NAME : HUMA NAWAZ
ID NO: 15037
DISCIPLINE : BS RADIOLOGY
PAPER: REGIONAL AND RADIOLOGICAL ANATOMY
DATE: 14TH.APRIL,2020

QUESTION NO: 1
ANSWER:
1.TUBERCLE:

- Tubercle is a round,small elevation found on the bones for the attachment of many muscles and ligaments.
- **For example:**
- Greater tubercle and lesser tubercle of humerus.

2.TUBEROSITY:

- A projection found on the end of the bone for the attachment of muscles or tendon.
- It's function is same as trochanter.
- **For example:**
- Tibial tuberosity
- Deltoid tuberosity

3.CONDYLE:

- Condyles are found at the end of some bones which articulate with another bone.
- Condyles are marking of bones.
- **For example:**
- On the femur in the knee joint.
- Medial condyle
- Lateral condyle

4.MALLEOLUS:

- A malleolus is a bony projection found on the ankle.
- **For example:**
- Medial malleolus : prominence on the inner side of the ankle formed by lower end of tibia.
- Lateral malleolus : prominence on the outer side of the ankle formed by lower end of fibula.

5. EMINENCE:

- Eminence is a protuberance and refer to many structures.
- **For example:**
- Thenar eminence: muscle on the thumb side
- Cruciform eminence: found in the occipital bone of skull.

QUESTION NO : 2
ANSWER:

1:TENNIS ELBOW:

- Tennis elbow is also known as lateral epicondylitis.
- It is due to inflammation,soreness or pain on the lateral side of the elbow.
- Degeneration of the Extensor Carpi Radialis Brevis.
- Usually seen in those patients who perform sports which requires twisting and extension of the wrist against resistance.

DIAGNOSIS:

- Radial tunnel syndrome
- Pain is usually distal to the lateral epicondyle and radiates down the forearm.

TREATMENT:

- Physiotherapy
- Rest

SURGERY:

- Surgery is usually successful in 85% of patients.

2:MALLET FINGER:

- The tendon responsible for straightening the last joint which is also known as DIP(distal interphalangeal joint) is injured.
- So one cannot straighten the last finger tip joint.
- DIP joint is the joint before PIP(proximal interphalangeal joint)

Causes of mallet finger:

- Possibilities that the tendon may be broke when the finger tip is forcibly bent.
- The tendon may be cut sharply by knife in the kitchen.

Treatment of mallet finger:

- The tendon ends are brought back together to allow for healing.
- The end must be contact for 12 weeks.
- Splint is used to hold the finger joint straight and bring the tendon end together.

QUESTION NO: 5
ANSWER:

CRUCIATE LIGAMENT INJURY:

- There are two types of cruciate ligament injury.
  1.**ANTERIOR CRUCIATE LIGAMENT INJURYY:**
  2**. POSTERIOR CRUCIATE LIGAMENT INJURY:**

1:ACL INJURY:

- ACL is the front crossing ligament in the knee and is frequently injured in sports.

- 70% pop is heard
- Usually there is a Large amount of swelling is associated with this.
- When the ACL is tears it bleeds and then that blood accumulates in the knee joint which is called hemarthrosis.

ACL FUNCTION:

- Its function is to provide stability.
- It also protects the menisci from tearing.
- It is important for turning, twisting activities for example basketball and tennis etc.

TREATMENT:

- Physiotherapy
- Bracing

2:PCL INJURY:

- The PCL is located in the back side of the knee.
- The PCL is larger than ACL.
- Injuries to the posterior cruciate ligament is not common as ACL injuries.

CAUSES OF PCL:

- Soccer
- Football
- Falling on knee when knee is bent

QUESTION NO : 6

ANSWER:

FRACTURES OF METATARSAL BONES:

- There are 5 metatarsal bones in each foot.
- These are long bones of the foot.
- The most fractured bone is the fifth bone.
- The other metatarsals can also be broken.

CAUSES OF METATARSALS BONES:

Acute metatarsals fractures:

- Direct injury to the foot.
- Kicking the foot.
- Something is dropping on the foot.
- Sometimes twisting the foot or ankle.
- Commonly shaft of the metatarsal injured.

Stress metatarsals fractures:

- This type of metatarsal fracture occurs due to repeated stress on bone which is already injured.
- It can be seen in those left heavy loads.
- It often affects athletes.

QUESTION NO :3

ANSWER:

Answer 3

- The cephalic vein drains the dorsal venous network of the hand that crosses the anatomical snuffbox,runs superfacial to the radial styloid process and then ascends in the superficial fossa of the forearm.
- The cephalic vein then communicates with the basilic vein at the cuboidal fossa, through the median cuboidal vein.
- At this point the vein lies superfacially in the lateral part of the elbow joint.
- The cephalic vein now runs along the groove between the brachioradialis (elbow flexor and forarm supinator and elbow flexor muscles).
- The vein continues to ascend in the superfacial fascia anterolateral to biceps brachii and superfacial to the lateral cutaneous nerve of forearm,which is a sensory branch of the musculcutaneous nerve (**ventral rami C5- 7**) that innervates the muscles of anterior compartment of the arm.
- The Cephalic vein continues to ascend in groove between the pectoralis major and deltoid muscles.
- The deltoid branch of the thoracoacromial trunk accompanies the the Cephalic vein in this region.

QUESTION NO :4
ANSWER:

- The stem artery of the upper limb runs as a single trunk as far as the elbow,but it is differently named according the regions it transverses.
- From its origin to the proximal border of the first rib it is subclavian,from this point to the distal border of the tendon of the teres major it is named **axillary** and from here to its division opposite the neck of the radius called **brachial artery.**
- The brachial artery then divides into the radial and ulnar arteries,which continues into the hand.
- The radial artery primarily terminates as the distal palmar arch,whereas the ulnar artery primarily terminates as the superfacial palmar arch.
- Shaft of humerus and **supracondylar fracture** cause this injury.

Blood supply to the arm:

1. Profunda brachii atery
2. Superior ulnat collateral artery
3. Interior
4. Radial artery
5. Ulnar artery
   Nutrient branches to humerus.

Thank you!
End of Paper..