



# Infectious Sacroiliitis Presenting as Lumbar Radiculopathy After Dilation and Curettage: A Case Report

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## Introduction

The prevalence of infectious sacroiliitis (ISI) is rare, involving between 1 and 2% of septic arthritis cases.

The greater demands on the SI joint in pregnant women due to increased weight and hormone-induced changes to the pelvic conformation account for the higher frequency of ISI cases during pregnancy, in the immediate postpartum period, or following abortion.

Generally, the infection is unilateral, with a preference for the left side, however, tends to be bilateral in pregnancy up to 60% of the time.

MRI is the reference examination for establishing the diagnosis of ISI.

Gram-positive Staphylococci are the predominant pathogens, however Streptococcus is the more frequent pathogen in the gynecological/obstetrics patient.

Definitive microbiological diagnosis may be based on blood cultures, joint fluid by CT-guided percutaneous puncture, or surgical investigations.

## Case Presentation

We present the case of a 41-year-old, 5'9" 170lb female who developed left low back and buttock pain with left hip flexion weakness graded 1/5 one day following dilation and curettage due to fetal loss. MRI of her lumbar spine was unremarkable and she was initially treated for presumptive lumbar radiculopathy with gabapentin and oral steroids. Her symptoms worsened prompting two emergency department visits, neither of which elucidated the etiology of her symptoms. At this point she was prescribed hydrocodone/acetaminophen 5mg/325mg which did offer mild symptoms relief. She was then referred for physiatric spine evaluation where pelvic CT and MRI were ordered. These studies demonstrated findings consistent with sacroiliitis. Aspirate grew group B streptococcus and lab work demonstrated a white blood cell count of 21.9 and CRP of 128.9. She was hospitalized and received a 4-week course of IV ceftriaxone. Follow up examination demonstrated improved ambulation with full muscle strength of the left hip.

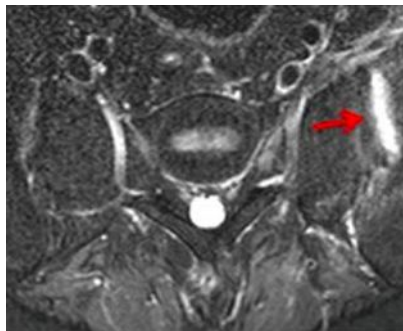


Figure 1. Intra-articular fluid in the sacroiliac joint (red arrow) is a more prominent finding in infectious sacroiliitis vs inflammatory sacroiliitis.

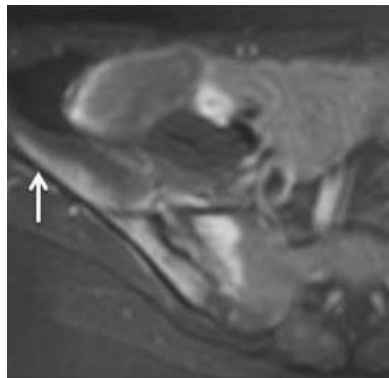


Figure 2. Inflammation in infectious sacroiliitis spreads to involve the peri-articular soft tissues, particularly the iliacus (white arrow) and gluteal muscles.

## Discussion

The incidence of pregnancy-associated infectious sacroiliitis is low, with less than 20 cases reported in the literature.

Low back pain, however, occurs frequently in pregnancy, with a prevalence ranging from 30% to 78%.

This atypical clinical presentation of infectious sacroiliitis explains the lengthy time to diagnosis.

## Conclusion

Low back pain can be the presenting symptom for a wide range of pathology. This case demonstrates the importance of maintaining a broad differential diagnosis and exhibits how pivotal a thorough history and musculoskeletal exam is to rule out dangerous etiologies, in this case sacroiliitis, given its mortality in the adult patient of approximately 25% if left untreated.

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