

Juvenile Spondylarthropy in High School Athlete

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HISTORY: A 14-year-old male high school baseball first baseman and catcher presented with right gluteal pain that had been present for 7-8 months but that changed in intensity 10 days previously. He had an increase in pain from an unknown cause and rated his pain at a 9/10 when he presented in the office. He was complaining of pain in the right glute and ischial tuberosity that was exacerbated by sudden movements. He had been using an exercise bike recently and had not been running.

PHYSICAL EXAMINATION: Well appearing male in NAD

R glute pain on lumbar flexion with FROM, FROM on extension without pain. Positive R normal except for some mild tenderness on resisted extension.

DIFFERENTIAL DIAGNOSIS: 1. Glute Strain 2. Discogenic back pain 3. Hamstring strain 4. Lumbar muscle strain 5. Spondylolysis presentation 6. Ankylosing spondylitis 7. SI joint dysfunction

TESTS AND RESULTS: x-ray of LSP and R hip and pelvis WNL, MRI LSP showed L5- S1 disc protrusion with L4 pedicle edema, MRI of lower back and Right hip a few months later showed R sacroiliitis, R cam impingement, marrow edema R greater trochanter, WBC 7.3, Hct 40, ESR 8, C-reactive protein <0.5, RF <15, HLA-B27 positive

FINAL/WORKING DIAGNOSIS: Ankylosing spondylitis

TREATMENT AND OUTCOMES: On initial visit, patient presented with symptoms that suggested discogenic back pain and upon MRI imaging this was confirmed. He proceeded to be treated for the disk protrusion via initial steroid pills, anti inflammatories, and physical therapy regimen. When his back pain persisted and started to get worse, further imaging showed the sacroiliitis. He was then referred to a specialist for follow up treatment and was prescribed diclofenac and prevacid. He was then started on Humira and was able to ambulate without a cane and started to resume his pre injury activity level. He continues to be an active high school athlete.
