



# Commonly Missed X-rays

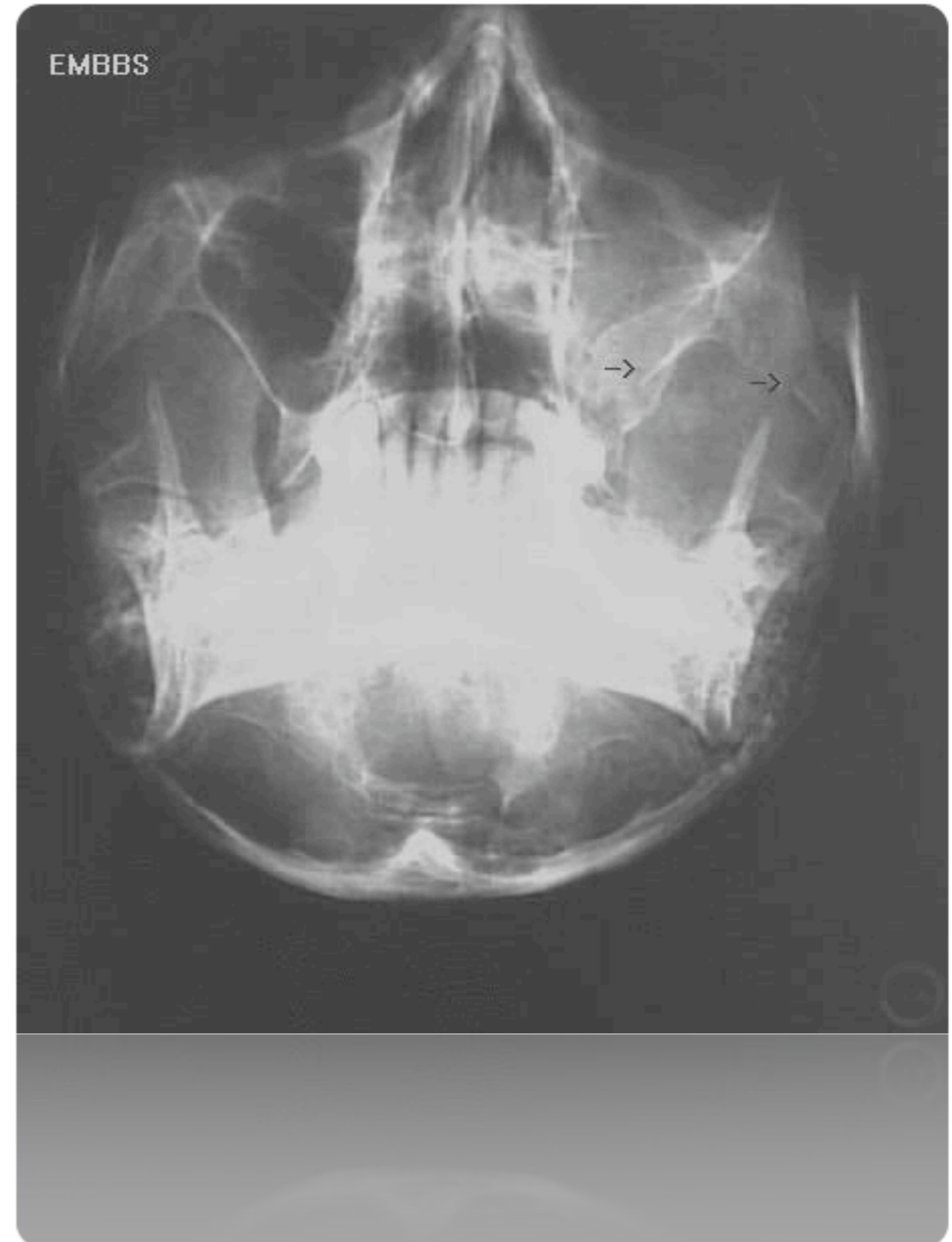
Mr Colin Dibble  
Consultant in Emergency Medicine  
North Manchester General Hospital

# Commonly Missed X-rays

- Repeatedly missed, difficult to see abnormalities
- Serious long term consequences of misses
- Medico-legal implications
- This is not a “How To Read X-rays” session
- Check all cortices, be systematic
- Look for the **second** injury/abnormality

# Facial Views

- Compare sides-elephant ears and trunk
- Clinical Suspicion
- Maxillary sinus fluid level
- Air in orbit
- 'Tear drop'







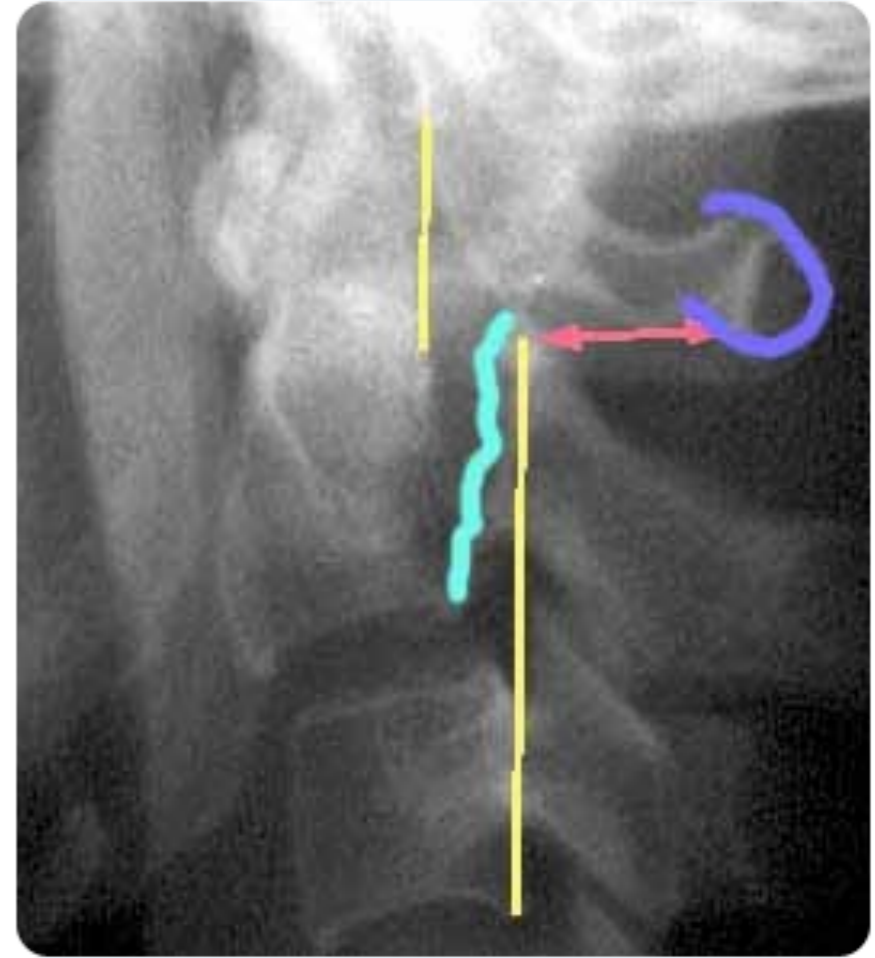
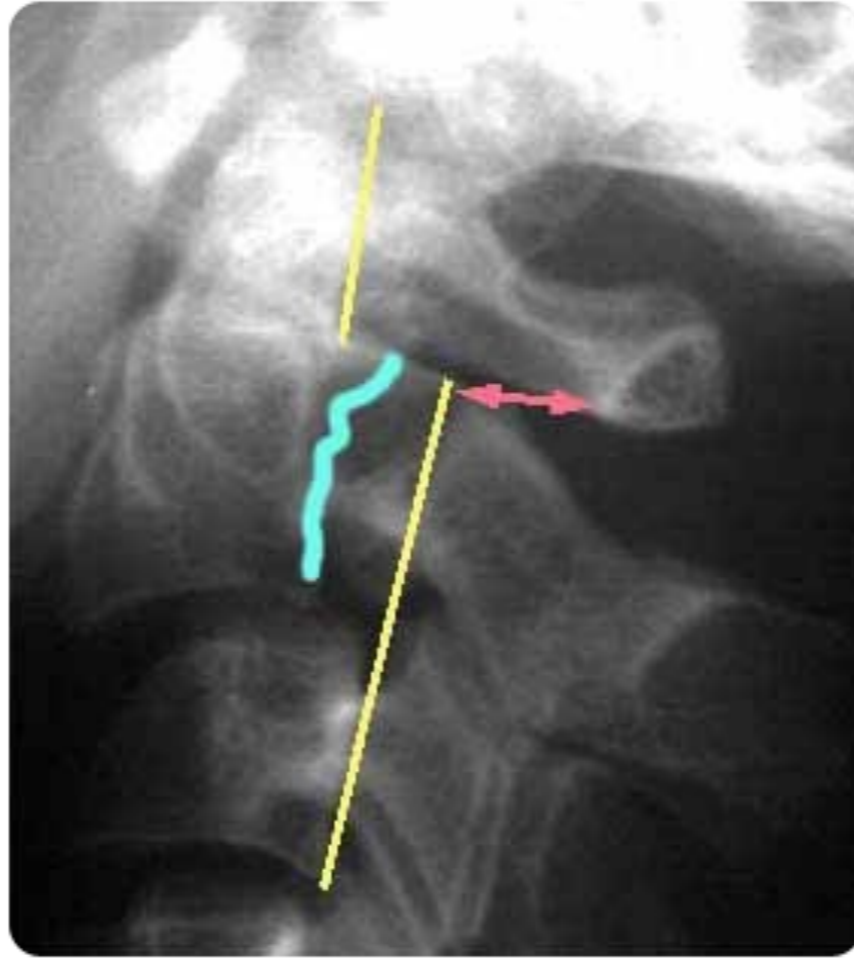
UMDS











- High/low index of suspicion
- Always get C7-T1 junction
- Look for second injury
- Check alignments & cortices
- Peg views more difficult

## Cervical Spine Injuries

- Clay shovellers or spinous process fractures
- Peg/lateral masses
- Unifacet (<1/2 body)
- Bifacet (>1/2 body)
- Tear drop



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# Elbow fat pad

- Normal if flat anteriorly
- Always abnormal posterior
- Supracondylar in kids
- Radial head in adults



# Children Elbows

- Capitellum-6/12
- Radial head-5y
- Internal epicond-6y
- Trochlear-10y
- Olecranon-11y
- External epicond-12y



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# Wrist (Colles) Fractures

- Radial articular surface should face forward  $10^\circ$
- If angulated beyond perpendicular-needs MUA
- If <65yrs, dorsal cortex communitied/segmental or intra-articular: Refer



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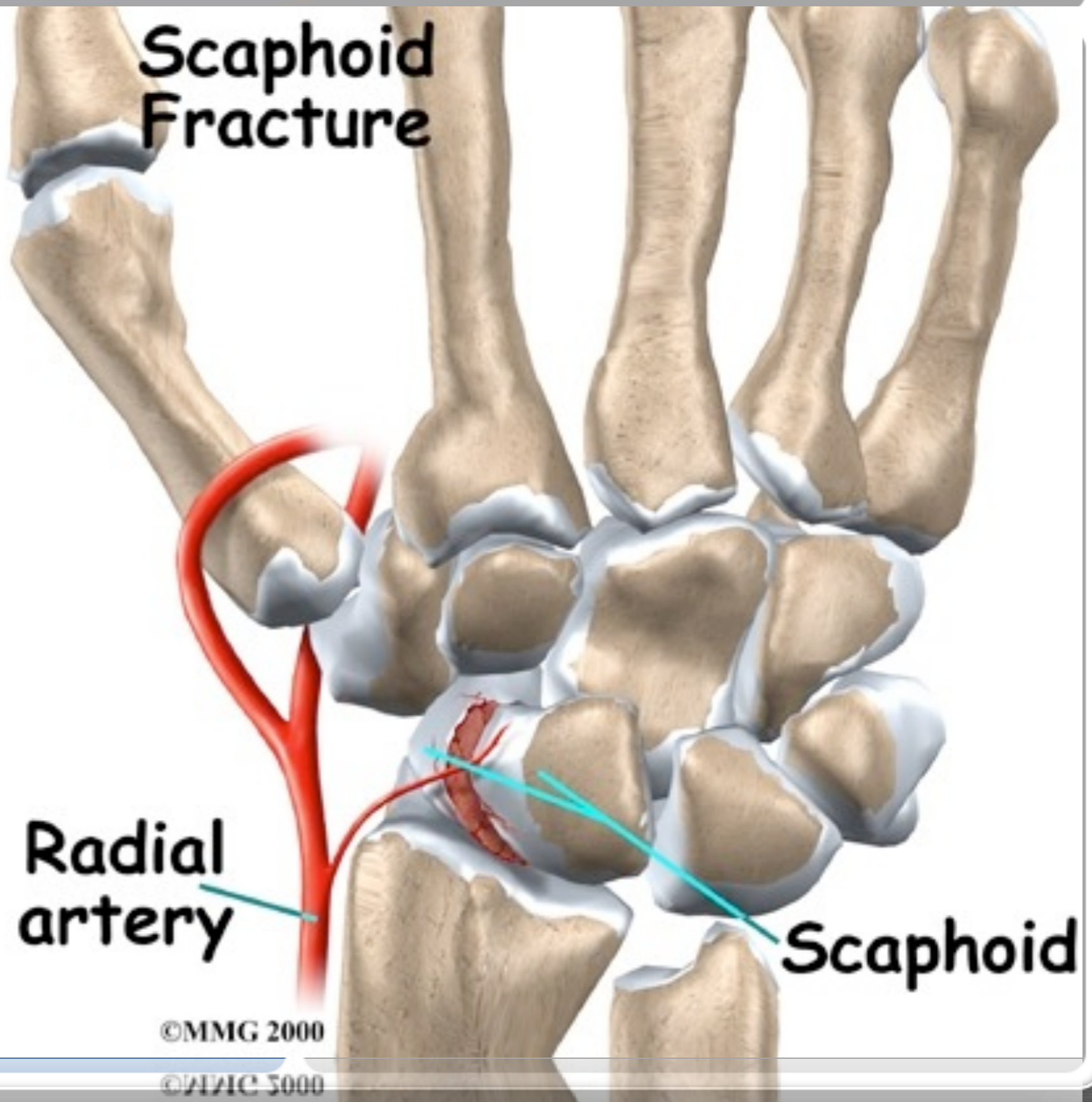


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- May be normal initially
- Repeat 10/7
- May still need MRI/ bone scan
- Serious if missed
- Look out for scapholunate dissociation



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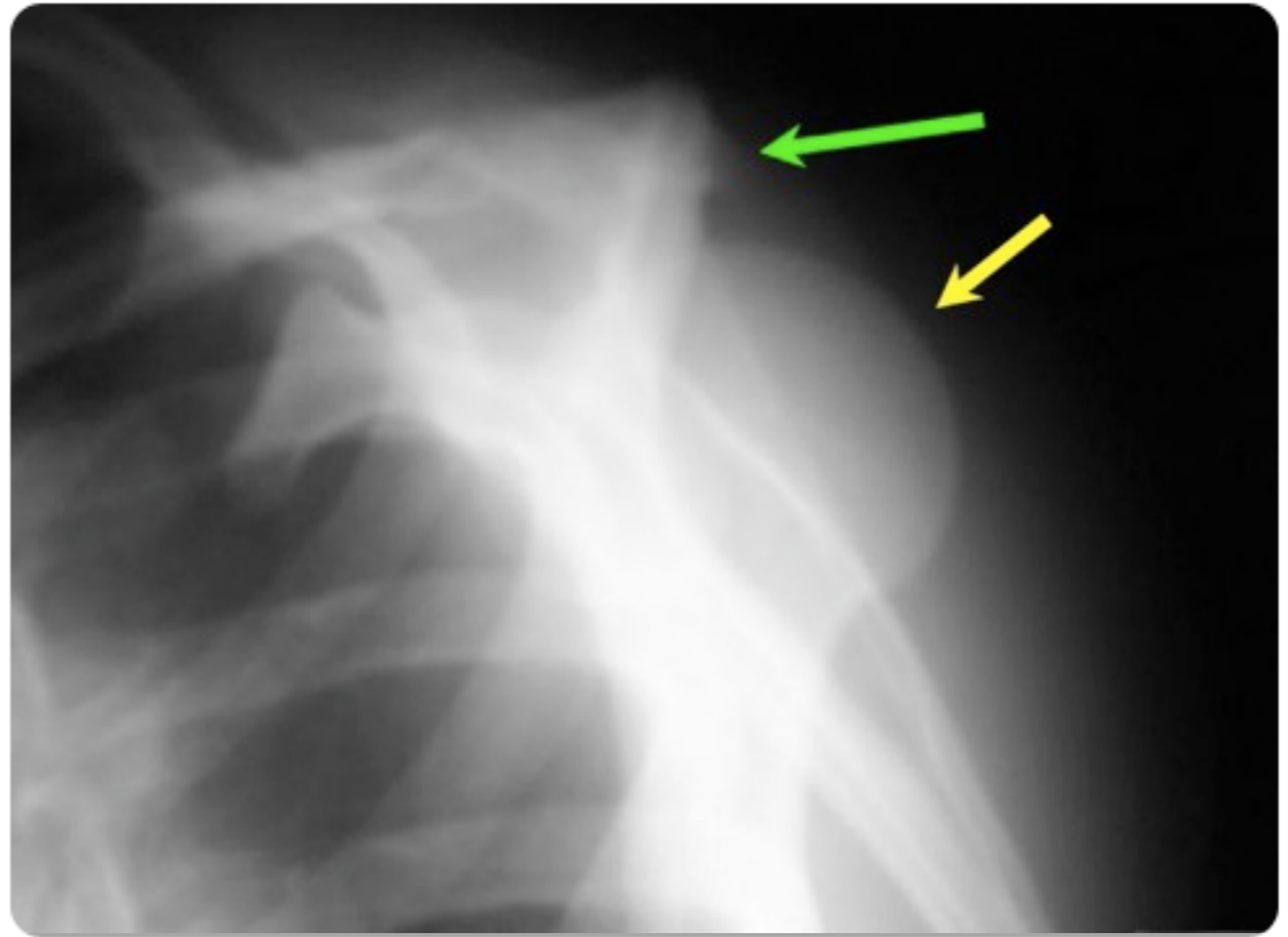
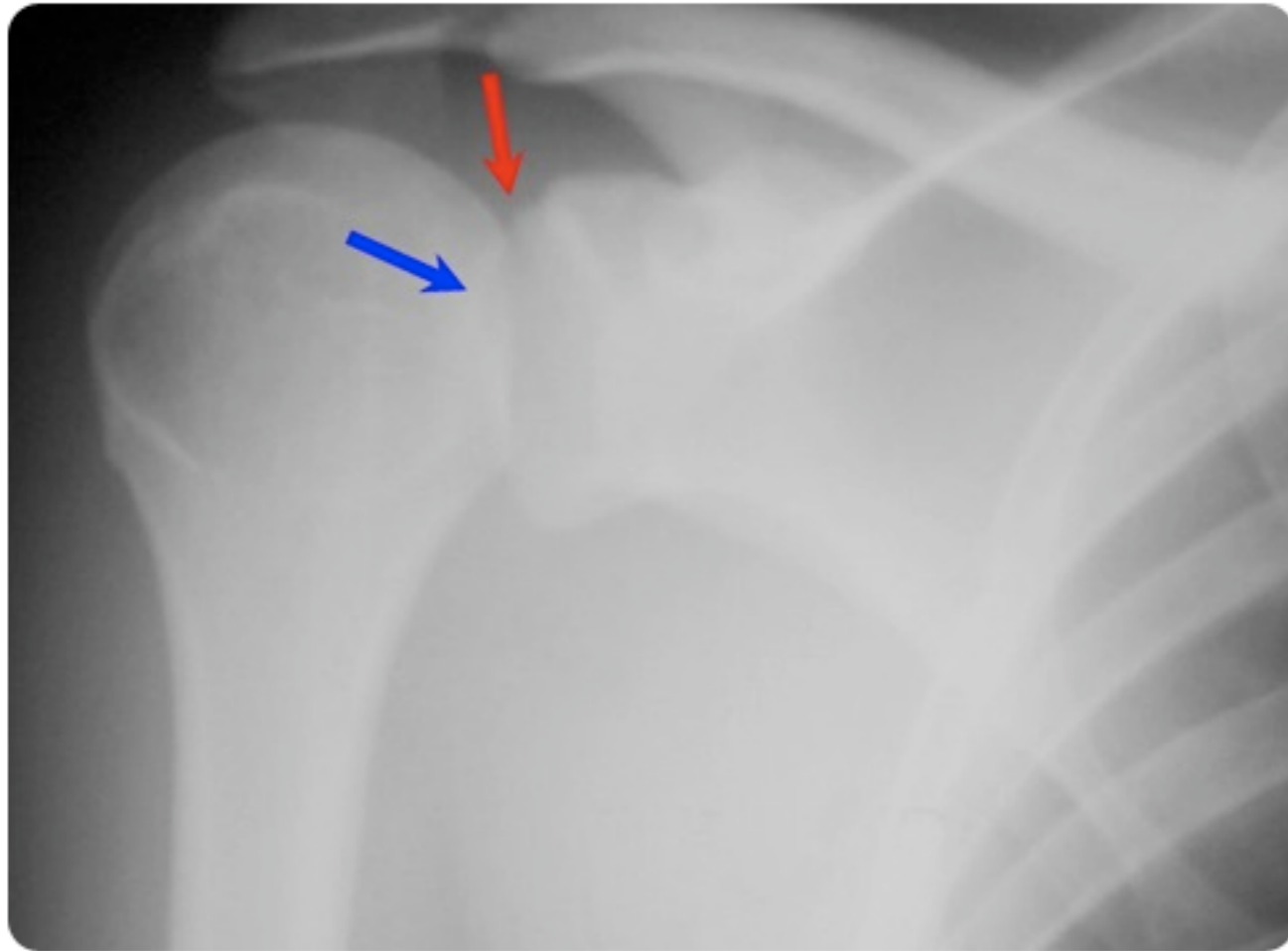
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# Posterior shoulder dislocation

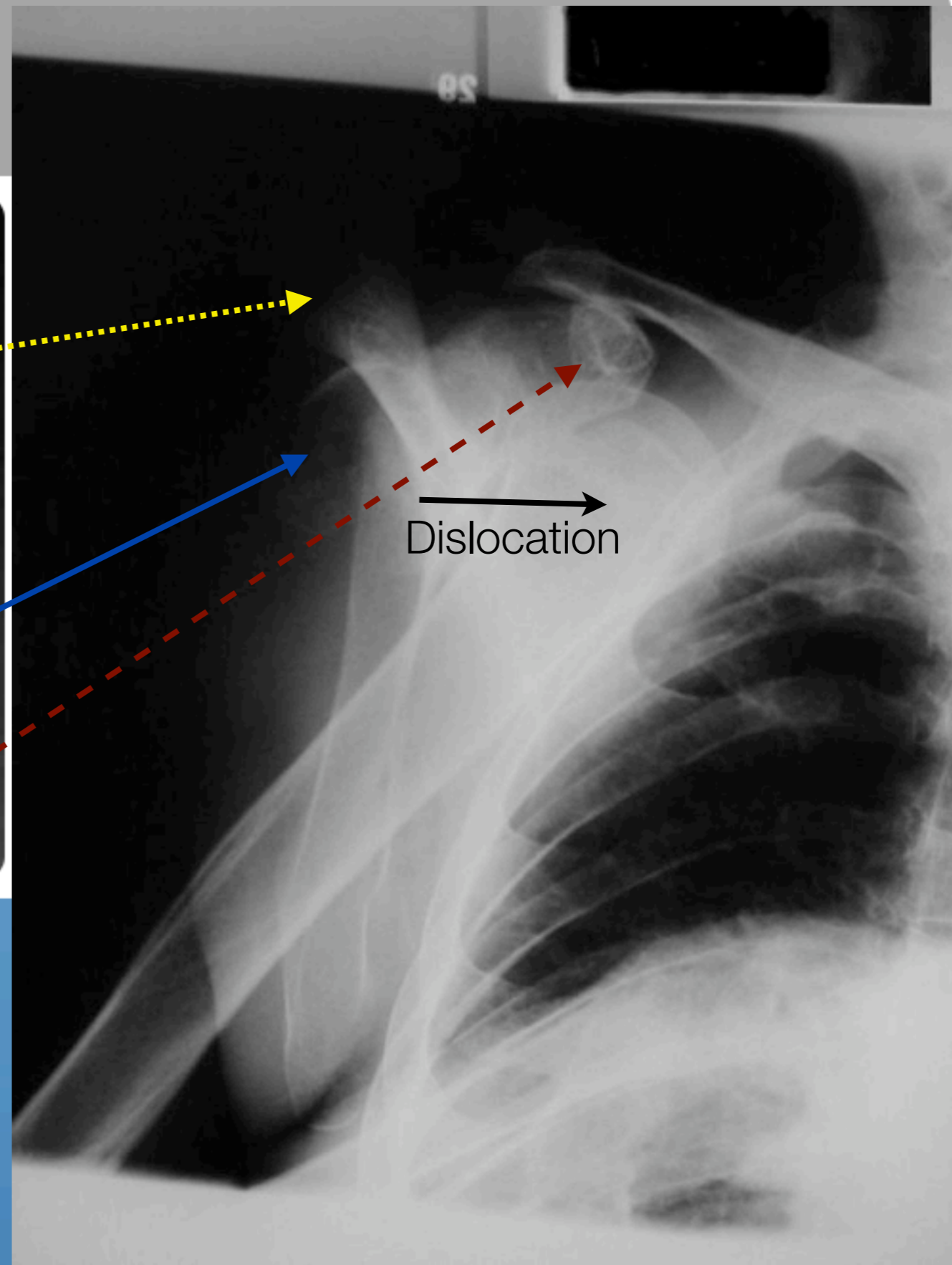
Normal:

Humerus  
Acromion

Posterior

Glenoid  
Corocoid

# Axillary and Lateral



Look for humeral  
head

Greater tuberosity

Scapula can have  
subtle fractures

Look at ribs etc

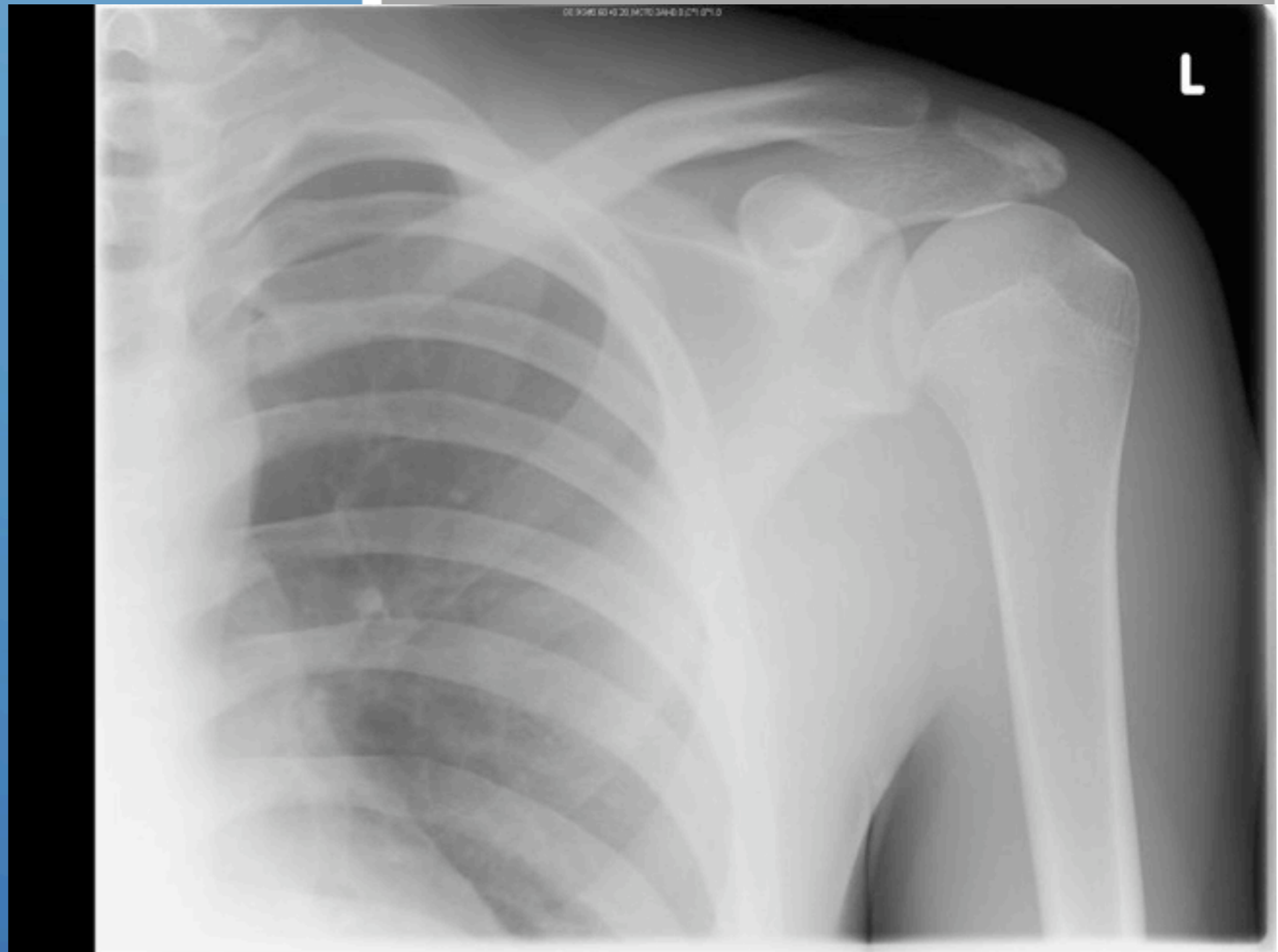


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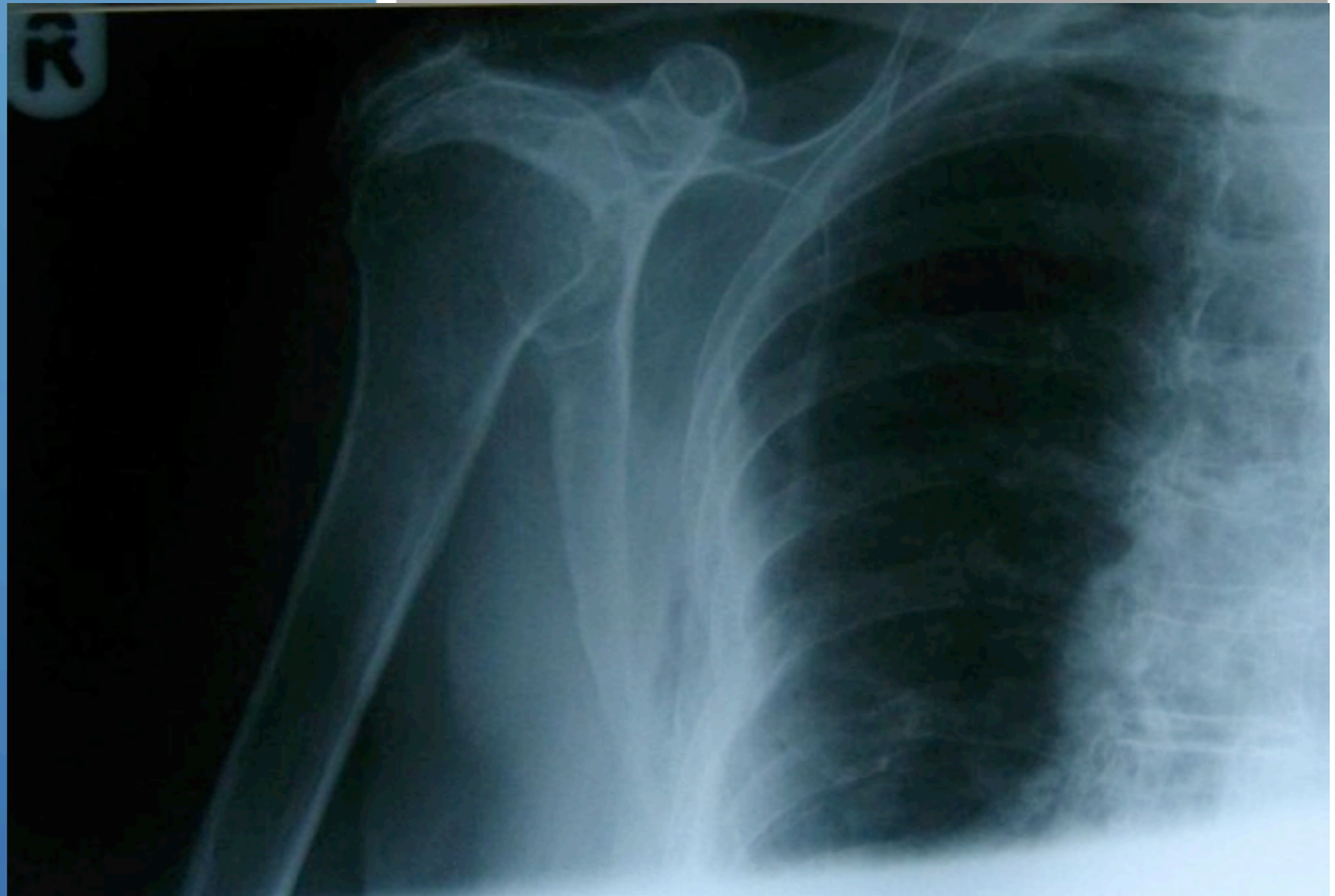


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Saturday, 24 January 2009

- Check for subtle cortical breaches
- Look for articular surface irregularities/drop
- Look for white area below articular surface
- Check for lipohaemarthrosis



# Tibial Plateau Fracture

- Check for subtle cortical breaches
- Look for articular surface irregularities/drop
- Look for white area below articular surface
- Check for lipohaemarthrosis



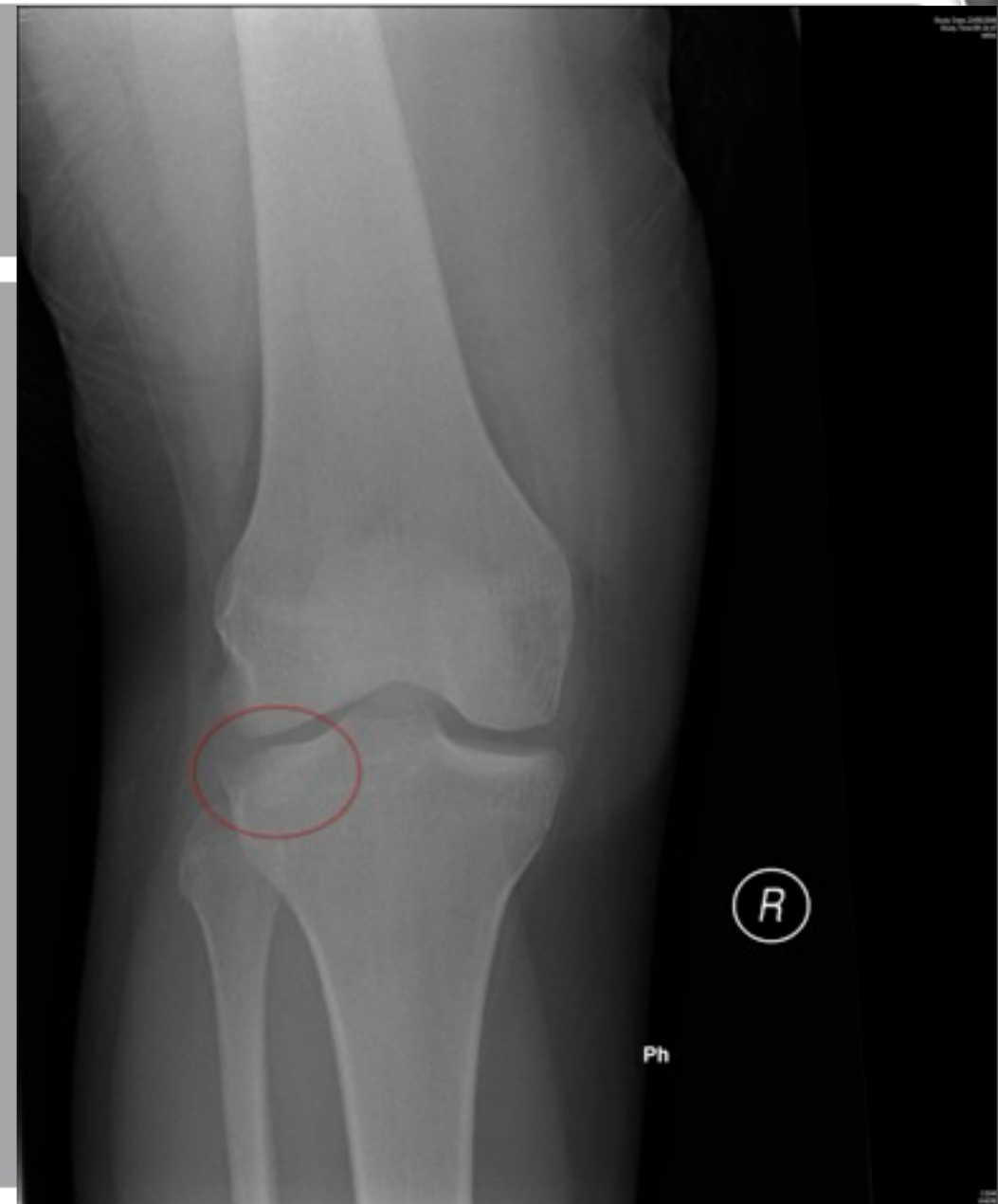
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# Tibial Plateau Fracture

# Pelvis

- Look for fracture
- pelvic symphysis separation ( $>5\text{mm}$ )
- Compare sides
- Check acetabulum
- Check SIJs
- Common site for secondaries/  
Pagets



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# Foot

- Follow cortices carefully-avulsions
- Look at alignments
- 'Not right' is a good start
- LOOK for Lisfranc



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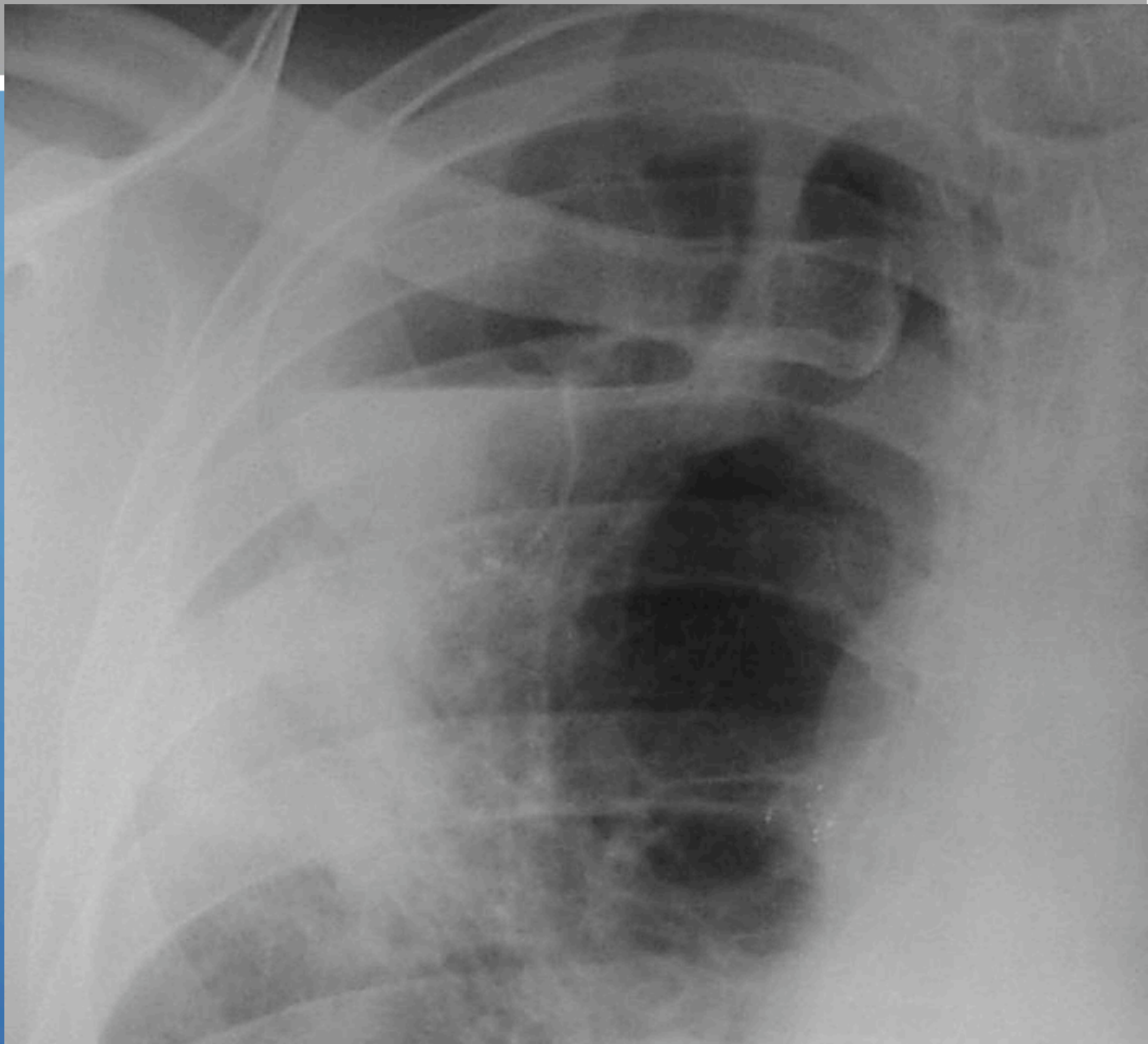
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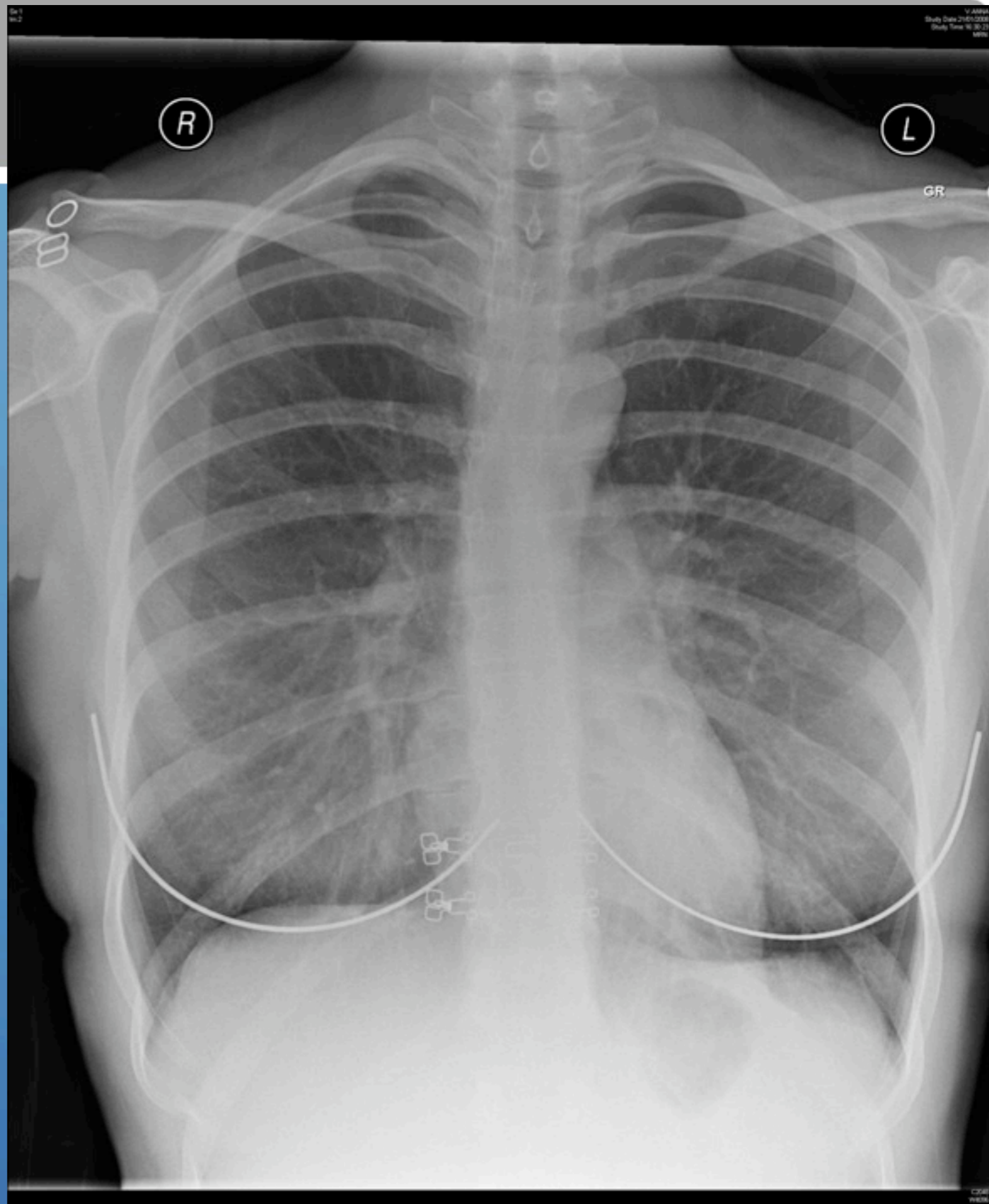
- Apices
- Look for small pneumothoraces
- Hilar/mediastinal masses
- Rib fractures
- Effusions
- Diaphragms





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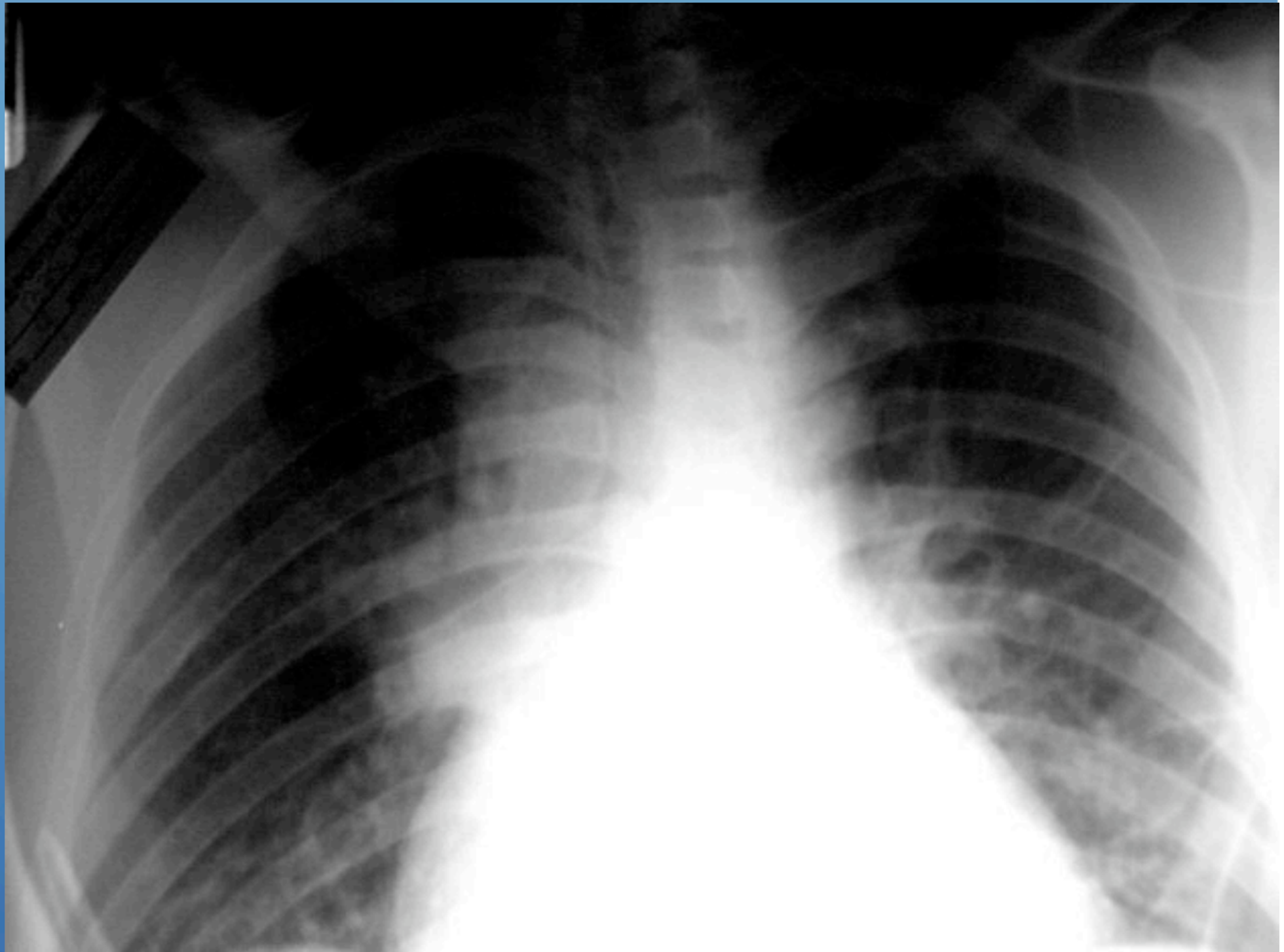
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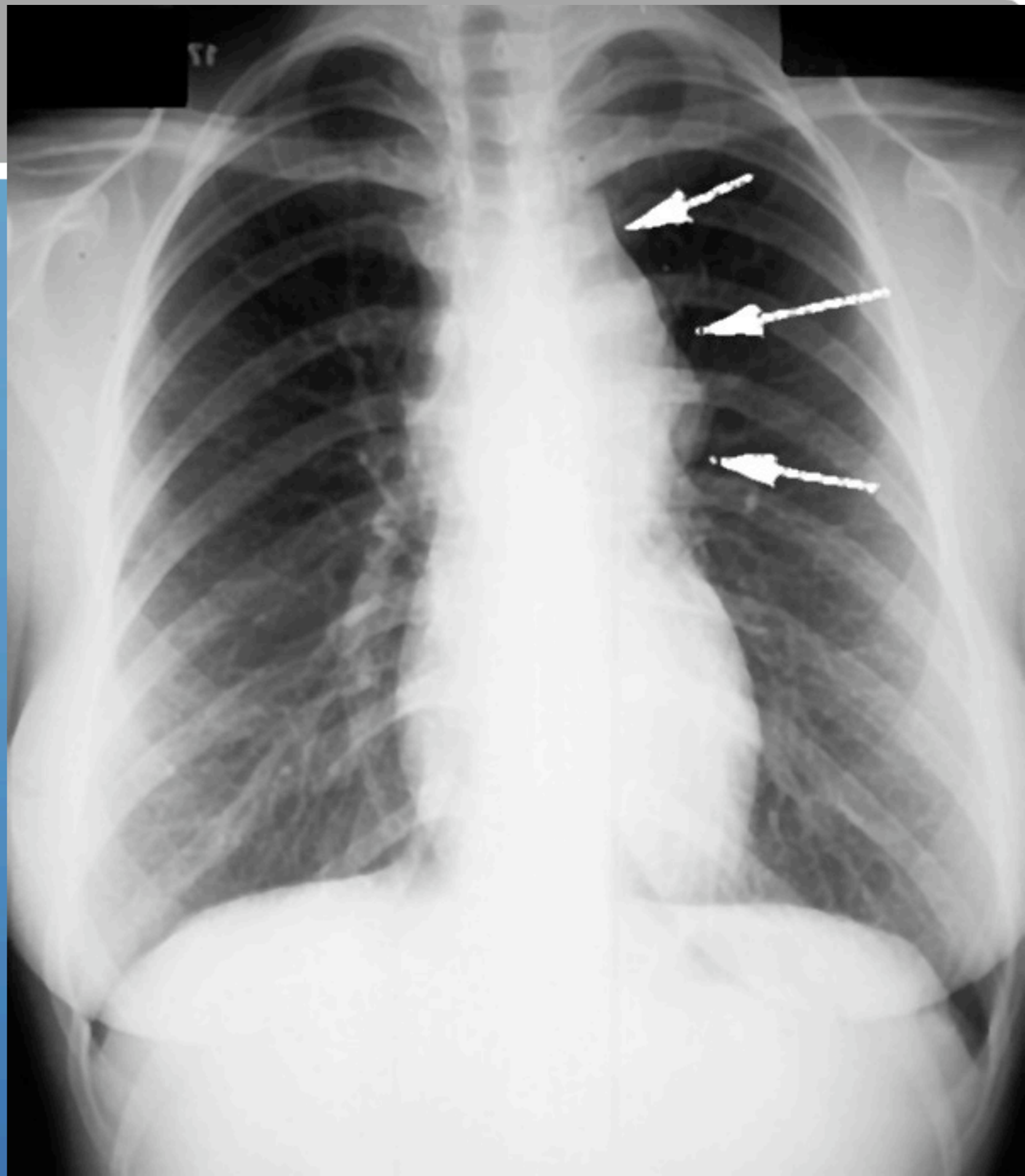
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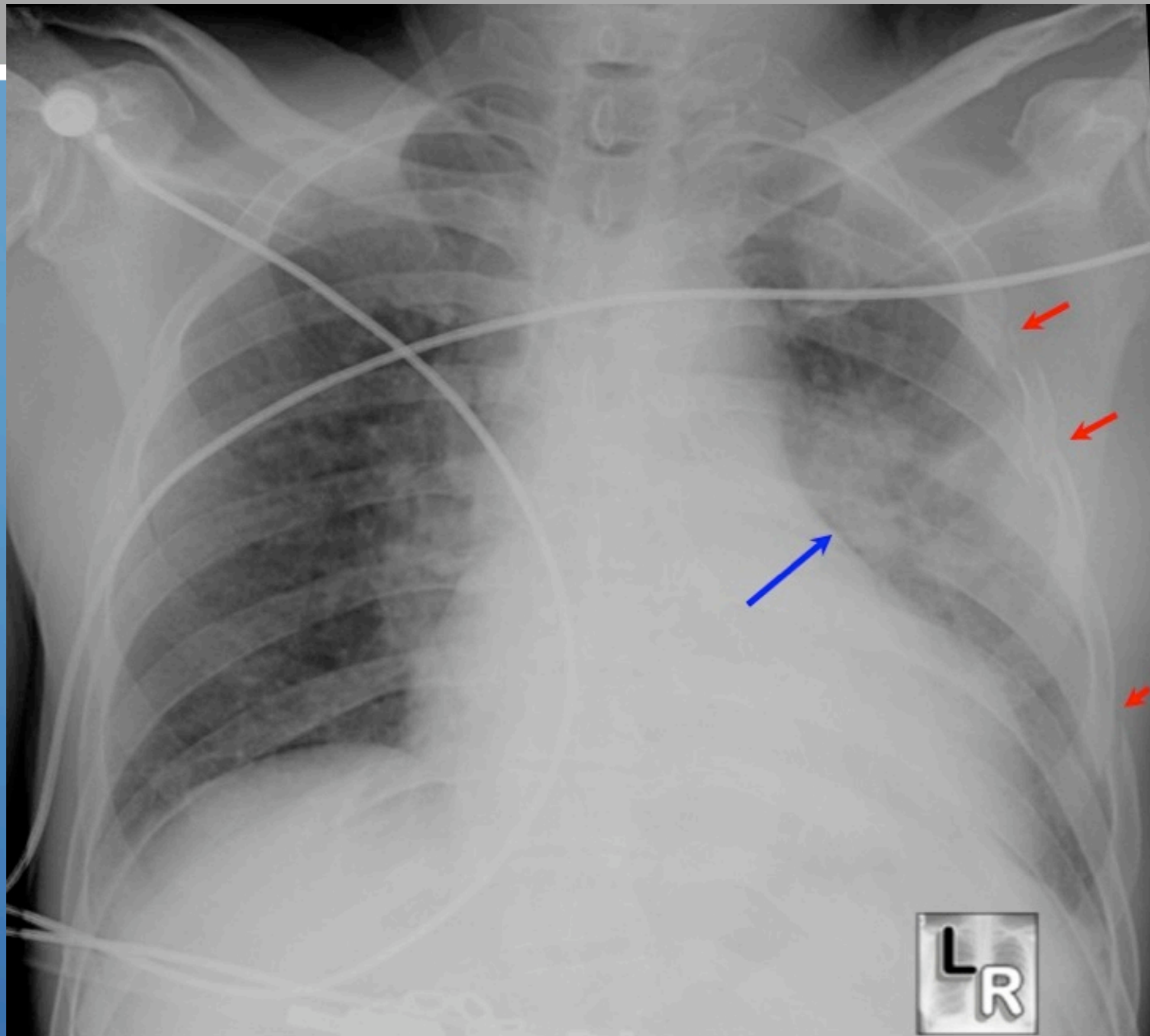
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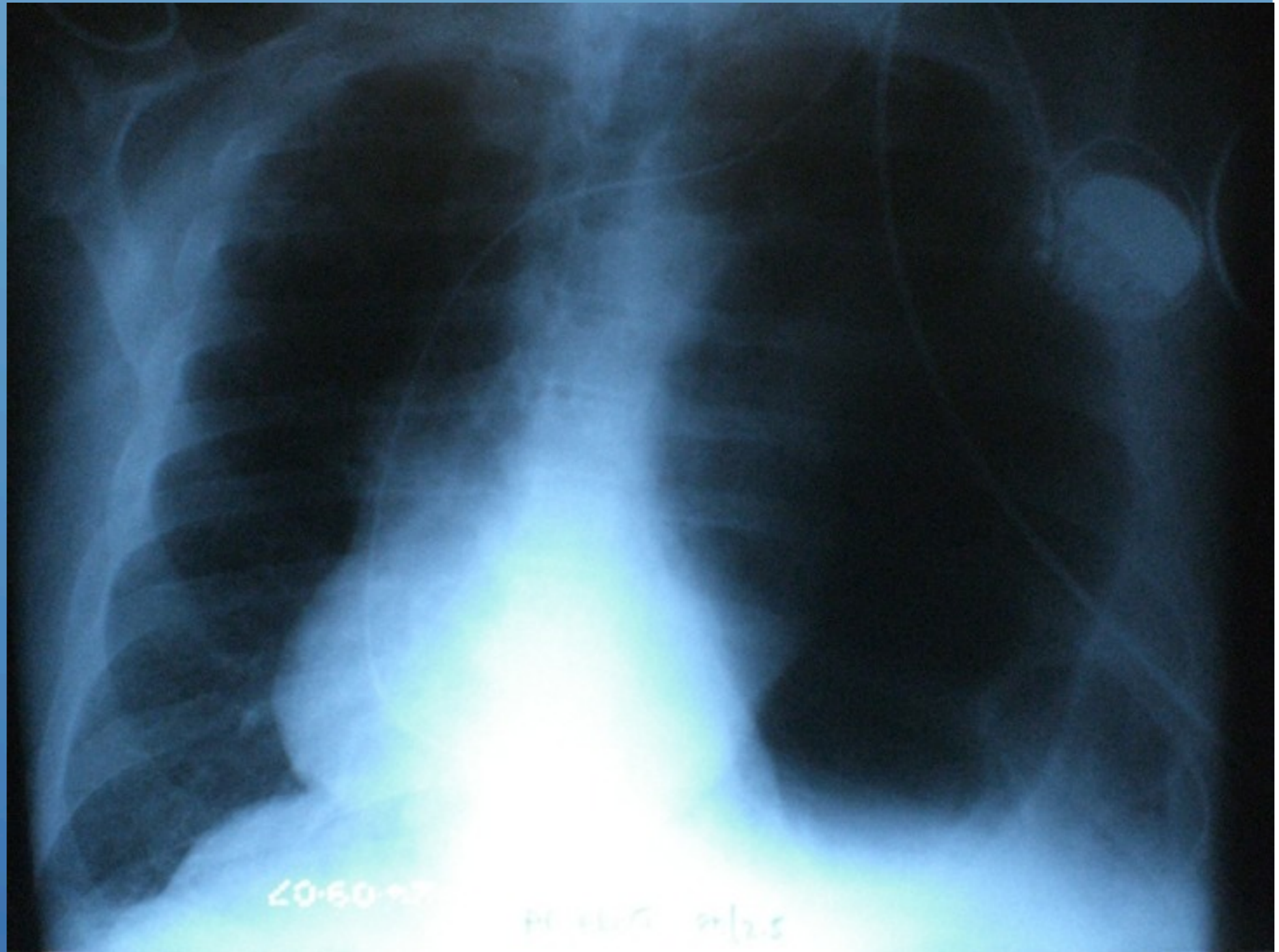
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- Look for Salter-Harris



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