

Sacroiliitis as Sole Presenting Feature of Ulcerative Colitis: Case Report

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ABSTRACT

Middle aged female presented with low back pain for years, diagnosed clinically and radiographically as sacroiliitis and then developed sudden overt manifestations of ulcerative colitis.

Setting: Outpatient.

Keywords: Ulcerative colitis; Sacroiliitis

INTRODUCTION

Musculoskeletal manifestations are the most common extra-intestinal manifestations that occur with inflammatory bowel disease, particularly; axial arthritis and sacroiliitis. But could the arthritis be the sole presenting feature before overt gastrointestinal manifestations. this is still a questionable debate

CASE DESCRIPTION

58 y-old-female presented with severe LBP x 4years radiating to buttocks, aggravated by standing and sitting and not relieved by NSAIDS or rest, pain is 9/10, diagnosed as sacroiliitis after positive clinical exam and X-ray findings. Treated by ultrasound guided steroid injections with control of the pain x 3 months, continued treatment for 3 y. Then patient experienced severe weight loss about 25lb, bloody diarrhea, knee arthritis and UE joint arthralgia. Colon Endoscopy & biopsy diagnosed ulcerative colitis. Serum rheumatological panel were negative, normal ESR and C-reactive protein, normal kidney, liver functions. X-ray: knees marked degenerative arthritis, shoulders: acromioclavicular and gleno-humeral arthritis with effusion. Lumbar spine: multi-level facet arthritis.

DISCUSSION

This female patient continued to have severe back pain for years diagnosed as inflammatory sacroiliitis and then experienced manifestations of fulminant ulcerative colitis. This is unusual

presentation of Sero-negative spondylo-arthritis in female patient with pure sacroiliitis for years before completion of the whole picture of fulminant ulcerative colitis. Female predilection is far less than male in sero-negative spondylo-arthritis, usually associated with peripheral joint arthralgia rather than sacroiliac and axial joint affection. Spondylo-arthritis.

Revising literature regarding the arthritis and inflammatory bowel disease; Hwangho, et al documented in their study that the extra-intestinal manifestations particularly arthritis are prevalent among inflammatory bowel disease and sacroiliitis is very prevalent among those manifestations ranging from sub-clinical sacroiliitis to the clinical evidence of inflammatory lower back pain with ankylosing spondylitis [1].

Brakenhoff, et al reported the occurrence of both axial as well as peripheral arthritis in association with inflammatory bowel disease with higher incidence of axial arthritis and sacroiliitis [2].

Faunty et al. documented that joint damage is the most frequent extra-intestinal manifestations in inflammatory bowel disease with axial spondylo-arthritis in 11.8% of inflammatory bowel disease, particularly sacroiliitis [3].

Other researchers also agreed with the fact that axial arthritis and sacroiliitis are the most prevalent extra-intestinal manifestations of inflammatory bowel diseases [4,5].

The unique of this particular case that the sacroiliitis was the sole feature of the inflammatory bowel disease for years, which delay the exact diagnosis of the inflammatory bowel disease;

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ulcerative colitis. We did not find exact similar condition in the literature with such very long duration of sacroiliitis without any other manifestations of ulcerative colitis, particularly in middle aged female patient.

CONCLUSION

Sacroiliitis can be the only presenting feature of ulcerative colitis even before overt intestinal manifestations and the presence of such condition in middle aged female should be followed up closely for further progression to sero-negative arthropathy. May be laboratory investigations and HLA B27 testing should be offered early to fasten the diagnosis.

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