

Name: Gulalai zahid
ID# 15175 Radiology 4th
Teacher: sir waqas ihsan
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Qus:1

A.Tubercle:

- According to anatomy; a small rounded projection on the surface of bone.
- According to medicine; small nodular lesion in the lung or tissue etc which characteristic of tuberculosis.
- Tubercle ls appears like cheese and made up of centre of dead cells and periphery contains connective tissue cells.
- **Main tubercles :**
 - Humerus Two= greater and lesser tubercles
 - These are present at time proximal end of bones that connects with scapula.

B.Tuberosity :

- A projection thats is especially present on bone and usually serving for muscles or ligaments attachment.
- **Example:**
Deltoid tuberosity use for attachment of deltoid muscles.

C.Condyle:

- Condyle is the round prominence at the end of bone which articulates with another bone to forming a ball and socket join .

Examples:

1. In knee joint ;
 - a. Medial condyle
 - b. Lateral condyle
2. In elbow joint;
 - a. condyle of humerus
3. On occipital bone;
 - a. Occipital condyles
4. On mendible;
 - a. Mendibular condyle

D. Eminence:

It refers to protuberance on body or part of esp bone apices of raising or ground.

Examples:

- Collateral eminence; along the hippocampus in brain.
- Frontal eminence; on the frontal bone of skull.
- Ilopubic eminence; in pelvis
- Pyramidal eminence; in the middle ear.

E.Malleolus:

- A bony projection having shape like a hammer head and present especially on either sides of ankles.

Examples:

- Medial malleolus; prominence on the inner side of ankle.
- Lateral malleolus ; prominence on outer side of ankle.

Qus :2

A.Tennis Elbow: (Also called lateral Epicondylitis)is a painful condition of elbow caused due to damage of specific forearm extensor carpi radialis brevis(ECRB) which help to stabilize the wrist when elbow is straight.

1. Also inflammation of tendon that attach the Extensor carpi radialis brevis to the outer bony prominence of elbow causes it.
2. Not only tennis players suffered from it but it occurs due to other over activities also.

Causes of tennis elbow:

- Repeating motion of wrist.
- Snapping and turning of wrist .
- During tennis following maneuvers lead to tennis elbow.

Treatment of tennis elbow:

- There are many treatments for it.
- Icing elbow to reduce pain.
- Using elbow strap to protect injured.
- Take NSAIDs.
- But it does not usually lead to serious problems. If condition continues and left it untreated than loss of function of elbow develop.

Medications for tennis elbow:

Corticosteroids injection inserts into inflamed area.

B.Mallet finger:

- Also called;
 - Baseball finger
 - Hammer finger
- It is the injury of extensor tendon at furthest away finger joint.
- Causes pain and bruising at the back of the farthest finger away finger joint.

Causes of mallet finger:

- unable to extend finger.
- Pain in finger
- Bruising of finger

Diagnosis of mallet finger:

Diagnosis depend on symptoms and supported by X-rays.

Treatment of mallet finger :

Use splint that holds finger straight upto 8 weeks.

If problem has been present for long time than surgery may be required.

Untreated mallet finger:

If finger is left untreated, finger can become stiff or finger may develop swan neck.

Complications:

Major complications includes

- Deep infection 4%
- Nail deformity 18%
- Joint incongruity 18%

Qus:3

Cephalic vein..

Comences at the lateral side of the dorsal venous arch of the hand and continues subcutaneously in the lateral forearm and arm and finally joining the terminal part of the axillary vein after passing through the deltopectoral triangle.

In other words ;cephalic vein run in the anatomical location is cuboidal fossa or median cuboidal vein. Also known as superficial vein of forearm.

Qus:4

Clavicular fracture:

The arterial supply to the upper limb comes from the subclavian artery which can be found posterior to the clavicle.

The clavicle usually fractures ends at a point $\frac{2}{3}$ from the sternum $\frac{1}{3}$ from acromion, fracture ends may project backward causing damage. During clavicular fracture, structures immediately posterior to the clavicle are susceptible to injury.

Qus:5

Tear(Injury) of cruciate ligament:

Cruciate ligament injury occurs when excessive force is applied to the knee joint.

1. Posterior cruciate ligament (PCL) and anterior cruciate ligament (ACL) are two bands of fibrous tissue that connects femur and tibia at knee joint
2. Both ACL and PCL make a bridge inside the knee joint and stabilize knee joint.
3. **Anterior cruciate ligament (ACL):**
 - i. ACL is a sprain in which ligament is torn behind its normal range.
 - ii. This is common in women.
 - iii. **Causes:**
 - Sudden stop or twist at knee joint.
 - Hypertension at knee joint.
 - May be injured during contact sports.
 - iv. **Symptoms:**
 - Swelling
 - Severe pain

- Black and blue dislocation
- Feel that knee is give out when we try to stand.

4. Posterior cruciate ligament:

- i. PCL keeps the tibia from moving backward.
- ii. Injury to PCL requires powerful force.
- iii. Tearing of PCL is less common.
- iv. **Causes:**
 - Falling on the knee while knee is bend .
 - Striking the knee against the dashboard.
- v. **Symptoms:**
 - Pain
 - Swelling
 - Wobbly sensation in knee
 - Difficulty in wear weight on knee.

Treatment for cruciate ligament injury:

- Protecting
- Resting the knee
- Icing to knee
- Elevating of knee
- Compressing of knee slowly.

Qus :6

Fracture:is a break in bone.

Metatarsal bones: are long bones of foot that connects ankle to toes and keep balance while standing and walking.

Metatarsal bones fracture: A sudden or severe twist,overuse of foot causes fracture in one of these bones.

Types of fracture:

1. Acute metatarsal fracture: which is usually occurs due to forceful injury to foot.
2. Stress fracture: is a hairlike break in metatarsal bones occurs due to repetitive stress.

Distribution of fracture:

- 1sr metatarsal:5%
- 2nd metatarsal :12%
- 3rd metatarsal:14 %
- 4th metatarsal:13%
- 5th metatarsal:56%
- Multiple metatarsal fracture:15.6%

Toe fracture: it is common fracture of metatarsal bones and requires evaluation by a specialist.

- Four common types of fifth metatarsal fracture;
 - Head or neck fracture

- Jones fracture
- Avulsion fracture
- Dancers fracture.

Treatment of metatarsal fracture:

Depends type and extent of fracture.

- Rest
- Immobilization
- Casting
- Surgery
- Care
- Avoid offending activities