

Case Study – 31 yo Female. low back, Right buttock and Right lateral hip pain.

Subjective.

Miss H presents with a 10 month history of diffuse low back, Right buttock and Right lateral hip pain. There is an MRI scan booked for 1 weeks time ordered by the GP of the Hips and Lumbar spine. She reports no history of trauma however onset coincided with a severe bout of Gastroenteritis. The pain has not improved over time despite codydramol or attendance to a Chiropractor, Osteopath, Spinal Assessment Clinic and a Physiotherapist. Most treatments have made her symptoms worse in the short term. There are no neurological symptoms such as P+N/Numbness, no loss of power and no bladder/bowel symptoms. Miss H feels well in herself except for the pain.

Aggravating factors include any static positions, particularly sitting, direct pressure to the buttock or hip, Miss H will lean to the side to sit only on the left buttock. Walking is relatively symptom free, however she is unable to undertake exercise as this aggravates her symptoms. Easing factors are changing position only.

Any further subjective Questions?

There is nocturnal pain, she wakes with pain in the early hours of the morning and reports early morning stiffness lasting 30 minutes, her pain is worse in the AM easing slightly towards midday but activity dependent. There are no seronegative features of inflammatory back pain such as Psoriasis, Entesitis, Iritis or Inflammatory Bowel Disease.

Relevant past medical history includes Asthma and an allergy to anti-inflammatories which cause severe asthma attacks. There is no relevant family history. Socially she is a full time teacher, lives with her partner and wishes to start a family.

What Objective testing would you do?

Objective

Miss H moves carefully and clearly is in a lot of pain following sitting to answer subjective questions, she has full range of motion in her spine and lower limbs however pain in the buttock is reproduced with all hip movements and spinal flexion. She is also able to complete all functional tasks however reports an increase in pain.

Hard Neuro testing was unremarkable with normal sensation, reflexes and power.

The left hip is asymptomatic to palpation, SIJ provocation tests are mildly positive. There is severe pain to palpation of the right lateral hip but not of the buttock or low back, SIJ provocation tests are so severe to the right side that I felt it necessary to halt the assessment as Miss H was becoming distressed.

Also of note Miss H has had 3x slightly raised ESR (20-28) and CRP (13-18) in the last 9 months, negative Anti-CCP, Rheumatoid Factor and ANA. She has not had a HLA-B27 status completed.

Ddx

Plan

MRI report

Florid Right sided Sacroillitis, mild left sacroillitis, bilateral Glute Med Tendonosis to insertion at greater trochantors.
Lumbar Spine unremarkable.