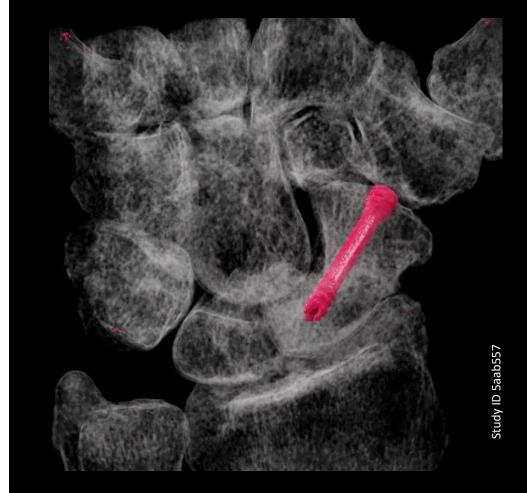


Scaphoid screw dislocation

Multitom Rax Real3D¹ Hi-Res clinical case University Hospital Wuerzburg, Germany



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



Patient

Female |*1951 | BMI 24.4 kg/m²

Anamnesis

Patient fell on the left wrist three months before the present examination and suffered a scaphoid waist fracture (Herbert B2). Conventional screw osteosynthesis was performed with subsequent cast immobilization for six weeks. Currently, the patient reports subtle pressure pain over the radial side of the distal carpal row.

Indication for Real3D¹ examination

Radiography is unable to visualize proper screw placement and remains inconclusive with regard to fracture healing.

Lateral AP Conventional X-ray examination



SHS DI XP **2** Unrestricted © Siemens Healthineers , 2023

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Multitom Rax Real3D¹ Hi-Res Settings



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Settings for tableside scan using dedicated metal protocol

Tube voltage116 kVCurrent time product223 mAsDose area product335 μGy⋅m²Calculated value for CTDI_{vol,32}5.0 mGyScan time14 secNumber of projections318

Reconstruction settings for sectional views

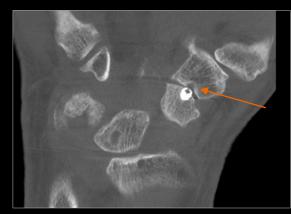
Pixel size0.2 mmReconstruction kernelvery sharp (equivalent to UR77)Slice thickness2 mm



Multitom Rax Real3D¹ Hi-Res Diagnostic findings

In addition to completed fracture healing, Real3D¹ images with metal artefact reduction reveal screw displacement into the scaphotrapezial joint.

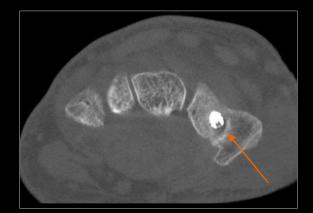
The proximal articular surface of the trapezium displays a small notch (arrow) congruent to the distal portion of the dislocated screw. Signs of secondary osteoarthritis are visible (joint space narrowing, subchondral sclerosis).



Coronal view



Sagittal view





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Axial view

VRT view





"VRT shows sufficient detail to be used for image demonstration in interdisciplinary meetings with orthopedic surgeons. After customization to highlight metal implants in color, it is particularly helpful for visualization of screw dislocation." ¹

Jan-Peter Grunz, MD University Hospital Wuerzburg, 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.





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

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

Dr. Jan-Peter Grunz is employed by an institution that receives financial support from Siemens Healthineers for collaborations.