

Weight-bearing post-traumatic ankle arthritis

Multitom Rax Real3D¹ clinical case Artemed Hospital Munich, Germany



Clinical background and indication for Multitom Rax Real3D¹ examination



Patient

Male | Age range 60 - 70 years | BMI range 25 - 30 kg/m²

Anamnesis

Already known ankle joint arthrosis.

Indication for Real3D¹ examination

Preoperative planning before ankle joint prosthesis. Real3D was chosen as the method for the preoperative examinations before ankle prosthesis implantation because the ankle joint can be examined in a natural, weight-loaded position.

Two options to position the patient



Let the patient lift the other foot in order to take it out of the field of view.



If a natural weight bearing scan is required, let the patient place the second foot close to the other foot.

Multitom Rax Real3D¹ Settings





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

¹ Option

Settings for upright scan with Standard Protocol

Tube voltage 117 kV

Current time product 213 mAs

Dose area product 651 μGy·m²

Calculated value for CTDI_{vol,32} 5.2 mGy

Scan time 16 sec

Number of projections 434

Reconstruction settings for sectional views

Pixel size 0.4 mm

Reconstruction kernel sharp (equivalent to Br69)

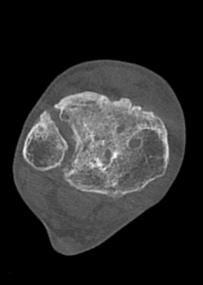
Slice thickness 0.5 mm

Multitom Rax Real3D¹ Diagnostic findings



The already known valgus osteoarthritis of the ankle can be seen in all views. In addition, there is a bone marrow infarction in the diametaphyseal junction of the distal tibia.

The patient was informed about an ankle prosthesis implantation.



Axial view



Coronal view



Sagittal view

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¹ Option





"We choose Real3D as the modality for the preoperative examinations before ankle prosthesis implantation because we can examine the ankle joint in a natural, weight-loaded position. We believe that this will allow us to make an even better adjustment to the prosthesis."1

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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.





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

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