

LETTER TO THE EDITOR

MODIFIED SACROILIAC JOINT INJECTION TECHNIQUE

To the Editor:

We read with great interest Dr. Christopher J. Centeno's article titled, "How to Obtain an SI Joint Arthrogram 90% of the Time in 30 Seconds or Less," which appeared in the April 2006 issue of Pain Physician. At Advanced Pain Management Specialists we have our own technique, which differs slightly from that of Dr. Centeno's but is equally efficacious.

To aid in penetrating the potentially thick capsule in the lowest portion of the joint, we use a 22-gauge spinal needle with a slight bend at the tip. The curved tip enhances maneuverability during the entry phase while the 22-gauge size is more easily manipulated once the joint is penetrated.

The C-arm is positioned in an AP projection with a slight cephalocaudal tilt and an oblique view 5 degrees ipsilaterally. The C-arm is then adjusted until the medial view of the sacroiliac joint line is clearly visible (Fig. 1). Once the medial joint line is identified, the C-arm is maneuvered until the medial lip of the joint and the edge of the sacrum are clearly identified (Fig. 2). Obtaining a clear view of this junction significantly improves our success rate.

The 22-gauge needle is guided into the most inferior and medial aspect of the sacroiliac joint (Fig. 3). The joint is most

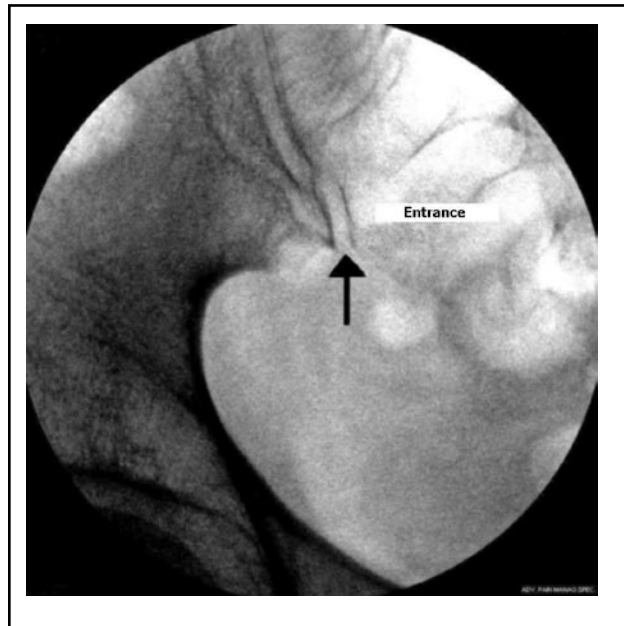


Fig. 1. Medial view of the sacroiliac joint line.

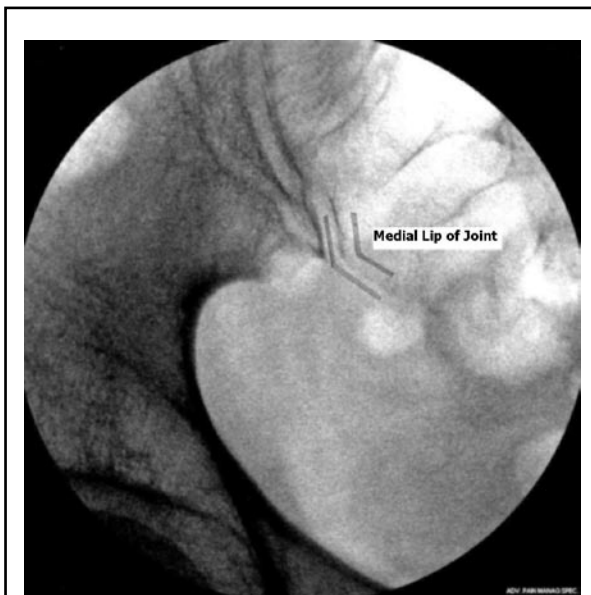


Fig. 2. Medial lip of the joint and edge of the sacrum

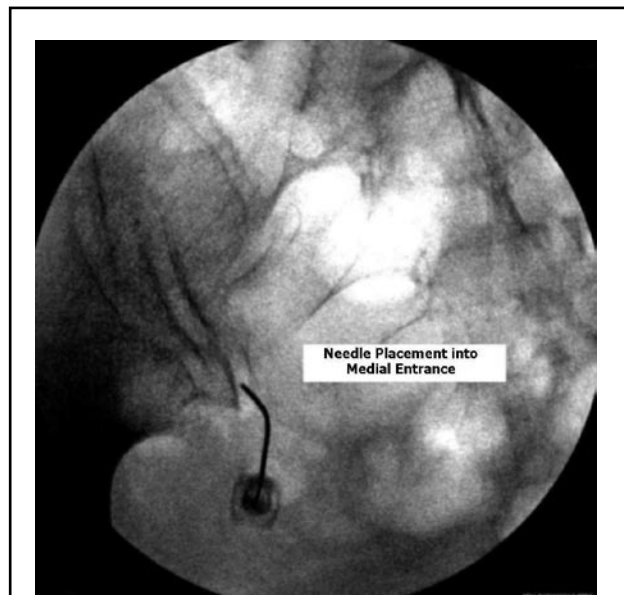


Fig. 3. A 22-gauge needle guided into the most inferior and medial aspect of the sacroiliac joint

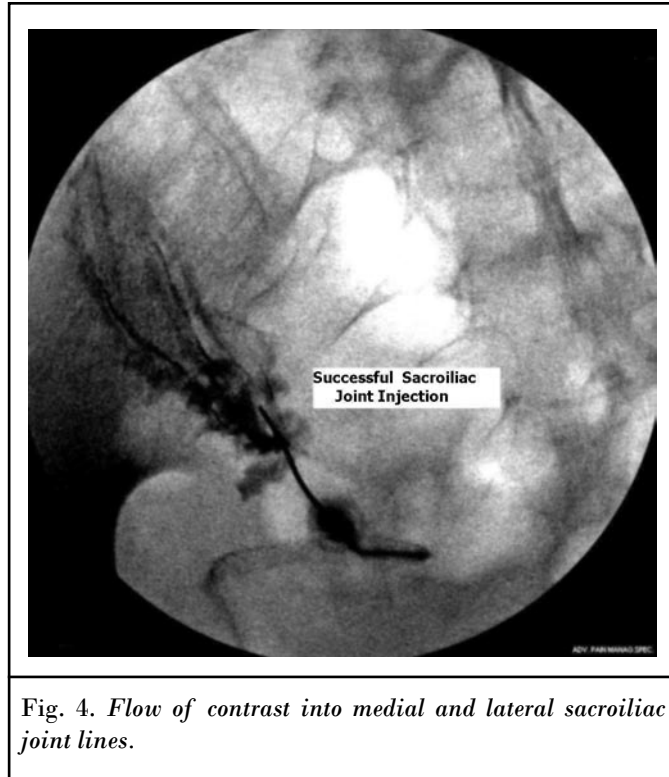


Fig. 4. Flow of contrast into medial and lateral sacroiliac joint lines.

easily accessed if the needle entry is slightly inferior to this aspect and guided upward into the base of the joint. Fig. 4 shows the flow of contrast into both the medial and lateral sacroiliac joint lines.

This technique usually allows entry of the sacroiliac joint in less than 30 seconds. The key elements of our approach are entering the medial aspect of the joint and obtaining a clear view of the edge of the sacrum. We hope this information aids others in performing successful sacroiliac joint injection.

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