CASE REPORT

Pyogenic Sacroiliitis Complicated by a Sub-iliacus Abscess in a Child

Cheung PC

Department of Orthopaedics and Traumatology, Prince of Wales Hospital, Shatin, Hong Kong

ABSTRACT

This report is of a child with staphylococcal sacroiliitis complicated by a sub-iliacus abscess. The child was successfully treated with intravenous antibiotics and image-guided percutaneous aspiration, with continuous drainage of the abscess. This uncommon condition can be effectively treated by this minimally invasive drainage method, avoiding the need for open drainage.

Key Words: Abscess, Child, Drainage, Osteomyelitis, Septic arthritis, Staphylococcus

中文摘要

兒童化膿性骶關節炎合併髂窩下膿腫

張百昭

作者報告一例兒童化膿性骶關節炎合併髂窩下膿腫。靜脈注射抗生素後，在視像指導下穿刺，患者膿腫被成功地引流。在現代靈敏的診斷工具、圖象技術以及治療措施下，這一罕見的複雜病症能夠在微創條件下得到有效處理。

INTRODUCTION

Pyogenic sacroiliitis is an uncommon infection in children. Early clinical diagnosis may be difficult due to the variable clinical presentation and the similarity in presentation to septic hip or spondylodiscitis. Careful assessment is thus required to accurately diagnose this condition. This report is of a child with sacroiliitis complicated by a sub-iliacus abscess.

CASE REPORT

A 12-year-old girl fell in the school playground landing on her right buttock in 2004. She had severe buttock pain for 1 day, which then subsided. She developed increasing right hip pain, fever, and a limp 1 week later. There was no history of further trauma, urethritis, diarrhoea, or intravenous drug use. At presentation to hospital, the initial provisional diagnosis was septic arthritis of the hip and she was referred to the Paediatric Orthopaedic Unit.

At examination, she had a mild fever of 38.5°C. There was no tachycardia. There was marked localised tenderness and mild swelling over the right sacroiliac joint. Full range of passive movement of the right hip was achieved, with pain referred to the buttock at the limits of hip motion. The Faber test elicited pain and limitation of movement (Figure 1). Downward compression of the iliac wings also produced pain in the right sacroiliac joint. Blood tests revealed a raised white blood cell count of 18.4 x 10^9/L (normal range, 4.5 to 14.5 x 10^9/L), elevated C-reactive protein of 215 mg/L (normal range, <5 mg/L), and increased erythrocyte sedimentation rate of 130 mm/hour (normal range, 0 to 10 mm/hour). Renal and liver function tests were normal. Blood cultures grew Staphylococcus aureus, sensitive to cloxacillin. Both urinalysis and urine culture were negative for infection. X-rays of the pelvis and lumbosacral spine were normal. Ultrasound and magnetic resonance imaging (MRI) of the sacroiliac