



A CASE STUDY: EFFECTS OF LASER BEAM & ULTRASOUND THERAPY IN OSTEITIS CONDENSANS ILII

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ABSTRACT

Objective: Aim of this study is effects of laser beam & ultrasound therapy in osteitis condensans ilii.

Method: A 29 year old female presented with lower back pain without a history of trauma or injury.

Results: Conservative & physiotherapy measures taken have led to satisfactory symptoms control.

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INTRODUCTION

Symmetric benign osteosclerosis of the portion of the Iliac bones adjacent to the sacroiliac joints. Osteitis condensans ILII is a bone sclerosis characterized by nonspecific inflammation, highly dense bone hardening phenomenon particularly in the ilium by 2/3 of the more obvious & no changes in the joint space. The disease is 90% for middle aged women, especially late in the pregnancy, childbirth & other infection of pelvic cavity. It is commonly seen in young women & has an estimated prevalence of between 1.0 to 3%, although it can be seen in men & nulliparous women. When related to pregnancy, it is hypothesized that ligamentous laxity at the sacroiliac joints leads to instability and subsequent sclerosis.

Case Presentation

A 29 year old female complains of lower back pain without a history of trauma or injury and childbirth for the last one year. She is housewife and the condition affected her daily life activities and disturbed her night sleep. Clinically her paraspinal and midline tenderness at L4/L5 levels, good spinal flexion, neurovascular intact. Her examination was unremarkable, Distraction, Compression, Faber and Gaenslen's test for sacroiliac joints are positive. Radiology findings demonstrated, well defined, sclerotic area, adjacent to both SIJ on the iliac side. The SIJ was well preserved without any joint erosion. CT shows bilateral osteitis

Condensans ilii changes and laboratory studies shows normal CRP & ESR and Rh factor.

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Further testing for HLA Antigen was performed.

DISCUSSION

Osteitis condensans ILII carries a benign prognosis and may even resolve spontaneously. Conservative treatment with non-steroidal anti-inflammatory medications and physiotherapy modalities with laser beam and ultrasound treatment was given with 5 sessions per week. This patient has taken a physiotherapy treatment for a month and results end in a satisfactory recovery.

CONCLUSION

Osteitis condensans ILII is a benign structure almost only ever found in women who have birth children. Detailed history, examination, MRI imaging must be obtained to diagnose and exclude other reasons for lower back pain. Further laboratory tests also required and its presentation is asymptomatic or nonspecific radiological image needs to be distinguished carefully in order to avoid diagnostic conclusion with ankylosing spondylitis and other causes of sacroillitis. This study was observed that conservative and physiotherapy treatment is normally sufficient to achieve symptoms control.

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