

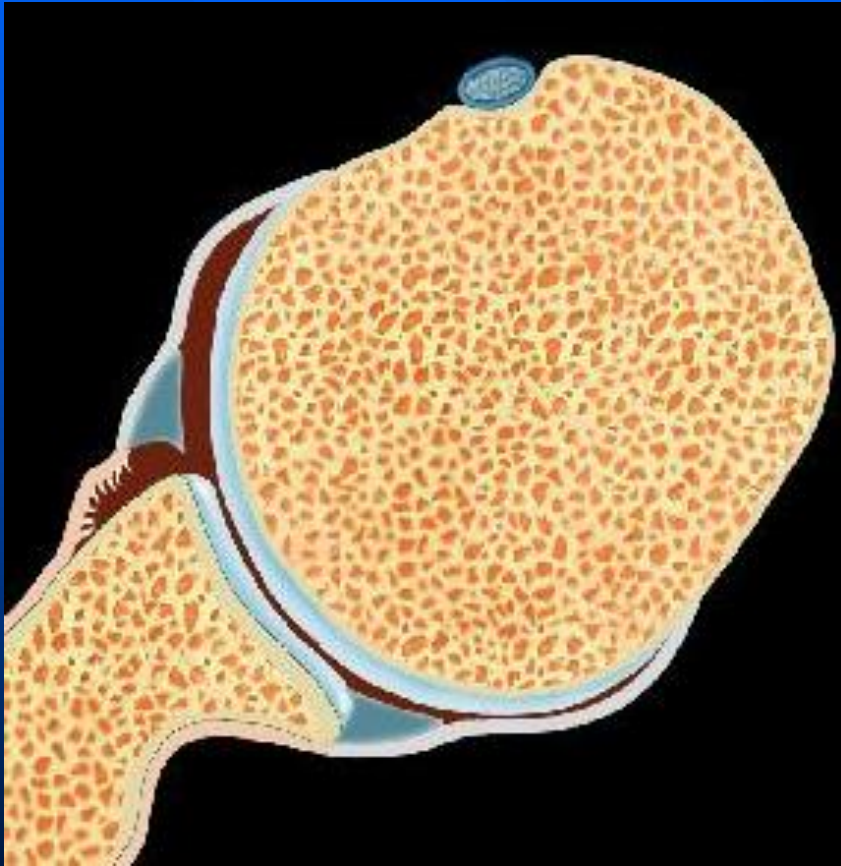
# Perthes lesion

- Distinguished from an ALPSA via the redundant periosteum versus the rolled-up medially-displaced periosteal labral-ligamentous mass.
- The avulsed labrum resumes a normal position at the glenoid margin, in which partial healing takes place.
- Although scarring may develop making detection both on imaging and arthroscopy difficult to interpret, the shoulder remains unstable, unless re-attachment of the labrum is performed.

# Perthes lesion

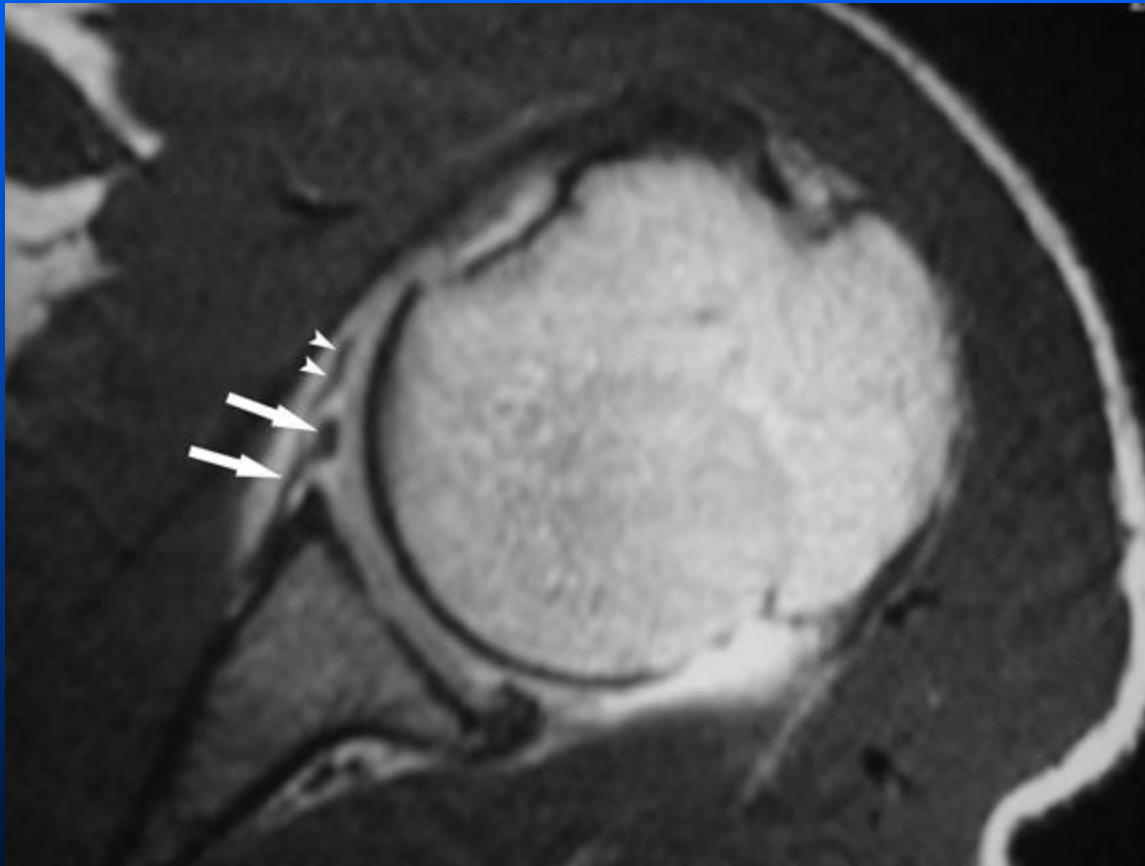
- labroligamentous avulsion like a Bankart, but with a medially stripped *intact* periosteum.
- On images of the shoulder with the arm in a neutral position, the torn labrum may be held in its normal anatomic position by the intact scapular periosteum, which thereby prevents contrast media from entering the tear.
- This means that MR-arthrography with the arm in the neutral position may fail to detect the labral tear.
- In the ABER position however there is tension on the antero-inferior labrum by the stretched anterior band of the inferior glenohumeral ligament and you have more chance to detect the tear.  
The arrow points to the intact periosteum.

# Perthes lesion



- Best diagnostic clue
  - Normal position of the inferior glenohumeral ligament and labrum relative to underlying glenoid
    - » Accompanied by hemorrhage/edema of inferior glenohumeral ligament (IGL) attachment site
    - » + Anterior dislocation/subluxation

# Perthes lesion (arrows)



The anterior labrum is avulsed together with the intact periosteum of the scapula. The adjacent middle glenohumeral ligament (arrowheads) is shown. The patient had one episode of an anterior dislocation.

# Normal Aber view on left

