



Figure 12. Gout. AP radiograph of the left foot shows a large erosion with an overhanging edge on the medial aspect of the first metatarsal head (straight arrows) with adjacent prominent soft tissue swelling.

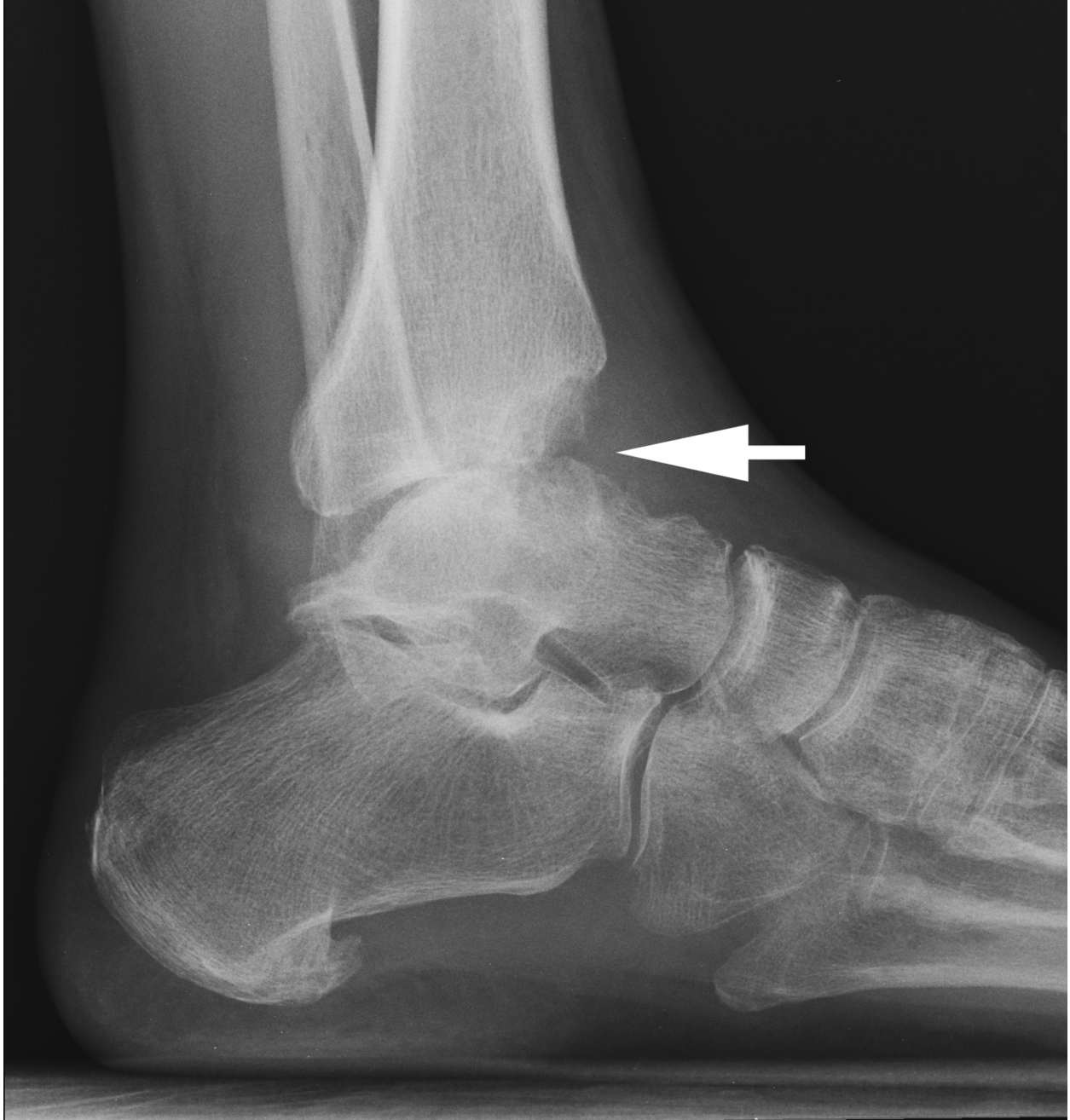


Figure 13(a). Hemophilia. Lateral radiograph of the left ankle shows erosions on the anterior aspect of the distal tibia and dome of the talus (arrow) with a joint effusion.



Figure 13(b). Sagittal PD MR image shows the tibial erosions (straight arrows) along with hemosiderin in the joint (curved arrow).

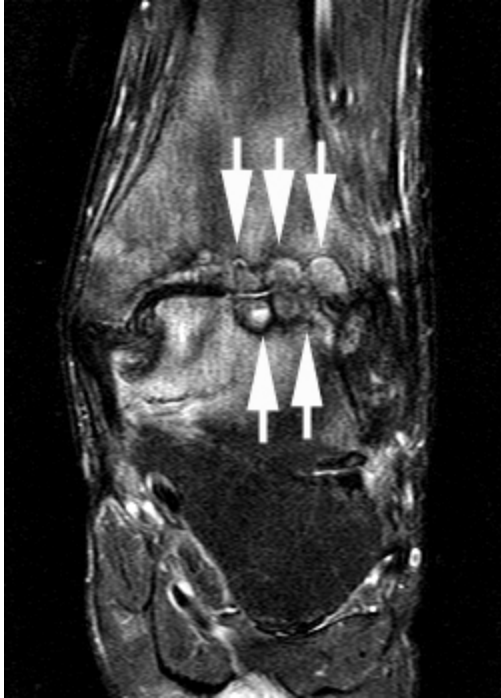


Figure 13(c). Coronal fat saturated T2 image shows the tibial and talar dome erosions (arrows) along with extensive edema within the distal tibia and talar dome.



Figure 14(a). Sarcoid left index finger. Oblique and lateral radiographic views. There is lytic change of the middle phalanx with a fracture just proximal to the distal interphalangeal joint (curved arrows). The radial aspect of the proximal phalanx cortex is destroyed (arrowheads). Note the soft tissue around the middle and distal phalanges (straight arrows).

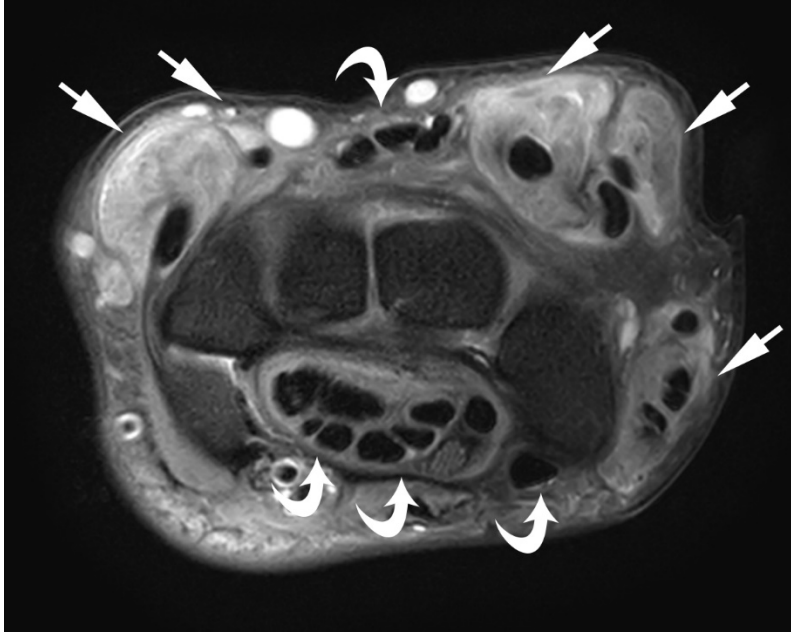


Figure 14(b). Axial PD weighted image through the left wrist at the level of the carpus. There is diffuse tenosynovitis involving the extensor tendon sheaths of compartments 1, 2, 3, 5, and 6 (straight arrows). Note the sparing of the extensor compartment 4 (dorsal curved arrow) and also the absence of tenosynovitis within the flexor compartment (ventral arrows). This latter finding underlines the fact that sarcoid tends to affect the extensor compartment of the wrist.