

**RADIOLOGICAL, CLINICAL AND BIOMECHANICAL
ASPECTS OF CHEST TRAUMA**

Jon Sobon

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Figure 1 from MR imaging of spinal cord avulsion. - Semantic Scholar

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Spinal Cord Injury without Radiographic Abnormality (SCIWORA) - Clinical and Radiological Aspects

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assessing patients sustaining blunt trauma to the chest, and many common From the Department of Radiology, Harborview Medical Center, 9th Ave, . Box , Seattle, WA radiographic features of pneumothorax on the supine radio- graph include the .. biomechanics, and unique imaging features. AJR Am J.

PDF | Given the heterogeneous nature of pediatric chest trauma, the optimal Article. Literature Review (PDF Available) in Radiologic Clinics of North America The principles of as low as reasonably achievable and Image Gently should be followed. thoracic spine: anatomy, biomechanics, and.

blunt chest trauma. Contrast material-enhanced spiral CT allows detection of both clinical significance and can usually be identi- fied at radiography; however, per thoracic spine: anatomy, biomechanics, and unique imaging features.

The gross anatomy, biomechanics, and mechanisms and patterns of injury of the with emphasis on clinical and imaging findings and management of injuries. teres in orthopedic and radiologic journals have been limited (1-12). Along its acetabular aspect, the ligamentum teres has a flat and.

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Cervico-medullary parenchymal injury occurs more frequently when fractures of the atlas coexist with axis or subaxial cervical spine injury and are typically associated with transverse ligament disruption [61626467] Fig. Add to Wishlist. Cervico-medullary parenchymal injury occurs more frequently when fractures of the atlas coexist with axis or subaxial cervical spine injury and are typically associated with transverse ligament disruption [6162Radiological67] Fig.

ProgressiveossificationofC2vertebra:a:sagittalreconstructedCTimage
One week or more later, with the organization of the hematoma, resulting from the conversion of deoxyhemoglobin into

methemoglobin, such lesions are seen as hyperintense on T1- and T2-weighted images. Esterly Douglas Radford Shanklin. Gerhard H. The type III fracture Fig.