

New Findings to Consider in the Sacroiliac Joint and Low Back Pain in the Differential Diagnosis

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Received: September 26, 2020

Published: September 30, 2020

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The sacroiliac joint (SIJ) is an anatomical structure, which is surrounded by an important network of ligaments [5] and also has been referred to as an important source of low back pain (LBP) [1]. Worldwide low back pain (LBP) and its associated costs represent an important issue [1]. The SIJ posterior ligament is capable of referred pain in the lower limb, and back [2]. Thus, the SIJ complex is an anatomical structure that requires a specific manual physical examination during the diagnosis's potential origins for SIJ or LBP.

Moreover, Kurosawa, *et al.* [3], stated that the SIJ pain is an important issue and underappreciated in research due to the lack of studies estimating the posterior SIJ ligament as a potential root of pain in the lower limb or low back. Additionally, to the posterior SIJ ligament, there is another anatomical structure to examine as the cluneal nerves, which enclose the superior cluneal nerves (SCN), the middle cluneal nerves (MCN) and the inferior cluneal nerves [3]. The posterior SIJ ligament can be a reason for compressing the MCN [4]. This has been reported in a study [4] that first found out the possibility of the posterior lateral sacroiliac ligament entangle the MCN and thus inducing pain in the buttock.

Therefore, some authors [3] supported the necessity of an accurate and meticulous physical examination and thus considered as an important procedure of the diagnosis. This is the clue and should be considered potential reasons for LBP. One premise mandatory for a cluneal nerve implication in the SIJ or LBP, lower limb pain is that there must be no motor deficits during the neurologic or musculoskeletal examination, thus excluding any possible sciatic nerve implication in the symptomatology [3]. The authors [3] also stated the necessity for the clinician to perform a meticulous diagnosis of enclosing history and physical examination with special attention on sensory concentration. The pain syndromes of the low back, pelvic region, and also of the lower extremities are normally an important issue and often have an undefined etiology due to the vast array of potential anatomical structures implicated as primary or secondary causes [1].

In conclusion, to address an appropriate diagnosis of SIJ or LBP, and thus to provide the correct treatment, clinicians are required to integrate into the diagnosis of an accurate physical examination. This will encompass the cluneal nerves and excluding any motor deficit during the neurologic or musculoskeletal examination. The SIJ posterior ligament also should be investigated, to exclude any potential entrapment of the nerves by the SIJ posterior ligament.

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