

MSK – USG workshop

- 1) POCRUS – Point Of Care Rheumatology Ultrasound- incorporating MSK USG in daily clinical practice
- 2) Incorporating USG based scores in criteria increases sensitivity especially in groups with intermediate probability- GOUT US score/ SGCAPS/ Halo Score- 8 vessel
- 3) Vessel imaging in GCA- superficial temporal artery – main trunk/ parietal and frontal branches and axillary artery
- 4) Takayasu arteritis - scanning of aorta, carotid artery, subclavian artery- look for intimal thickening, velocity
- 5) To keep an eye for differentials while examining salivary gland USG- Sarcoidosis/ USG,/ metabolic disorders/ HIV
- 6) To look for size/ inhomogeneity/ vascularity/ lymph nodes
- 7) Markers of persistent disease of RA on USG: synovial proliferation/ bone erosion with pannus/ persistent intrasynovial vascularity
- 8) Use of USG in identification of early involvement of musculoskeletal system in Psoriasis hands, wrist, foot and relevant symptomatic joint
- 9) Identification of Psoriatic nail changes in USG- Wortsman's classification
- 10) Double contour sign can disappear by 3-6 months of therapy in Gout
- 11) Soft Tissue Ultrasound – be aware of tendinopathies, nerve entrapments, tendon rupture while evaluating MSK USG

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