RadiologyInfo.org
For patients

Chronic Wrist Pain

Arthritis is usually diagnosed by a doctor or with laboratory tests. Imaging tests are used to figure out the amount of breakdown of cartilage in the joint.

The most appropriate initial imaging test for chronic wrist pain is an x-ray (https://www.radiologyinfo.org/en/info/bonerad) . Some conditions need additional imaging tests for diagnosis or to plan for treatment.
MRI (https://www.radiologyinfo.org/en/info/muscmr) without intravenous contrast is often the first follow-up examination, but other tests may also be appropriate, including MRI with intravenous contrast injection.

When infection is suspected, aspiration of the wrist with laboratory examination is indicated. Pain on the pinky side of the hand may represent an injury to cartilage near the small finger. MR or CT arthrography (https://www.radiologyinfo.org/en/info/arthrog) , in which contrast material is injected into the wrist joints, is recommended. However, when the patient feels pain on the thumb side of the hand, the most likely diagnosis is a torn ligament. MR or CT arthrography or ultrasound (https://www.radiologyinfo.org/en/info/musculous) of the wrist may demonstrate the abnormality.

Other diagnoses with similar symptoms include:

- Kienböck's disease, a condition in which one of the wrist bones, the lunate, loses its blood supply and eventually dies. When Kienböck's disease is suspected, MRI or CT (https://www.radiologyinfo.org/en/info/bodyct) without contrast may be necessary to see the amount of bone that has collapsed.
- Pain associated with a mass, or if the physician suspects the presence of a ganglion cyst, suggests the need for MRI with intravenous contrast or ultrasonography of the wrist.
- A stress fracture or other break to the bone that is clinically suspected but not seen on x-ray may require CT without intravenous contrast material for diagnosis.
- Pain that is suggestive of carpal tunnel syndrome is best evaluated by ultrasonography of the wrist.

— By Frank J. Rybicki Jr. and Bruno Policeni, MBA, MD. This information originally appeared in the *Journal of the American College of Radiology.*

Disclaimer

This information is copied from the RadiologyInfo Web site (http://www.radiologyinfo.org) which is dedicated to providing the highest quality information. To ensure that, each section is reviewed by a physician with expertise in the area presented. All information contained in the Web site is further reviewed by an ACR (American College of Radiology) - RSNA (Radiological Society of North America) committee, comprising physicians with expertise in several radiologic areas.

However, it is not possible to assure that this Web site contains complete, up-to-date information on any particular subject. Therefore, ACR and RSNA make no representations or warranties about the suitability of this information for use for any particular purpose. All information is provided "as is" without express or implied warranty.

Please visit the RadiologyInfo Web site at **http://www.radiologyinfo.org** to view or download the latest information.

Note: Images may be shown for illustrative purposes. Do not attempt to draw conclusions or make diagnoses by comparing these images to other medical images, particularly your own. Only qualified physicians should interpret images; the radiologist is the physician expert trained in medical imaging.

Copyright

This material is copyrighted by either the Radiological Society of North America (RSNA), 820 Jorie Boulevard, Oak Brook, IL 60523-2251 or the American College of Radiology (ACR), 1891 Preston White Drive, Reston, VA 20191-4397. Commercial reproduction or multiple distribution by any traditional or electronically based reproduction/publication method is prohibited.

Copyright ® 2026 Radiological Society of North America, Inc.