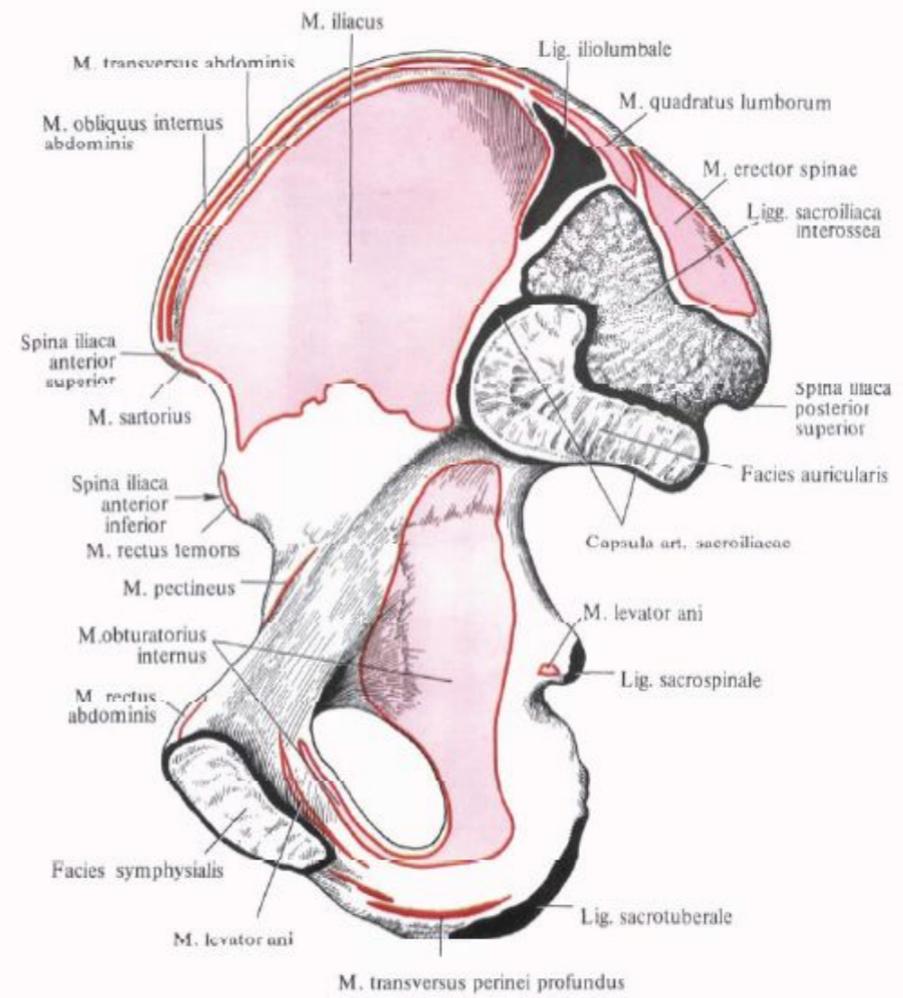
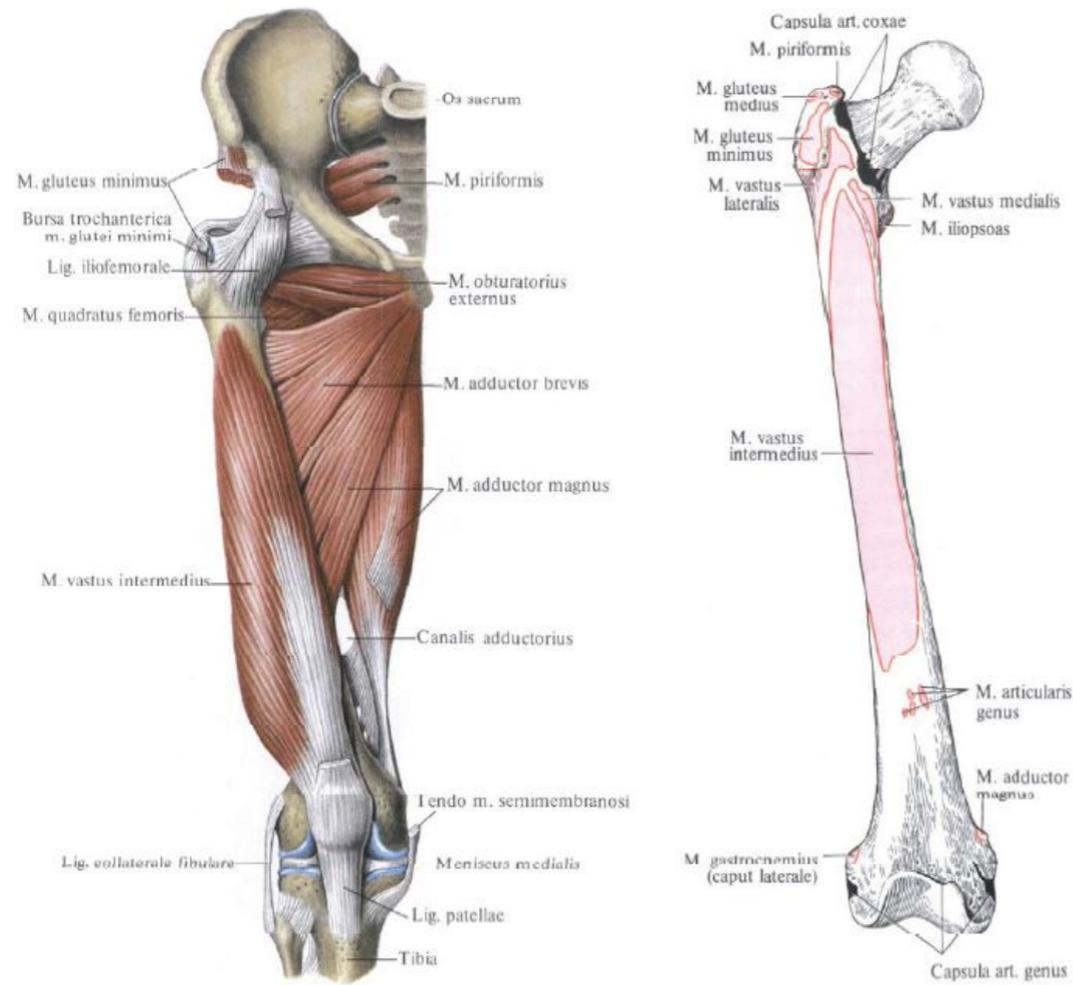
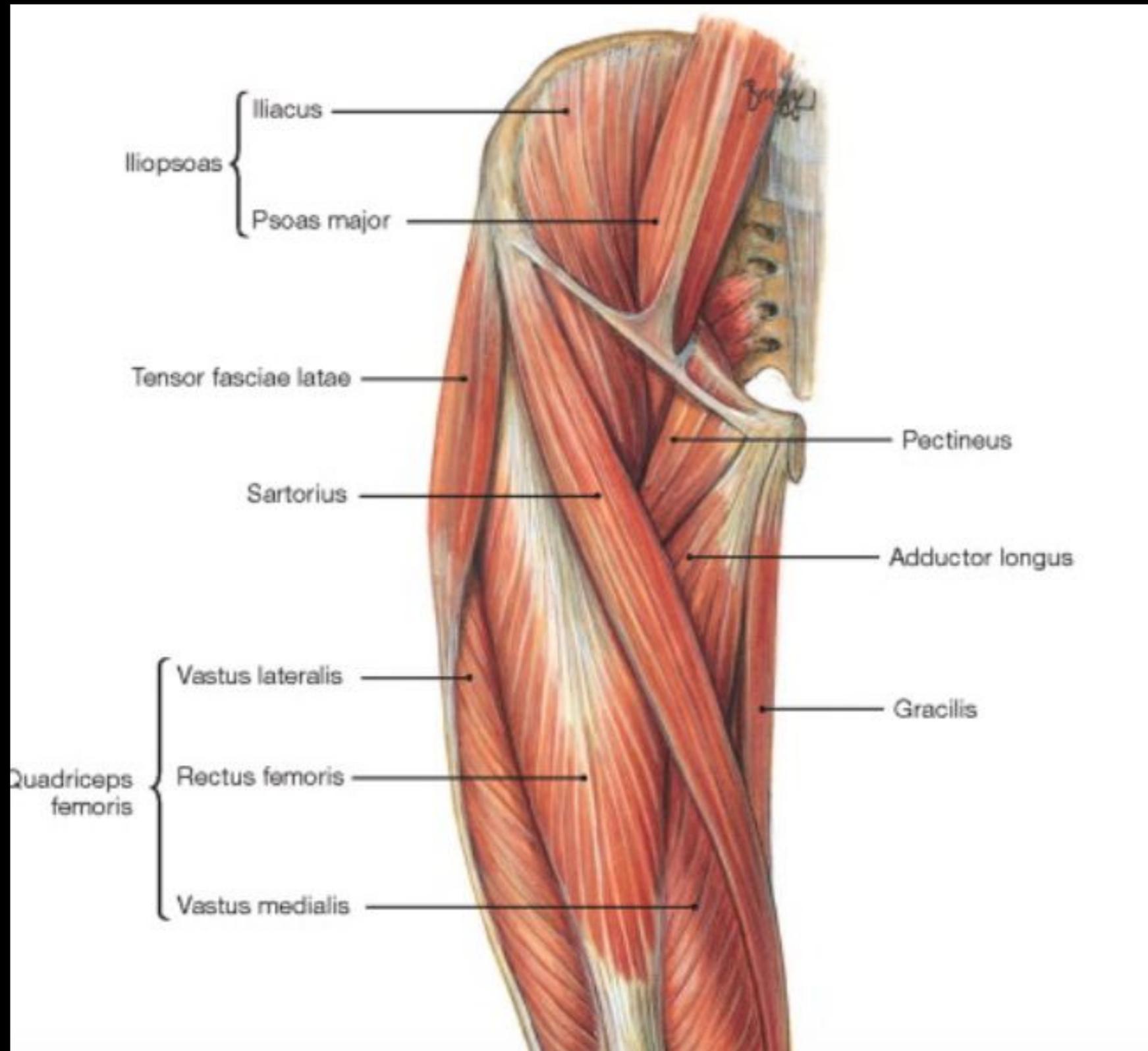


# Ультразвуковое исследование тазобедренного сустава

- Санкт-Петербургский государственный педиатрический медицинский университет. Кафедра лучевой диагностики и биомедицинский визуализации.
- Имельбаев Артур Ильгизович

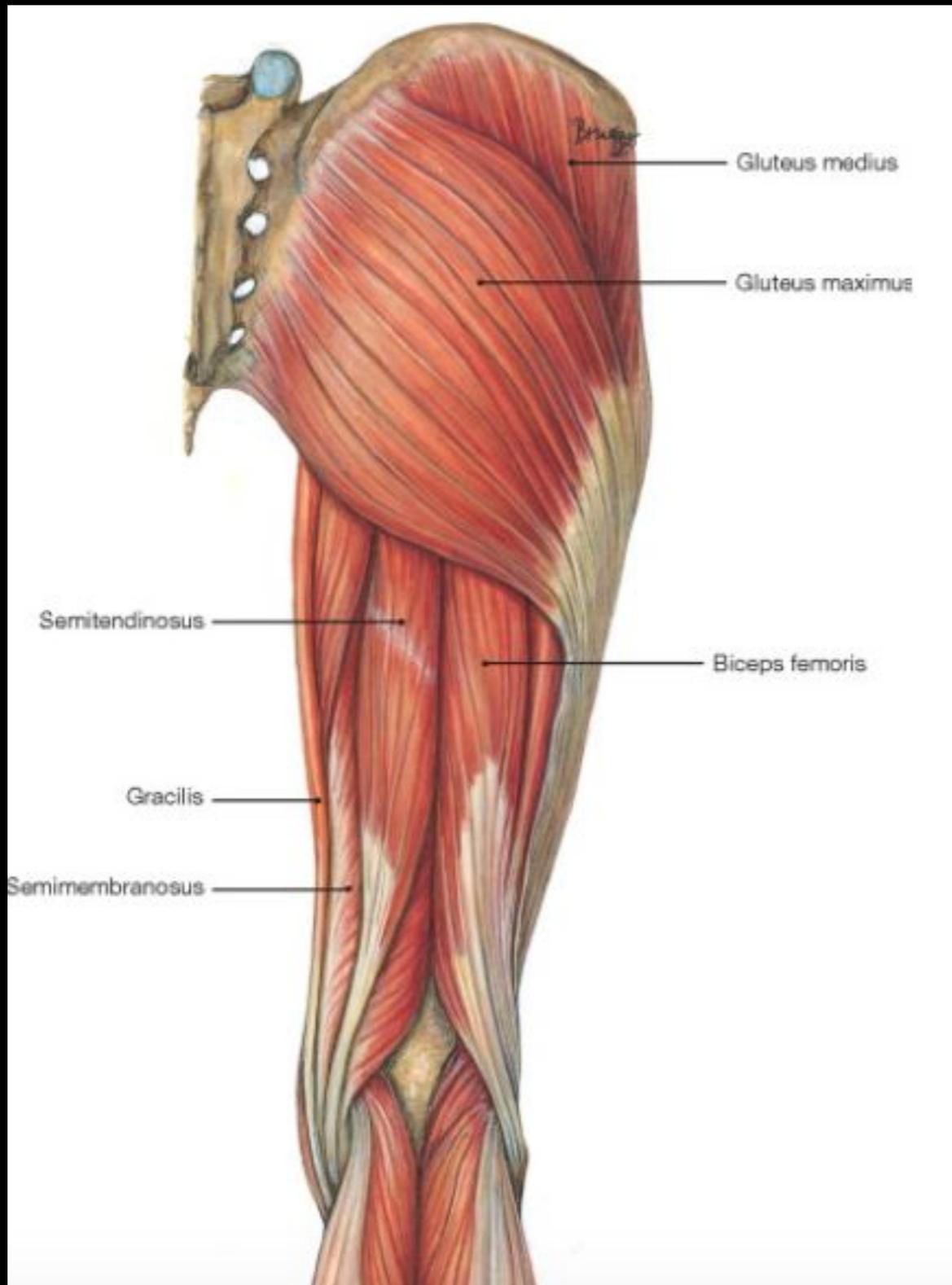






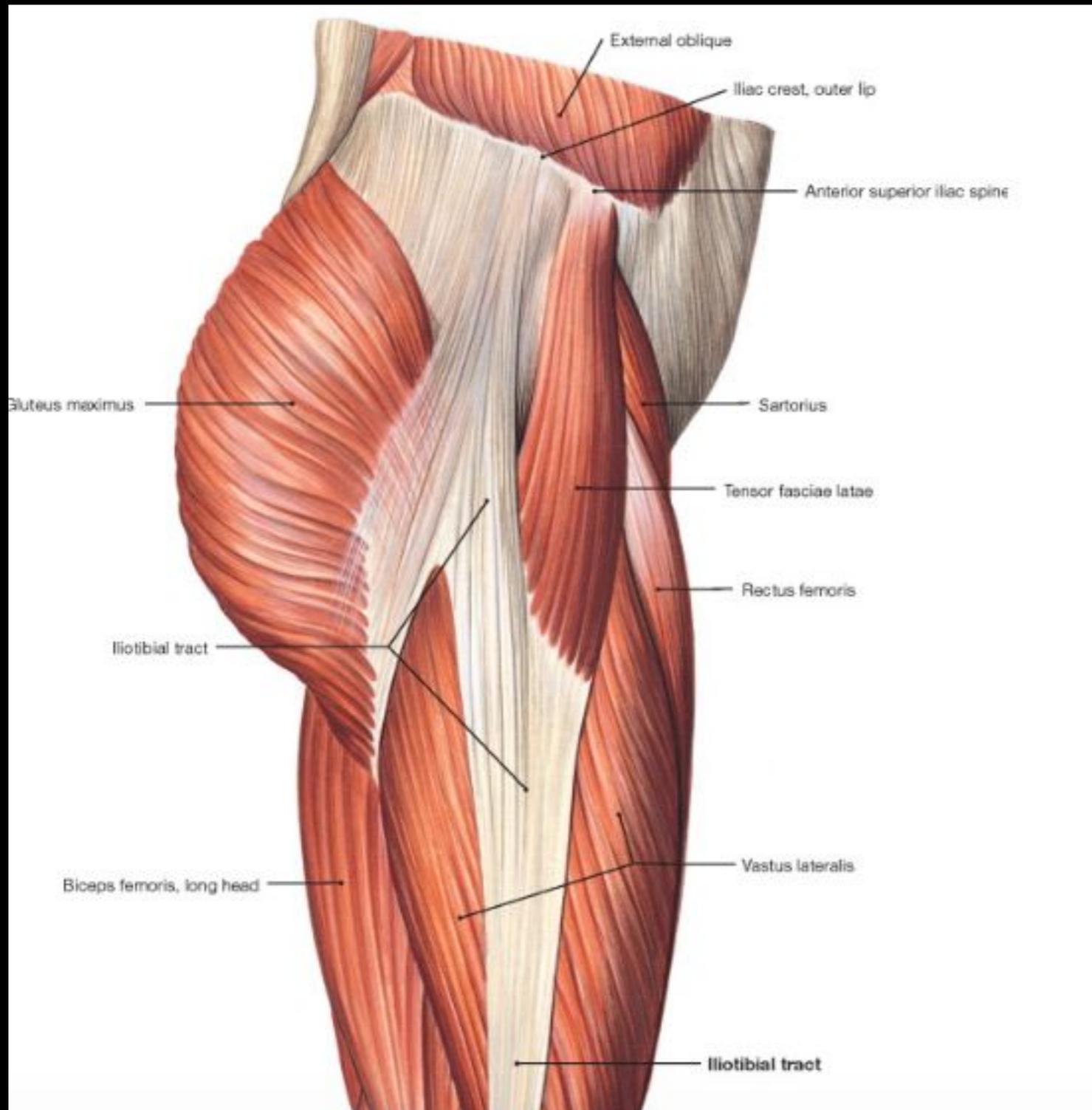
F. Paulsen

Sobotta Atlas of Human Anatomy, Vol. 1, 4, 243-374



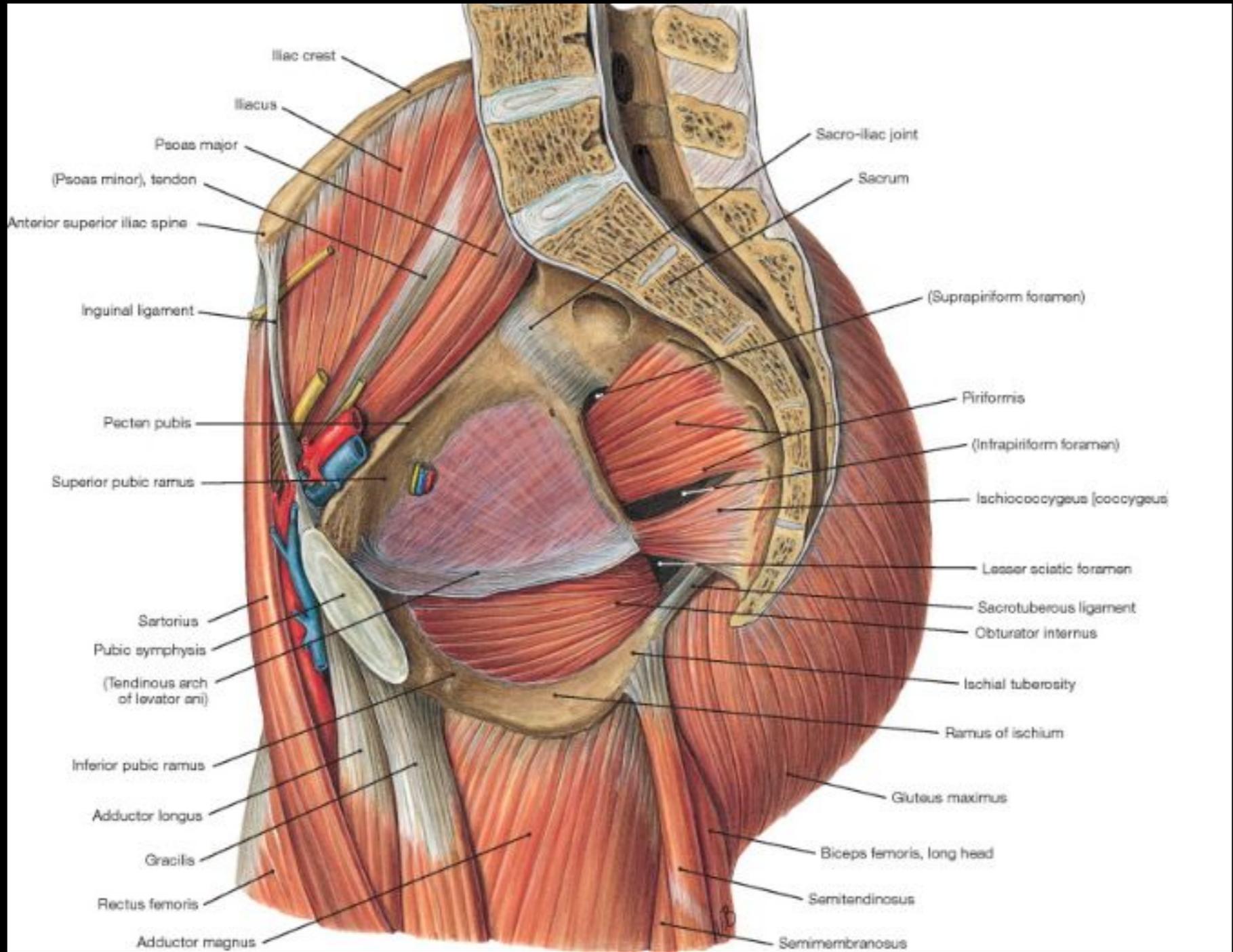
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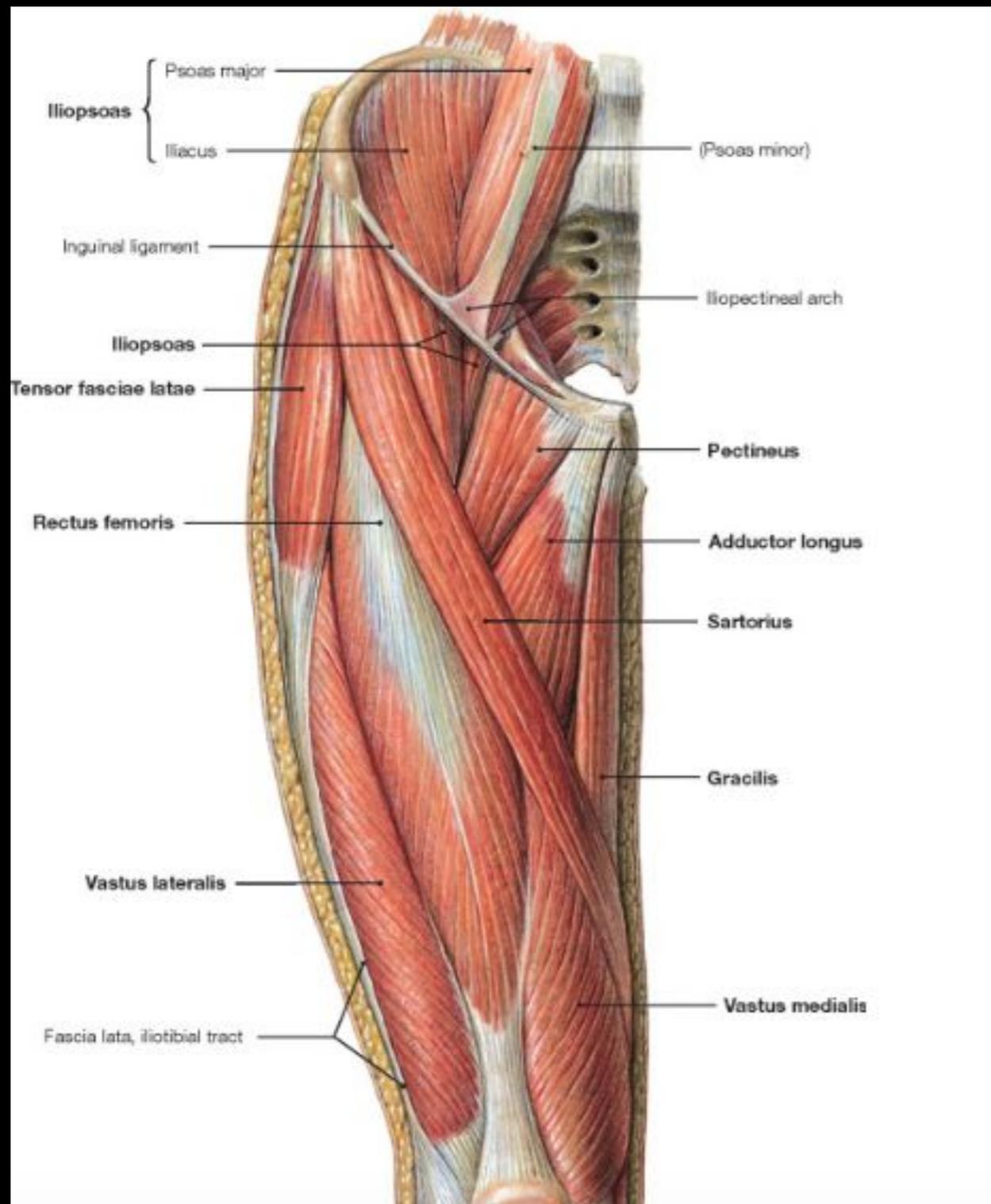
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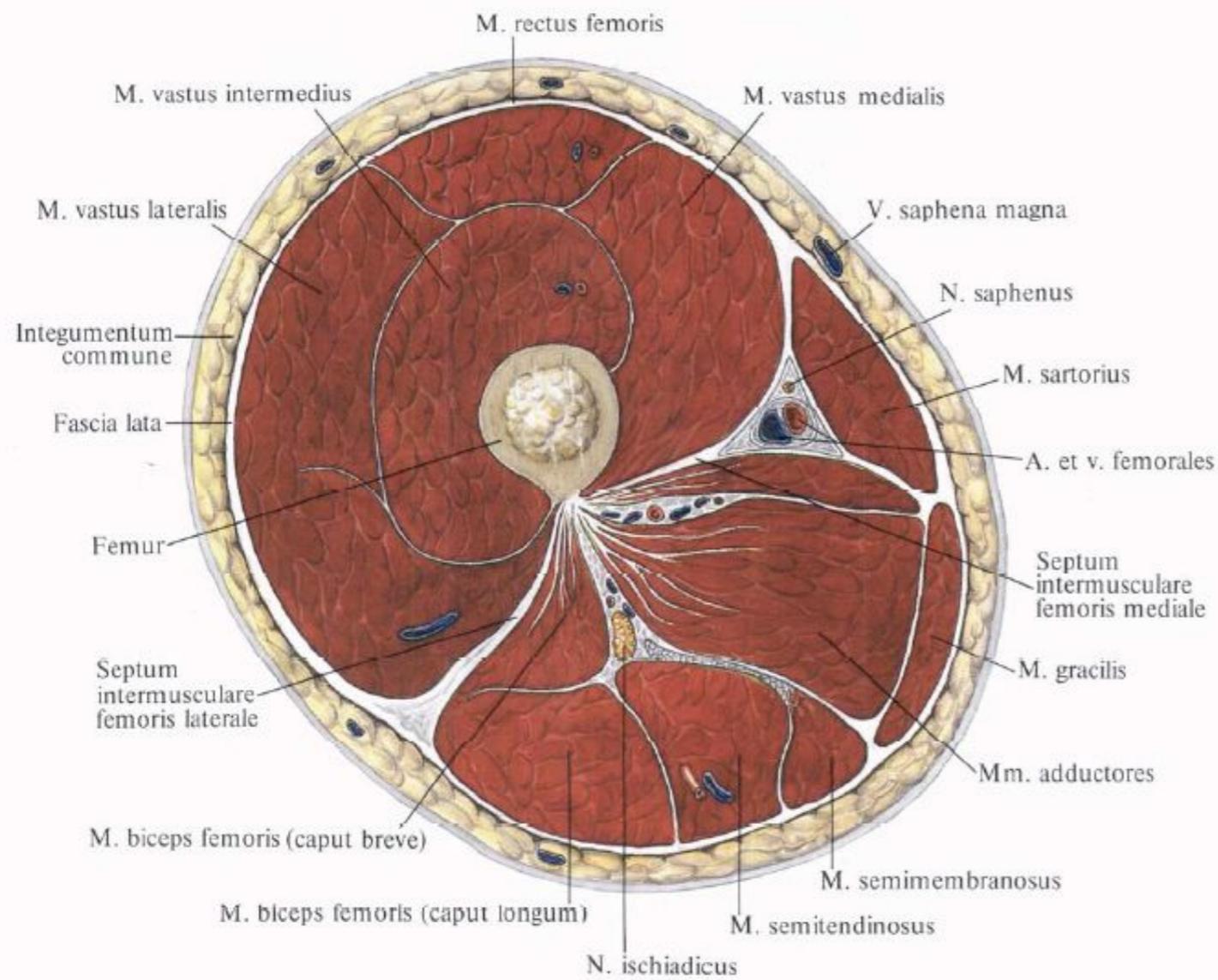
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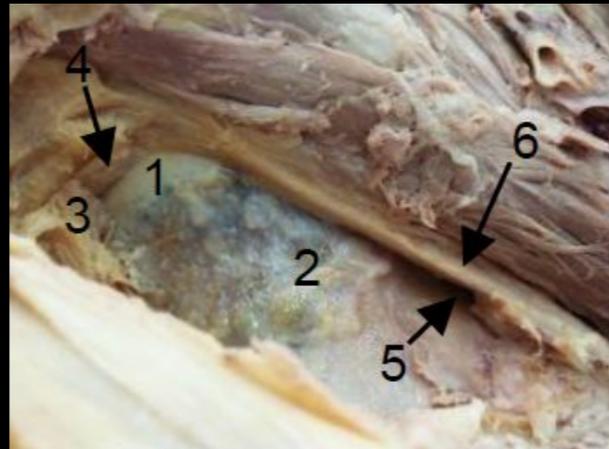
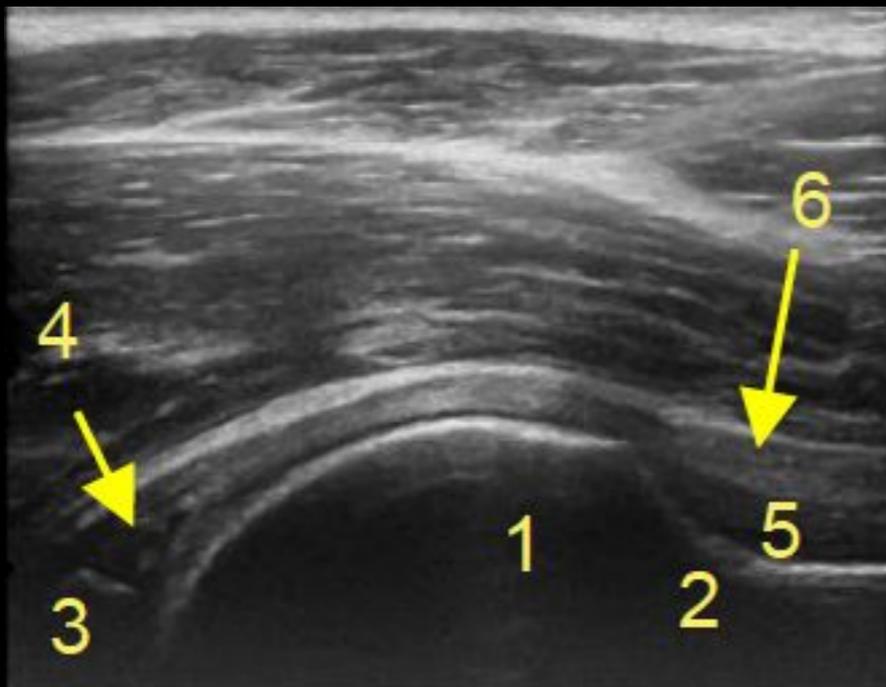
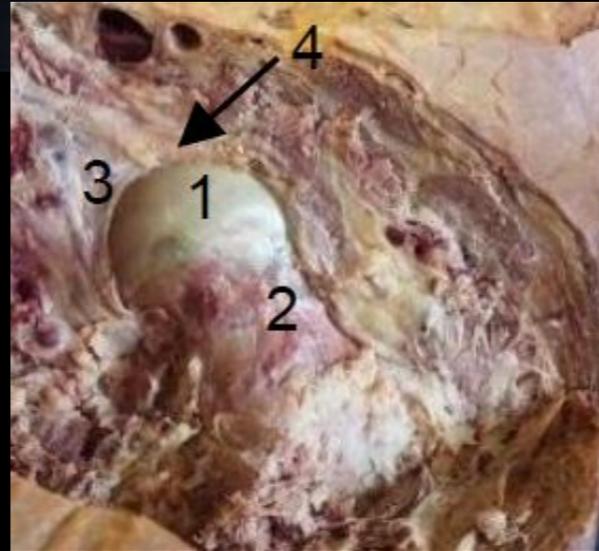
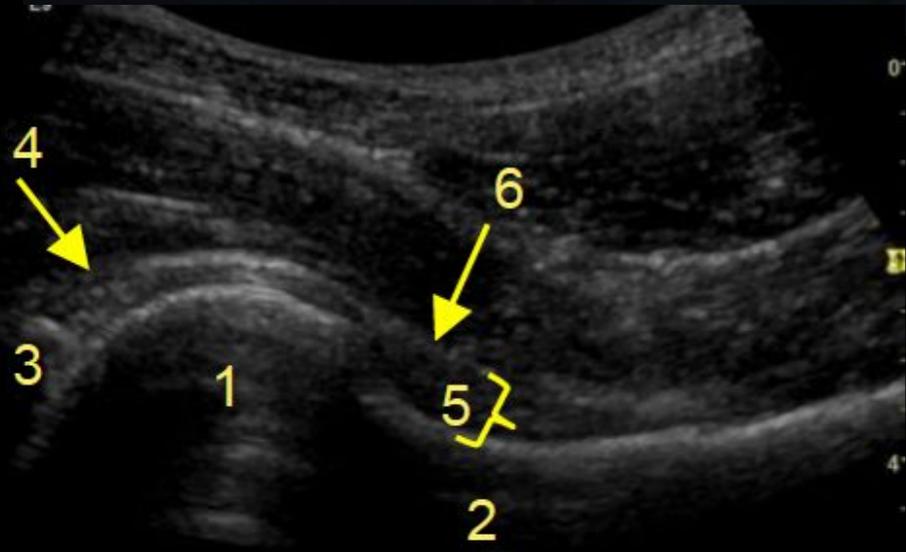
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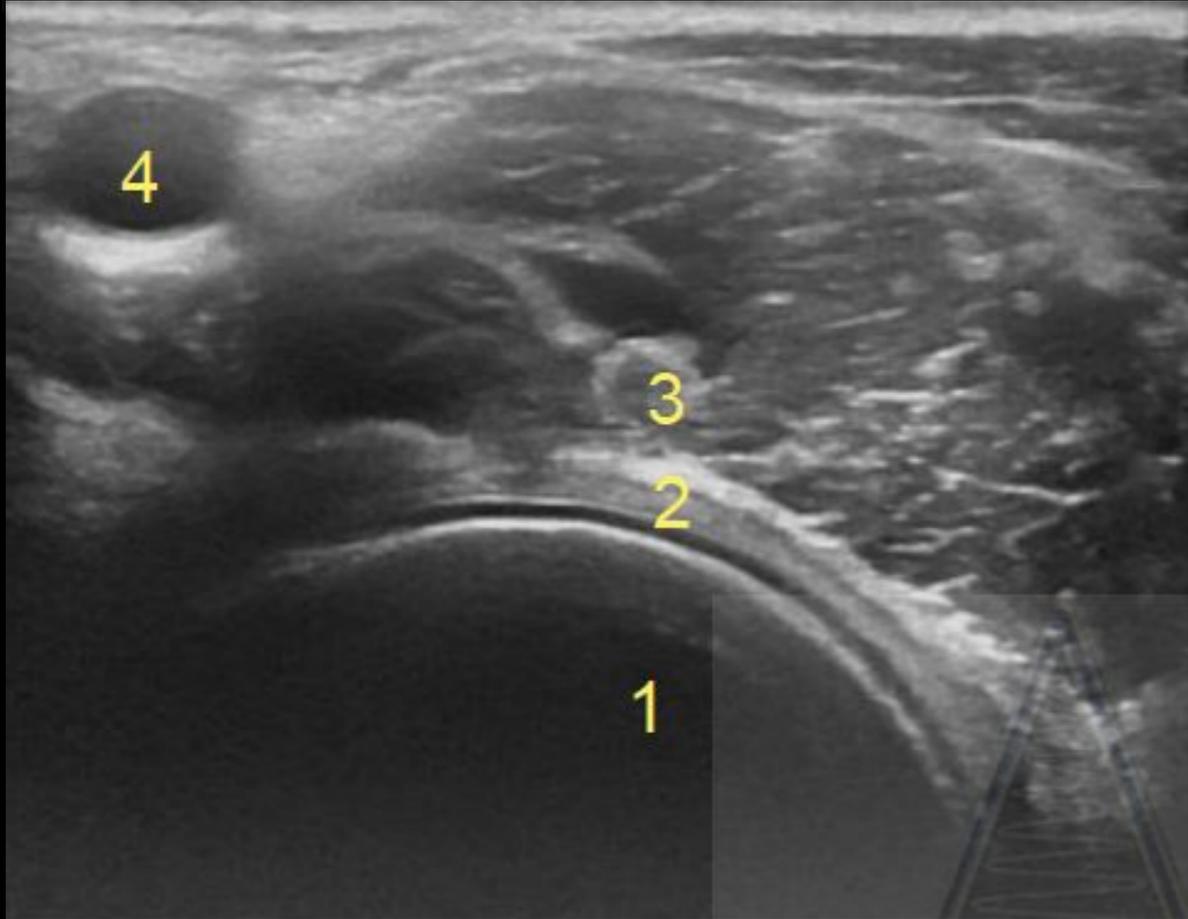


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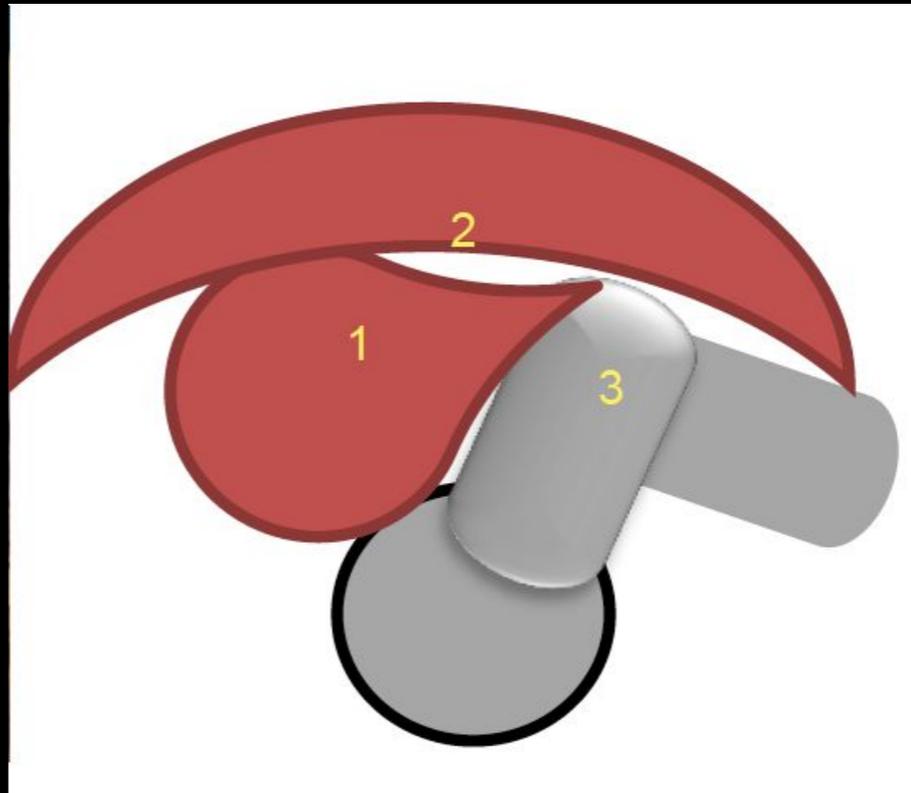
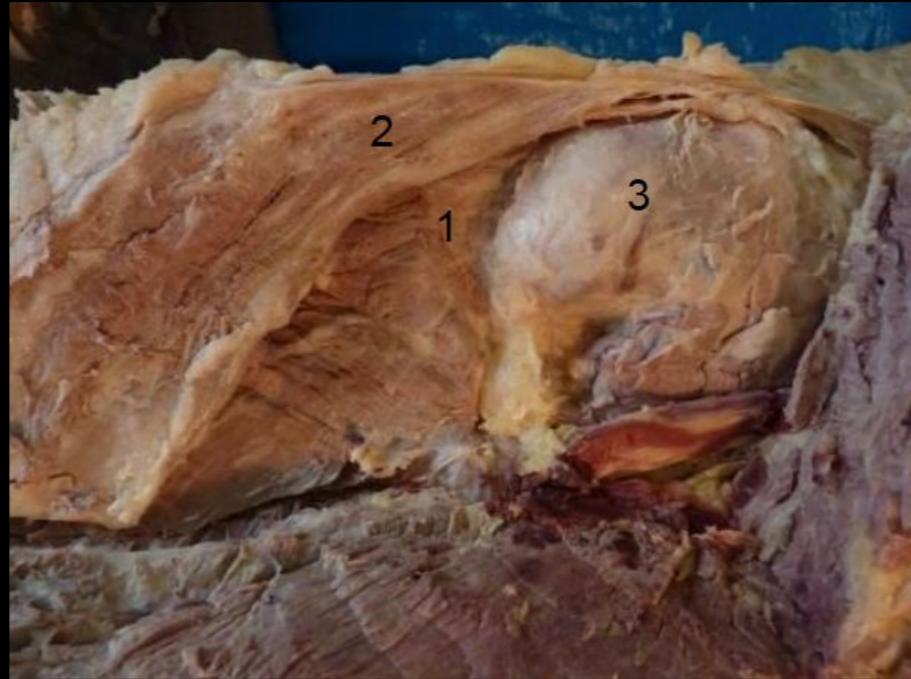
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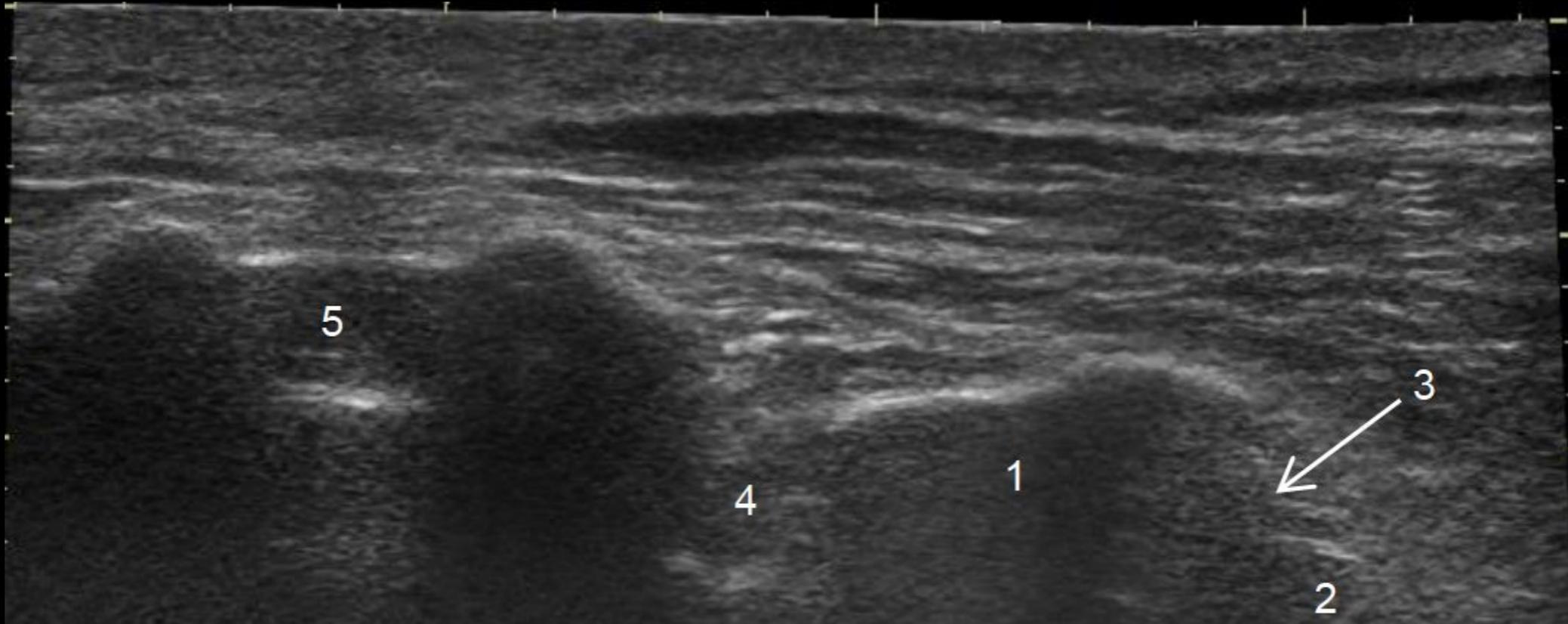
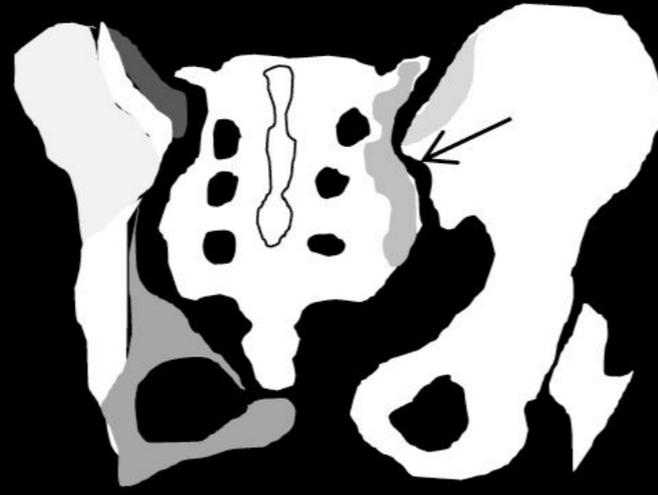
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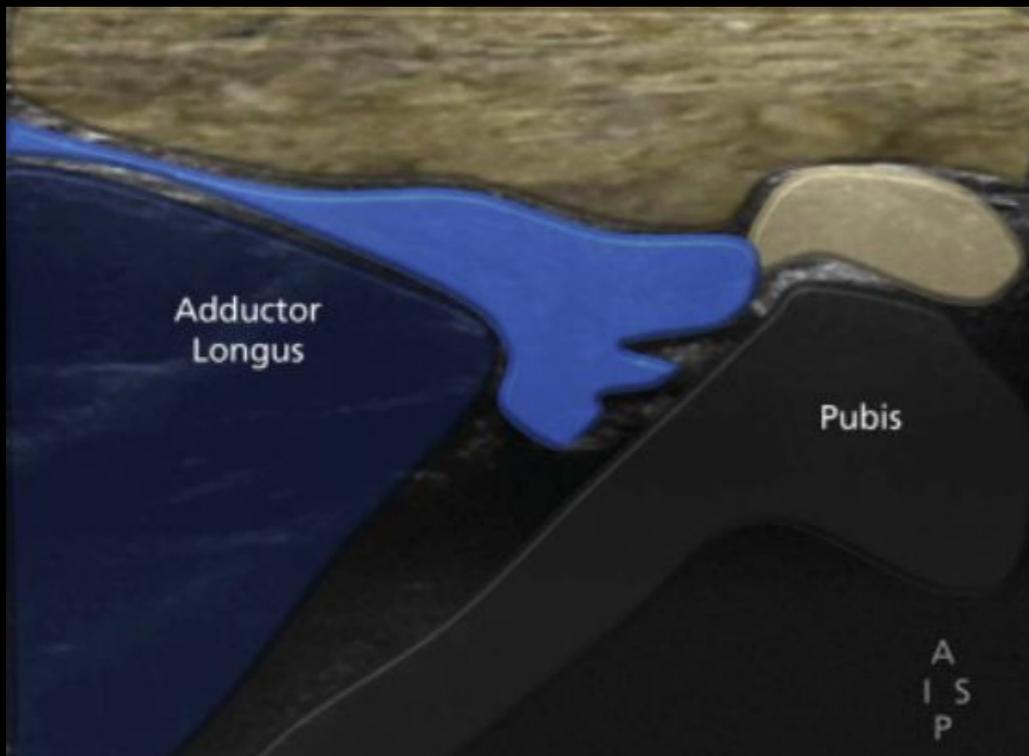
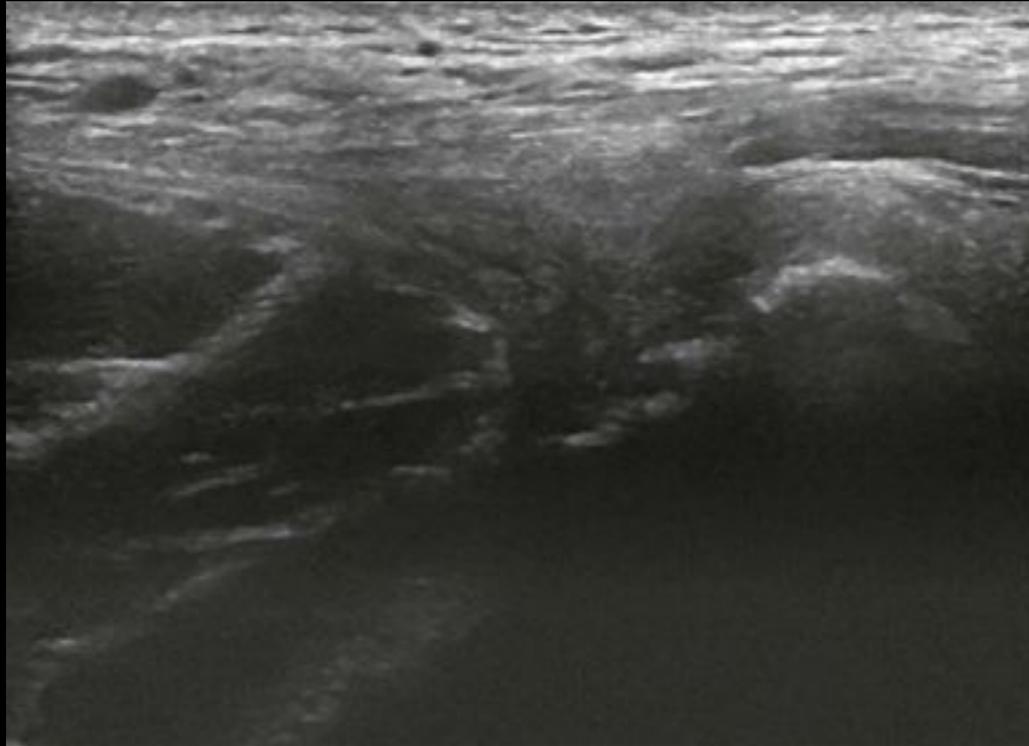
\*Bird PA, et al. A&R, 2001:  
44(9); 2138-45



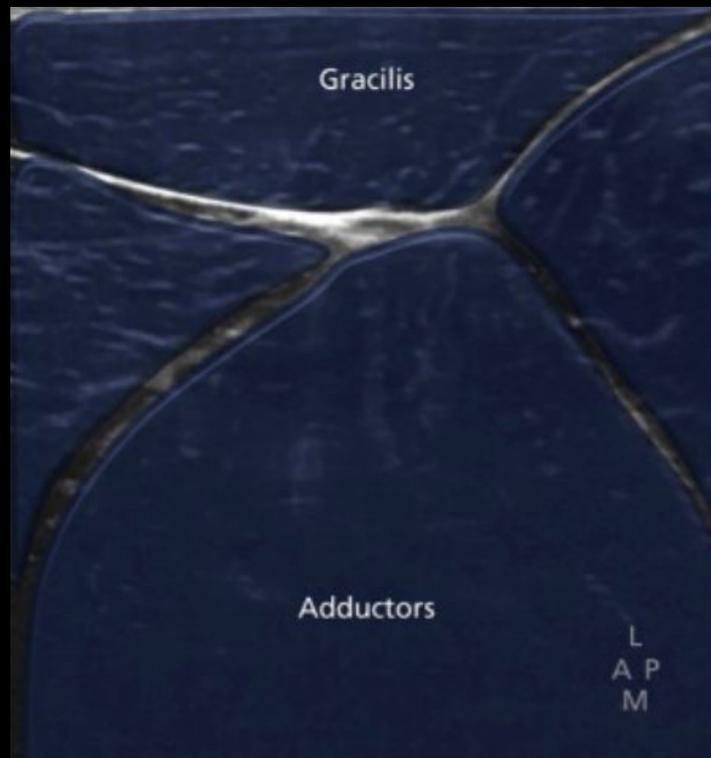
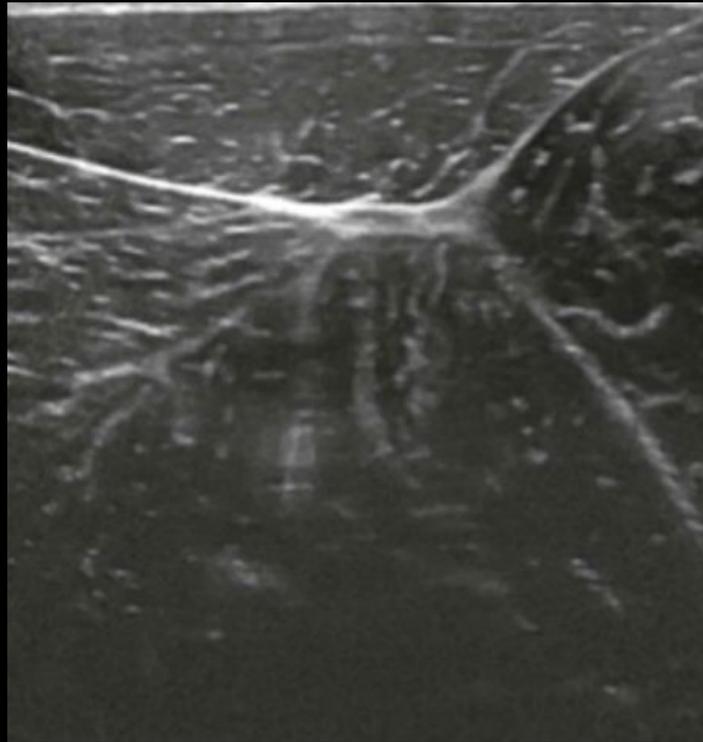
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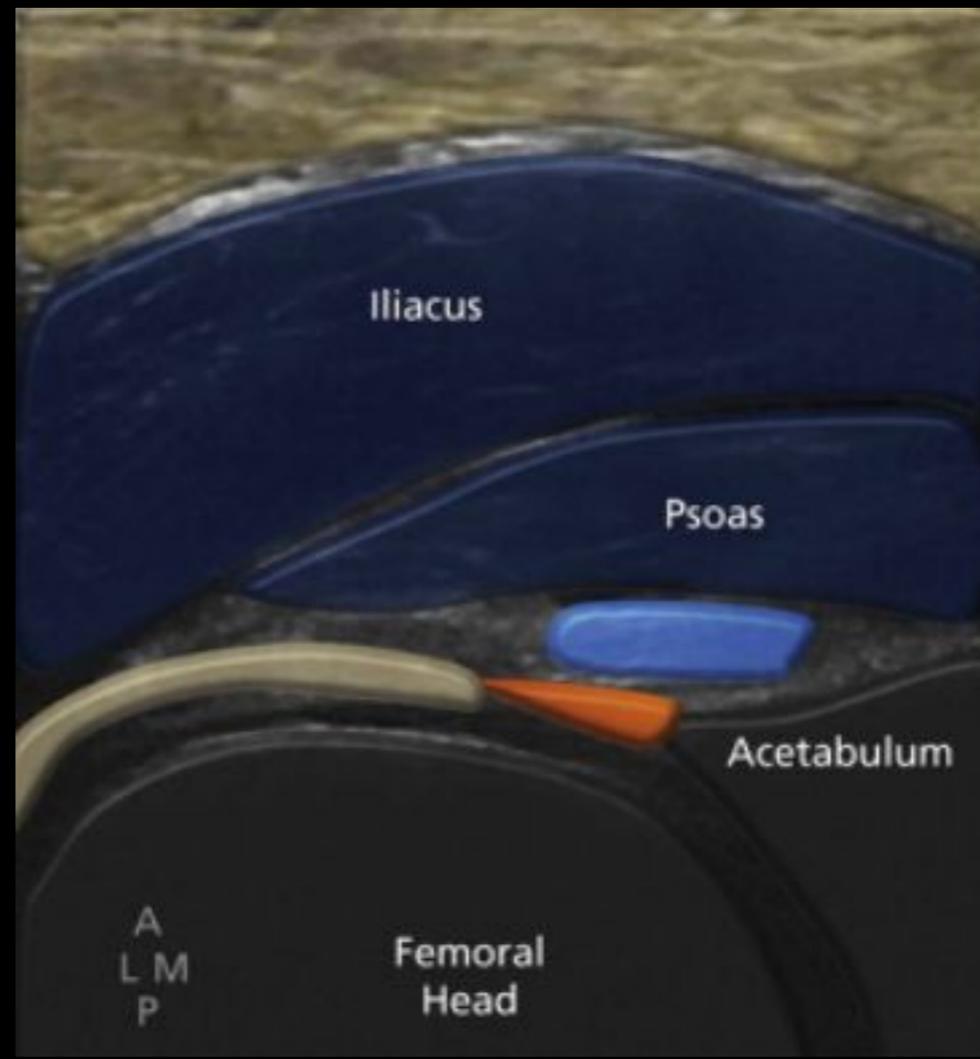
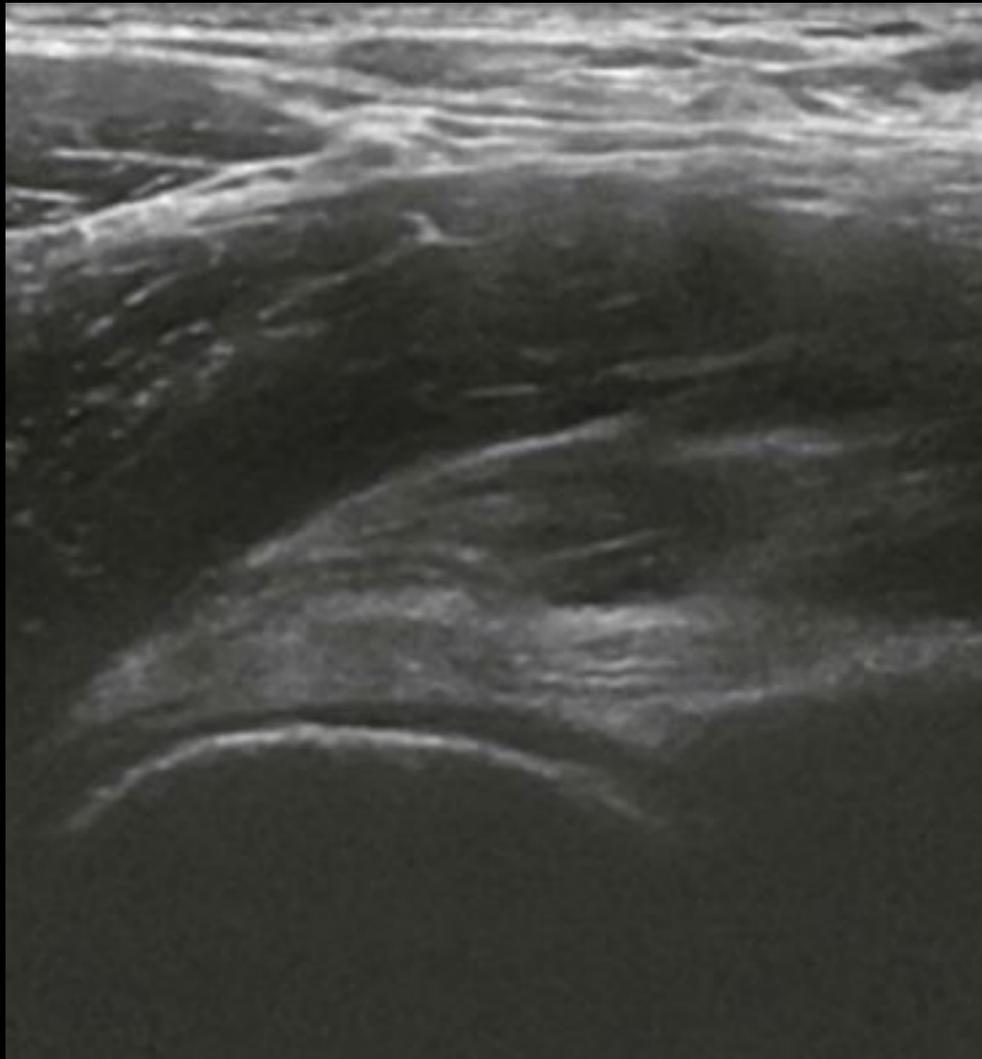


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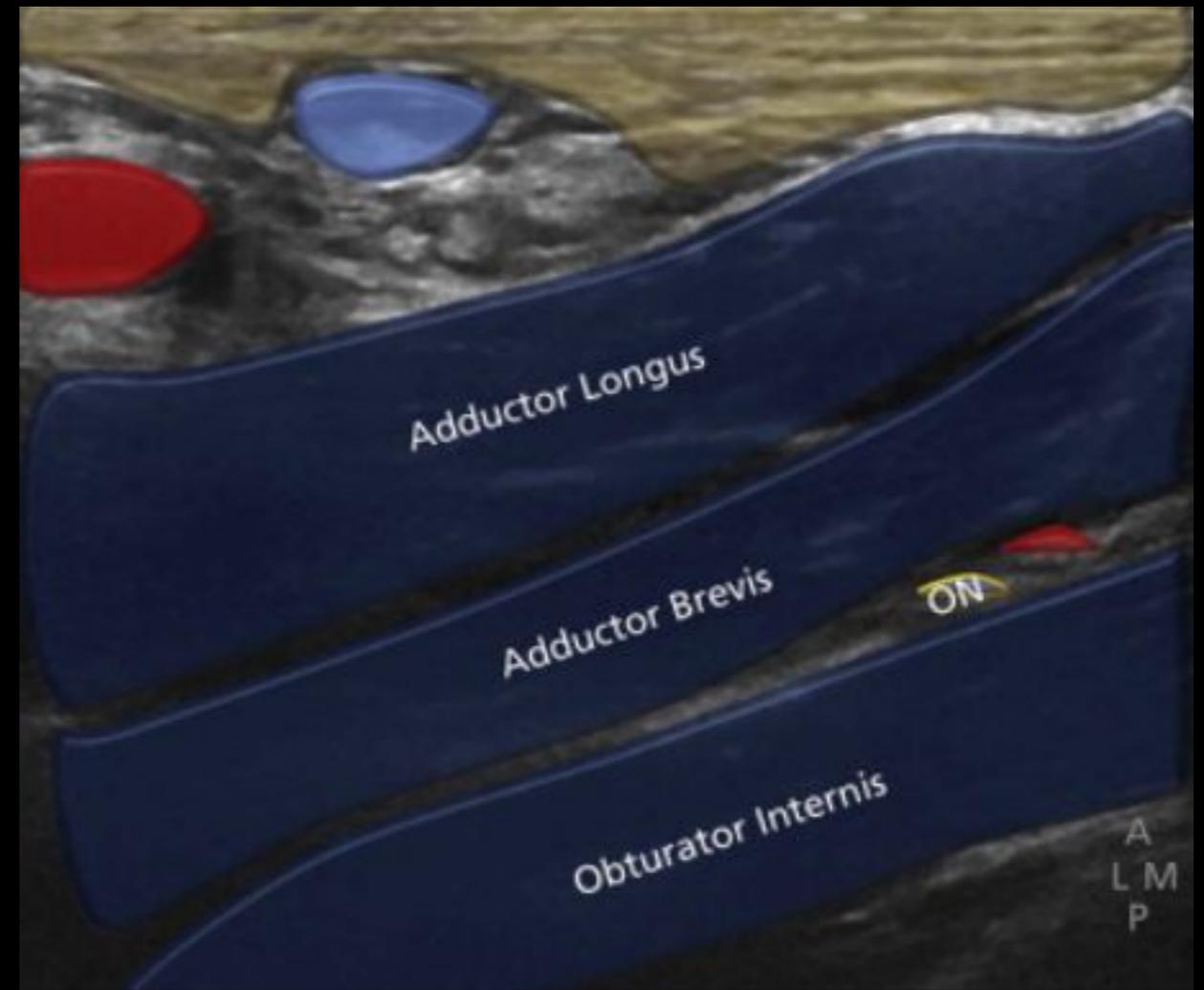
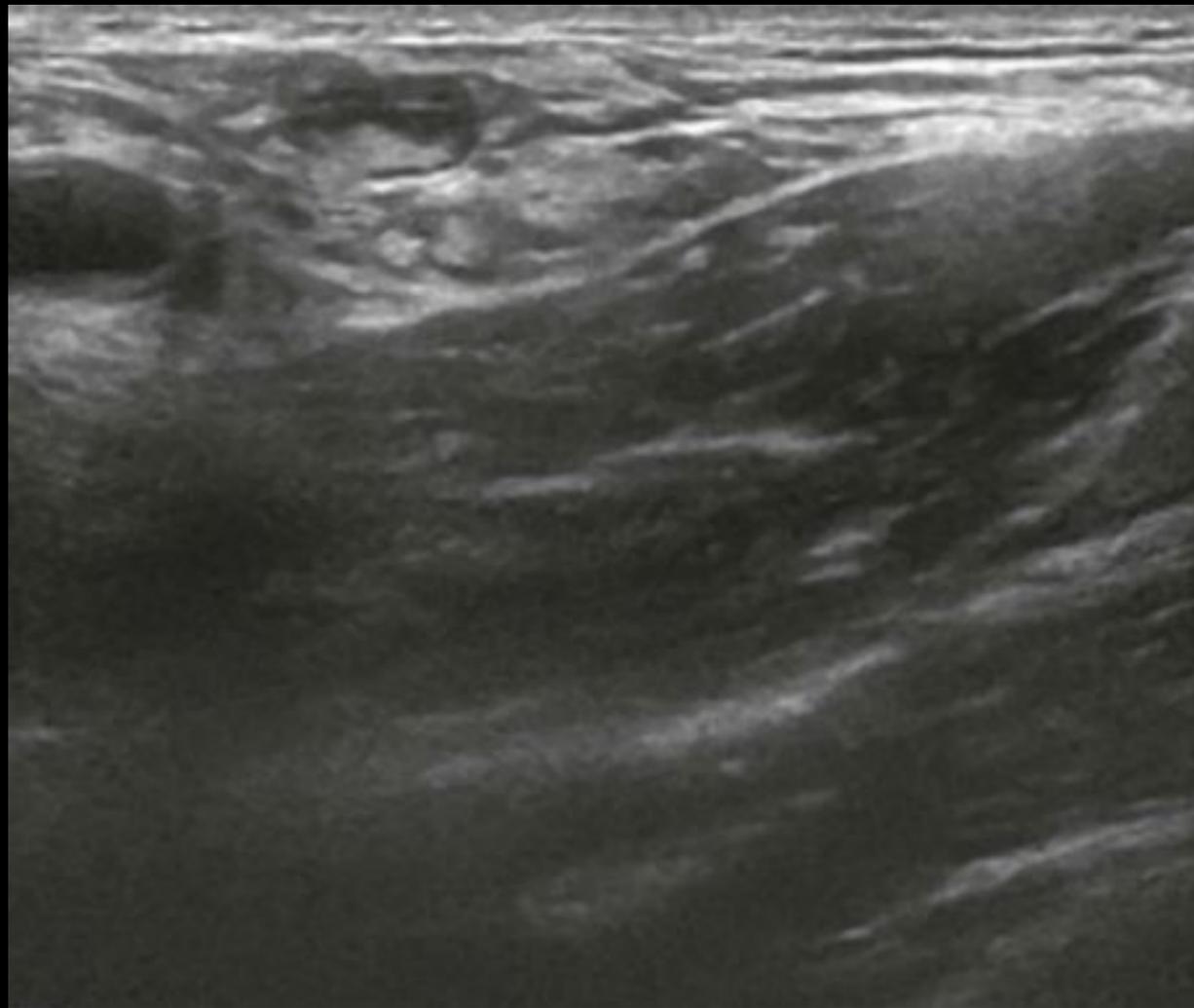
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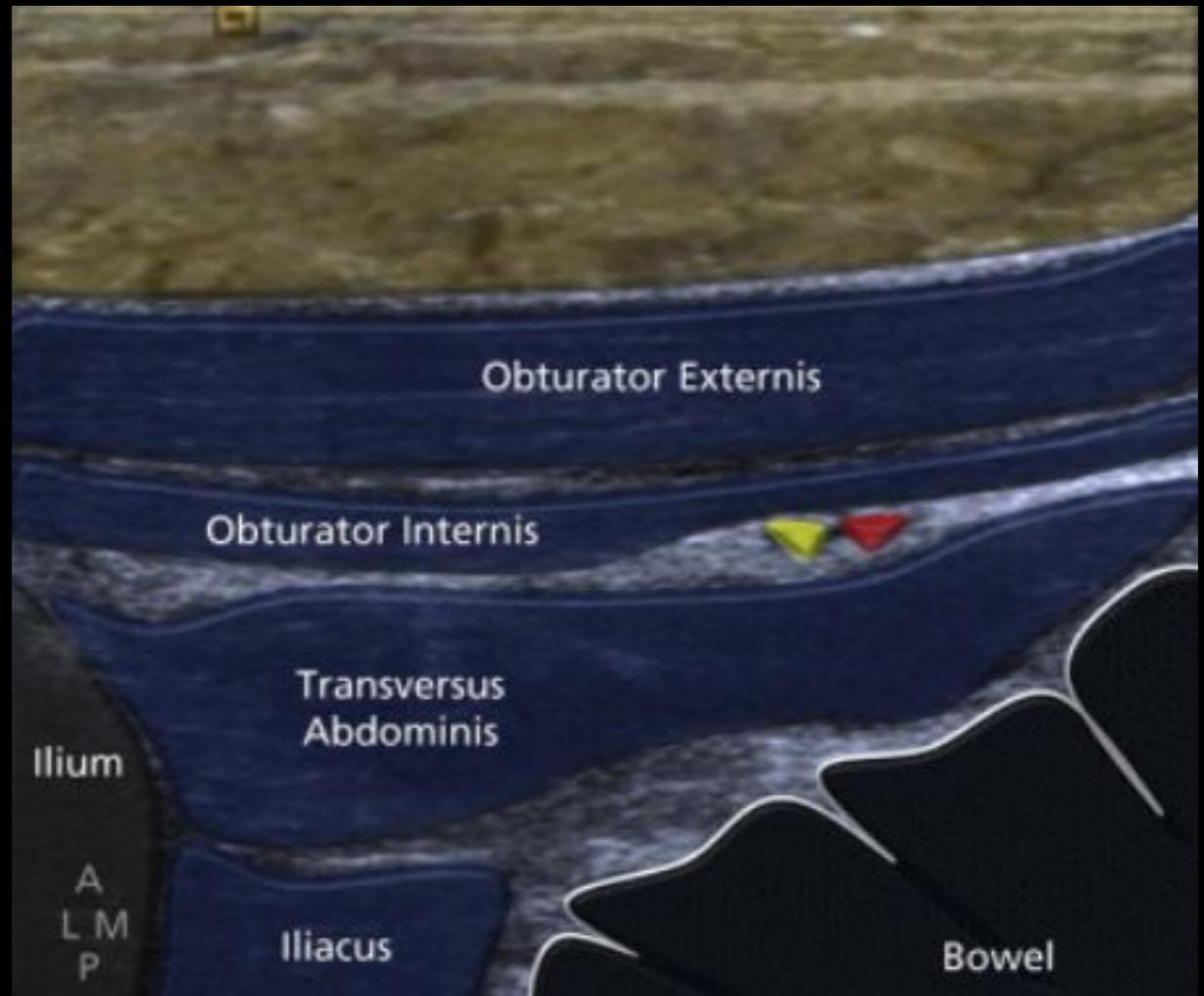
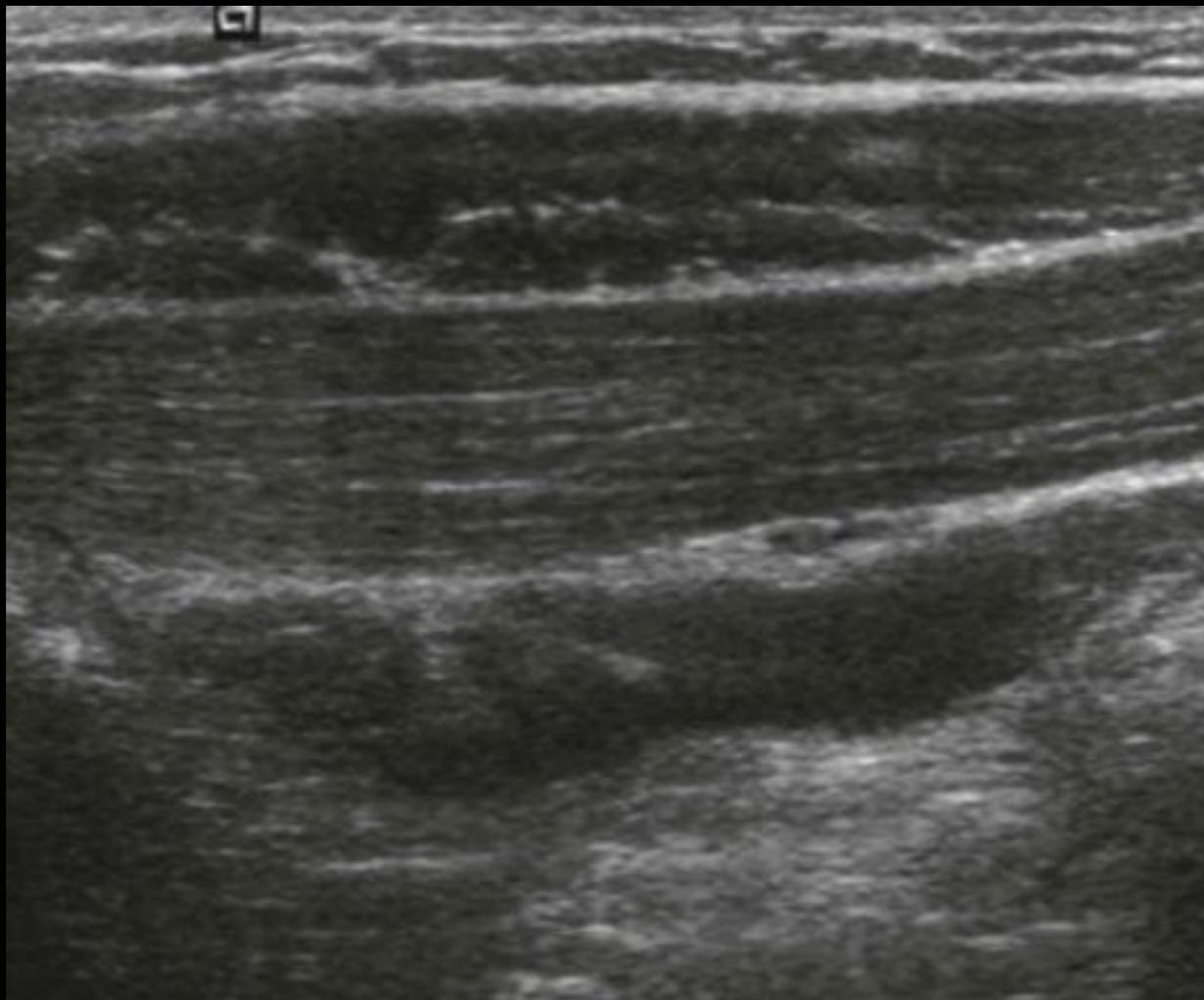


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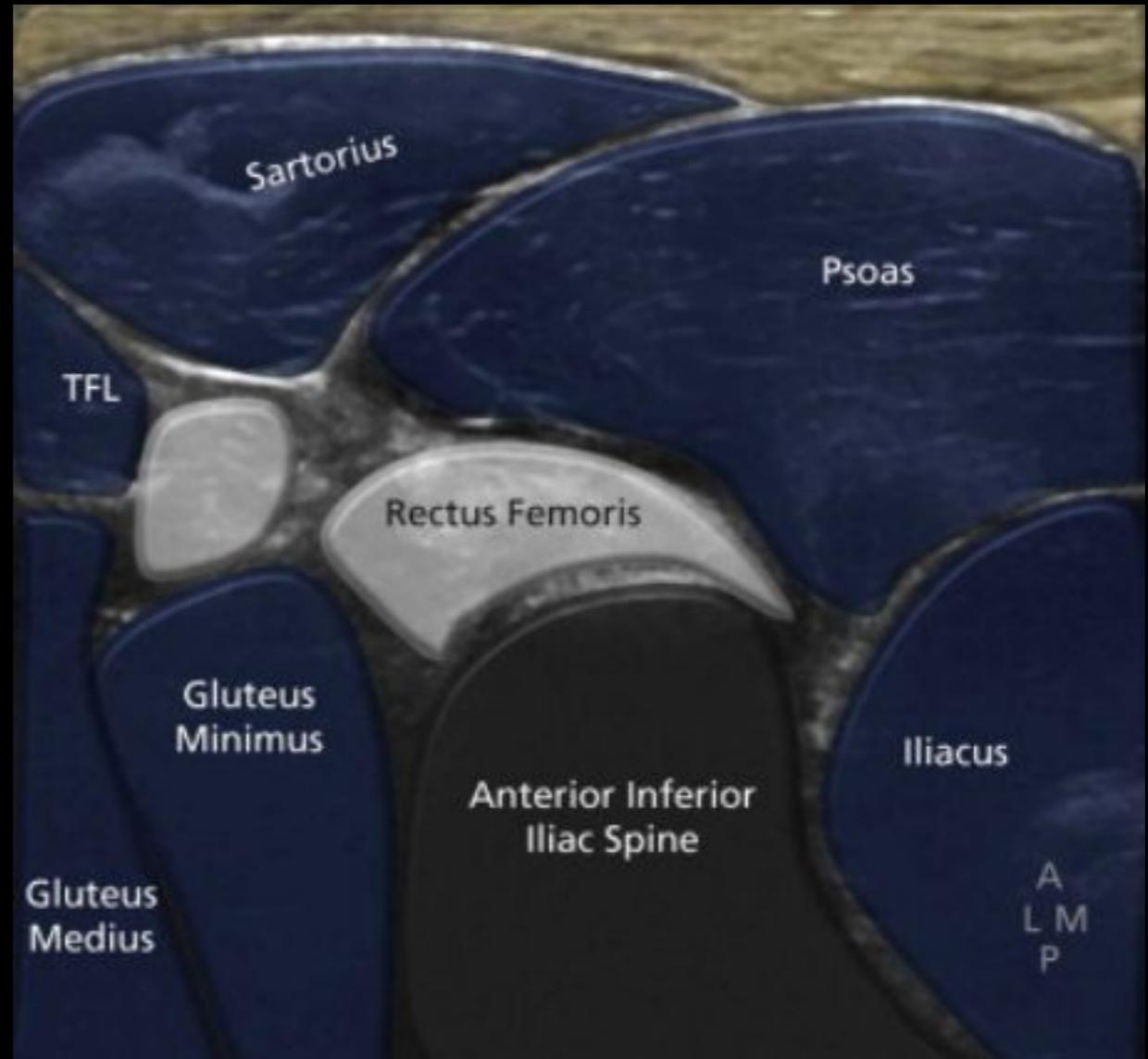
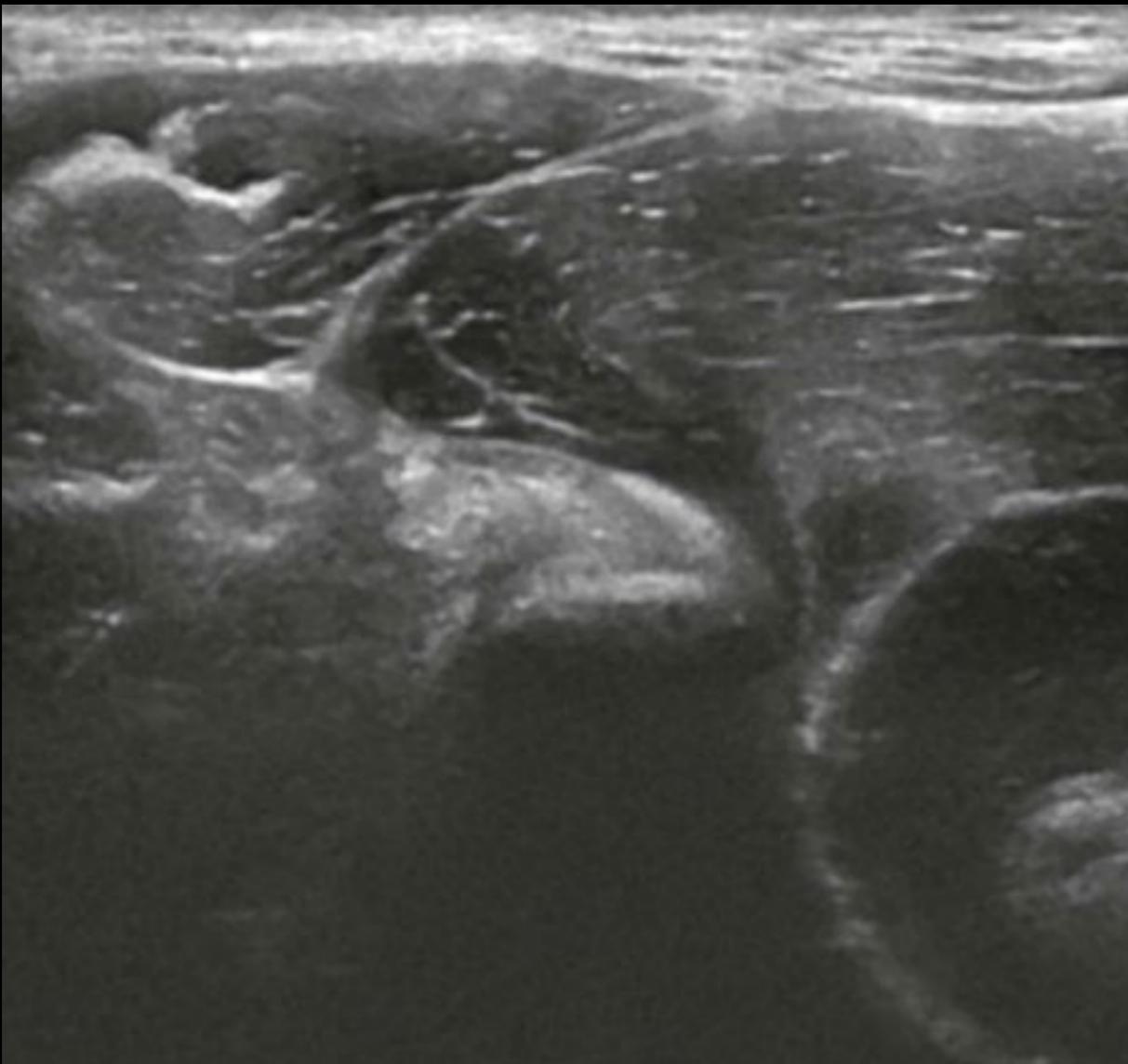


Аксиальное изображение тазобедренного сустава, медиальная поверхность, уровень верхней дуги лонной кости; ON - запирательный нерв

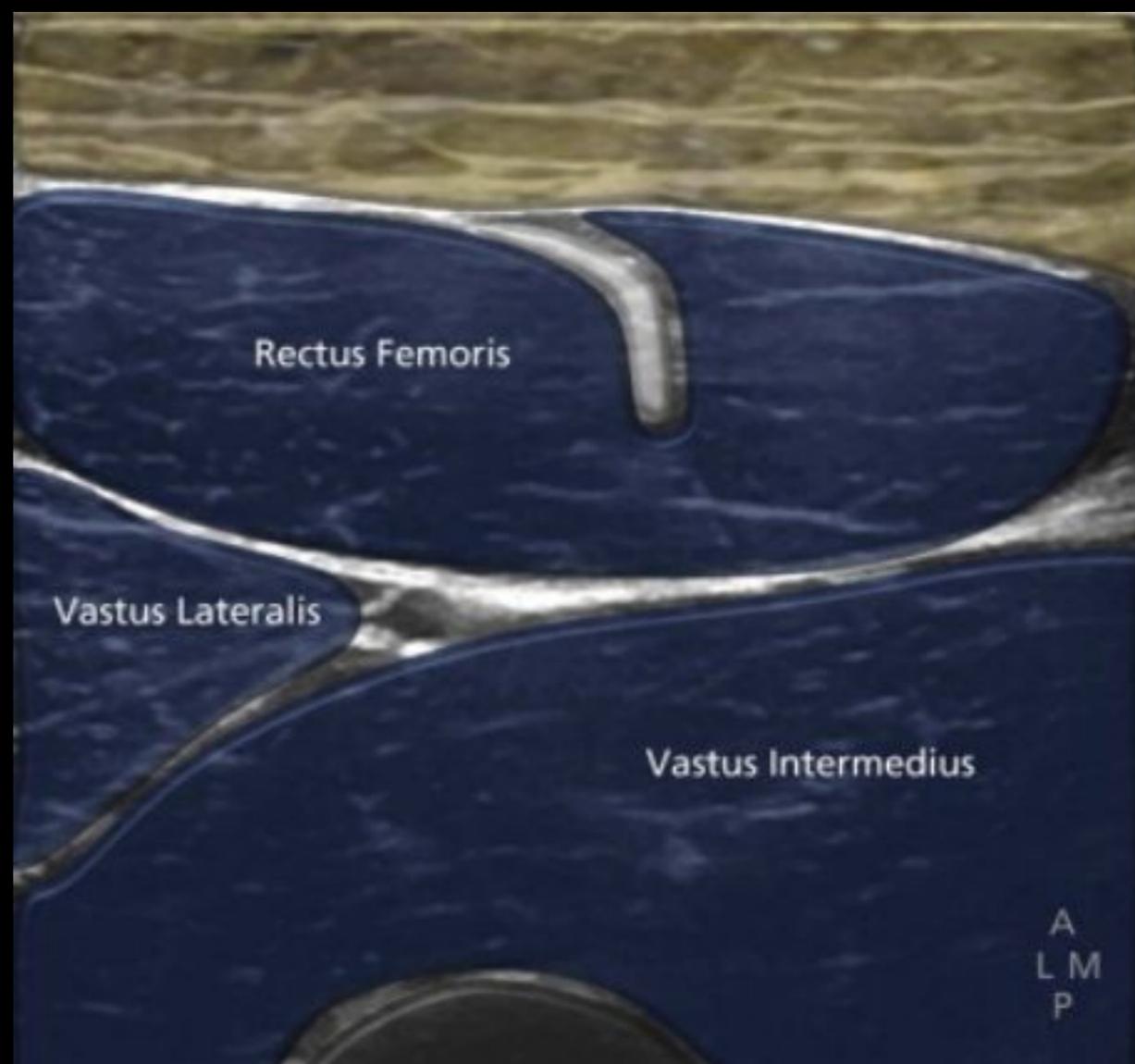
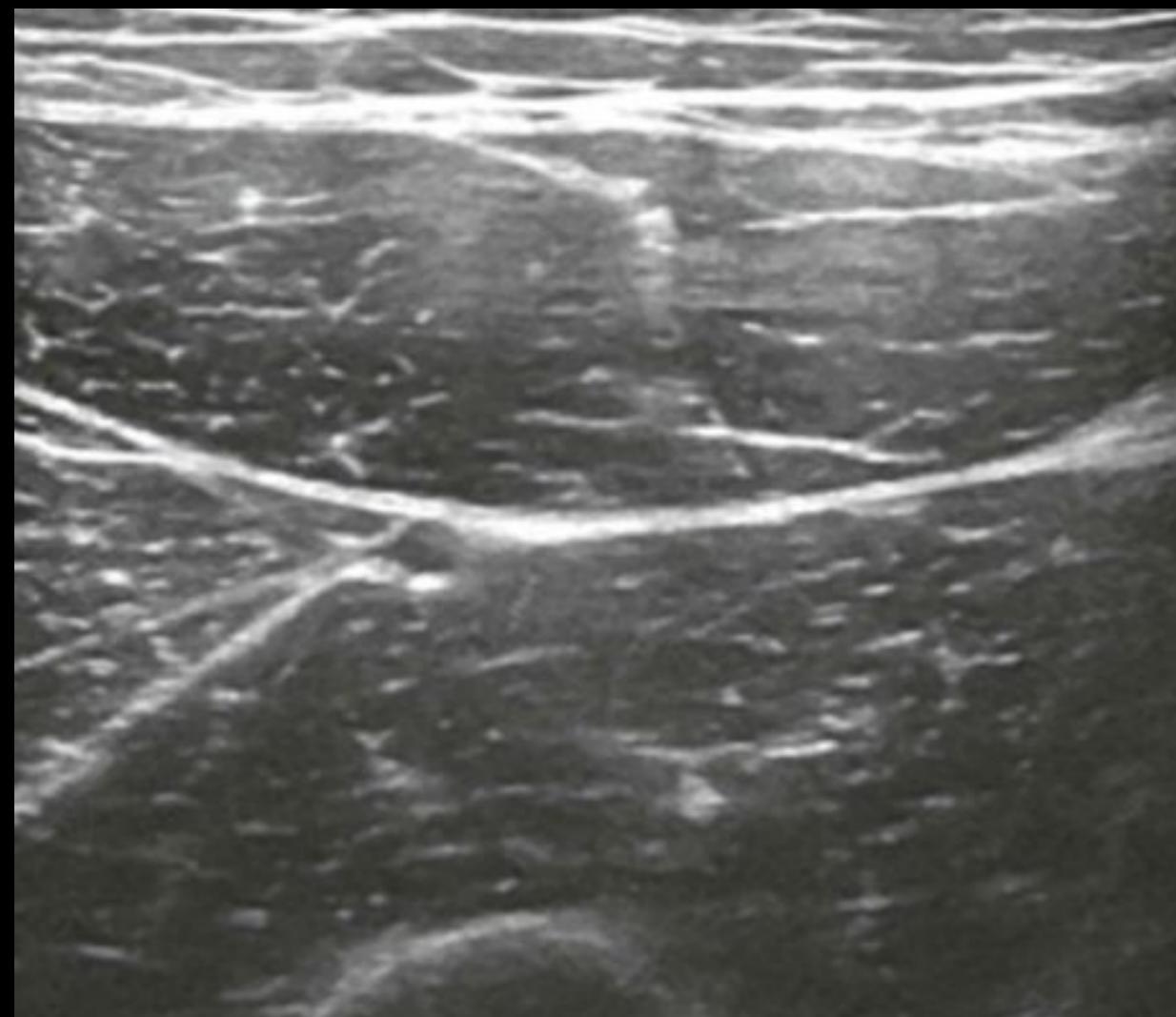


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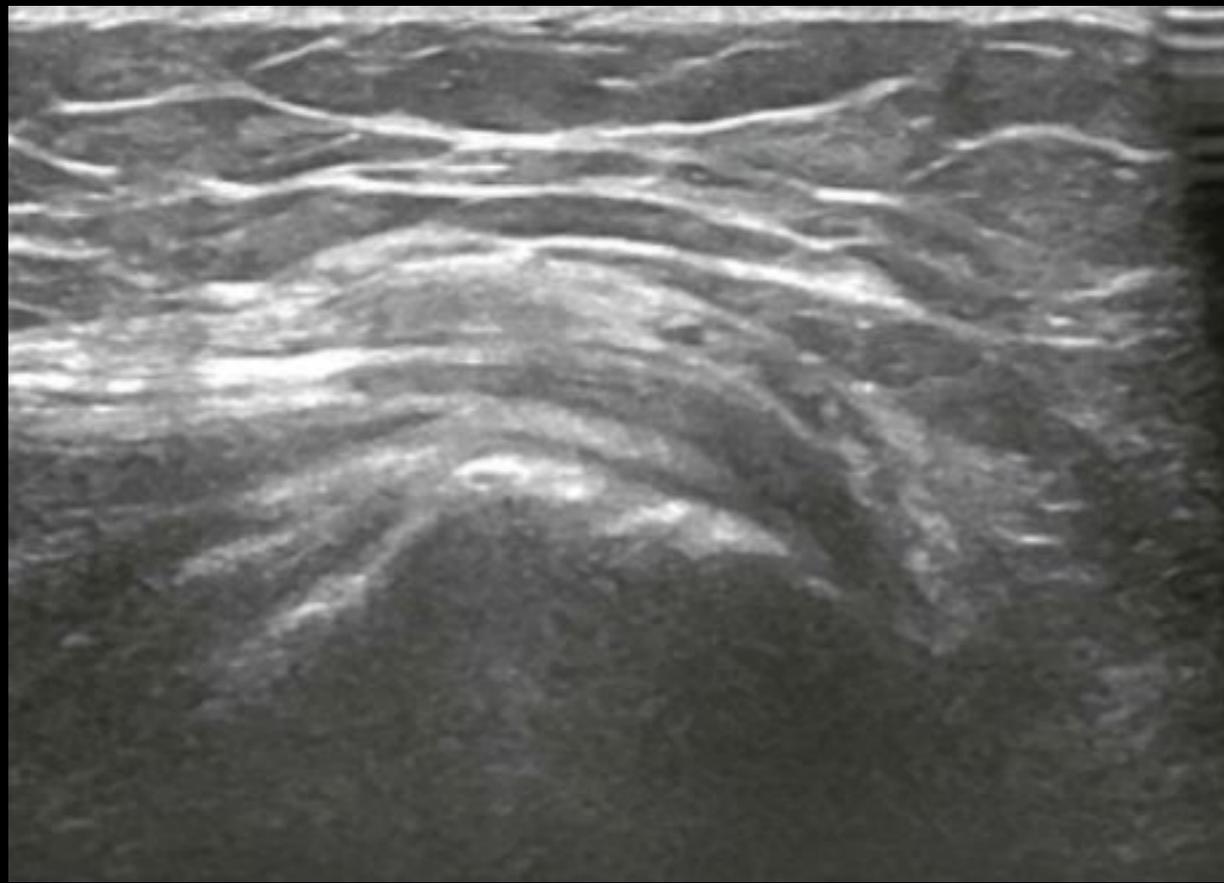


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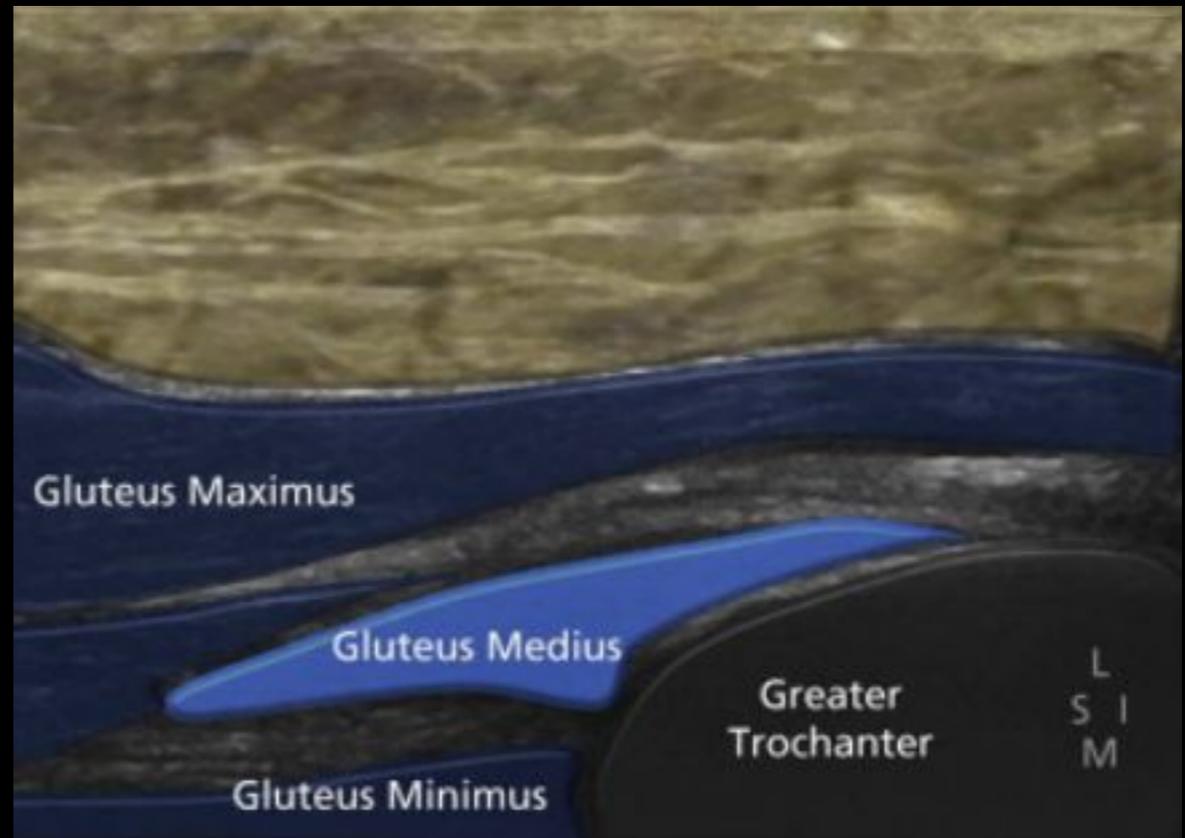
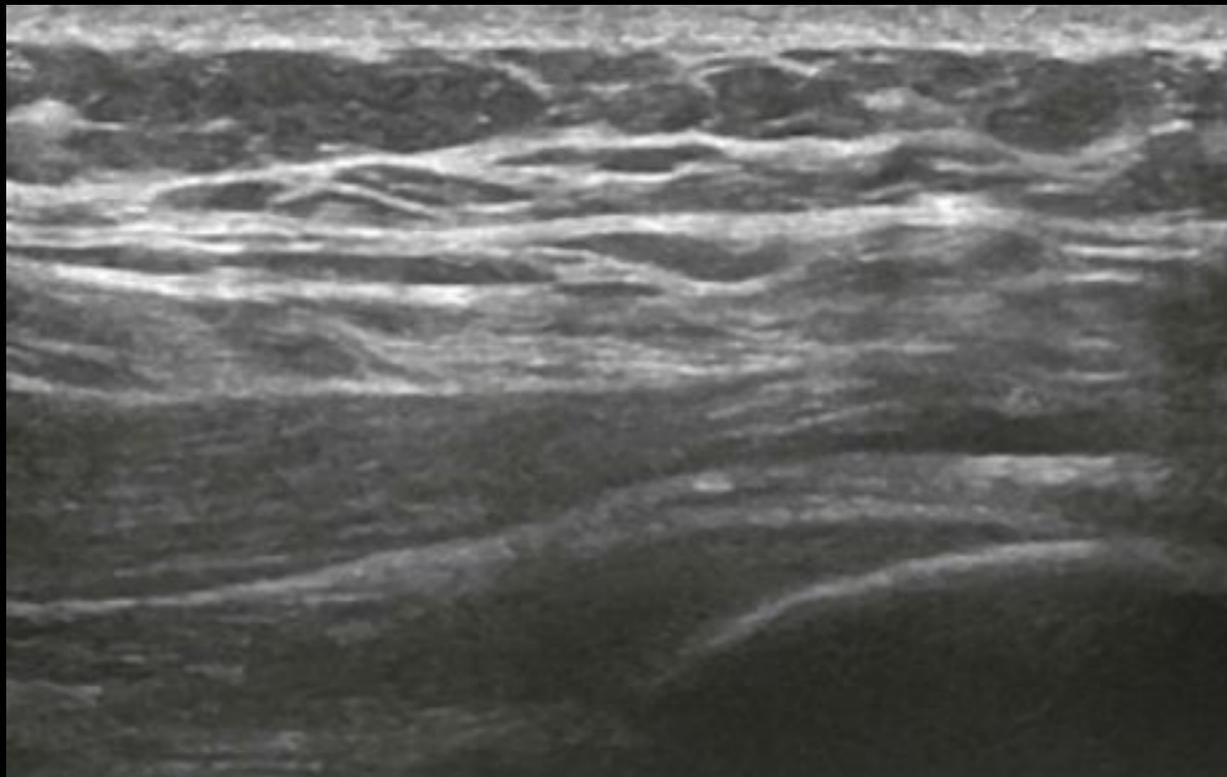
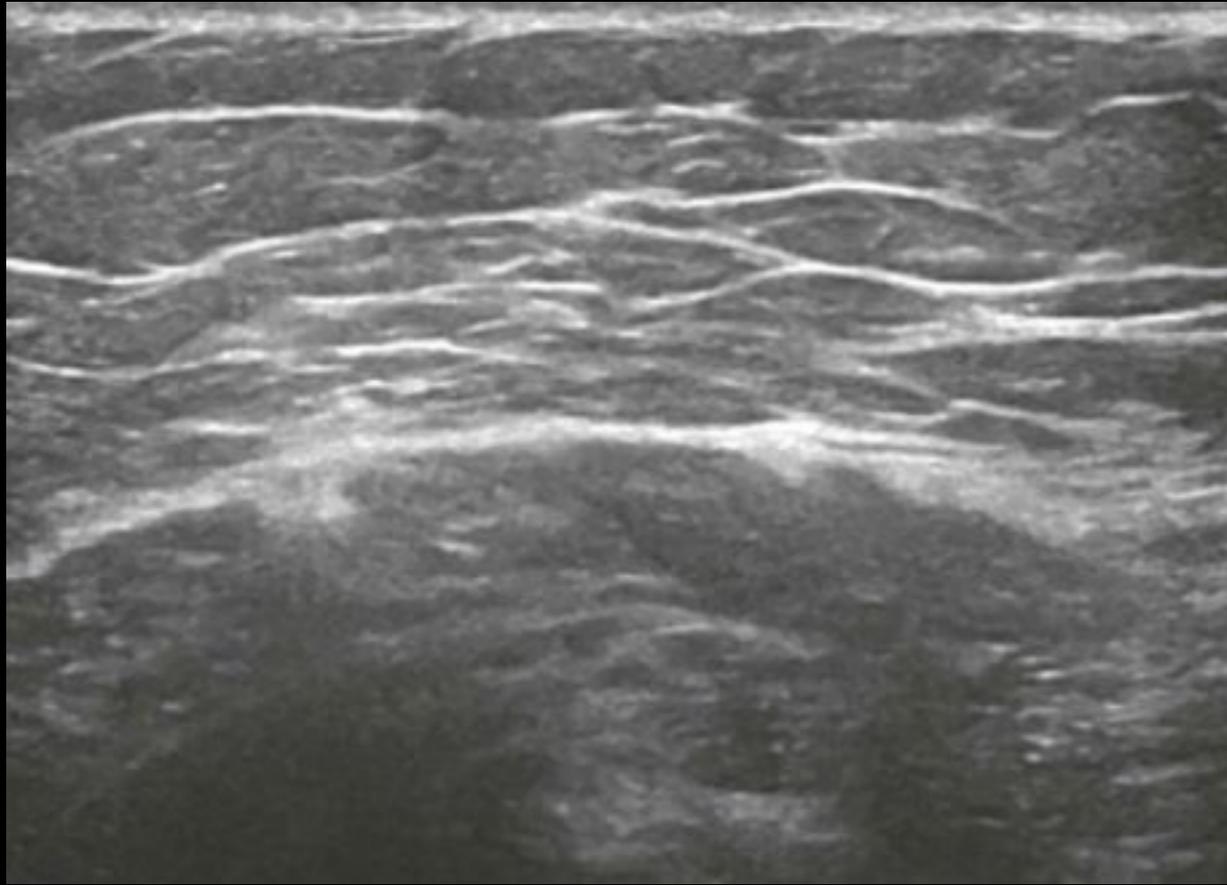
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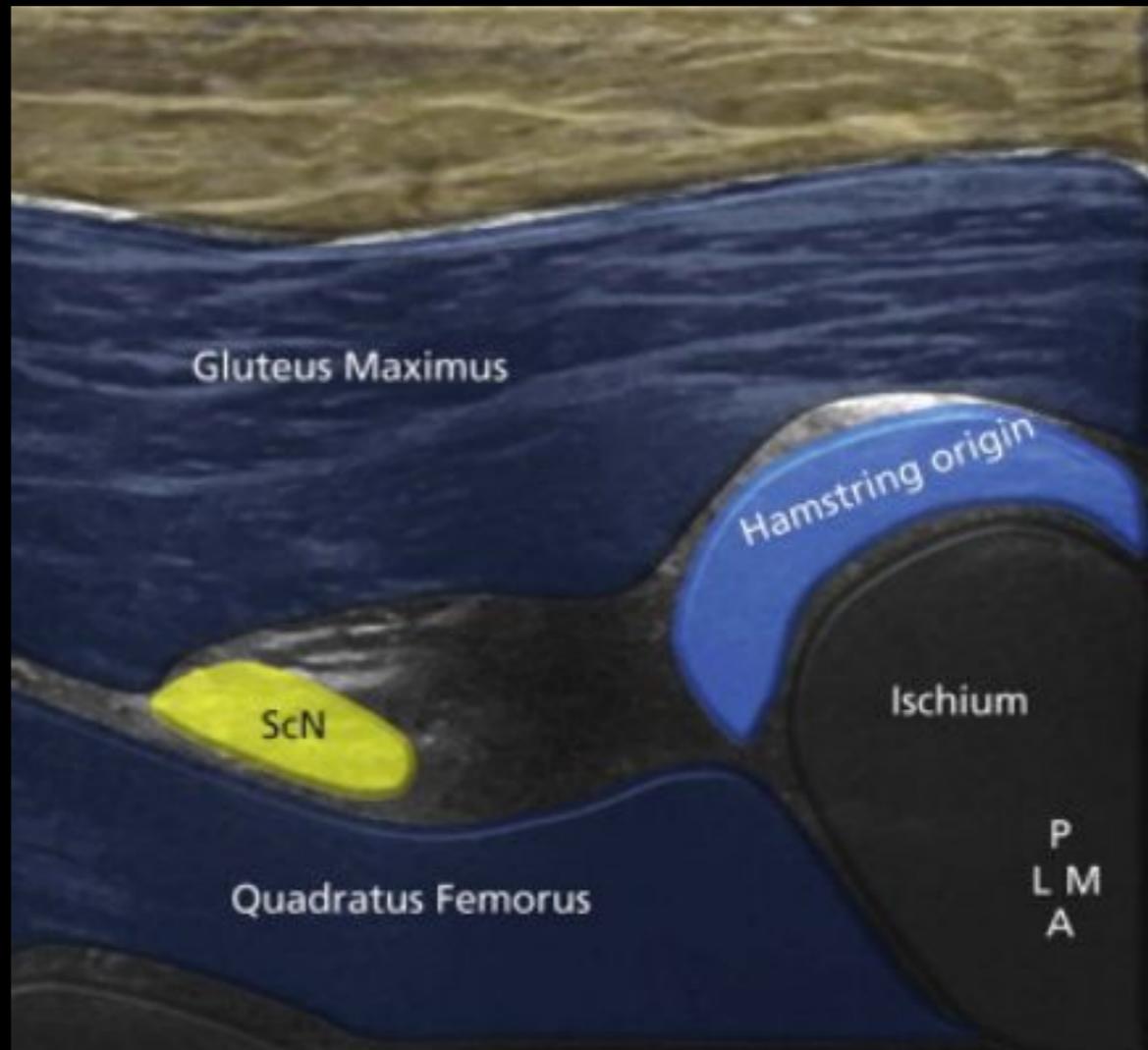
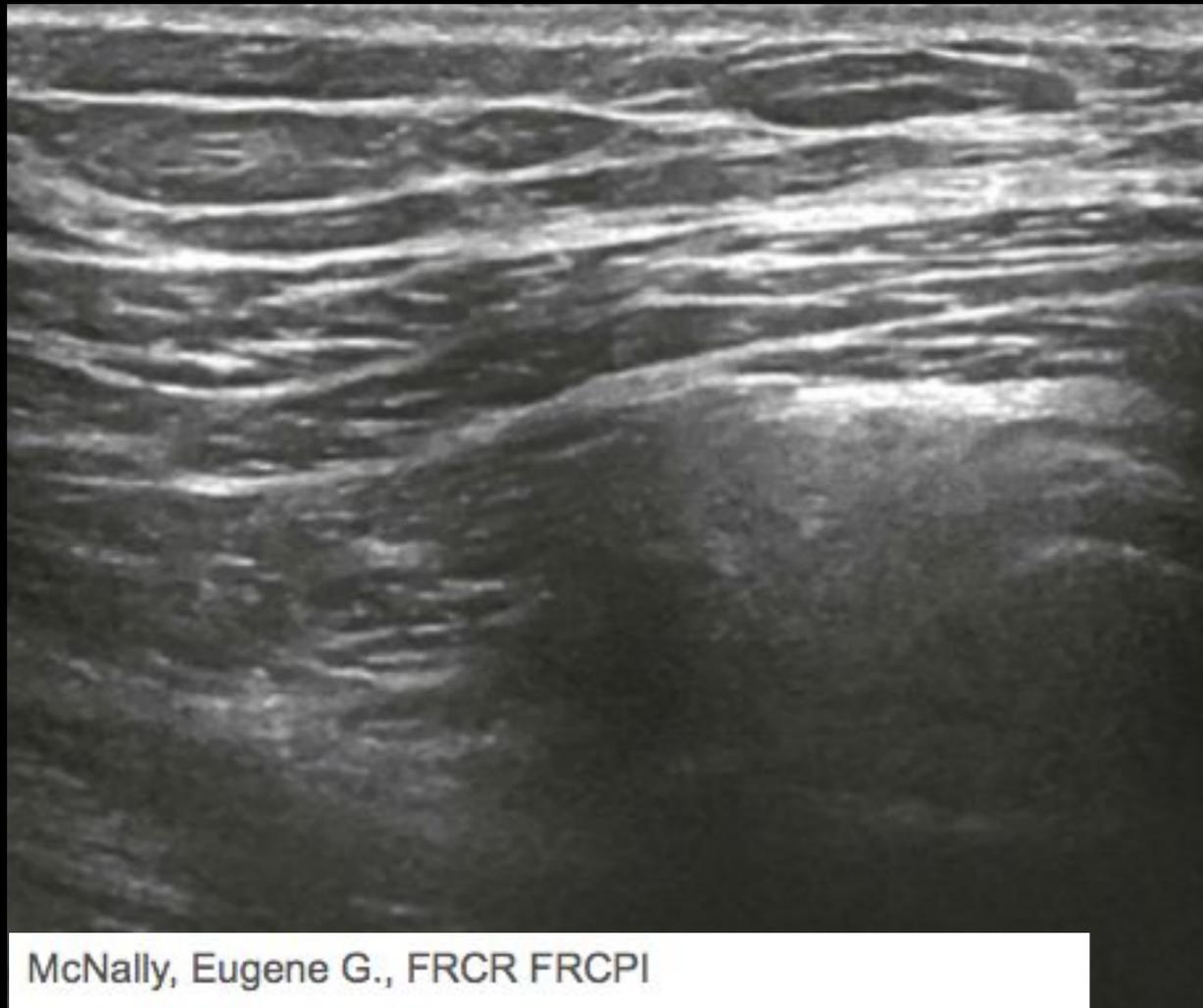
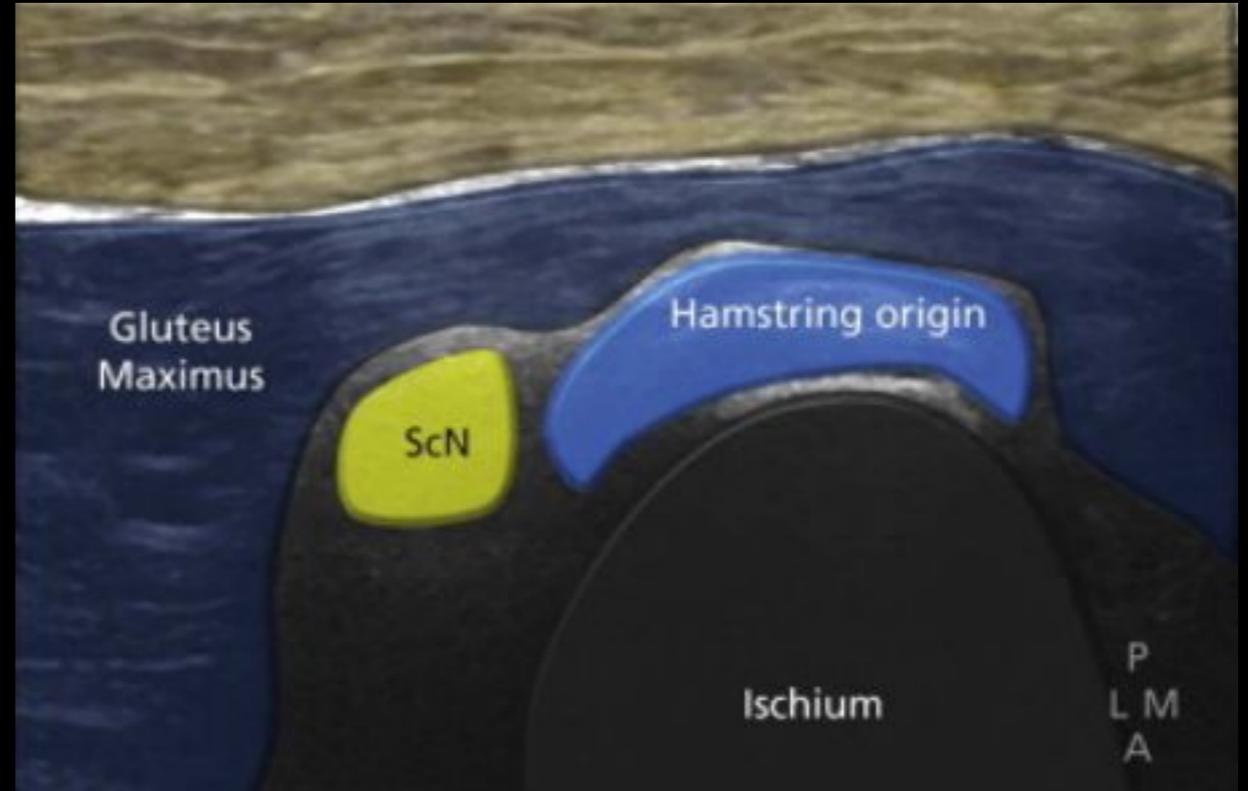
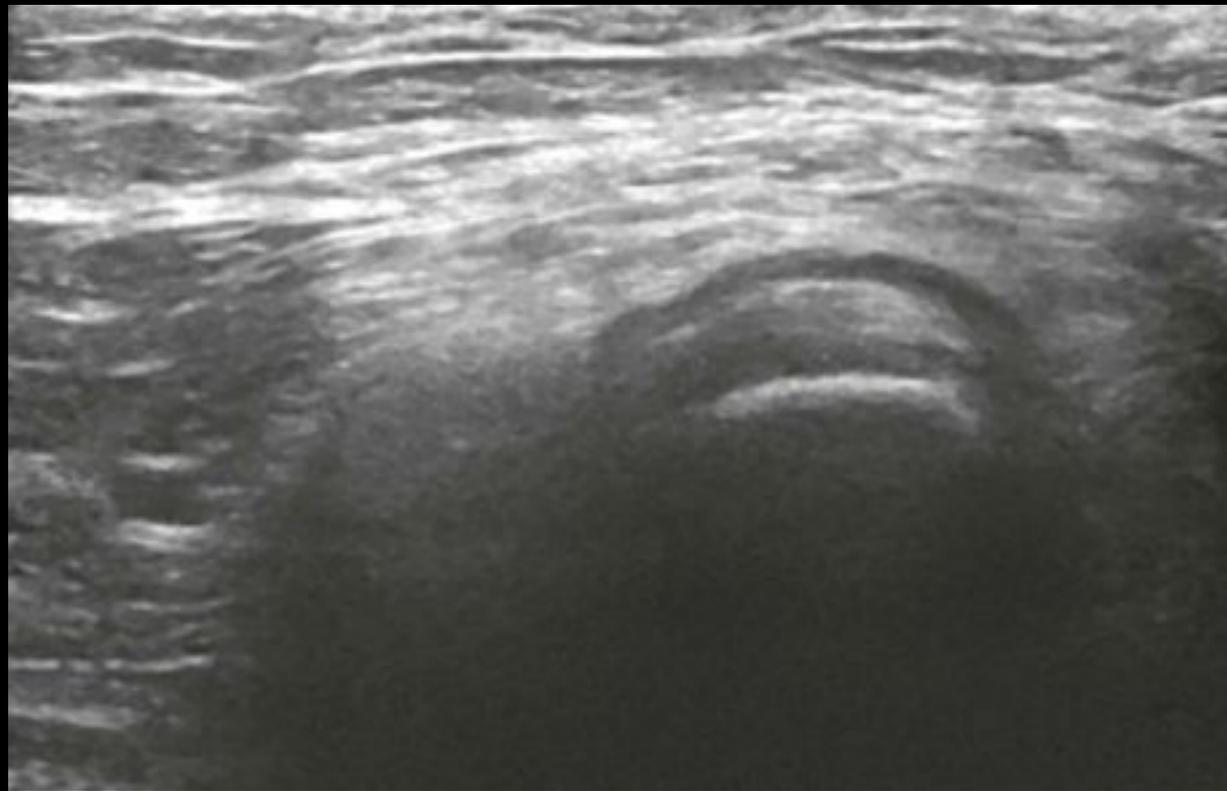
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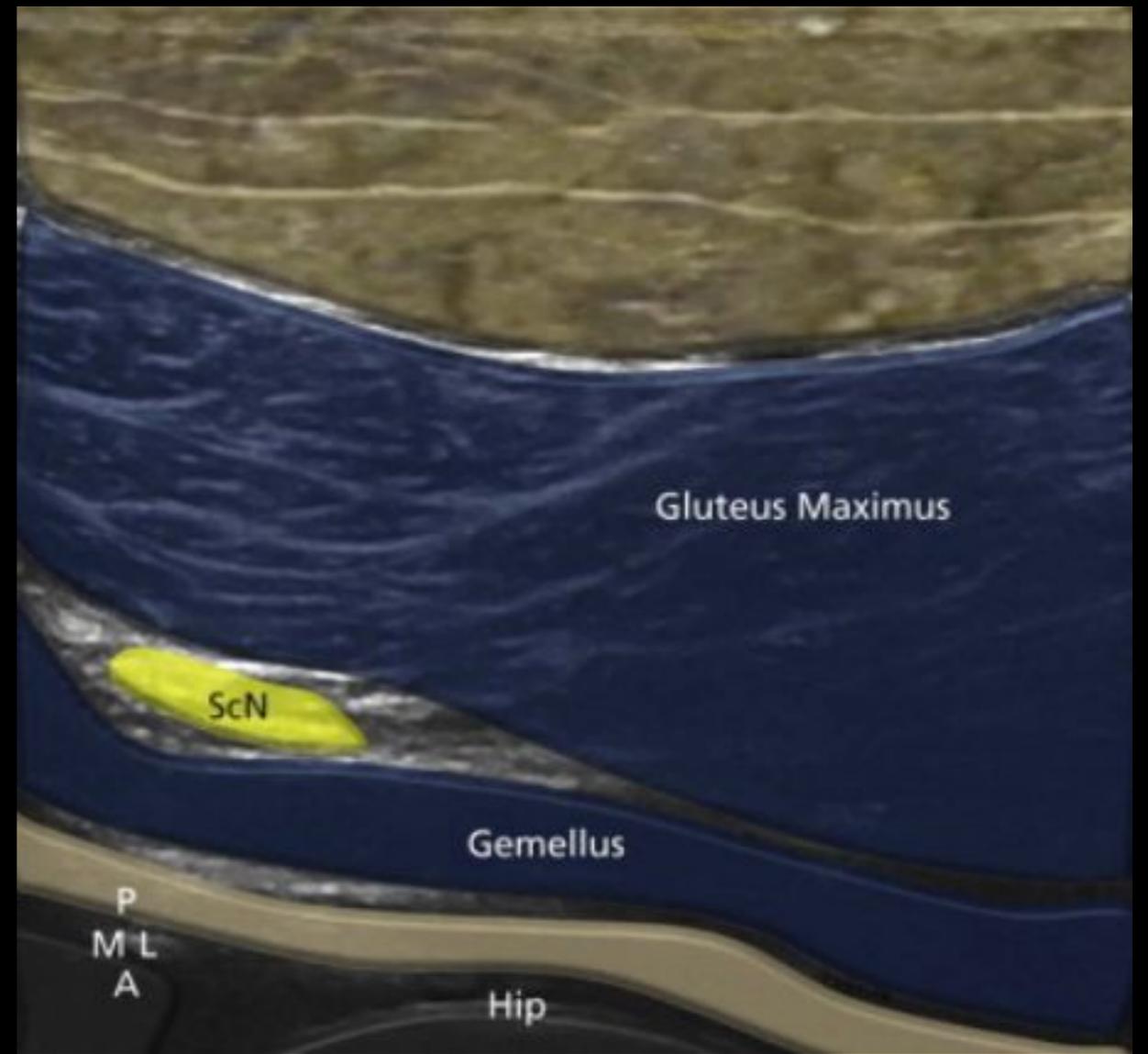
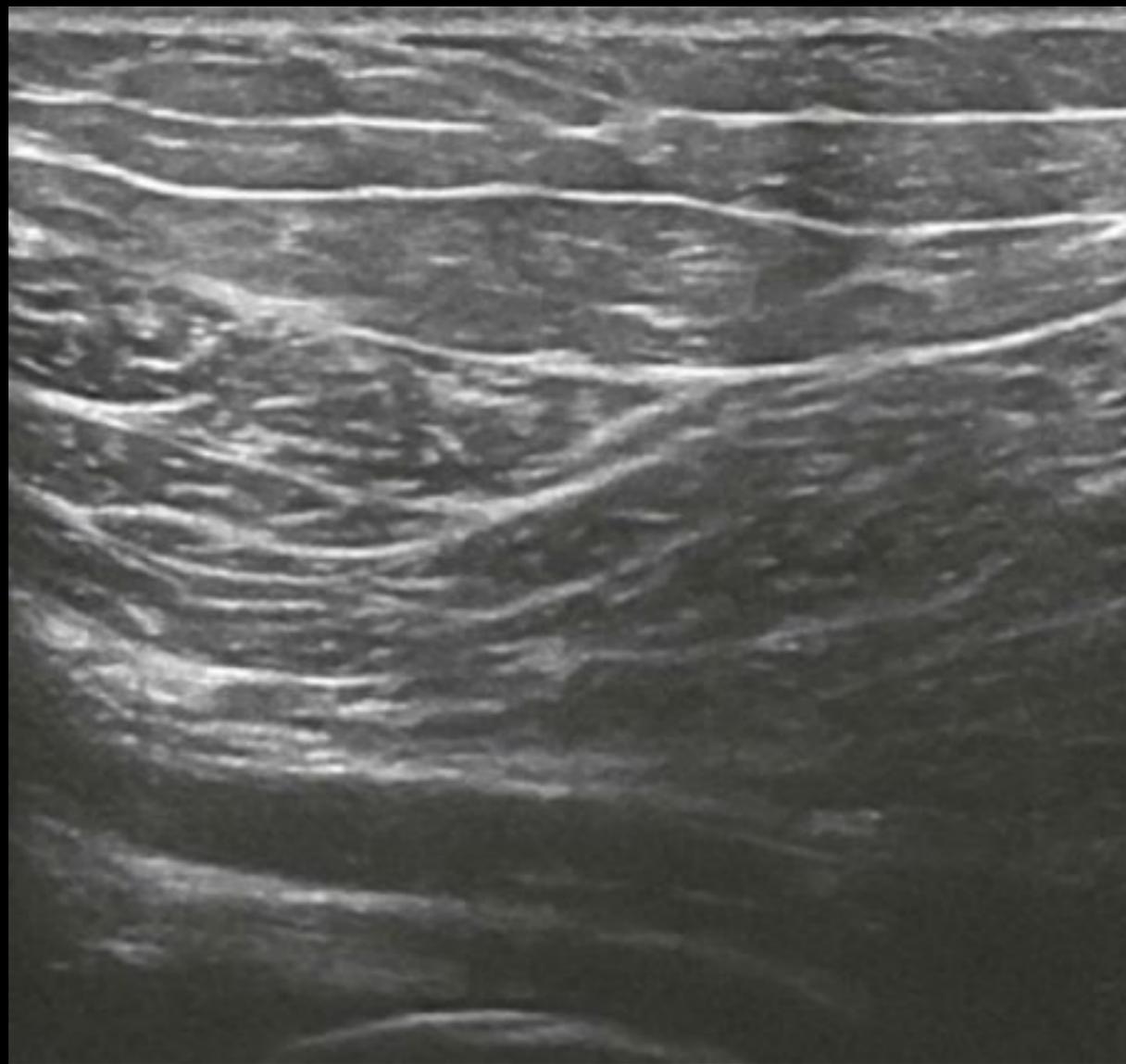
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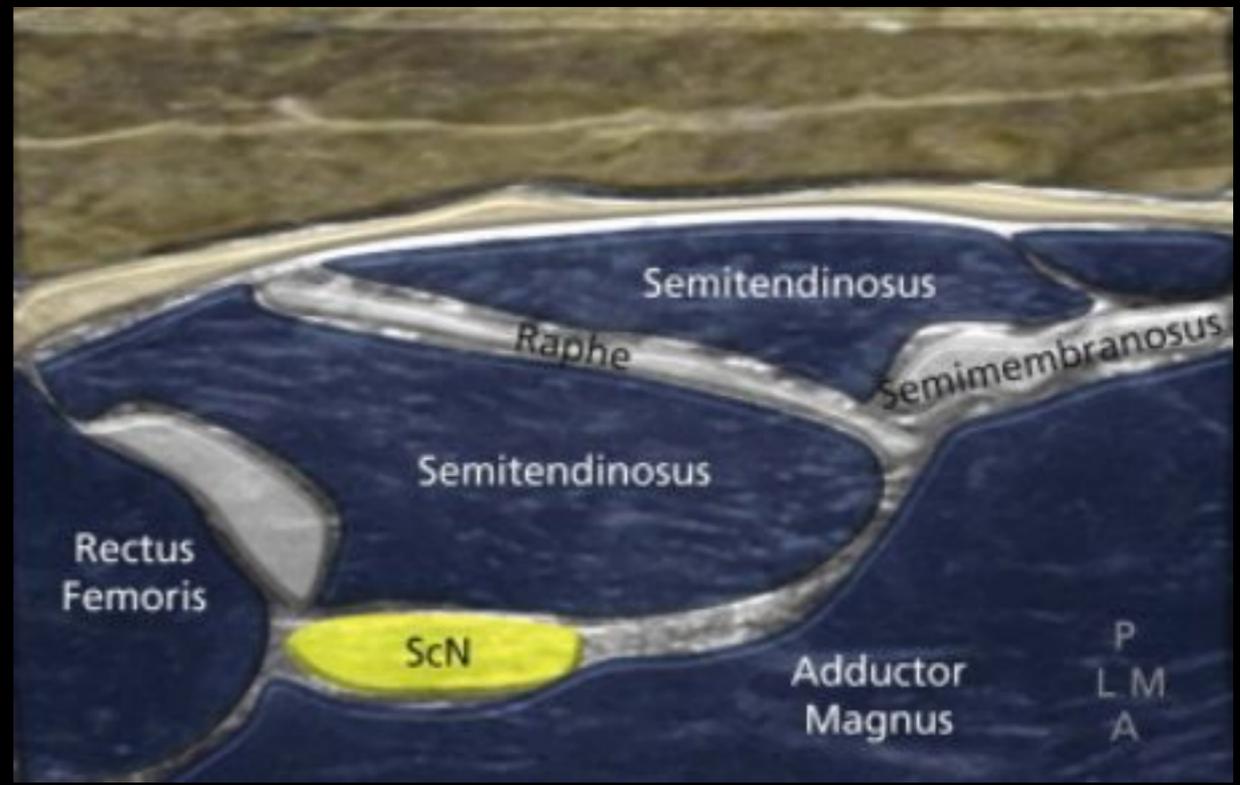
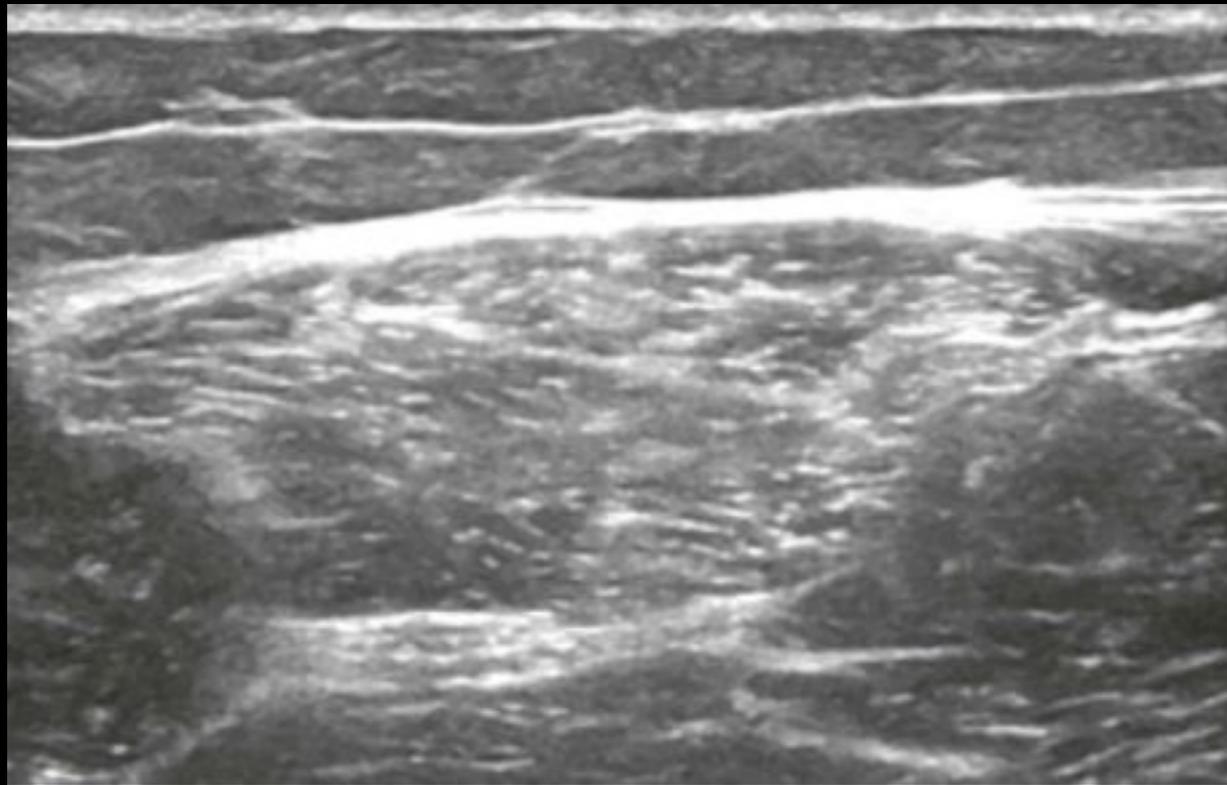
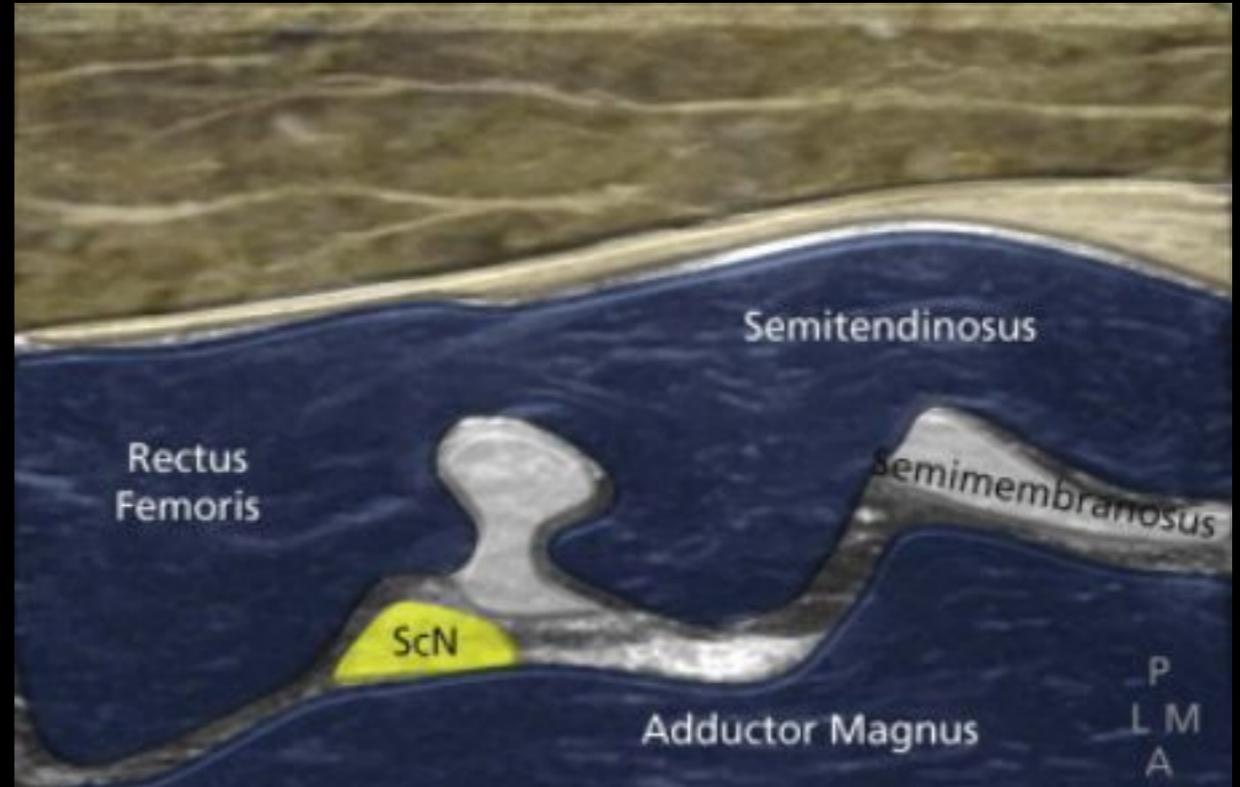
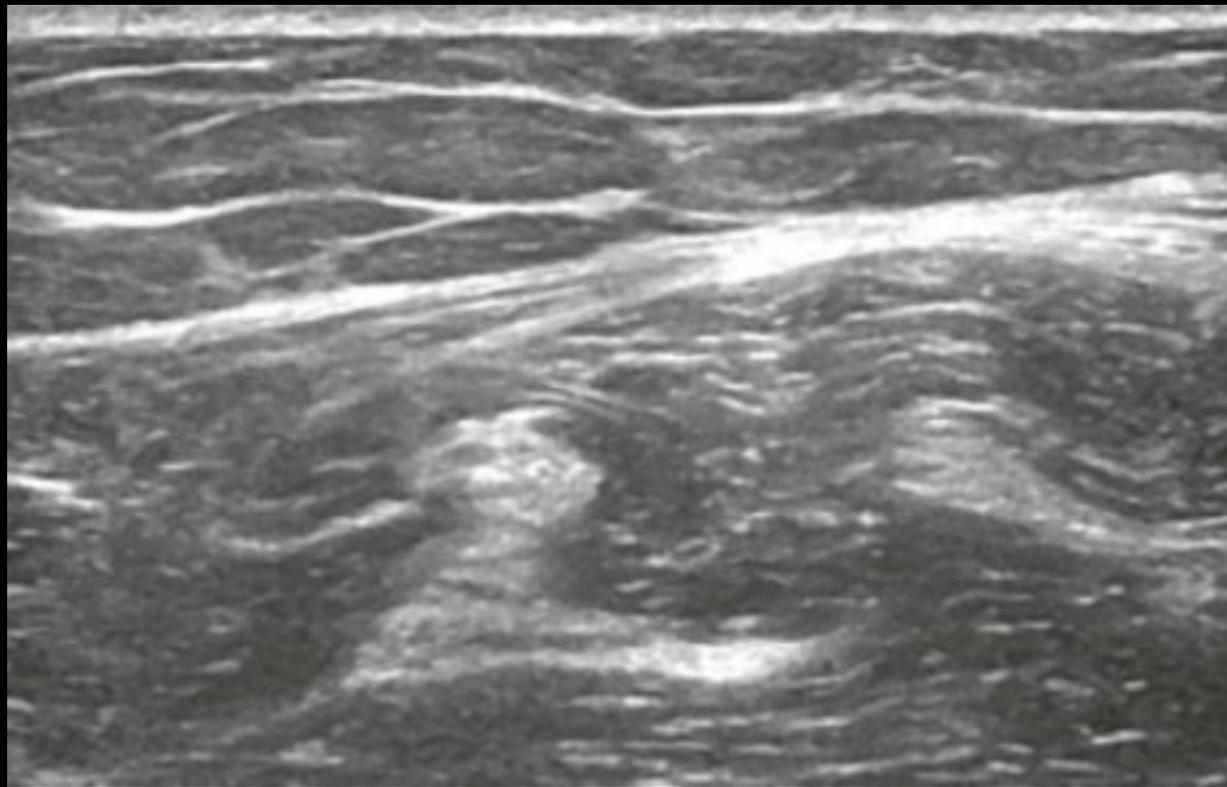


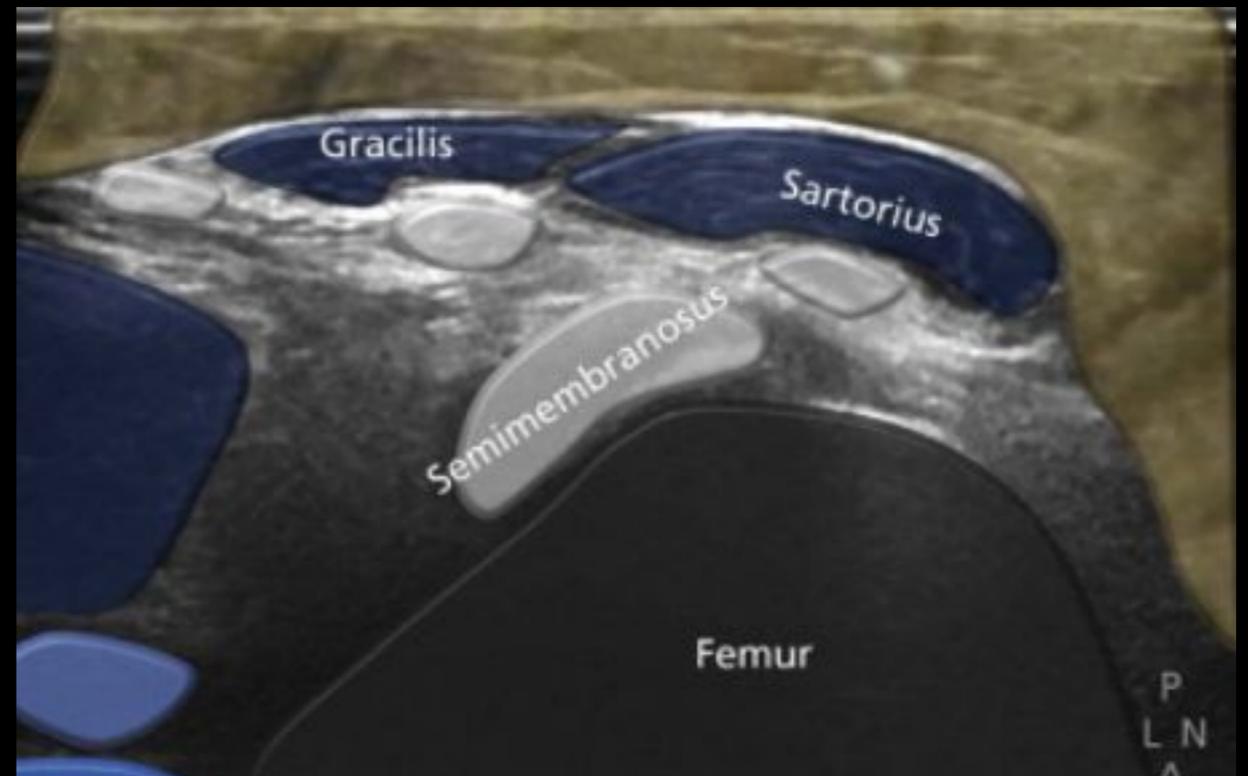
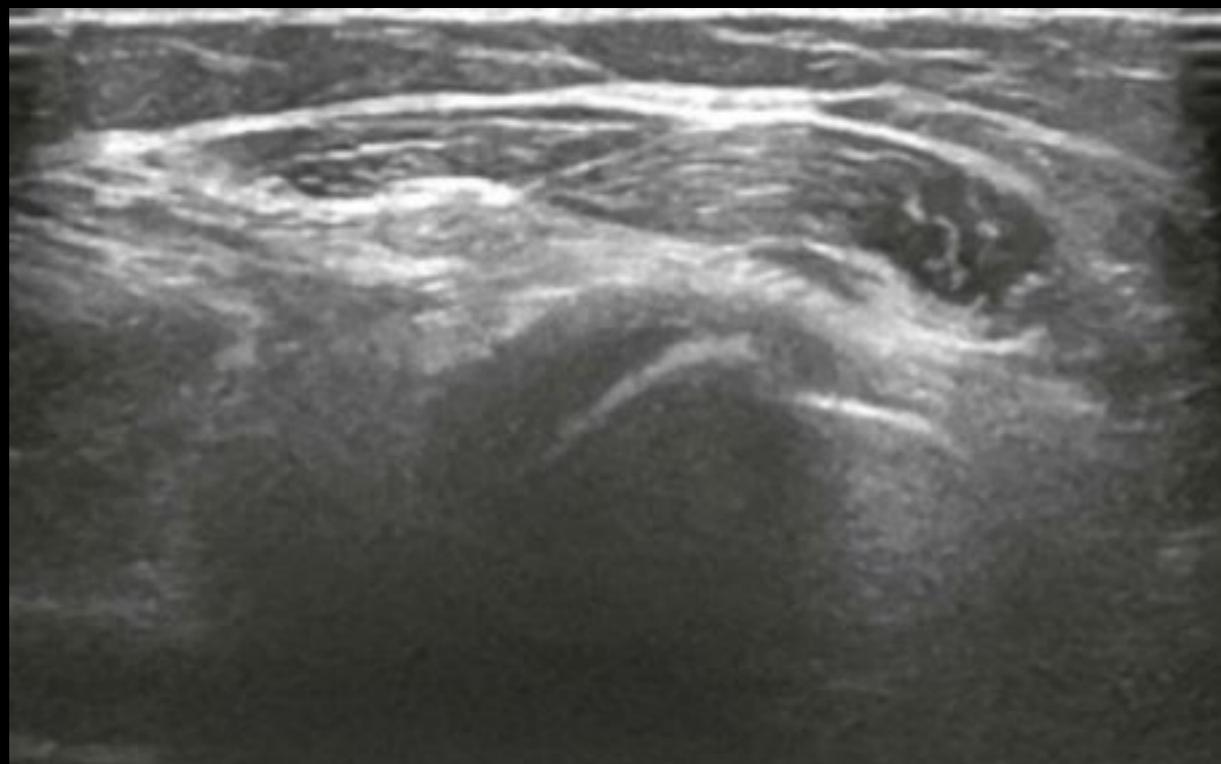
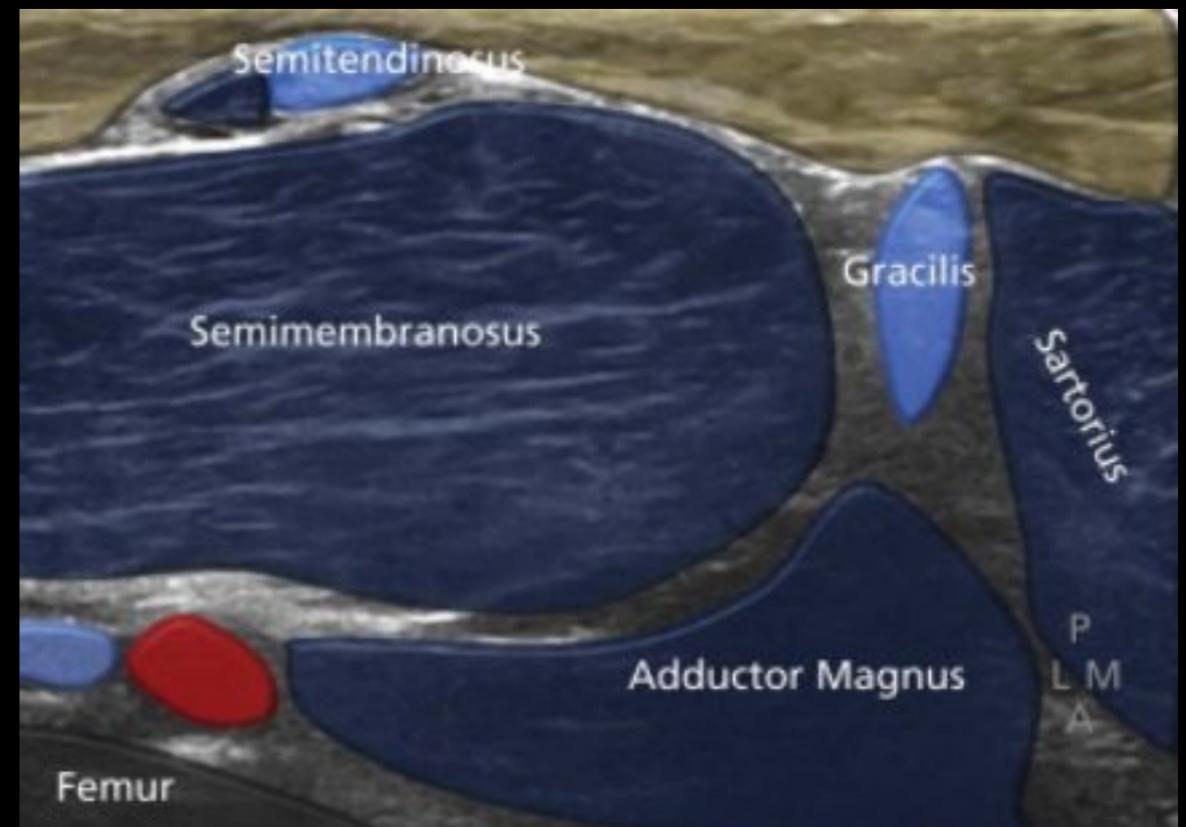
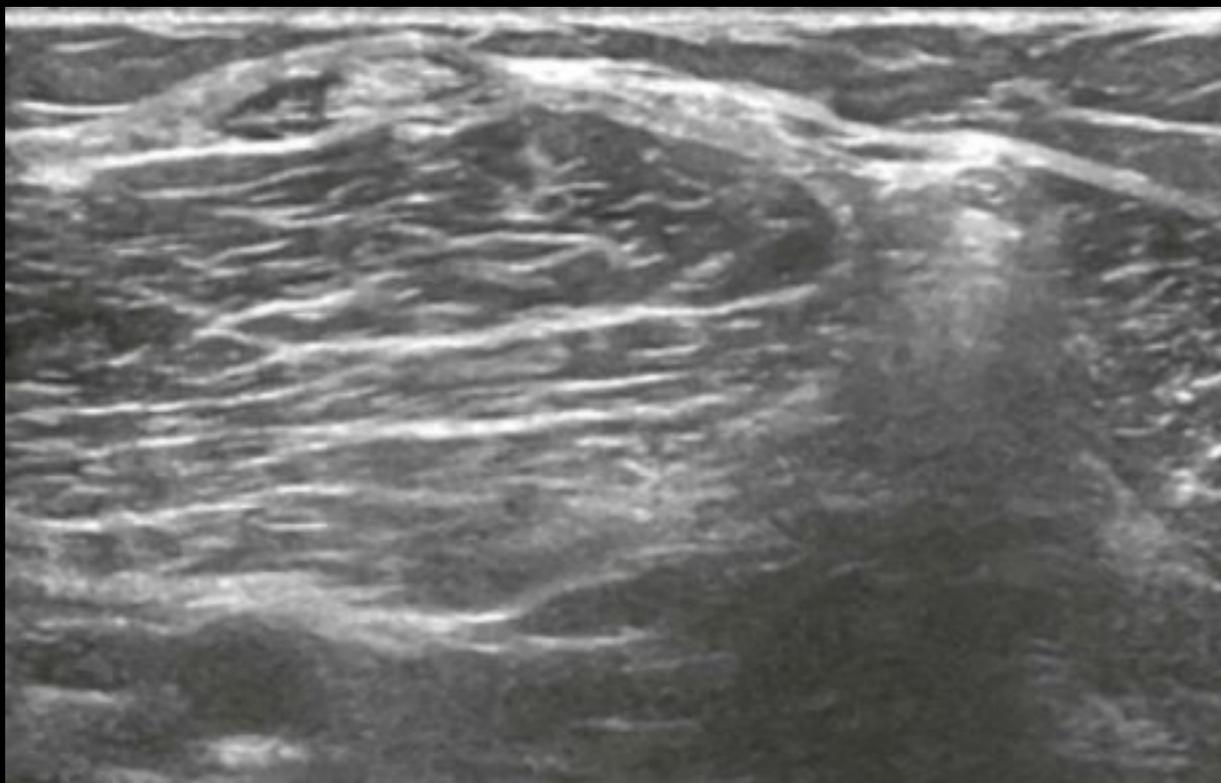
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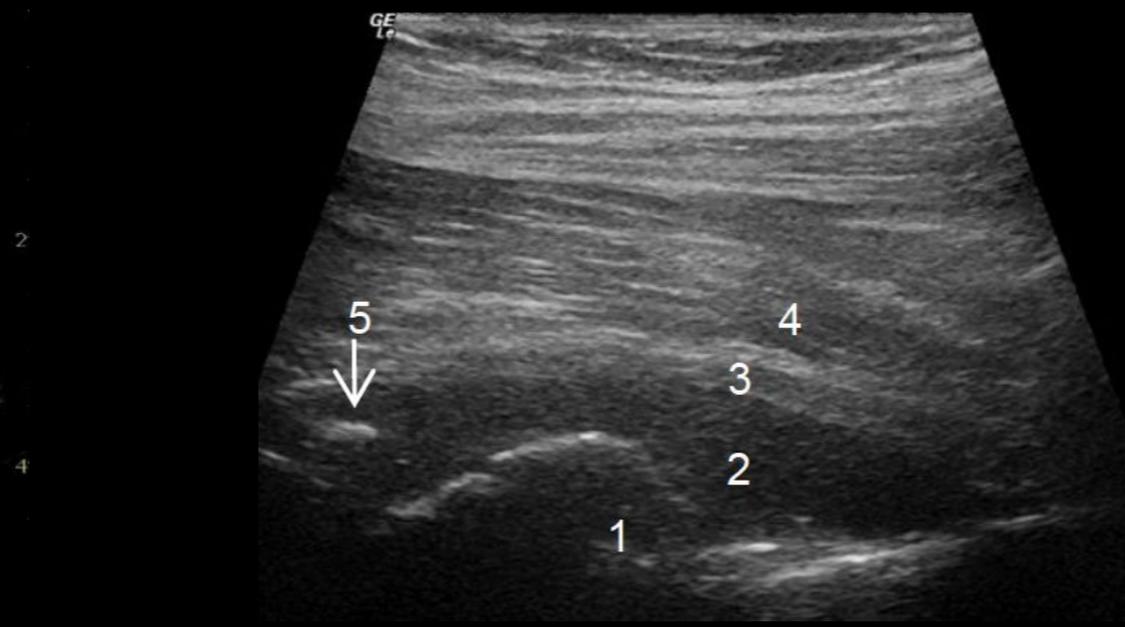
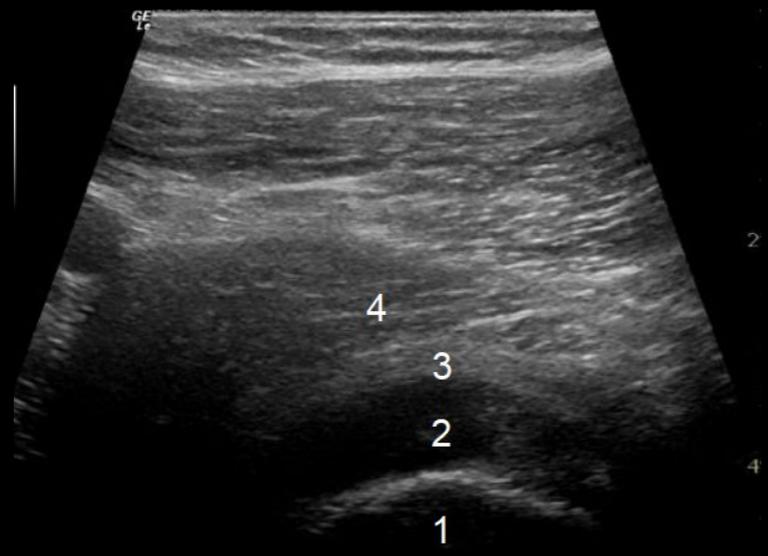


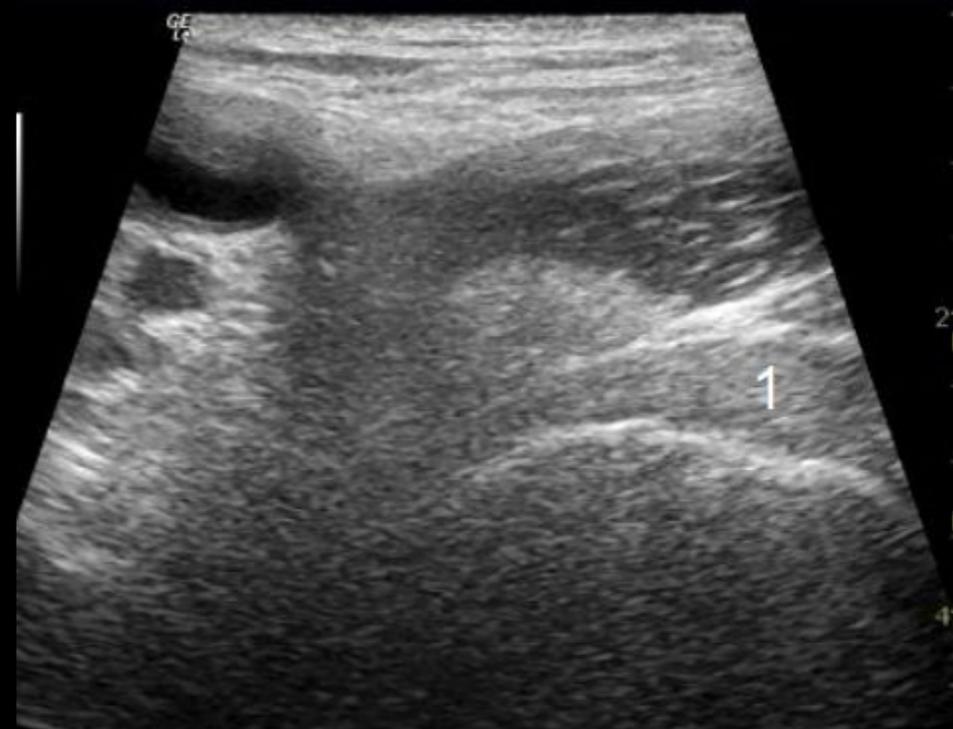
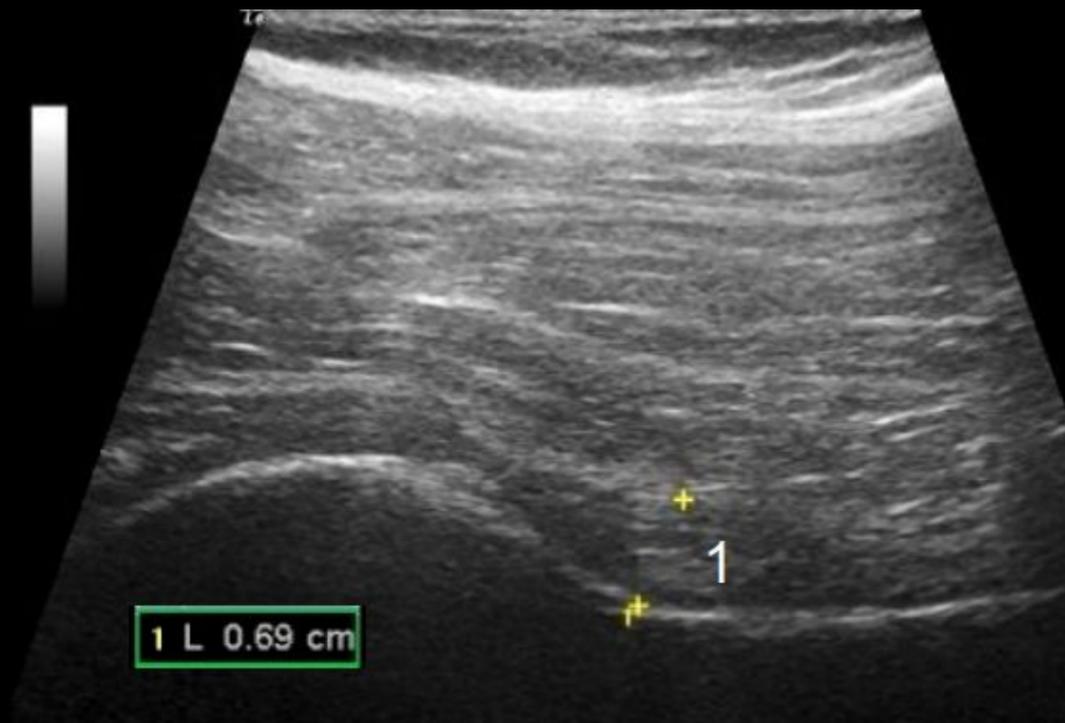




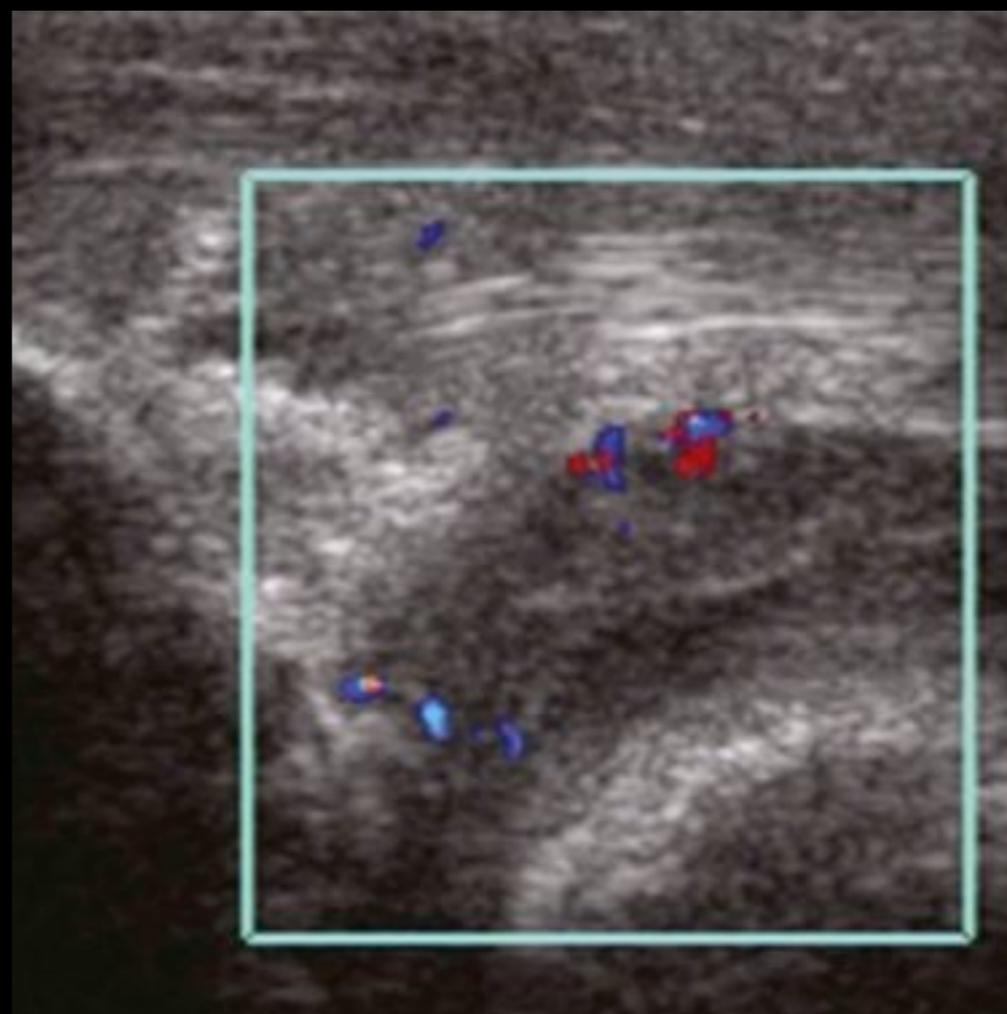
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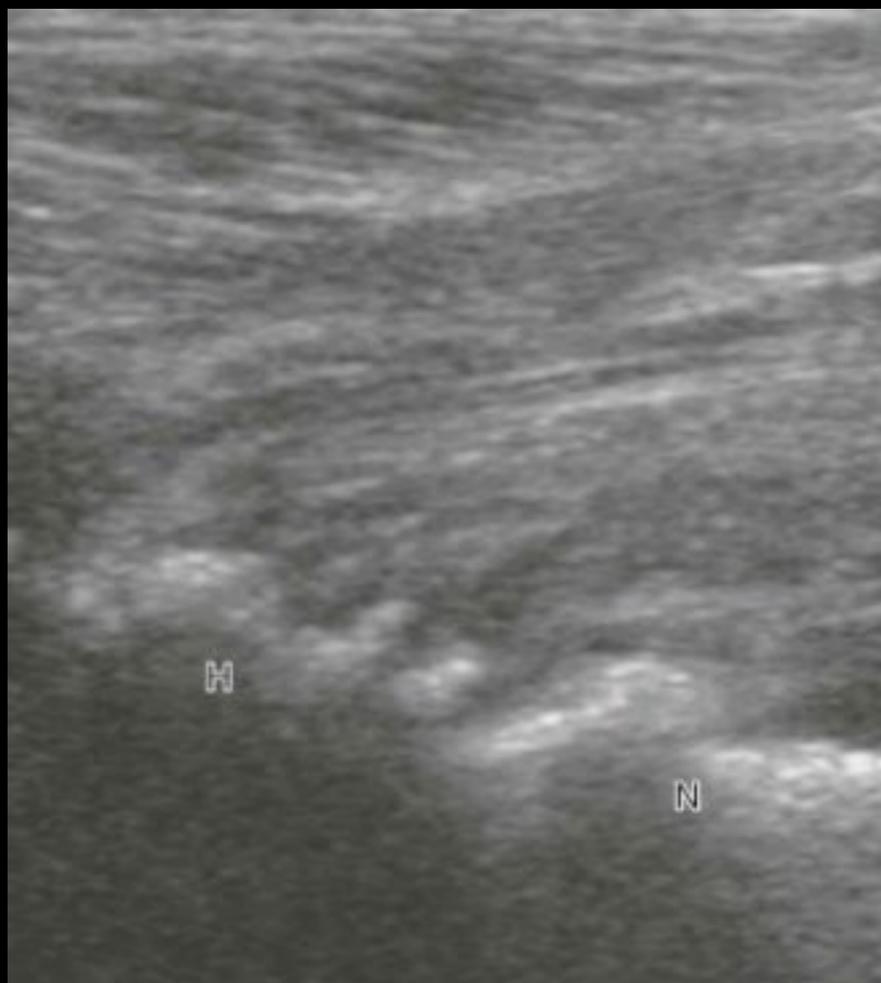




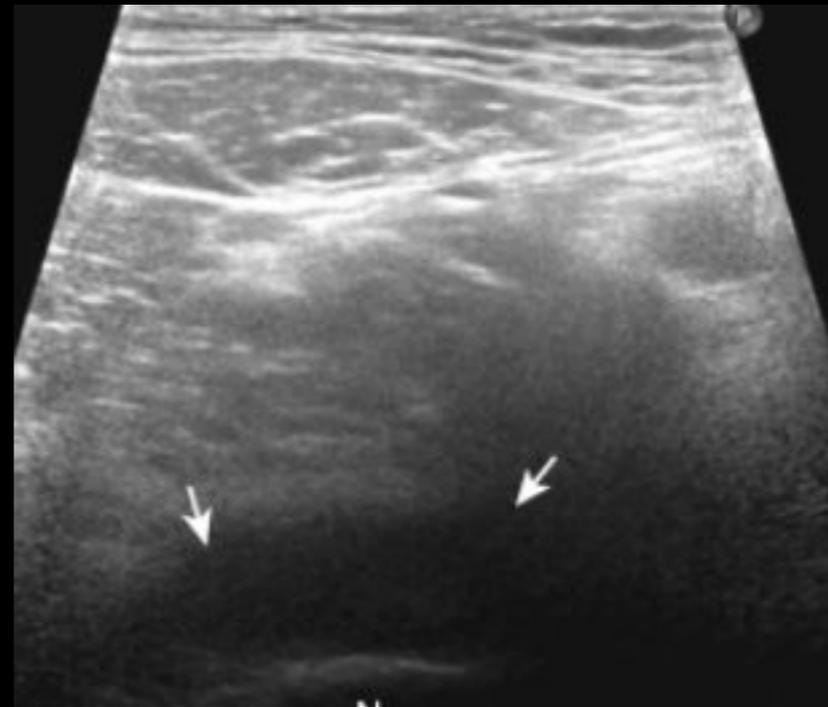
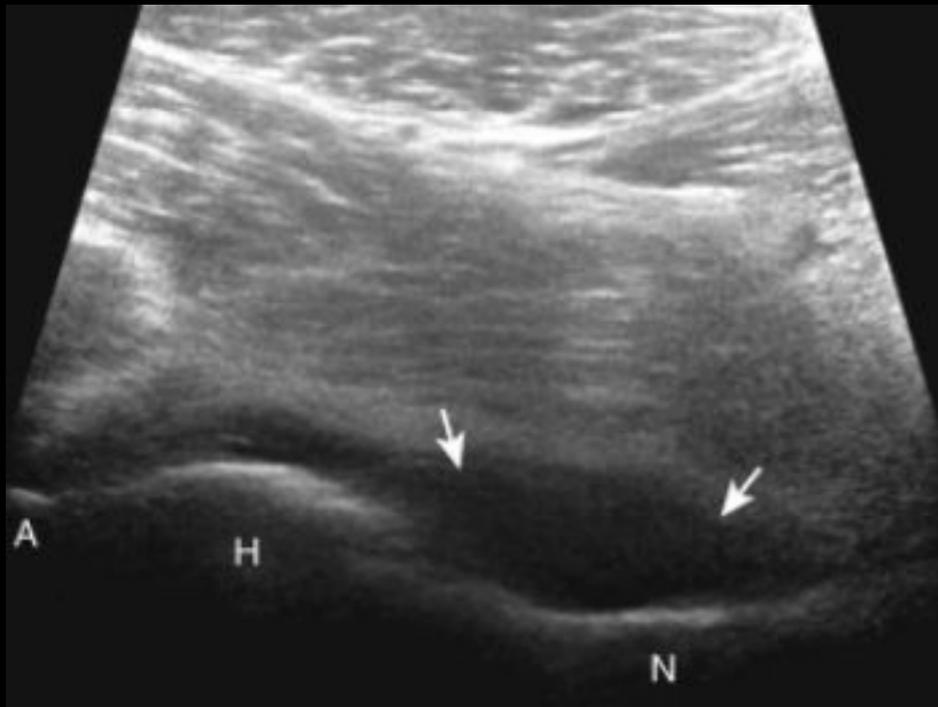
Отмечается превышение расстояния между костью и капсулой сустава выше верхней границы нормы, за счет пролиферации гипоэхогенной, не сжимаемой синовиальной ткани.

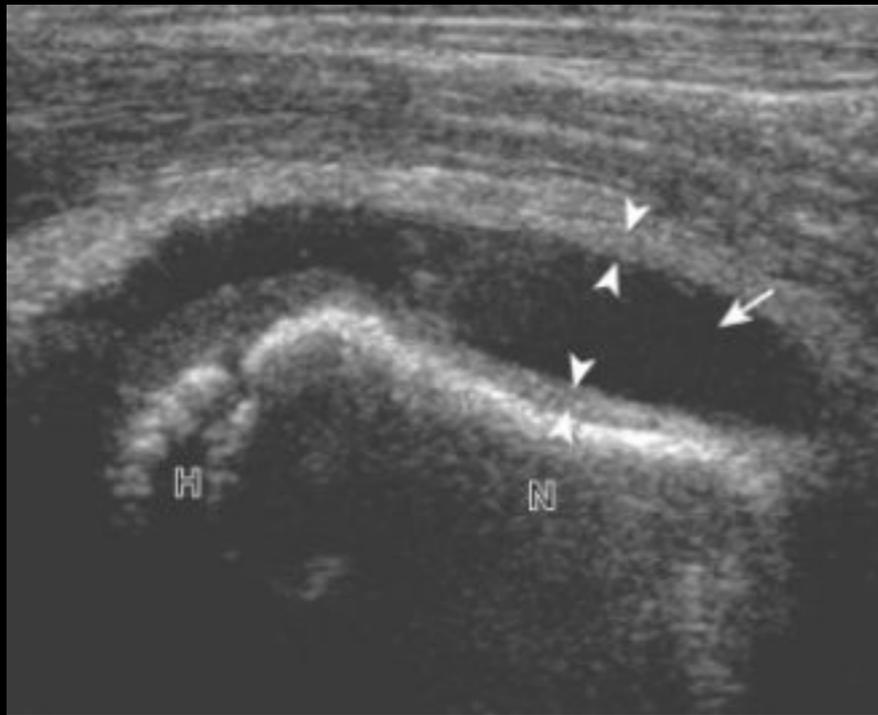


В отличие от смещаемого и сжимаемого аваскулярного выпота при экссудативном синовите, пролиферативный синовит характеризуется наличием несжимаемого, слабо смещаемого тканевого компонента с наличием сосудистых сигналов в нем.

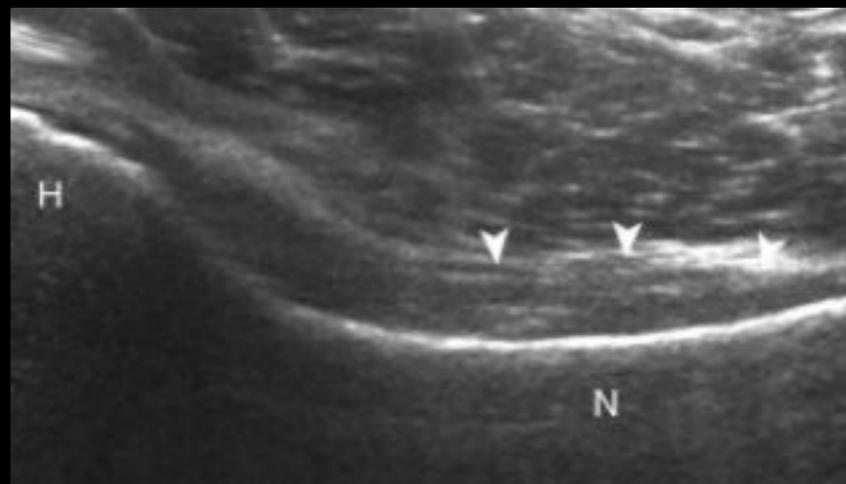


Явления пролиферативного синовита на фоне ревматического процесса, может сочетаться с формированием эрозий кортикальной пластины кости в месте прикрепления капсулы сустава

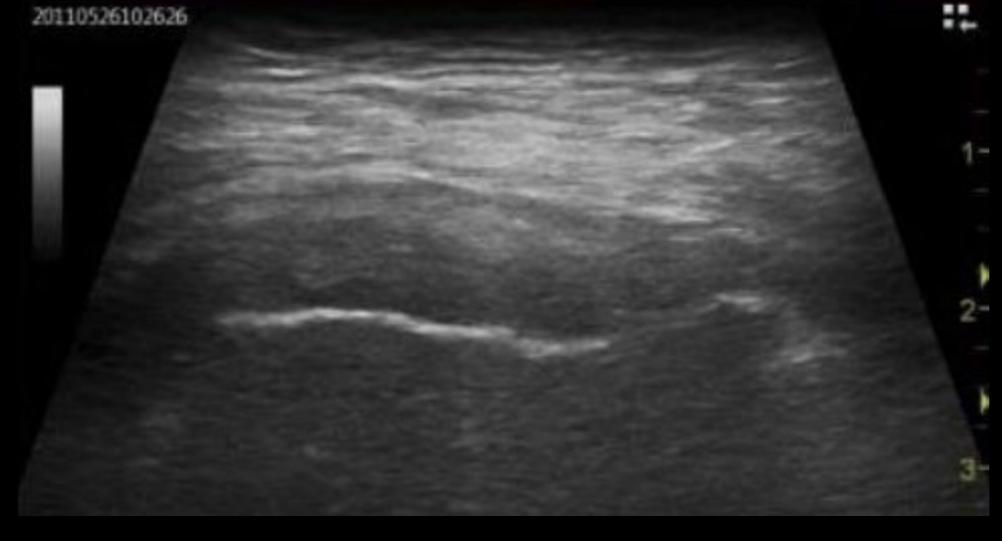
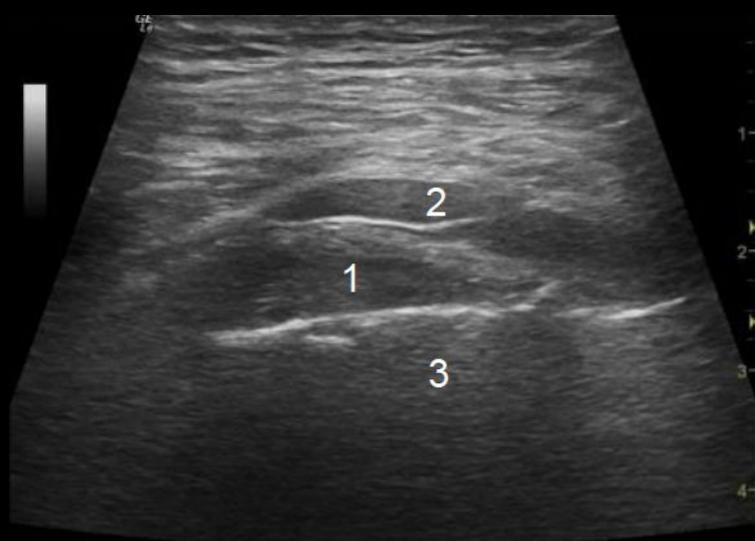
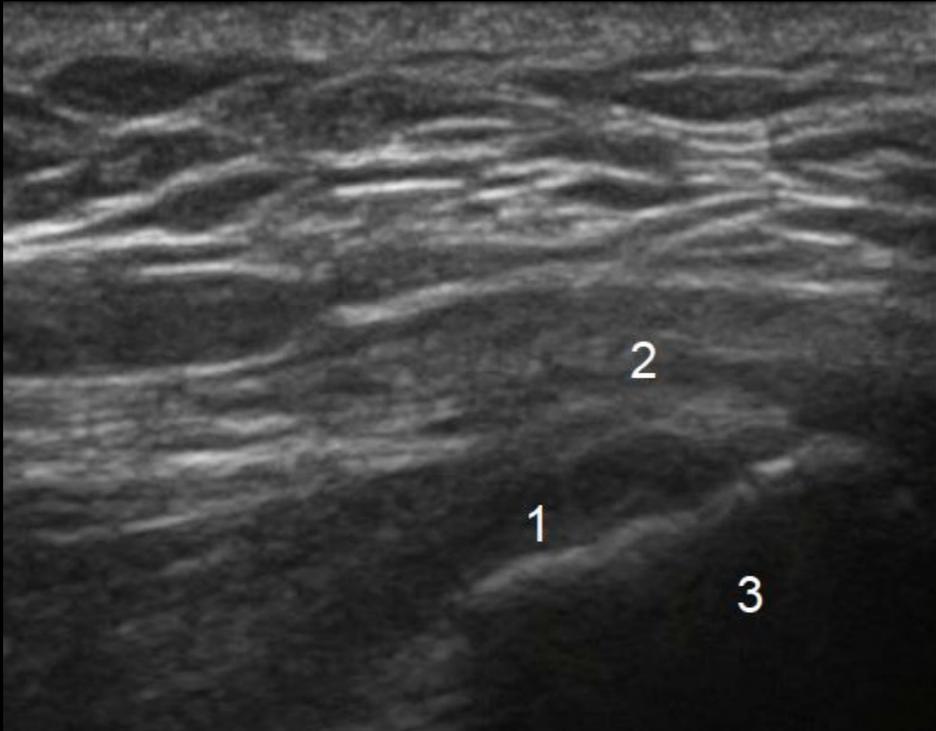




Критериями патологического выпота у детей является сепарация листков капсулы свыше 4 мм, у взрослых - свыше 7 мм.

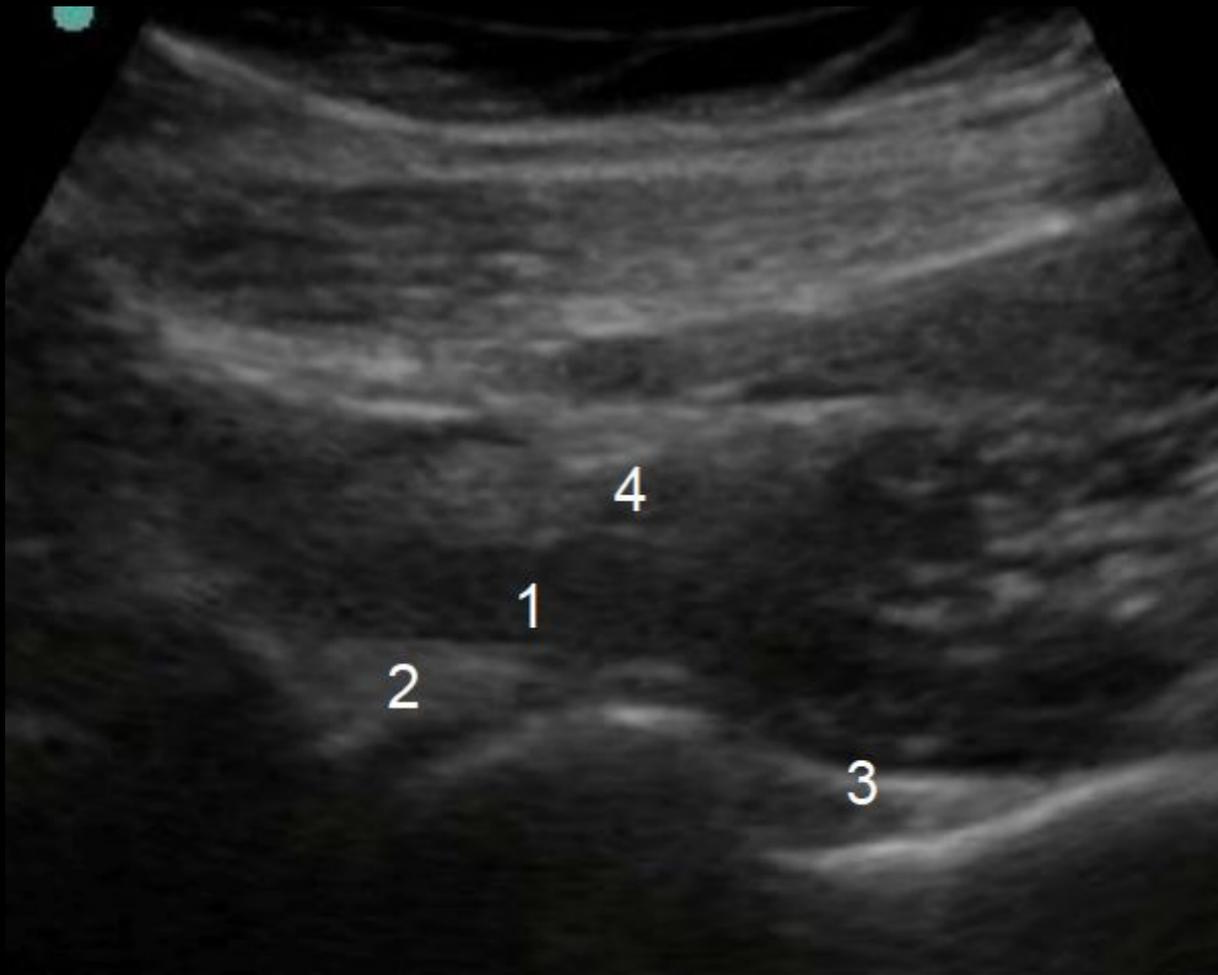


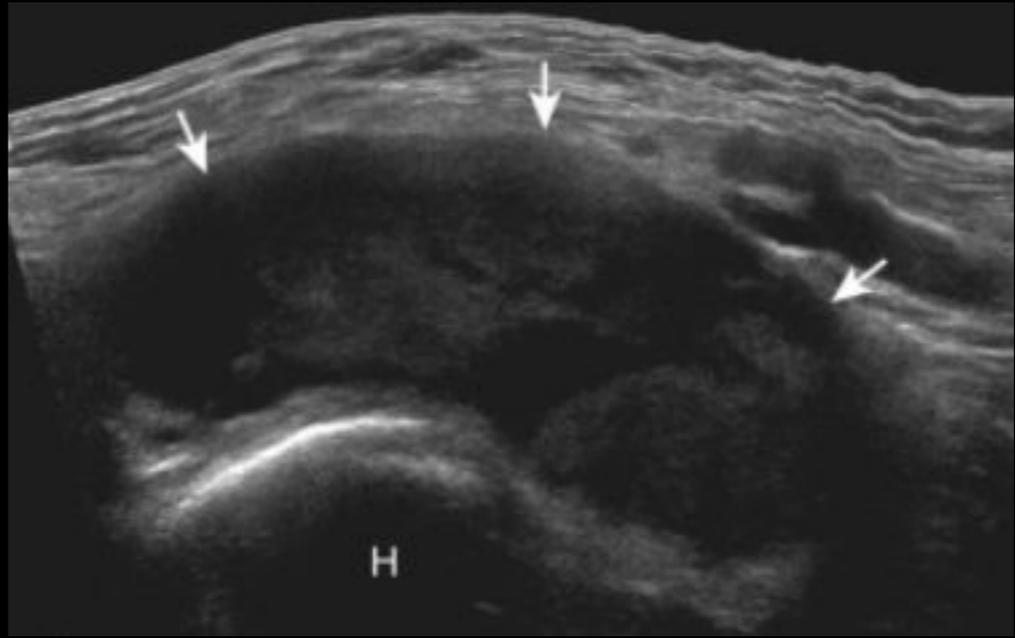
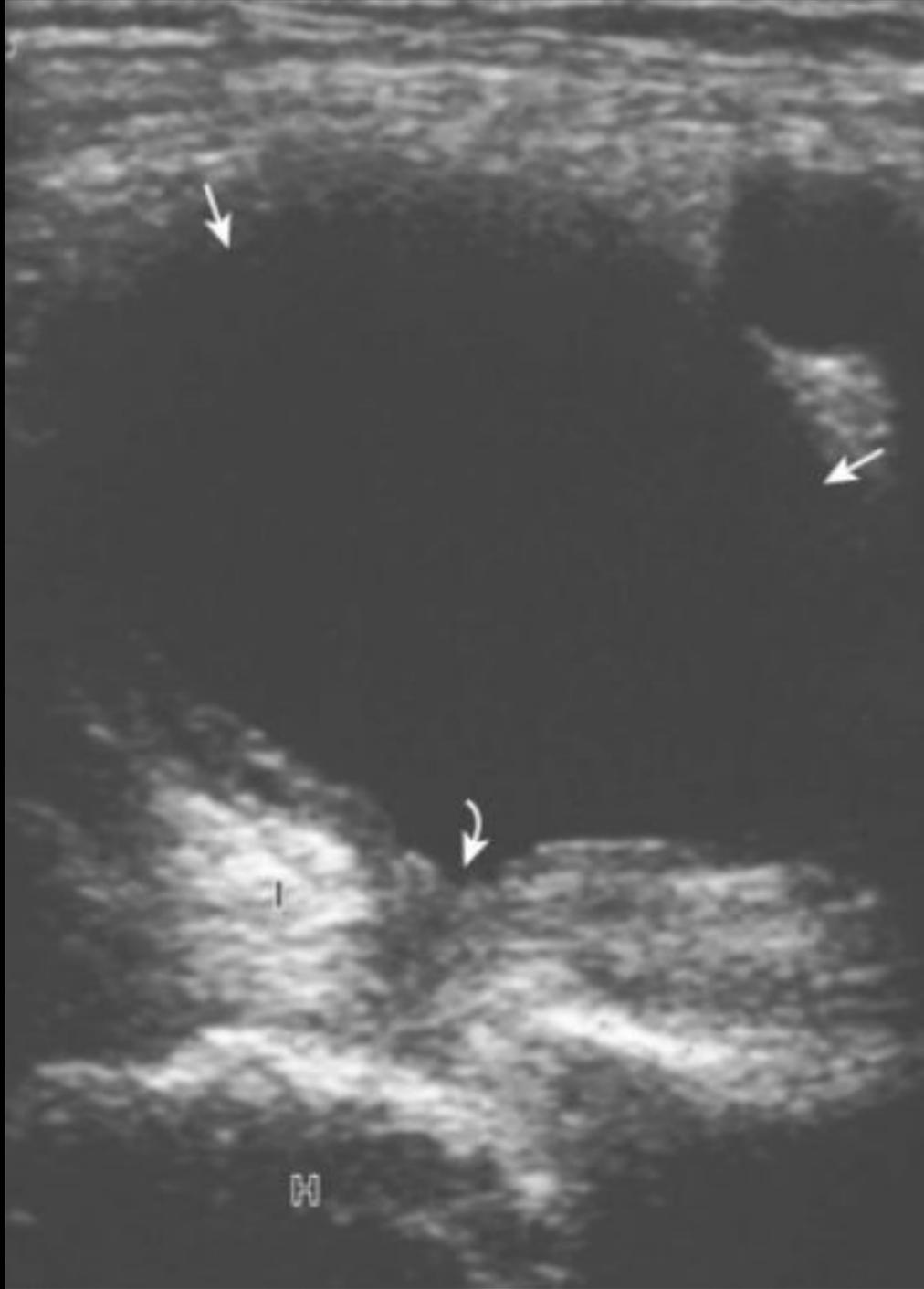
Положение конечности влияет на количество выпота, выявляемого по передней поверхности бедра: А - внутренняя ротация; Б - наружная ротация

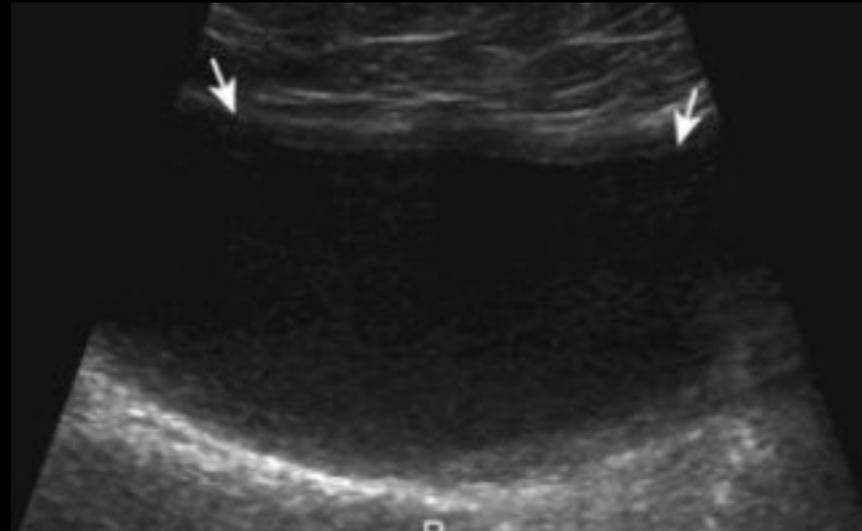
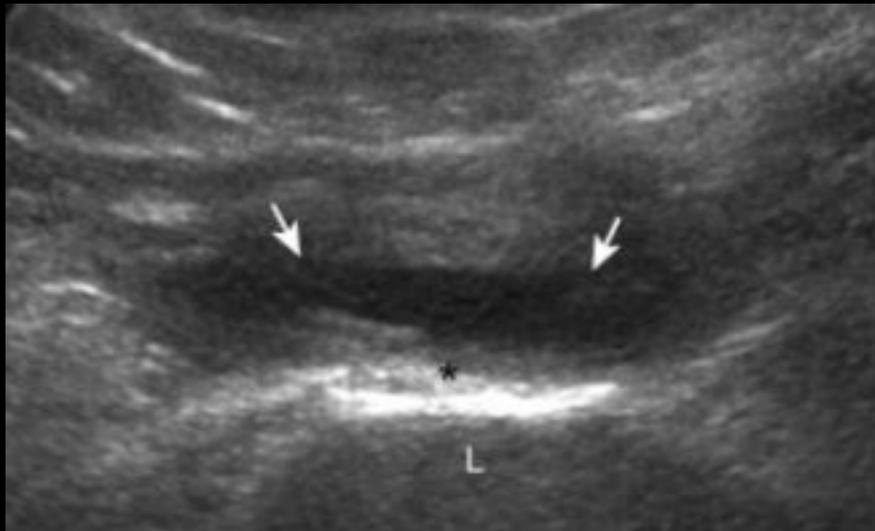


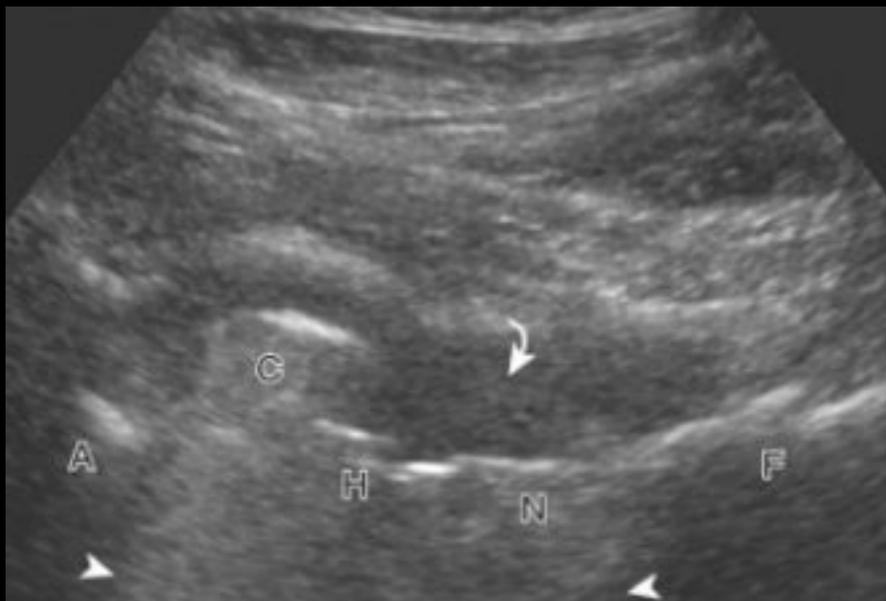
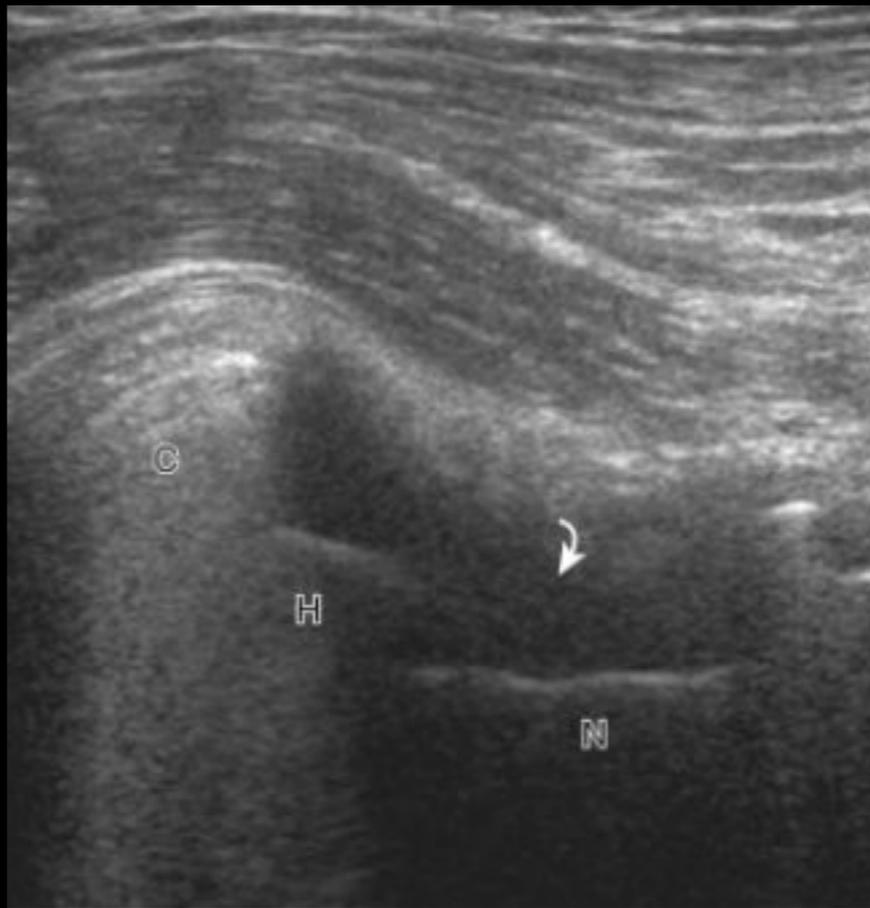
1 - сухожилие средней ягодичной мышцы; 2 - выпот в вертельной сумке, смещающий сухожилие большой ягодичной мышцы; 3 - большой вертел

# Бурсит сумки подвздошно-поясничной мышцы (подвздошно-поясничный бурсит)

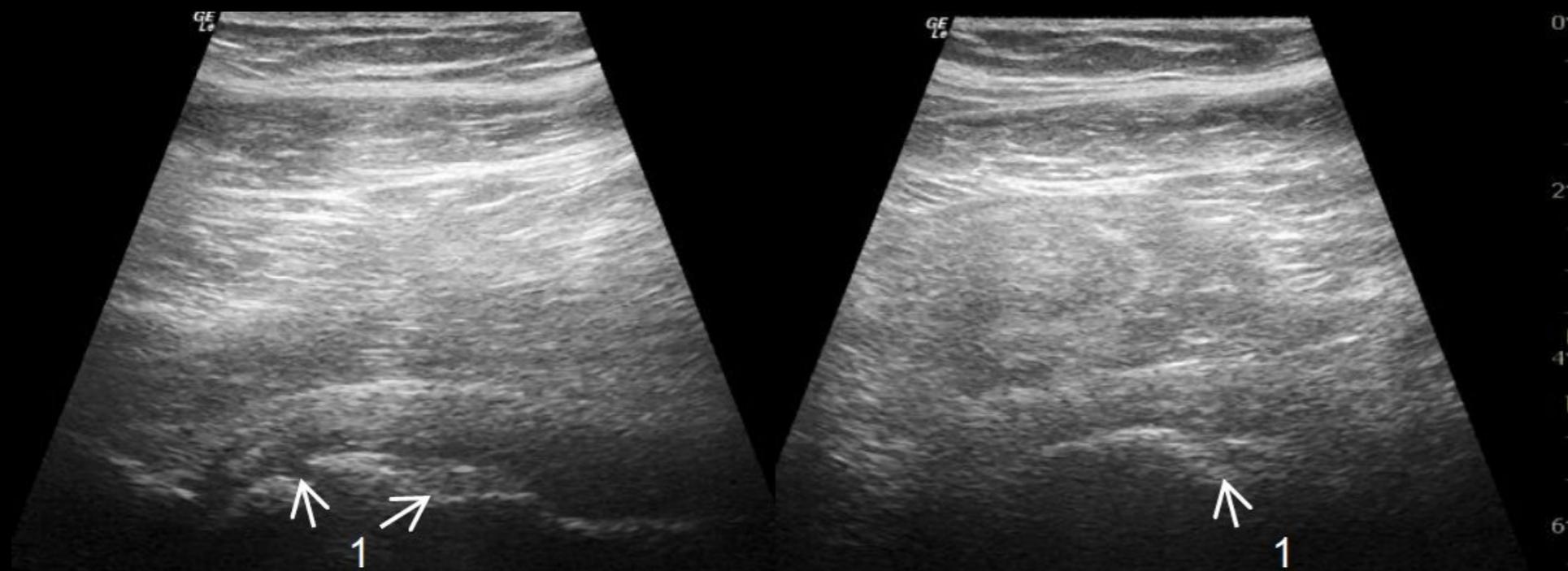








# Ревматические проявления воспалительных заболеваний толстой кишки



## Classification of peripheral arthropathy associated with IBD

### Type 1 (Pauci-articular)

- Less than five joints
- Asymmetric involvement
- Lower limbs more affected
- Self limited episodes that last < 10 wk
- Usually concomitant IBD relapse
- High frequency of other extraintestinal manifestations

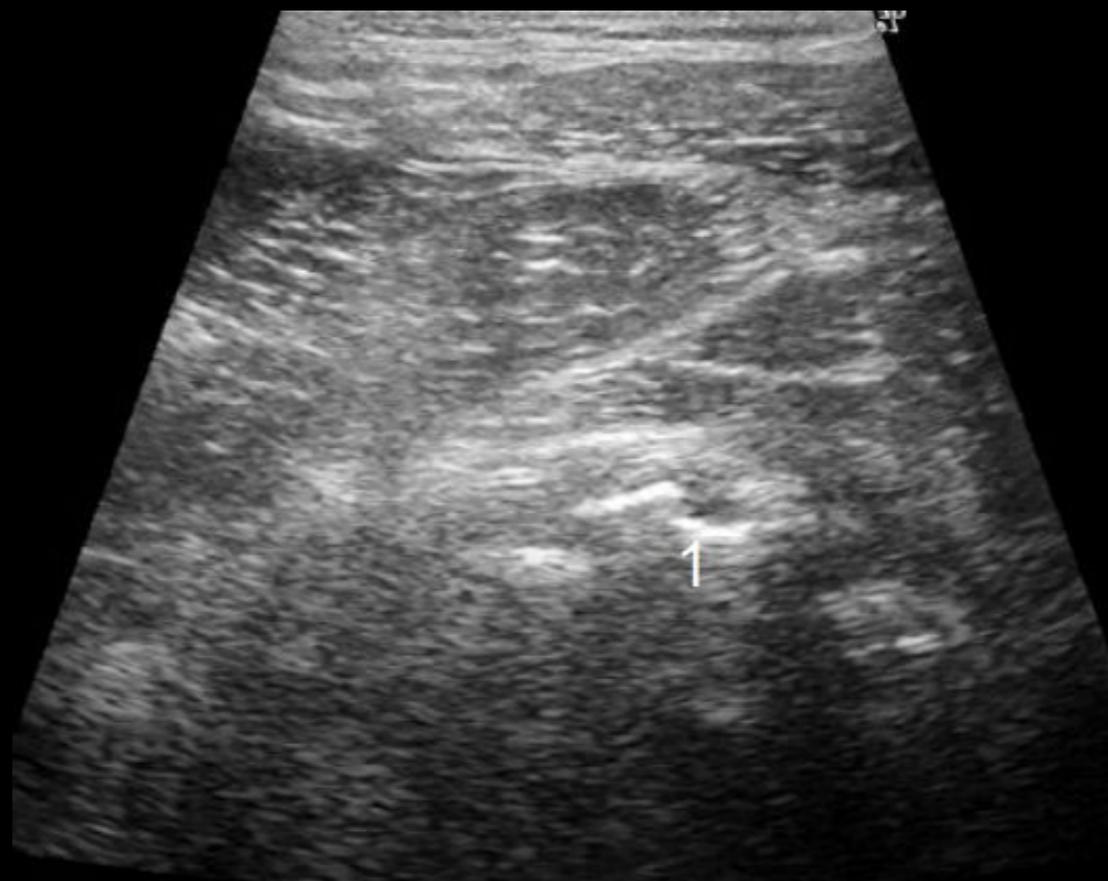
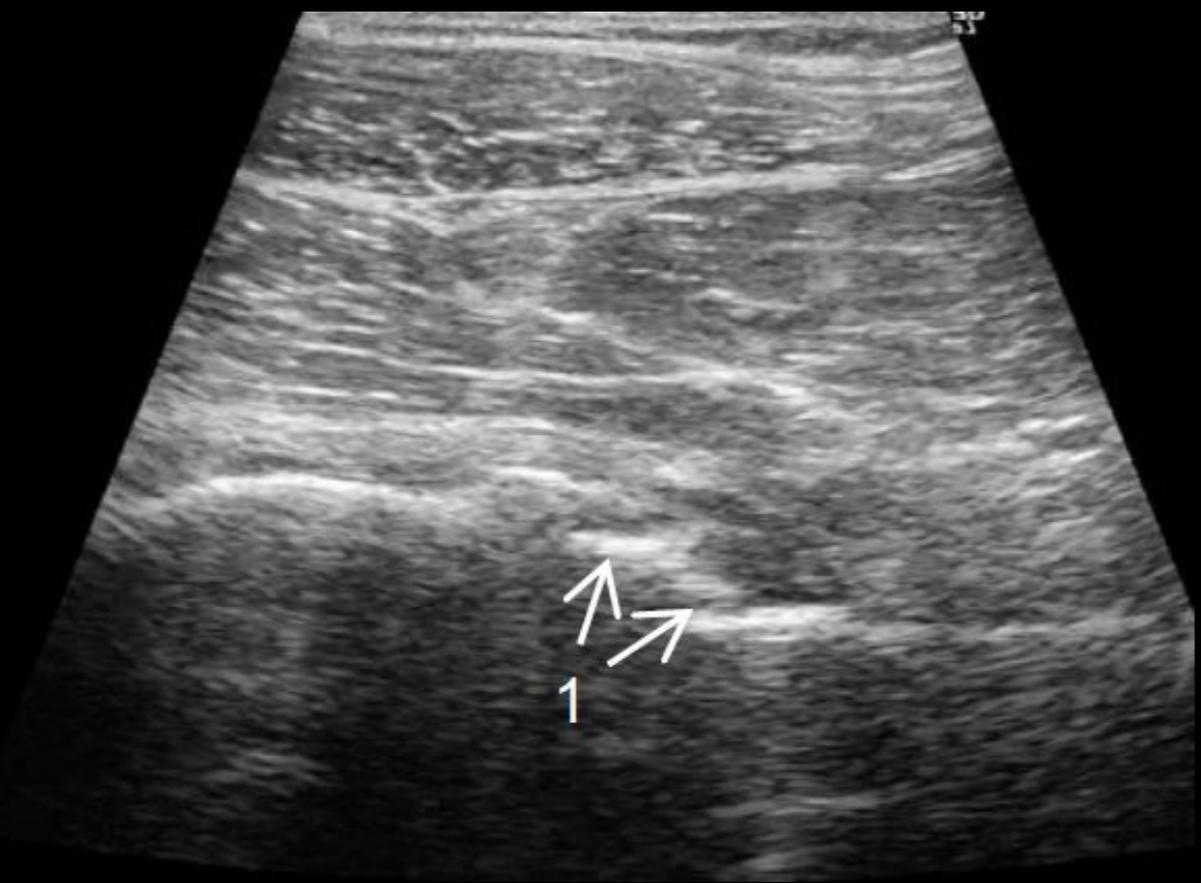
### Type 2 (Polyarticular)

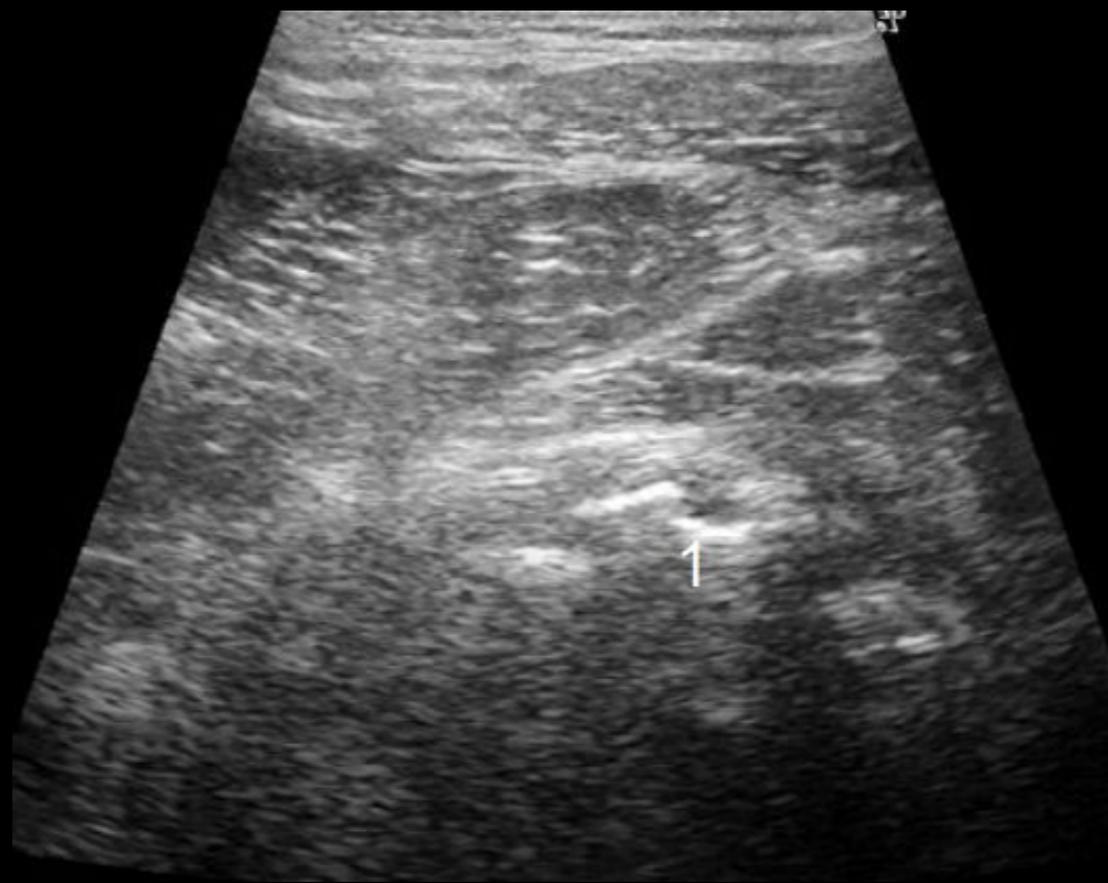
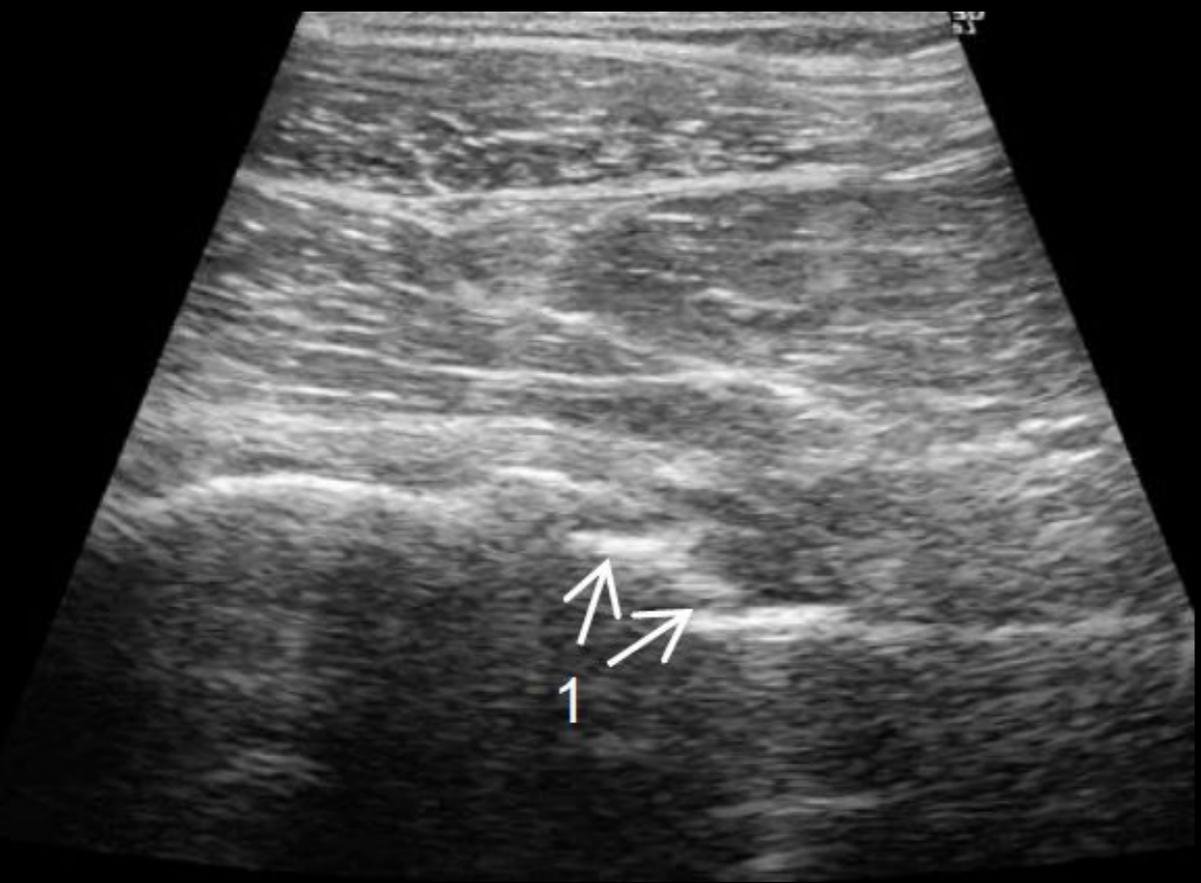
- Five or more joints
- Persistent inflammation for months or even years
- May be erosive
- Affects both large and small joints
- It can be symmetric or asymmetric
- Clinical course is independent of IBD activity
- Associated with uveitis

IBD: Inflammatory bowel disease.

World J Gastroenterol. 2009 November 28; 15(44): 5517–5524.  
Published online 2009 November 28. doi: 10.3748/wjg.15.5517.

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Фемороацетабулярный импинджмент- синдром (более ранние названия: синдром суставной губы или цервикоацетабулярный импинджмент) — процесс хронической травматизации губы и края вертлужной впадины головкой или шейкой бедренной кости. Феморо-ацетабулярный импинджмент-синдром является наиболее частой причиной остеоартроза тазобедренного сустава у физически активных лиц молодого и среднего возраста. На основании клиники и лучевой картины выделяют три механизма им- пинджмент-синдрома: cam — механизм («бедренный тип»), pincher — механизм («ацетабулярный тип»), смешанный тип.

**Алгоритм и особенности диагностики фемороацетабулярного импинджмент-синдрома при магнитно-резонансном исследовании пациентов с хроническим болевым синдромом в области тазобедренного сустава**

О. Ю. Мегвегева\*, И. Г. Пчелин, В. А. Фокин, Г. Е. Труфанов

**На сегодняшний день в ведущих клиниках Европы и Америки золотым стандартом лечения феморо-ацетабулярного импинджмента признана артроскопия тазобедренного сустава.**

В чем заключается артроскопия тазобедренного сустава при феморо-ацетабулярном импинджменте? Это вид малоинвазивной операции, выполняемой через 3-4 линейных разреза в области тазобедренного сустава размерами до 5 мм. Через данные доступы хирург вводит специализированные инструменты и камеру с источником света в полость тазобедренного сустава. Производится осмотр всех внутрисуставных структур. При деформациях вертлужной впадины, головки и/или шейки бедренной кости производится их пластика при помощи специализированного инструментария. В том случае, если выявляется повреждение суставной губы - оно ушивается. Дефекты хрящевой ткани обрабатываются холодноплазменной абляцией. По завершении операции сустав повторно осматривается, после чего инструментарий и камера выводятся из полости сустава, и производится зашивание доступов.

**Артроскопия при феморо-ацетабулярном импинджменте позволяет устранить болевой синдром, приостановить развитие деформирующего артроза, вернуть прежний объем движений в суставе.**

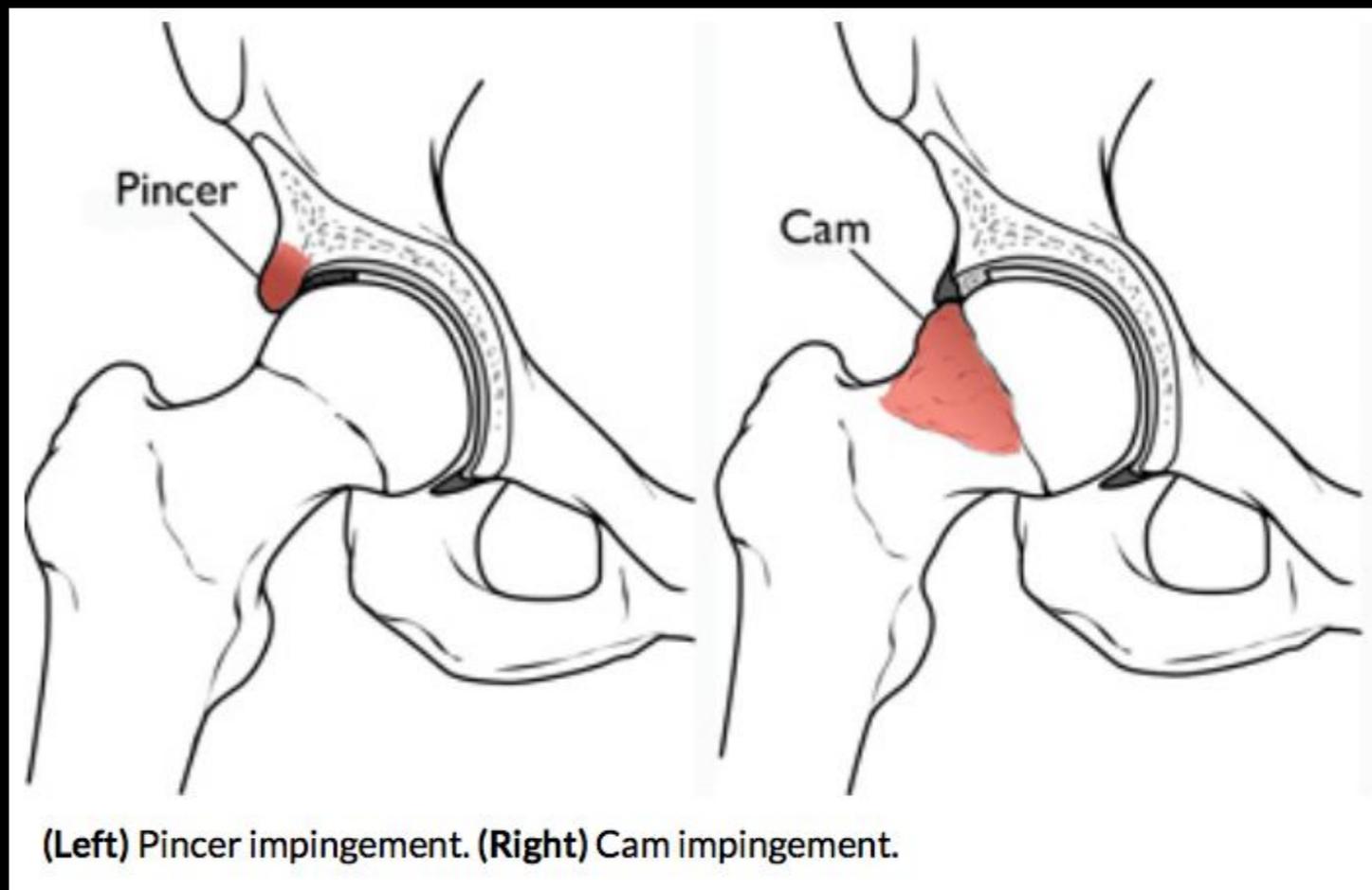
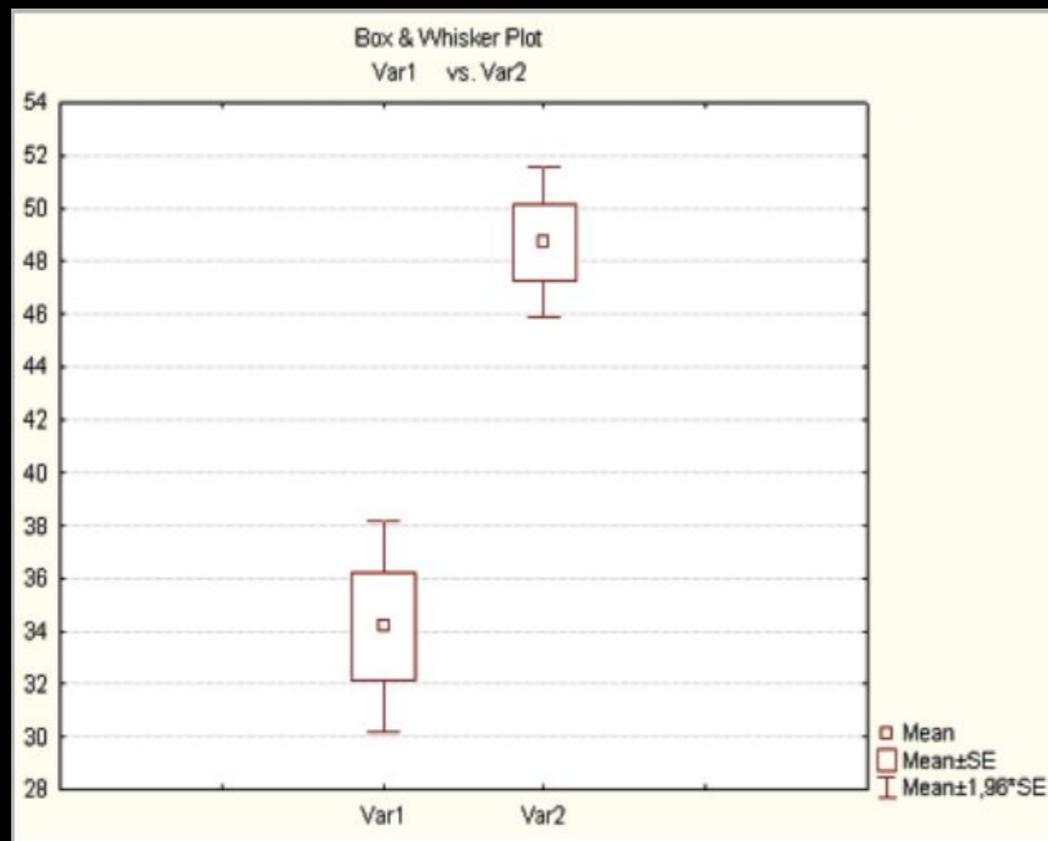


ЦЕНТРАЛЬНЫЙ ИНСТИТУТ  
ТРАВМАТОЛОГИИ И ОРТОПЕДИИ

**Н.Н. ПРИОРОВА**

ФЕДЕРАЛЬНОГО АГЕНТСТВА ПО  
ЗАРАБОТКАМ И СОЦИАЛЬНОМУ  
РАЗВИТИЮ РФ

КЛИНИКА СПОРТИВНОЙ, БАЛЕТНОЙ  
И ЦИРКОВОЙ ТРАВМЫ

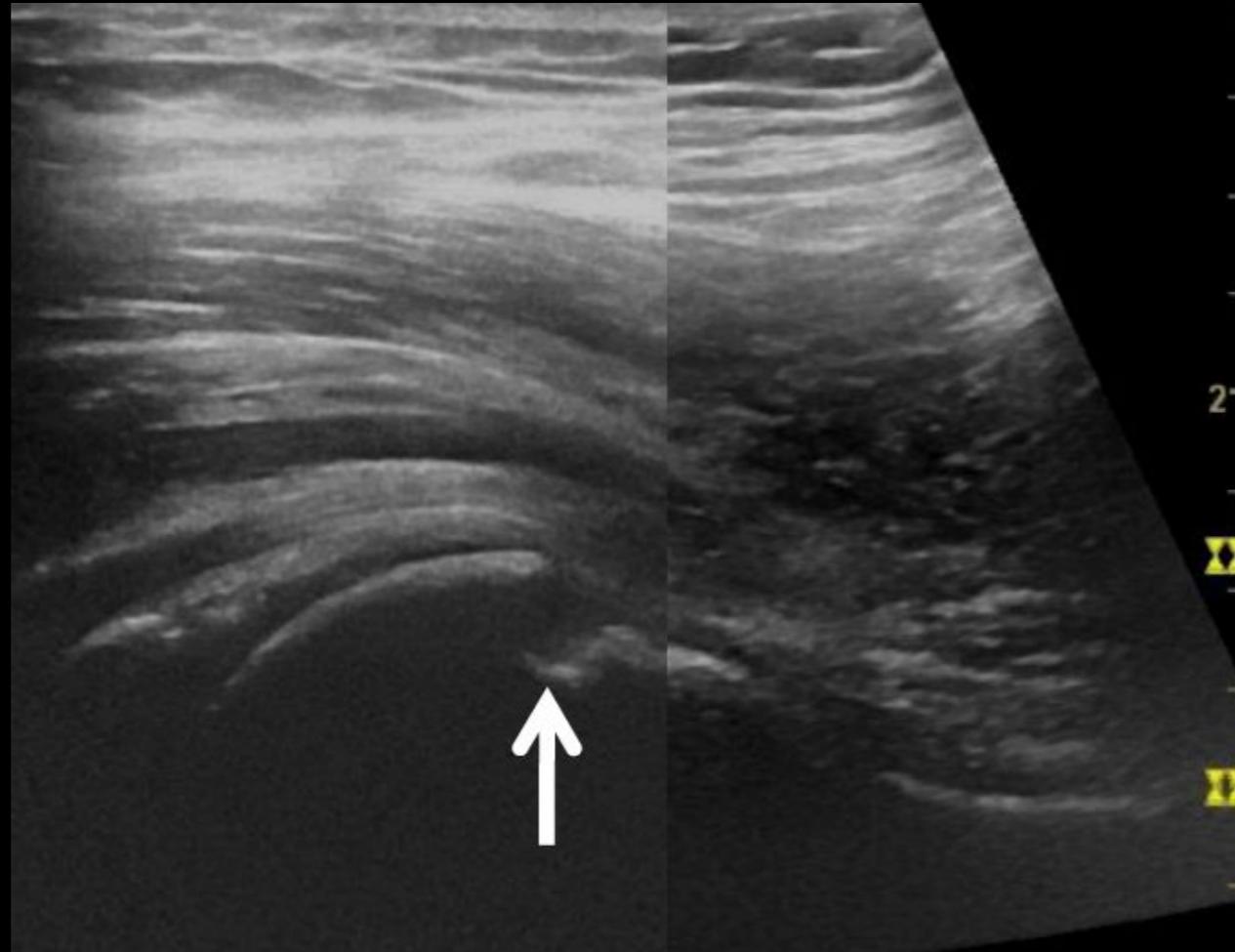
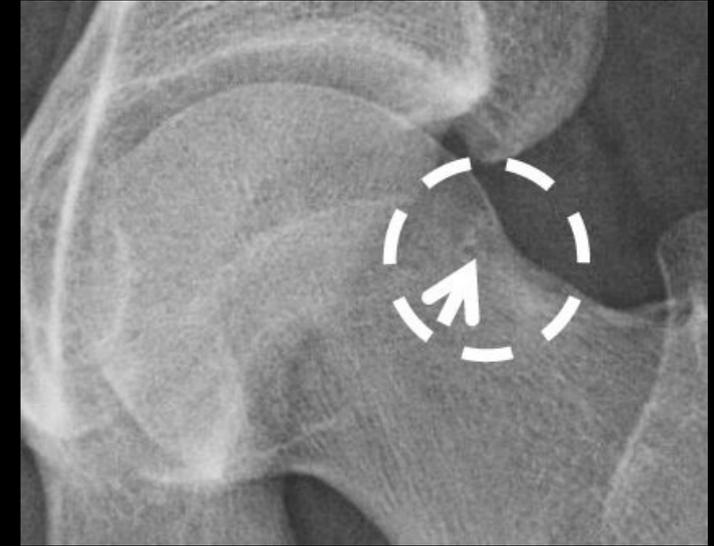


**Алгоритм и особенности диагностики  
фемороацетабулярного импинджмент-синдрома  
при магнитно-резонансном исследовании пациентов  
с хроническим болевым синдромом  
в области тазобедренного сустава**

О. Ю. Медведева\*, И. Г. Пчелин, В. А. Фокин, Г. Е. Труфанов

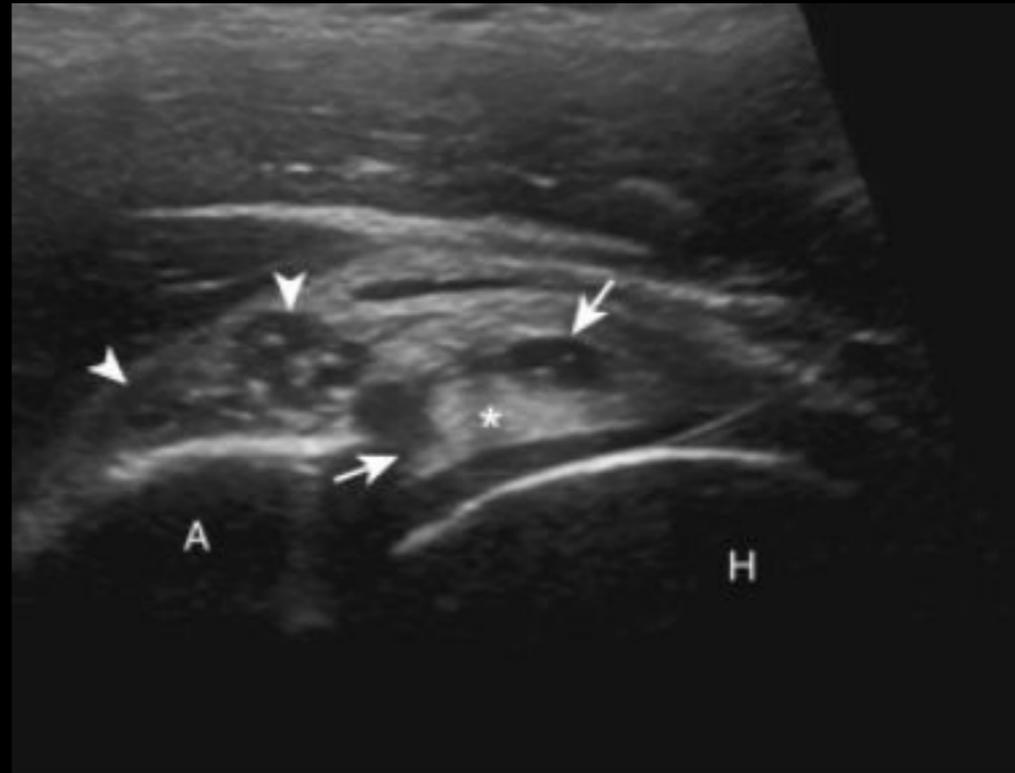
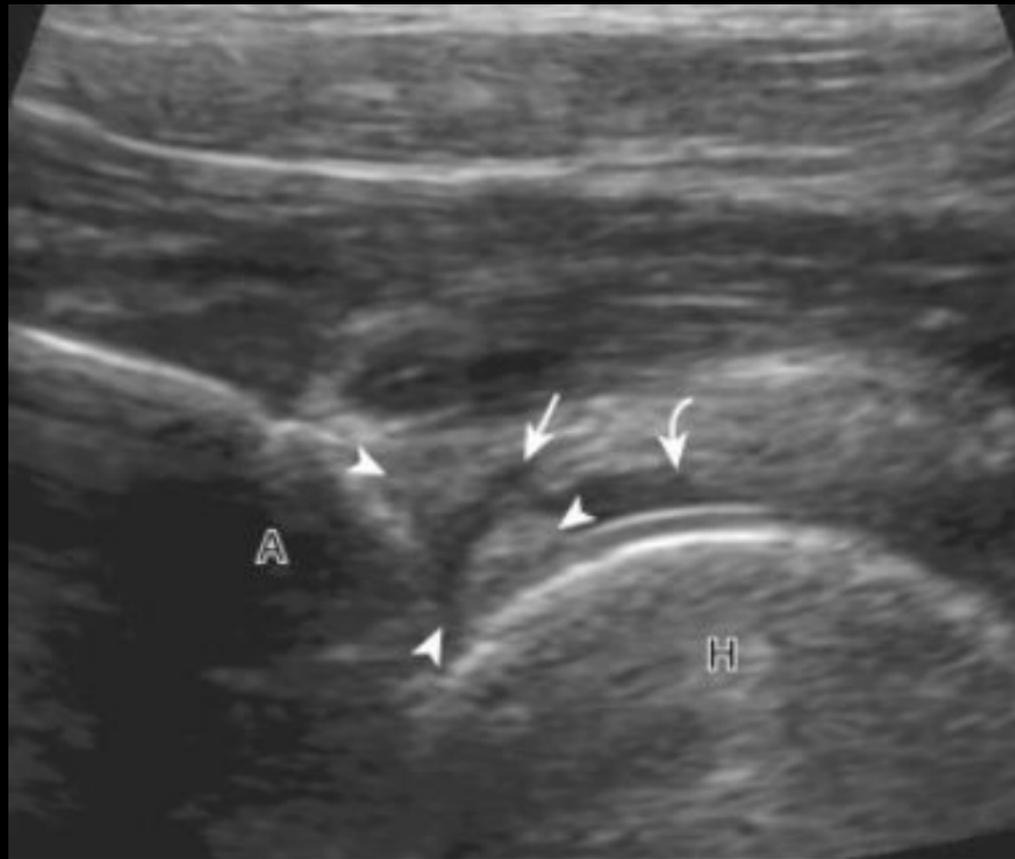
ФГБВОУ ВПО «Военно-медицинская академия им. С. М. Кирова» Минобороны  
России, кафедра рентгенологии и радиологии (с курсом ультразвуковой диагностики)



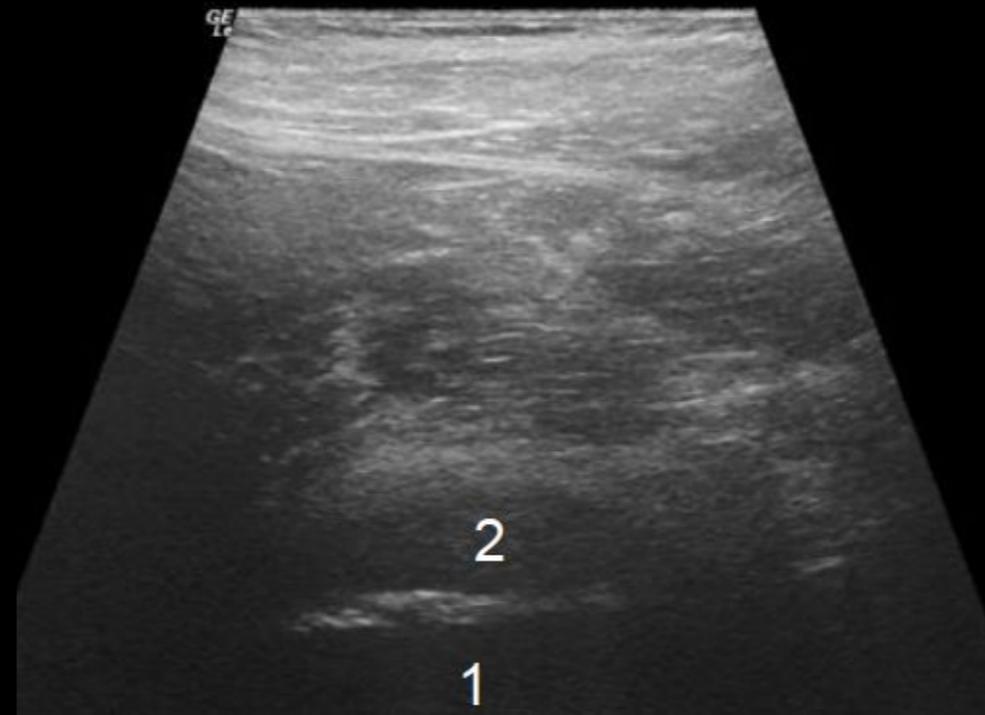
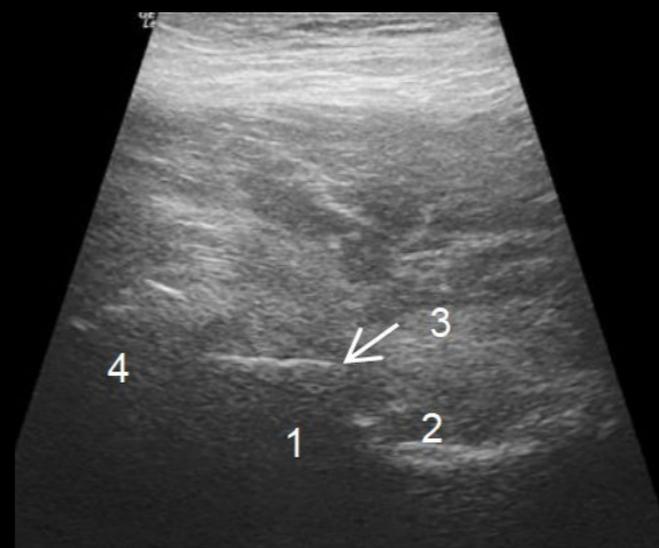
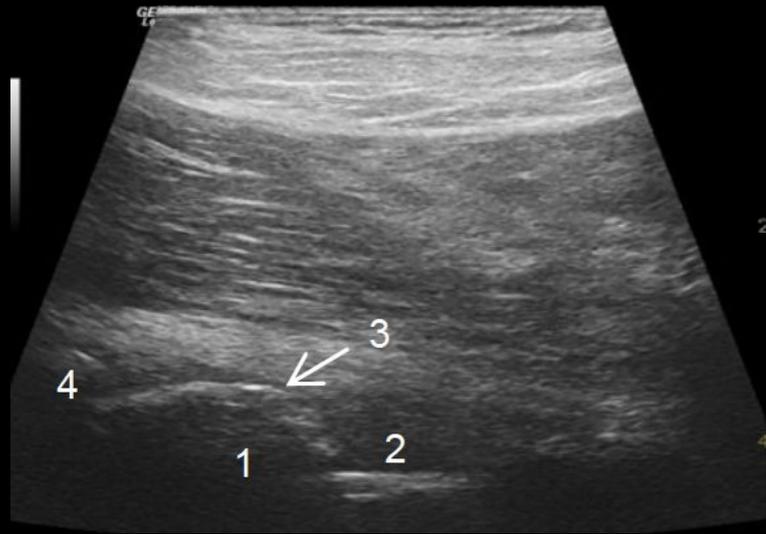


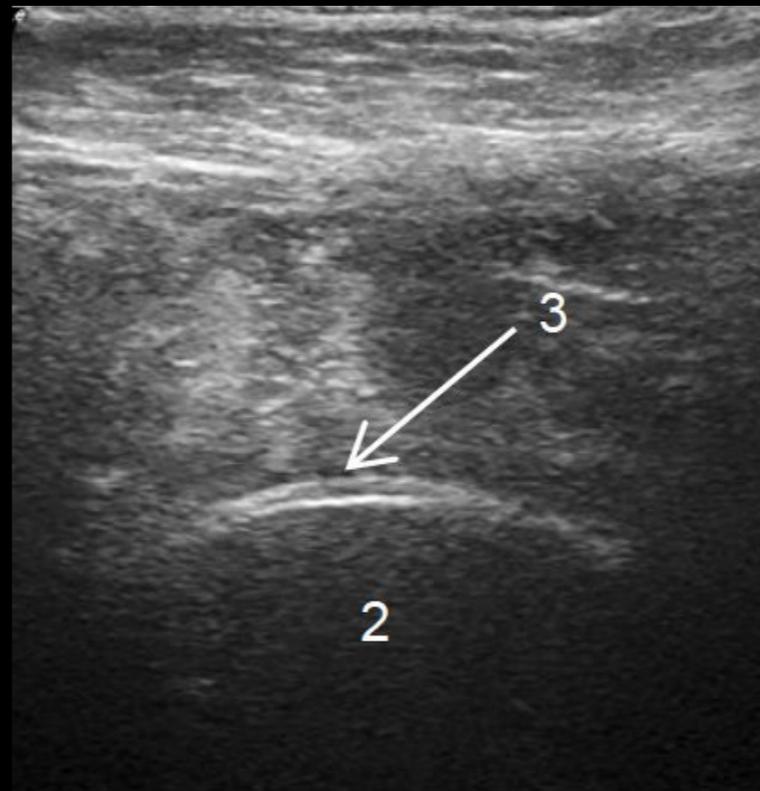
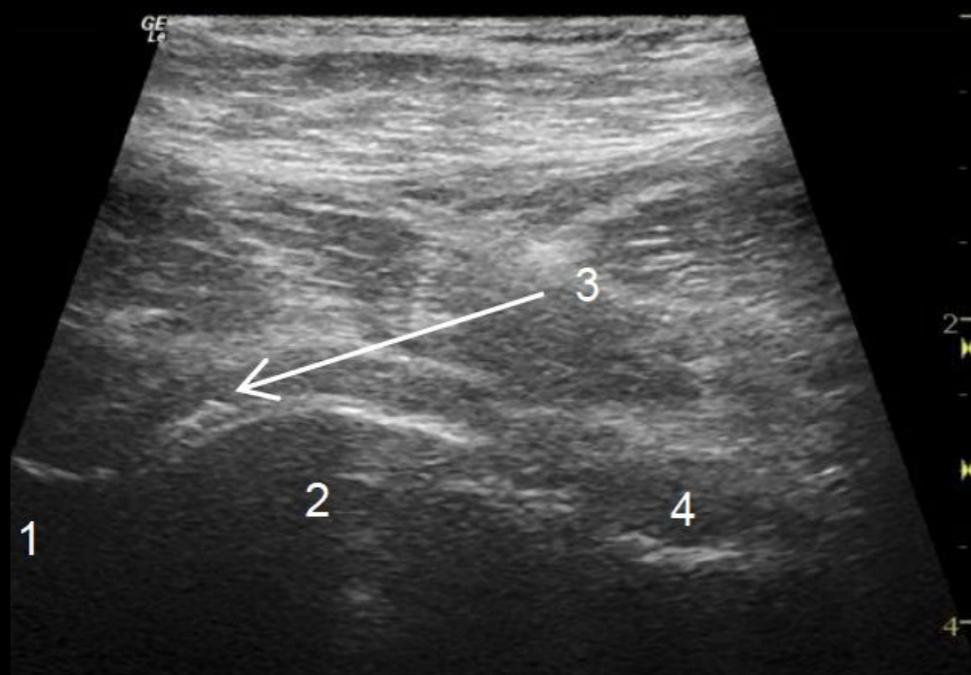


Troelsen A et al, *Acta Orthopaedica* 2009; 80 (3): 314–318

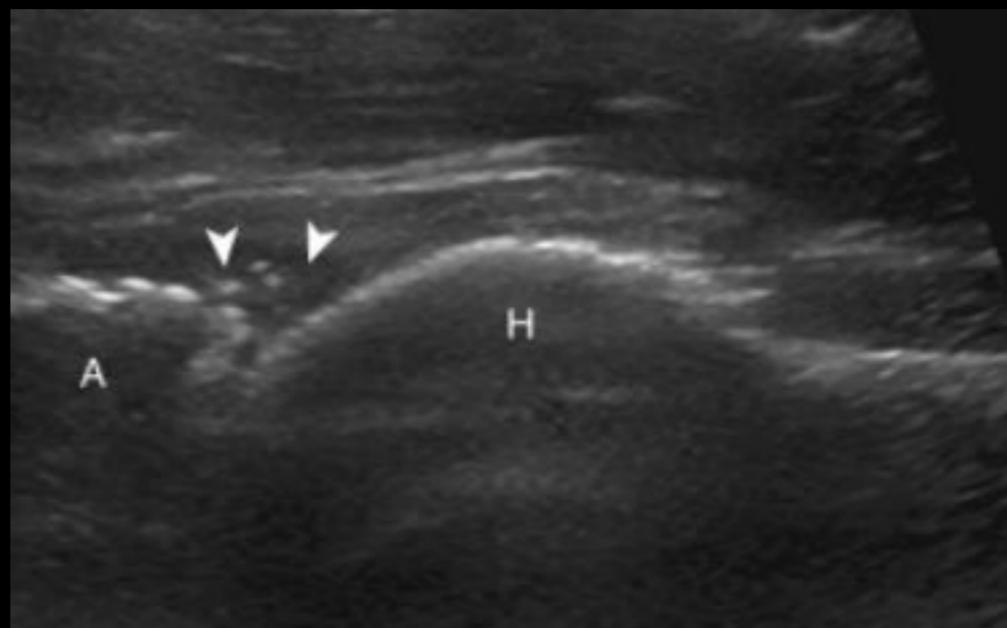


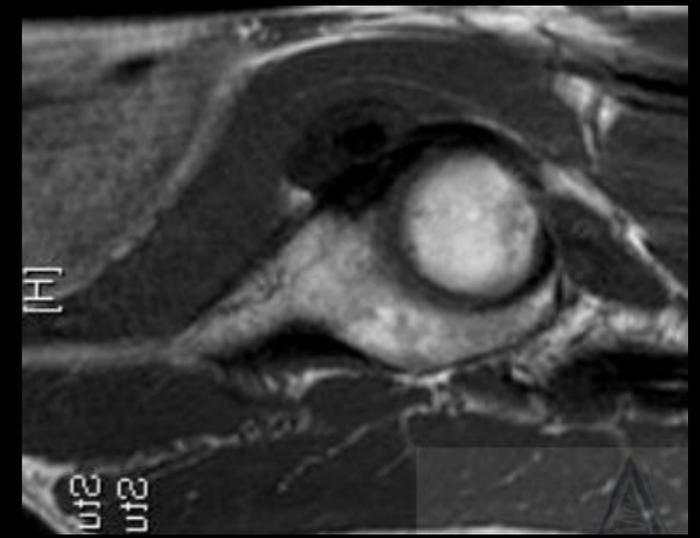
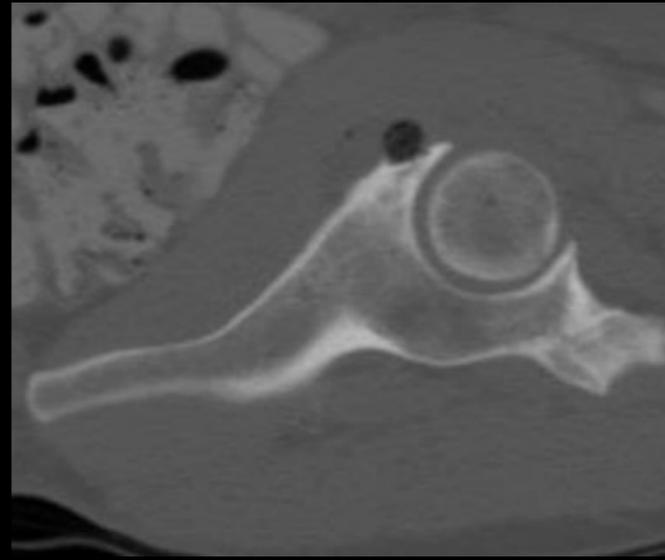
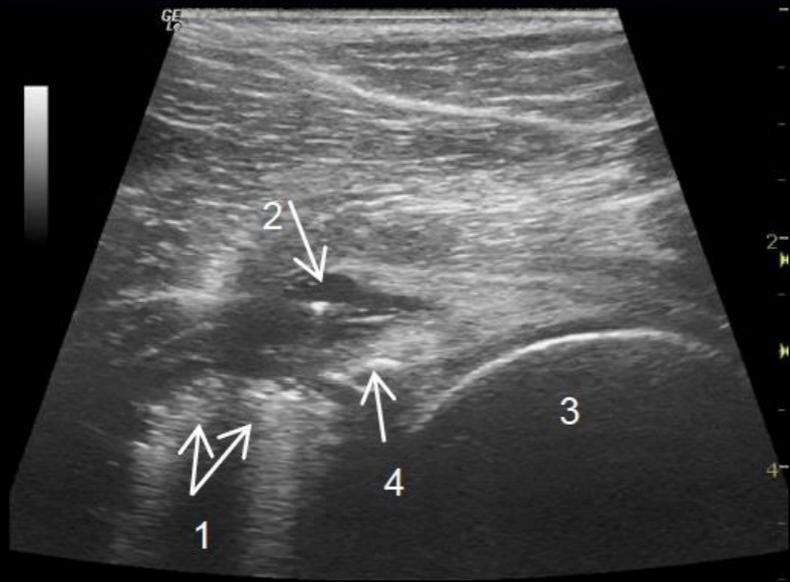
# Асептический некроз головки бедренной кости (Аваскулярный некроз головки бедренной кости)



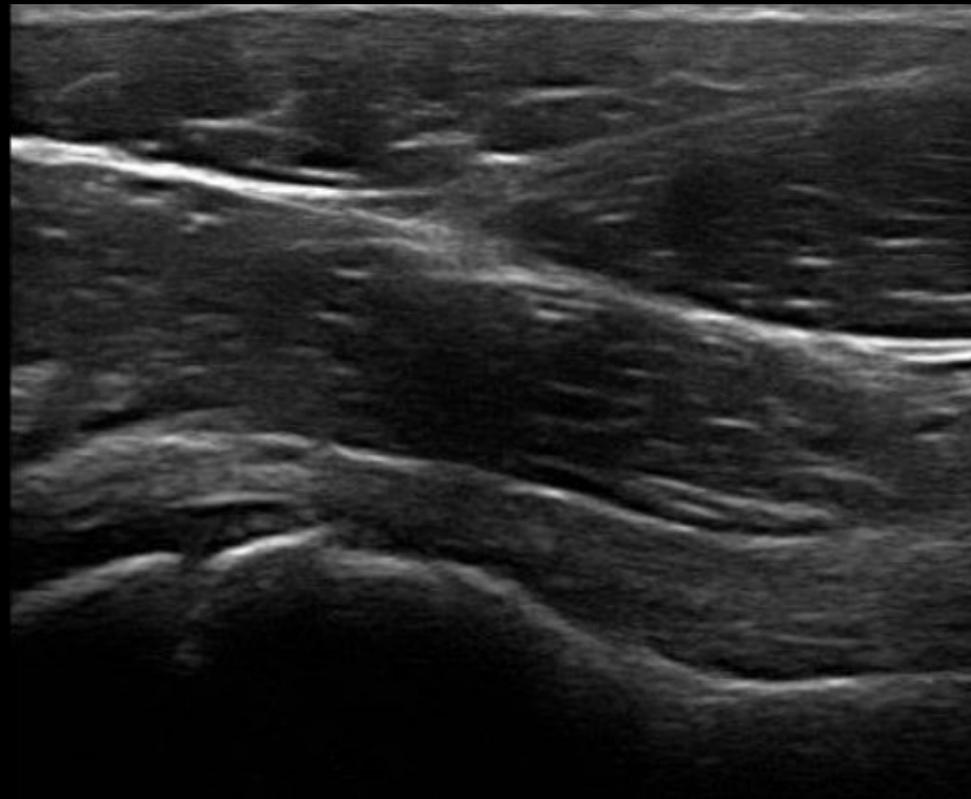
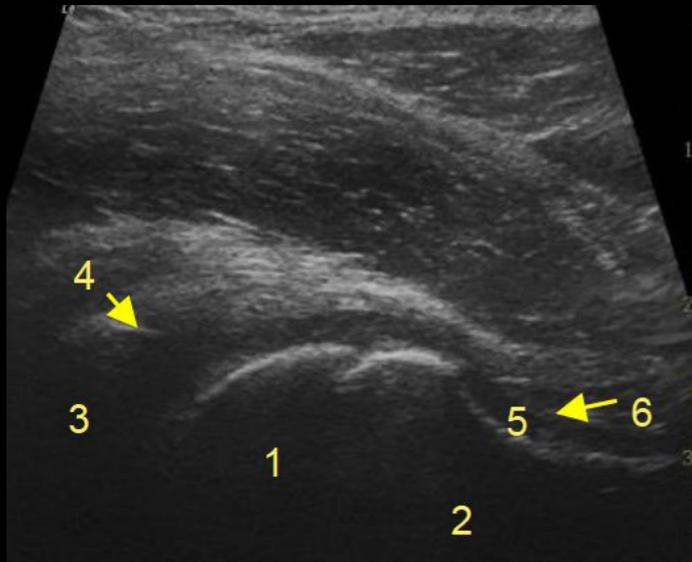
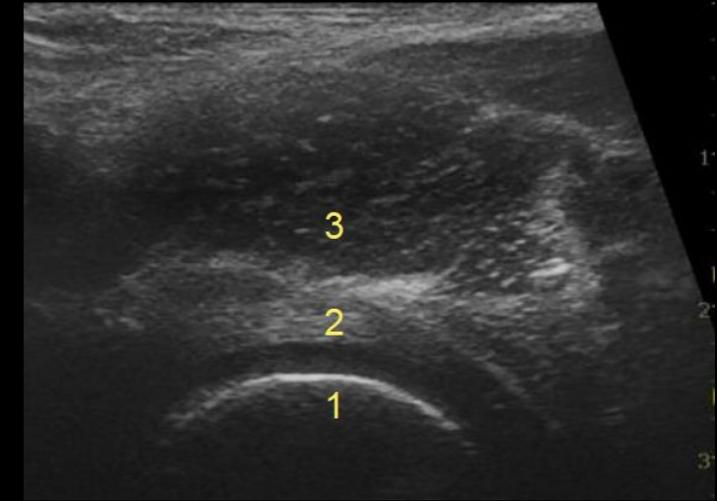
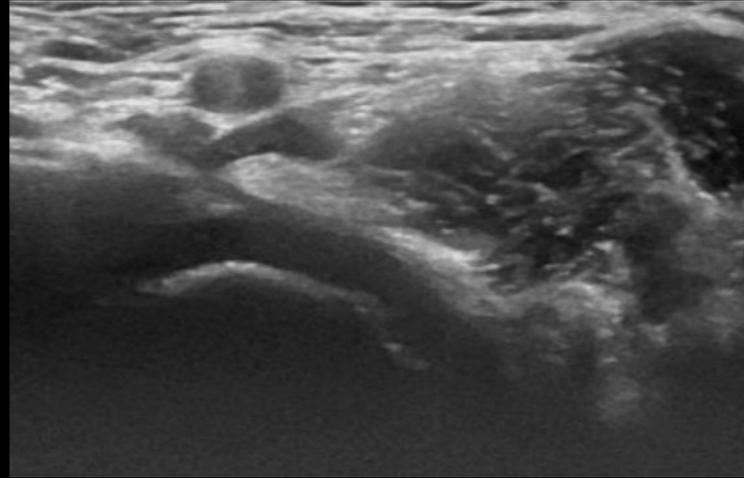
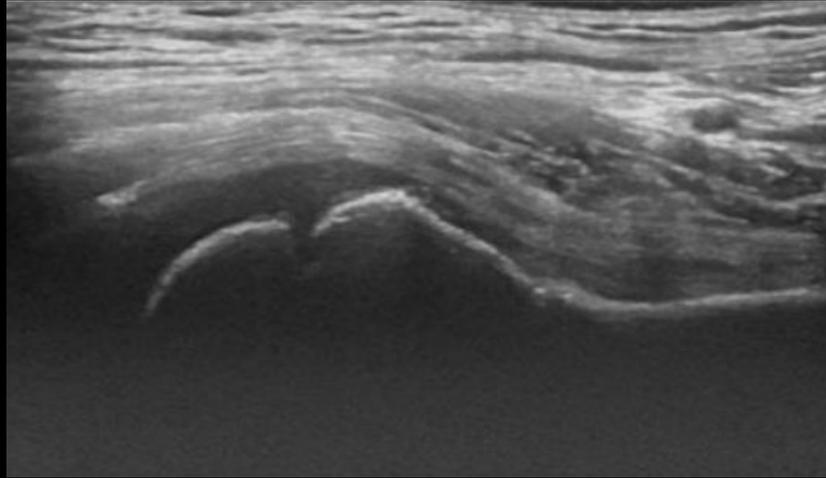


1 - вертлужная впадина, 2 - головка бедренной кости; 3 - фокусы хондрокальциноза; 4 - выпот в суставе  
Неровность (изъеденность) гиперэхогенного контура над гиалиновым хрящем отличает явления хондрокальциноза от симптома «двойного контура» при подагрической артропатии





# УЗИ тазобедренного сустава в детской практике. Передние сканы

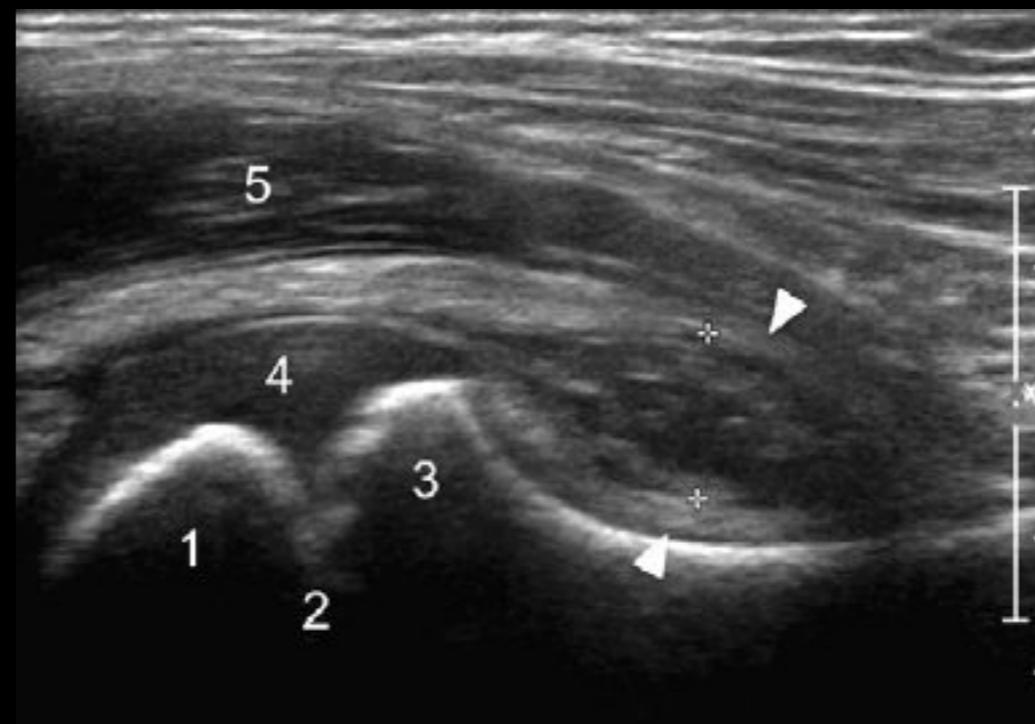


[Robben SG, et al. Radiology. 1999](#)

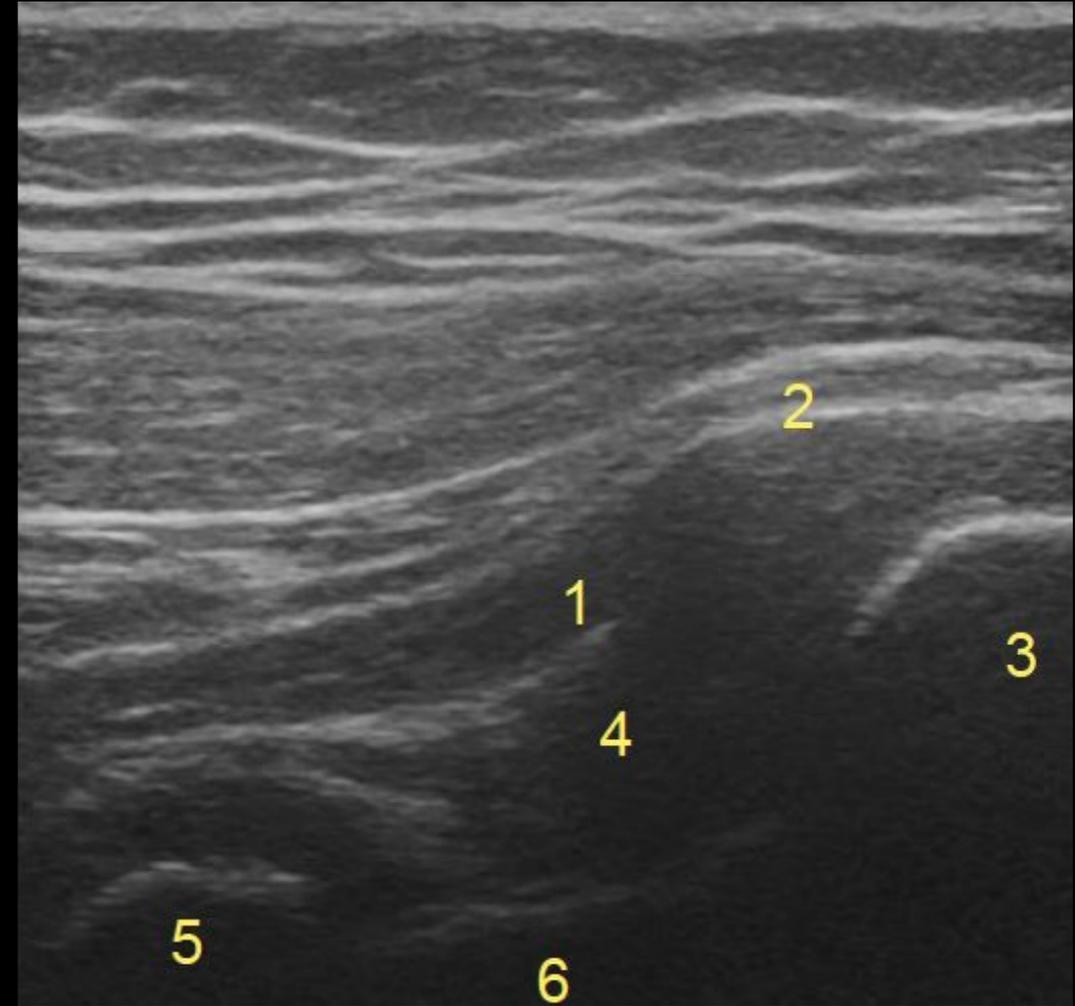
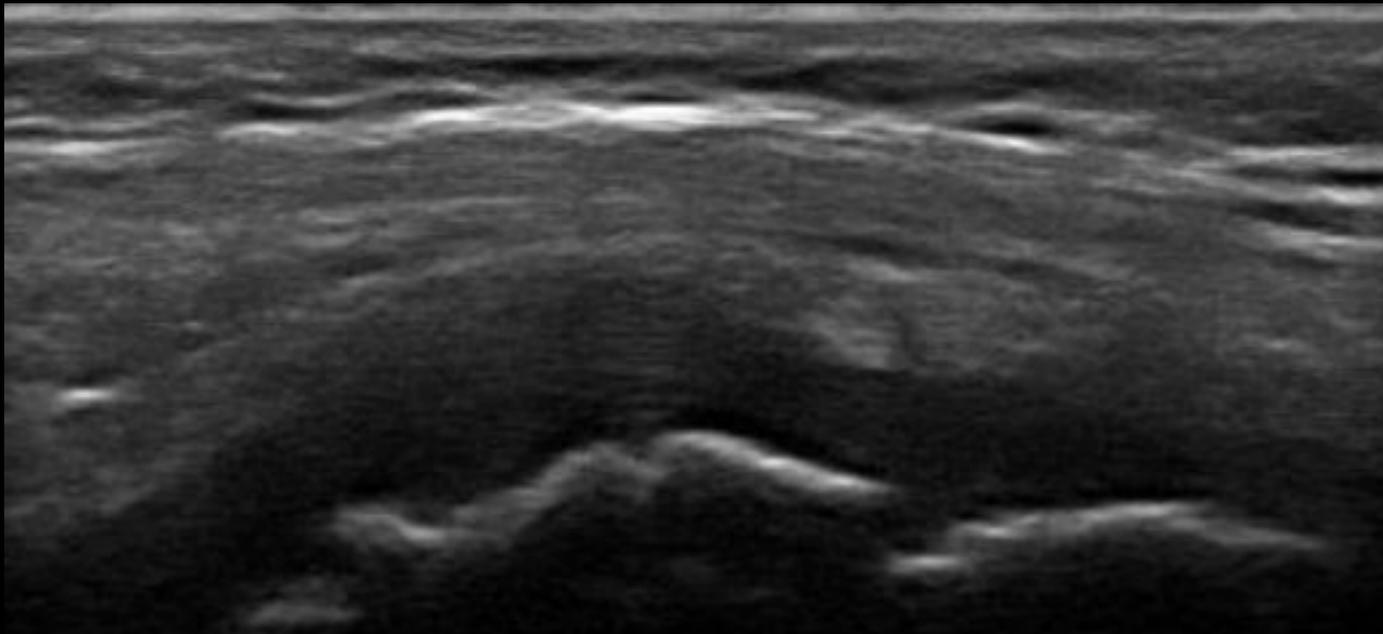
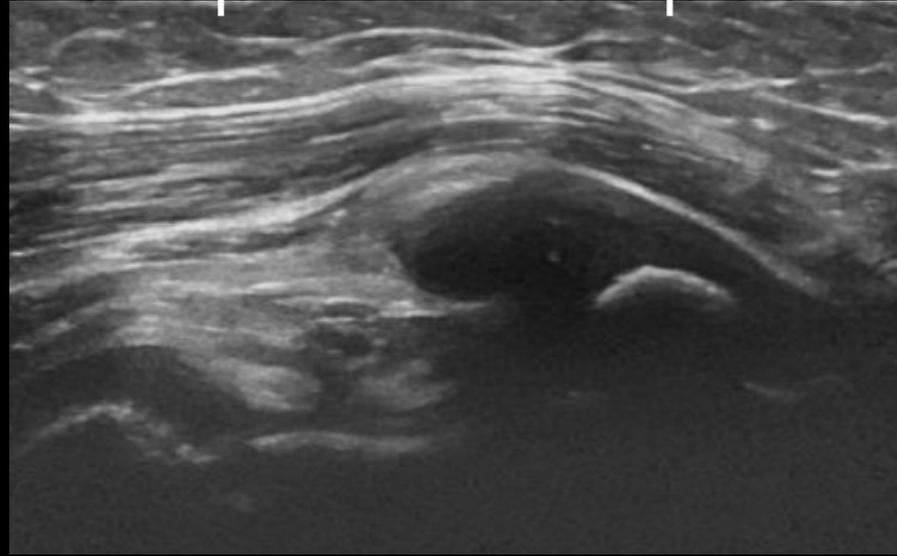
[Feb;210\(2\):499-507.](#)

Tien YC, et al. J Pediatr Orthop  
2000;20:264-6.

# УЗИ тазобедренного сустава в детской практике. Транзиторный синовит (реактивный коксит)

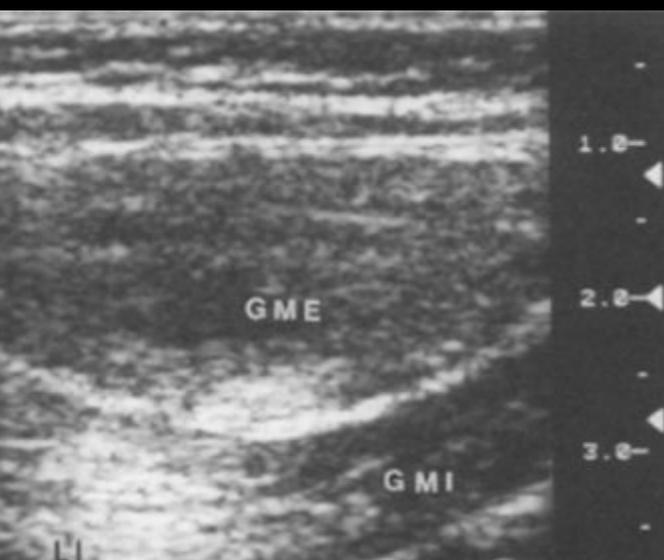
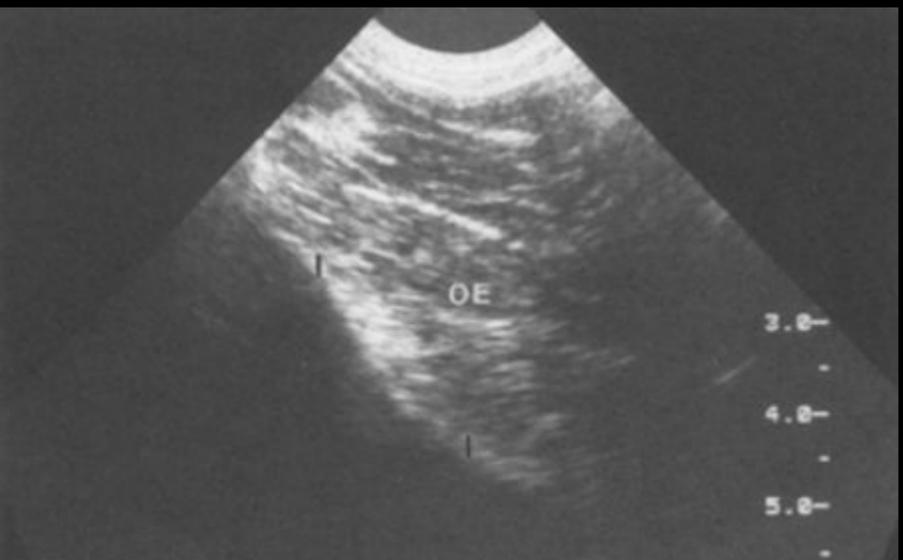
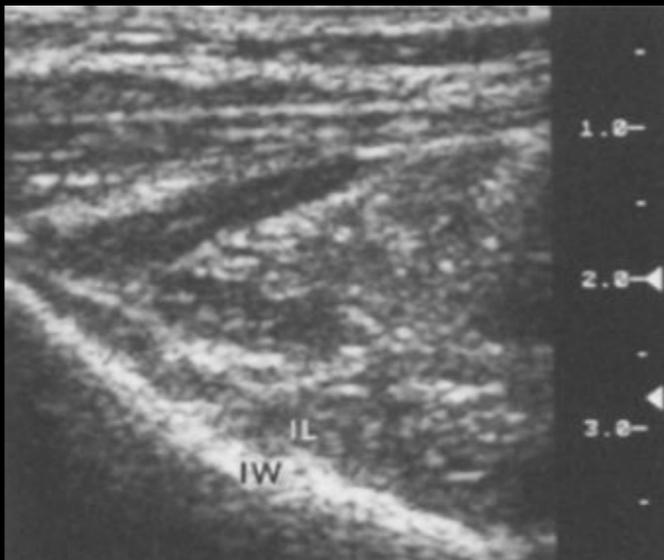
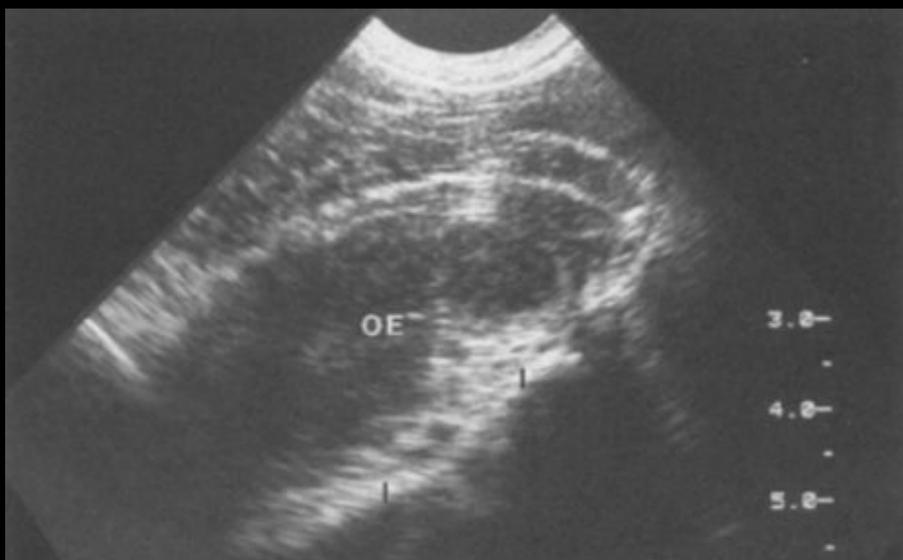
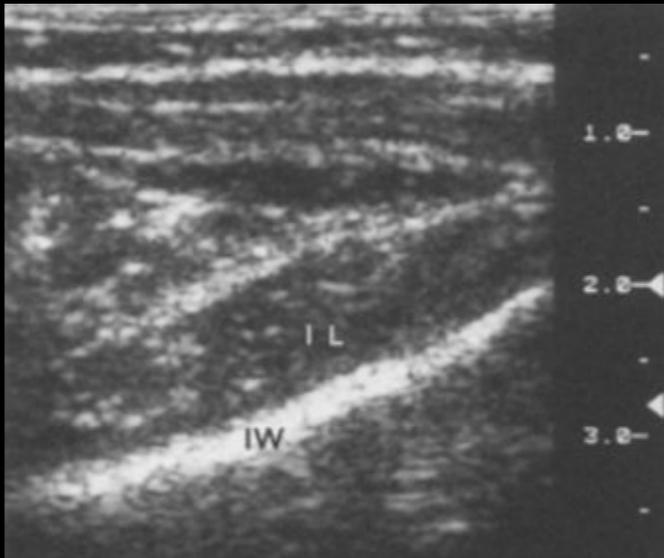
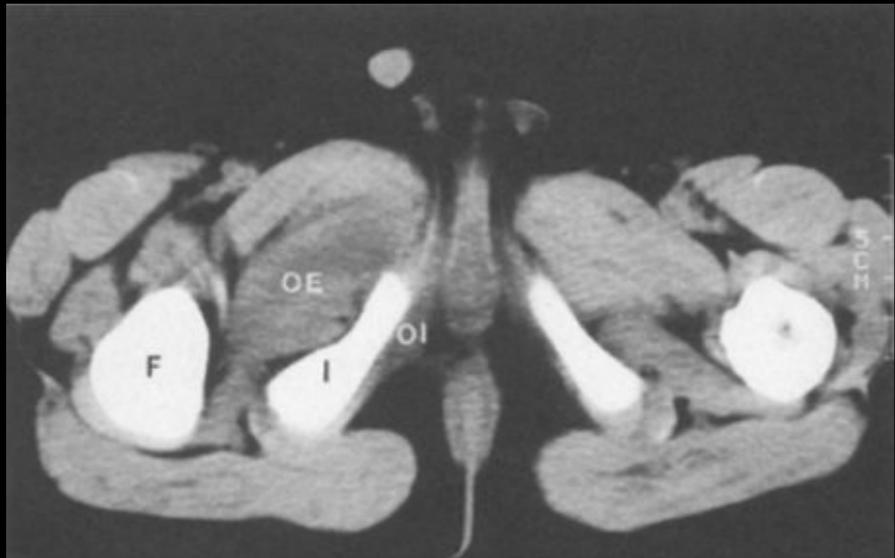


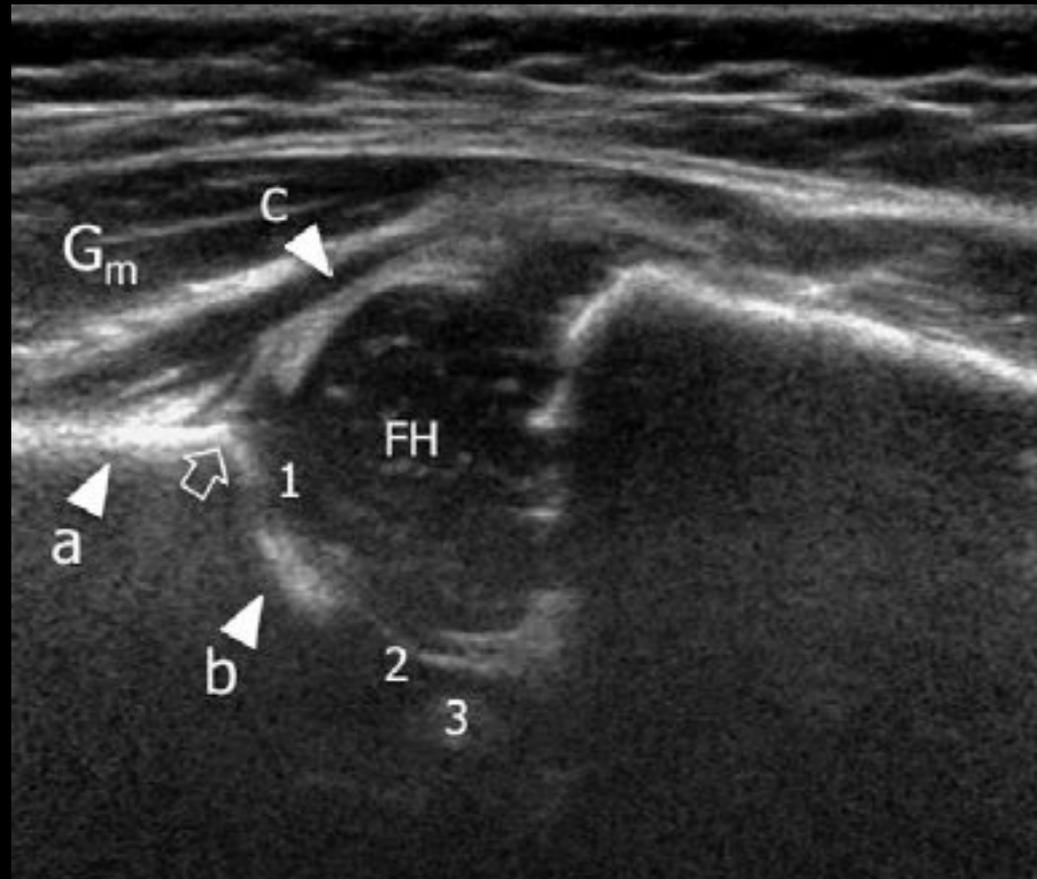
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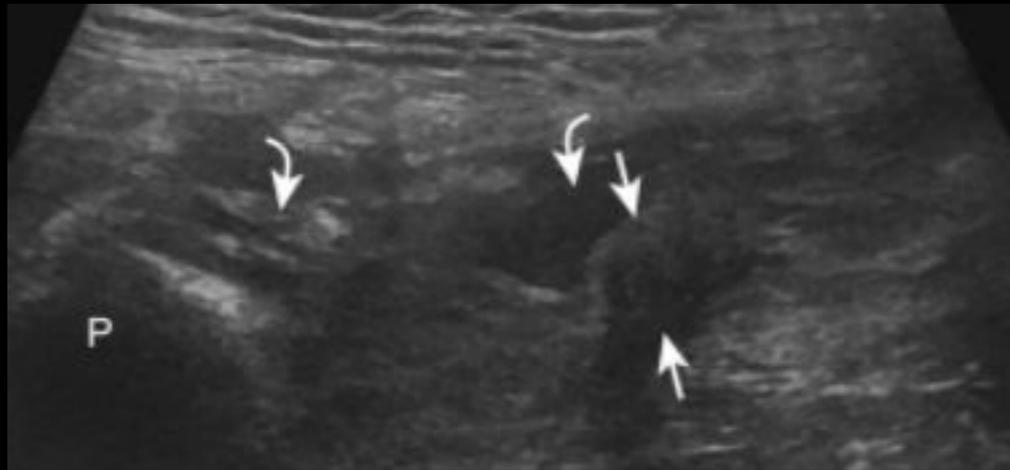


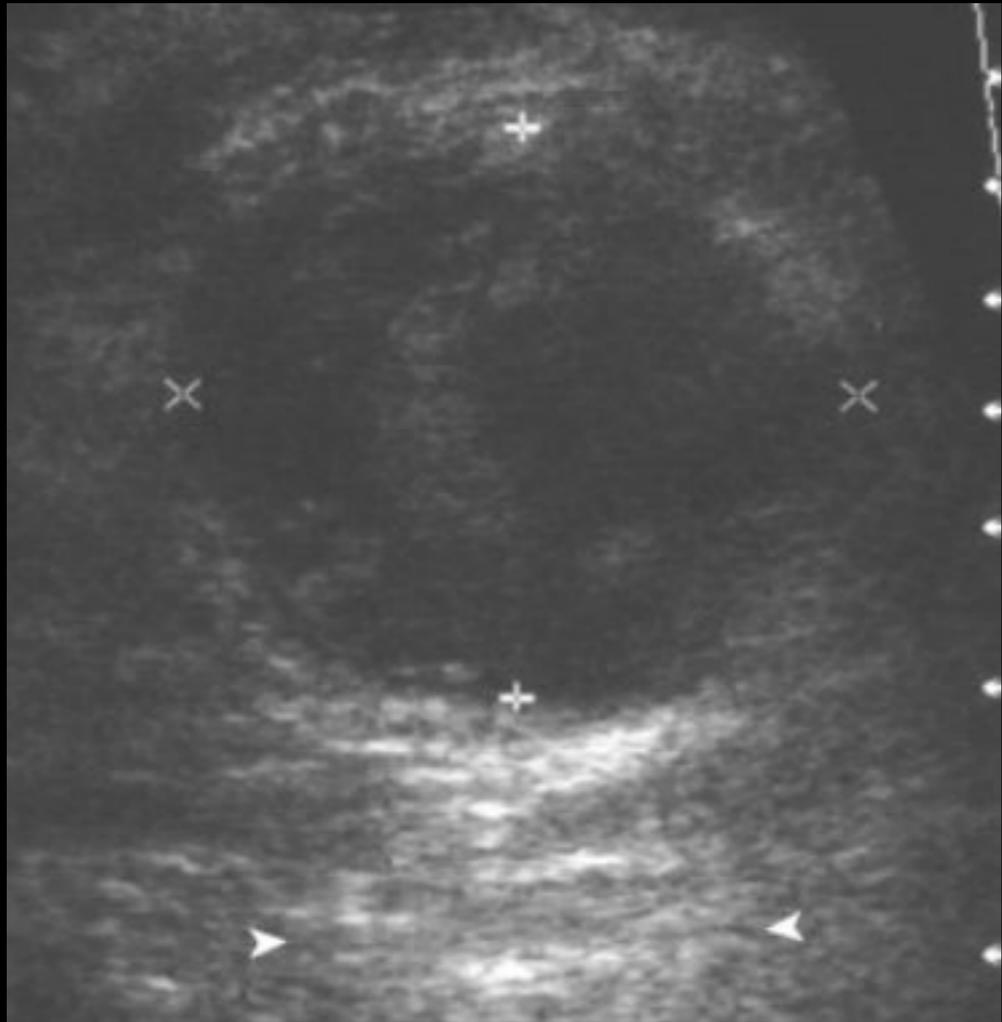
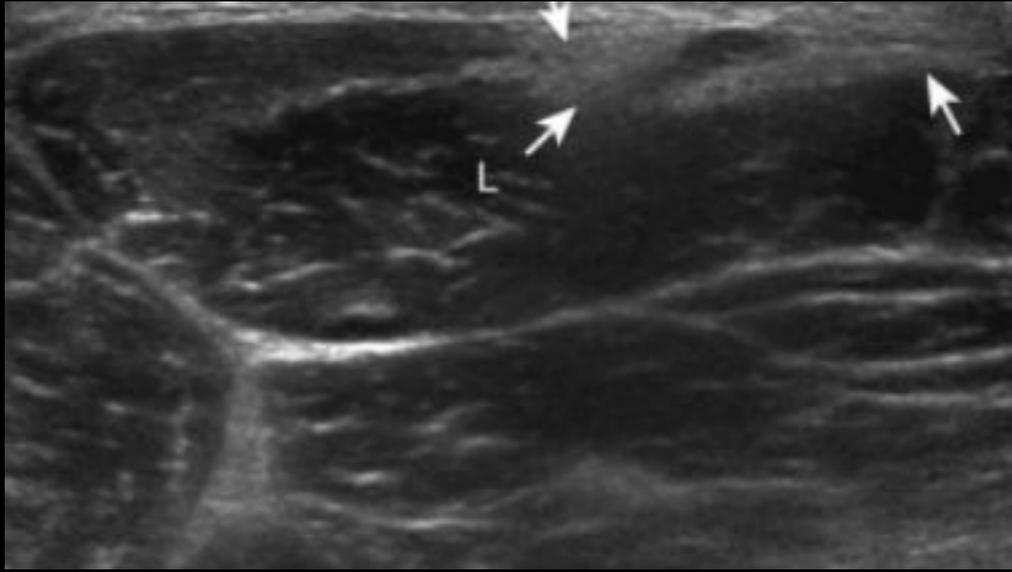
1 - сухожилие средней ягодичной мышцы; 2 - большая ягодичная мышца; 3 - большой вертел; 4 - малая ягодичная мышца; 5 - головка бедренной кости; 6 - шейка бедренной кости.

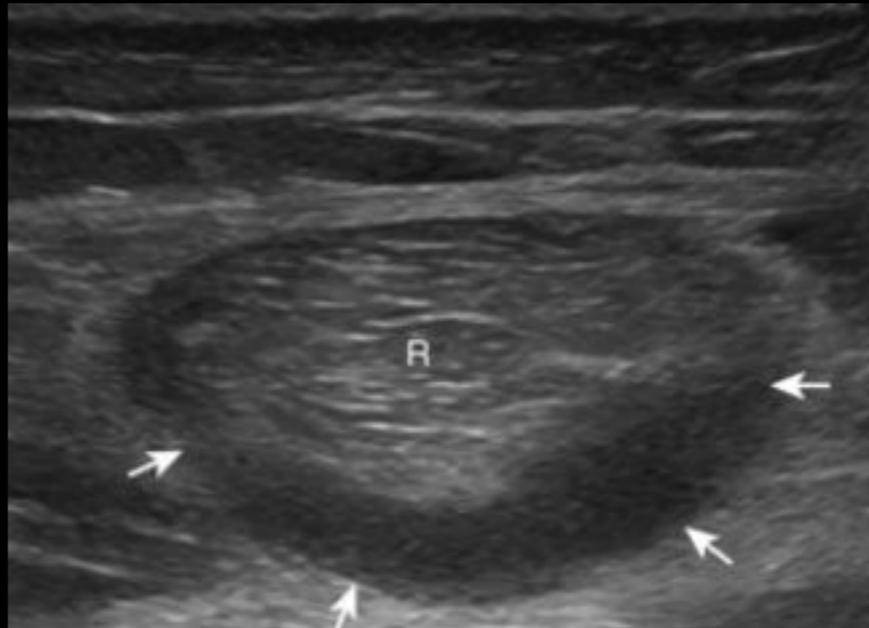
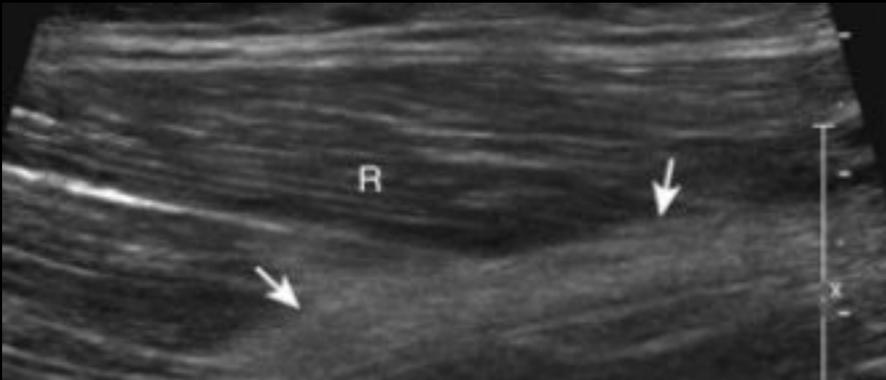
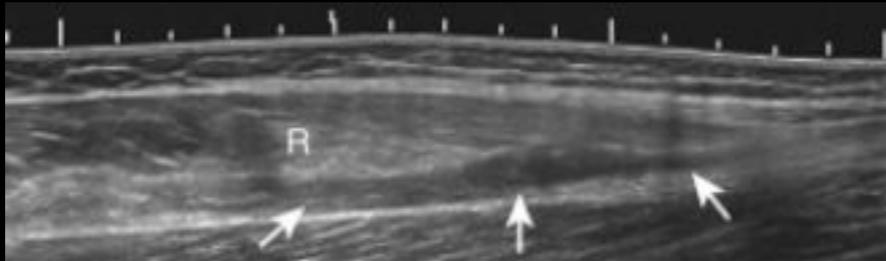


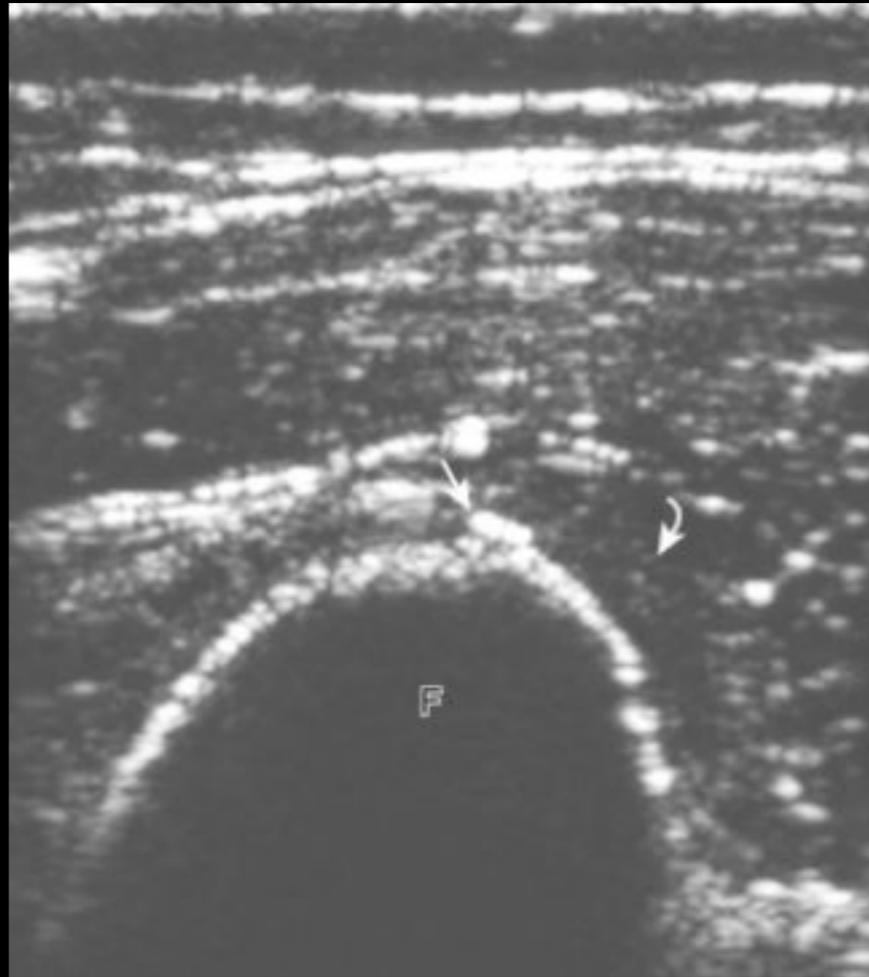
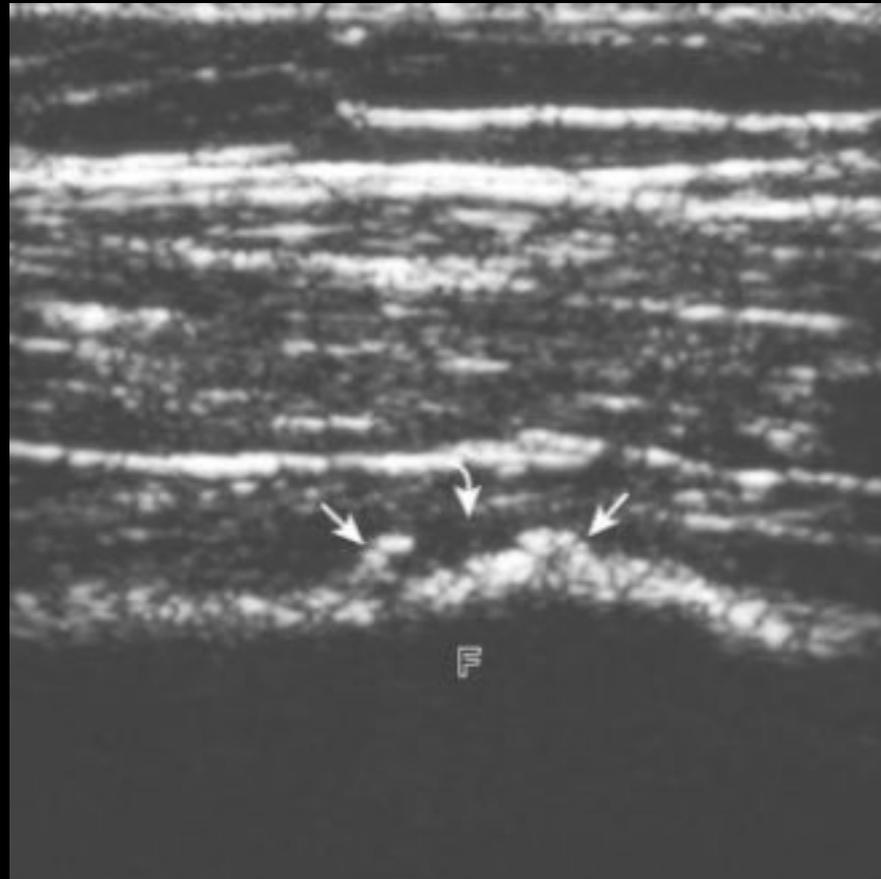










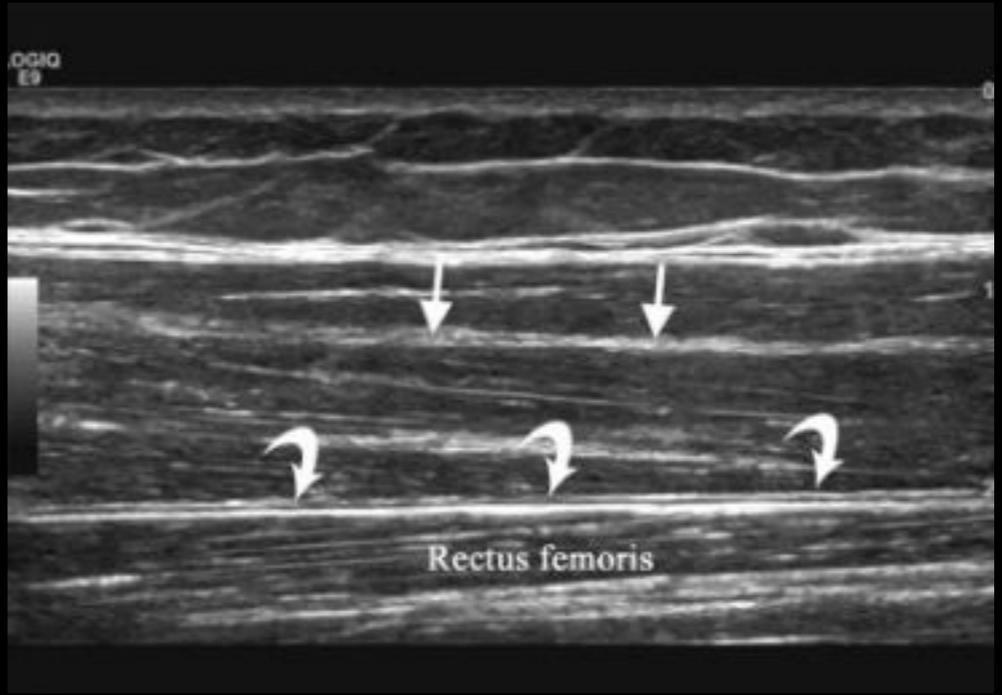
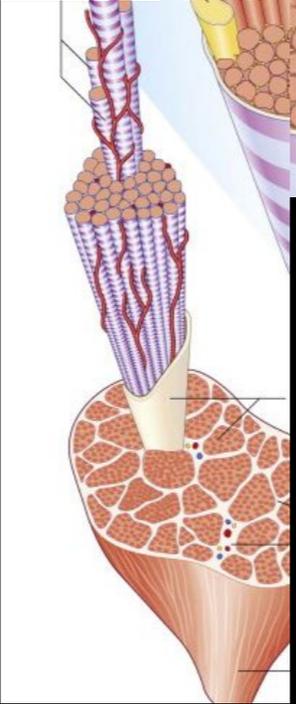
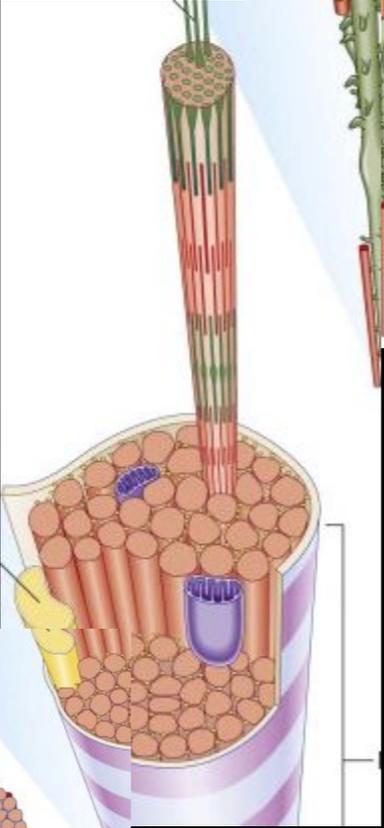
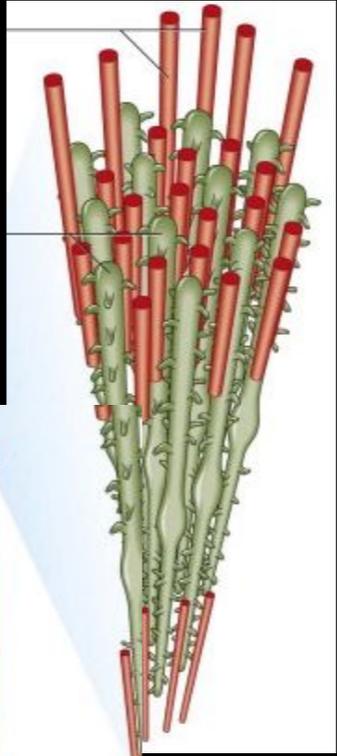
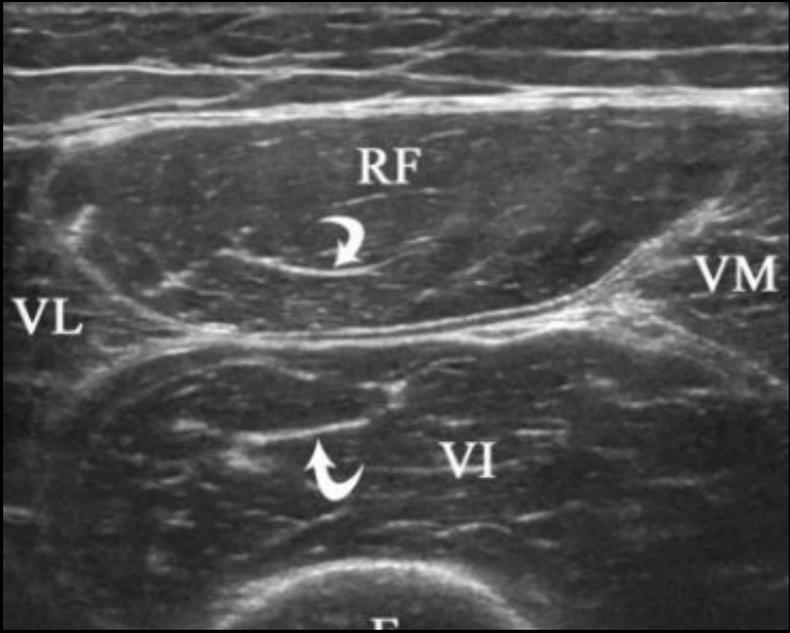


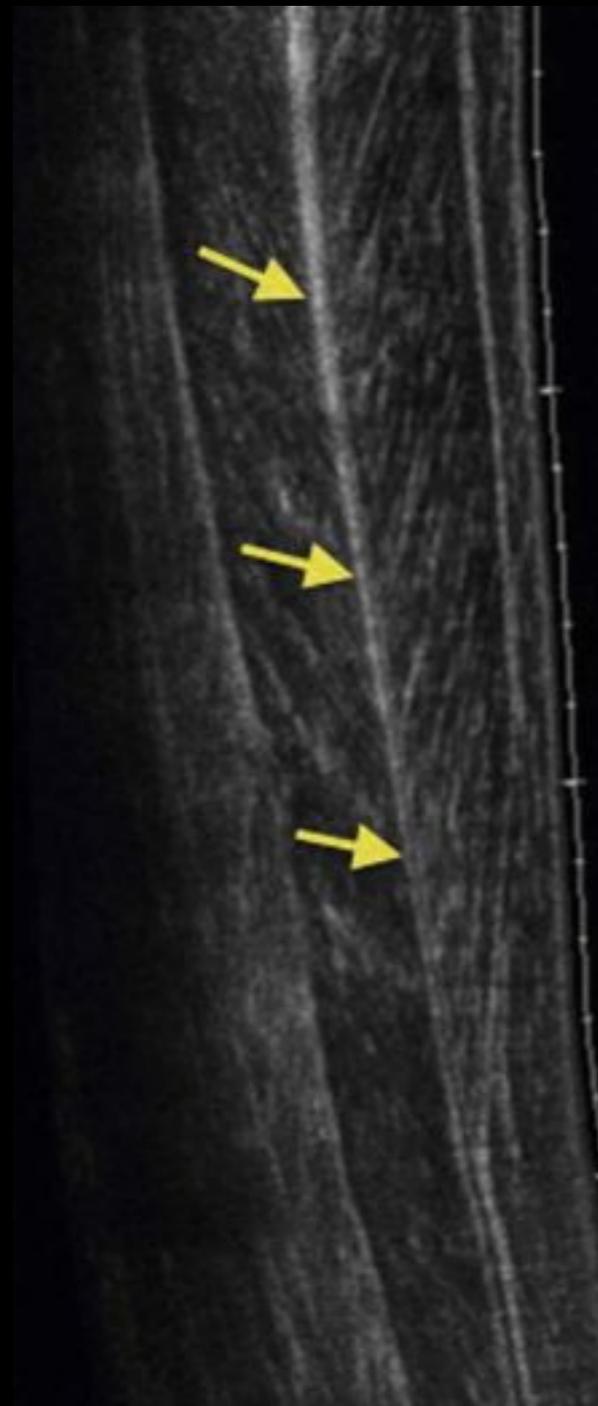
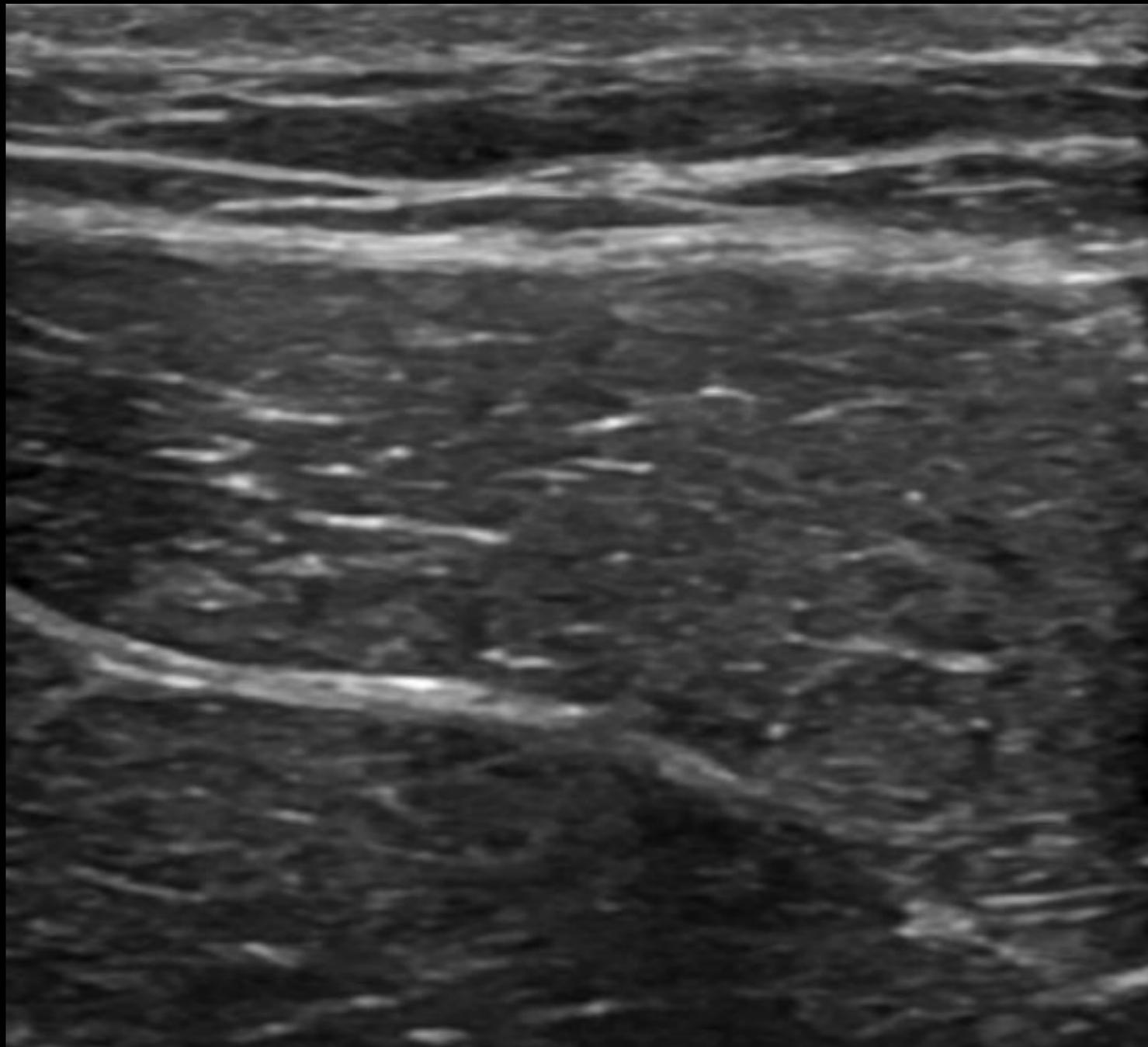
Jacobson JA, Jamadar DA, et al: Sonographic findings of adductor insertion avulsion syndrome with magnetic resonance imaging correlation. *J Ultrasound Med* 22:403–407, 2003. Reproduced with permission from the American Institute of Ultrasound in Medicine.

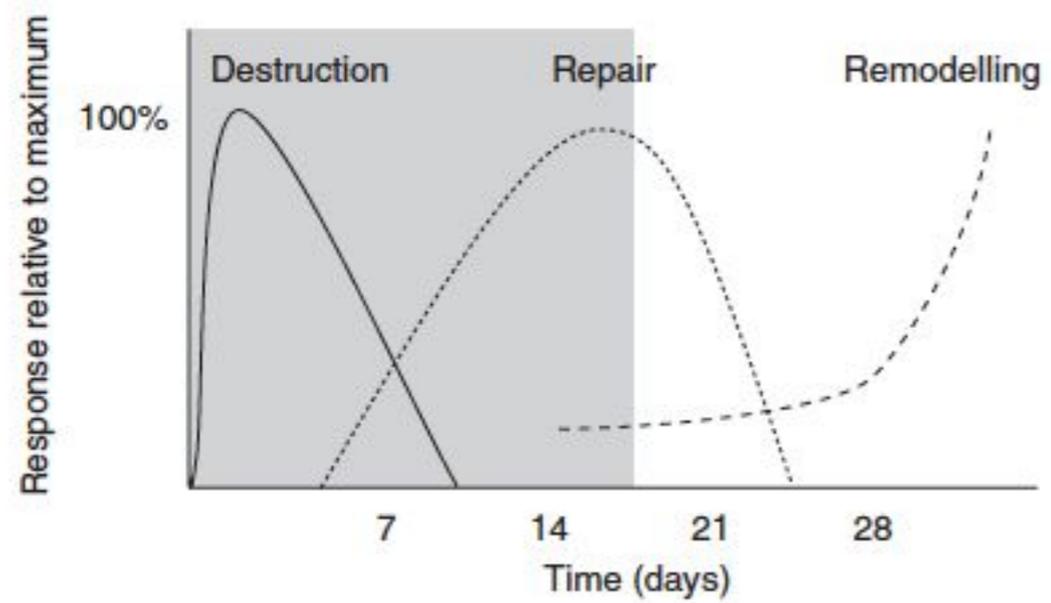


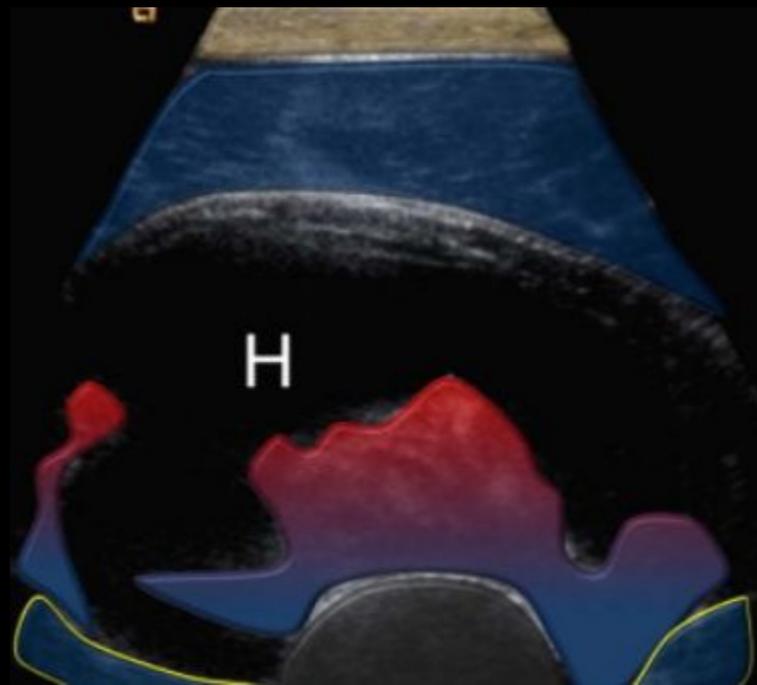
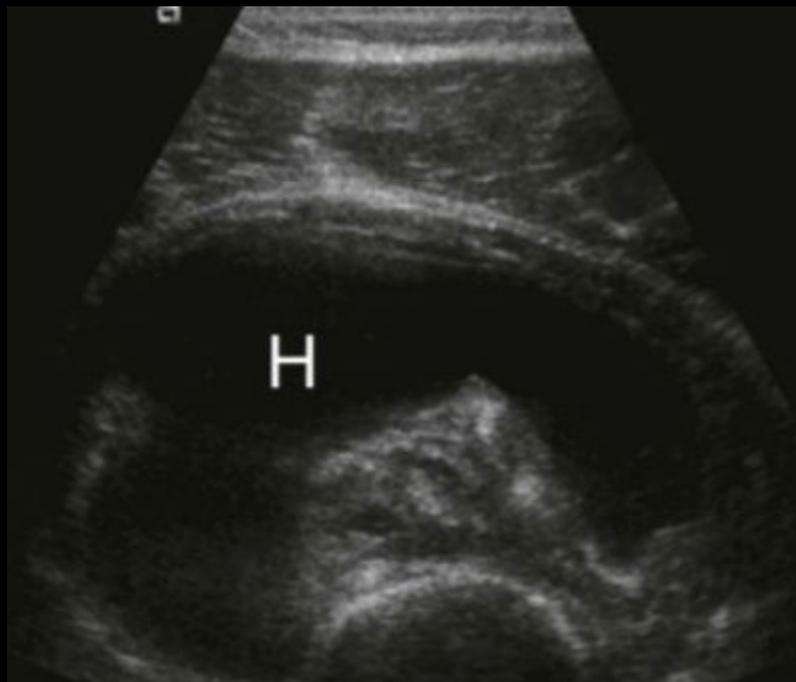
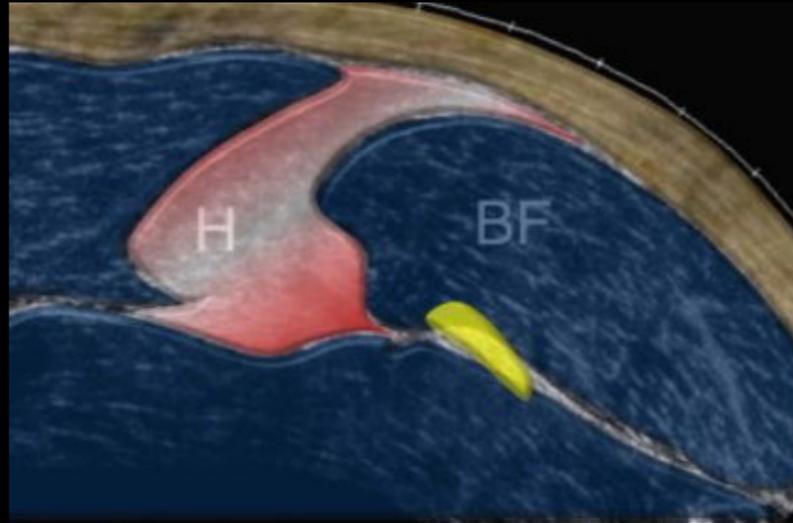
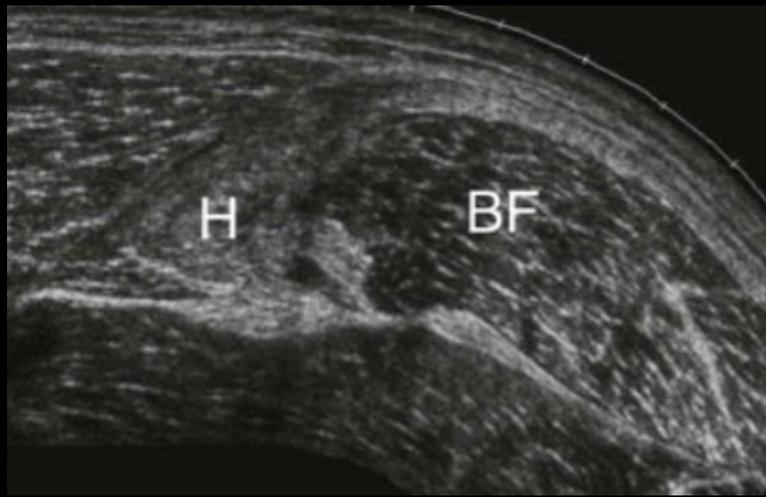


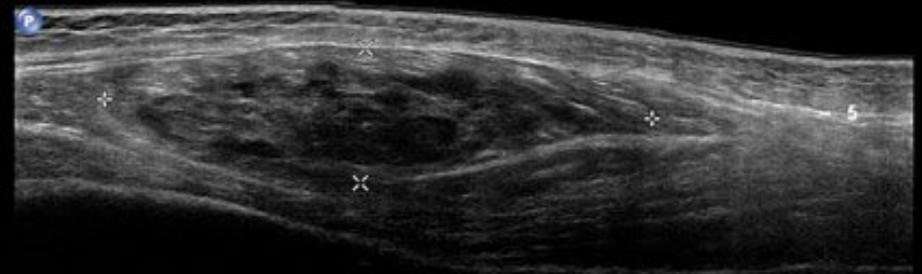
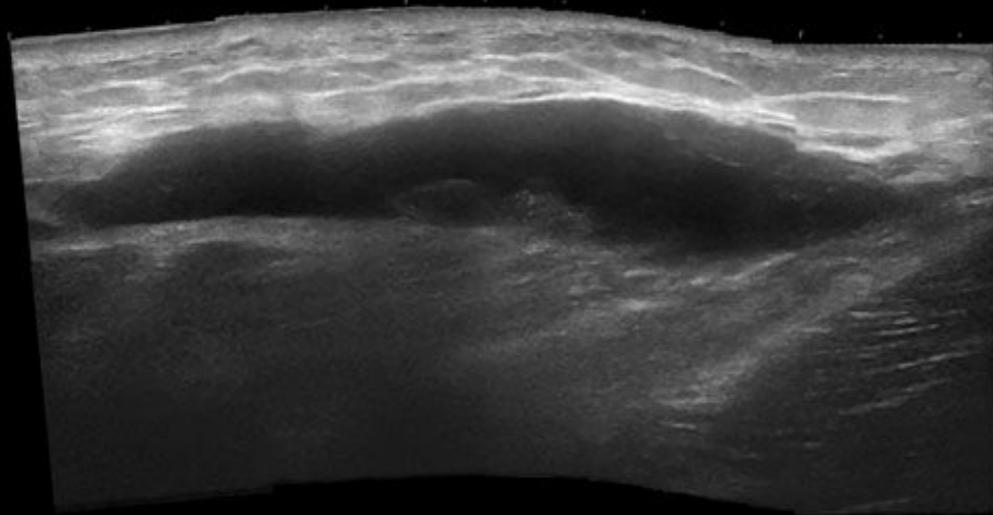










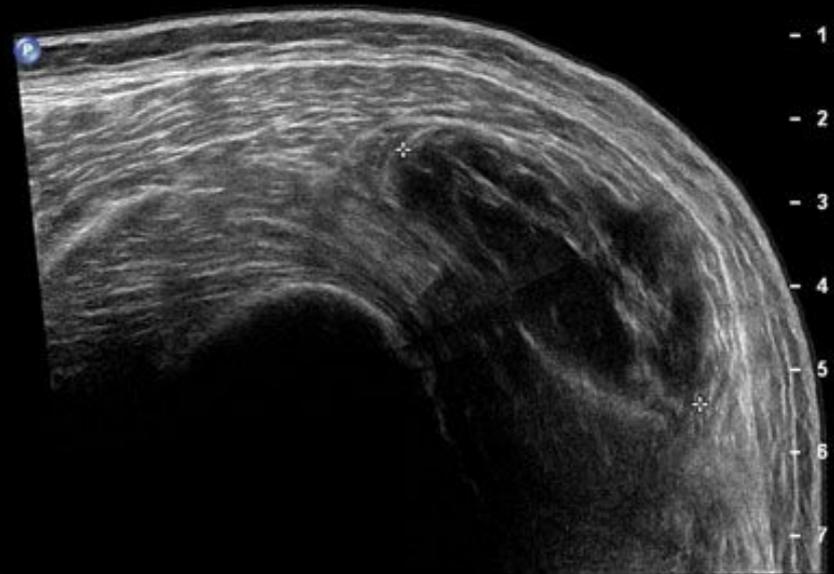


◆ Dist 9.98 cm  
∴ Dist 2.47 cm

- 10

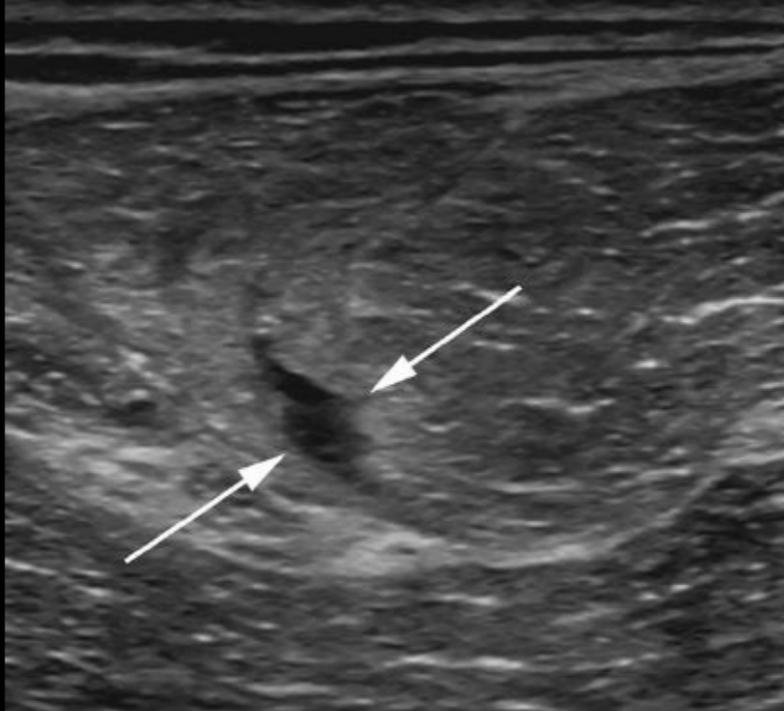
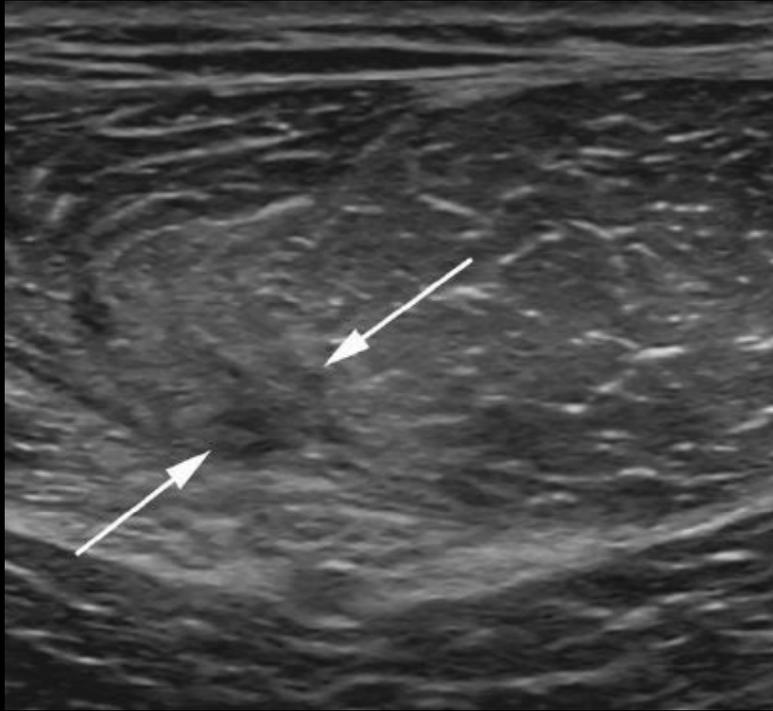
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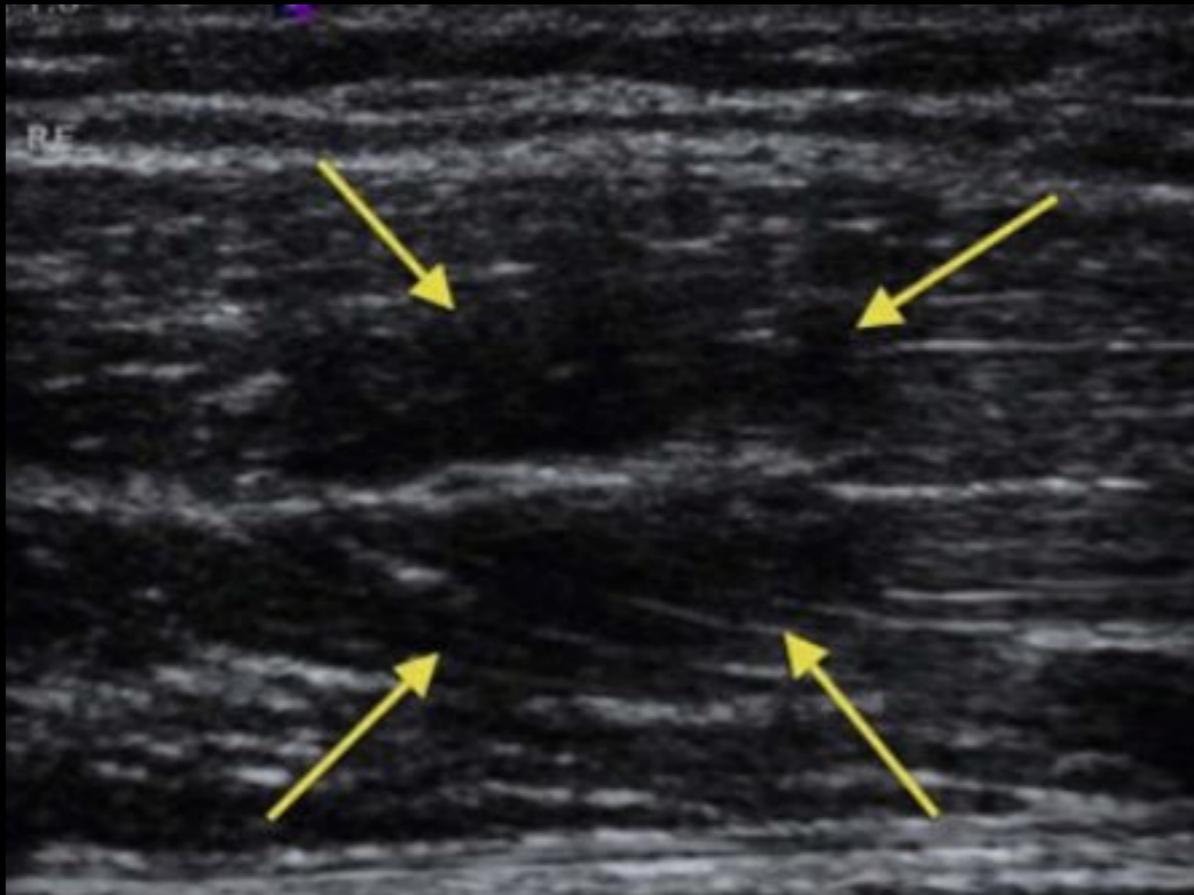
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C 54  
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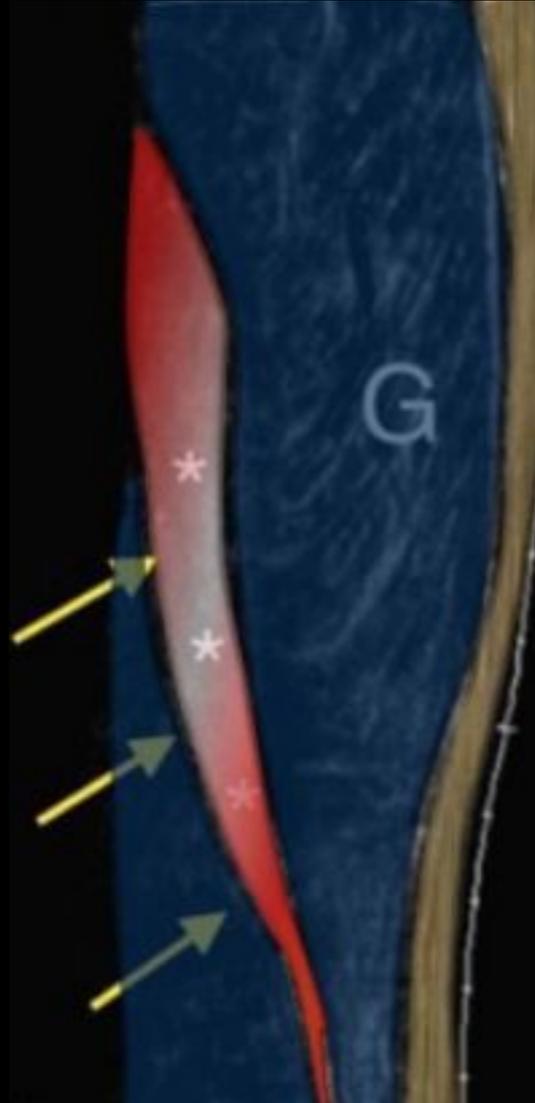
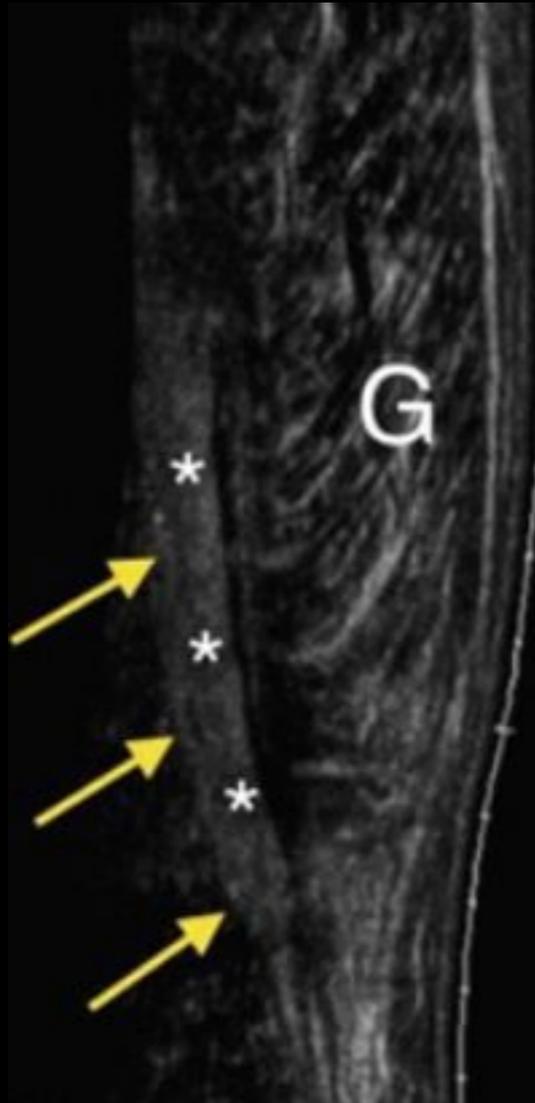


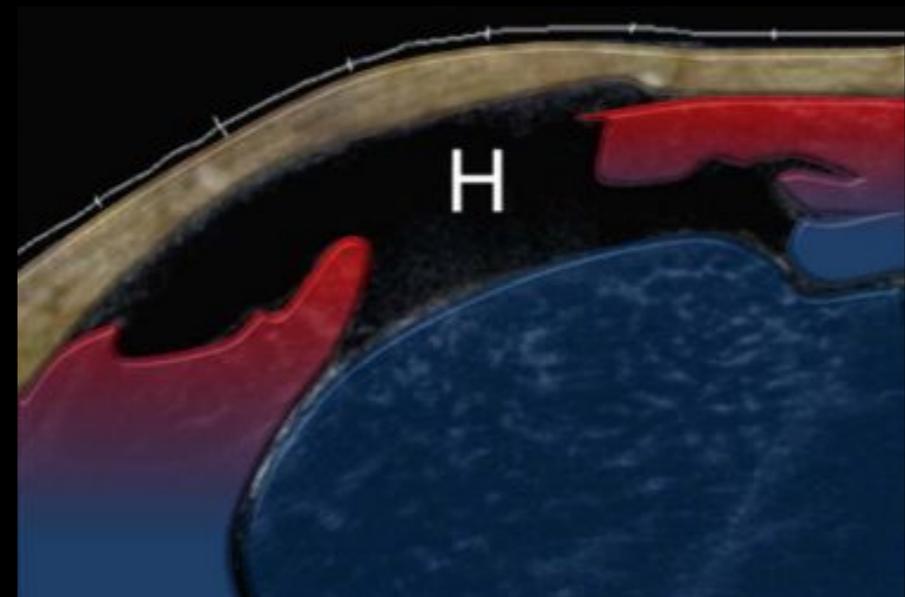
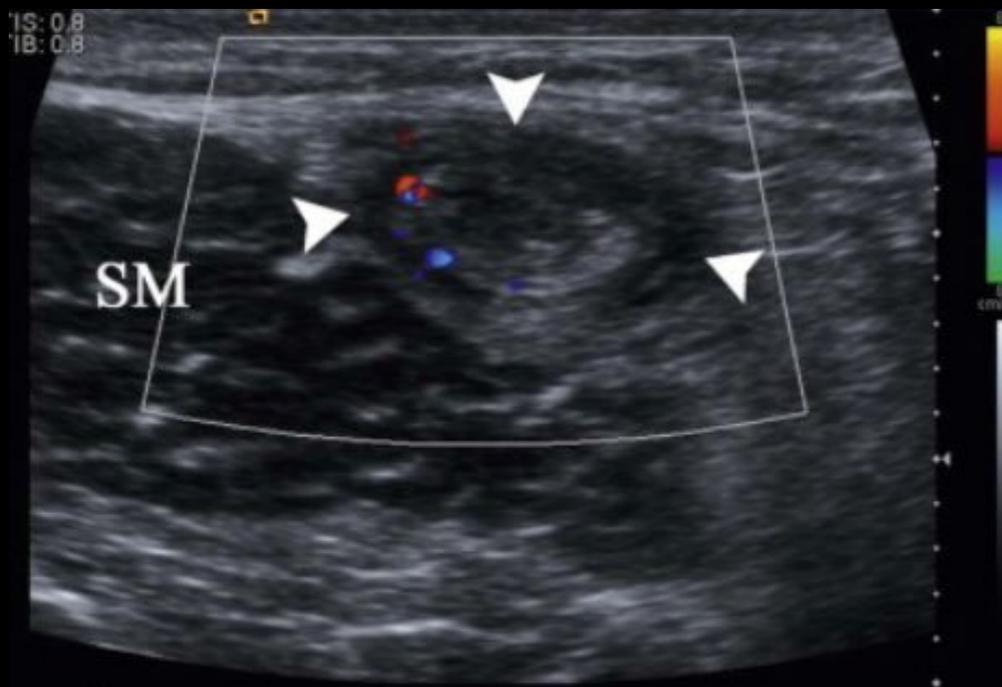
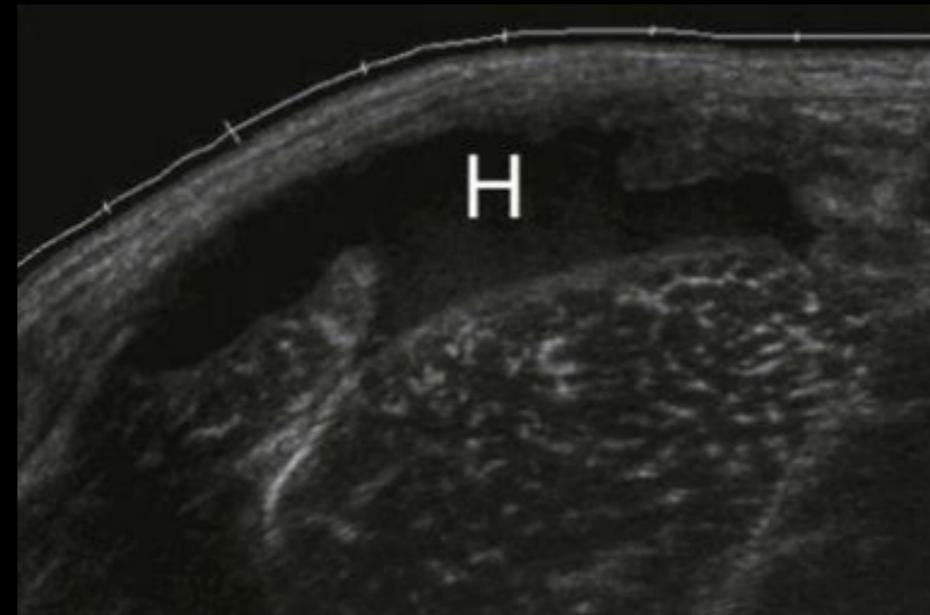
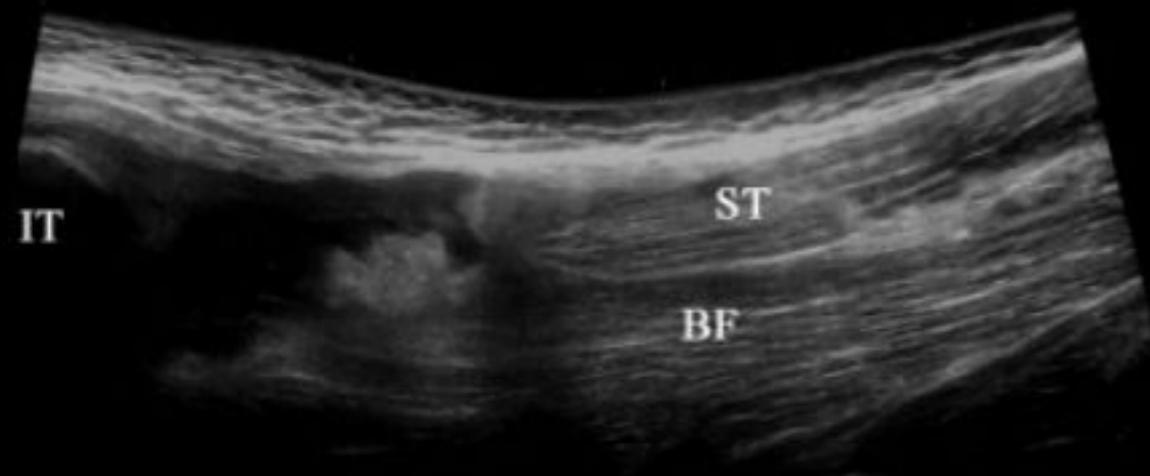
◆ Dist 4.67 cm

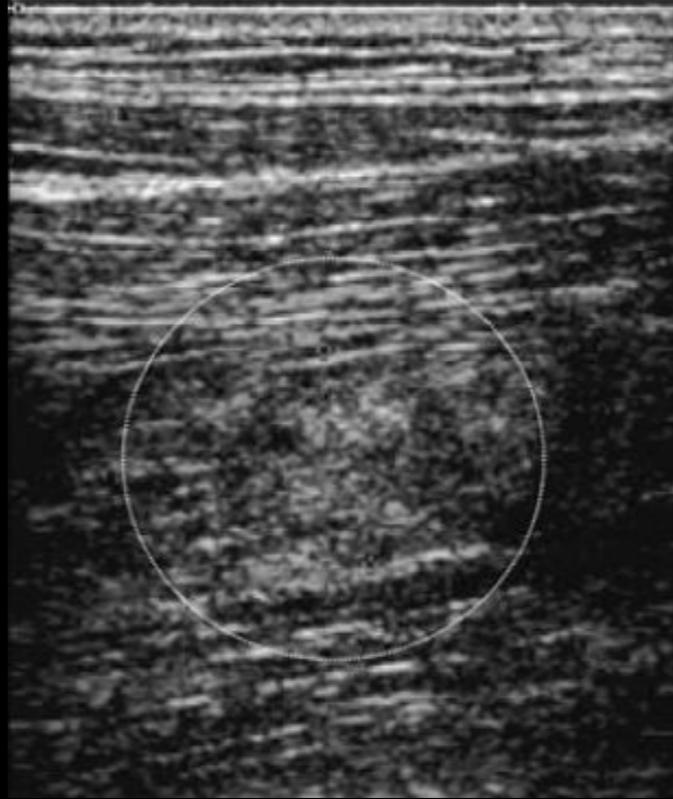
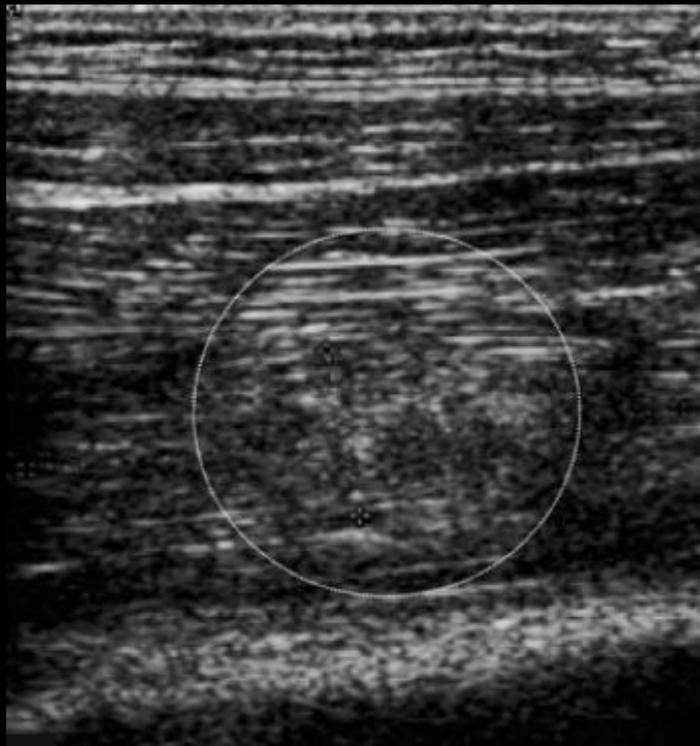
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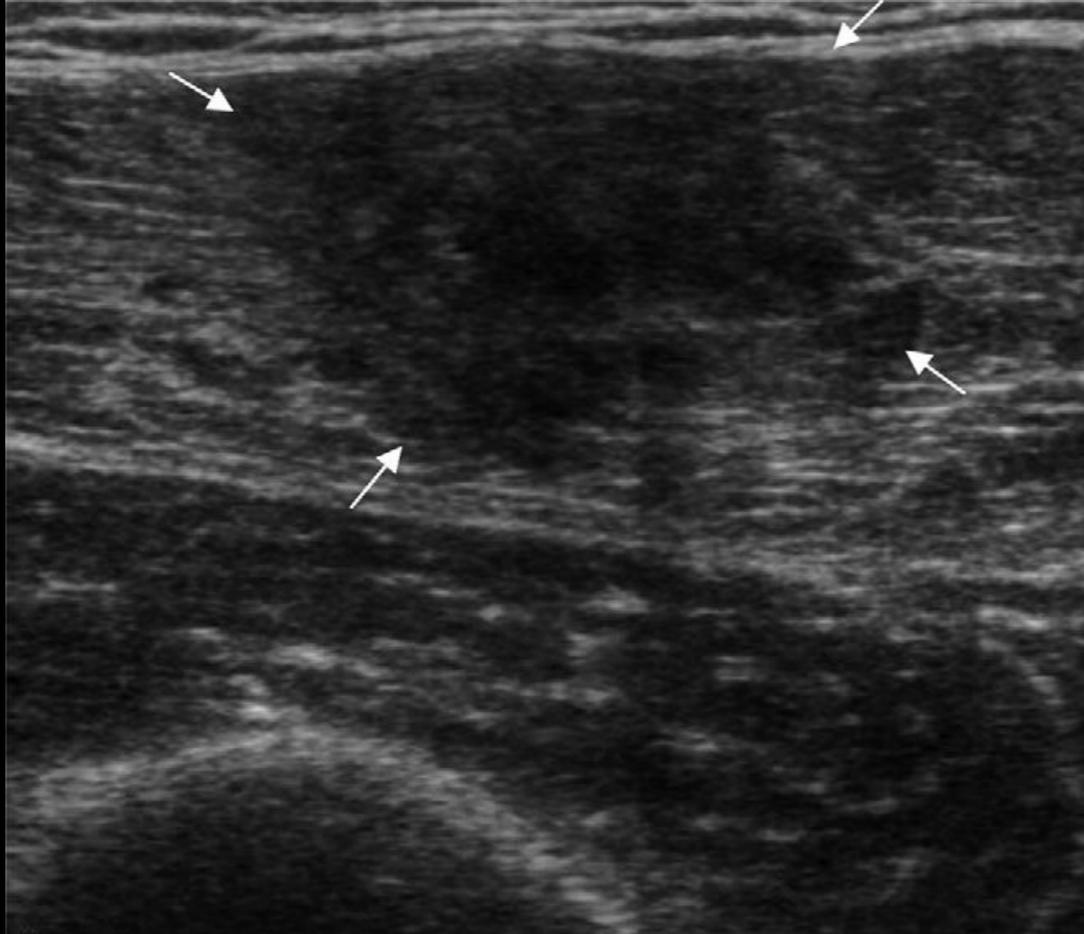


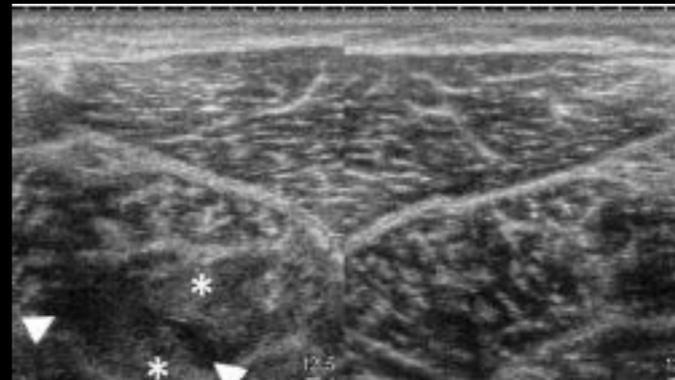
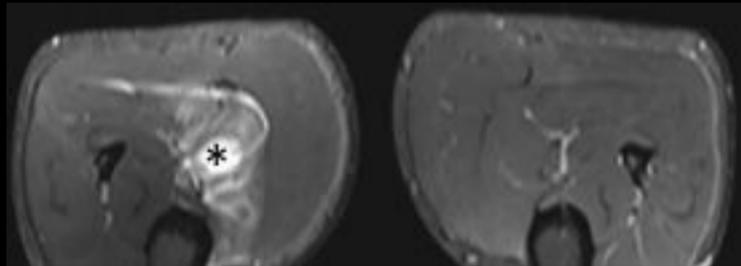
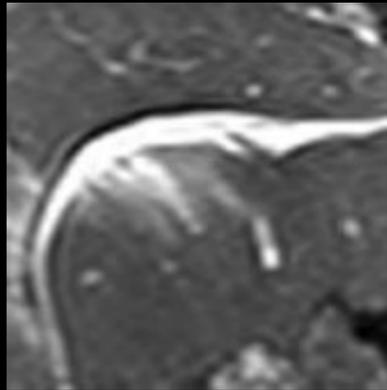
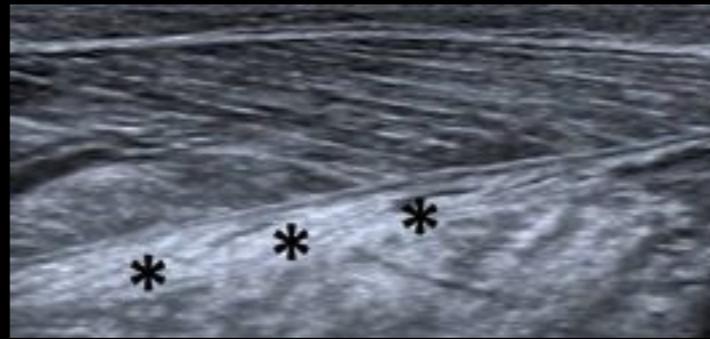
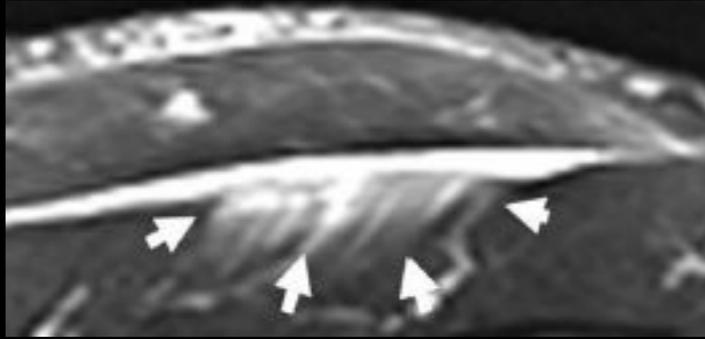


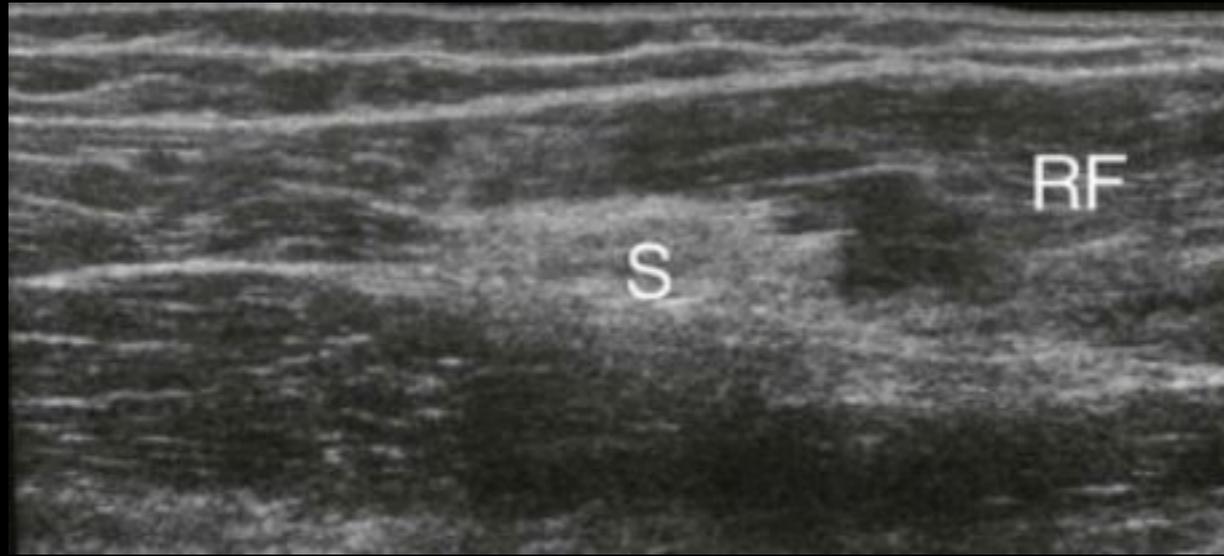


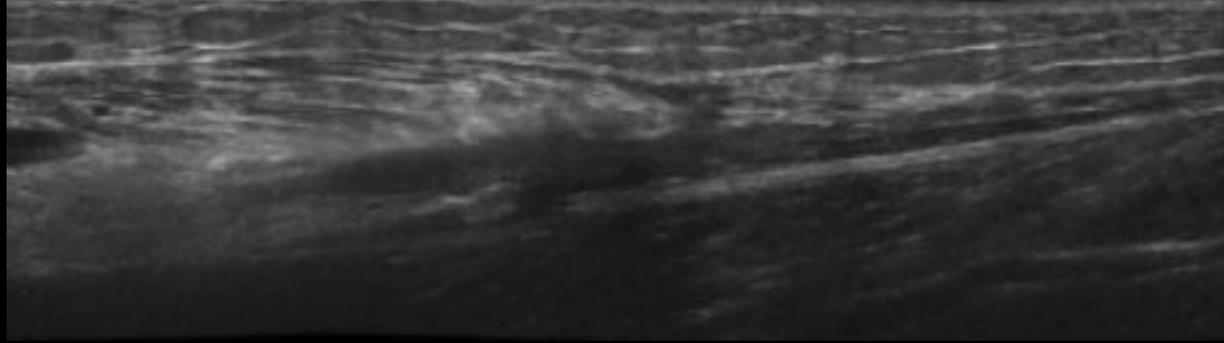


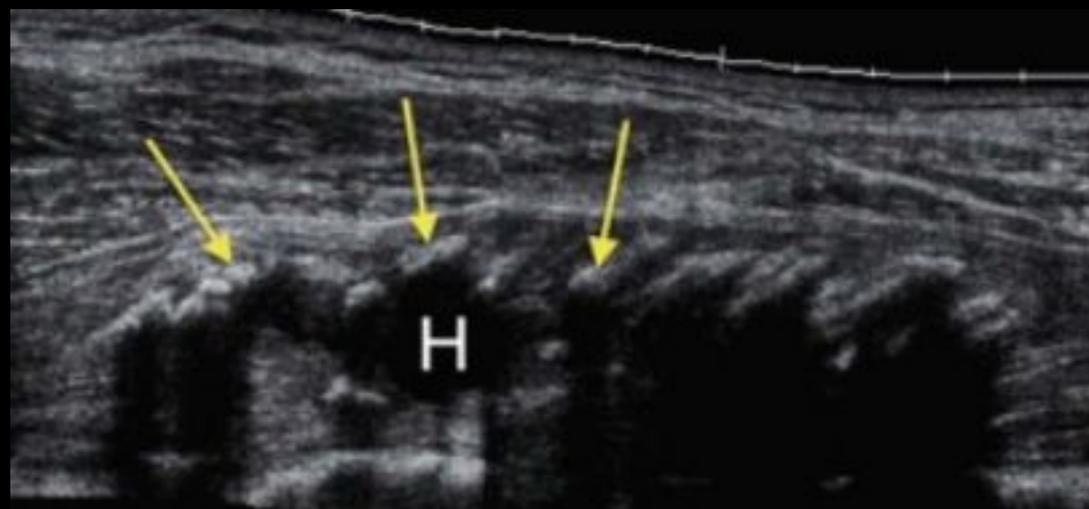
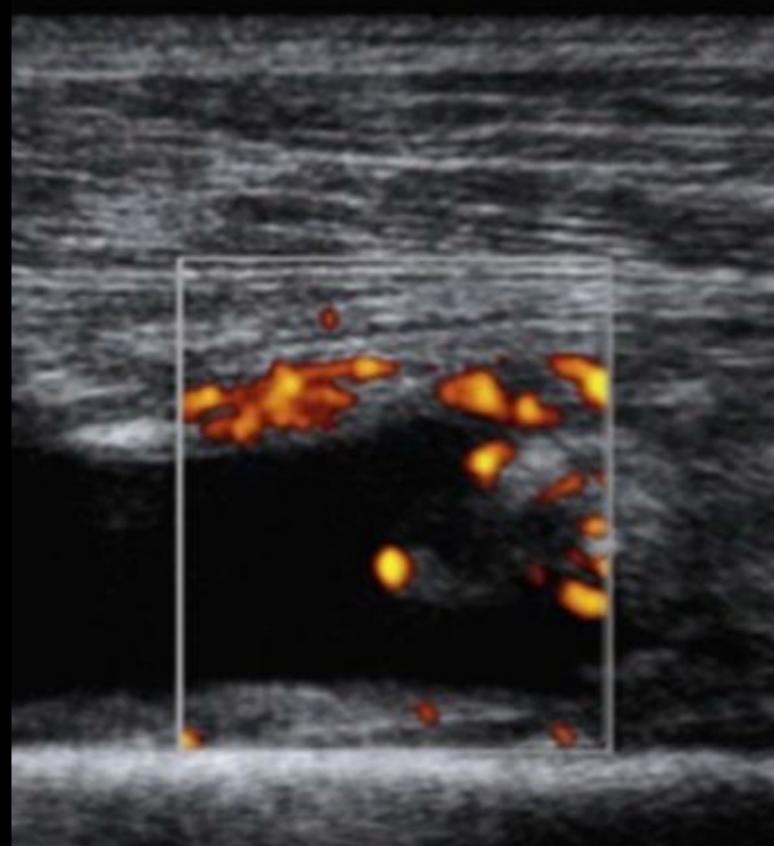
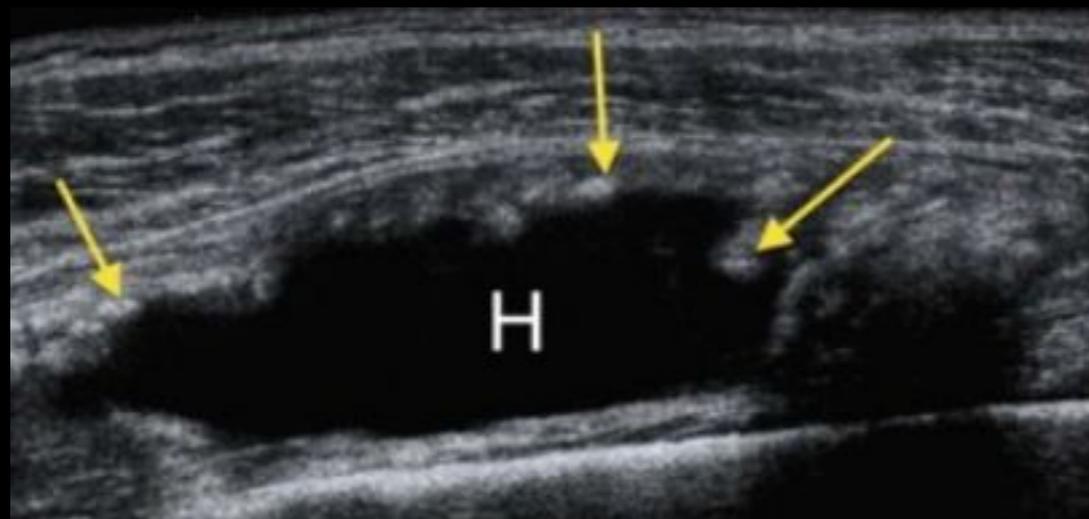


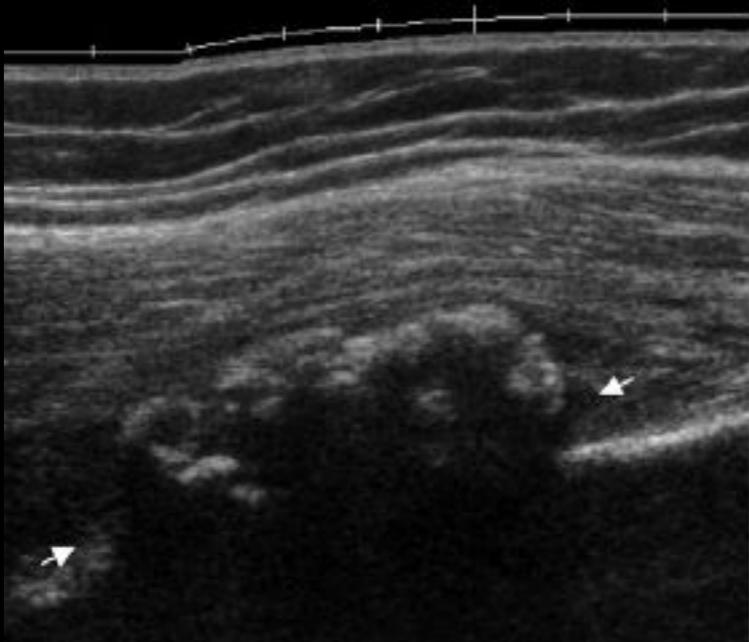


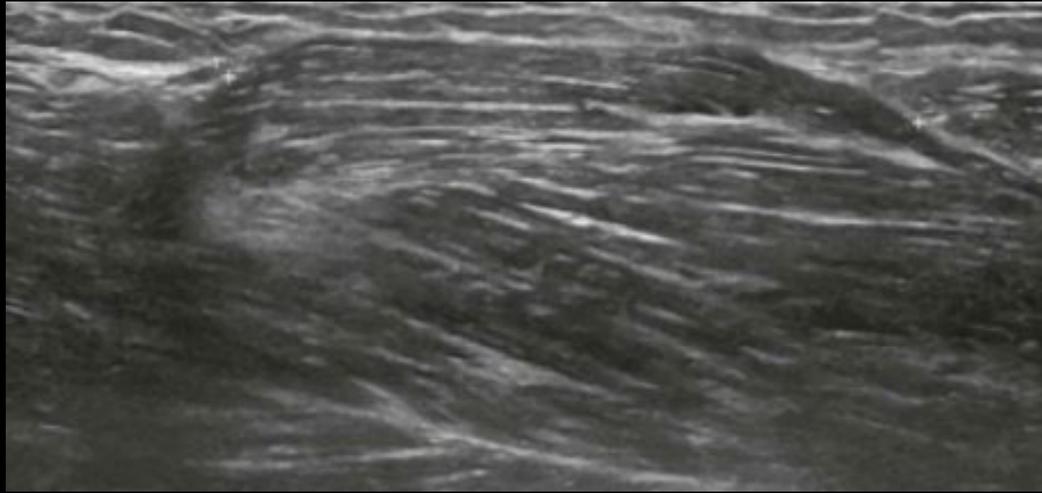


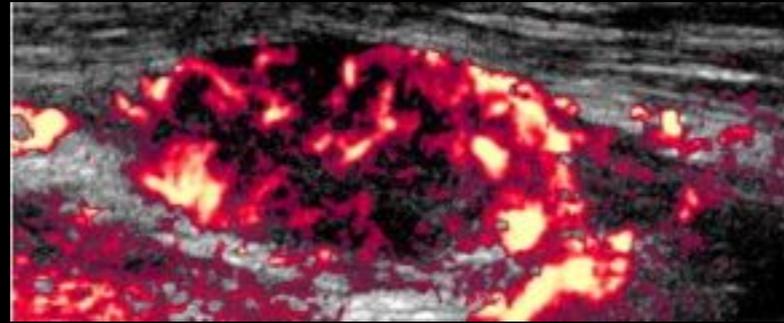
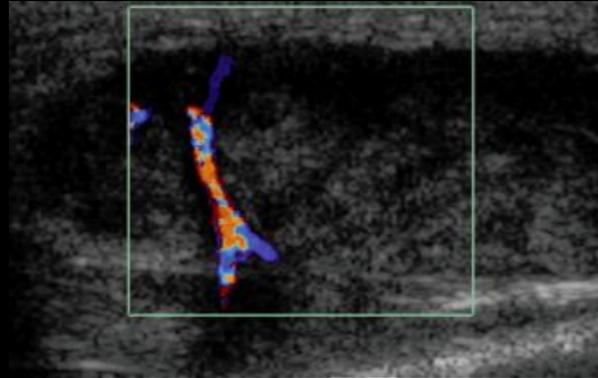
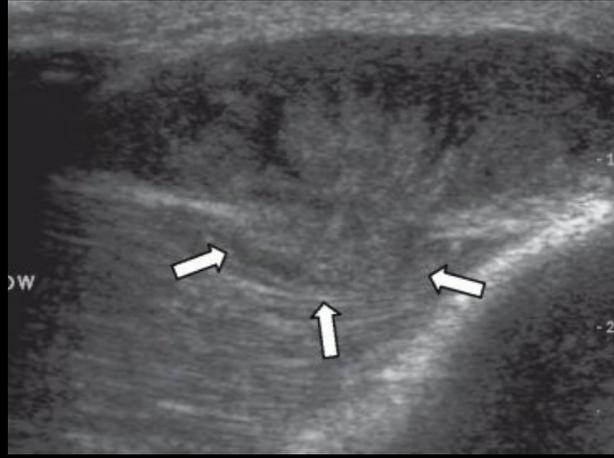


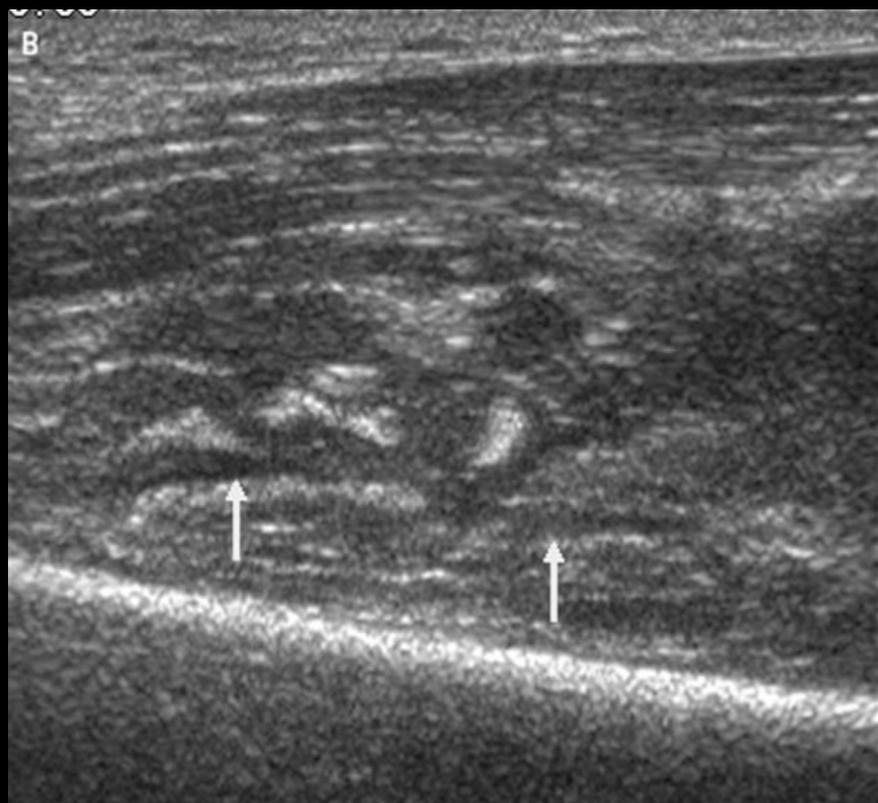


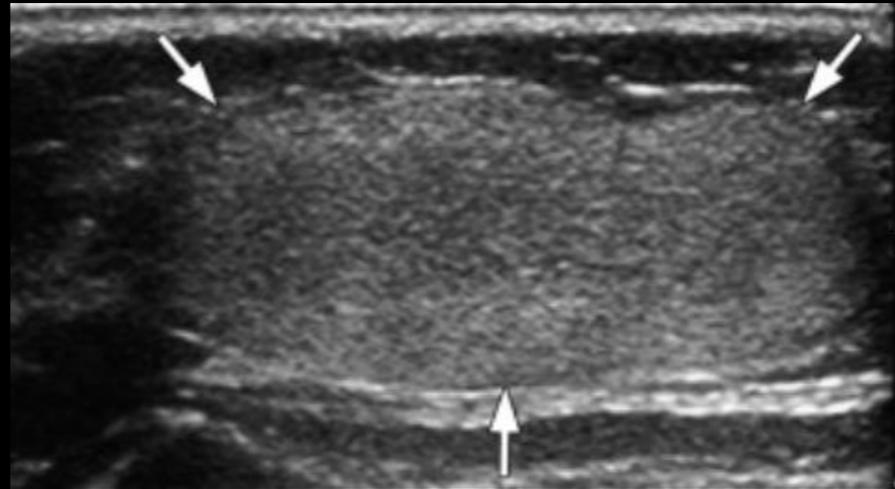
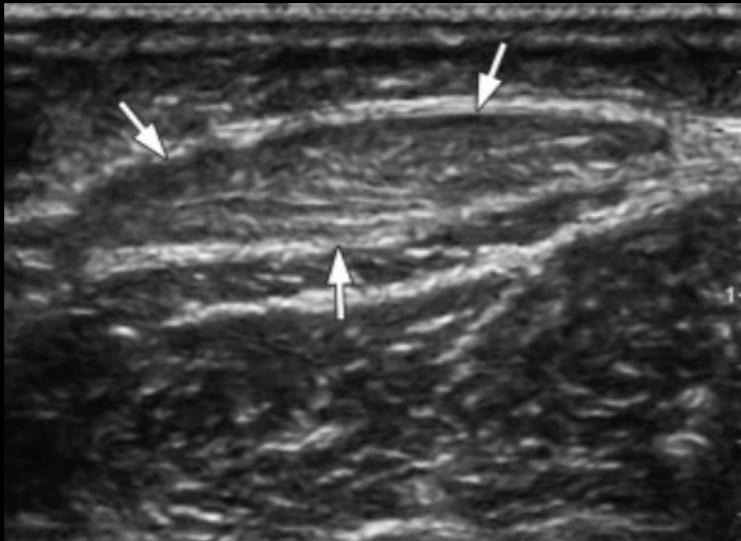
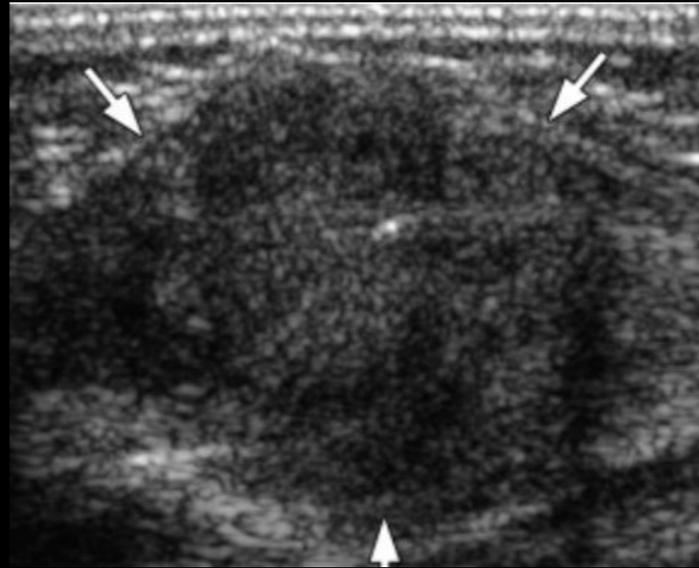
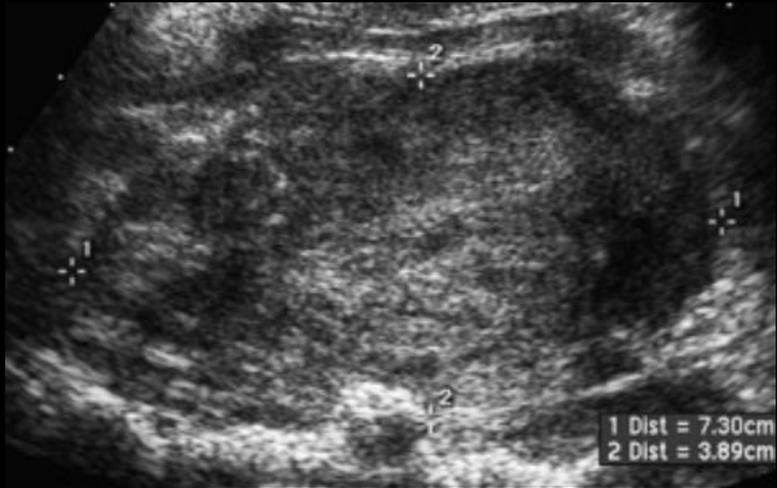


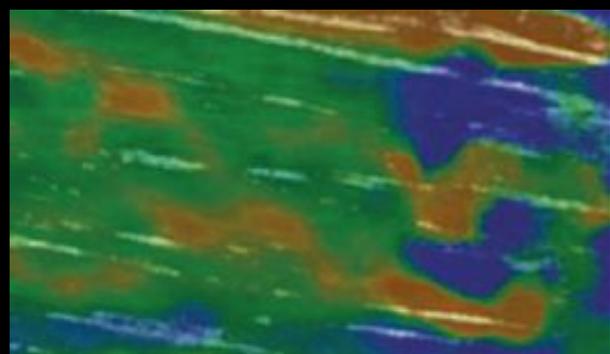
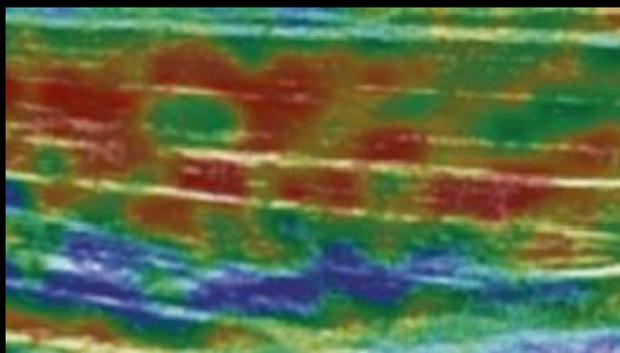
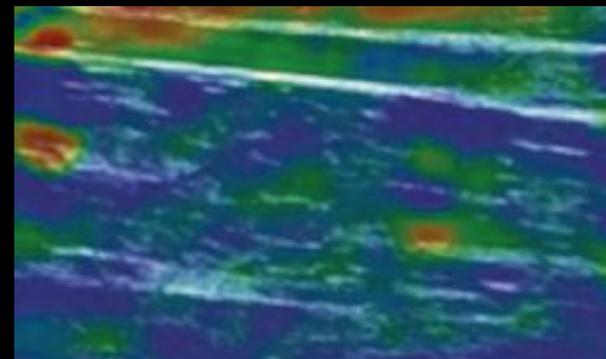
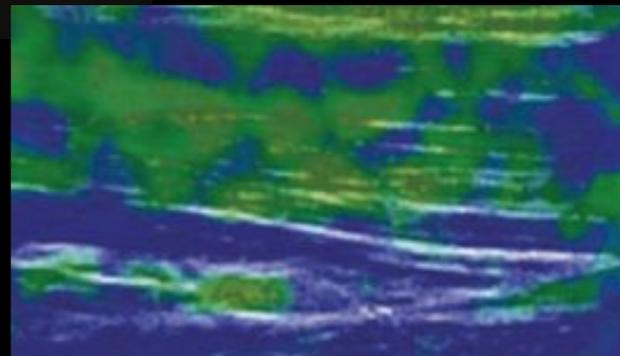
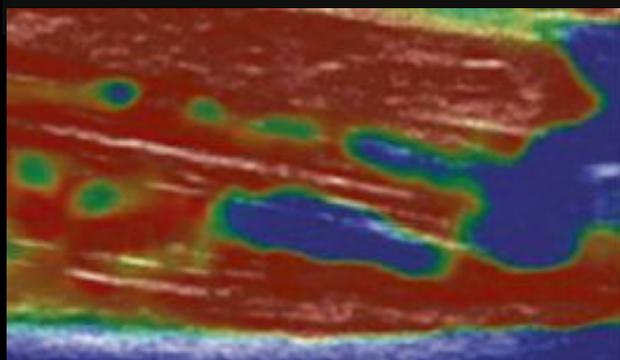
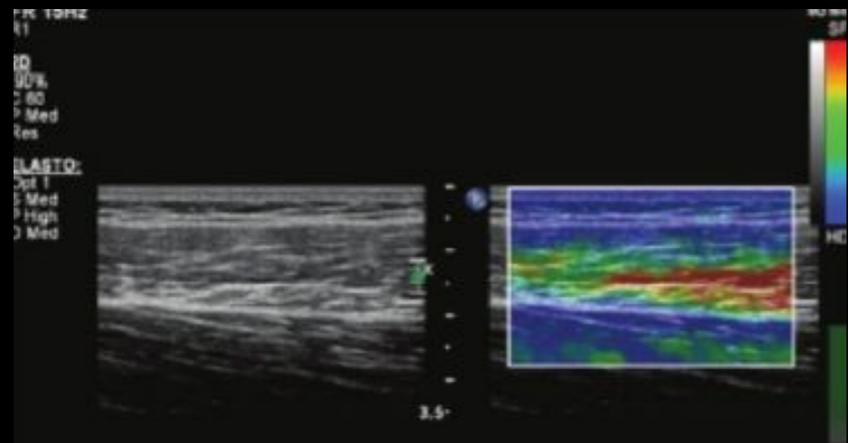


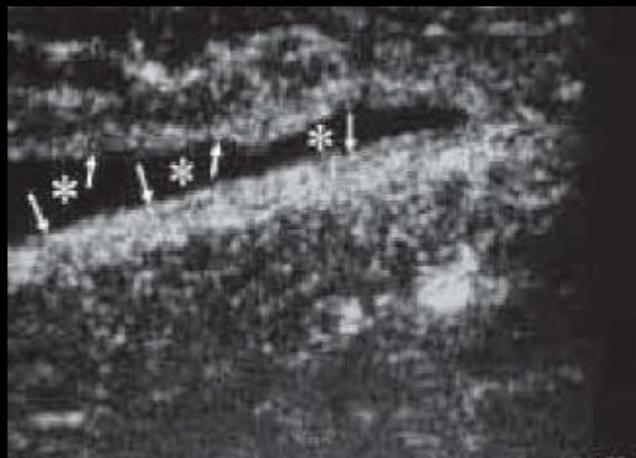
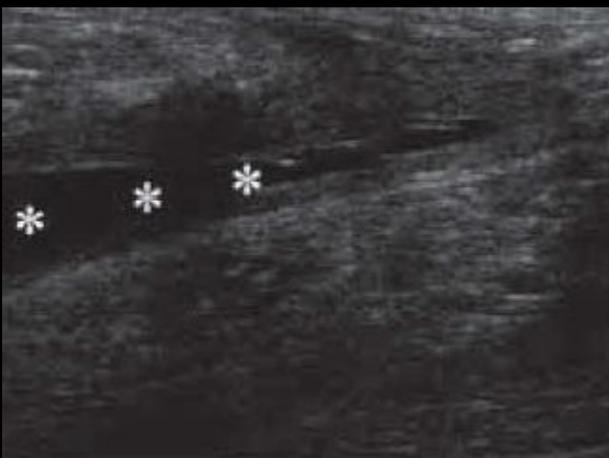
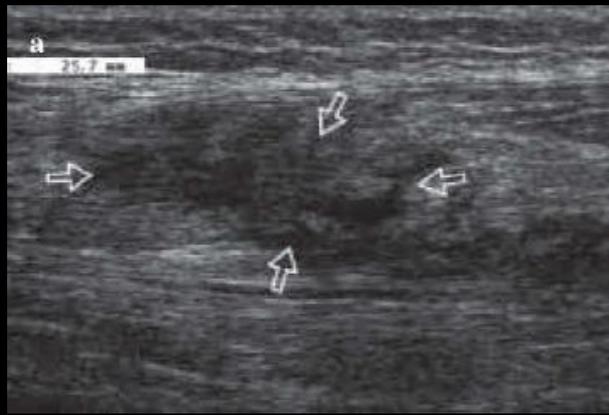






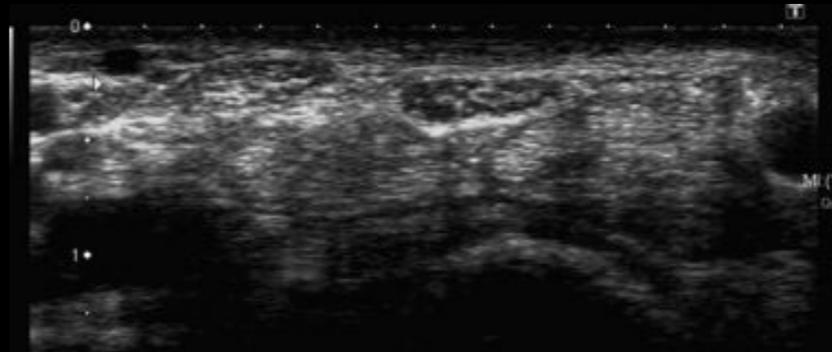


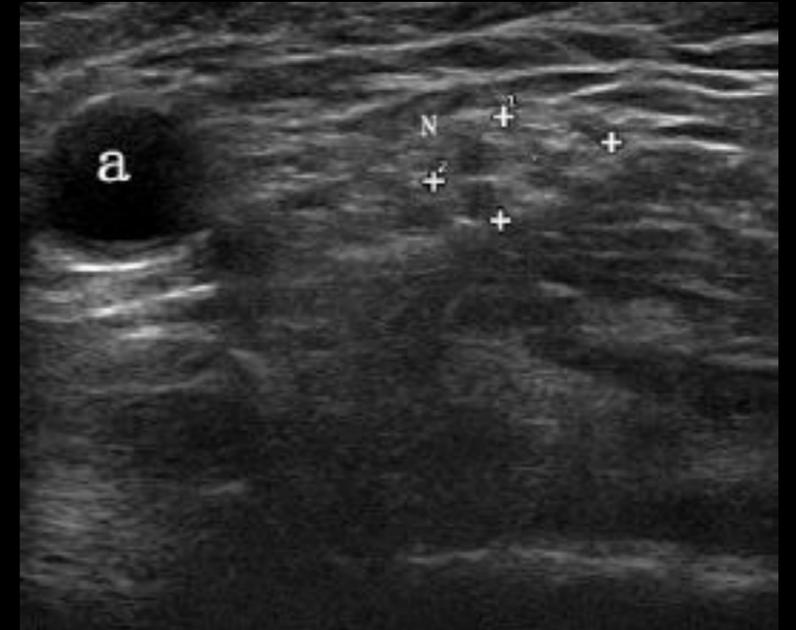
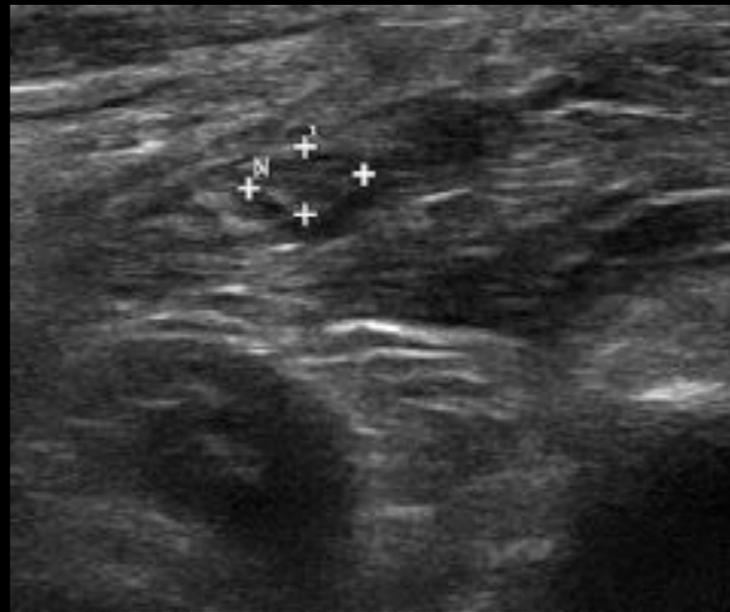


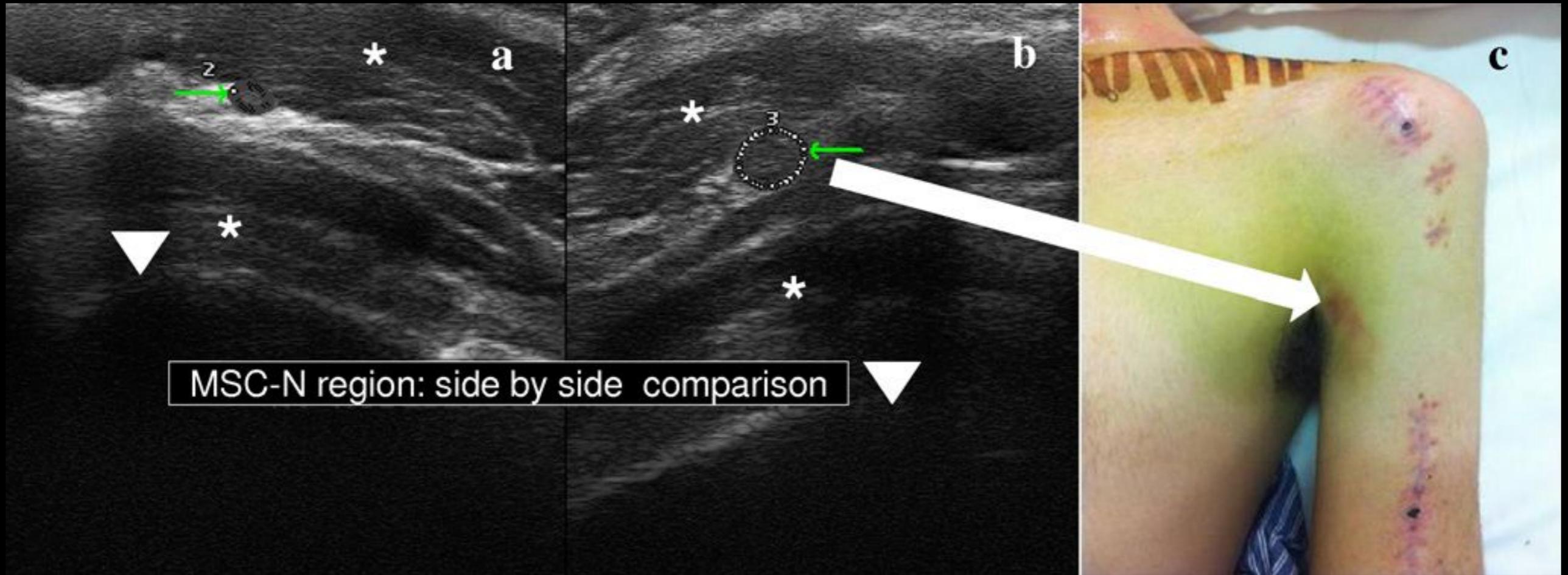


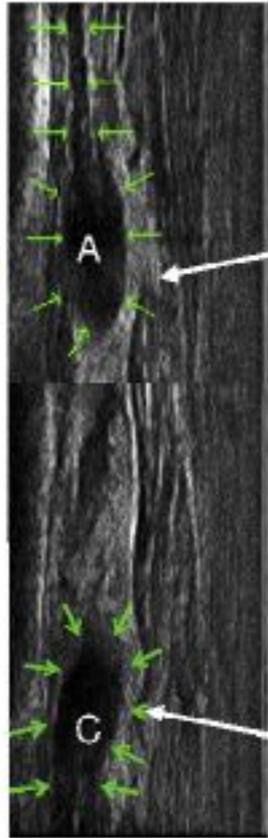
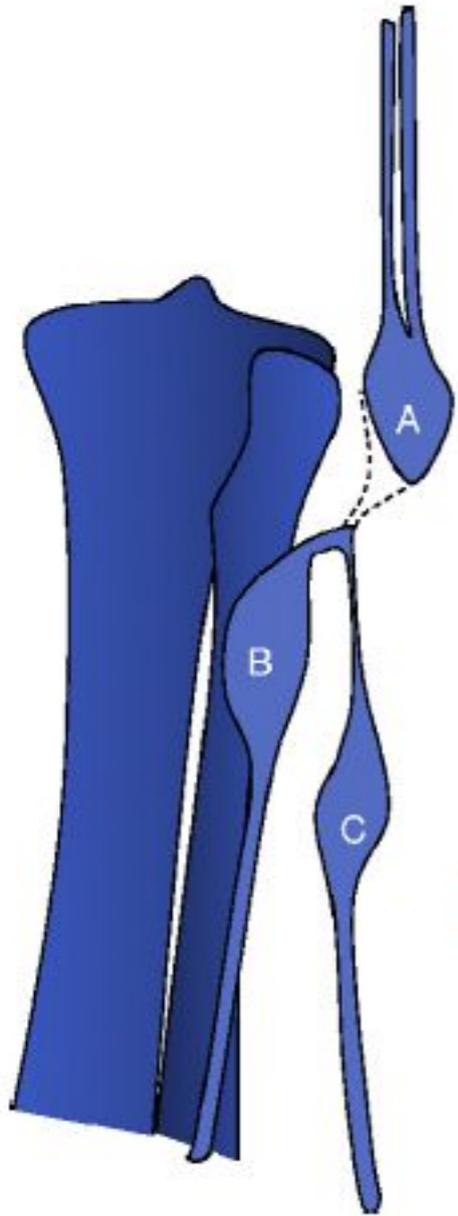
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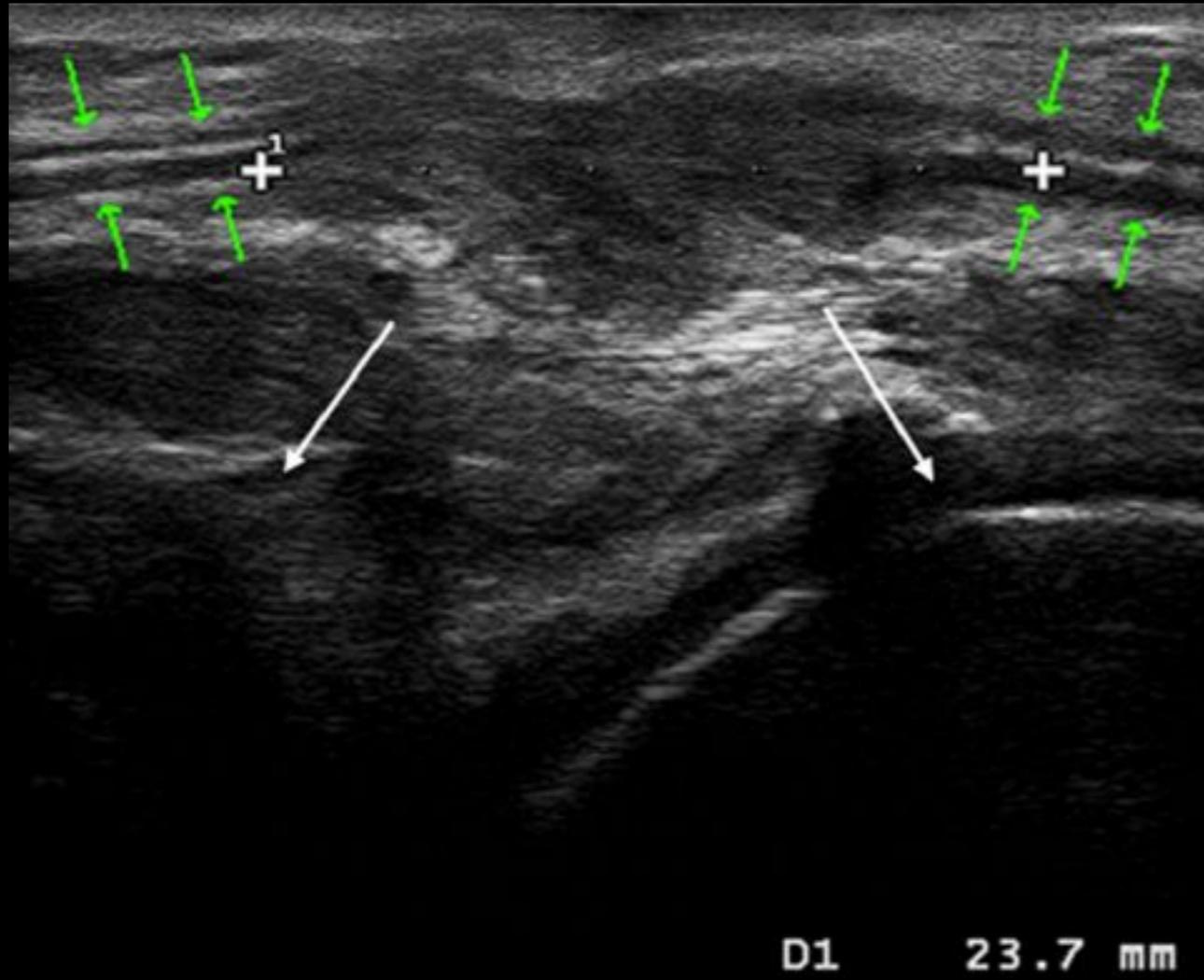


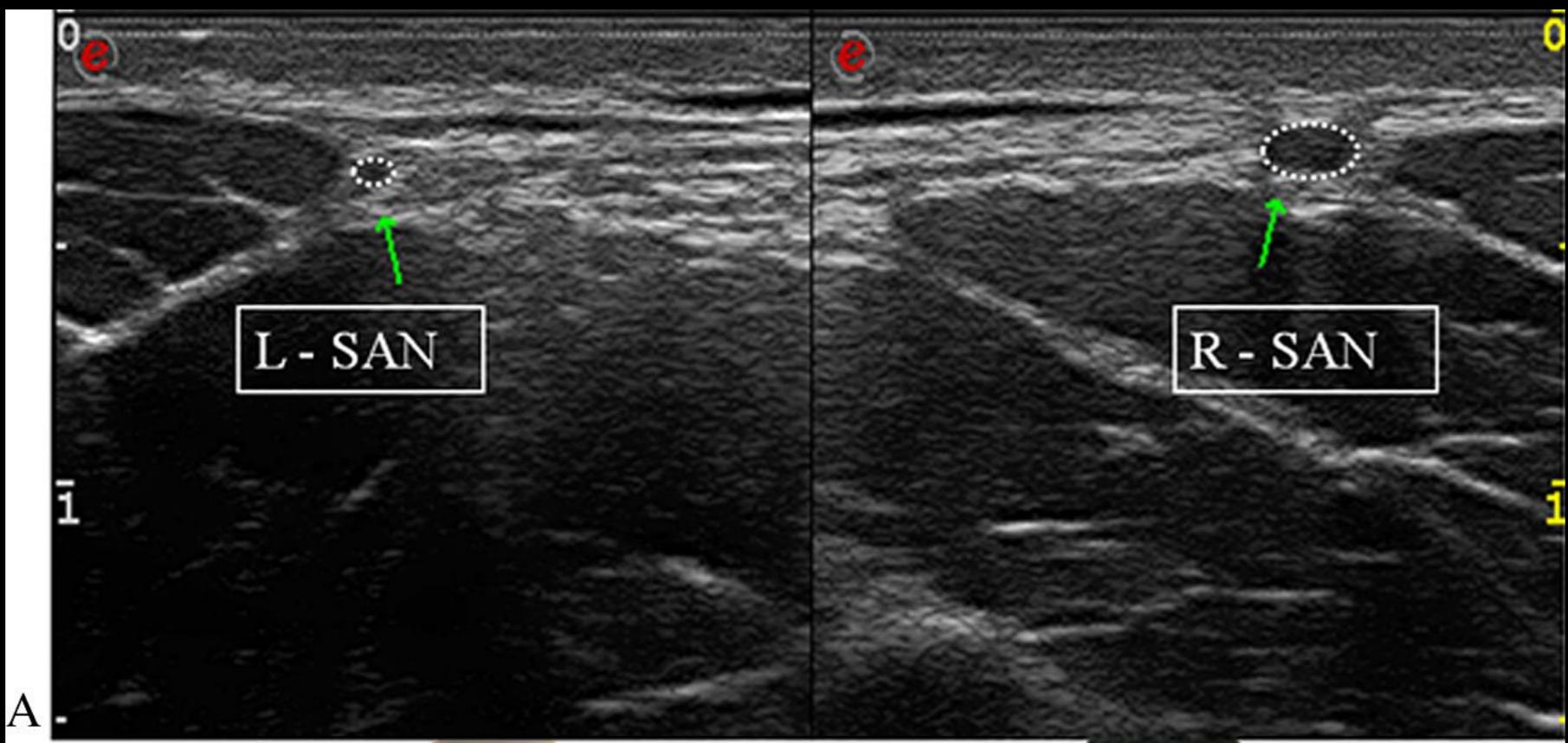


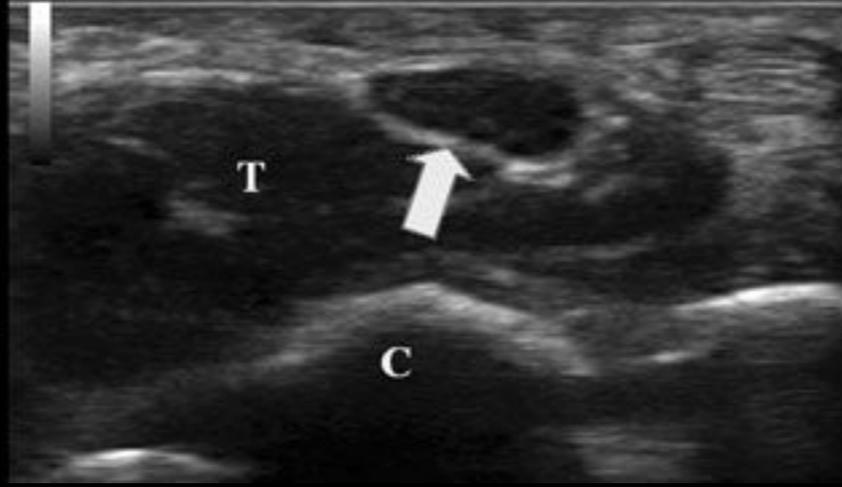
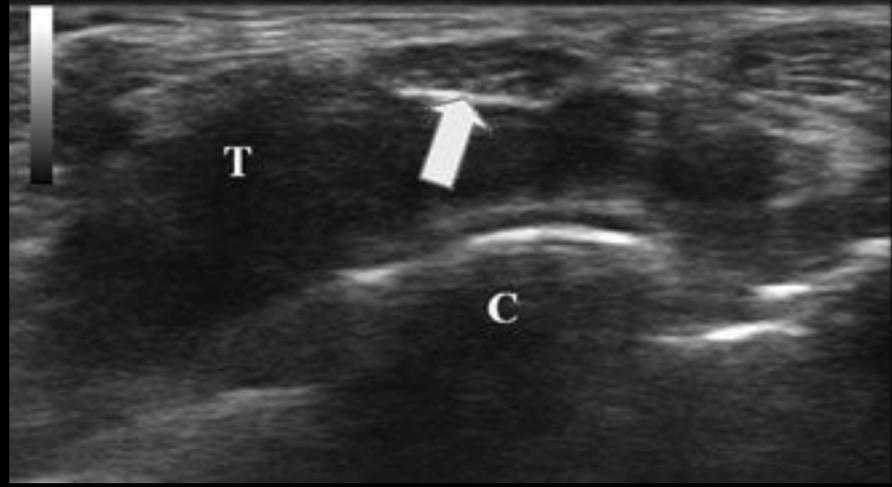








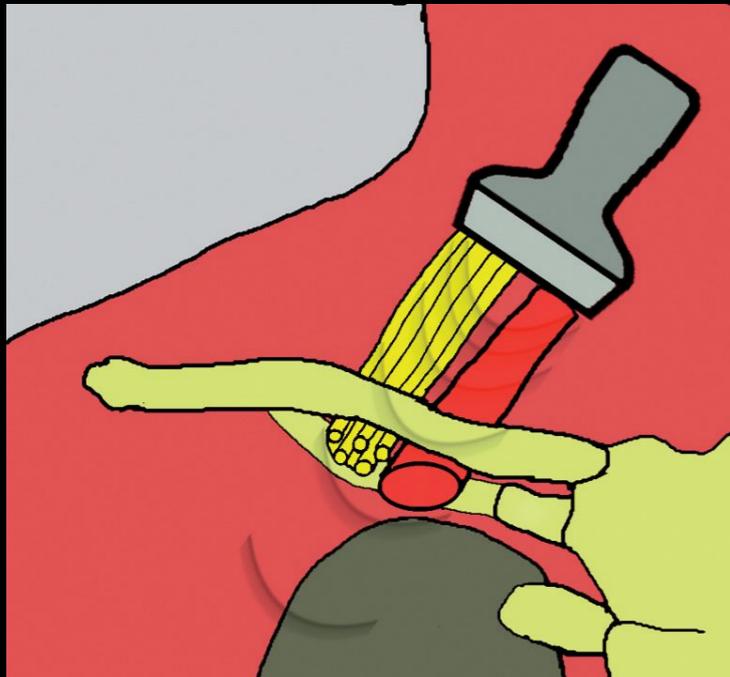
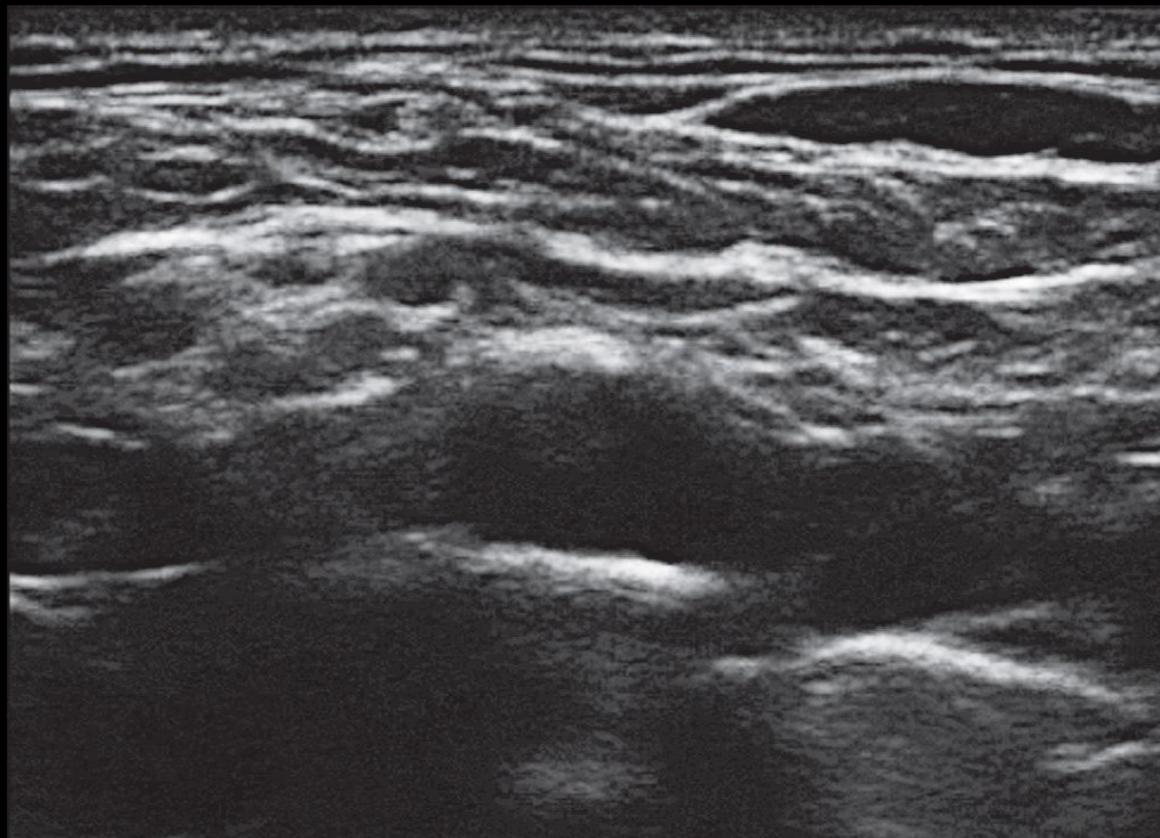




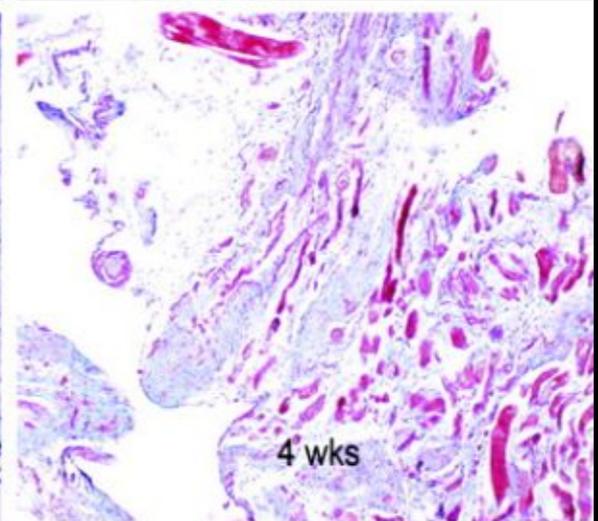
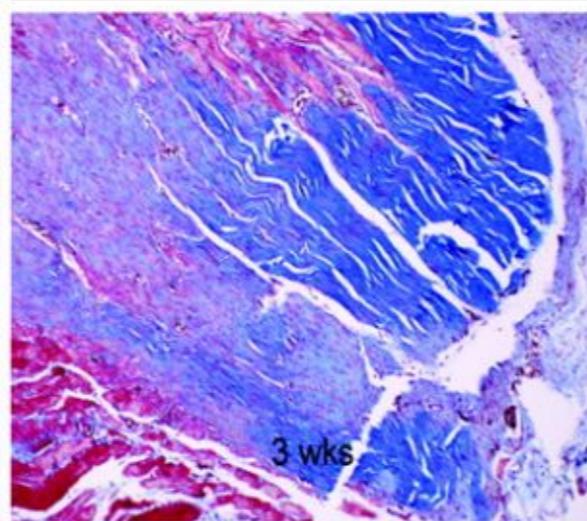
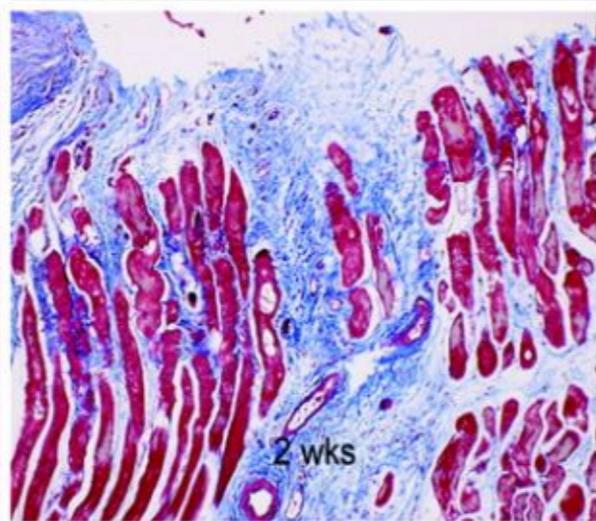
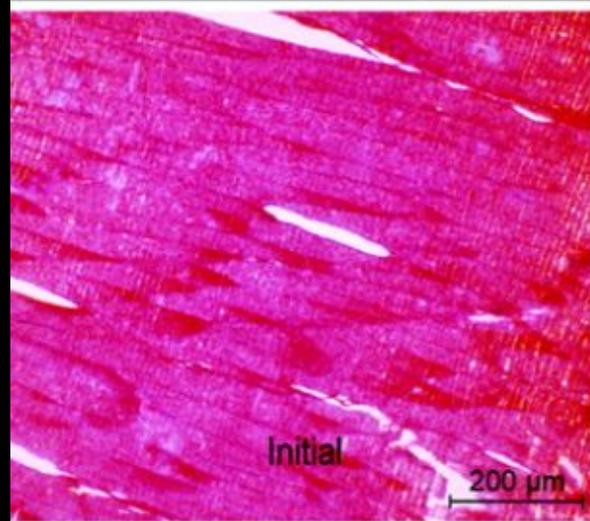
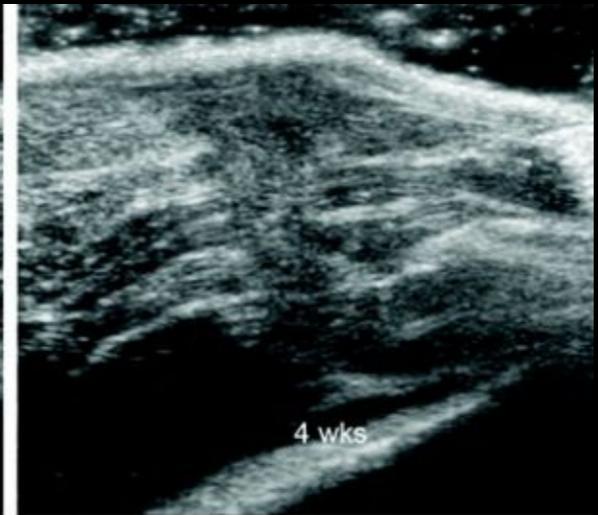
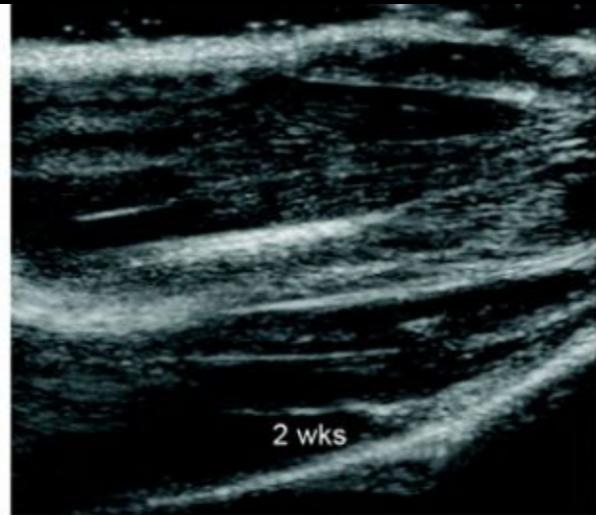
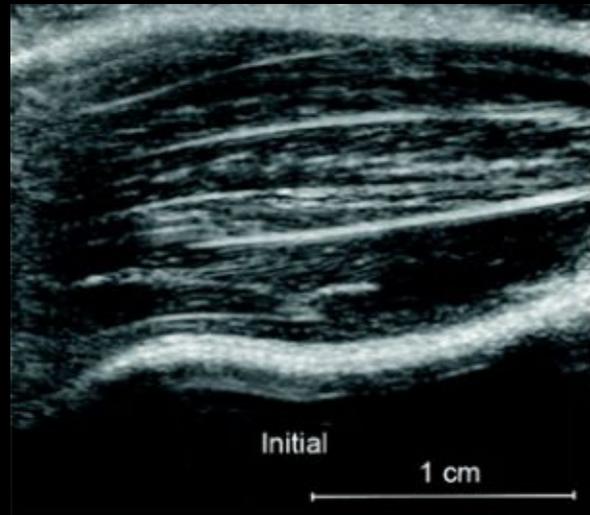
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Г. Э. Ульрих  
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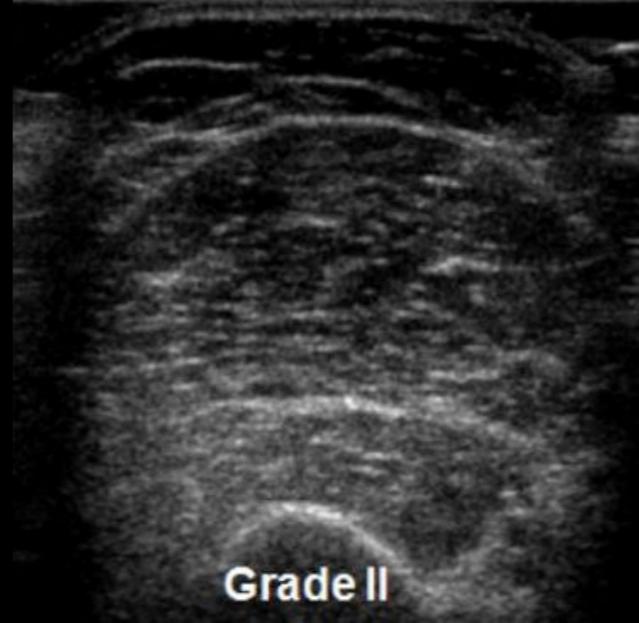
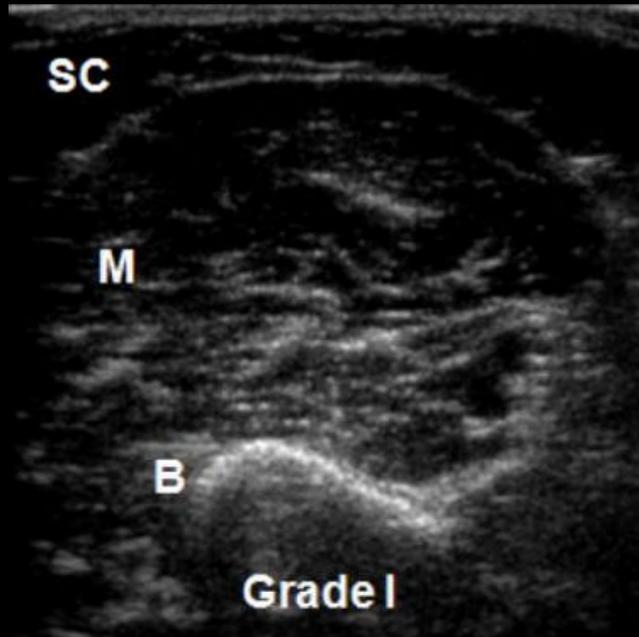
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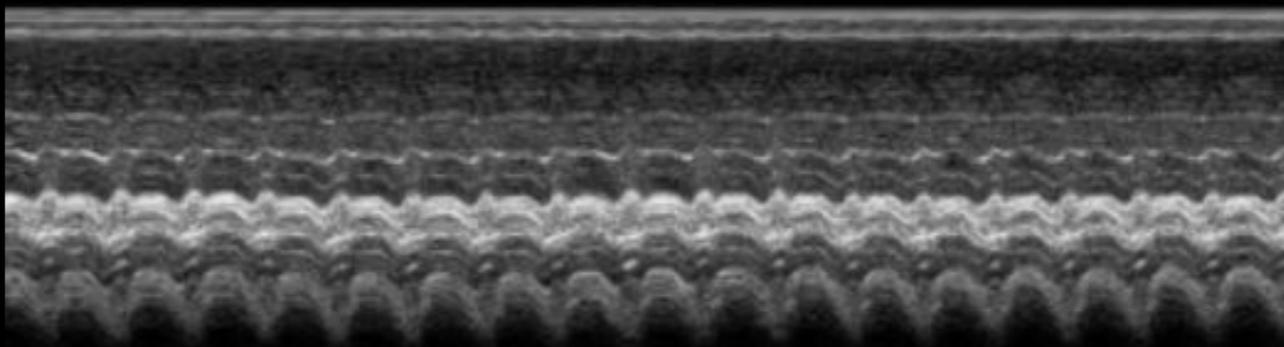
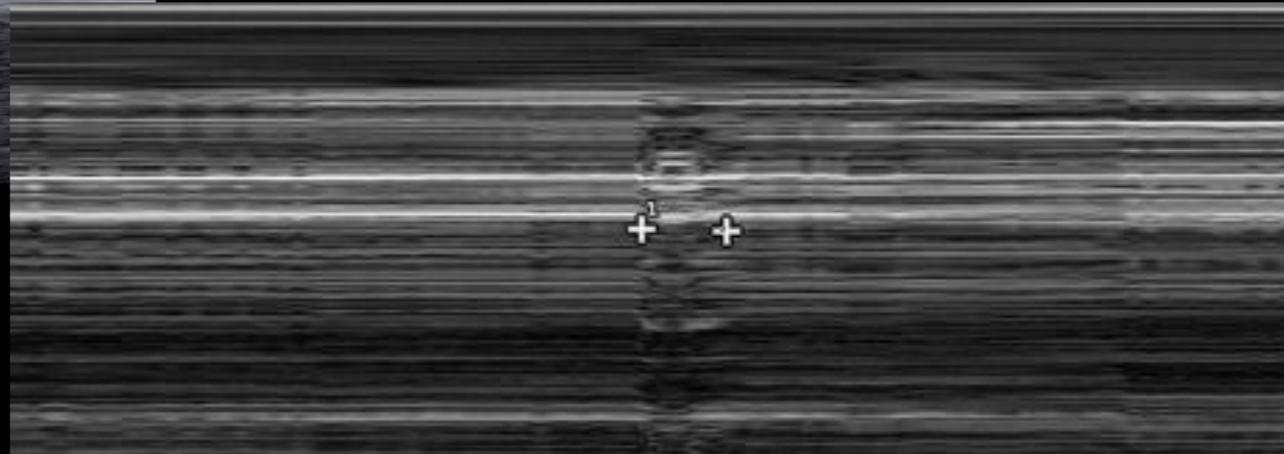
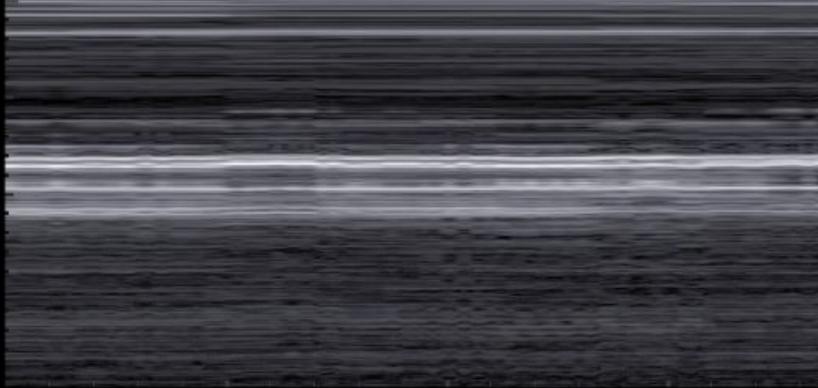
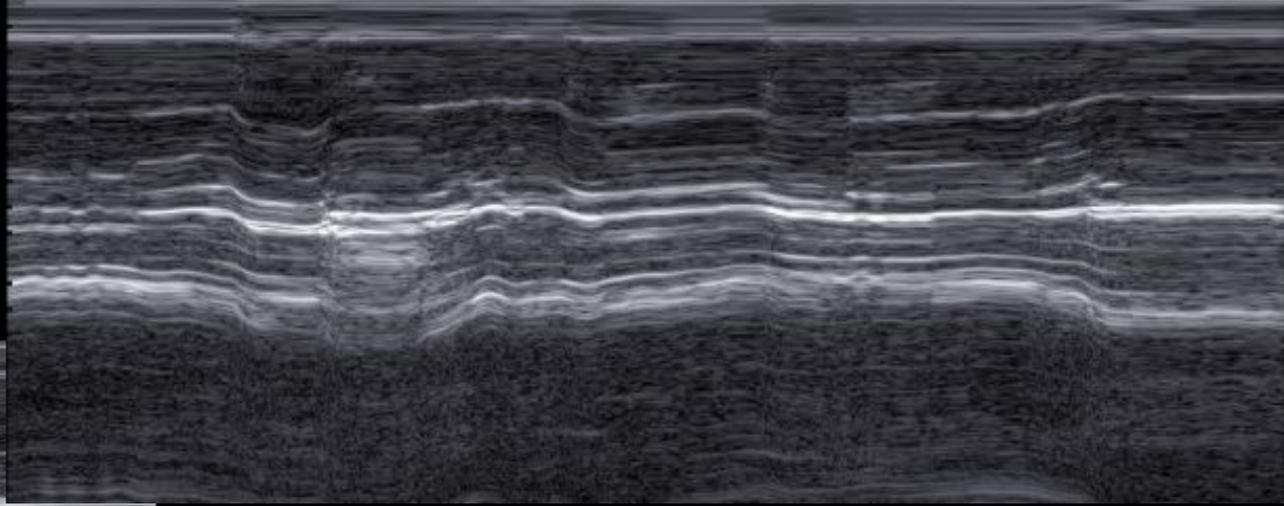
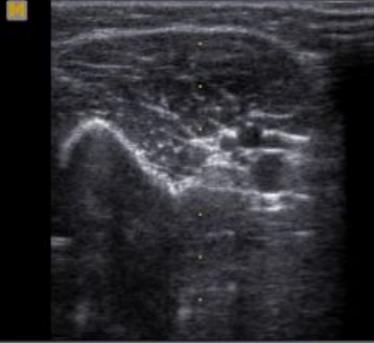
Санкт-Петербург  
«Родная Ладога»  
2014













# СОНОГРАФИЧЕСКОЕ ИССЛЕДОВАНИЕ ПЕРИФЕРИЧЕСКИХ НЕРВОВ ПРИ ТРАВМАХ ВЕРХНИХ КОНЕЧНОСТЕЙ У ДЕТЕЙ

© М. Н. Романова, Н. Г. Жила, Е. В. Синельникова

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