

Osteitis Condensans Ilii: Typical Pattern

Belkouchi L*, Imrani K, Aubin SR, Jerguigue H, Latib R and Omor Y

Department of Radiology, Oncology National Institute, Ibn Sina University Hospital, Morocco

***Corresponding author:** Belkouchi L, Department of Radiology, Oncology National Institute, Ibn Sina University Hospital, Faculty of medicine and pharmacy of Rabat, Rabat, Morocco, Tel: +212 659 14 27 87; E-mail: belkouchilina@gmail.com

Received: November 06, 2020; **Accepted:** November 26, 2020; **Published:** December 04, 2020

Keywords: *Sclerosis; Bone; Ileum; Sacroiliac joint; Imaging*

Image Description

Osteitis condensans ilii is a non-inflammatory condition first described in 1927 by Sicard et al. in patients with radiographs showing sclerotic triangular lesions of the iliac bone by the sacroiliac joint side.

It can be asymptomatic or causing lumbar pain and stiffness, with normal biological tests.

It is mostly found within peri-gestational or post-partum women.

The pathogenesis is uncertain but could be explained by the stress load on the pelvis causing mechanical and vascular changes on the sacroiliac joints due to pregnancy.

Radiographs show a symmetrical triangular dense area in the iliac side of the sacroiliac joint.

CT scan allows better evaluation showing an anteroinferior triangular shaped sclerosis along the subcortical articular surface of the iliac bone, without edema, narrowing, widening, erosion, effusion or ankylosis of the joint.

In MRI the sclerosis appears as a low signal intensity in T1 and T2 weighted sequences, without any edema [1-3].



FIG. 1. Axial (A) and coronal (B) CT images showing a bilateral triangular dense sclerosis of the iliac bone by the side of sacroiliac joint.

REFERENCES

1. Parperis K, Psarelis S, Nikiphorou E. Osteitis condensans ilii: current knowledge and diagnostic approach. *Rheumatol Int.* 2020;40(7):1013-9.
2. Williams PM. *Osteitis Condensans Ilii*. Treasure Island (FL): StatPearls Publishing, USA; 2020.
3. Pialat JB, Marco LD, Feydy A, et al. Sacro-iliaques et spondyloarthrites. *Journal de Radiologie Diagnostique et Interventionnelle.* 2016;97(3):229-41.