Spondylitis and Sacroiliitis

- A 20-year-old patient
- Dorsal and lumbar pain that worsens during the night
- Sacroiliac tenderness with pain during lateral pelvic compression

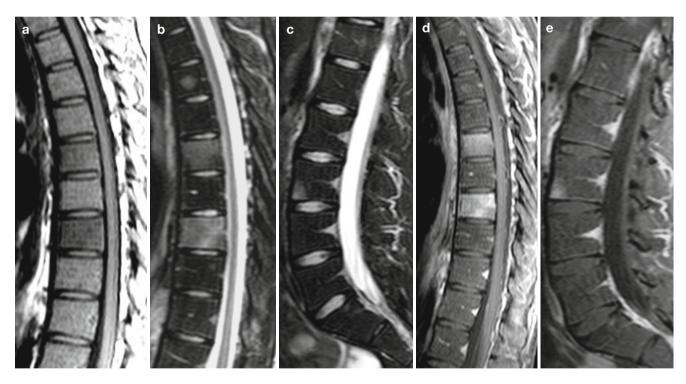


Fig. 1 Sagittal TSE T1-weighted image (**a**), sagittal TSE T2-weighted images with fat saturation (**b–c**), sagittal SE T1-weighted images with fat saturation following the administration of contrast medium (**d–e**). These images show low signal (**a**) and increased signal (**b**) of T5 and T7 vertebral

bodies and anterior corner of L3 (c), indicating edema of the bone marrow; after contrast medium administration, note enhancement of the same lesions indicating active inflammation of the vertebral bodies (d-e)

140 Case 54 Psoriatic Arthritis

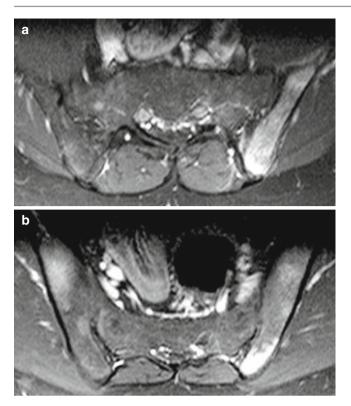


Fig. 2 Axial SE T1-weighted images with fat saturation following the administration of contrast medium (a, b): asymmetric acute inflammation of both joints (b), more evident on the left (a-b)

Follow-up after 12 months of TNF-blocker therapy

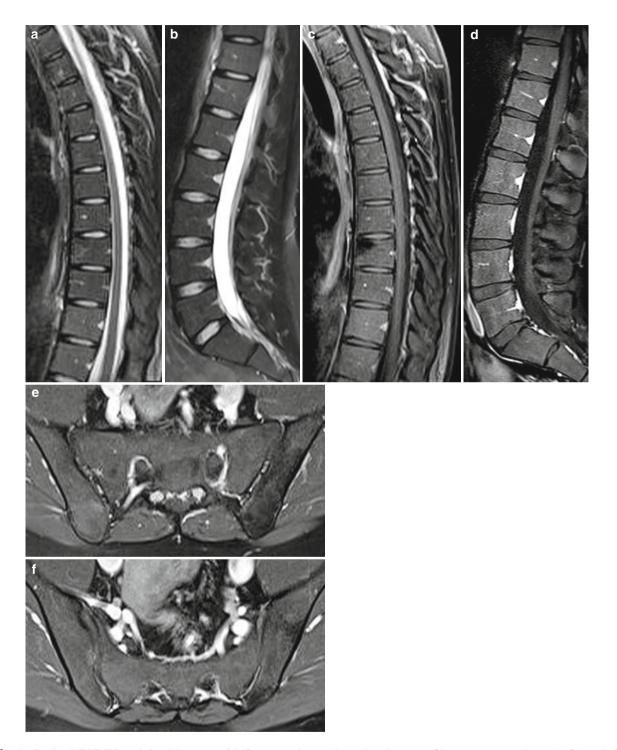


Fig. 3 Sagittal TSE T2-weighted images with fat saturation $(\mathbf{a}-\mathbf{b})$, sagittal SE T1-weighted images with fat saturation following the administration of contrast medium $(\mathbf{c}-\mathbf{d})$, and axial SE T1-weighted images with fat saturation following the administration of contrast medium $(\mathbf{e}-\mathbf{f})$. These images

show the absence of bone marrow edema $(\mathbf{a}-\mathbf{b})$ and absence of contrast enhancement of the spine $(\mathbf{c}-\mathbf{d})$ and sacroiliac joints $(\mathbf{e}-\mathbf{f})$, indicating the resolution of the acute inflammatory lesions