

SACRAL TUBERCULOSIS : NEVER IGNORE BUTTOCK PAIN

Khairul Abdillah Mohamad¹, Hazwan Maznon¹, Lim Han Sim², Ahmad Sabri Omar¹

¹Hospital Raja Perempuan Zainab II, ²Hospital Pulau Pinang

Introduction: Isolated sacral tuberculosis is a rare entity comprising only 5% of all spinal TB. Its rarity might delay the diagnosis thus worsening the prognosis of this curable disease.

Discussion: A 41 year old gentleman presented with prolonged fever for 2 months duration and 6 months history of right buttock pain which radiated to right thigh region. Patient had weight loss, however denied history of TB contact. On physical examination, the patient looked cachexic and feverish. There was tenderness at sacral region. Neurological examination intact. The patient was admitted to medical ward for pyrexia of unknown origin. On CT abdomen and pelvis revealed multi-loculated collection and sacral bony destruction at level of S1-S4. The patient was started with anti-tubercular therapy before the biopsy. On investigation, Mantoux test, sputum for acid fast bacilli and MTB C&S were negative. The patient underwent transpedicular biopsy of left and right L5 to establish diagnosis. Histopathological report suppurative granulomatous inflammation. Otherwise bone biopsy for MTB C&S and polymerase chain reaction were all negative. After 4 months on antitubercular chemotherapy, the patient responded well. His buttock pain is improving and able to ambulate without support.

Conclusion: When patient presented with isolated buttock pain we must keep in mind there is process of lytic sacrum. Correct diagnosis must be made in order to provide good management for the disease which has excellent response to antitubercular treatment.