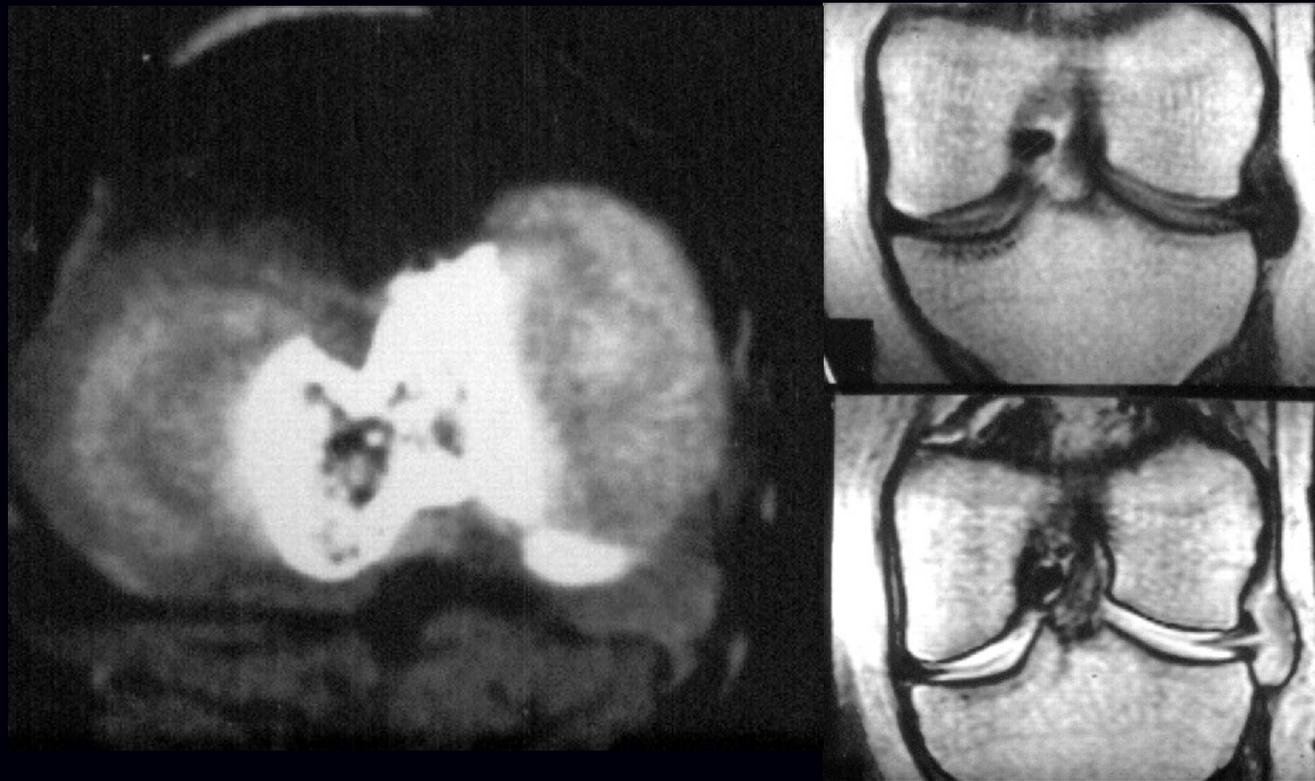
Patologia

Menischi: patologia degenerativa



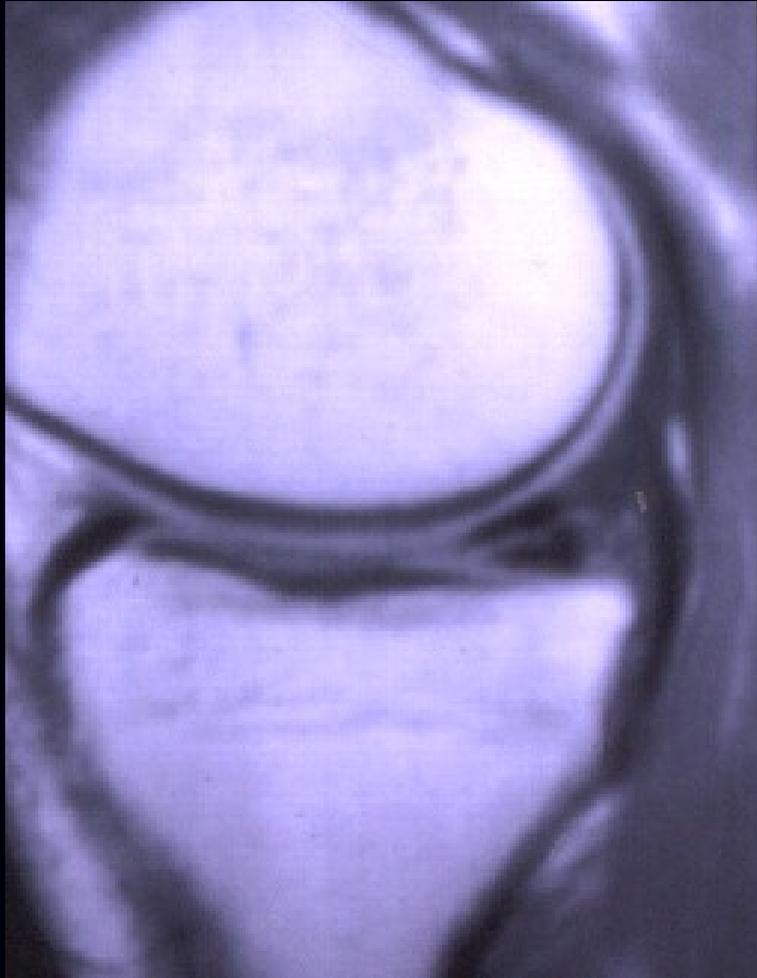
Patologia

Menischi: patologia degenerativa



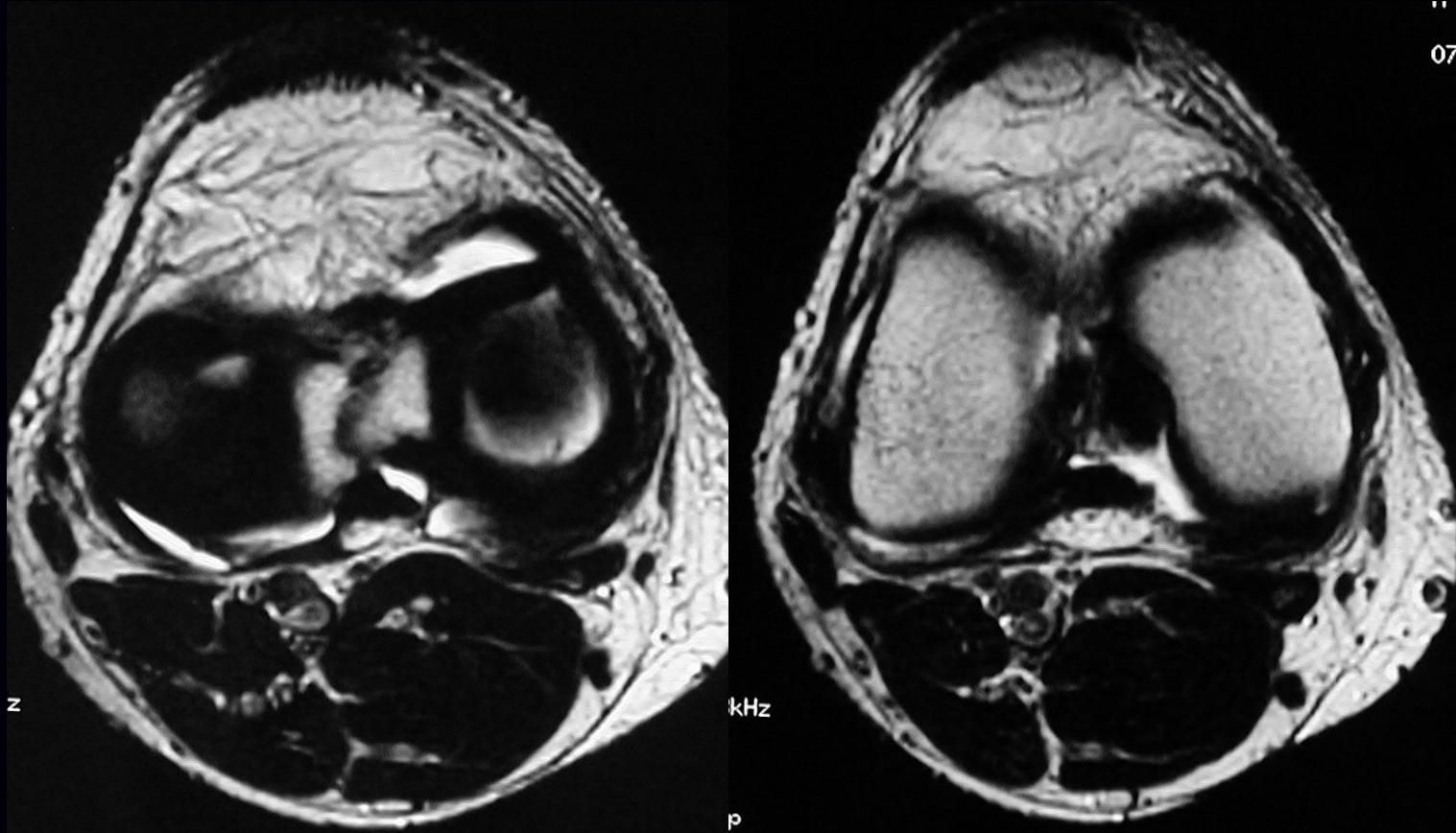
Patologia

Menischi: patologia traumatica



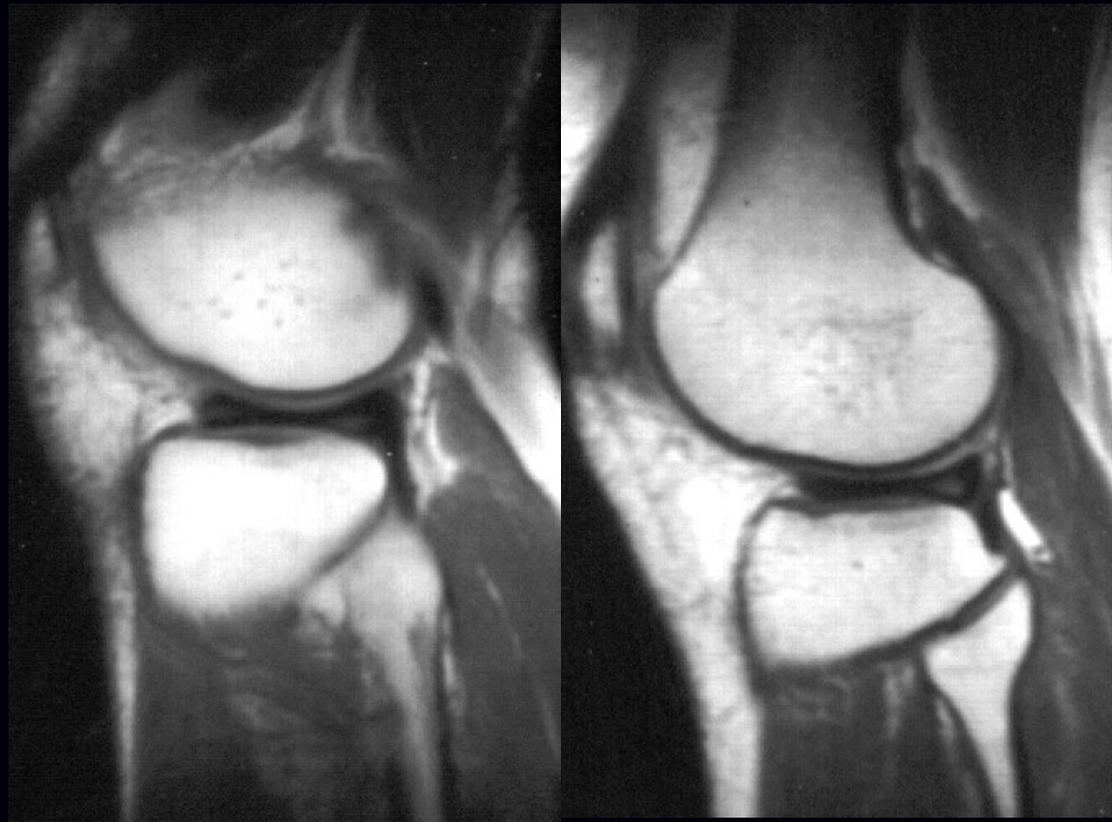
Patologia

Menischi: patologia traumatica



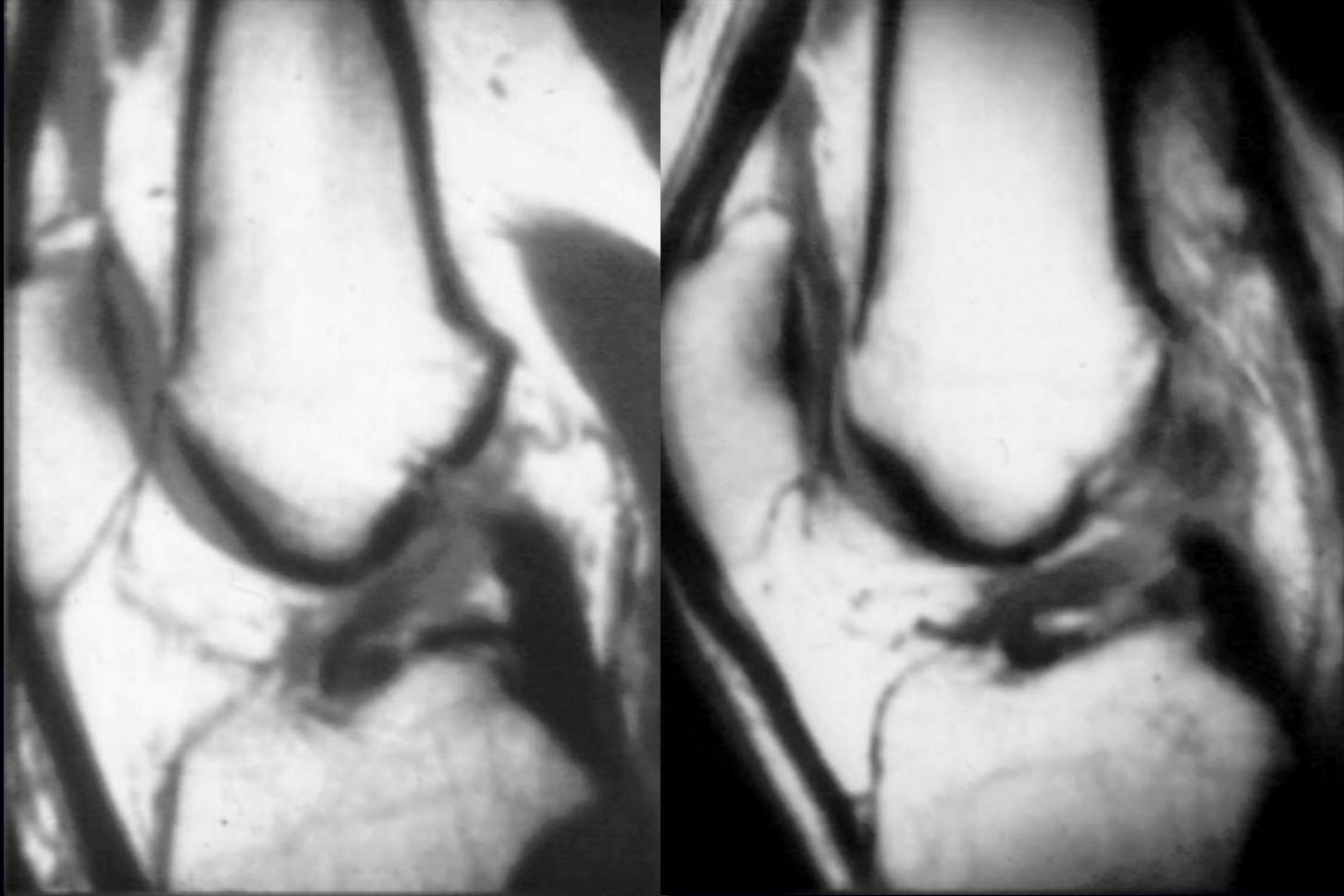
Patologia

Menischi: patologia displasica



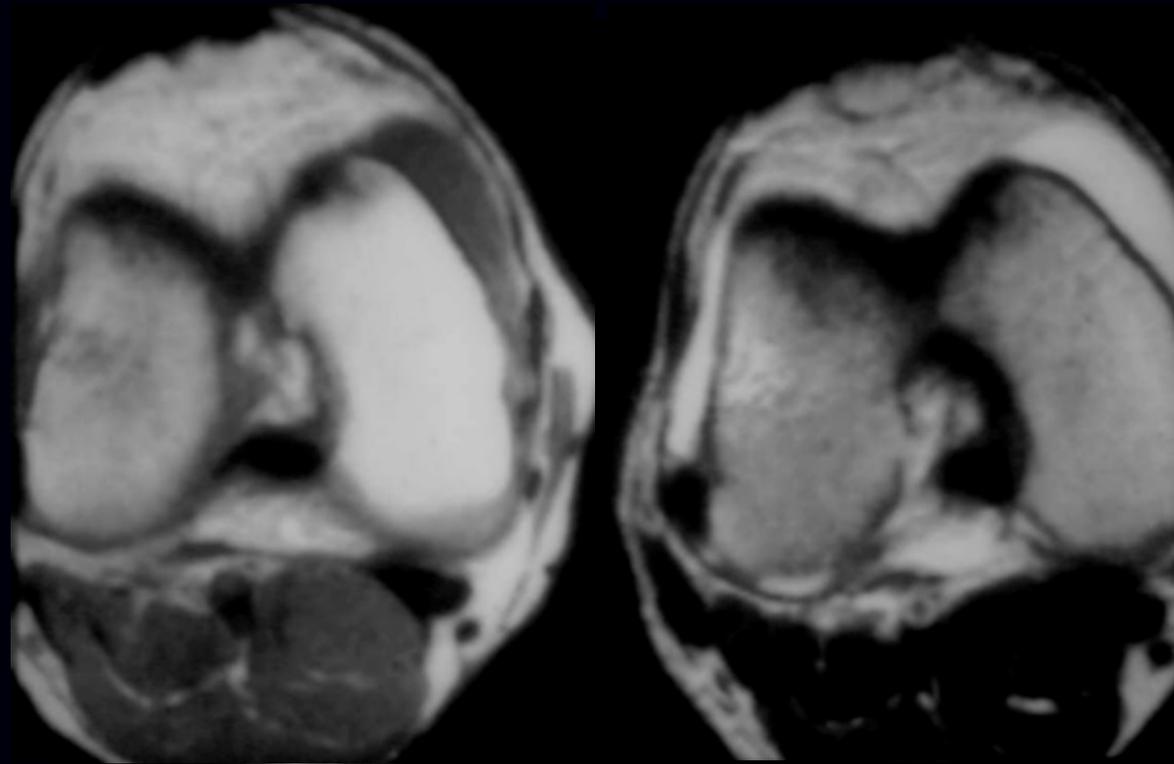
Patologia

Legamenti: pivot



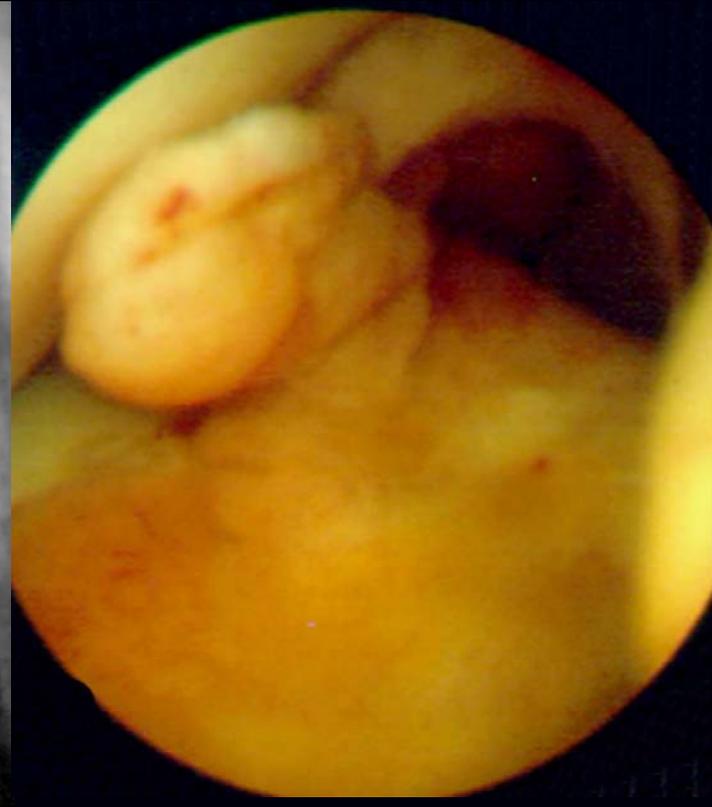
Patologia

Legamenti: pivot



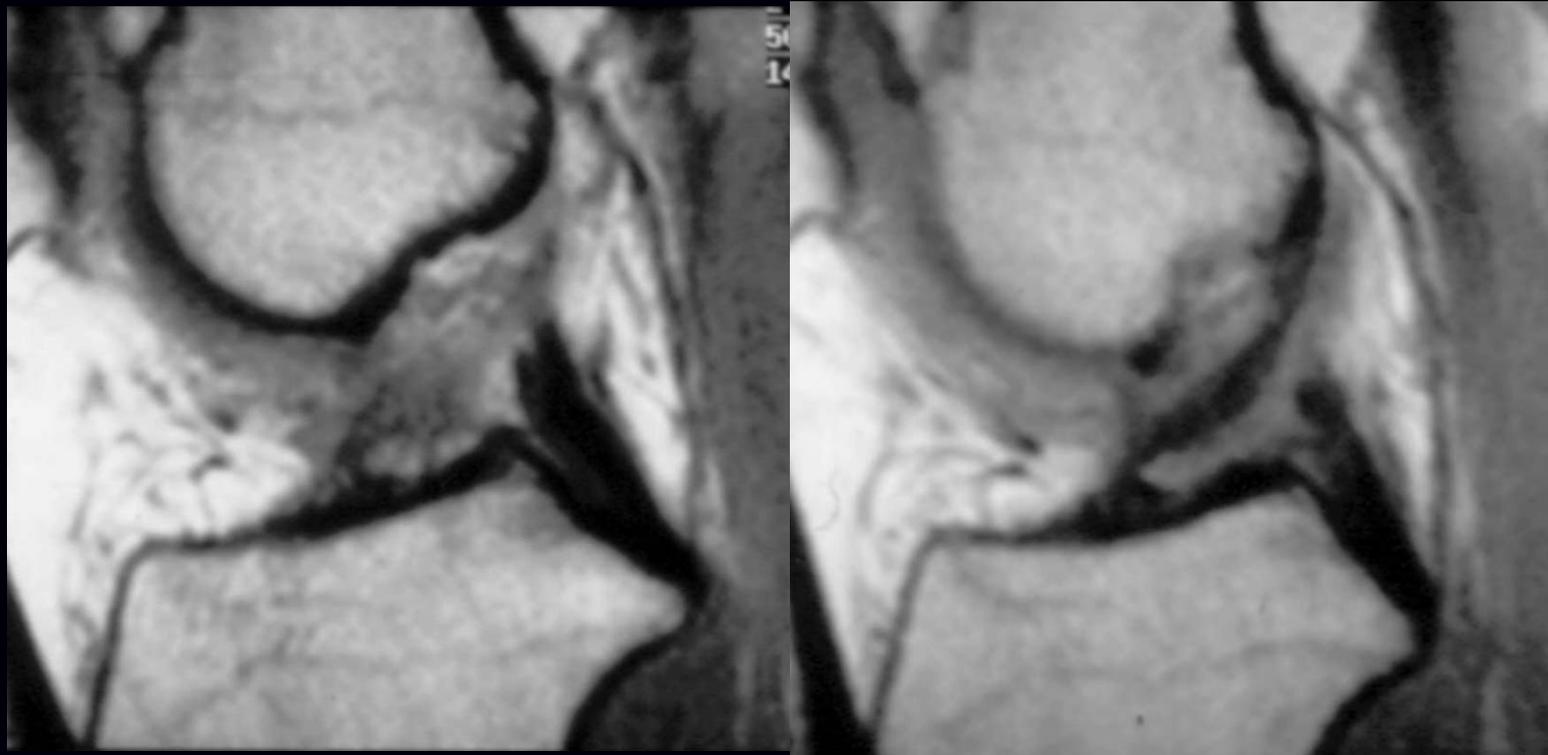
Patologia

Legamenti: pivot



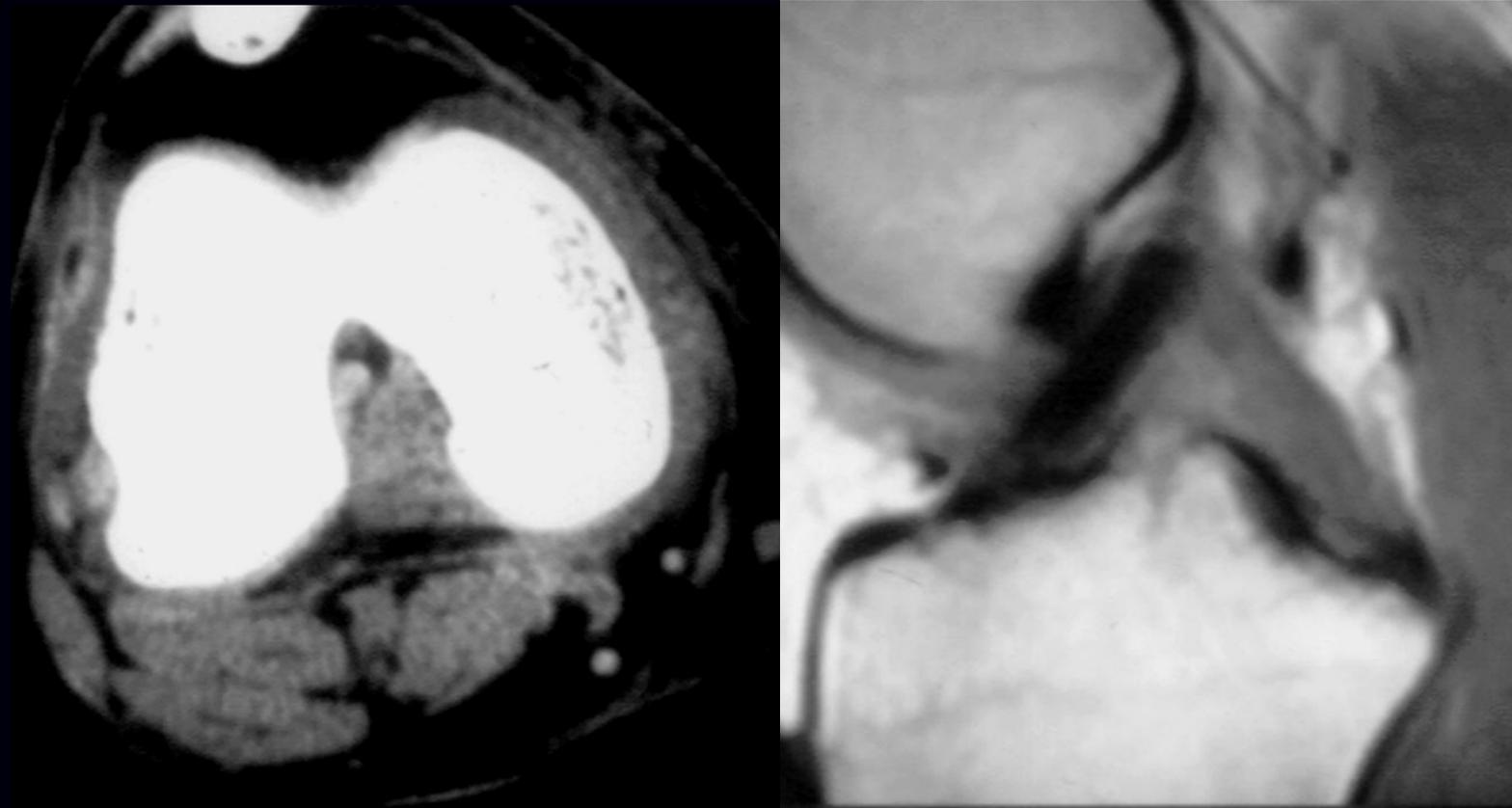
Patologia

Legamenti: pivot



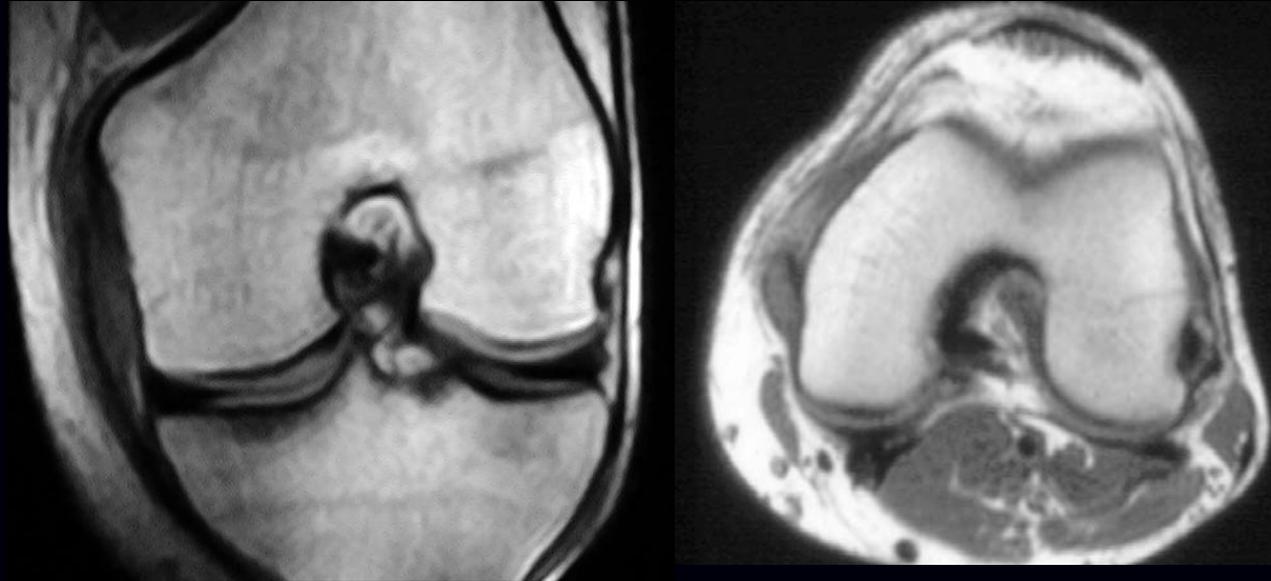
Patologia

Legamenti: pivot



Patologia

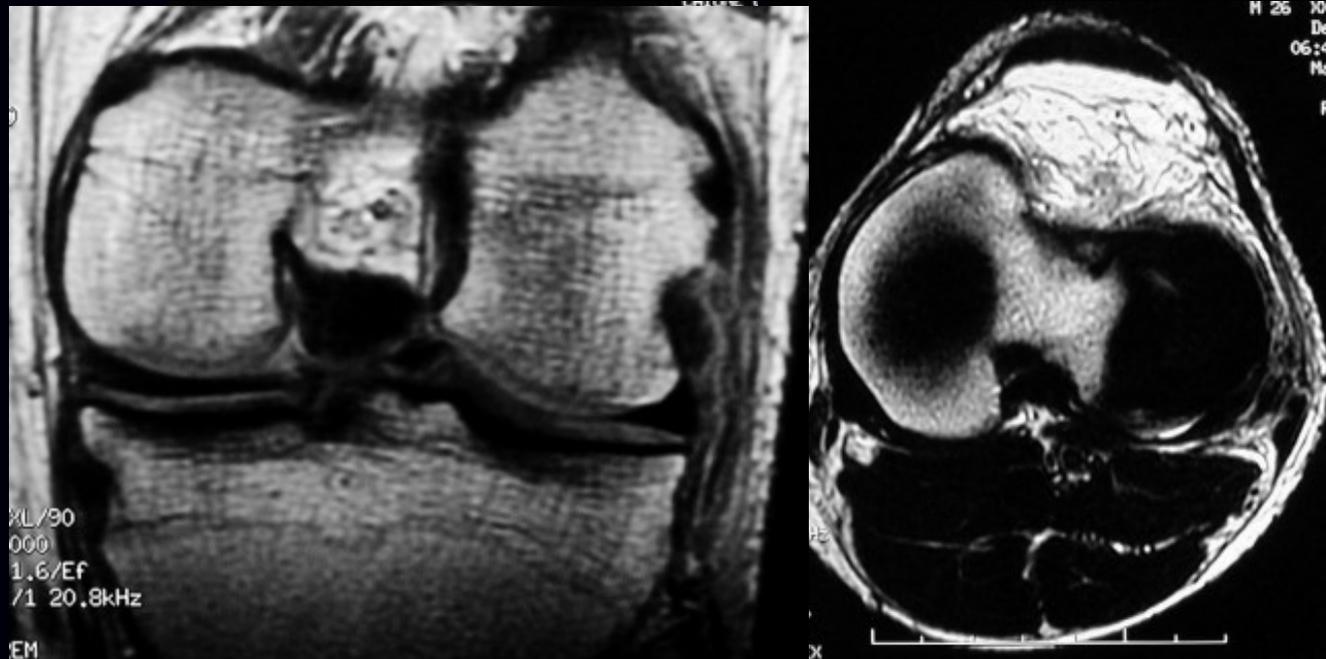
Legamenti: altri



LLI

Patologia

Legamenti: altri



LLE

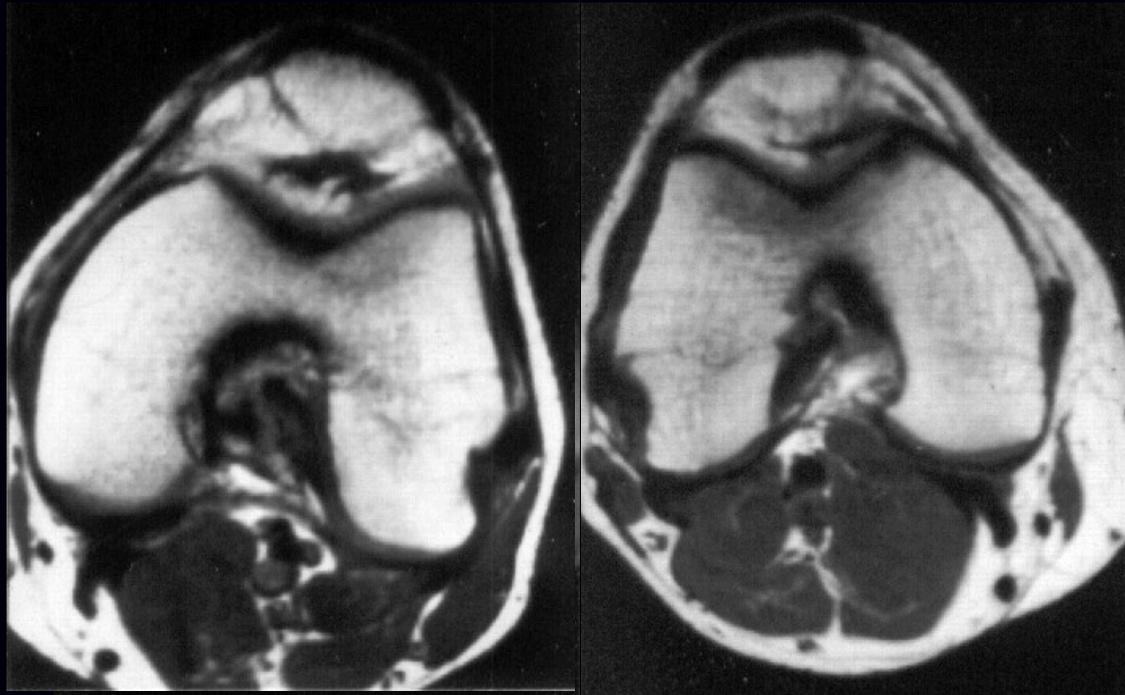
Patologia

Sinovia

- ✓ Pliche
- ✓ Apex sindrome
 - ✓ Cisti
 - ✓ Sinoviti

Patologia

Sinovia: pliche

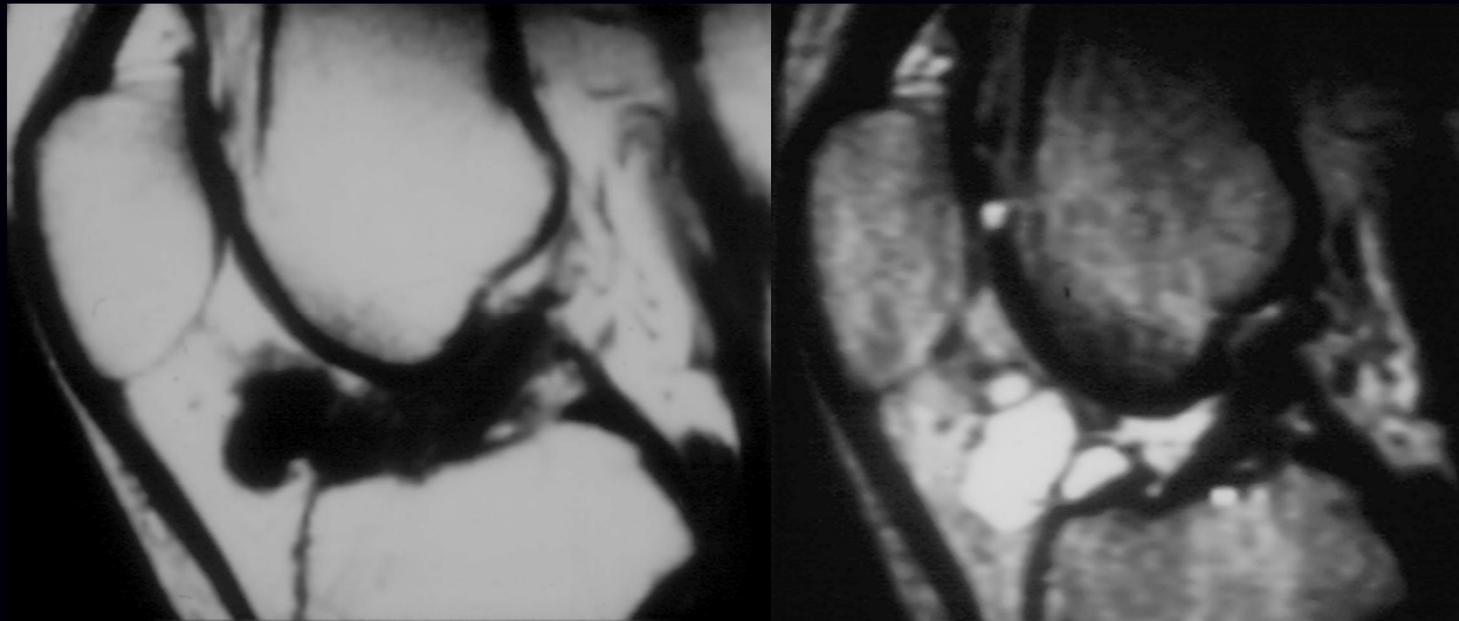


Patologia

Sinovia: cisti

PATOGENE

- ad interferenza biomeccanica
- sul movimento

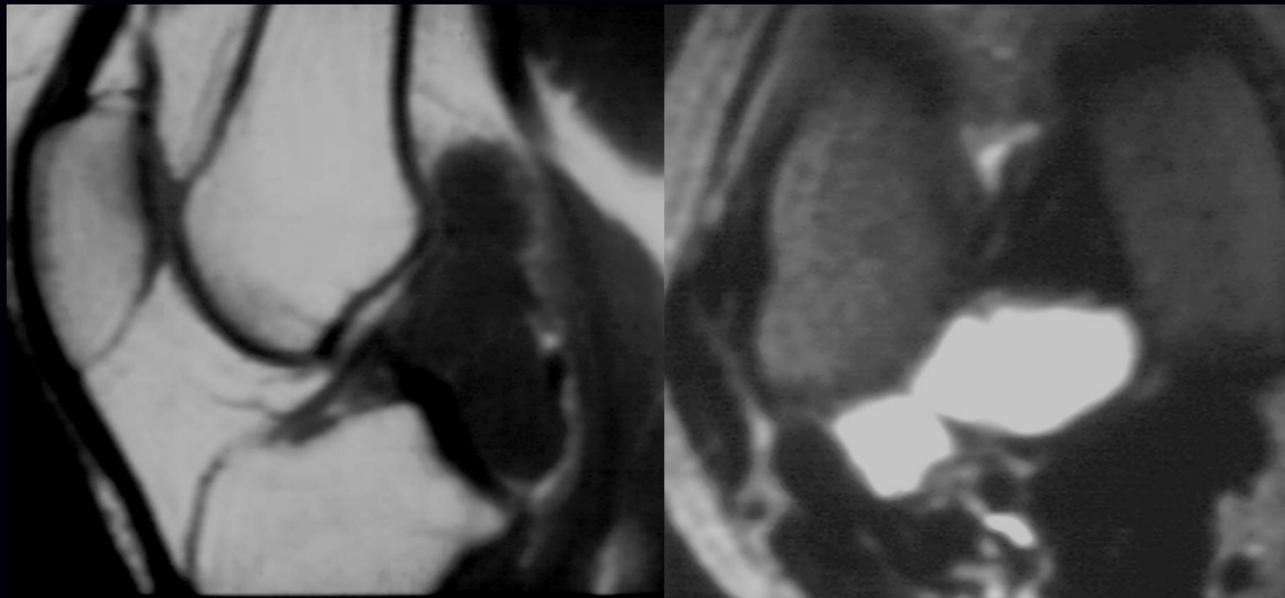


Patologia

Sinovia: cisti

PATOGENE

- ad interferenza biomeccanica
- sulla stabilizzazione (baro-meccanocettori)



Patologia

Sinovia: sinoviti

SINOVITI IPERPLASTICHE

Acute e croniche

Artropatie sieronegative

Artrosi

Sinoviti reattive post-traumatiche

SINOVITI EMORRAGICHE

Artrite reumatoide

Emofilia

PVNS

SINOVITI METAPLASICHE

Condromatosi sinoviale

Angioma sinoviale

Patologia

Sinovia: sinoviti

SINOVITI IPERPLASTICHE CRONICHE

- Ispessimento della sinovia.
- Raramente accompagnato da versamento intrarticolare.
- In genere localizzate a livello dei recessi.
- Presenza sia di villosità che di noduli.
- Tendenza all'evoluzione fibrotica.

Patologia

Sinovia: sinoviti

SINOVITI IPERPLASTICHE CRONICHE

Tali caratteristiche possono determinare un “tipico”
pattern RM.

Medio-bassa intensità di
segnale in T1

Medio-alta intensità di
segnale in T2



Patologia

Sinovia: sinoviti

SINOVITI EMORRAGICHE *PVNS*

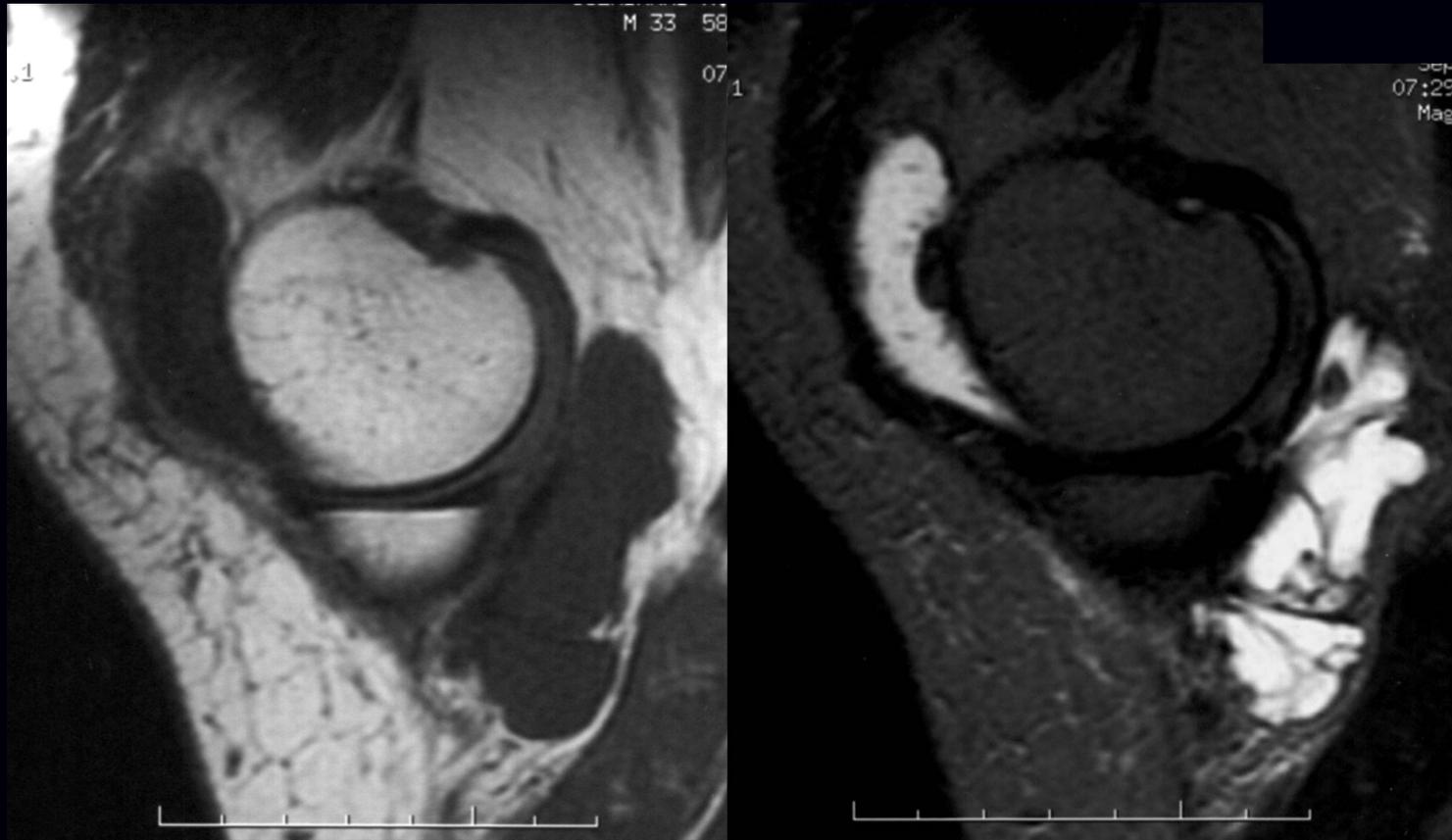
- Forma diffusa o solitaria.
- Dolore ed impotenza funzionale.
- Mai accompagnata da emartro.
- Presenza di precipitati o inclusi emosiderinici.
- Caratteristiche di aggressività.
- Tendenza alla recidiva ed alla eteroplasia.

Patologia

Sinovia: sinoviti

SINOVITI EMORRAGICHE

PVNS



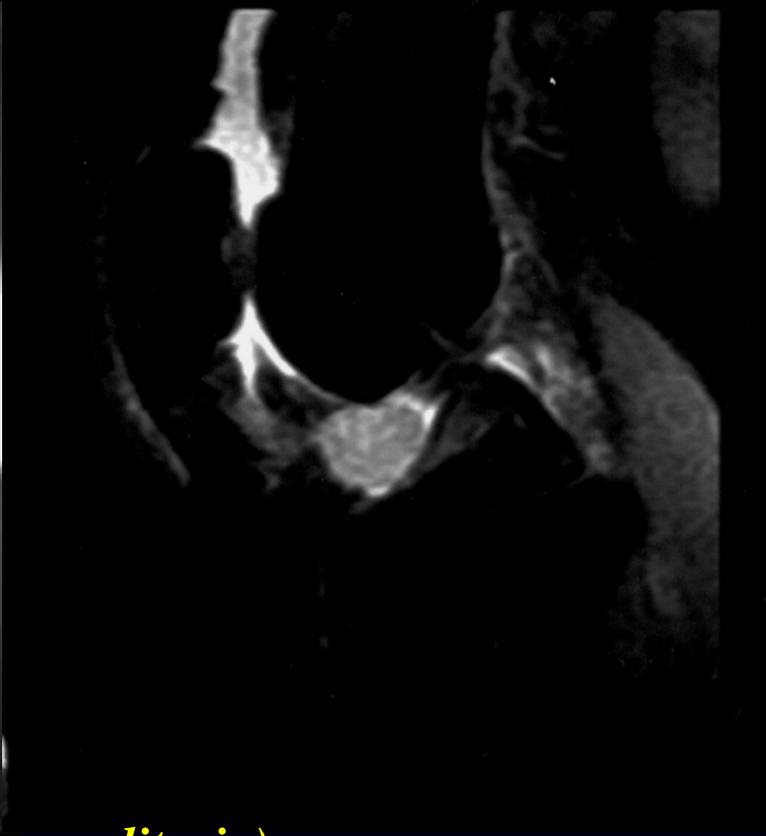
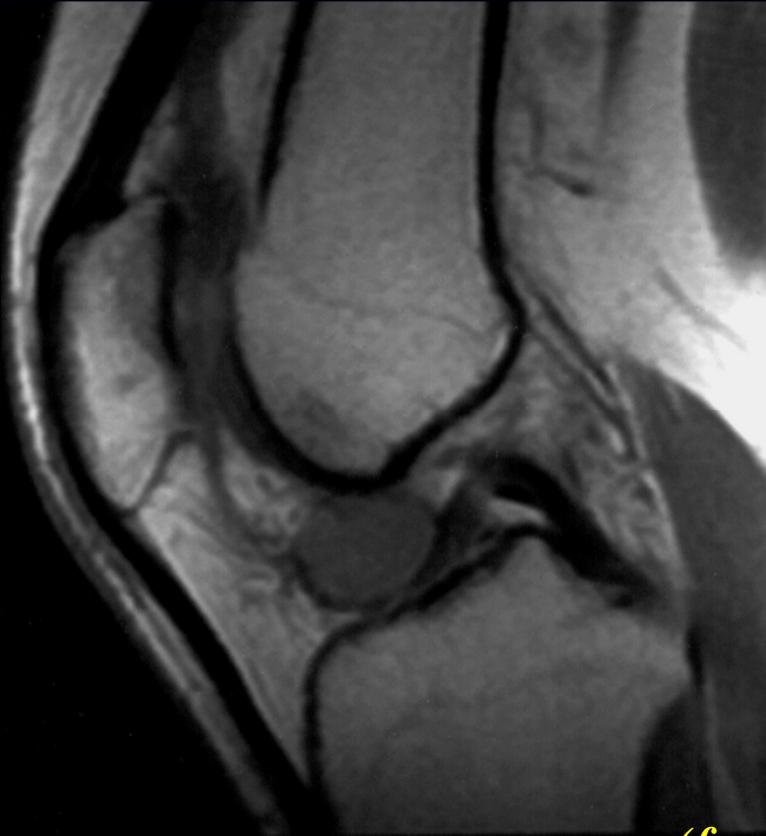
(forma diffusa)

Patologia

Sinovia: sinoviti

SINOVITI EMORRAGICHE

PVNS



(forma solitaria)

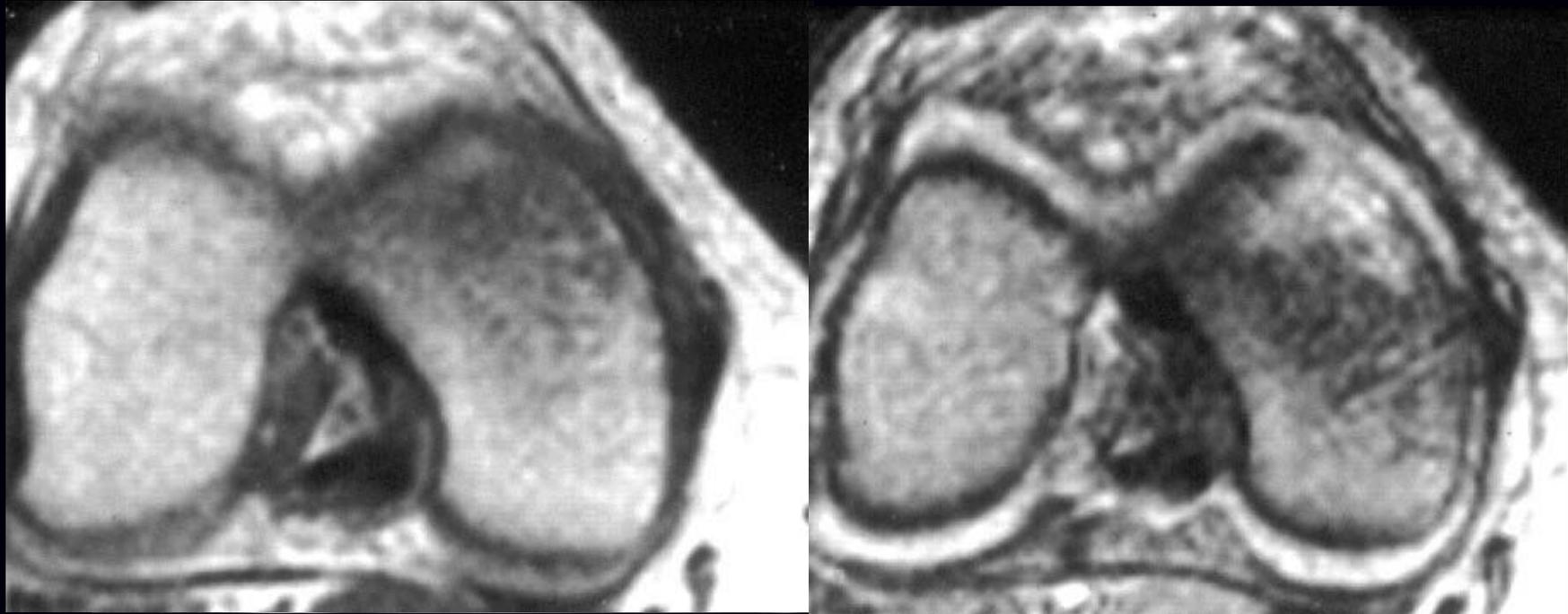
Patologia

Osteocondrale

- ✓ Bone bruise
- ✓ Fratture condrali ed osteocondrali
- ✓ Osteocondriti dissecanti
- ✓ Condropatie

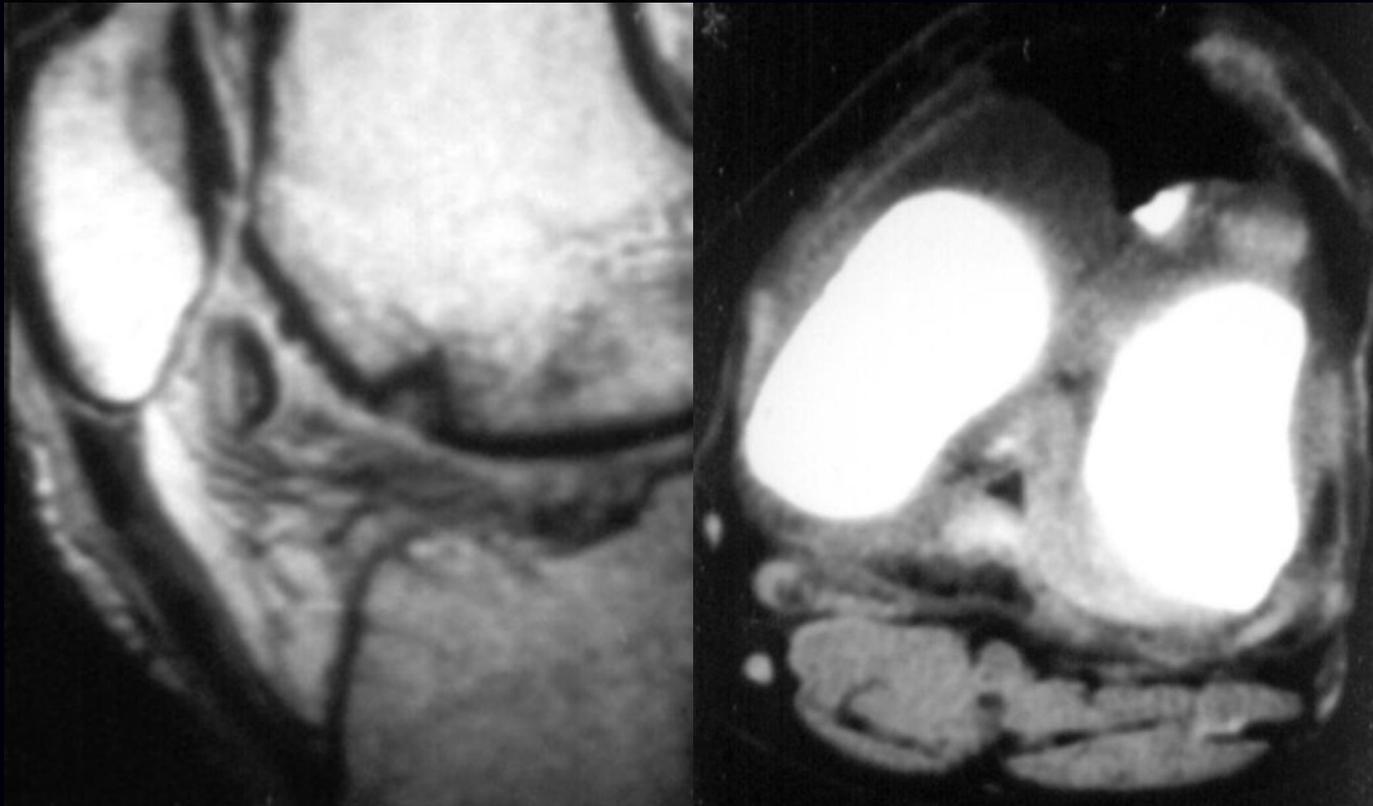
Patologia

Osteocondrale: bone bruise



Patologia Osteocondrale

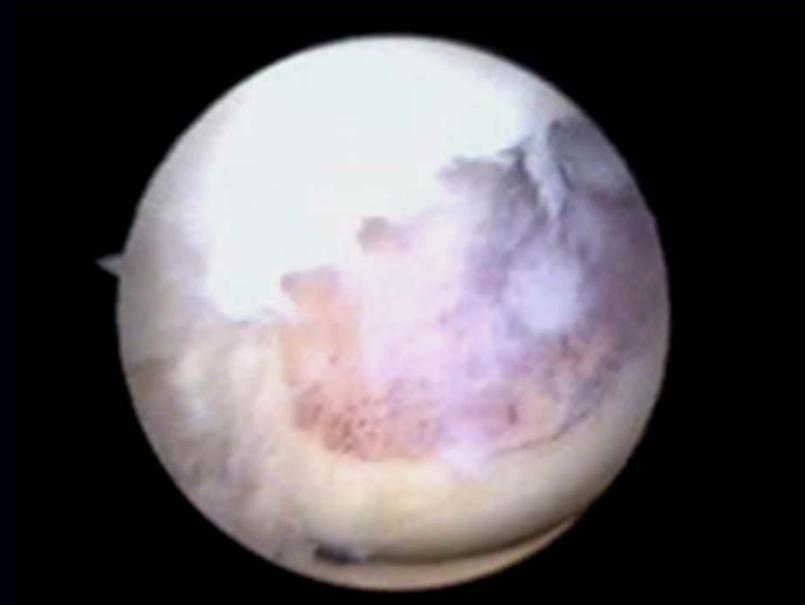
Fratture condrali ed osteocondrali



Patologia

Osteocondrale

Osteocondrite dissecante



Patologia

Osteocondrale: condropatie

Esperienza personale

Grado 0

Grado 1

Grado 2

Grado 3

Grado 4

Grado 5

Sensibilità 55-65%

Specificità 80-90%

Sensibilità 85-95%

Specificità 92-100%

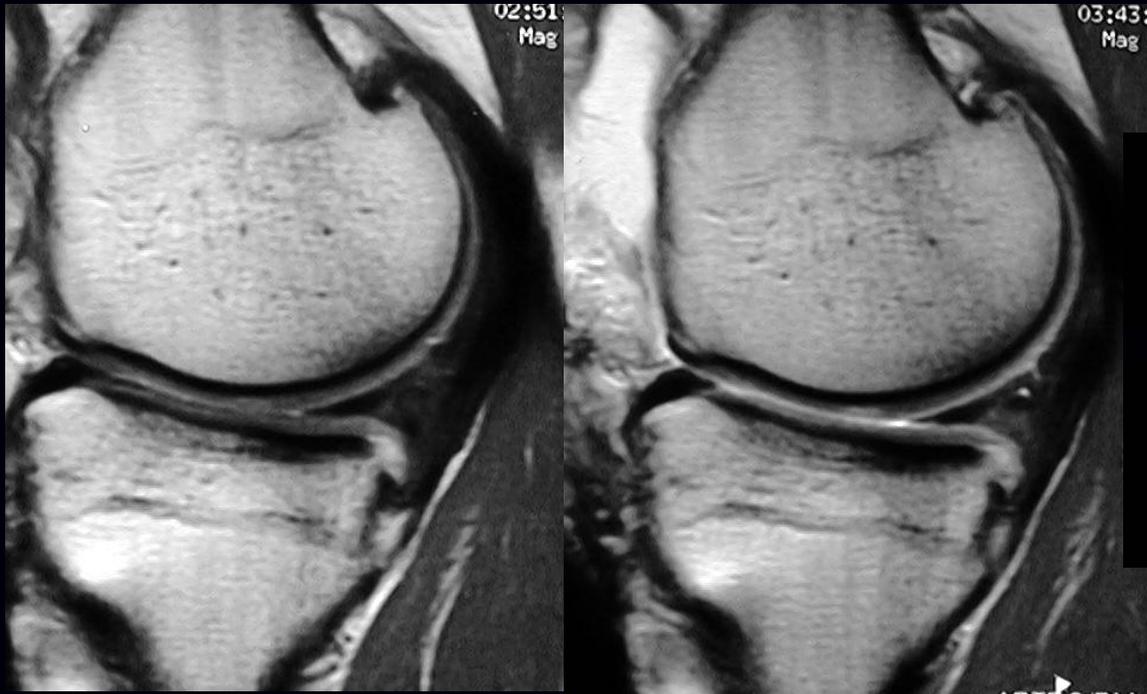
Patologia

Osteocondrale: condropatie



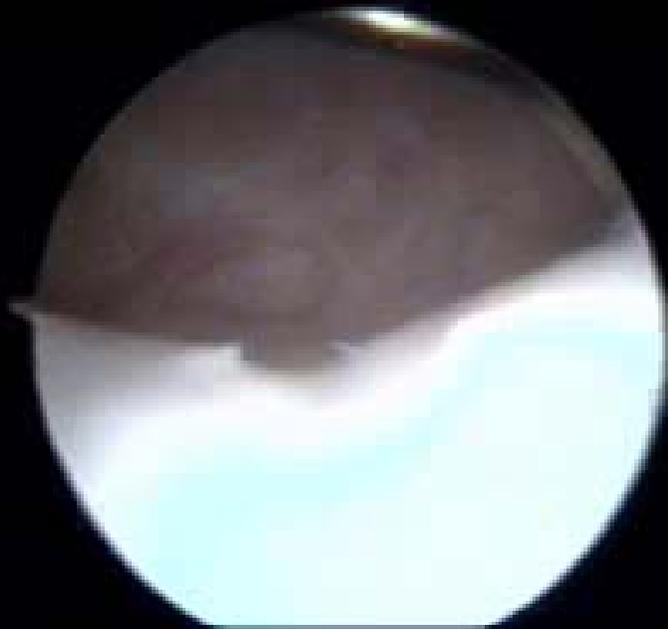
Patologia

Osteocondrale: condropatie



Patologia

Osteocondrale: condropatie



Patologia

Osteocondrale: condropatie

