

Pediatric dislocated Bennett fracture

Multitom Rax Real3D¹ Hi-Res clinical case Children's and Youth Hospital "Auf der Bult" Hannover





Clinical background and indication for Multitom Rax Real 3D¹ Hi-Res examination



Patient

Male | Age range 15 - 20 years

Anamnesis

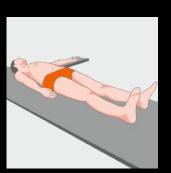
Dislocated Bennett fracture, a fracture of the base of the thumb, visible on conventional X-ray examinations (see circles on the right).



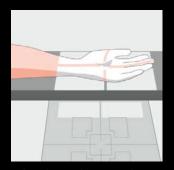
Conventional X-ray examination

Indication for Real 3D¹ examination Three-dimensional representation of the

fragment position in High-Resolution Real3D before surgical reconstruction needed.



Position the patient with head first for left hand.



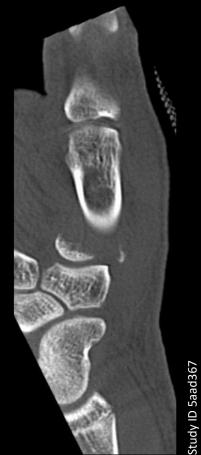
The hand must be covered by the light field.



Adapt lateral collimation and adjust table height if necessary.

Multitom Rax Real3D¹ Hi-Res **Settings**





Settings for tableside scan with Standard Protocol

Tube voltage 81 kV

Current time product 197 mAs

Dose area product 61.5 μGy·m²

Calculated value for CTDI_{vol,32} 2.0 mGy

Scan time 14 sec.

Number of projections 318

Reconstruction settings for sectional views

Pixel size 0.2 mm

Reconstruction kernel sharp (equivalent to Br69)

Slice thickness 2 mm

Multitom Rax Real3D¹ Hi-Res Diagnostic findings



Assessment of the dislocated Bennett fracture on Real3D examination.

Postoperative control

after intraoperative

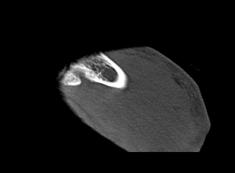
immobilization for 6

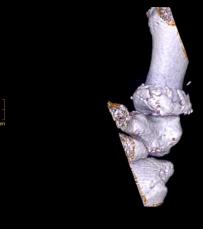
repositioning and

fixation with

weeks.









MPR view



MPR view animation



VRT view animation

Conventional X-ray examinations after surgical repositioning

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

SHS DI XP





"Very good overall image impression in Hi-Res scan mode of Real3D with better spatial resolution than conventional multidetector CT examinations."

Jürgen Weidemann, MD

Chief Physician Pediatric Radiology, Children's and Youth Hospital "Auf der Bult" Hannover

¹The 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. Jürgen Weidemann is employed by an institution that receives financial support from Siemens Healthineers for collaborations.