SEP TIC SACROI LI TIS
An Analysis of 14 Patients

I. JAJIC, Z. FURST, K. KRALJ, A. OGRAJSEK, D. ORLIC & M. PECINA


RESULTS
The radiographic findings were negative in three cases, dubious in four and clearly positive in seven. Scintigraphy showed high uptake in all patients. Aspiration was performed in only seven patients because of the inaccessibility of the joint. Seven patients had taken antibiotics before admission. In one of the patients the culture remained sterile, in two patients Mycobacterium tuberculosis was isolated and in five, Staphylococcus aureus. In four patients the diagnosis of specific sacroiliitis was based on the finding of tuberculosis in the lungs and spine. Primary foci were detected in nine patients, with abortion, pneumonia, tonsillitis and the tuberculosis foci mentioned above. In one patient sacroiliitis occurred after football trauma to the sacroiliac joint.
The patients were followed up for an average of 18 months.

Three patients had pain in the gluteal region, increased tonus of the paravertebral muscles and limited movements of the lumbar spine and limp after 6 months. The affected joint was painful upon palpation and there was a positive Mennell’s test (Mennell 1945) in four patients. Two patients showed a positive Trendelenburg’s sign.

DISCUSSION

The diagnosis of septic sacroiliitis in this study was established between 10 and 90 days after onset and seven patients presented with joint destruction. The diagnosis of infectious arthritis of the peripheral joints, with the exception of the hip, is usually established within the first 3 days (Jajić 1981). This, unfortunately, is not true for the sacroiliac joint (Coy et al. 1976, Dunn et al. 1976, Morrey et al. 1978, Gordon & Kabins 1980, Jajić 1981) and anamnestic data on pain in the hip or flank are most often associated with the hip rather than with the sacroiliac joint.

With the introduction of bone scintigraphy the problem of reduced accessibility has been eliminated. Although nonspecific, the method is very sensitive and it will signal much earlier than X-ray examination that “something” is going on in the sacroiliac joint. Scintigraphic findings are usually positive weeks before radiographic change and together with the clinical picture enable therapy to be started early enough to prevent joint destruction (Szanto 1979, Gordon & Kabins 1980, Jajić 1981).

REFERENCES


Correspondence to: Prof. dr. Ivo Jajić, Klinika za ortopediju, Salata 6, 41000 Zagreb, Yugoslavia.