

Letter to the Editor (matters arising)

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Comment on: Ultrasound-guided sacroiliac joint injection in patients with established sacroiliitis: precise IA injection verified by MRI scanning does not predict clinical outcome: response

SIR, I appreciate the comment of Klauser *et al.* [1] regarding our publication on US-guided injections of the SI joint [2]. In fact, there is a substantial discrepancy between the presented results demonstrating successful IA injections in 40% of our patients, compared with 90% in the cadaveric substudy of Klauser *et al.* [1]. As mentioned in our discussion [2], the most likely explanation for this discrepancy is related to the greater age of the patients enrolled in our study, leading to a higher frequency of ankylosis of the SI joints due to a longer disease duration. Although there were no significant differences in the outcome, SI joint injections are performed with US guidance in our daily clinical practice due to the feasibility and availability of the method. In addition, we totally agree with Klauser *et al.* [1] that IA injections should be preferred for pain relief in patients with sacroiliitis. However, the presented results [2] clearly demonstrate that patients with established ankylosis may also have some benefit from the US-guided injection nearby the former joint space, indicating that pain relief is not a suitable method to confirm a correct IA SI joint injection in these patients.

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References

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- 2 Hartung W, Ross CJ, Straub R *et al.* Ultrasound-guided sacroiliac joint injection in patients with established sacroiliitis: precise IA injection verified by MRI scanning does not predict clinical outcome. *Rheumatology* 2010;50: 1479–82.