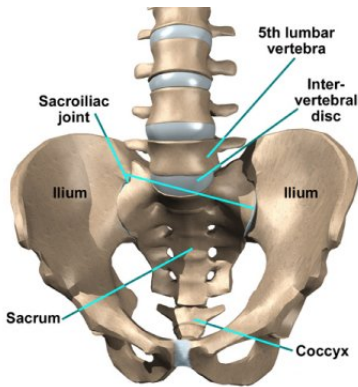


SACRO ILIAC JOINT DYSFUNCTION

ANATOMY The lower end of the spine has a single triangular piece of bone that wedges into the pelvic ring. The connection between the sacrum and the pelvis is the Sacro Iliac joint. Please note that the sacrum is like a keystone in an arch. The SI joint only moves about 2-4 millimetres by gliding and stretching. The motion is very different from the hinge motion of the knee or the ball and socket motion of the hip. The SI joint's main function appears to be providing shock absorption for the spine as we move about. Since the movement is very small and complex examination is difficult. This is why SI joint problems are not easily diagnosed.



CAUSES

One of the most common causes of problems at the SI joint is an injury. The injury can come from a direct fall on the buttocks, a motor vehicle accident, or even a blow to the side of your pelvis. The force from these injuries can strain the ligaments around the joint. Women are also at particular risk for developing SI joint problems following childbirth. During pregnancy, female hormones are released that allow the connective tissues in the body to relax. The relaxation is necessary so that during delivery, the female pelvis can stretch enough to allow birth. This stretching results in changes to the SI joints, making them "hypermobile" - extra or overtly mobile. Over a period of years, these changes can eventually lead to wear-and-tear arthritis. As would be expected, the more pregnancies a woman has, the higher her chances of SI joint problems.

SYMPTOMS

SI joint problems have numerous symptoms. Following are the most common:

1. Back pain - particularly low back pain and more to one side.
2. Buttock pain
3. Sciatic-like pain.
4. Difficulty sitting in one place for too long due to pain

In most cases, there is a confusing pattern of back and pelvic pain that mimic each other, making diagnosis of SI joint problems very difficult. Scans also do not help to determine arthritis in the SI joint.

TREATMENT

NONOPERATIVE. Physiotherapy – mobilisation and trunkal stabilisation. Manipulations can also help in certain situations.

INJECTION INTO THE JOINT.

The SI joint is located fairly deep in the upper buttock and is covered by thick muscle. With the help of a continuous X-ray television a needle is inserted into the joint. Cortisone and local anaesthetic is injection into the joint. Cortisone is a powerful anti-inflammatory medication that calms the arthritis inside the joint and reduces your pain. The effect is usually temporary, but may last up to several months. If the pain goes away we can be relatively sure that the problem is coming from the SI joint.

OPERATIVE. If all conservative methods of treatment fail, surgery may become an option. Surgery on the SI joint usually consists of a fusion of the joint (also called an "arthrodesis"). Fusing the two sides of a joint together to reduce pain has been used for many years as a treatment for arthritic joints. Fusion of the SI joint is not a common operation, but when necessary can reduce the pain associated with SI joint syndrome.

Mr. George Ampat
Consultant, Trauma, Orthopaedics and Spinal Surgery
Southport District General Hospital,
Town Lane, Southport, PR8 6PN
Tel Secretary 01704704192
E-mail: geampat@gmail.com

Capio Renacres Hospital,
Renacres Lane, Halsall, Nr. Ormskirk, Lancashire L39 8SE
Tel +44 (0) 1704 841133 Fax +44 (0) 1704842030
E-mail: geampat@gmail.com