

Pyogenic Sacroiliitis In Young Adults With No Predisposing Factors

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INTRODUCTION:

Pyogenic sacroiliitis is an uncommon osteoarticular infection. We report our experience in treating two patients with no predisposing factors.

CASE REPORTS:

A 13 years old boy presented with 1 day history of right gluteal pain associated with fever. Right sacroiliac (SI) joint was tender on palpation. FABRE test was positive over right side. There was reduced power over L2 on the right side but full power elsewhere bilaterally. WCC is normal, ESR is not elevated (21mm/hr), but there is markedly raised CRP (30.4). Blood C&S is positive for methicillin sensitive Staphylococcus Aureus (MSSA). MRI was suggestive of right sacroiliitis.

A 21 years old gentleman presented with 1 week history of left lower back pain radiating to left hip and leg, associated with fever. There was tenderness over L4/L5 with left paravertebral spasm. Neurological examination was normal except FABRE test was positive over left side. WCC and CRP was raised (14) and (117.6) respectively. Blood C&S did not show any growth. Mantoux test was negative. MRI findings showed infective left sacroiliitis with extension into left iliacus muscle.

Both patients were treated with 6 weeks course of cloxacillin (2 weeks of IV cloxacillin 2g QID, followed by 4 weeks of oral cloxacillin).

RESULTS:

Both patients symptomatically improved within days of commencing treatment. Inflammatory markers decreased gradually. Both remained asymptomatic at 4 months follow up.

DISCUSSIONS:

Pyogenic sacroiliitis represents 1-2% of all cases of septic arthritis⁽¹⁾. Risk factors include IV drug abuse, trauma, pregnancy and infection of other organs. Both of our patients had none of these.

The most common organism is Staphylococcus Aureus⁽²⁾, with increasing incidence of methicillin resistant Staphylococcus Aureus (MRSA) among young children⁽³⁾

Magnetic resonance imaging (MRI) plays an important role in diagnosing this disease, and they can show subtle changes in the joint in early stage of the disease⁽⁴⁾.

Prompt antibiotic treatment is vital in treating this disease. Vancomycin combined with rifampicin is recommended for cases with MRSA infections.⁽⁵⁾

CONCLUSION:

Despite the rare incidence of pyogenic sacroiliitis, diagnosis can be achieved by detailed history and examination, and guided by MRI. Early antibiotics treatment may prevent delayed complications of this disease.

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