

Distal radius fracture

Multitom Rax Real3D¹ Hi-Res clinical case
Artemed Hospital Munich, Germany



¹Option

Results from case studies are not predictive of results in other cases. Results in other cases may vary.



Study ID 5aad580

Clinical background and indication for Multitom Rax Real3D¹ Hi-Res examination

Patient

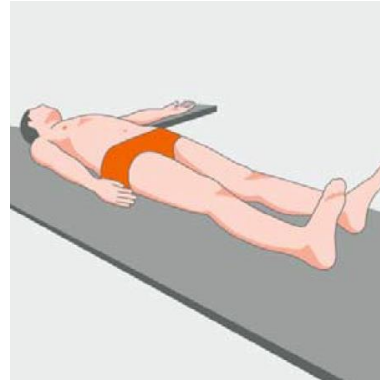
Male | Age 70 years

Anamnesis

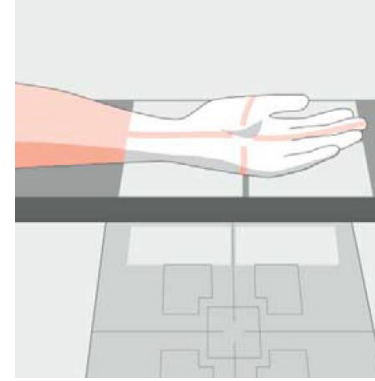
Patient fell on the right wrist.

Indication for Real3D¹ examination

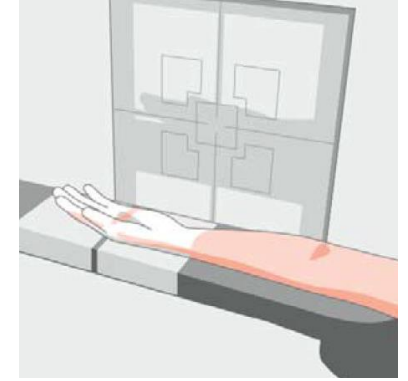
To evaluate extent of the fracture and articular surface involvement. For preoperative planning.



Attach the arm board at the predefined position. Position the patient with head first for left hand/wrist – as illustrated above, or feet first for right hand/wrist



Vertical position: Check if the region of interest is positioned in the light field. The hand must be covered by the light field.



Lateral position: Adapt lateral collimation and adjust table height if necessary. Instruct the patient to avoid any movement.

The products/features (mentioned herein) are not commercially available in all countries. Their future availability cannot be guaranteed.

¹ Option

Multitom Rax Real3D¹ Hi-Res Settings



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Settings for tableside scan with Standard Protocol

<i>Tube voltage</i>	81 kV
<i>Dose area product</i>	112.5 $\mu\text{Gy}\cdot\text{m}^2$
<i>Calculated value for $\text{CTDI}_{\text{vol},32}$</i>	1.5 mGy
<i>Scan time</i>	14 sec
<i>Number of projections</i>	318

Reconstruction settings for sectional views

<i>Pixel size</i>	0.2 mm
<i>Reconstruction kernel</i>	sharp (equivalent to Br69) ²
<i>Slice thickness</i>	0.3 mm

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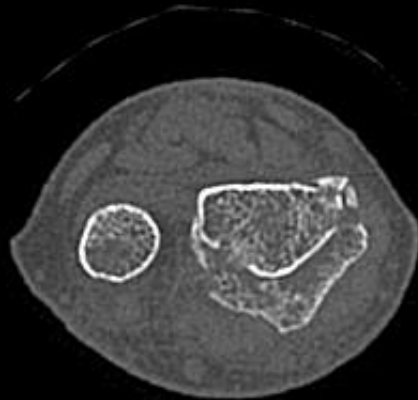
¹ Option

² To get a sharper image impression of the bone, reconstruction kernel “very sharp” can be used for Real3D Hi-Res examinations

Multitom Rax Real3D¹ Hi-Res

Diagnostic findings

The 3D examination shows an impacted and posteriorly tipped fracture of the distal radius without articular surface involvement.



Axial view



Coronal view



Sagittal view

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“The Multitom Rax offers the patient a very comfortable and pain-free position, especially for examining the wrist and elbow joint. This is not to be despised, particularly in the case of acute traumata.”¹

Amir Bigdeli, MD
Artemed Hospital Munich, Germany

¹ The statements by Siemens Healthineers customers described herein are based on results that were achieved in the customer’s unique setting. Since there is no “typical” hospital and many variables exist (e.g. hospital size, case mix, level of IT adoption) there can be no guarantee that other customers will achieve the same results.



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Dr. Amir Bigdeli is employed by an institution that receives financial support from Siemens Healthineers for collaborations.