The use of very high-frequency US probes, both in 2D and in Power Doppler mode, helps to increase diagnostic accuracy in US evaluation of the metacarpal head cartilage."



# SL3116 **High-frequency ultrasound** & metacarpal head cartilage

## Case studies courtesy of Prof. Emilio Filippucci Dr. Andrea Di Matteo

MD, PhD. Rheumatology Department, Marche Polyclinic University, Carlo Urbani Hospital, Jesi (Ancona), Italy

very high-frequency probes (i.e., higher defect of the cartilage layer with a normal than 16 MHz) provides a detailed mor- subchondral bone profile; complete loss of phological evaluation of the hyaline cartilage of the metacarpal head<sup>1</sup>.

Healthy hyaline cartilage appears as a thin In a recent study, Hurnakova et al. used homogeneous band delineated by contin- a linear probe with a frequency reaching uous clear hyperechoic margins: the super- 22 MHz and found metacarpal head carti- tive US scoring systems were described<sup>3-5</sup> ficial (i.e., the chondro-synovial interface) lage damage in 35.7% of joints in patients and evidence in favor of inter- and inand deep margin (i.e., the osteo-chondral with rheumatoid arthritis and in 43.6% tra-observer reliability was found using very interface) (Figure 1). US morpho-structur- of joints in patients with osteoarthritis<sup>2</sup>. high-frequency probes (up to 25 MHz)<sup>6</sup>. In al abnormalities of metacarpal head car- Meanwhile, in patients with rheumatoid the near future it seems likely that artificial tilage damage include: loss of sharpness arthritis the II and III metacarpal heads of intelligence will assist sonographers in the

the cartilage layer and subchondral bone involvement<sup>1,2</sup> (Figures 2-4).

of the superficial margin; partial thickness both hands were the most frequently in- assessment of the hyaline cartilage.<sup>7,8</sup>

High-resolution ultrasound (US) using defect of the cartilage layer; full thickness volved, in osteoarthritis the cartilage damage was more homogeneously distributed in all metacarpophalangeal joints<sup>2</sup>.

> Validity issues of US in the assessment of the hyaline cartilage in rheumatoid arthritis and healthy metacarpal heads have been investigated. Both qualitative and quantita-

## Case 1



Figure 1. Healthy subject. Normal ultrasound features of the metacarpal head cartilage in longitudinal (figure A) and transverse (figure B) dorsal views. The hyaline cartilage appears as a homogenous band delineated by two hyperechoic margins: the superficial chondro-synovial interface (arrowhead) and the deep osteo-chondral interface (arrow). *m=metacarpal head*; *p=proximal phalanx*.

### Case 3



#### Case 2



**Figure 2**. Early rheumatoid arthritis. Longitudinal dorsal scan showing an example of active synovitis of a metacarpophalangeal joint. Note the loss of the sharpness of the superficial margin (arrowheads) where the inflamed rheumatoid pannus sticks to the cartilage surface. *m=metacarpal head*; *p=proximal* phalanx.

## Case 4



**Figure 3**. Established rheumatoid arthritis. Longitudinal dorsal scan in B-mode (figure A) and corresponding power Doppler mode (figure B) showing loss of the sharpness of the superficial margin (arrowheads) together with partial thickness defect of the cartilage layer, which is invaded by an active rheumatoid pannus (empty arrow). *m=metacarpal head*; *p=proximal phalanx*.

**Figure 4**. Late rheumatoid arthritis. Longitudinal dorsal scan in B-mode (**figure A**) and corresponding power Doppler mode (figure B). An active rheumatoid pannus has invaded and completely reabsorbed the cartilage layer (empty arrow). Note the presence of Doppler signal close to both the loss of the sharpness of the superficial margin (arrowhead) and subchondral margin involvement (arrow). m=metacarpal head; p=proximal phalanx.

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