

## **New Findings to Consider in the Sacroiliac Joint and Low Back Pain in the Differential Diagnosis**

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The sacroiliac joint (SIJ) is an anatomical structure situated between the iliac bone and the sacrum. It is surrounded by an important network of ligaments. The SIJ also has been reported as an important source of low back pain (LBP) [4]. Therefore, it is a structure that needs to be considered when diagnosing potential causes for SIJ or low back pain (LBP). According to Kurosawa, *et al.* [5], the SIJ pain would be an issue, which is careless because studies would be lacking that investigate the posterior SIJ ligament as a potential source of pain. Another point in addition to the posterior SIJ ligament to consider are the cluneal nerves which encompass superior cluneal nerves (SCN), the middle cluneal nerves (MCN), and the inferior cluneal nerves [1]. Konno, *et al.* [2] reported in a first study that the posterior lateral sacroiliac ligament could be seen as an entrapment of the MCN and such promoting pain in the buttock.

Additionally, Karri, *et al.* [1] argued that the physical examination is an important part of the diagnosis and should be handled as primary to determine other potential causes of LBP. No motor deficits should be acknowledged during the neurologic or musculoskeletal examination, thus excluding any sciatic nerve implication in the symptomatology [1]. The authors [1] reported the necessity for every clinician to complete an accurate diagnosis of encompassing history and physical examination with a focus on sensory concentration. Pain syndromes of the lower back, pelvic region, and also of the lower extremities are generally undefined in etiology due the vast array of potential anatomical structures implicated as primary or secondary causes [1].

Finally, in order to address the correct diagnosis of SIJ, or LBP and thus to promote the correct treatment, clinicians are required to integrate to their anamnesis a meticulous physical examination. This includes also the cluneal nerves by patients with no motor deficit during the neurologic or musculoskeletal examination. And, to consider the potential entrapment of the nerves due to the SIJ posterior ligament or even a facet joint dysfunction of the lumbar spine [3].

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