

Pitfalls & Pearls in MRI of Axial Spondyloarthritis "A Case-Based Workshop"

MONDAY

07 DECEMBER 2020

7:00 PM - 9:00 PM



Webex Meetings



Speakers

Chairperson



Prof. Walter P. Maksymowych
Professor and Medical Scientist, Department
of Medicine, Division of Rheumatology
University of Alberta
Canada



Prof. Robert George William Lambert
Professor, Department of Radiology
and Diagnostic Imaging
University of Alberta
Canada



Dr. Khalid Alnaqbi
Consultant Rheumatologist
Vice President of the Emirates Society
for Rheumatology
UAE

AGENDA

07:00 - 07:05

Welcome & Introduction

Dr. Khalid Alnaqbi

07:05 - 07:30

Introduction to DICOM Imaging and Assessment
of Early SpA

Recent International Consensus Update on MRI Lesions
in AxSpA and Role of MRI as a Diagnostic and Prognostic
Tool. Impact on Treatment Decisions.

Prof. Walter P. Maksymowych

07:30 - 08:10

Differential Diagnosis of AxSpA Cases Discussion
(Poll Questions)

Prof. Walter P. Maksymowych
Prof. Robert George William Lambert

08:10 - 08:50

Differential Diagnosis of AxSpA Cases Discussion
(Poll Questions)

Prof. Walter P. Maksymowych
Prof. Robert George William Lambert

08:50 - 09:00

Wrap-up

Closing

Prof. Walter P. Maksymowych

Dr. Khalid Alnaqbi

OBJECTIVES

Lecture

- 1 To become familiar with the normal MRI appearances of the sacroiliac joint and spine, to understand what type of MRI should be conducted in routine practice, and to understand the standardized approach to routine evaluation.
- 2 To understand the evolution of early disease and recognize the contribution of different MRI sequences. When is MRI examination appropriate? Which sacroiliac joint lesions are sensitive/specific for SpA on DICOM imaging?

Cases Discussion

- 1 To recognize the abnormalities that often cause difficulties in discrimination from SpA in the sacroiliac joint. What differentiates SpA from normal variation of the sacroiliac joint? What differentiates SpA from osteitis condensans ilii, degenerative disease, sepsis, fracture, malignancy?
- 2 To recognize abnormalities that often cause difficulties in discrimination from SpA in the spine. Should the spine be routinely scanned or just the sacroiliac joints? What differentiates SpA from degenerative disorders, DISH, SAPHO, sepsis, malignancy?

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