

Case Presentation

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A 50-year-old tennis player presented with right lateral elbow pain with a gradual onset that worsens in full extension. Flexion-extension movements are associated with mild snapping. There is no history of previous trauma. The patient had been playing more tennis than usual, as part of a tennis tournament, for two months.

On physical examination, the patient demonstrated tenderness to palpation over the lateral aspect of the elbow with a slight increase in full extension. There were no other relevant findings.

Magnetic resonance imaging (MRI) of the elbow was performed.

FINDINGS AND INTERPRETATION OF IMAGING STUDIES

All MRI sequences consist of fat-suppressed T2-weighted sequences. Axial images ([Figure 1](#)) show an oversized radiohumeral fold. Sagittal T2-weighted MRI sequence ([Figure 2](#)) shows posterolateral fold thickening (>3 mm) with increased signal intensity and irregular margins. Coronal T2-weighted MRI sequence ([Figure 3](#)) reveals the same findings. No lesions were detected in the capitellum hyaline cartilage or the fovea radialis. No bone edema observed.

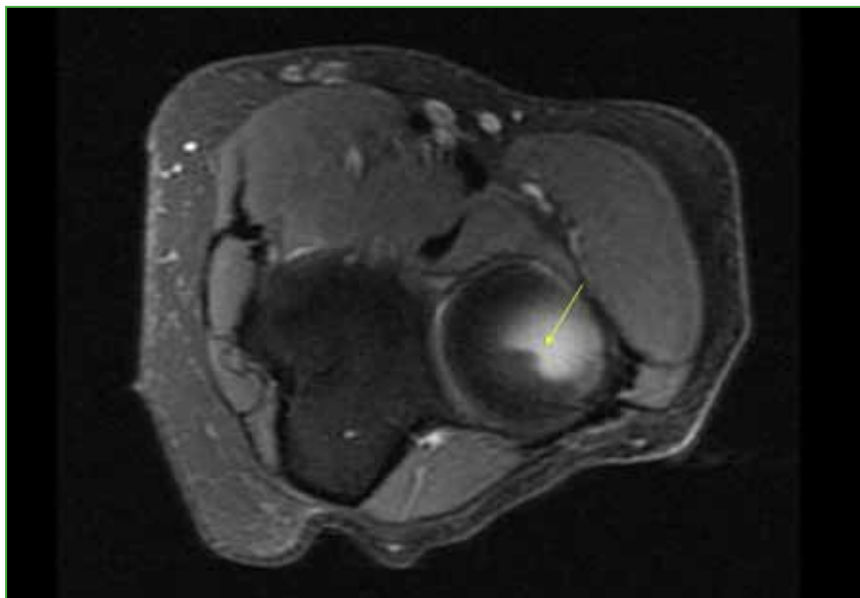


Figure 1. Axial T2-weighted fat-suppressed MRI sequence. Oversized radiohumeral fold.

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Figure 2. Sagittal T2-weighted fat-suppressed MRI sequence. Posterolateral fold thickening with increased signal intensity and irregular margins.



Figure 3. Coronal T2-weighted fat-suppressed MRI sequence. Posterolateral and radiohumeral fold thickening with increased signal intensity and irregular margins.