

Refractory Dorsalgia In Elderly Caused By Sacro-Iliac Joint Dysfunction Managed Successfully By Cooled Radiofrequency Ablation

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Introduction

Chronic refractory dorsalgia is the leading cause of disability in the United States. An estimated 15–25 % of dorsalgia may have sacroiliac joint (SI) joint pain as the source of their symptoms. Various treatment options include intra-articular injection, and surgical stabilization, but none has been consistently shown to provide effective and long-term pain relief. Cooled Radiofrequency ablation (RFA) has become an option for those with refractory dorsalgia in SI joint.

Report

Case 1. Female, 67 yo, right buttock pain, VAS 8, ODI 30 %, no radiating pain, no neurological deficit. SI joint provocation test (+).MRI T2WI osteochondrosis on right SI joint with synovitis. Case 2. Female, 82 yo, right buttock pain, VAS 8, ODI 40%, no radiating pain, no neurological deficit. SI joint provocation test (+). MRI T2WI bony osteochondrosis and sclerosis on right SI joint. The author performed SI joint colled RFA on both case. Our study reveals that cooled RFA might ensure substantial pain relief and decrease analgesic need in patients suffering from refractory SI joint pain. Both case VAS at 1-, 3- and 6-months post-RFA intervention were 87.5%;75%, 75%;75% and 75%;75% of patients, respectively, gained >50% pain relief and ODI at 1-, 3- and 6-months post-RFA intervention were 50%;75%, 75%;5% and 75%;75% of patients, respectively, gained >50% disability improvement.

Conclusion

Cooled RFA may provide effective and 6 months clinical outcome improvement in properly screened elderly patients with refractory dorsalgia caused by sacroiliac joint dysfunction.