ISOTRETINOIN-INDUCED SACROILIITIS – CASE REPORT

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BACKGROUND

Isotretinoin is a synthetic retinoid widely used in the treatment of grade III/IV acne. Skin and mucous membrane dryness are the most common side effects, followed by myalgia, arthralgia and changes in the patient's lipid panel. However, there are reports of other musculoskeletal components involvement, such as sacroiliitis. Sacroiliitis is a manifestation usually present in spondyloarthritis characterized by unilateral or bilateral inflammation of the sacroiliac joints and requires further clinical investigation. The aim of this paper is to report an atypical case of sacroiliitis caused by the use of isotretinoin.

CASE REPORT

Female patient, 21 years old, white, on treatment for grade III acne with oral isotretinoin (40 mg/day) for 7 months, evolving after the 6th month with complaint of lower back and hip pain. Mechanical pain referred predominantly in the right hip, without radiation and morning stiffness. At the rheumatologic examination, Patrick (FABERE), Gaenslen and Lewin tests were negative. Magnetic resonance imaging (MRI) of the sacroiliac joints showed bone edema compatible with an active inflammatory process, chondral erosions and subchondral sclerosis, in addition to marginal osteophyte formations and slight reduction of joint clefts, indicating bilateral and symmetrical chronic sacroiliitis (Figure 1). Complementary laboratory tests showed C-reactive protein (CRP) = 1.6 mg/L, erythrocyte sedimentation rate (ESR) = 2 mm and HLA-B27 negative. Initial therapy consisted in discontinuation of Isotretinoin, prescription of non-steroidal anti-inflammatory drugs (NSAID) and physical therapy.

Figure 1. Periarticular hypersignal in T2/STIR on the left and water molecules diffusion facilitated, indicating edema and active inflammatory process.

CONCLUSION

There are some reports on the connection between the use of isotretinoin and the development of sacroiliitis. In these cases, the symptomatological presentation (hip pain) varied from days to months after starting this medication. The treatment was adopted according to the individual response of patients to the use of NSAIDs, sulfasalazine, adalimumab and methotrexate. Hence, one can conclude that the use of isotretinoin for the treatment of acne should be properly prescribed and guided, followed by the patient's awareness of the various side effects of this medication. In addition to the most common side effects, it is important to be aware of rarer ones, such as sacroiliitis. The case reported serves to raise the awareness of professionals and patients about this side effect in order to promote early follow-up, investigation and treatment, preventing the evolution of the condition.

KEYWORDS

Sacroiliitis, Isotretinoin, Side effect.