
Understanding MRI?

Posted by mackitten - 2008/04/24 16:03

Hello!

Is it just me or are reading the MRIs and interpreting the Drs findings confusing?

I am going to make an appointment next week at another Doctor and ask all the questions I have and hopefully get someone to show me where, on the MRI, they see the tear.

I obtained a copy on CD to bring to get a second opinion and I have looked numerous times and I don't see where the problems are.

Also the first doctor said that I have a Labral tear from 9 - 6. Told me to look up Shoulder dislocation, Labral tear, SLAP tear, bankart. I have been reading and am still a bit confused. A SLAP tear is a type of labral tear? and a bankart is also a type of Labral tear, or is a bankart a sub type of SLAP?

My Doctor only talked to me concerned about the tear but the reading of the MRI talked about other things.

Hyperintensity and mild thinning affecting the bursal surface of the supraspinatus tendon are present. The remainder of the rotator cuff is intact. There is mild diffuse teres minor edema suggesting denervation injury. minimal abnormal fluid is present within the subacromial/subdeltoid bursa. minor hypertrophic changes of the acromioclavicular joint are noted.

No Hill Sachs or bony Bankart fractures are demonstrated. However, complex linear signal extending through the labrum superiorly indicating labral tear is present. The tear propagates to involve the entire anterior labrum and to involve the labrum posterosuperiorly. The tendon of the long head of the biceps is intact. There is no glenohumeral effusion.

Impression:

1. Supraspinatus tendinosis and mild partial thickness bursal surface tear.
2. Milc AC arthrosis and mild subacromial/subdeltoid bursitis.
3. Superior labral tear with anterior and posterosuperior extension.
4. Mild diffuse teres minor edema suggesting denervation injury.

I'll have to be more prepared with questions when I go for a second opinion.

Thanks for listening ;)

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Re:Understanding MRI?

Posted by Cavitator - 2008/04/24 20:53

Re: MRI understanding:

Number 1 and 2 suggest impingment syndrome, A/C arthritis.

Number 3: self-explanatory, SLAP tear

Number 4: suggestive denervation means you should consult a neurologist to rule out possible cervical radiculopathy (pinched nerve in neck) vs. peripheral neuropathy, i.e. suprascapular nerve impingment, etc.

All of this is suggestive only as MRI sensitivity is around 70-75% (misses 25-30% of SLAP tears) with MR arthrogram in the 90+% for SLAP tear. Tendonosis appears not to be present but arthroscopic exam is the bottom line...

Get a GOOD ortho!

Hope it helps!

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Re:Understanding MRI?

Posted by Cavitator - 2008/04/24 20:59

Correction! supraspinatus tendinosis is present which suggest at least tendonitis of the same. Still, get a good ortho opinion.

Re:Understanding MRI?

Posted by mackitten - 2008/04/25 18:47

Thanks Cavitator.

I have an appointment at a another Ortho for a second opinion, on May 8th.

I may even see a third Doctor this week if I can get an appointment. Can't hurt to see a few different doctors to see if they all tell me the same thing.

Re:Understanding MRI?

Posted by Cavitator - 2008/04/25 21:21

Jennifer, I saw three as well. Diagnostically, they all said about the same; surgical repair (which is scheduled next Wednesday).

The third was WAY out there. He didn't even read his own intake forms to see that I am coming off a cervical fusion 3 months ago or ask about the car accident that pre-dated all this mess!

His treatment was strange too, I thought, just stick a cortisone shot in there every 4 months until it blows-yeah, like that'll work!

Go with the common opinion(s) that hopefully, are well-informed, mainstream and represent the most conservative approach treatment-wise!

Best to you, Brian

Re:Understanding MRI?

Posted by mackitten - 2008/04/27 14:54

Thanks Cavitator, best of luck on your sugery this week.

Jennifer.Sari

Re:Understanding MRI?

Posted by maxicrom - 2008/05/12 10:24

I went for a second opinion as well and am going back to the 1st tomorrow. I can't make heads or tails of the MRI report either.

1. Superior Laberal Tear with extension into biceps tendon anchor and... with bicepital tendinosis... associated paralabral cysts.

2. Moderate to advanced tendinosis involving the supraspinatus and subscapularis tendons without convincing full thickness perforation. Mild bursal fraying of the distal supraspinatus tendon.

3) Grade III separation of the acromioclavicular joint.

There are a number of comments stating "grossly intact" as in "the muscles of the rotator cuff are grossly intact". I'm hoping this is a good thing?

Ortho 1 does the procedure as a combination of incision and arthroscopic. Surgeon 2 says he can do it all arthroscopically. I like surgeon 1, but after looking through this site am open to options for a faster recovery. I can live with this but would really like to have the use of my shoulder back, even with regular working out I see my shoulder strength diminishing.

Any input is appreciated. maxi

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Re:Understanding MRI?

Posted by mackitten - 2008/05/12 19:26

Hi Maxicrom

Unfortunately this is also new to me and I won't be much help with the MRI interpt.

I can say that I went to see three different doctors and am (i think) going with the third.

If you don't like both that you have seen for one reason or another, see a third if you can.

It's important to me that I feel comfortable with my doctor and he is a great surgeon, this is what I found with the third doctor I saw.

Best of luck.

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Re:Understanding MRI?

Posted by maxicrom - 2008/05/14 05:18

Thanks for the input...

I agree fully, I feel very good about the Ortho that I'm working with, I've been a patient on an off for about 15 years. I live in the DC area and went to the shoulder "Top Gun" surgeon and did not care for his manner - more about what he could do than long a term view for my shoulder and lifestyle. I'm sure he is very good. Yesterday I did get some MRI info - also some Artho vs. open surgery info which I'll post in the surgery thread. Basically tendinosis has more impact than the tear if I got it correctly, and until the joint and supporting structure are intact the tendons cannot heal and cause extra strain on the SLAP and rotator cuff adding to the discomfort.

In my case, since I have reached a level where I can tolerate the daily ache the doc said that it needs to be repaired but unless there is a significant change the surgery can wait until after the 1st of the year (my date, as we have a lot going on until then).

BTW: "Grossly Intact" is better than "Grossly not intact", he said that some radiologists have a language of their own and they look at the finding then the MRI to make the diagnosis.

Hope this helps,

MB

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