

Clinical Image

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Acute sacroiliitis in acne fulminans

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Abstract

A 19-year-old male patient presented with a 2-week history of right hip and buttock aches. His past medical record was unremarkable, except for severe diffuse acne, for which he was recently started on isotretinoin. Computed Tomography (CT) and Magnetic Resonance Imaging (MRI) scans displayed changes consistent with active sacroiliitis. While therapy with non-steroidal anti-inflammatory drugs achieved no benefit, prednisone led to remarkable recovery. The acute presentation, the severe acne, the temporal association with the use of isotretinoin, and the response to corticosteroids are compatible with the diagnosis of acne fulminans.

Abbreviations: CT: Computed Tomography; MRI: Magnetic Resonance Imaging.

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Description

A 19-year-old male patient presented with a 2-week history of right hip and buttock aches. His past medical record was unremarkable, except for severe diffuse acne (Figure 1), for which he was recently started on isotretinoin.

Physical examination was notable for lumbosacral tenderness, along with a positive FABER test, and pain upon right hip internal rotation. Inflammatory markers were high, and serology for brucella subtypes was negative.

Pelvic Computed Tomography (CT) scan showed sacroiliac joint erosions, more prominent on the right side, with joint space pseudo-widening (Figure 2A). The patient was treated with painkillers and non-steroidal anti-inflammatory drugs. In light of his lack of response to therapy, pelvic Magnetic Resonance Imaging (MRI) scan was performed, revealing bilateral sacroiliac bone marrow edema and erosions (Figure 2B), compatible with osteitis. To further explore the extent of the disease, bone scan was done, displaying increased radiotracer uptake in the sacroiliac joints and trochanteric bursae.



Figure 1: Diffuse severe acne over the patient's back.

The combination of severe acne, recent isotretinoin therapy, and osteitis on imaging, raised suspicion for acne fulminans, probably isotretinoin-induced. Prednisone, 30 mg, led to prompt recovery.

Acne fulminans is an uncommon variant of inflammatory acne. It is characterized by the rapid development of painful erosions and hemorrhagic crusts, resulting in severe scars. In extreme cases, the disorder can manifest as systemic inflammation, with fever, arthralgia, and osteolytic bone lesions. Isotretinoin therapy is a potential trigger of the disease, especially when started at high doses [1].

Recognition of such entity is essential for avoiding misdiagnoses, such as ankylosing spondylitis and septic arthritis.

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References

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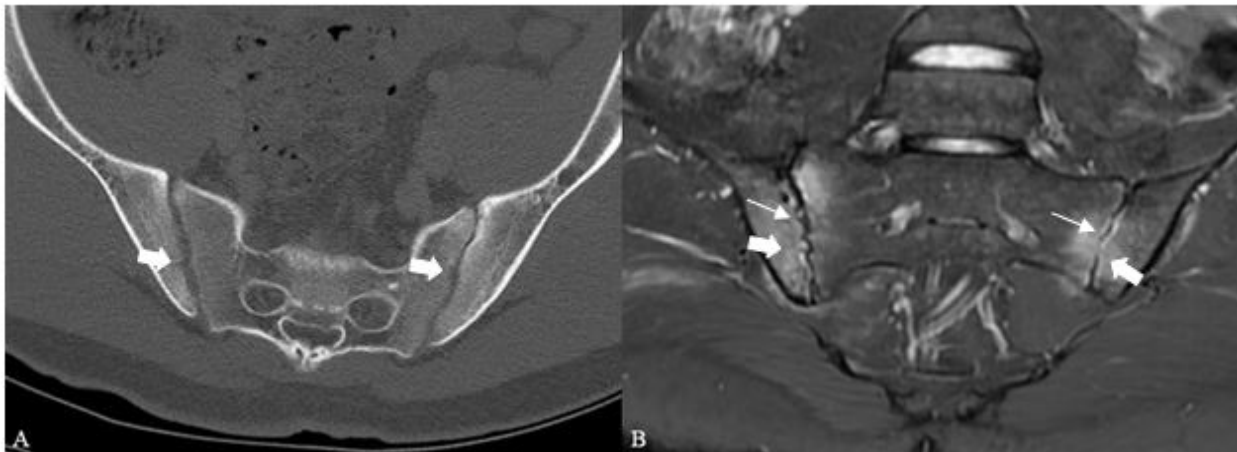


Figure 2: A. Pelvic CT showing bilateral sacroiliac erosions and joint space pseudo-widening (thick arrows). B. Pelvic MRI showing sacroiliac bone marrow edema (thick arrows) and erosions (thin arrows).