

Brief Commentary

e Ischial Pain and Sitting Disability Due to Ischiogluteal Bursitis: Visual Vignette

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Ischial bursitis or ischiogluteal bursitis is the inflammation of the ischiogluteal bursa due to excessive or inappropriate physical exercise, prolonged sitting, running, repetitive jumping, and kicking (1). Since ischial bursitis is a rare, infrequently recognized pathology and is difficult to differentiate from the soft tissue disease and tumors (both malignant and benign), herein exemplified is a case with ischiogluteal bursitis whereby the role of magnetic resonance imaging (MRI) in the prompt diagnosis has been highlighted.

A 38-year-old woman was seen due to right buttock pain. The patient stated that the pain was worse while sitting and she could not sit due to pain. Physical examination revealed tenderness over ischial tuberosity. X-ray of the pelvis and laboratory markers including acute phase reactants were not remarkable. MRIs clearly demonstrated ischiogluteal bursitis and inflammatory changes near the hamstring tendons (Fig. 1). The pain did improve with rest, changes in activities of daily living, and non-steroidal anti-inflammatory drugs.

Ischiogluteal bursitis typically presents with buttock pain. Because hamstring muscles originate from the ischial tuberosity, ischiogluteal bursitis pain occurs during activities that involve hamstring muscles such as knee flexion. Pain can be experienced during sitting and stretching of hamstring muscles (e.g., bending, climbing stairs, and running) as well. Pain and tenderness can be detected by palpation over the tuber ischium (2).

As for the imaging methods, x-rays are quite useful for excluding the bone pathologies. However, ultrasound and MRIs are better for visualization of ischial bur-

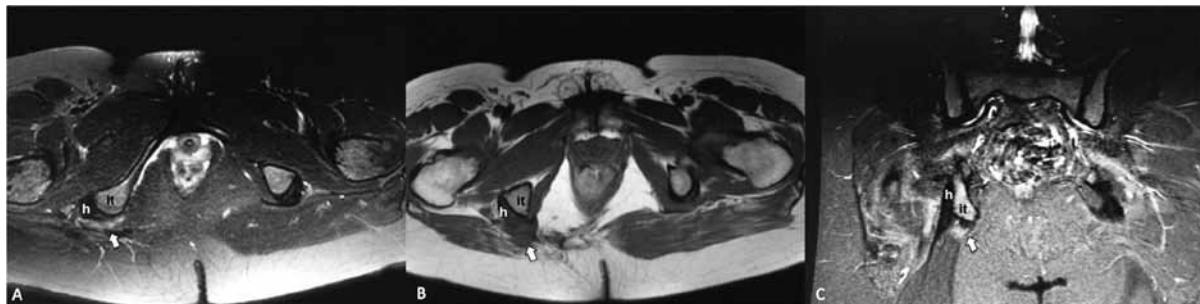


Fig. 1. MRIs illustrate ischiogluteal bursitis and inflammatory changes (arrows) on axial T2-weighted fat saturation (A), T1-weighted (B), and coronal T2-weighted fat saturation (C) views. h: hamstring, it: ischial tuberosity

sa (3). Ultrasound has some advantages (ease of use, repeatable, lack of radiation, more economical than MRI), yet the diagnosis can sometimes be challenging (4). Soft tissue tumors should be taken into account for the differential diagnosis and MRI should therefore be performed (3).

Regarding the treatment of ischial bursitis, modifications in aggravating symptoms (i.e., avoiding walking or sitting for long time periods) should be advised to alleviate symptoms. Cold applications, non-steroidal anti-inflammatory drugs, and injections are effective in

ameliorating inflammation. In addition, physical therapy agents (transcutaneous electrical stimulation, laser, and ultrasound) can be used for improving the healing process and reducing pain (1-3).

In conclusion, since the ischiogluteal bursitis – particularly chronic lesions – can present with severe pain, even cause sitting disability, restrict activities of daily living, and has challenges in diagnosis, we would like to highlight the role of MRI in making an accurate diagnosis.

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