

Use of concurrent scintigraphic and magnetic resonance imaging evaluation to improve understanding of the pathogenesis of injury of the podotrochlear apparatus

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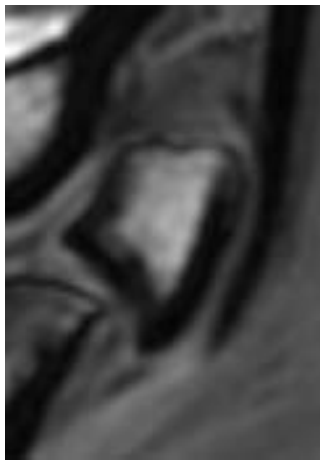


Fig 1a: Sagittal SPGR image of a navicular bone, flexor border Grade 0. There is a very small spur on the proximal border of the navicular bone dorsally and slight cortical irregularity of the distal border.

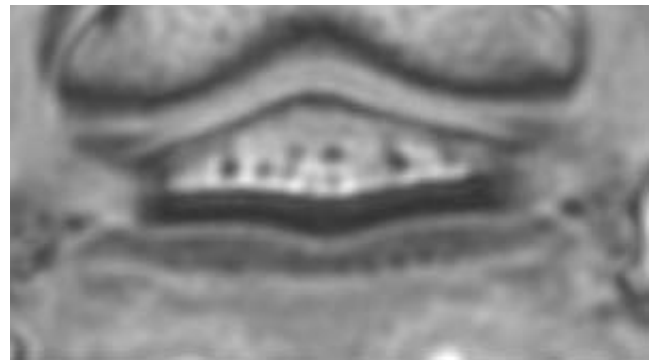


Fig 1c: Transverse SPGR image of the distal part of a navicular bone, flexor border Grade 0.



Fig 1b: Parasagittal T2 GRE image of a navicular bone, flexor border Grade 0 and proximal border Grade 0.*



Fig 2: Sagittal STIR image of a navicular bone, medulla Grade 0.

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Fig 3: Dorsal SPGR image of a navicular bone, distal border Grade 0, proximal border Grade 0.



Fig 6: Dorsal SPGR image of a left front navicular bone (medial to the left), distal and proximal borders Grade 3. Note the enthesophyte at the insertion of the lateral collateral sesamoidean ligament. There is a large distal border fragment medially and irregular reduced signal intensity in the distal medial aspect of the navicular bone.

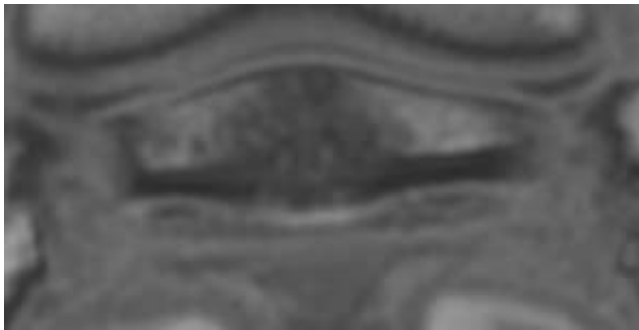


Fig 4: Transverse SPGR image of a navicular bone, flexor border Grade 3 and medulla Grade 3. There are flexor border defects (focal increased signal intensity) to the left and right of the sagittal ridge of the navicular bone. There is diffuse decreased signal intensity throughout the middle one-third of the spongiosa of the navicular bone.



Fig 5: Sagittal STIR image of a navicular bone, medulla Grade 3. There is diffuse increased signal intensity throughout the spongiosa.

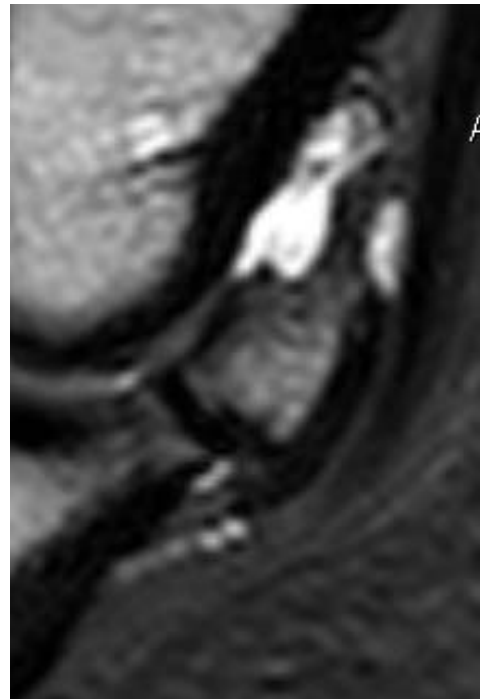


Fig 7: Sagittal T2 GRE image of a navicular bone, dorsal border Grade 3. There is an osteophyte on the dorsoproximal aspect of the navicular bone.*