

Osteitis condensans ilii; differential diagnosis and management: A case presentation

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Background: Osteitis condensans ilii refers to an increase in bone density (sclerosis) located on the inferomedial aspect of the ilium adjacent to the sacroiliac joint. It is often bilateral, symmetric and triangular. It is a rare condition of benign cause of axial low back pain. The reason remains unknown since it is first described in 1926. Typically affected females following pregnancy, males and nulliparous females have also been reported.

Objectives: Aim of this study is to describe diagnostic process and management of OCI as a rare condition of low back pain and to compare the findings with the available data from literature.

Method: A 29 year old woman presented with lower back pain and polyarthralgia without a history of trauma or injuries. She was an office worker and the condition affected her daily life activities and disturbed her night sleep. She found it particularly difficult to lie flat and get in and out of bed. No other comorbidities were recorded.

Clinically: Paraspinal and midline tenderness at L4/L5 levels, good spinal flexion, neurovascular intact. Hip examination was unremarkable. Distraction, compression FABER and Gaenslen's test for sacroiliac joints were positive. Radiology findings demonstrated well defined sclerotic area, adjacent to left SIJ only on the iliac side. The SIJ was well preserved without any joint erosion. Further MRI scan of LS spine and pelvis were performed to rule out other reasons for lower back pain. Laboratory studies have shown: Vitamin D deficiency, hyperthyroidism, normal CRP and ESR and Rh factor. Further testing for HLA antigen was performed. Conservative treatment modalities like physiotherapy and non-steroidal anti-inflammatory medication was employed.

Results: Conservative measures taken have led to satisfactory symptoms control.

Conclusions: OCI is a rare cause of lower back pain. Detailed history, examination, XR and MRI imaging must be obtained to diagnose and exclude other reasons for lower back pain. Further laboratory tests are also required to distinguish this idiopathic condition from ankylosing spondylitis, seronegative spondyloarthropathy, metastatic disease or sacroiliitis. It is often seen following pregnancy but no clear association between OCI and pregnancy have been shown. The condition could represent a diagnostic challenge in patients with polyarthralgia. Conservative treatment is normally sufficient to achieve symptoms control.

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