

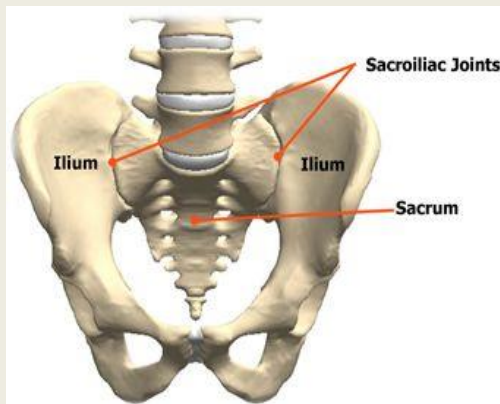
Medicine for Managers

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Sacroiliac Joint Pain

Low back pain is extremely common and is linked with the vertebrae and the intervertebral discs in most people's minds. However, it is not always due to spinal disorders. Sometimes the sacroiliac joints are the culprit and can be problematic for all sorts of reasons.

The sacroiliac joints join the ilium of the pelvis to the sacrum of the spine. The joints are held together by tough fibrous tissue. The joint is important because the sacrum



supports the spine and the weight of the upper half of the body is carried to the pelvis through the joints. The sacroiliac (SI) joints themselves have very little movement. From a physiological point of view the joints are important as shock absorbers for the base of the spine.

The joint area may become painful for a variety of reasons. It is often difficult for clinicians to distinguish between SI joint pain, pain

associated with the lower vertebrae or pain derived from the ligaments and muscles which stabilise the area.

Pain in the joint area is believed to be caused by sacroiliitis (inflammation of one or both SI joints) and may be associated with arthritis (normally osteoarthritis in older patients), erosion of the cartilage covering the bones of the joints, or trauma such as in car accidents or landing heavily on the sacrum. Ankylosing spondylitis is often associated with SI pain. Sometimes an athlete can suffer a stress fracture.

If there is a discrepancy in leg length, the pain may be felt in the SI joint. Also, during pregnancy, the joint becomes more lax to give some movement during passage of the head through the pelvis and the stretching may be painful. Pain in the area may also be caused by muscle or ligament pain.

Factors that may contribute to SI pain include poor lifting technique, bending awkwardly and

having a poor posture. The pain itself may be mild, moderate or severe. It may be felt in the low back or the buttocks and may radiate down the thigh and upper leg. It may be aggravated by walking, twisting, bending, stepping up or down and even by coughing. Classically the pain may become worse and feel sharp when standing up from a chair.

Diagnosis may be difficult and will be made initially clinically by examination of the affected area. It may be possible to distinguish SI pain from low lumbar back pain by the site of the pain, the nature of movements that cause the pain and tenderness over the SI joint.

The diagnosis may be confirmed by blood tests to exclude associated bone and joint diseases together with pelvic and lower back radiography. If the diagnosis is not clear, then an MRI scan of the lower back and SI area should show the joints clearly.

Sacroiliac pain will often settle spontaneously. It is certainly helped by rest and avoidance of the movements which induce the pain. The doctor may also prescribe an anti-inflammatory analgesic such as ibuprofen (Brufen) or diclofenac (Voltarol) and pain relief such as co-codamol.

After the initial phase of the pain, heat is very helpful to relieve any muscle spasm and to improve local blood flow. Exercises to stretch and strengthen the muscles in the area are also valuable.

If the symptoms do not subside, or if the problem is more chronic, steroid injections may

be used into the SI joint to ease the inflammation and ultrasound or interferential (radiowave treatment) may be employed.

Once the SI joint has recovered, care should be taken to prevent a recurrence. Regular exercise helps to strengthen the muscles which stabilise the joint, care should be taken with bending and, particularly with lifting and a good posture is essential.

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