

Original Research Article

Magnetic Resonance Imaging of the Musculoskeletal System in Children and Adolescents: Experience at a Mission Teaching Hospital in Nigeria

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Abstract: Magnetic Resonance Imaging has revolutionized musculoskeletal (MSK) imaging, providing excellent image quality and resolution for good anatomical and pathological assessment. The quality and resolution of the radiological image, have a direct impact on the definitiveness of the diagnosis as well as on the clinical care provided to the patient. The best MRI images are obtainable using high-field equipment, starting with the 1.5 Tesla magnetic field strength. The aim of this research was to analyze the Musculoskeletal (MSK) MRI findings in children (0 – 17 years) examined in our department over 2 years (January 2024 – January 2026). The records of the department of radiology, which has a General Electric 1.5 Tesla MRI equipment were reviewed retrospectively. The MRI images were reviewed by 2 experienced specialist radiologists. The indications and the MRI findings were recorded on Microsoft Excel and then entered into and analysed using SPSS version 25. Approval for the research was obtained from the Babcock University's Research Ethics Committee. Among the one hundred and forty-six (146) children who had MRI during the period, a total of thirty-one (31) were imaged for MSK, aged 12 – 17 years, with the majority being males and in the 13 – 17 years age group. The commonest indications were knee pain (32.3%), suspected meniscal tear (12.9%), recurrent knee joint dislocation (9.7%) and thigh pain (6.5%). The major findings were anterior cruciate ligament (ACL) tear (19.4%), meniscal tear (16.1%), meniscal degeneration (6.5%) and supraspinatus tendinosis (6.5%). Our experience shows that adolescents were more often referred for MSK MRI among paediatric patients in our environment. Knee complaints were the most common indication, and abnormalities of the same joint are the most common MRI findings. More research that focuses on the MSK in children and adolescents is necessary to better characterize the spectrum of common MSK MRI findings among this age group.

Keywords: Magnetic Resonance Imaging, Musculoskeletal System, Indications, Findings, Children, Adolescents, Anterior Cruciate Ligament Tear, Meniscal Tear, Meniscal Degeneration.

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INTRODUCTION

Children are peculiar and very different from adults because their tissues are constantly growing and multiplying, making them very sensitive to small changes in normal environmental factors (CHQ-NSS-51033, January 2024). The actively growing and multiplying cells are especially susceptible to damage by ionizing radiation (Sadetzki and Mandelzweig, 2009) that affect their DNA and other vital components of the metabolic structures in the cell, resulting in cell death or

gene mutations. The affected cells have enough time to develop into cancerous tissues as the children grow. Radiologists therefore prefer to use non-ionizing sources of energy and imaging modalities in the investigation of the growing child.

Magnetic resonance imaging (MRI) is a great imaging modality in the investigation of children, as it is devoid of ionizing radiation (Bhargava *et al.*, 2013). It also provides excellent anatomic details and soft tissue

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assessment for injuries and disease (Anwar *et al*, 2022; Bhargava *et al.*, 2013; Gallo-Bernal *et al.*, 2023;). The major setbacks of MRI are the high cost, the longer time to acquire images and the need to sedate babies and younger children for the examination (Anwar *et al.*, 2022; Gallo-Bernal *et al.*, 2023). Some of the older children who may not require sedation, may have serious anxiety staying alone in the large space (claustrophobia) for the period the examination requires. The noise produced by the equipment is another challenge for many children. However, several hardware strategies such as high-field-strength magnets, multichannel phased-array coils and software improvements like fast imaging sequences, parallel image processing and others abound. These reduce scan time and thereby improve image quality in children's MRI examinations (Gallo-Bernal *et al.*, 2023), and also reduce the need for sedation even in infants and young children (Gallo-Bernal *et al.*, 2023, Harrington *et al.*, 2022)

Several researchers have reported the benefits of MRI in children and the best ways to adapt the available resources for the maximal use for imaging the different paediatric conditions (Cherryman, 1994; Harrington *et al.*, 2022).

The musculoskeletal system is an important area of the paediatric body that is examined using MRI (Hall & Kangaroo, 1989). According to Balassy & Hormann (2009), MRI has a wide range of usefulness in children: congenital and developmental disorders such as congenital hip dysplasia, traumatic conditions; the type, severity, extent, especially the involvement of soft tissue elements in the joints such as cartilage, joint space, tendons, ligaments and the overlying soft tissues. Complicated Sickle cell disease is another common inherited disease in our environment that can be well assessed using MRI (Alsallah, 2025). Other acquired conditions include childhood bone tumours (Balassy & Hörmann, 2009; Lipp *et al.*, 2026) and rheumatic diseases (Ozga *et al.*, 2024). In these conditions, MR signal changes in the bone marrow provide valuable insight into disease presence, sometimes before other clinical findings are present. However, to make an appropriate diagnosis and differential diagnosis after MRI, the clinical indication and the child's age are very important. The MRI characteristics of the bone marrow depend on relative quantities of water and fat in the marrow (Balassy & Hörmann, 2009).

Alsallah (2025) found bone infarcts (59%) and osteomyelitis (17%) to be the most common complications in sickle cell disease on MRI imaging, using high-field (1.5T and 3T) equipment.

Most MSK MRI research in Nigeria has been done in adult populations, some of whom were healthy participants. (Babalola *et al.*, 2021; Idowu *et al.*, 2022; Idowu *et al.*, 2023; Erundu & Aniebo, 2021; Okwara *et al.*, 2021).

According to Babalola *et al.*, (2021), the specificity, sensitivity and predictive value of clinical and MRI findings were comparable in relation to the diagnosis of anterior cruciate ligament (ACL) and Medial Meniscus tears, with MRI showing slightly higher values for the diagnosis of the former. However, clinical examination was better than MRI in relation to the diagnosis of lateral meniscus tears.

Idowu *et al.*, (2023) studied the MRI findings in 158 adults, with more males (58.2%) and slightly more right knees (51.9%), and most of the people studied (85.4%) had a positive history of trauma. They found effusion (77.2%), medial meniscal disease (48.1%), tibial abnormalities (46.2%), femoral abnormalities (46.2%), patella abnormalities (46.2%), anterior cruciate ligament disorders (37.3%), lateral meniscal disease (27.2%), medial collateral ligament disorders (22.2%), and popliteal (Baker's) cysts (15.8%) as the commonest MRI findings. ACL abnormalities were significantly more common in male participants.

Idowu *et al.*, (2022), in their retrospective study of the MRI findings in 50 adult Nigerians found a slight male preponderance (54%), and 80% of their study sample had a history of trauma. Ankle joint effusion was the most common abnormality (50%), and in 62.5% of those with antecedent trauma. Achilles tendinosis and Kager (pre-Achilles) fat pad oedema (8-12%), deltoid ligament tear (8%), and medial malleolar fracture (4%) were the other abnormal findings among others. Joint effusion was significantly more prevalent in post-traumatic ankles than in the non-traumatic ankles and in the right ankles than the left ankles.

Erundu and Aniebo (2021) reported that their most common findings among 198 clinically symptomatic adults in South-South Nigeria were, cruciate ligament tears (37.37%) and meniscal tears (33.3%), as well as quadriceps tendon tears (3.03%). The medial meniscus and anterior cruciate ligament were more frequently involved.

In other parts of the world, researchers have found different abnormalities on MRI of the MSK system among children and adolescents who are involved in sports. Uppstrom *et al.*, (2024) in an excellent review, highlight a wide range of abnormalities that are found on MRI in the different parts of the system. These include, for example, bone marrow oedema on both the metaphyseal and epiphyseal sides of the proximal humeral growth plate, physal widening, and adjacent periosteal oedema in "Little League shoulder", pelvic apophyseal avulsion fracture, patellar dislocation, particularly in those with valgus lower extremity alignment, patella alta, and trochlear dysplasia among many others.

There is no readily available MRI study that is focused on the paediatric and adolescent population in

our environment. This study is meant to fill part of the existing wide gap.

MATERIALS AND METHODS

The study was a retrospective, descriptive, cross-sectional study. All available clinical indications and the musculoskeletal MRI data for the age group 0 – 17 years within the period January 2024 were included while those with incomplete data were excluded.

The images used were acquired using a 1.5 Tesla General Electric machine. The MRI results found in the records of the Department of Radiology for all the children included in the study were collected using a Microsoft Excel form designed for the purpose and the data were analysed using IBM SPSS Statistics version 25. The MRI images for the children in the radiology computer archives (especially those reported as having abnormalities were reviewed by a specialist radiologist, in line with the standard reporting templates used in our department.

The standard protocols used for MSK examination in children include sagittal proton density

(PD) fat-saturated, sagittal T1 fast spin echo (FSE), sagittal T2 fluid attenuated inversion recovery (FLAIR), coronal T1 FSE, axial PD fat-saturated, and Axial T2. Where there is evidence of inflammatory or infectious, or suspicious masses, short Tau inversion recovery (STIR) images, diffusion-weighted imaging (DWI), susceptibility-weighted imaging (SWI) and post-contrast T1 imaging are added.

Approval for this study was obtained from the Babcock University Health Research Ethics Committee (BUHREC 100/26NB/174)

RESULTS AND DISCUSSION

Results

Out of the one hundred and forty-six (146) children referred for MRI during the period of review, thirty-one (31) of them had MSK MRI. There were twenty-two (22) males and nine females (Figure 1). The age distribution of the children shows that most of them were in the 13-17 years group, with only two in the 6-12 years age group (Figure 2).

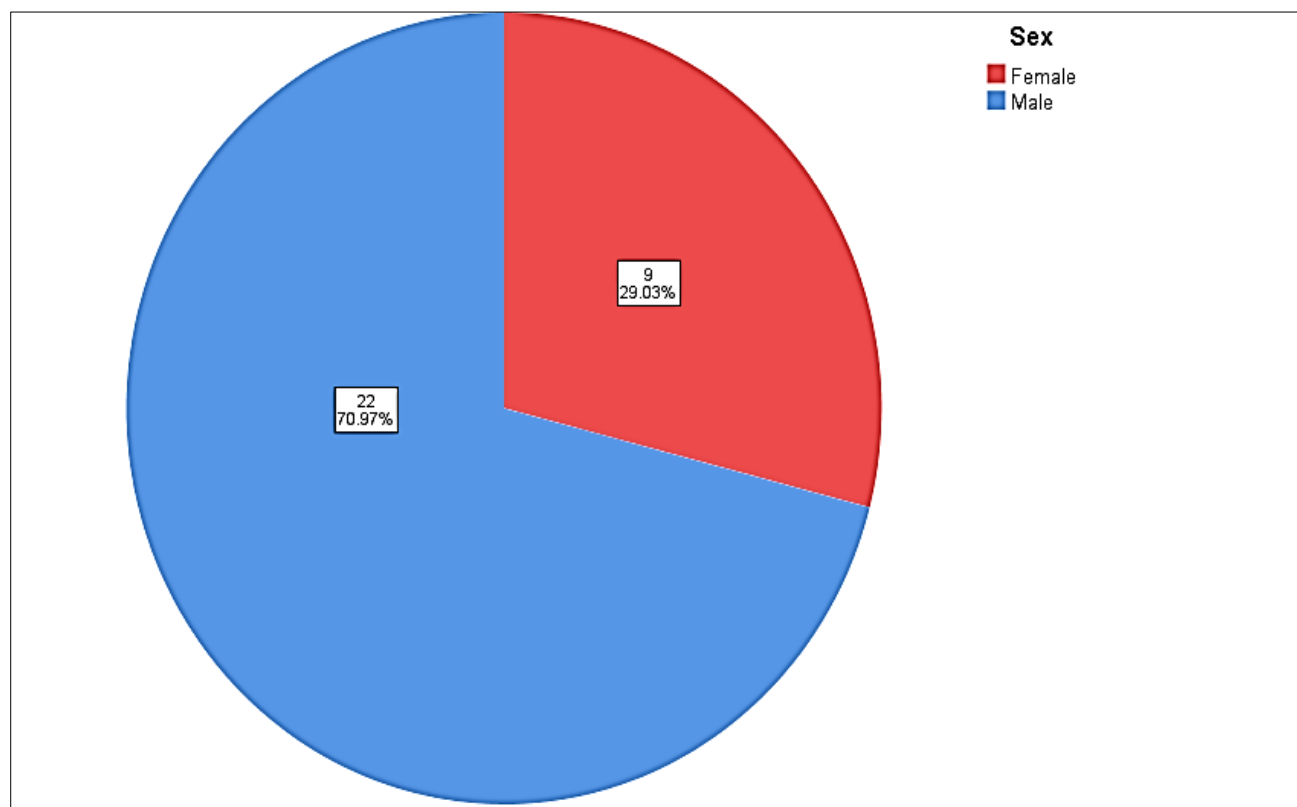


Figure 1: Sex distribution of participants who underwent musculoskeletal MRI

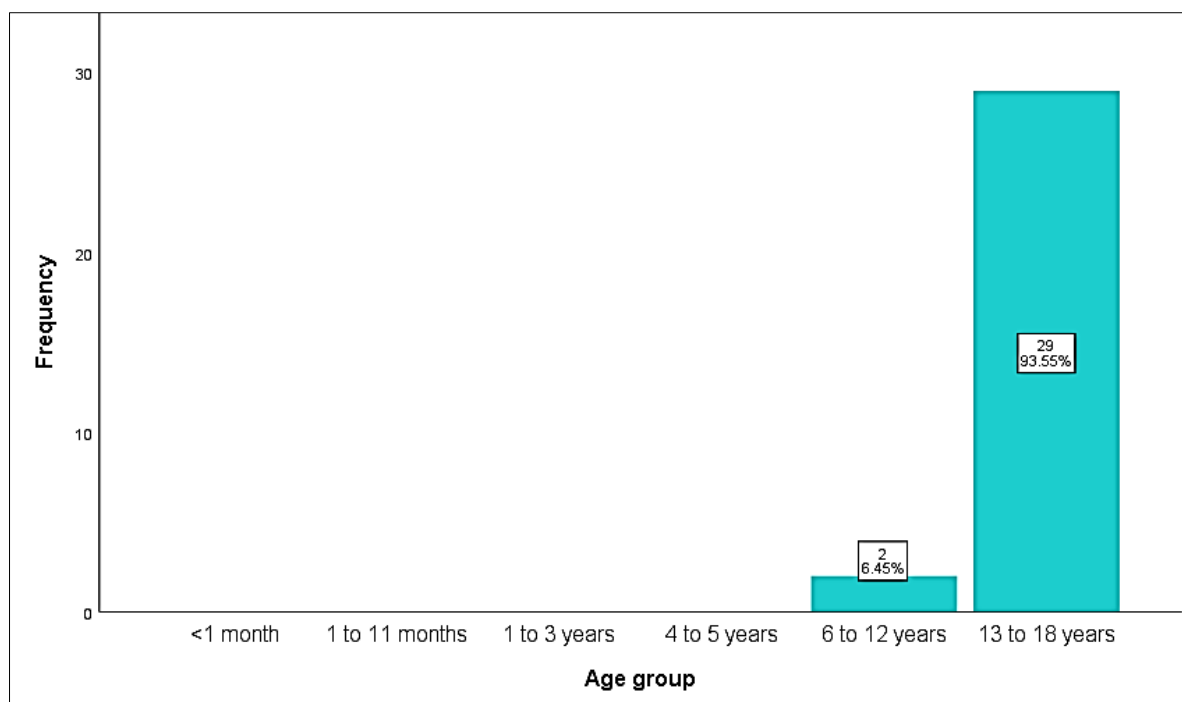


Figure 2: Age distribution of children who had Musculoskeletal MRI

The commonest indications were knee pain (32.3%), suspected meniscal tear (12.9%), recurrent knee joint dislocation (9.7%) and thigh pain (6.5%). Table 1 shows the indications for MSK MRI among the children. Up to 19 out of the 31 (61.29%) children reported an associated history of involvement with sporting activities.

The major findings were anterior cruciate ligament (ACL) tear (19.4%), meniscal tear (16.1%), meniscal degeneration (6.5%) and supraspinatus tendinitis (6.5%). The spectrum of the MRI findings are as presented on Table 2.

Table 1: Major indications for musculoskeletal MRI

Indication	Frequency (N = 31)	Percentage
Knee pain	10	32.3
Meniscal tear	4	12.9
Recurrent knee joint dislocation	3	9.7
Thigh pain	2	6.5
TBI	1	3.2
Bilateral lower limb weakness	1	3.2
TB of the spine	1	3.2
Scoliosis	1	3.2
ACL tear	1	3.2
Calf mass	1	3.2
Thigh swelling	1	3.2
Shoulder instability	1	3.2
Shoulder subluxation	1	3.2
Shoulder pain	1	3.2
Ankle ligament strain	1	3.2
Ankle swelling	1	3.2

Table 2: Pattern of major diagnosis in musculoskeletal MRI among participants

Diagnosis	Frequency (N = 31)	Percentage
ACL tear	6	19.4
Meniscal tear	5	16.1
Meniscal degeneration	2	6.5
Supraspinatus tendinitis	2	6.5
Normal	1	3.2

Diagnosis	Frequency (N = 31)	Percentage
Acute transverse myelitis	1	3.2
Tuberculous spondylitis	1	3.2
Severe idiopathic scoliosis	1	3.2
Trochlear dysplasia	1	3.2
Chronic osteomyelitis	1	3.2
Quadriceps tendon tear	1	3.2
Bufkin avulsion injury	1	3.2
MCL tear	1	3.2
Vastus intermedius muscle rupture	1	3.2
Soft tissue sarcoma	1	3.2
Semitendinosus tear	1	3.2
Femoral non-ossifying fibroma	1	3.2
Superior labral anteroposterior tear	1	3.2
Ankle osteoarthritis	1	3.2
Stress fracture of the first metatarsal	1	3.2

DISCUSSION

The majority of the children in this study were males, and most of them had imaging of the knee joint. There were 22 males (70.97%) and 9 (29.03%) females. This male preponderance was also reported among some adult cohorts (Mehta *et al.*, 2015; Shetty *et al.*, 2002; Manoj *et al.*, 2014; Gizaw, 2017; Erondy & Aniebo, 2021 and Idowu *et al.*, 2023). However, Mahmoud *et al* (2013) and Guermazi *et al.*, (2011) reported a female preponderance among participants who had MRI for knee joint pain. The male preponderance in our study may be because males are more often involved in sports injuries, which was reported in 61.29% of our study sample. Idowu *et al.*, (2023) reported that the majority (85.4%) of their patients also reported a history of trauma to the examined knee.

The commonest indications found among our adolescent study population involved the knee, with knee pain, suspected meniscal tear and recurrent knee dislocation (the three accounting for 54.9%) at the top of the list. Previous researchers have also reported knee pain as a common complaint of people referred for MRI of the knees (Mehta *et al.*, 2015; Mahmoud *et al.*, 2013).

The commonest finding in our study was ACL tear (19.4%). Similar findings were reported by Shetty *et al.*, (2002), Manoj *et al.*, (2014) and Erondy & Aniebo (2021), who reported 36.5%, 43.75% and 37.01% respectively. Interestingly, Erondy and Aniebo had about 7% of their sample in the 10-20 years age group. The differences in the proportions may be due to their adult participants and larger sample sizes. Ege *et al.*, (2001) had found ACL tear as their next most common finding (34.6%) after bone contusion (67%).

Meniscal tear (16.1%) and Meniscal degeneration (9.5) closely follow ACL tear on the list of our abnormal findings. Meniscal injuries were also found to closely follow ACL tears in frequency of occurrence by Shetty *et al.*, (2002), Manoj *et al.*, (2014), Ege *et al.*, (2001) and Erondy & Aniebo (2021). They found 53.8%,

42.5%, 24.48% and 33.3% combined medial and lateral meniscal injuries, respectively.

The next finding in descending order of frequency on our list is supraspinatus tendinosis (6.5%). The other lesion found in the upper limb was a superior (glenoid) labral tear (3.2%). Degenerative changes in the supraspinatus tendon is said to be rare in adolescents, unless there is frank tendinitis from sports injury or other forms of trauma. However, a recent study (Tung *et al.*, 2025) found that MRI signals from asymptomatic adolescent shoulders could sometimes cause diagnostic dilemmas. Glenoid labral tear is possible among young athletes who participate in overhead sports, but the more common shoulder injuries among adolescents are proximal humeral epiphysiolysis ("Little League shoulder"), and coracoid fractures or physis injuries (Uppstrom *et al.*, 2024).

The group of less common findings that were located in the spine among our study sample were acute transverse myelitis, tuberculous spondylitis and severe idiopathic scoliosis. In the thigh, there were quadriceps tendon tear, vastus intermedius muscle rupture, semitendinosus tear, trochlear dysplasia and Bufkin avulsion injury. The findings that fall into the bone tumour category were soft tissue sarcoma and non-ossifying fibroma of the femur. In the ankle and foot, there were osteoarthritis and stress fracture, respectively. Each of all these was 3.2%. The wide spectrum of less common findings attests to the usefulness and great utility of MRI in proper evaluation of children and adolescents with musculoskeletal complaints. Other researchers also found some less common lesions in their studies: Gizaw (2017) found an intra-articular mass in 6.1%; Erondy and Aniebo (2021) found Quadriceps tear (3.03%) and tumours (2.02%), while Idowu *et al.*, (2023) had abnormal biceps femoris tendon (0.6%) and abnormal medial reticular ligament (2.5%). Idowu *et al.*, (2022) while studying MRI in ankles, found posterior tibial tendinosis (2%), plantar fasciopathy (2%) and talar contusion (2%).



Figure 3: 16 years. Male. Sagittal PD Fat Sat showing a meniscal tear (linear hyperintensity reaching the meniscal articular margins) in the posterior horn



Figure 4: 17 years. Male. Sagittal PD Fat Sat showing a lateral meniscal tear (linear hyperintensity reaching the meniscal articular margins) in the posterior horn



Figure 5: 17 years. Male. Sag PD Fat Sat showing anterior cruciate ligament (ACL) injury as well as quadriceps tear

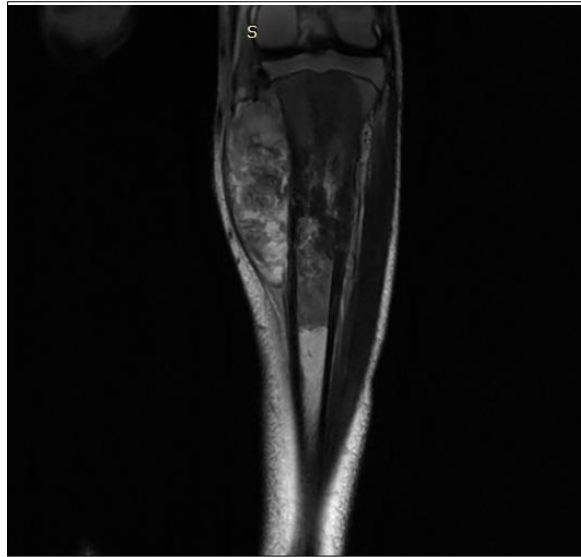


Figure 6a: 14 years. Female. Coronal T2 FSE: heterointense calf mass and the upper half of the tibia, suspected osteosarcoma

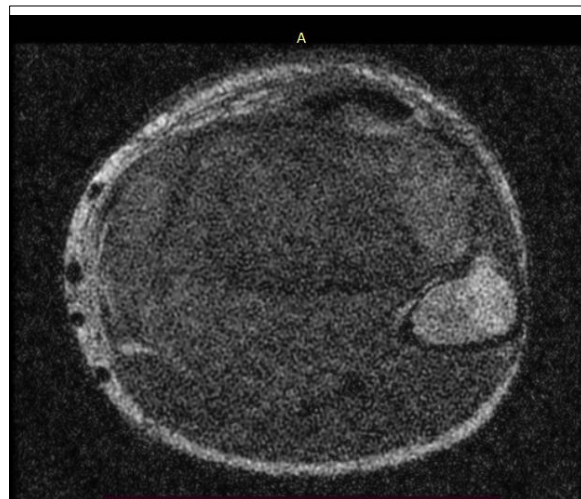


Figure 6b: 14 years. Female. Axial T1 FSE showing a predominantly isointense mass

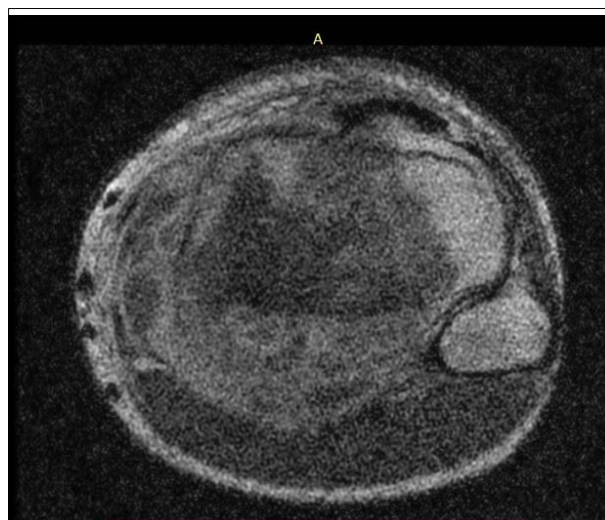


Figure 6c: 14 years. Female. Axial T1 FSE+ C, showing the calf mass that enhances heterogeneously with gadolinium contrast

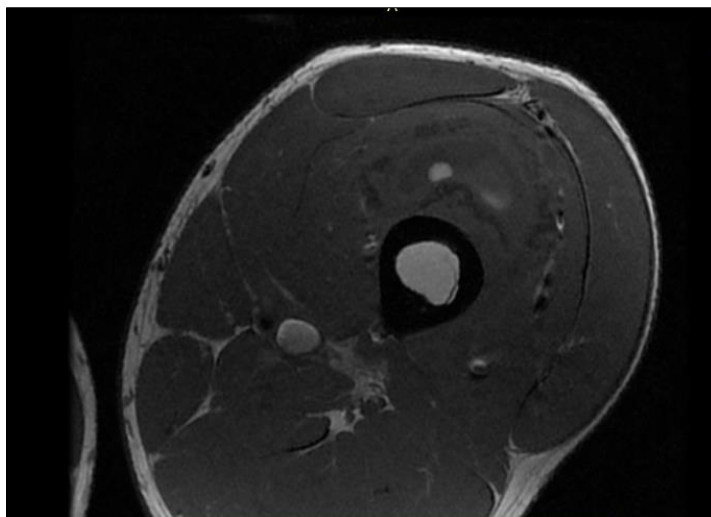


Figure 7a: 15 years. Male. Axial T1 FSE showing left vastus medialis rupture with intramuscular heamatoma

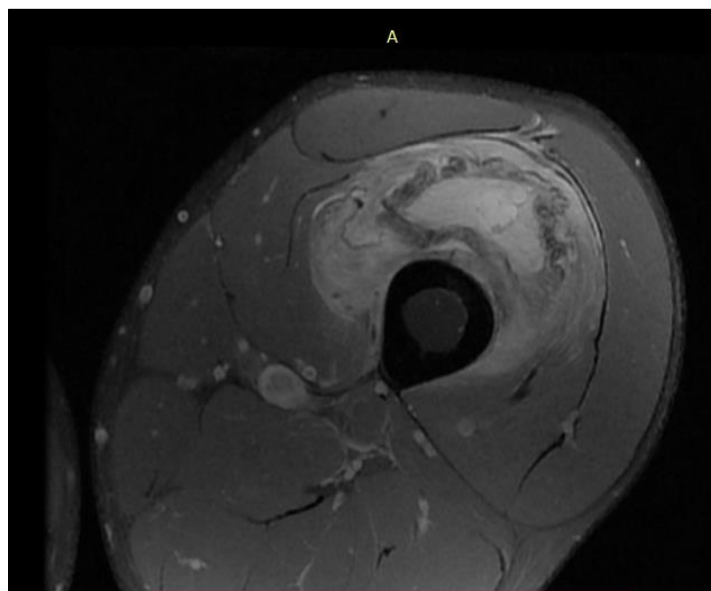


Figure 7b: 15 years. Male. Axial T1 FSE +C showing left Vastus medialis rupture with intramuscular heamatoma

CONCLUSION

Our experience shows that adolescents were more often referred for MSK MRI among paediatric patients in our environment. Males predominated among the children. Knee complaints were the most common indications, and abnormalities of the same joint were the most common MRI findings, with anterior cruciate ligament and meniscal injuries leading the pack. More studies focusing on MRI in MSK of paediatric and adolescent age groups need to be conducted in our environment.

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