

Randomized, Controlled Blind Study Comparing Sacroiliac Intra-Articular Steroid Injection to Radiofrequency Denervation for Management of Sacroiliac Joint Pain

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Abstract : Background and objective: Sacroiliac joint pain is a common cause for chronic axial low back pain, with up to 20% prevalence rate. To date, no effective long-term treatment intervention has been embarked on yet. The aim of our study was to compare steroid block to radiofrequency ablation for SIJ pain conditions. Methods: A randomized, blind, study was conducted in 30 patients with sacroiliac joint pain. Fifteen patients received radiofrequency denervation of L4-5 primary dorsal rami and S1-3 lateral sacral branch, and 15 patients received steroid under fluoroscopy. Those in the steroid group who did not respond to steroid injections were offered to cross over to get radiofrequency ablation. Results: At 1-, 3- and 6-months post-intervention, 73%, 60% and 53% of patients, respectively, gained $\geq 50\%$ pain relief in the radiofrequency (RF) ablation group. In the steroid group, at one month post intervention follow up, only 20% gained $\geq 50\%$ pain relief, but failed to show any improvement at 3 months and 6 months follow up. Conclusions: Radiofrequency ablation at L4 and L5 primary dorsal rami and S1-3 lateral sacral branch may provide effective and longer pain relief compared to the classic intra-articular steroid injection, in properly selected patients with suspected sacroiliac joint pain. Larger studies are called for to confirm our results and lay out the optimal patient selection and treatment parameters for this poorly comprehended disorder.

Keywords : lateral branch denervation, LBD, radio frequency, RF, sacroiliac joint, SIJ, visual analogue scale, VAS

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