

Guest Editorial

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Dear colleagues,
Radiology started with musculoskeletal imaging when Wilhelm Conrad Roentgen imaged his wife's hand and discovered X-rays more than a century ago. Since then, musculoskeletal imaging has seen significant advances in all the modalities and is a separate subspecialty in its own right.

Plain radiographs are still the initial imaging modality in majority of the musculoskeletal pathologies while CT scan has an established role in the imaging of osseous trauma.

Magnetic resonance imaging has become the mainstay in the evaluation of internal derangements of joints, cartilage as well as bone and soft tissue tumors. Advances in the magnetic field strength, coil technology and sequences have led to significant increase in spatial resolution as well as improvements in ability to image cartilage. Imaging of cartilage has moved beyond mere detection of cartilage defects to functional imaging methods like T2 mapping which can image abnormal architecture and degeneration of the cartilage. With advent of cartilage repair procedures, MRI has a significant role to play in non-invasive post operative imaging of these patients. Newer advances like MR spectroscopy and tractography which already have an established role in neuroradiology, provide exciting possibilities in imaging of nerves, tumors and muscles in future.

Ultrasound is an underutilized modality in MSK imaging

in our country. Its superior spatial resolution, wider availability and relative less cost make it very promising in evaluation of the superficial tendons, ligaments, muscles as well as nerves and soft tissue swellings. Its real time dynamic capability is its trump card and allows a number of guided musculoskeletal interventions. However, lack of awareness and adequate training as well as a steeper and longer learning curve, have hampered its growth and popularity. We, as radiologists, need to bring about a change in this situation.

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