

Sacral Tuberculosis

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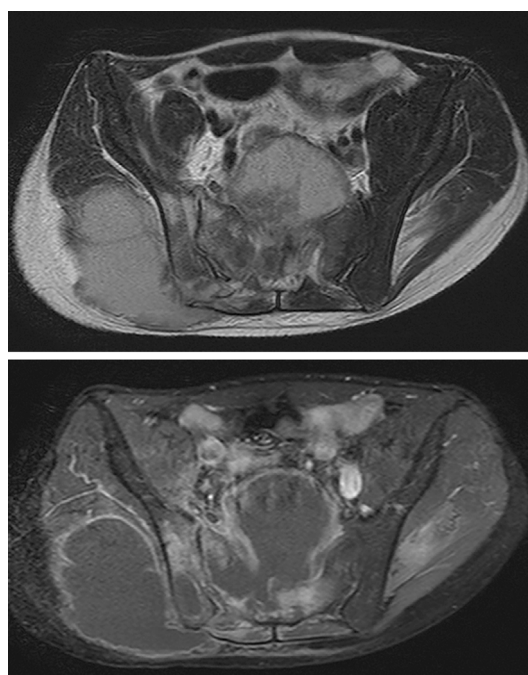
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Picture 1.



Picture 2.



Picture 3.

An otherwise healthy 29-year-old Indonesian man presented with a 6-month history of low back pain and right buttock swelling, with radiating pain into the right leg. The pertinent laboratory results were as follows: WBC 12,000/ μ L, C-reactive protein 9.08 mg/dL, a normal urinalysis, and a negative human immunodeficiency virus test. Computed tomography (CT) revealed an expansile low density mass involving the sacrum and right ilium, extending into the bilateral buttock (Picture 1). The mass was lobulated and cystic on magnetic resonance imaging (Picture 2). A biopsy revealed caseating granulomas, and a polymerase chain reaction (PCR) analysis, as well as a biopsy culture for *Mycobacterium tuberculosis*, was positive. Chest CT (Picture 3) showed a typical pattern compatible with tuberculosis, and a

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PCR analysis with gastric aspiration examination confirmed the diagnosis. The patient was started on a 9-month course of isoniazid, rifampin, pyrazinamide, and ethambutol. The imaging study after treatment revealed complete resolution. Though tuberculosis of the sacrum is uncommon, it should be suspected in patients presenting with chronic low back pain in order to provide proper treatment at appropriate institutions (1, 2).

The authors state that they have no Conflict of Interest (COI).

References

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