FDG Uptake in Sacroiliac Joint Due to Osteitis Condensans Ilii Shown on PET/CT in a Patient With Breast Cancer

The Value of Coregistered CT in Avoiding Misinterpretation

Yang-Cheng Lee, MD,* Kuan-Yung Chen, MD,† Jainn-Shiun Chiu, MD,‡ Chia-Hung Kao, MD,§ and Guang-Uei Hung, MD*§

Abstract: A 56-year-old woman with breast cancer underwent FDG PET/CT at follow-up. The PET images showed increased FDG uptake along right sacroiliac joint. The coregistered CT images showed diffuse sclerosis around the sacroiliac joints, but no bony destruction, periarticular erosion, or joint space narrowing. She had been complaining of intermittent lower back pain since her last pregnancy. The radiologic pictures and history of postpartum back pain were considered as typical characteristics for osteitis condensans ilii. This case reminds us that careful inspection of the coregistered CT images is important to avoid potential misinterpretation because of osteitis condensans ilii.

Received for publication December 13, 2009; revision accepted January 21, 2012. From the *Department of Hemato-oncology, Tainan Municipal Hospital, Tainan, Taiwan: Departments of ‡Pedialogy and ‡Nuclear Mediaina, Chang Ping

- Taiwan; Departments of †Radiology and ‡Nuclear Medicine, Chang Bing Show Chwan Memorial Hospital, Changhua, Taiwan; and §Department of Biomedical Imaging and Radiological Science, China Medical University, Taichung, Taiwan.
- Conflicts of interest and sources of funding: none declared.
- Reprints: Guang-Uei Hung, MD, Department of Nuclear Medicine, Chang Bing Show Chwan Memorial Hospital, 6 Lukon Road, Lukong Town, Changhua Shien, Taiwan 505, Taiwan. Email: 106143@gmail.com.

Copyright © 2012 by Lippincott Williams & Wilkins

ISSN: 0363-9762/12/3705-0121

Key Words: false-positive, sacroiliac joint, osteitis condensans ilii, FDG, PET/CT

(Clin Nucl Med 2012;37: e121-e123)

REFERENCES

- Wong CL, Mansberg R. Solitary plasmacytoma of bone: an unusual cause of severe sacral pain in a young man. *Clin Nucl Med.* 2005;30:612–624.
- Halaç M, Mut SS, Sönmezoglu K, et al. Avoidance of misinterpretation of an FDG positive sacral insufficiency fracture using PET/CT scans in a patient with endometrial cancer: a case report. *Clin Nucl Med.* 2007;32:779–781.
- Patel CN, Smith JT, Rankine JJ, et al. F-18 FDG PET/CT can help differentiate SAPHO syndrome from suspected metastatic bone disease. *Clin Nucl Med.* 2009;34:254–257.
- Thompson M. Osteitis condensans ilii and its differentiation from ankylosing spondylitis. Ann Rheum Dis. 1954;13:147–156.
- Percy JS, Russell AS, Lentle VS. Letter: Osteitis condensans ilii. Lancet. 1975;1:1191–1192.
- Olivieri I, Ferri S, Barozzi L. Osteitis condensans ilii. Br J Rheumatol. 1996;35:295–297.
- Loneragan R, Archer K, Perry A, et al. Scintigraphy in osteitis condensans ilii. *Clin Nucl Med.* 2004;29:320–321.
- Hsu HK, Huang CK, Bai YL, et al. False-positive bony FDG accumulations due to fractures in a patient with lung cancer: the value of integrated information of PET/CT. *Ann Nucl Med Sci.* 2009;22:183–187.

FIGURE 1. The transaxial PET (A), CT (B), fused PET/CT (C), and maximum intensity projection (MIP) (D) images revealed focally increased FDG uptake around right sacroiliac joint with a maximum standardized uptake value of 4.41 at 1 hour (arrow), which might be secondary to bony metastasis, primary skeletal malignancy,¹ insufficiency fracture,² or sacroiliitis.³ The coregistered CT images revealed diffuse sclerosis around the iliac sides of bilateral sacroiliac joints, more severe for right side (arrow), but no finding of suggesting metastasis, such as bony destruction or erosion. In addition, there was no joint space narrowing, periarticular erosion, or osteoporosis, which was characteristic of sacroiliitis.





FIGURE 2. The patient was followed up with radiography shortly after FDG PET/CT. The image showed increased densities around the iliac sides of bilateral sacroiliac joints, more remarkable for right side (arrow), which was characteristic of osteitis condensans ilii.

e122 | www.nuclearmed.com © 2012 Lippincott Williams & Wilkins Copyright © Lippincott Williams & Wilkins. Unauthorized reproduction of this article is prohibited.



FIGURE 3. The patient underwent FDG PET/CT again at 2-year follow-up. The transaxial PET (A), CT (B), fused PET/CT (C), and MIP (D) images revealed only mild FDG uptake in right sacroiliac joint with a maximum standardized uptake value of 2.17, showing significant resolution of FDG activity compared with previous study. No apparent change was noted for the diffuse sclerosis shown on the CT images. Considering both the radiologic findings and patient's history of postpartum back pain, the skeletal abnormalities were characterized as osteitis condensans ilii (OCI).⁴⁻⁶ It has been reported that OCI might result in an increased uptake in the sacroiliac joints on ^{99m}Tc methyl-diphosphonate (MDP) bone scintigraphy.⁷ To the best of our knowledge, this is the first report demonstrating false-positive FDG uptake because of OCI on PET, and the coregistered CT image can help avoid potential misinterpretation.8