

Letter to the Editor: Revisiting the “Ice Cream Scoop” Sign in Adult Elbow Tuberculosis: Extending Beyond the Pediatric Population

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Dear Editor-in-Chief,

I read the article “Tuberculous Synovitis of the Elbow Presenting with Multiple Rice Bodies: A Rare Case Report” by Ravisankar et al. published in Journal of Orthopaedic Case Reports 2026 March;16(03):144-148 with keen interest [1], and commend the authors for their contribution. The authors present a rare and informative case; however, I would like to highlight an important radiological aspect that appears to be underemphasized and is useful for readers.

Agarwal et al. observed a typical pattern of proximal metaphyseal ulnar erosion with intra-articular involvement in 7 out of 10 elbows on radiographs. They coined this characteristic radiological sign as an “ice cream scoop” appearance, and suggested it as an important diagnostic clue in suspected cases of elbow tuberculosis [2].

In the present case by Ravisankar et al., radiographic involvement of the proximal ulna with osteolytic changes appears comparable to the “ice cream scoop” appearance, a sign previously described by Agarwal et al. as a characteristic finding in advanced elbow tuberculosis in pediatric populations.

Notably, both the present adult case and previously described pediatric case series represent advanced-stage disease (Martini stage IV) with significant joint destruction [3], which may explain the similar radiographic appearance.

The absence of mention of this radiological sign in the current report represents a missed opportunity to reinforce a recognizable imaging feature, as it could enhance diagnostic interpretation and aid clinicians in more accurate diagnosis.

To summarize, although the authors have adequately described the radiographic destruction, they fail to recognize or contextualize this previously described radiological pattern, which serves as an important diagnostic clue in suspected cases of elbow tuberculosis. Thus, the “ice cream scoop” sign is not only limited to pediatric patients but may also be observed in adults with advanced-stage disease, thereby extending its clinical applicability.

Lastly, I would like to emphasize the diagnostic relevance of this radiological sign in facilitating the recognition of advanced-stage elbow tuberculosis in adults.

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Author's Photo Gallery



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