



Abstract: As also noted regarding the knee, shoulder, and hip, wrist ligament pathology cannot be ruled out by a negative magnetic resonance imaging. However, while arthroscopic surgery could be a gold standard for wrist injury diagnosis, clinically relevant research could consider history, physical examination, and imaging data in aggregate, rather than focusing solely on an magnetic resonance imaging interpretation.

See related article on page 2014

This year, we've commented and learned that, with regard to the knee, shoulder, and particularly the hip,¹⁻⁶ we mustn't rely entirely on imaging studies. With regard to the wrist, Andersson, Andernord, Karlsson, and Fridén from Sahlgrenska University Hospital in Gothenburg, Sweden, in their well-performed systematic review, "Efficacy of magnetic resonance imaging and clinical tests in diagnostics of wrist ligament injuries: A systematic review"⁷ show that "[magnetic resonance imaging] is unable to rule out the possibility of a clinically relevant injury to the wrist ligaments." Further, clinical provocation tests were of limited diagnostic value according to the single study of clinical tests included. Arthroscopic surgery is considered the gold standard for diagnosing wrist ligament pathology. However, since arthroscopic and related surgeons prefer definitive preoperative diagnoses, and prefer not to perform exploratory surgery, future research could focus on the trinity of a thorough history, careful physical examination, and thoughtful consideration of imaging studies in aggregate, rather than focusing solely on the magnetic resonance imaging report. In terms of clinical relevance, it is on the basis of this triad that arthroscopic and related surgeons formulate a preoperative diagnosis.

James H. Lubowitz, M.D.
Editor-in-Chief

References

1. Frank JM, Harris J, Erickson B, et al. Prevalence of femoroacetabular impingement imaging findings in asymptomatic volunteers: A systematic review. *Arthroscopy* 2015;31:1199-1204.
2. Lubowitz JH. Editorial commentary. Hip imaging studies suggest significant pathology in asymptomatic individuals. *Arthroscopy* 2015;31:1205-1206.
3. Cvetanovich GL, Harris JD, Erickson BJ, Bach BR Jr, Bush-Joseph CA, Nho SJ. Revision hip arthroscopy: A systematic review of diagnoses, operative findings, and outcomes. *Arthroscopy* 2015;31:1382-1390.
4. Lubowitz JH. Editorial commentary: Hip femoroacetabular impingement surgery requires improved radiologic research and expert understanding of hip clinical examination. *Arthroscopy* 2015;31:1391.
5. Lubowitz JH. Editorial commentary: Radiographic inclusion and exclusion diagnostic criteria for femoroacetabular impingement require confirmation. *Arthroscopy* 2015;31:1411.
6. Yamasaki T, Yasunaga Y, Shoji T, Izumi S, Hachisuka S, Ochi M. Inclusion and exclusion criteria in the diagnosis of femoroacetabular impingement. *Arthroscopy* 2015;31:1403-1410.
7. Andersson JK, Andernord D, Karlsson J, Fridén J. Efficacy of magnetic resonance imaging and clinical tests in diagnostics of wrist ligament injuries: A systematic review. *Arthroscopy* 2015;31:2014-2020.