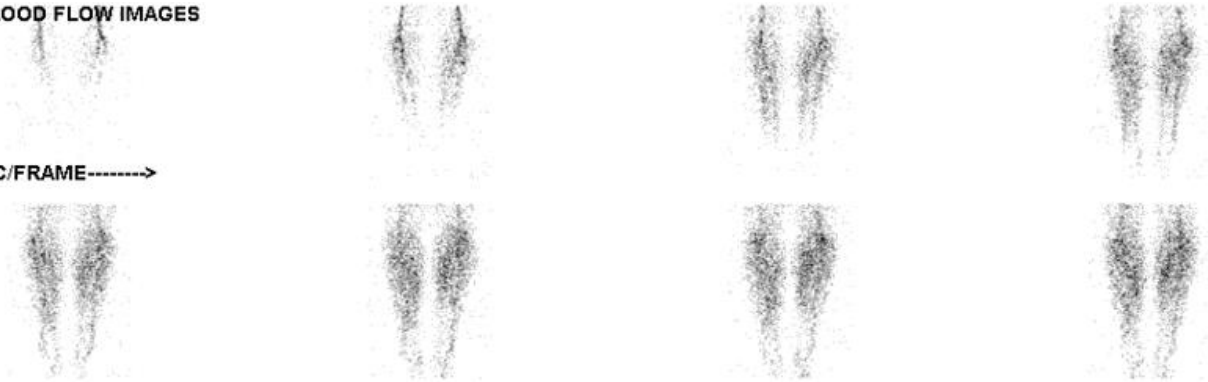


BILATERAL STRESS FRACTURES AND PERIOSTITIS.

A 36 yo male presented with lower right shin pain for the past three months. Pain worse after playing soccer. Patient had a history of psoriatic arthritis; shin splints V's stress fractures?

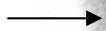
EARLY BLOOD FLOW IMAGES

3 SEC/FRACTION----->



EARLY BLOOD POOL IMAGES

RT

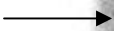


ANTERIOR TIBIAE

RT

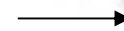
POSTERIOR KNEES

RT



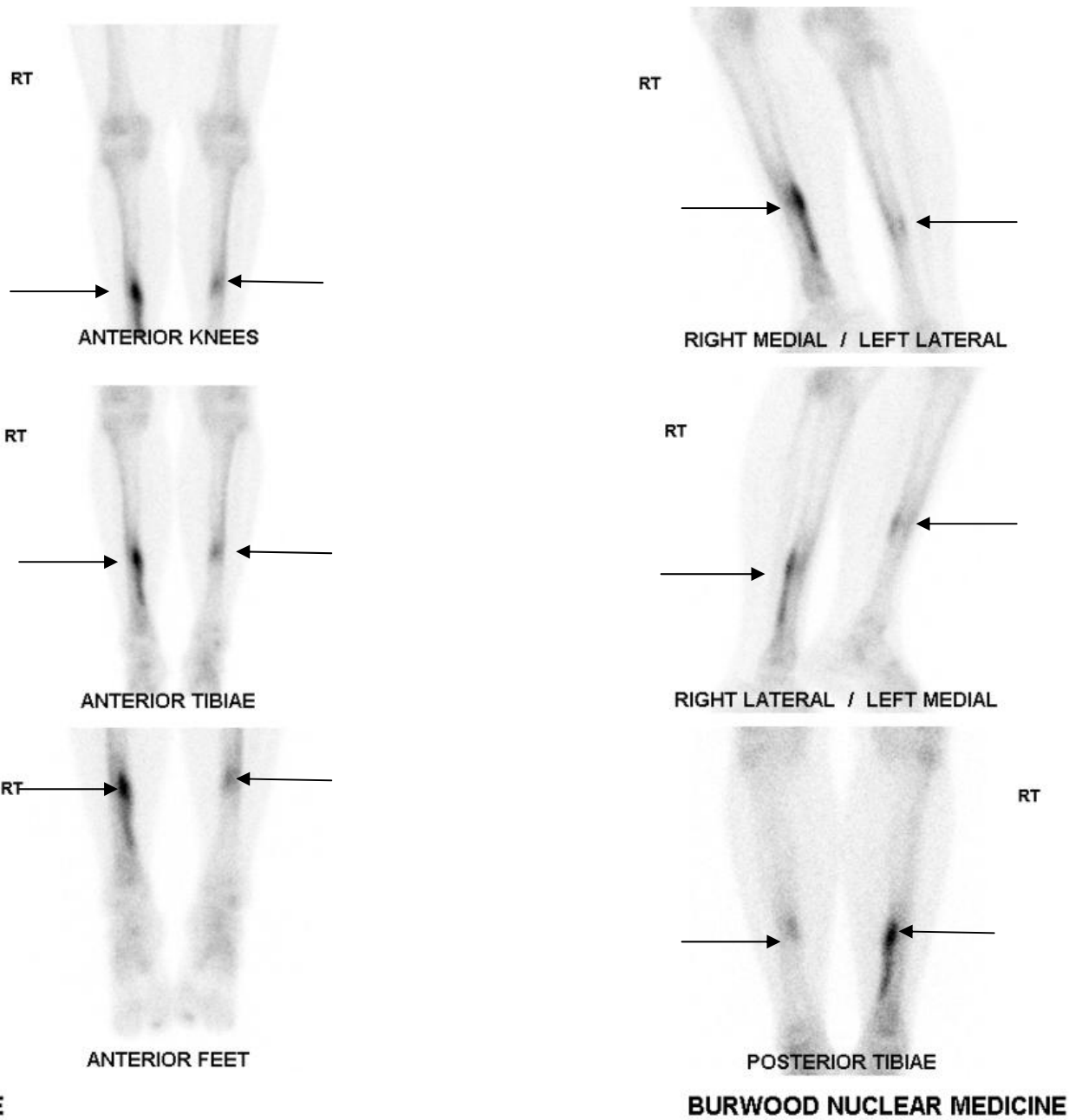
RIGHT LATERAL / LEFT MEDIAL

RT



RIGHT MEDIAL / LEFT LATERAL

In the early dynamic flow and blood pool images of the lower legs, marked hyperaemia of the distal third of the right tibia was evident.



Delayed images were obtained 3 hours post injection. There was an intense fusiform focus of abnormal tracer uptake involving the lower third of the postero-medial cortex of the right tibia with less intense confluent abnormal uptake distally.

On the left, there was mild abnormal tracer uptake by the postero-medial cortex of the junction of the mid and distal thirds of the tibial shaft, with less intense tracer uptake by the anterior cortex.

The scan appearance is consistent with a high grade stress fracture of the distal third of the right tibial shaft, with severe confluent periostitis distally.

There was also evidence of an early low grade stress fracture at the junction of the mid and distal third of the left tibial cortex with mild anterior periostitis.