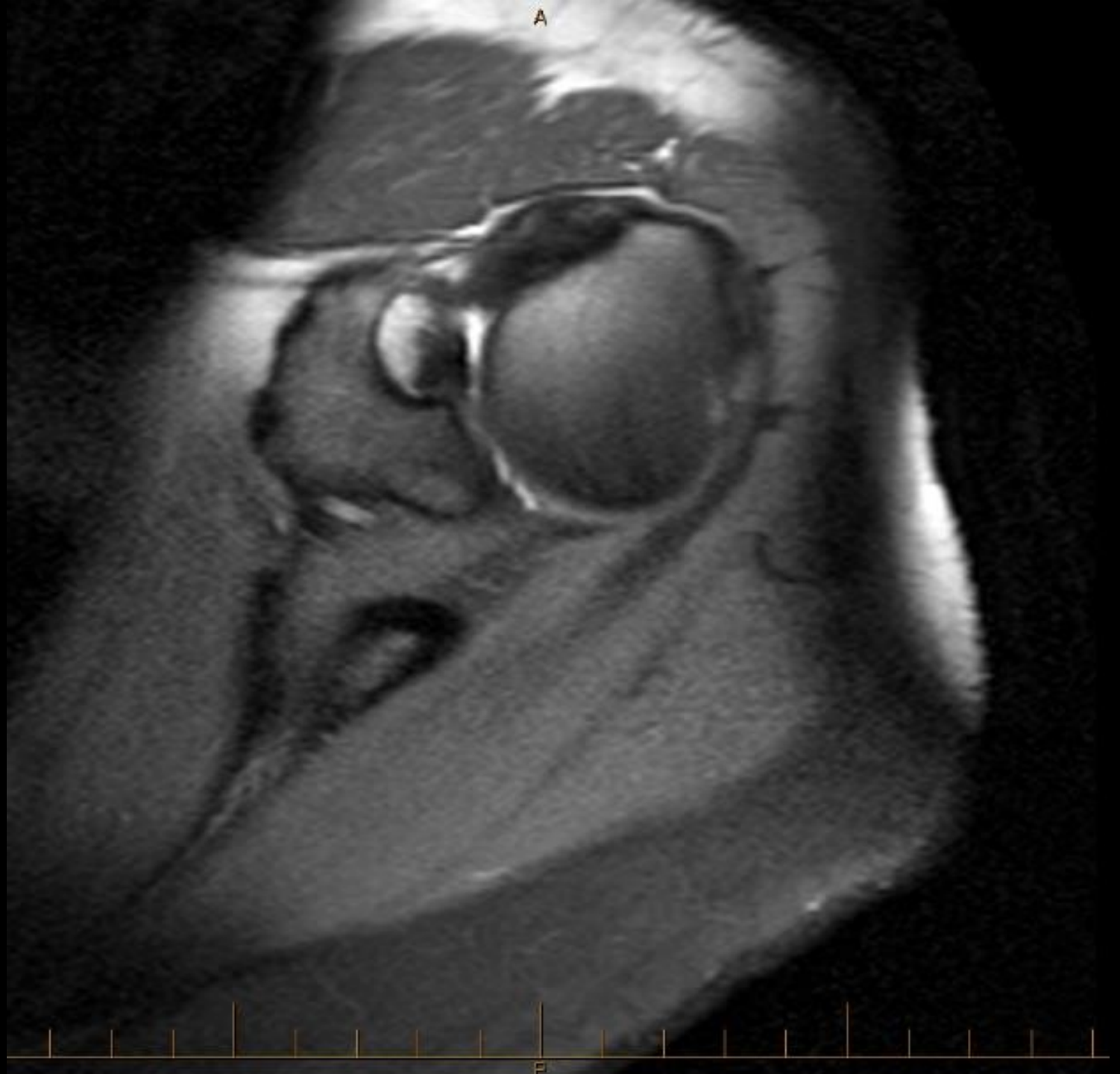
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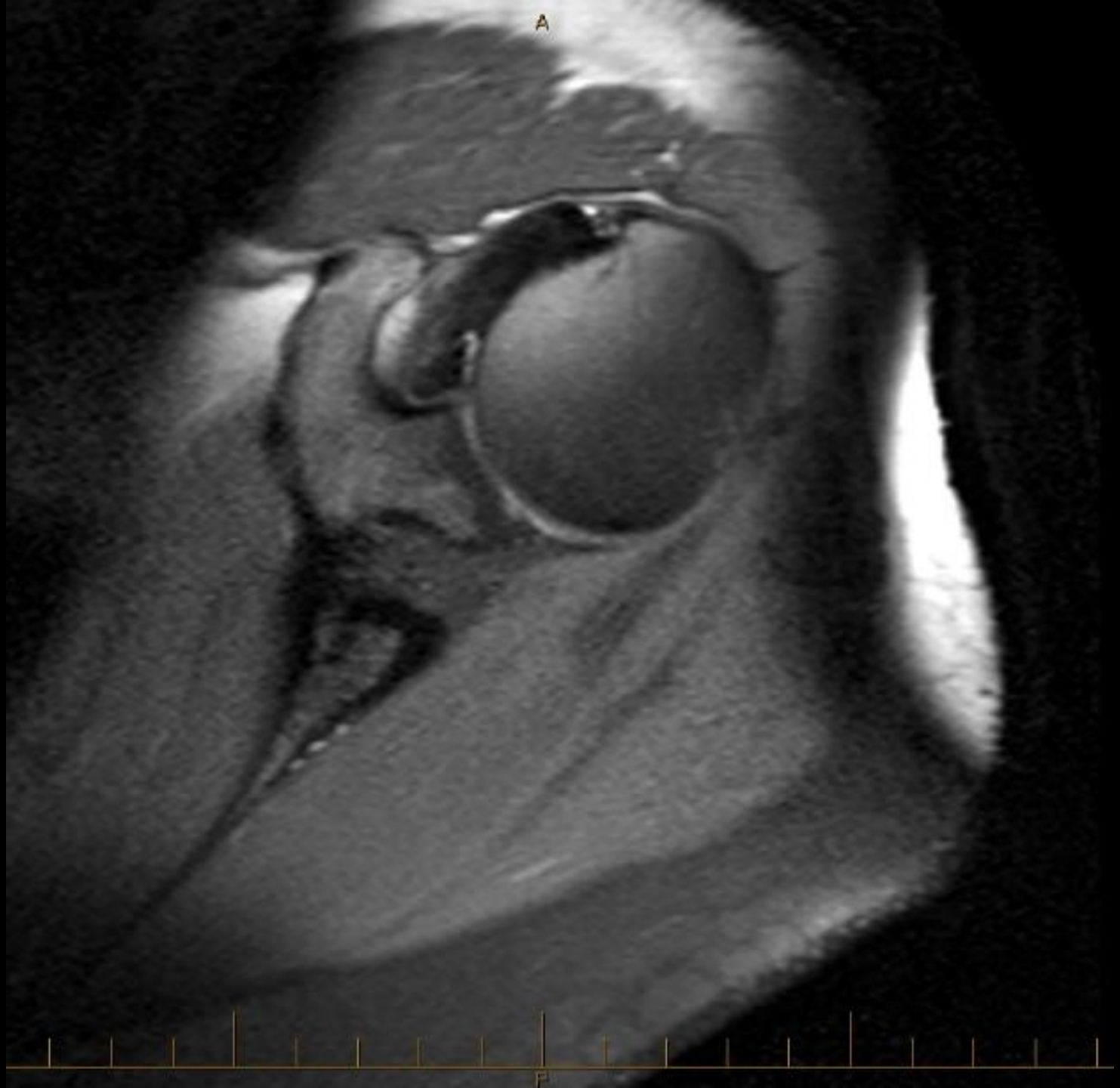
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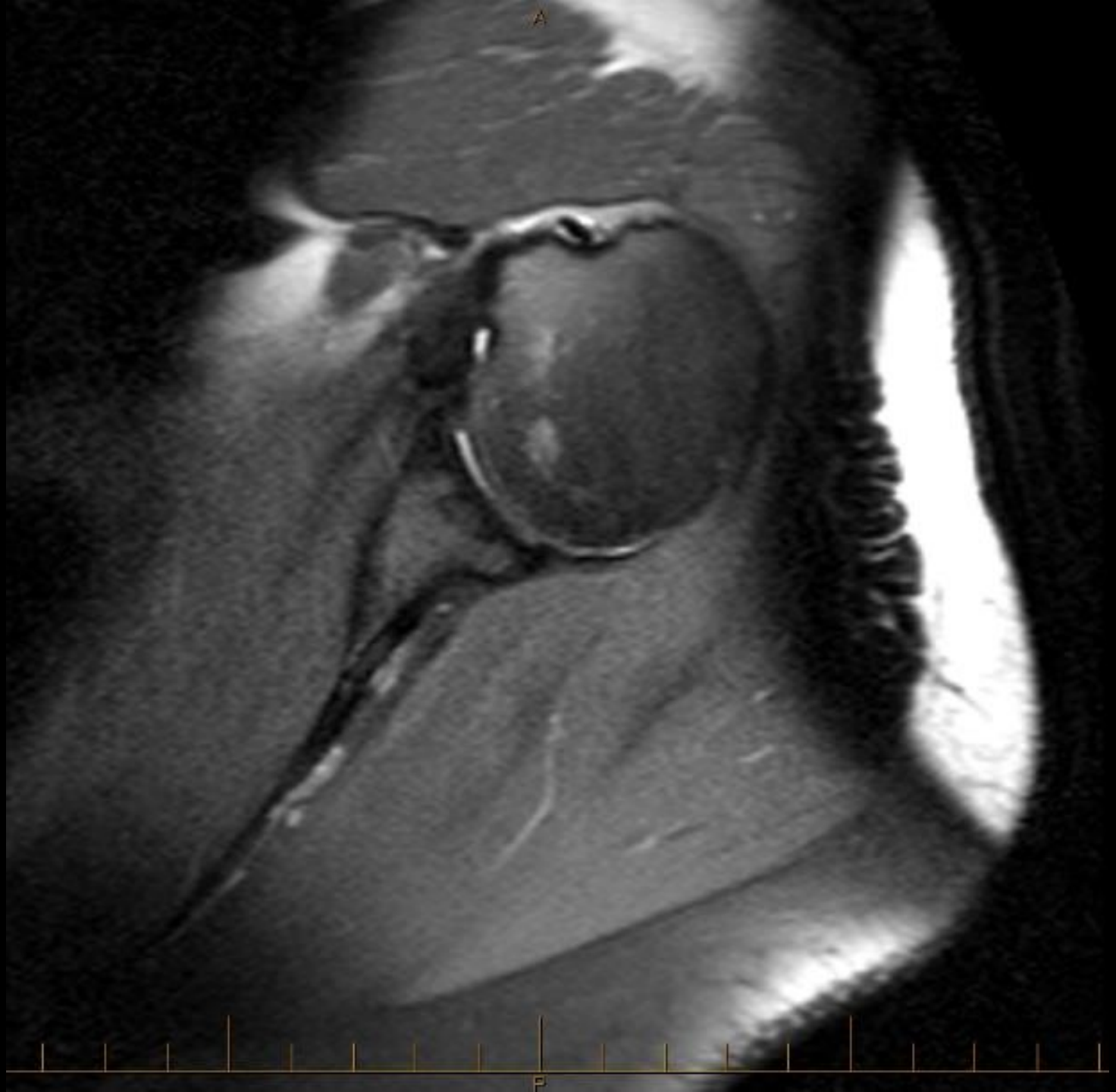
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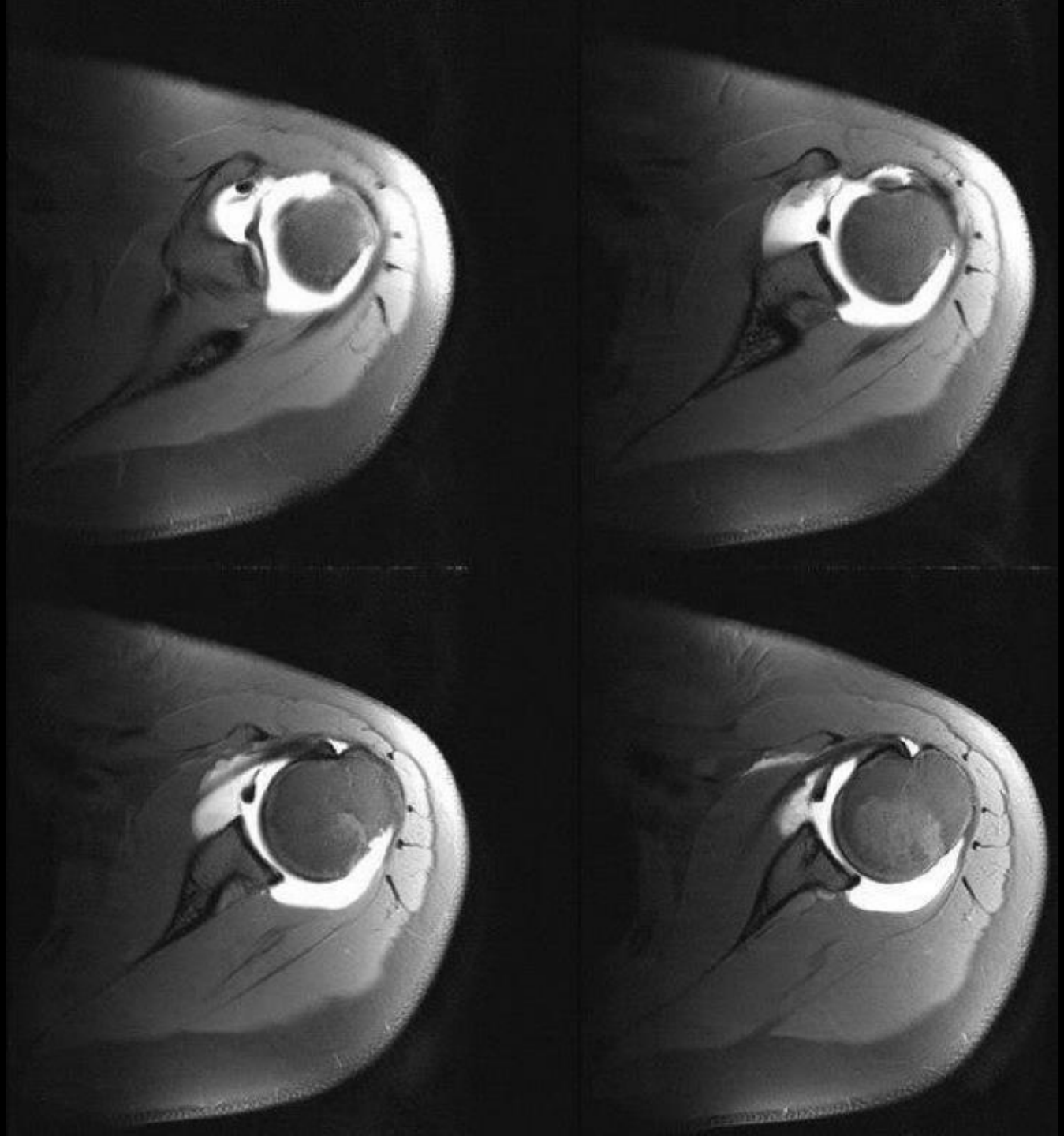
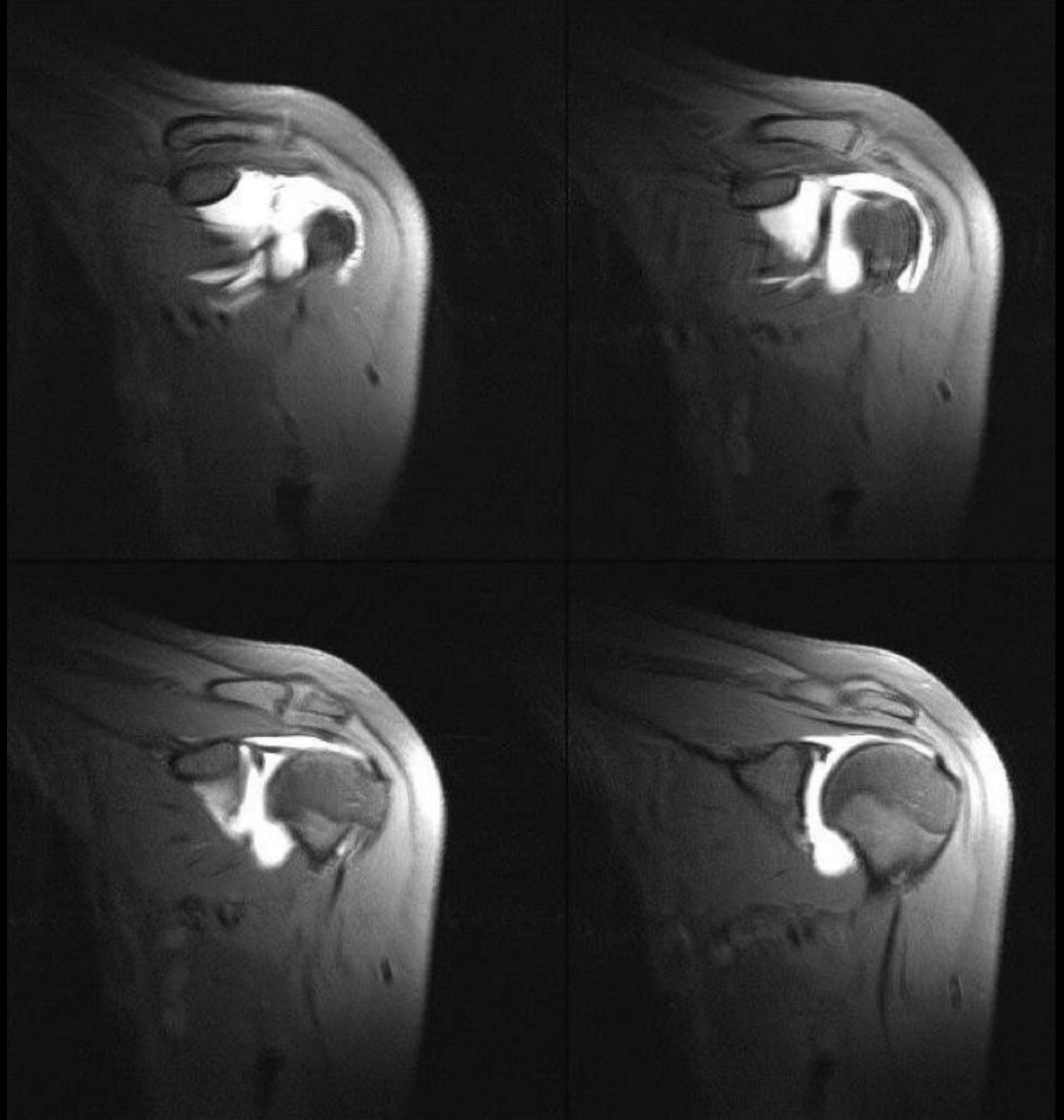
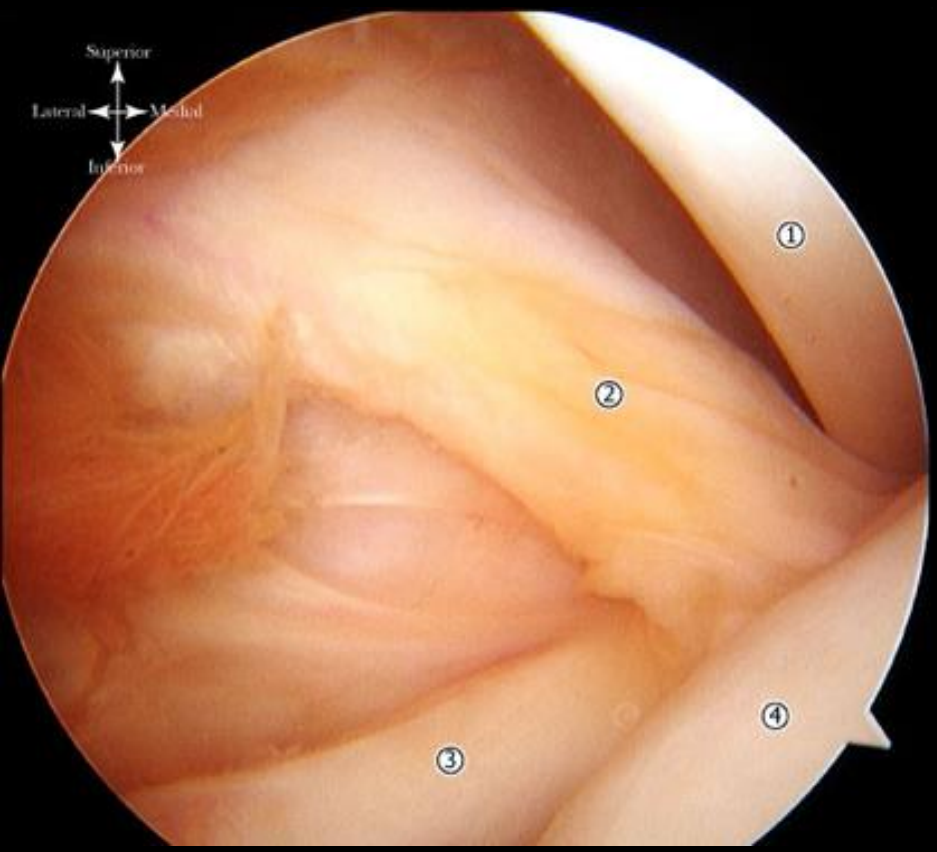


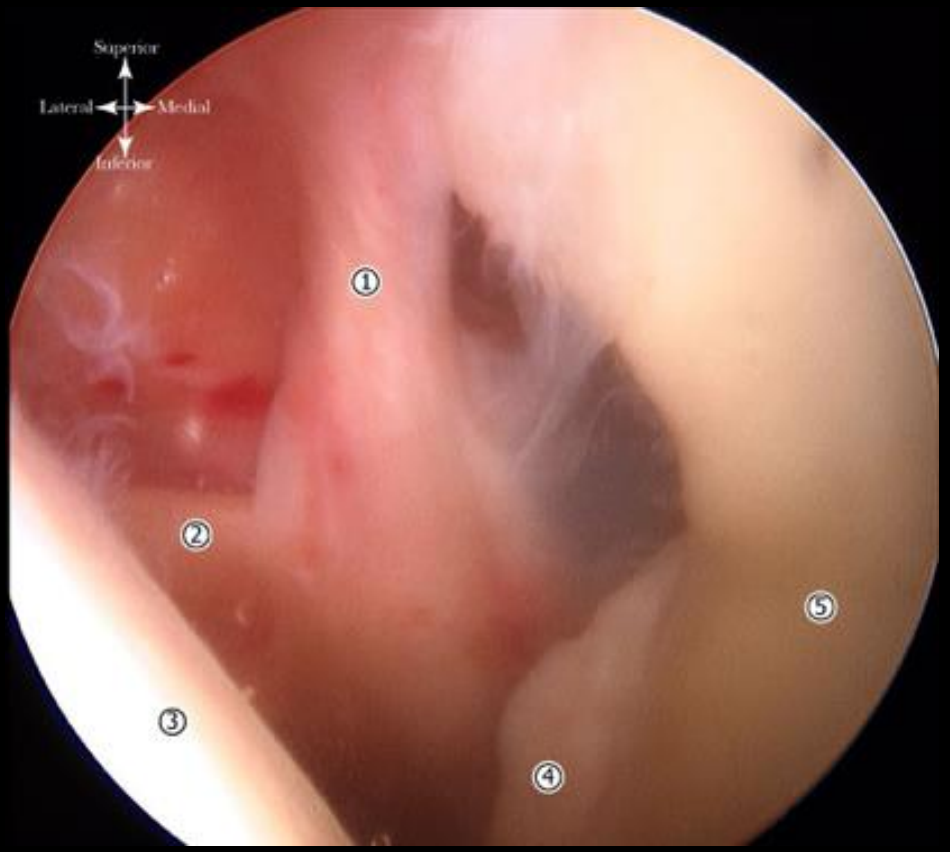


Credit: eortho.com



Normal

1 - Long head of biceps
2 - SGHL
3 - Subscapularis Tendon
4 - Humeral Head

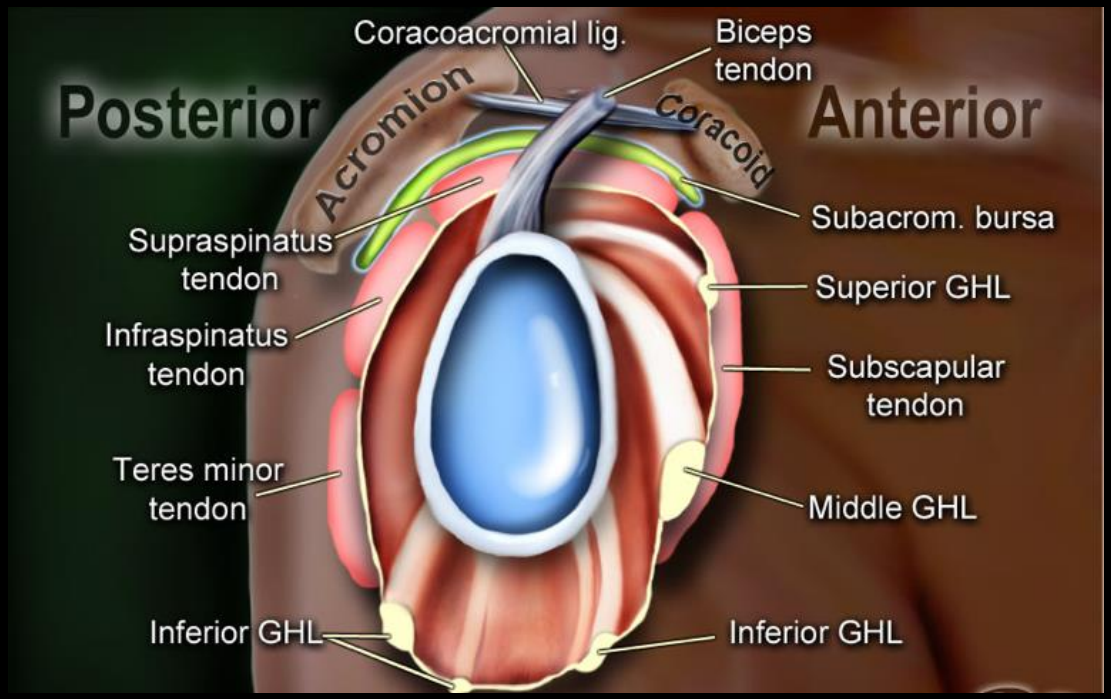


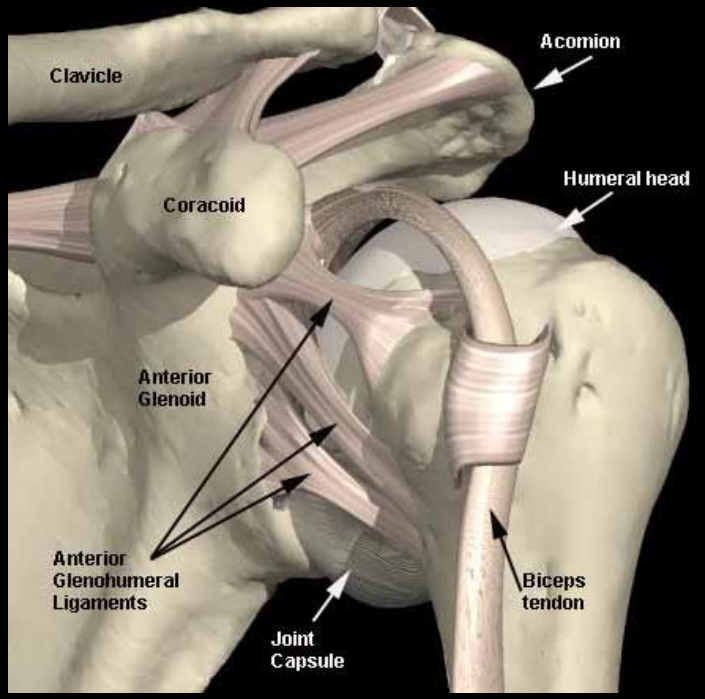
Abnormal

1 - Cord like MGHL
2 - Subscapularis
3 - Humeral head
4 - Anteroinferior labrum
5 - Glenoid

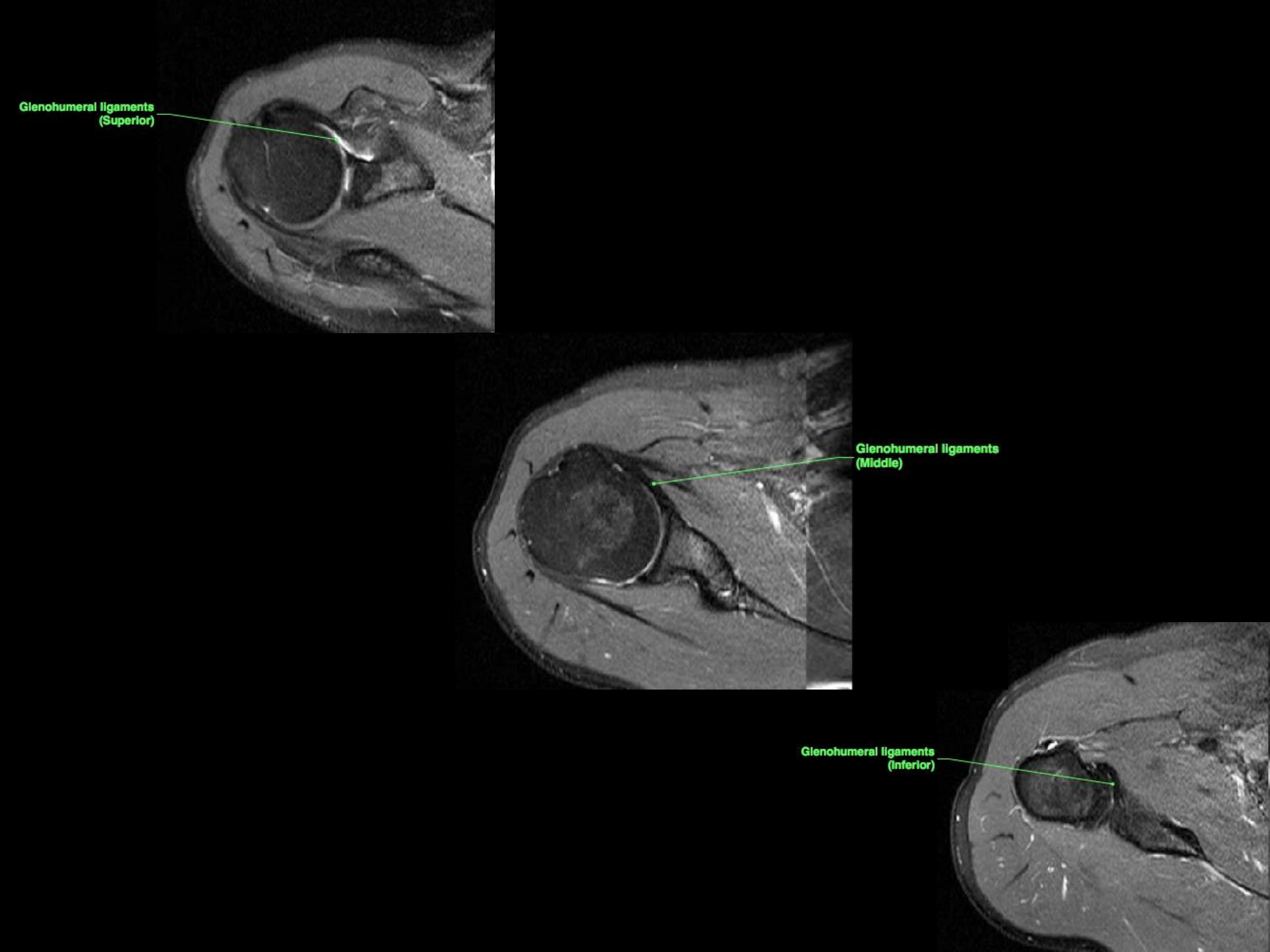
Buford complex

- Absent anterosuperior labrum; thick, cord-like middle glenohumeral ligament
- 1.5 – 7.4% patients
- Follow thickened MGHL from origin to where it blends with anterior capsule and subscapularis
- More easily identified on arthroscopy
- A relationship with SLAP tears and glenohumeral joint instability has been reported – increased force on the biceps/labral anchor
- Some orthopedic literature recommends be treated arthroscopically if associated labral pathology





Credit: radiologyassistant.nl,and Connecticut Center for Orthopedic Surgery, LLC


Glenohumeral ligaments
(Superior)
Glenohumeral ligaments
(Middle)
Glenohumeral ligaments
(Inferior)

References

- Resnick et al. Internal derangements of joints. 2nd edition. Saunders Elsevier, 2006.
- Sanders TG, MRI in Sports Medicine, An Issue of Clinics in Sports Medicine.
- Stoller DW. MRI in orthopaedics and sports medicine. 3rd edition. Lippincott Williams and Wilkins.