

Metastatic Sacroiliitis

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The patient was a 73-year-old man with a history of gout and rectal cancer who was thought to be in remission after completing combined therapy, including surgery, radiation, and chemotherapy, 2 years earlier. He was referred to our facility for a consultation because of severe lower back pain for the past 3 months. The pain was constant and deteriorated after physi-

cal exertion. It had maximal intensity over the left sacroiliac joint and radiated to the left leg. The serum level of C-reactive protein was elevated to 26 mg/L (normal level ≤ 6 mg/L) and erythrocyte sedimentation rate was 81/hour. Computed tomography of the lumbar spine and pelvis, performed 2 weeks earlier, demonstrated bilateral sacroiliitis with erosions and partial destruction of the left sacroiliac joint [Figure 1A].

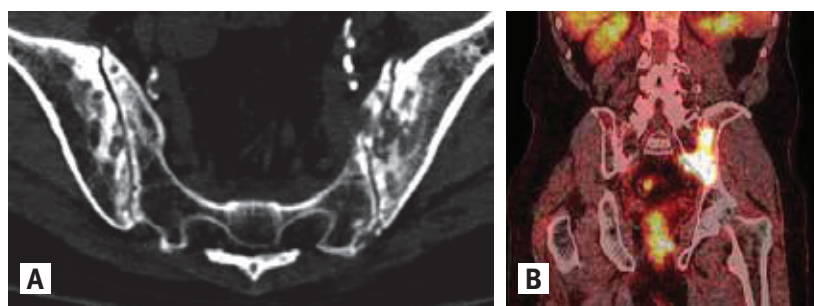
The patient informed us that shortly before the present consultation he had undergone a total body positron-emission tomography/computed tomography

(PET/CT) as a part of his yearly follow-up with an oncologist. On inquiry, the PET/CT imaging was diagnostic for a large metastasis in the left sacroiliac joint area [Figure 1B]. Sacroiliitis has been previously cited as one of the cancer-associated rheumatic syndromes.

The acute onset of paraneoplastic sacroiliitis has been reported primarily in hematological malignancies [1,2]. This report suggests that the involvement of the sacroiliac joints can be the first manifestation of metastatic diseases in solid tumors.

Permission to use data from the medical chart for medical education purposes was received from the patient on 4 March 2019.

Figure 1. [A] Computed tomography of the sacroiliac joints with multiple joint erosions and partial destruction of the left sacroiliac joint [B]. Positron-emission tomography/computed tomography of the same patient with intense uptake in the left sacroiliac area, consistent with the metastasis



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Capsule

Taking HIV vaccine beyond Thailand to Africa

The RV144 vaccine trial in Thailand is based on the only human immunodeficiency virus (HIV) vaccine to show efficacy against HIV infection to date. Gray et al. designed the HIV Vaccine Trials Network 097 trial to test this regimen in South Africa, where clade C HIV circulates. Examining immune protective responses previously identified in the RV144 trial, the authors found the vaccine to be even more immunogenic

in South Africans, and the magnitude of protective antibody responses was greater compared with RV144. The RV144 regimen or others like it may therefore be protective in areas where clade C HIV is endemic.

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