



IMAGE ARTICLE

Pyogenic Sacroiliitis and Multilocular Abscess Involving the Sacroiliac Joints in a Patient with Lumbar Pain

Ibrahim Guler¹, Emine Uysal², Nazlım Aktug Demir³, Hakan Cebeci¹ and Mustafa Koplay^{1*}

¹Department of Radiology, Medical Faculty, Selcuk University, Konya, Turkey

²Gurses Diagnosis Treatment and Health Services Inc., Konya, Turkey

³Department of Infectious Disease, Medical Faculty, Selcuk University, Konya, Turkey

*Corresponding author: Mustafa Koplay, M.D, Department of Radiology, Medical Faculty, Selcuk University, The Central Campus, 42075, Konya, Turkey, Tel: +90-332-2243800-44939, E-mail: koplaymustafa@hotmail.com

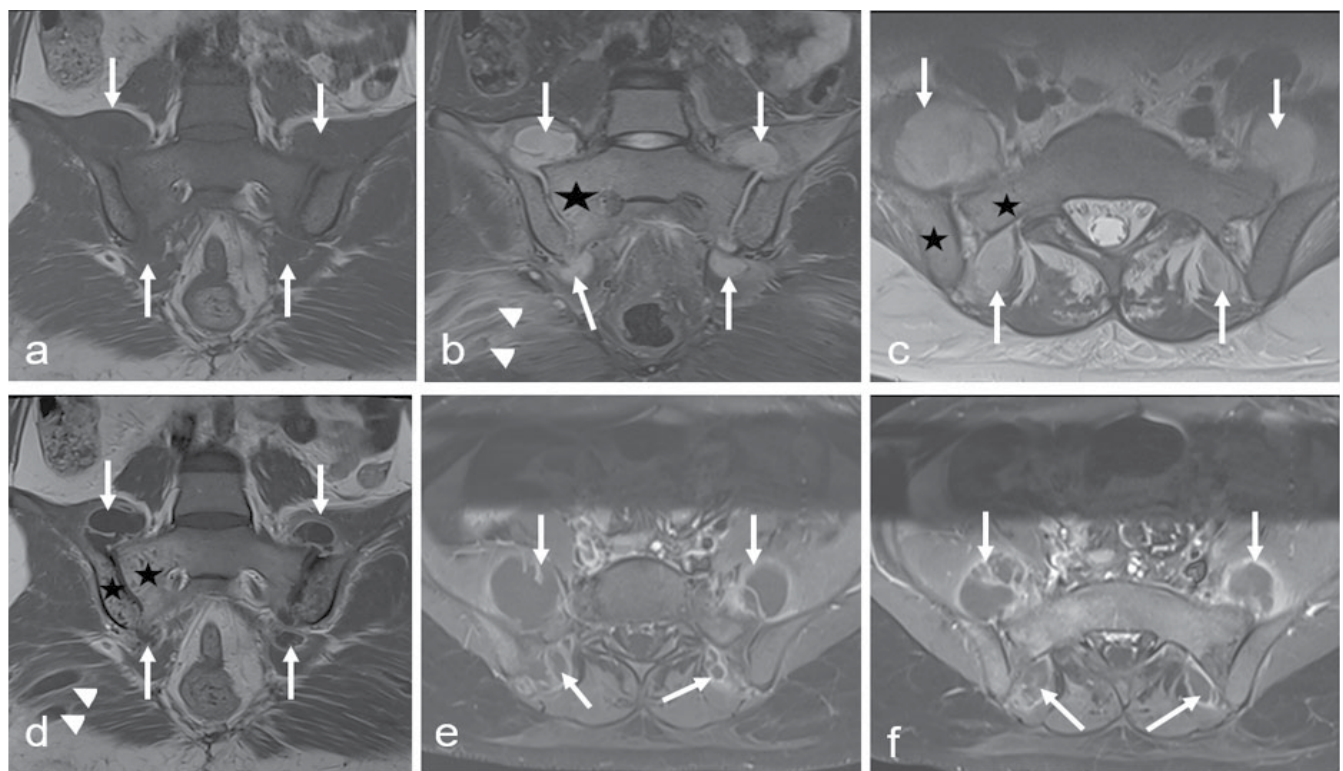


Figure 1: Coronal T1 weighted image (a), coronal (b) and axial (c) T2 weighted images, contrast enhanced coronal T1 (d) and fat saturation axial (e,f) T1 weighted images show the bone marrow oedema in right sacroiliac joint (star), overlying soft tissue swelling, right gluteal muscles abscess (arrowheads) and multilocular abscess involving the bilateral sacroiliac joint (arrows). Contrast enhancement was seen in bone marrow edema regions compatible with sacroiliitis (star). Fluid collections compatible with multilocular abscess was showed peripheral enhancement (arrows).

A 21-year-old female patient applied to our hospital with gluteal and lumbar pain. Physical examination

revealed tenderness in the bilateral sacral-lumbar area and limitation of the bilateral hip joint. Sacroiliac joint

MRI showed the bone marrow oedema, overlying soft tissue swelling, right gluteal muscles abscess and multilocular abscess involving the bilateral sacroiliac joint (Figure 1). Pyogenic sacroiliitis of sacroiliac joint is seen rarely, representing 1-2% of all cases of septic arthritis [1]. The most frequent symptom is lumbogluteal pain and the diagnosis is difficult because of the lack of symptom specificity. *Staphylococcus aureus* is the most detected organism in cases of pyogenic sacroiliitis [1,2]. In our case, the abscess was drained with percutaneous surgical approach and the patient responded well to antibiotic therapy.

Source of Support

None.

Conflicting Interest

None.

Disclosure of Interest

The authors declare that they have no any conflict of interest.

References

1. Kim S, Lee KL, Baek HL, Jang SJ, Moon SM, et al. (2013) A case of acute pyogenic sacroiliitis and bacteremia caused by community-acquired methicillin-resistant staphylococcus aureus. *Infect Chemother* 45: 441-445.
2. Hermet M, Minichiello E, Flipo RM, Dubost JJ, Allanore Y, et al. (2012) Infectious sacroiliitis: A retrospective, multi-centre study of 39 adults. *BMC Infect Dis* 12: 305.