during his recovery that repeat examination prompted an MRI scan (Fig. 1). He was given 4 weeks of IV antibiotics and 6 months of oral antibiotics.

The second case was of a 20-year-old girl, previously very well, who presented with buttock pain 3 days after being bitten on her toe by a horsefly. She was pyrexic with rigors and had severe pain on stressing her SI joint. An MRI scan showed fluid collections in the SI joint. The joint was washed out and she was treated with 3 weeks of IV antibiotics and 3 weeks of oral antibiotics.

Both patients had a CRP >200 mg/l with pyrexia and blood cultures positive for *Staphylococcus aureus*, although as illustrated by the study [1] this is not always the case. Neither of them had any definite predisposing factors, in keeping with reports that suggest that in up to 44% of cases there is no aetiological factor identified [2]. Diagnosis is often delayed because the clinical picture can be non-specific and the condition can mimic other conditions [4, 5]. This is compounded by difficulties with examination of the SI joints. In our two cases, plain X-ray films were non-diagnostic and only MRI imaging was definitive.

Therefore, in conclusion, both of these cases illustrate the key message of the article [1] that although uncommon, pyogenic sacroilitis should be considered by physicians, in patients of all ages with back pain and fever, especially as it is a treatable condition with few long-term complications if appropriate treatment is initiated promptly [3].

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