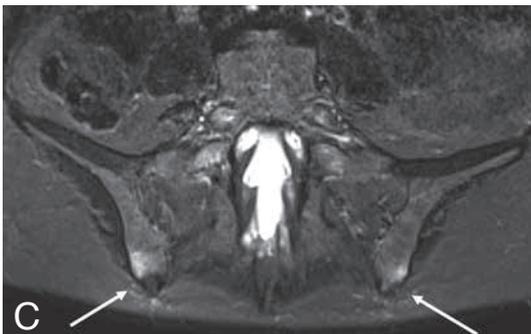
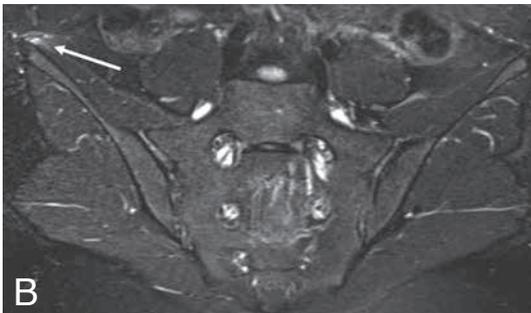
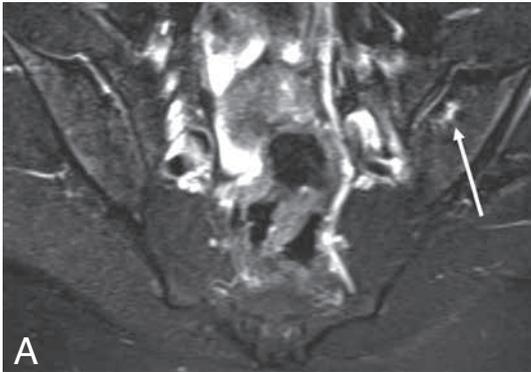


## IMAGES IN CLINICAL RADIOLOGY



### *Pelvic girdle enthesitis in spondyloarthritis*

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A 21-year-old woman was admitted to our hospital for a long-standing history of inflammatory type low back pain. There was no significant medical history. Physical examination revealed pressure pain of superior posterior iliac spines.

MRI showed focal bone marrow oedema of the left sacroiliac joint in keeping with acute sacroiliitis (Fig. A). Moreover, bone marrow oedema due to inflammation of pelvic girdle enthesitis was demonstrated in the right superior anterior iliac spine (Fig. B) and in the superior posterior iliac spine bilaterally (Fig. C).

Diagnosis of spondyloarthritis with enthesitis was made, treatment with nonsteroidal antiinflammatory drugs was started.

#### *Comment*

The prevalence of spondylarthritides is estimated 1.5%. Imaging of the sacroiliac joints has an important role in diagnosing, classifying and monitoring spondylarthritides. MRI increasingly gains importance since it detects active inflammatory lesions long before radiographic changes become evident.

Enthesitis is a primary clinical feature in spondyloarthritis. The entheses are any point of attachment of skeletal muscles to the bone and represent a preferred site for inflammatory autoimmune disease to occur. The ASAS criteria for classification of axial spondylarthropathy include 'enthesitis': sacroiliitis on imaging (definite radiographic sacroiliitis or acute inflammation on MRI) concomitant with enthesitis classifies as axial spondylarthropathy. In our patient, both sacroiliitis and enthesitis were demonstrated in a single MRI examination, allowing definite diagnosis.

MRI features of enthesitis include swelling of the enthesis, peritendinous soft tissue swelling, distension of adjacent bursae and bone marrow oedema near the tendon insertion.

#### *Reference*

1. Sieper J., Rudwaleit M., Baraliakos X., et al.: The assessment of spondyloarthritis international society (ASAS) handbook: a guide to assess spondyloarthritis. *Ann Rheum Dis*, 2009, 68: ii1-ii44.

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