

A Case of Sacroiliac Joint Tuberculosis with Gluteal Cold Abscess with Meningitis

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Introduction:

Tuberculosis (TB), caused by *Mycobacterium tuberculosis*, is a global health challenge known for its diverse clinical presentations and potential to affect virtually any organ or tissue in the body. While pulmonary TB remains the most common form, extrapulmonary TB manifestations can be diagnostically elusive, presenting unique challenges for both patients and healthcare providers. In this case report, we elucidate a complex and extraordinary clinical scenario—a patient with sacroiliac joint tuberculosis complicated by a gluteal cold abscess and, remarkably, concurrent meningitis.

Sacroiliac joint tuberculosis is an uncommon presentation of extrapulmonary TB, often manifesting as chronic lower back pain and mimicking other musculoskeletal conditions. The formation of a cold abscess in the gluteal region as a result of adjacent bony tuberculosis involvement adds further complexity to this case. However, the presence of concomitant meningitis due to TB, a rare and potentially life-threatening complication, sets this case apart as an extraordinary clinical challenge.

A 35-year-old man, an officer in the bank was evaluated for 30 days fever with pain over the right gluteal region. CT scan of the lumbosacral area revealed a cold abscess probably from the right sacroiliac joint. Aspiration of the abscess revealed AFB. Under observation, he developed meningitis in spite of starting Anti-tuberculosis drugs. He was in the ICU for 15 days and discharged with vitals stable.

Radiological changes included loss of cortical margins with erosion of the joints. The cold abscess was drained which revealed AFB, so joint aspiration was not done. This is a rare case of sacroiliac tuberculosis presenting as a cold abscess.



Figure: 1 CT evidence of sacroiliac tuberculosis with a cold abscess in the gluteal region



Figure: 2 Cold Abscess Drained

Conclusion:

Sacroiliac joint tuberculosis presenting as a cold abscess is rare. In this patient, he was showing the gluteal region as the site of pain and

the sacroiliac joint did not show tenderness but revealed radiological changes.

This case is presented as the rarity sacroiliac joint tuberculosis presenting as a cold abscess in the gluteal muscles.

Since the aspirated cold abscess revealed AFB, joint aspiration was not done.

In this case, in spite of giving him full course of Anti TB drugs, he developed features of meningitis of tuberculous aetiology confirmed by CSF analysis.

He responded to treatment and became free of symptoms.