A CASE OF TUBERCULOSIS OF THE ISCHIUM

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Tuberculous infection of the ischium is rare. Between the years 1901–1936 only seven cases were reported, all in French (Coeuilliez 1909, Sorrel and Sorrel-Dejerine 1932). In 1936 Kaplan described the first case in English, and later Magnusson (1938) reported further cases, also in English, from Sweden. He reported eight cases of osteitis of the ischium treated at Varberg between 1928–1936, seven in adults and one in a child aged six years. Five of these cases were, however, of uncertain etiology. Magnusson assessed the incidence of tuberculosis of the ischium as 0.2 per cent of all cases of bone tuberculosis.

All the above authors drew attention to the insidious onset and invariable previous gluteal injury. Unexplained sciatic pain was often the first symptom.

For extensive lesions, Milch (1935) of New York described excision of the ischium and its ramus by subperiosteal resection from the perineum.

CASE REPORT

A girl aged twenty years, a costing clerk, reported to her doctor complaining of an aching pain in the groin. The pain was of gradual onset and was present both during activity and at rest, but more particularly on walking. She had been treated for epilepsy, but otherwise had been quite healthy; there was no family history of tuberculosis. She had fallen on to the buttock nine months before. Radiant heat and massage afforded relief for three months. A month later she complained of pain in the back of the upper thigh and found that flexion of her right hip caused discomfort. She stated also that she was able to walk more comfortably in high-heeled shoes. She carried on without treatment for a further eight months, after which she again sought advice for a gradually enlarging swelling in the buttock. She also complained of a burning pain in the right buttock on sitting. She was admitted to hospital.

On examination the swelling, four inches in diameter, was found to be warm and fluctuant, and extended upwards deep to the gluteus maximus. There were no local skin colour changes. There was no tenderness or spasm in the thoracic or lumbar spine, whose movements were free, nor was there any other tender point. Abdominal and rectal examination revealed nothing abnormal, and chest examination revealed no clinical abnormality, but radiographs showed a healed lesion at the right apex. Radiographs of the spine, hips and sacro-iliac joints showed nothing abnormal, but there was a suspicious area of rarefaction in the right ischial tuberosity with evidence of sequestration (Fig. 1).

The diagnosis of tuberculous abscess was confirmed by the aspiration of 350 cubic centimetres of thin yellow pus containing acid-fast bacilli.

Treatment and progress—The abscess filled up again and required further aspiration within four weeks. A sinus developed at the aspiration site after a week and continued to discharge profusely. Further radiographs of the right ischium a few weeks later showed a large cavity containing sequestra (Fig. 2).

After treatment by strict rest in bed, with restriction of leg movement by the means of sandbags, the sinus in the buttock gradually healed. But two months later a swelling appeared in the perineum; this broke down in twenty-four hours and discharged pus profusely. The abscess had apparently tracked forwards through the ischio-rectal fossa. A course of penicillin

FIG. 1

Initial radiograph of ischium showing an area of rarefaction and sequestration within.

FIG. 2

Figure 2—Two months later. A cavity with sequestrum within can be seen.

FIG. 3

Figure 3—Two months after operation. The lesion appears to be healing.

FIG. 4

Drawing made at operation showing the appearance of the lesion (top) and two views of the sequestrum (actual size).

and sulphamezathine was started to deter secondary infection, and the discharge decreased. Radiographs showed no further bone destruction. Since the serial blood sedimentation rates had remained stationary, operation was undertaken. The right ischial tuberosity was explored through Henry's gluteal approach, under streptomycin cover. When the gluteus maximus was reflected pus was located tracking down to the ischial tuberosity. The surface of the bone was necrosed on its inferior aspect, and a loose sequestrum was found plugging a cavity three-quarters of an inch in diameter (Fig. 4). This and two further sequestra were removed and the cavity in the ischium was curetted. The wound was closed round a tube passed to the site of the lesion. Local streptomycin was instilled into the tube (0.5 gramme twice daily) for four days. The systemic streptomycin (0.5 gramme twice daily) was continued

for ten days. The wound healed by first intention, and convalescence was uneventful. Radiographs two months after operation suggested that the lesion was healing (Fig. 3). The patient remains well one year after operation, and there are no symptoms.

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