

Title: Sacroiliac Pain Due to Osteitis Condensans Ilii

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Abstract: Introduction: The differential for patients presenting with sacroiliac (SI) pain is broad- including axial spondyloarthritis, infectious sacroiliitis, and Paget's disease. Management of these conditions varies significantly. Thus, it is important to carefully evaluate each patient with SI pain. Case Presentation: Patient is 41-year-old female with a chief complaint of right hip pain. Pain was from her right buttocks and radiated down her thigh; it was achy, throbbing, and improved with ice and massaging but not with Tylenol or Ibuprofen. Activity exacerbated the pain. SI joint dysfunction was suspected. At follow-up, patient stated the pain remained with minimal to no improvement of symptoms. OA or trochanteric bursitis was suspected. Hip radiograph was ordered showing no acute osseous abnormality or right hip arthropathy. There was evidence of sclerosis on the iliac side of the right SI joint suggesting osteitis condensans ilii (OCI). HLA-B27 was negative and BMP, CBC unremarkable. ESR was slightly elevated to 35. At follow-up, MSK exam was remarkable for tenderness to palpation over the SI joint with negative straight leg, FABER, and FADIR testing. Final Diagnosis: Imaging was consistent with a diagnosis of OSI, a noninflammatory disorder most commonly identified by distinct radiographic findings. Management and Follow-up: There is little evidence examining treatment options for OCI. Management is focused on improving patient quality of life. Our patient was initially treated with a topical anti-inflammatory and provided SI exercises. Unfortunately, her pain persisted, and she was prescribed Meloxicam which also did not relieve her symptoms. She was switched to Celecoxib 200 mg QD and referred to physical therapy.