

Jen Matrundola RHSC, Edinburgh

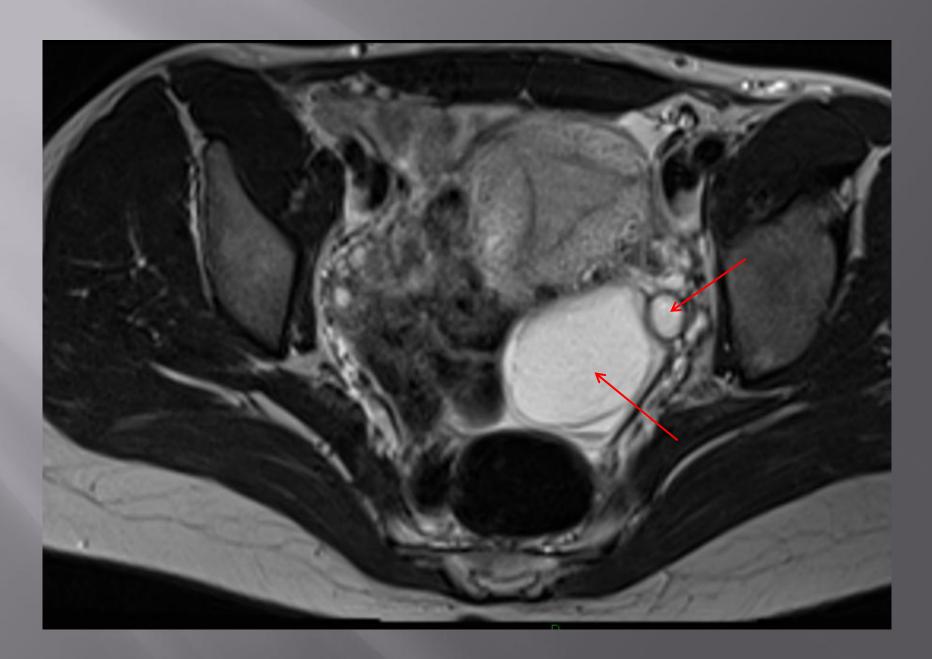
### Scoliosis X-rays



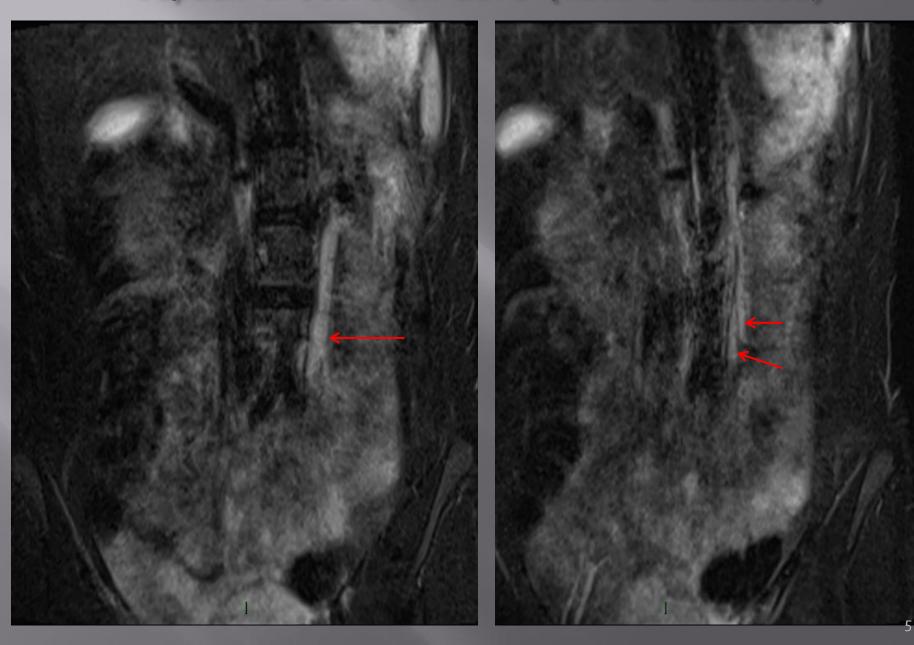


### Scoliosis patient with incidental renal cyst



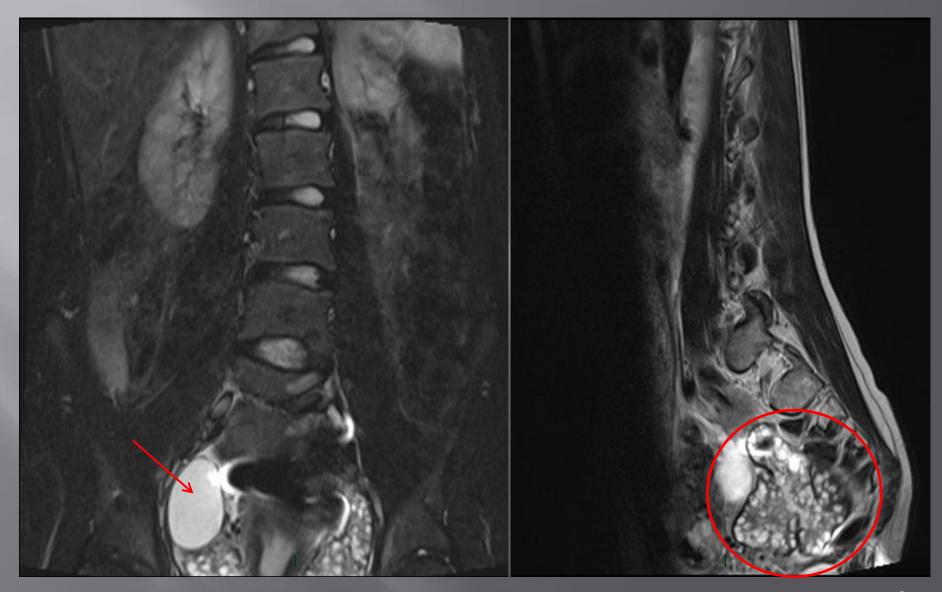


### Duplex ureters on left (with 1 dilated)

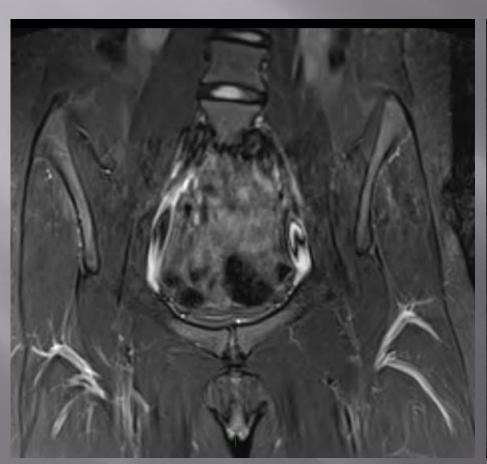


STIR COR

T<sub>2</sub> SAG



### Decreased ROM in Lt hip. Normal X-ray. Referred for MRI Hips





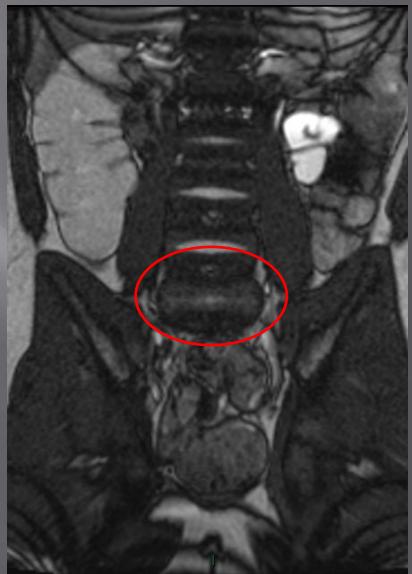
# No surgical intervention and curve has changed very little since 2011 2019



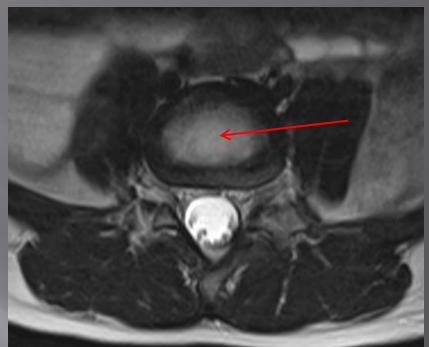


#### MR SBFT for patient with non specific abdo pain.











Fall from bike with Lt hip pain. Now evolving back pain

T<sub>2</sub> SAG

T<sub>1</sub>SAG



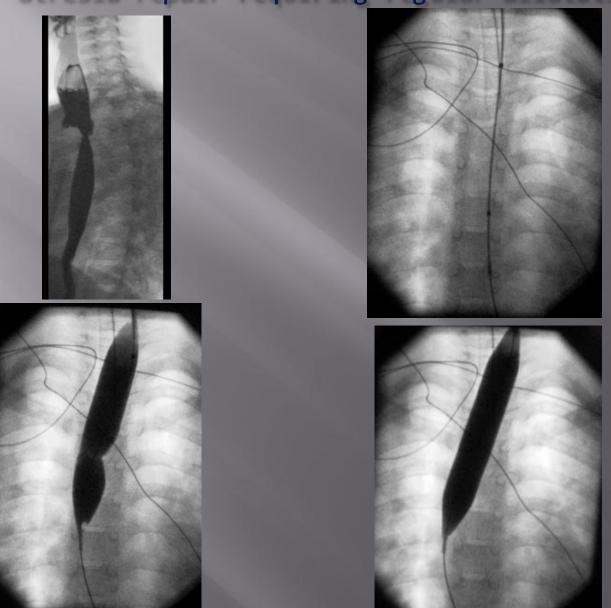


## Discitis and osteomylitis T2 SAG T1 SAG

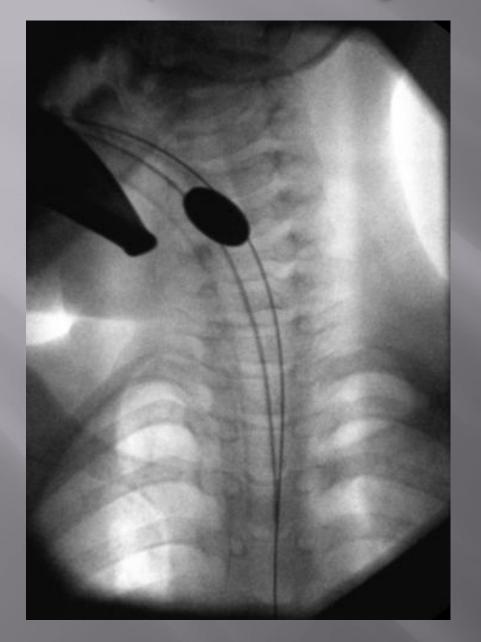


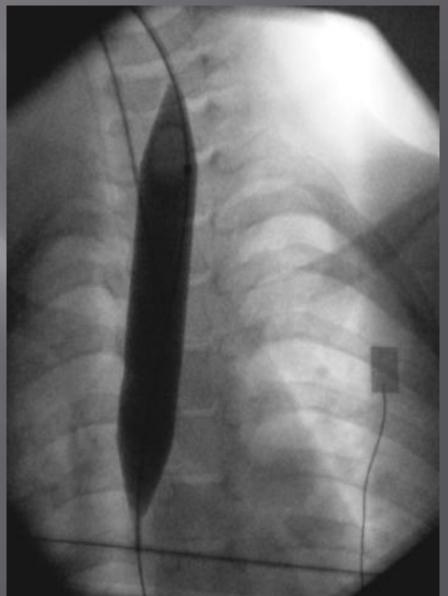


Patient with recurrent stricture post oesophageal atresia repair requiring regular dilatations.



#### Unexpected finding of a £1 once anaesthetised!





#### VACTERL patient with evolving scoliosis



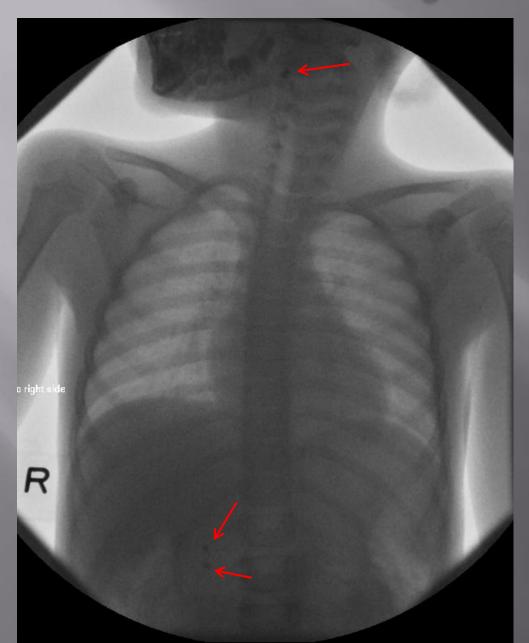




# Patient swallowed a 'Hello Kitty' hair clasp

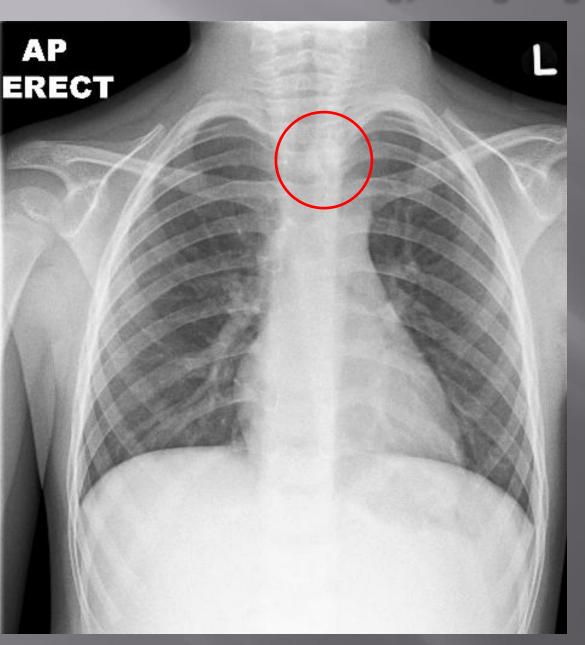


### Swallowed 4 magnetic ball bearings





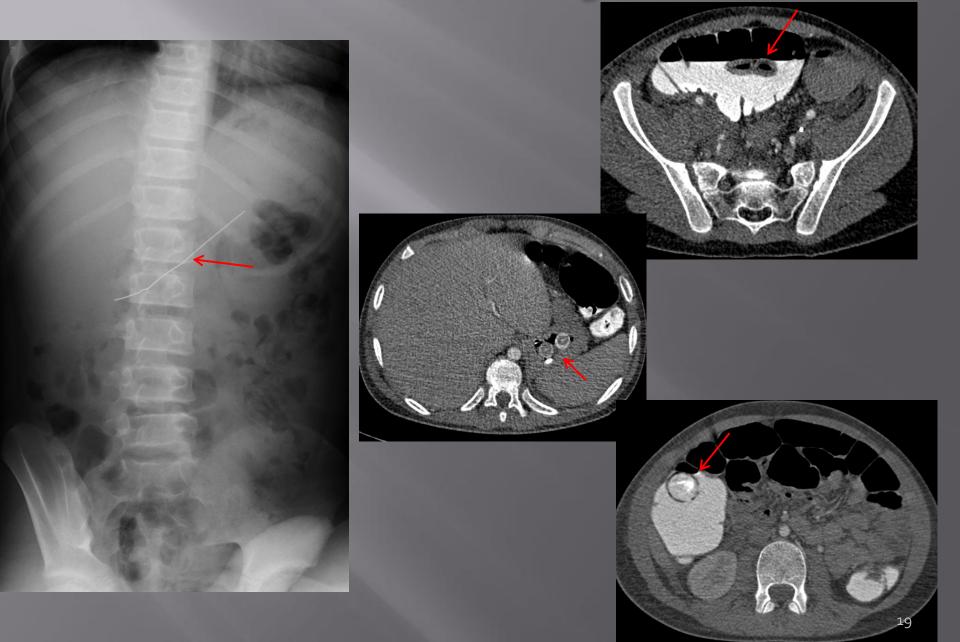
## Swallowed plastic toy 3/7 ago. Drooling, vomiting, coughing since.







## Patient with learning difficulties and autism....and an eating disorder!



### 10 year old who punched a wall

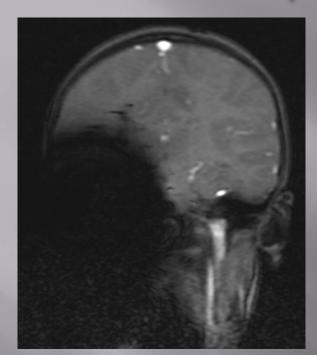




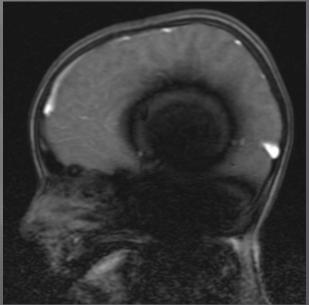


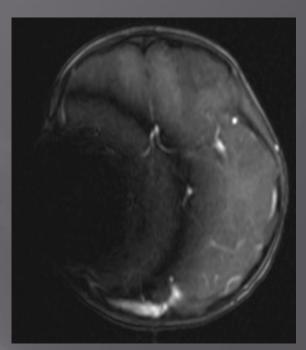


### Papilloedema and headaches

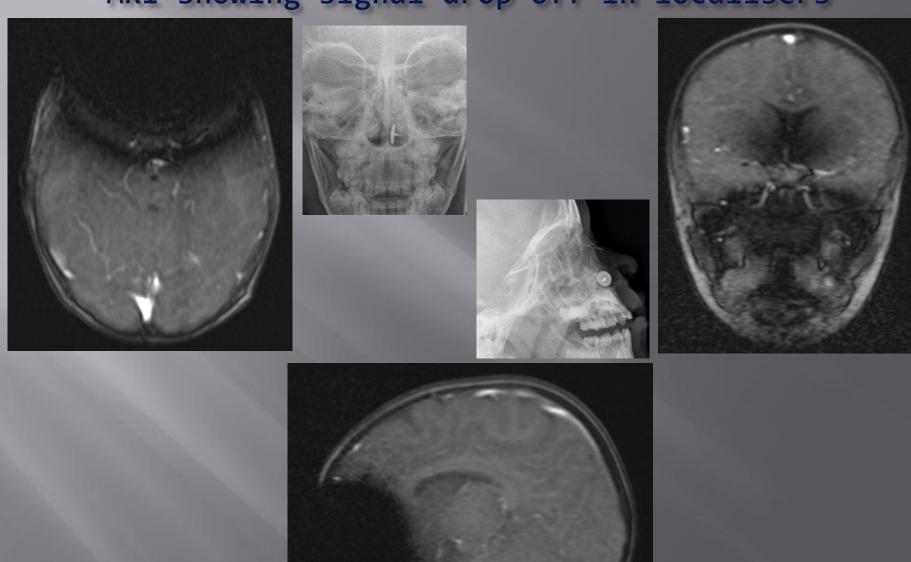








### MRI showing signal drop off in localisers



#### Beware the sparkly tee shirt!

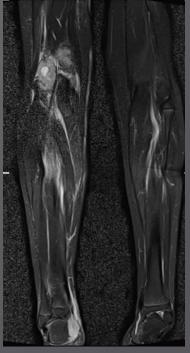


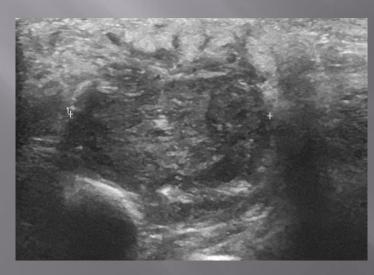
### Rapid increase swelling to foot ? FB

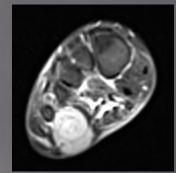






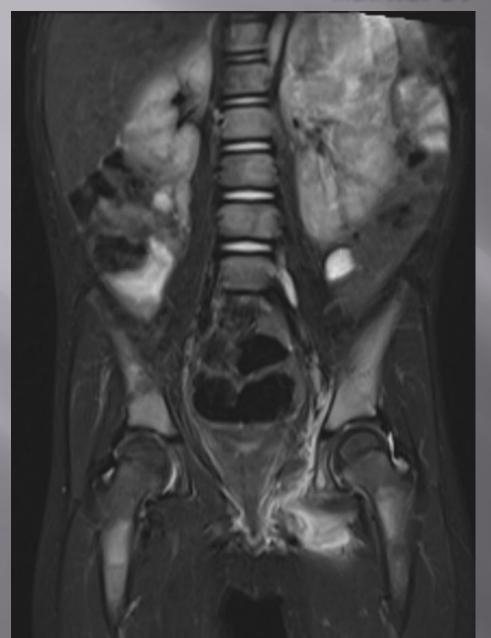


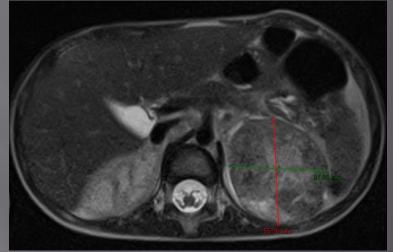


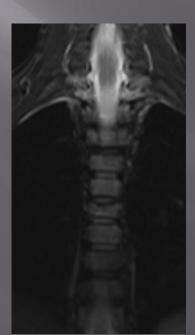


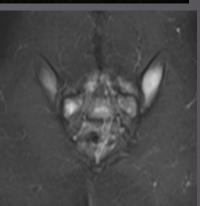


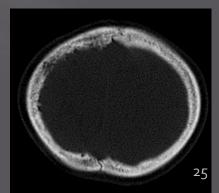
### Lt hip pain, headaches, raised inflammatory markers. ? Cause.





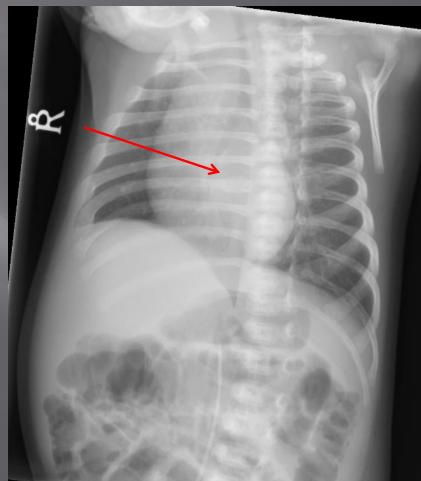






#### 5 week old in Resus with ? sepsis

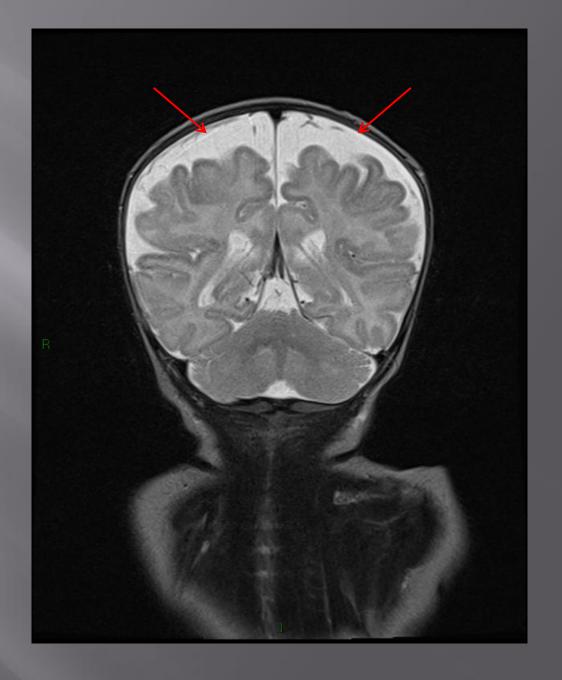




MRI (as part of NAI survey) shows enlarged extra-axial spaces.

X-rays showed abnormal bone texture.

? Underlying metabolic condition



### Any questions????

