

INTRODUCTION

Osteitis Condensans Ilii (OCI) is a benign condition characterized by sclerotic lesions in the iliac region of the sacroiliac joints. OCI affects 0.9% to 2.5% of the general population, with a higher prevalence among postpartum females (1). The pathophysiology of OCI is believed to involve increased mechanical load on the sacroiliac joints and iliac bone ischemia, often associated with pregnancy, though males and nulliparous females can also be affected (2). Clinically, OCI typically manifests as low back and hip pain, which may be mechanical in nature. Diagnosis relies mainly on radiographic findings, revealing sclerotic lesions, usually bilaterally, along the iliac bone's articular surface, without joint space narrowing/widening, erosion, effusion, or bony destruction. This case highlights the importance of including OCI in the differential diagnosis of hip and low back pain, particularly in patients with multiple pathologies who have failed pain interventions.



CASE

We present a 37-year-old female with history of lower back and hip pain over a 2-year duration. Pain is described as a dull, deep pain in the lower back and spreads down bilateral buttock, and occasionally shoots down the right posterolateral leg to the dorsum of the foot and is associated with numbness and tingling. Physical exam was only positive for straight leg raise on the right. MRI of the lumbar spine from 2 years prior showed anterior epidural lipomatosis of the lumbar spine with crowding of the nerve roots most severe at level L4-L5, and facet arthropathy in the lower lumbar spine.

After failing to respond to conservative measures (multimodal noncontrolled oral pain medication and physical therapy), the patient underwent a right L4-L5 interlaminar epidural steroid injection. As there was minimal relief after this, as well as new radicular symptoms going down the left leg, a repeat MRI was done which redemonstrated degenerative changes in the lower lumbar spine with bilateral foraminal stenosis. A left L5-S1 transforaminal epidural steroid injection was done 3 months later, with moderate relief of low back pain and radicular symptoms. The patient still had bilateral hip and buttock pain, with positive Forton Finger and FABER tests, so hip X-rays were ordered which showed bilateral OCI. Due to this finding, we will manage the pain conservatively for now, as it usually is self-limiting and non-progressive.

MATERIALS AND METHODS

As per Rutgers New Jersey Medical School IRB review requirements this case report is exempt from IRB review as it is devoid of patient identifiable information.

DISCUSSION

Osteitis Condensans Ilii (OCI) is a benign condition that often causes lower back and hip pain, particularly in postpartum women. The condition is thought to result from increased mechanical stress on the sacroiliac joints, leading to sclerosis of the iliac bone (4). Differentiating OCI from other conditions, such as ankylosing spondylitis and sacroiliac joint dysfunction, is important for effective management. OCI is typically managed conservatively with nonsteroidal anti-inflammatory drugs (NSAIDs) and physical therapy, which help alleviate pain and improve function (5). In cases where these treatments are insufficient, corticosteroid injections may be considered (1). The prognosis for OCI is generally good, as it is usually self-limiting and non-progressive, with most patients experiencing symptom relief over time.

REFERENCES

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