Seminars in
ULTRASOUND
CT and MRI

Musculoskeletal Ultrasound

VOL 21, NO 3 JUNE 2000

Letter From the Guest Editor

Ultrasound application in the musculoskeletal system is rapidly becoming a part of conventional imaging techniques for the evaluation of injuries involving joints and soft tissues. It is the modality of choice in many parts of Europe, Asia, Australia, Canada and South America, chiefly because of its diagnostic value and relatively low cost. Here in the United States, ultrasound is also gaining momentum in being accepted as a superb method to evaluate a variety of musculoskeletal diseases, both on its own and in conjunction with MRI. In the shoulder, for example, ultrasound is highly accurate in discriminating between partial- and full-thickness tears of the rotator cuff, but falls short in the evaluation of intra-articular abnormalities, for which MRI is superior. Combining these two techniques would greatly enhance the evaluation of a diseased shoulder. Also, there are many diseases in which ultrasound has proven diagnostic superiority, including diseases of peripheral nerves, such as carpal tunnel syndrome and detection of loose and foreign bodies.

Aside from economic considerations, I believe it is the diagnostic power of ultrasound in the evaluation of musculoskeletal diseases that is attracting physicians in the United States. The techniques of imaging, once mastered, become intuitive. The anatomy correlates well with MRI. And the real-time dynamic capability of ultrasound is highly applicable to the musculoskeletal system. Many orthopedic surgeons and other clinicians are becoming aware of musculoskeletal ultrasound as a viable alternative to MRI but are frustrated by the lack of radiologists properly trained in this technique. Both here and abroad, there is a significant need for didactic information and training for clinicians regarding musculoskeletal ultrasound.

One of the goals of this issue is to introduce the capabilities of ultrasound in the evaluation of common and uncommon bone, joint, and soft tissue pathologies. Each section has been written with the beginning practitioner in mind, and emphasizes pertinent joint and soft tissue anatomy, ultrasound techniques, and the diagnostic features of disease. I hope that these articles will pique your curiosity, whet your appetite for adventure, and entice you to pick up a transducer. This is an exciting and growing field. The authors and I invite you to join us in practicing the art of musculoskeletal ultrasound.

I thank the authors and express my deep appreciation for their outstanding efforts. They generously shared their expertise and insight in these articles, without which this issue would not have been possible.

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Guest Editor

doi:10.1053/sult.2000.16688