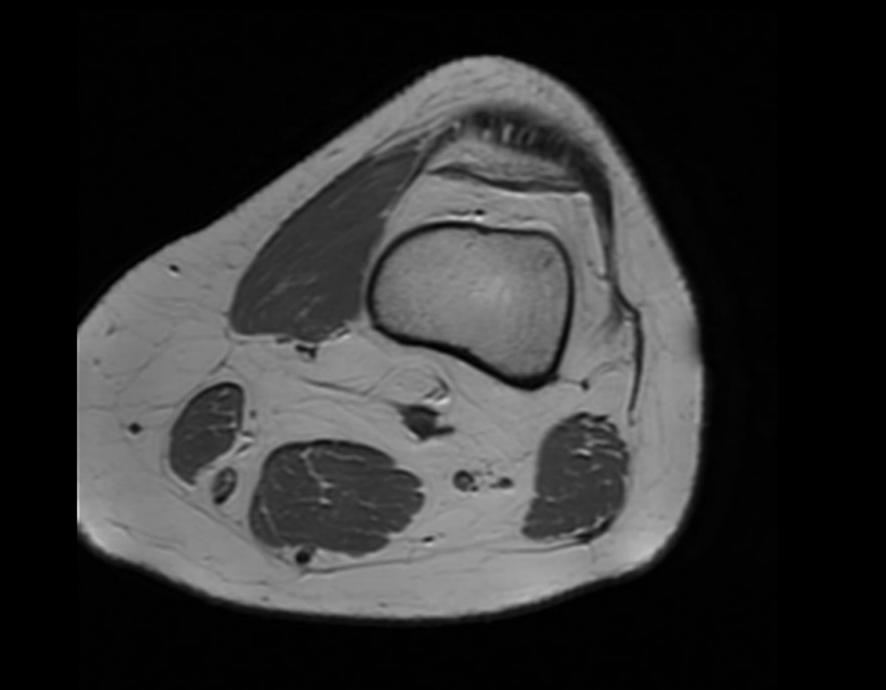
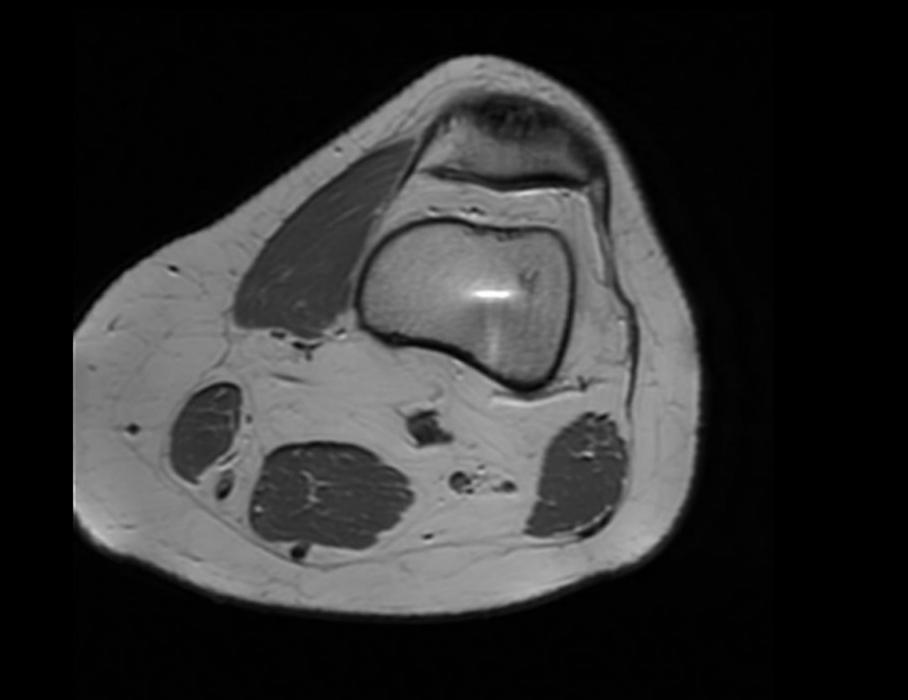
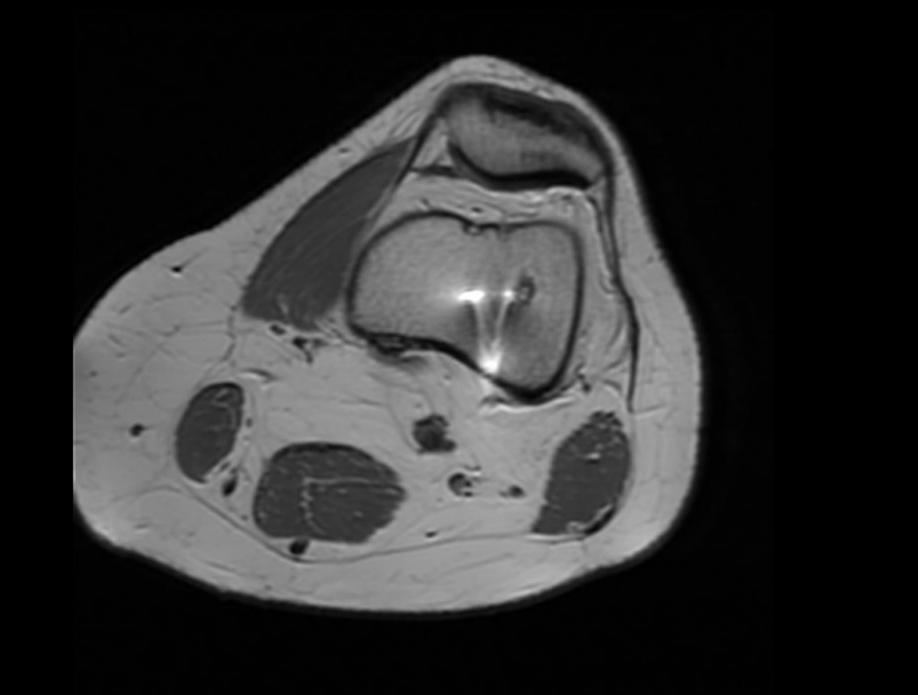
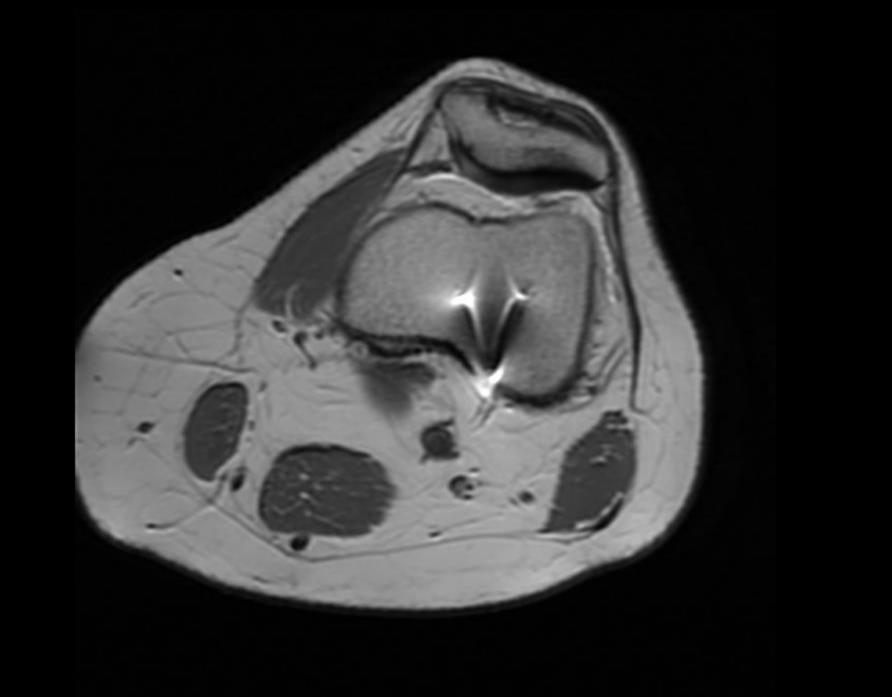
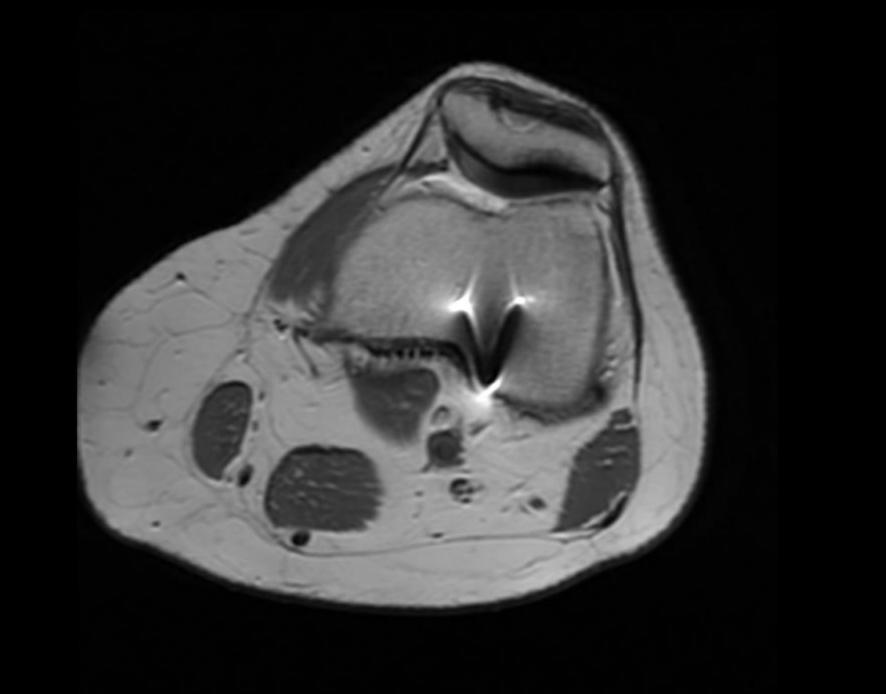
32F with h/o ACL reconstraction, woke up with knee pain one week ago.

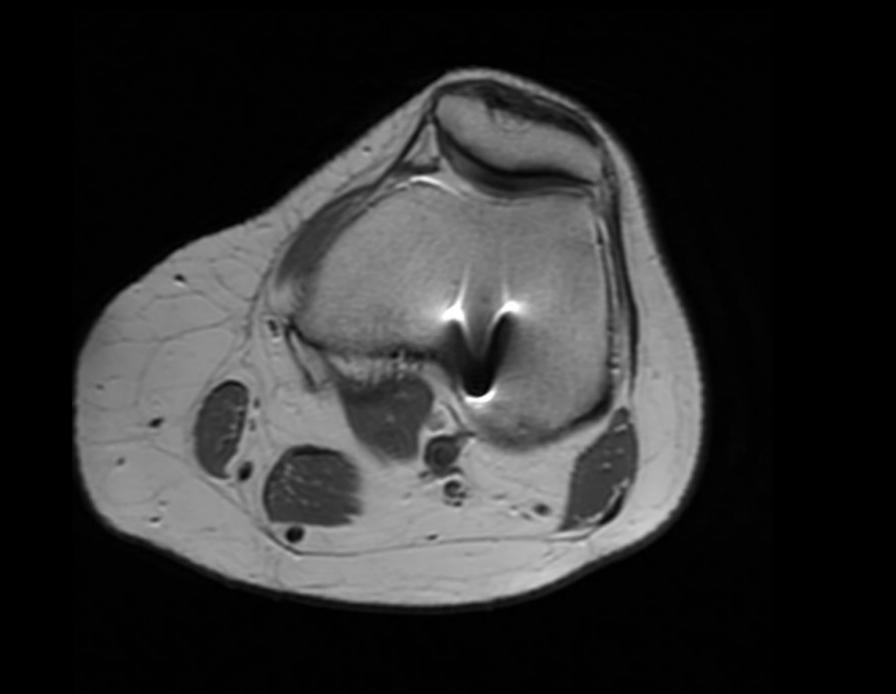


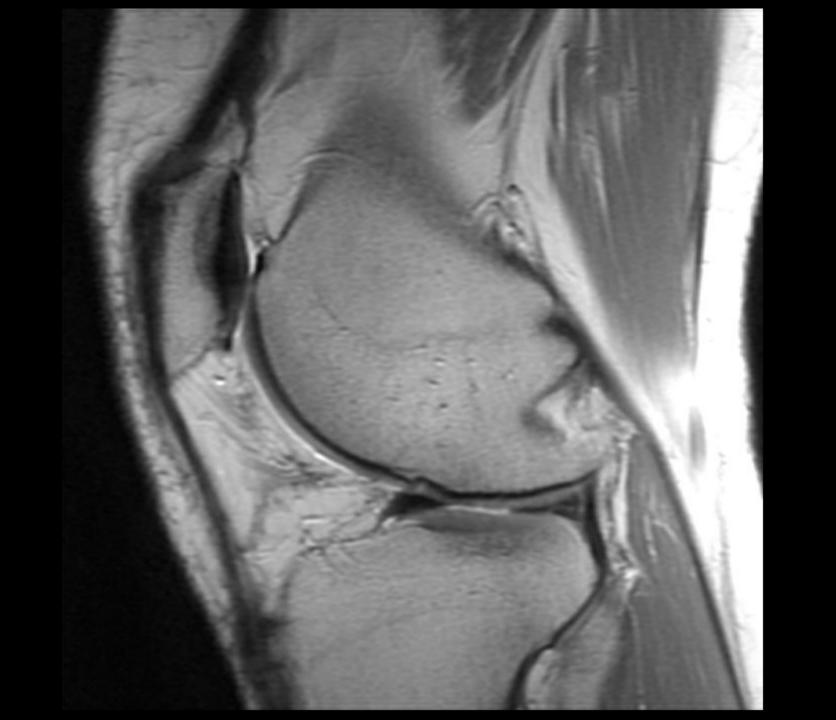




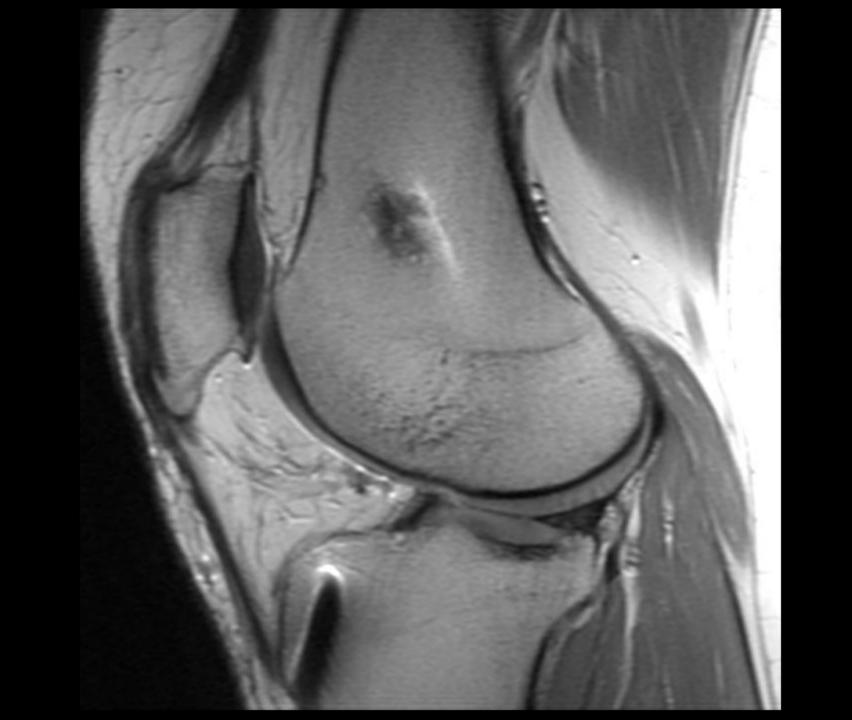


















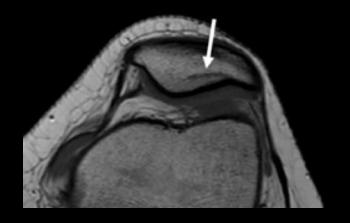
• a dark signaling, linear or curvilinear structure subjacent to the patellar articular surface

Always lateral patella

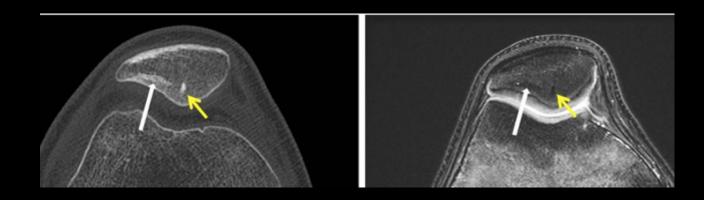




- 100 consecutive unenhanced knee MRIs
- was visualized in 81 % of MRIs
 - well seen 25 %
 - moderately well seen 43 %
 - faintly seen in 32 %
- anteroposterior width at its thickest segment:
 - < 1 mm 53%
 - 1 mm 35%
 - >1 mm 12 % (up to 2 mm)

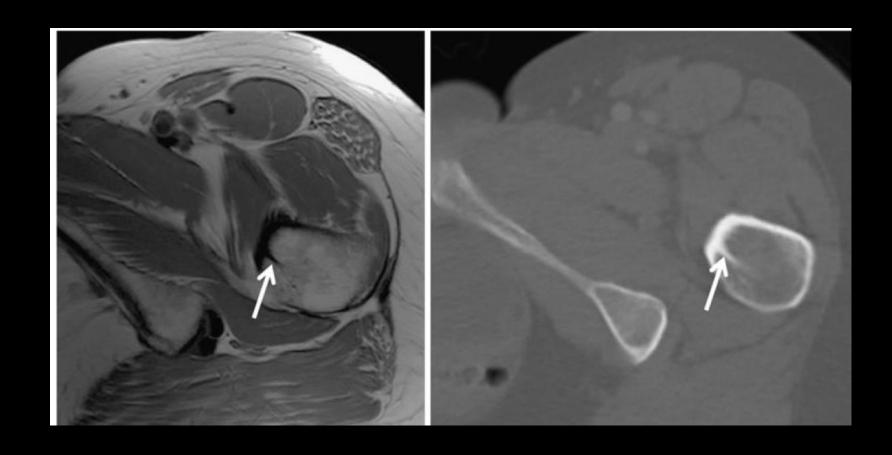


Was even better seen on CT



- always located in the lateral patellar facet
- a curvilinear configuration subjacent to the overlying articular surface
- best seen in the sagittal plane on the PD-weighted
- usually present on 2–3 contiguous slices
- less well seen on the sagittal fat-suppressed T2-weighted images, only faintly seen on the axial fat- suppressed T2-weighted images
- Better seen in younger patients

• Similar to femoral calcar



 Presence of the patellar calcar had no relationship to PF pain or patellar trauma.

may be obscured by degenerative arthrosis of the patella

 rarely may mimic patellar stress fracture (lateral patella) or osteochondritis dissecans (central—inferior or medial patella)

Conclusion

Patellar calcar is a normal finding