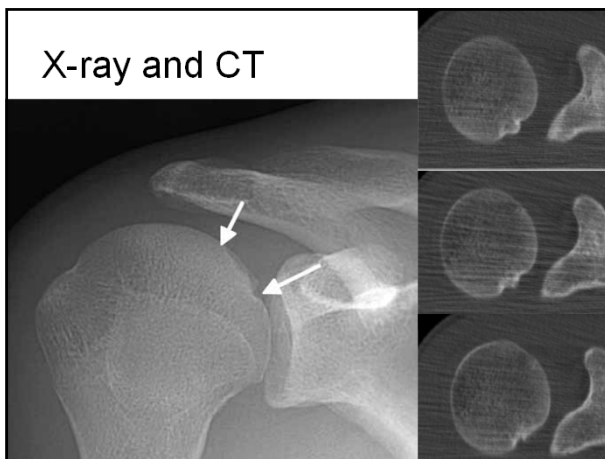


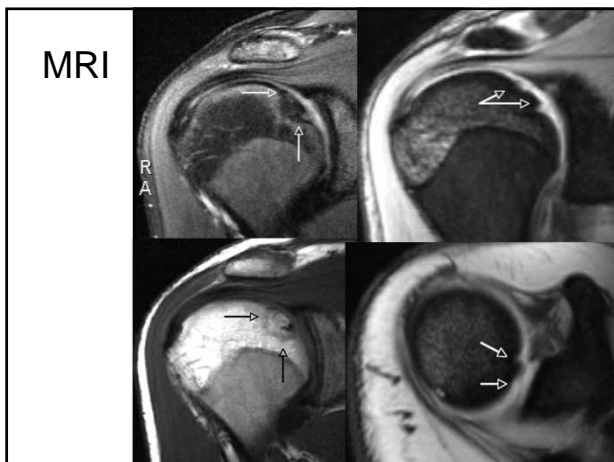
### Etiology

- Local ischaemia
- constitutional predisposition
- Abnormal ossification
- Trauma: acute and repetitive

### X-ray and CT



### MRI



*Acta Orthop. Belg.*, 2005, 71, 484-488

Table I. — Characteristics of previously reported humeral head OCD cases compared to our case

Reference	Sex	Localisation	Sports	Trauma	Treatment
(1)	M	Superior	?	No	Immobilisation
(3)	M	Superior	Handball	No	Drilling
(3)	F	Bilateral ; superior	No	No	None
(4)	M	Posterossuperior	No	No	Removal, curettage, drilling
(5)	M	Medioinferior	Tennis	Yes	Removal, curettage
(6)	M	Anterosuperior	?	Yes	Removal, curettage, drilling
(7)	M	Posterossuperior	No	Yes	Osteochondral allograft
(9)	M	Anterosuperior	?	Yes	Removal, curettage, drilling
(10)	M	Anterosuperior	Tennis	No	Rest
(11)	M	Anterosuperior	Boxing	Yes	Rest
(12)	M	Posteromedial	?	Yes	Removal, curettage, drilling
Our case, 2005	M	Central	No	No	None

### Mid and terminal stage of OCD

- Xray: sclerotic subchondral bone fragment separated from the underlying bone by a thin radiolucent crescentic line.
- MRI: low T1- and T2-weighted images.
- Healed lesions:
  - A. no bright-signal intensity interface between the fragment and the adjacent bone
  - B. return of marrow fat signal intensity in the previously necrotic fragment
  - C. overlying articular cartilage surface is intact without any residual contour irregularities

### ON

- sclerotic subchondral bone segment
- collapse of the subchondral bone.

## DD

- Hill-Sachs lesion: history, scope finding
- ON: history, scope finding (corticosteroid therapy, alcoholism or systemic diseases such as sickle cell anemia)
- fibrocartilagenous dysplasia: significant deformities of the affected upper limb

Joint Bone Spine 75 (2008) 226e228

## Hill-Sachs lesion



Acute Hill-Sachs Deformity with

Greater Tuberosity Fracture

Enchondroma Proximal Humerus