A New Sacroiliac Joint Injection Technique and Its Short-Term Effect on Chronic Sacroiliac Region Pain

Funding statement: There was no grant support about this article.

Conflict of interest: None

Dear Editor,

We read the study by Kyung Hee Do and colleagues [1] and congratulate the authors for their effort in drawing attention to the controversial and challenging topic of chronic sacroiliac joint pain as it surely is. Their concern related to combining intra- and peri-articular sacroiliac joint injection is noteworthy. However, this concept is not really original [2]. A secondary aim of the study should also include “health-related quality of life” as a core outcome domain [3]. The authors used the global perceived effect scale, but it is strongly influenced by current status [4]. The authors acknowledge in their discussion that the study was not designed to serve as an outcome study; according to the epidemiology of this
condition (10% and 27% of patients with chronic low back pain), the sample size is not large enough to evaluate its therapeutic validity as the secondary outcome as mentioned in the introduction section. Another point, in the methods section, is that we are missing information—whether the subjects in the study were recruited consecutively or not. Although 3 of the 94-patients group were excluded from the study for history of ankylosing spondylitis, our other concern is the potential heterogeneity of the 24-patients group sample because of the possible presence of an inflammatory cause of low back pain. We suggest a simple screening test to exclude inflammatory low back pain patients, like the “ASAS experts criteria,” that has sufficient predictive validity [5]. In conclusion, the successful results of the primary aim of the study to evaluate the technical accuracy of intra- periarticular injection is promising. In the future, we suggest a similar study with ultrasound guidance to offer another guidance option and to prevent radiation exposure of our patients.

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References