

Sacroiliac pain: epidemiology, physiopathology, diagnosis and treatment

Sacroiliac pain is an frequent underdiagnosed source of low back pain, affecting 15% to 30% of individuals with chronic, non-radicular pain. The sacroiliac joint (SIJ) is subject to continuous stress during standing position and gait, being stabilized by strong ligament, capsular and myofascial structures with rich innervation. Due to its heterogeneous nature, SIJ pain is difficult to diagnose, and it should be suspected in all patients with non-radicular unilateral and non-central low back pain syndrome. Physical examination should rule out hip and lumbar spine pathology. SIJ provocation maneuvers are used for diagnosis, with the combination of 3 or more positive maneuvers resulting in a sensitivity of 85% and a specificity of 79%. Diagnostic injections of local anesthetics, both intra-articular and in the surrounding ligaments have been used. Treatment of SIJ pain is multimodal and individualized for each patient. Conservative treatment, based on physical therapy and non-steroidal anti-inflammatory drugs (NSAIDs) is the first line therapy. Both intra- and extra-articular steroid infiltrations can provide relief in a group of patients with active inflammation. Radiofrequency denervation of lateral dorsal branches has proven to be a successful treatment in SIJ pain patients, achieving 6 to 12 months of pain relief. In patients with refractory pain, SIJ fusion is an option, with minimally invasive trans-sacroiliac fixation being the preferred technique.

Key words: Low back pain, sacroiliac joint dysfunction, sacroiliac joint pain, sacroiliac joint denervation, intra-articular injection, sacroiliac joint injection.