

CASE # 198

Hello. My name is Jack Henry, DC, DACBR. I am Radiologist-in-Chief of Radiology Diagnostics, LLC, an industry leader of Chiropractic Radiology Services and Digitized Spinographic analyses. All of our services are provided at no cost to doctor and no/low cost to patients.

Selected cases will be presented for your evaluation. The studies may or may not have abnormalities. Use the arrow keys or the scroll bar to carefully evaluate the films.

Step 1: Is the study abnormal or normal?

Step 2: If the study is abnormal, what is your best diagnosis?

Step 3: Which follow-up imaging option would be best?

Step 4: Compare your results with the correct diagnosis.

History: A 47-year-old male reports with low back pain. The patient performs “general labor.” The patient’s Px and past medical Hx were not provided.









Findings: The study is negative for acute fracture or dislocation. Moderate DJD and DDD are noted throughout the lumbar spine. Early calcification of the abdominal aorta is present. More important is the patchy eburnation with subchondral collapse involving the left femoral capitus, secondary to AVN.

Discussion: AVN is often missed by chiropractors in their clinical practice. There are some surgical options (revascular procedures) that have had limited success. Depending on the degree of collapse, total hip arthroplasty or cap procedure may be the only viable options.

Follow-Up Protocol: An orthopedic consultation is recommended.

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