



Tuberculous Sacroiliitis secondary to hematogenous dissemination of Pulmonary Tuberculosis: Case Report

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BACKGROUND

Tuberculous Sacroiliitis is an uncommon infection when related to the spectrum of osteoarticular involvement. This occurs in about 35% of all extrapulmonary forms of Tuberculosis, having the vertebrae, metaphyses of long bones and large joints as the most common locations. Infection caused by *Mycobacterium tuberculosis* in bones and joints is a localized and destructive, usually hematogenic, process that originates from a primary pulmonary or intestinal tuberculous focus. It exhibits a slow evolution with destruction of the bone tissue, becoming very common the association of the Tuberculosis bone with the arthritis in a same place.

CASE REPORT

Male, 18 years old, admitted with intermittent fever, severe headache and unmeasured weight loss associated with pain in the lower back and right hip, showing mixed characteristics, with limited movement for 1 week. He reported dry coughing and dyspnea two months after admission with chest X-ray evidencing pleural effusion and fibrotic traces at the base of the left hemithorax. During hospitalization, a Thoracic Computed Tomography (CT) scan was performed showing a mild left pleural effusion with loculated appearance, a small area of consolidation in the anteromedial segment of the left lower lobe, ground-glass opacities and linear, branched, bud-shaped, in apical segments, of non-specific appearance, and may indicate an inflammatory process infectious by mycobacteria in activity. In addition to thorax CT, laboratory tests were requested, with the following results: mild leukocytosis, low inflammatory activity tests, serological tests for HIV, VDRL, non-reactive hepatitis B and C, and reactive IgG toxoplasmosis. Subsequent to the previously described CT scans of Skull, Magnetic Resonance (MRI) of Hip and Tuberculin Reaction Test (PPD). Initially, empiric antimicrobial therapy was started with Ceftriaxone for the treatment of possible Central Nervous System infection until the results of the open exams. The patient evolved with improvement of fever and persistence to pain in the right sacral region. Cranial CT showed no abnormalities, PPD 10 mm and MRI of the Hip showing extensive sacroiliitis on the right, suggesting infectious arthritis. Relating to the radiological findings and strongly reactive PPD, associated with absence of signs of toxemia or significant improvement with antibiotic use, treatment was instituted for Articular and Pulmonary Tuberculosis.

CONCLUSION

The case described, although unusual, shows the importance of differential diagnosis in osteoarticular diseases, especially when related to latent infections, as well as the importance of immediate treatment in order to avoid sequelae.