

ABSTRACT

The aetiology of sacroiliitis in SLE patients ranges from SLE related spondyloarthropathy and ankylosing spondylitis to infective causes ; pyogenic sacroiliitis, tuberculous sacroiliitis and brucellosis.

We present a 32-yr-old woman with a diagnosis of SLE who presented with a debilitating lower back pain for 1 month duration. Her mantoux reading was 2mm with a positive sputum tuberculosis gene X-pert. Chest X-ray revealed left lower lobe consolidation with bilateral hilar lymphadenopathy and left upper lobe cavitary lesion. Subsequent High Resolution CT chest confirmed these findings. MRI of sacroiliac joints done on 5th week of illness was normal. Reimaging on 7th week of the illness delineated bilateral sacroiliitis in MRI. CT guided biopsy was attempted and failed. Open biopsy was performed on right sacroiliac joint. Histology revealed reactive granulation tissue. TB gene Xpert done on the specimen obtained from the joint detected *M. tuberculosis*. Culture of the joint aspirate isolated *Mycobacterium tuberculosis*. A clinical recovery was made within 2 months of anti-tuberculous treatment; a radiological resolution with sacroiliac joint fusion was achieved at 1 year. This case highlights the difficulties associated with achieving an etiological diagnosis in tuberculous sacroiliitis.

Key words - Tuberculosis, sacroilitis, systemic lupus erythematosus