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SCIENTIFIC LETTER

# Brucella Sacroiliitis in Thalassemia Major

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*To the Editor:* A 17-y-old boy was admitted with fever, right sided hip pain and limping since 2 mo. He had been under treatment for thalassemia major since the age of 1 y with regular RBC transfusion and iron chelation. Physical examination revealed fever and limitation of right hip movement. Laboratory evaluation revealed; hemoglobin 10.2 g/dL, platelet count $807\times10^9$/L, white blood cell count $16.1\times10^9$/L. Biochemical tests were normal. C-reactive protein was 7.3 mg/dL; erythrocyte sedimentation rate was 32 mm/h. Serological tests for hepatitis A, B, C; HIV, HSV, EBV, CMV, parvovirus B19, toxoplasmosis were negative. Rheumatologic tests -ANA, rheumatoid factor, ANCA- were normal. Brucella standard tube agglutination test was positive at a titer of 1/640. Magnetic resonance imaging showed right sacroiliitis. Brucella was isolated from the blood and since sacroiliitis is a well known osteoarticular manifestation of brucellosis, a diagnosis of brucella sacroiliitis was made. The patient was given the specific antibiotic treatment with the combined regimen of streptomycin, doxycycline and rifampicin; he showed progressive improvement of symptoms to complete recovery.

Brucellosis is an infectious disease which can present with varied clinical pictures. The signs and symptoms are usually not specific to the disease and it is often misdiagnosed. Osteoarticular involvement is very common and the frequency varies from 10–85 % [1, 2]. During the course of thalassemia major; various musculoskeletal abnormalities can be encountered due to marrow hyperplasia and extramedullary hematopoiesis either due to the disease or transfusion and iron chelation treatments [3, 4]. In our patient the diagnosis was delayed because patient's complaints were thought to be related with thalassemia major and the iron chelation treatment.

We present this case to highlight that brucellosis should be included in the differential diagnosis of childhood osteoarticular manifestations in endemic countries even if there is a multisystemic illness that could explain the condition.

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