Bizzare appearance of gluteal sinus on sinogram

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A 15-year-old girl presented to us with history of low grade intermittent fever for three months along with a right gluteal sinus for last six months. On examination there was a right gluteal sinus with pouting granulation tissue. Minimal seropurulent discharge was present. Rest of the surrounding tissue was soft and non tender. Her gait was normal with no spinal deformity. Sinogram showed a large gluteal abscess extending into the ipsilateral thigh and pelvis [Fig. 1].

Abscess was also communicating with the ipsilateral psoas space which was in turn connected with the contra

lateral psoas through a prevertebral connection at the level of L2-3 [Fig. 1]. Delayed films also showed a well defined B/L pelvi-calyceal system with dye being excreted into the bladder. [Fig. 2]. Patient was advised further investigations to confirm Pott's spine which she refused. A clinical diagnosis of Pott's spine with bilateral psoas abscess presenting as a gluteal sinus was made. Patient was put on ATT for 24 months [1, 2] and after three months sinus has healed well with improvement in subjective symptoms and gain in weight

Fig. 1 Large gluteal sinus with pelvic and B/L retroperitoneal extensions

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Discussion

Vertebral tuberculosis comprises 50–70% of all skeletal tuberculosis [3, 4]. Diagnosing skeletal tuberculosis requires a great deal of clinical suspicion and prompt investigation. CT/MRI is the best investigations to detect early vertebral

changes and its complications. However in our region, access to proper investigations and prompt treatment is still at a premium due to various reasons. Hence a simple sinogram done in our patient threw up a bizarre radiological presentation of this extensive disease. [Figs. 1, 2]. There was visualization of B/L pelvi calyceal system on delayed films, mimicking an I.V.P. or even a vascular fistula. [Fig. 2]. Clinically, we concluded that the cause of extensive lesion was an inadequately treated Pott's spine, as rest of the

investigations were inconclusive and patient's attendants had refused any further investigations. Long standing cases of Pott's spine can present as lumbar abscess. The abscesses track through the intermuscular planes. [5]

The other interesting observation of an I.V.P. like visualization of bilateral pelvi-calycyl system raised the possibility of a vascular fistula. We feel the possible cause could be the absorption of dye into the systemic circulation through the extensive granulation tissue which must have been present in the abscess cavities.

Fig. 2 Visualization of B/L Pelvi-calyceal system with dye in bladder

Conclusion

Delayed diagnosis and improper treatment of vertebral tuberculosis can often lead to bizarre clinical and radiological findings which should always be kept in mind while dealing with such cases.

Conflict of interest The authors do not have any disclosable interest

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