

Case Report

Post abortal Staphylococcal sacroilitis: A case report

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Abstract

Septic sacroilitis is a rare complication of abortion. We present a 34 year old woman, who presented with three days history of pain in the right buttock, inability to walk and a large induration over the right sacro-illac joint. These followed spontaneous abortion at 21 weeks gestational age,

Introduction

Septic sacroilitis is a rare complication of abortion ¹. Pregnant women are often at risk of developing varying degree of sacroiliac joint dysfunction due to laxity of the ligaments; this laxity is hormonally induced. Pregnancy arthropathy, which is the commonest cause of hip and pelvic pain in pregnancy, must be distinguished from septic sacroilitis which presents with similar symptoms.

Case Report

A 34 year old married woman with her first pregnancy presented in the emergency room with a two day history of liquor drainage and lower abdominal pain. She was 21 weeks pregnant. While being evaluated, she had a spontaneous and complete abortion of a female fetus which weighed 450 grams. She was admitted for a twenty four hour observation period and commenced on antibiotics and analgesics and discharged. She came back to the emergency room three days later complaining of intense pain in the right buttock and inability to walk without support. Her past medical history was uneventful. Physical examination showed an acutely ill looking woman, temperature was 38.5°C. There was suprapubic tenderness and tenderness over the right sacroiliac joint. A clinical impression of endometritis with pregnancy induced arthropathy was made. Investigation included a complete blood count; haemoglobin level was 10.5g/dl with leucocytosis and absolute neutrophilia of 13.2 million and 83.1% respectively. Endocervical swab cultured staphylococcus aureus. Blood and urine culture was sterile. Lumbosacral plain radiography showed no abnormality. She was commenced on intravenous clavulanic acid potentated amoxicillin injection, 1.2grams twelve hourly and metronidazole injection

500mg eight hourly. Diclofenac potassium tablets 50mg eight hourly was given for analgesia. On the fourth day of admission, an area of induration over the right sacroiliac joint was seen, 13mls of brown fluid was aspirated and culture revealed staphylococcus aureus. Based on the sensitivity, she was commenced on intravenous cefuroxime; 750mg twelve hourly for two weeks. She was discharged home for physiotherapy and to come for follow-up. She regained normal ambulation five weeks post discharge

Discussion

Septic sacroilitis is an uncommon condition in pregnancy^{1,2}. It is also a rare compilation of spontaneous abortion. It can be a cause of misdiagnosis with pregnancy associated arthropathy, nerve compression, piriformis syndrome and abdominal and pelvic disease processes^{3,4,5}. The incidence of sacroilitis post abortion is 20%³. The incidence is higher in the antenatal and postpartum period³. The likely pathogenesis is haematogenous⁶. Predisposition to sacroilitis include endometritis, urinary tract infection, infective endocarditis, meningitis, chronic drug abuse and chronic sinusitis^{3,6}. The usual presentation is low back pain or pain in the buttock, impaired ambulation and tenderness over the right sacroiliac joint³. Fever may be a feature^{1,3,6,7}. The commonly implicated micro-organism is staphylococcus aureus³. Blood culture is usually positive in 23% to 89% of cases^{6,8}. Diagnostic

aspiration and culture of aspirate is important in cases where blood culture is negative^{6,9}. Our patient benefited from diagnostic aspiration and culture. Imaging studies such as computerized tomogram scan and magnetic resonance imaging are useful in early diagnosis and follow-up monitoring^{10,11,12}. However, routine radiography

usually unhelpful in early diagnosis^{1,6}. Recommended treatment is intravenous antibiotic for four to six weeks¹. A small percentage of affected patients may need surgical drainage or intervention due to excessive involvement of surrounding structure^{1,6,12}. Recovery is good following adequate treatment

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