

Images in clinical medicine



Post-fall sacral swelling



Corresponding author: Haruka Hikichi, Department of General Internal Medicine and Clinical Laboratory Medicine, Akita University, School of Medicine, Akita, Japan. harukahikichi@gmail.com

Received: 26 May 2025 - Accepted: 29 May 2025 - Published: 04 Jun 2025

Keywords: Sacral bursitis, traumatic bursitis, sacral swelling

Funding: This work received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

Copyright: Haruka Hikichi et al. Pan African Medical Journal (ISSN: 1937-8688). This is an Open Access article distributed under the terms of the Creative Commons Attribution International 4.0 License (https://creativecommons.org/licenses/by/4.0/), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Cite this article: Haruka Hikichi et al. Post-fall sacral swelling. Pan African Medical Journal. 2025;51(29). 10.11604/pamj.2025.51.29.48096

Available online at: https://www.panafrican-med-journal.com/content/article/51/29/full

Post-fall sacral swelling

Haruka Hikichi^{1,&}

¹Department of General Internal Medicine and Clinical Laboratory Medicine, Akita University, School of Medicine, Akita, Japan

[&]Corresponding author

Haruka Hikichi, Department of General Internal Medicine and Clinical Laboratory Medicine, Akita University, School of Medicine, Akita, Japan

Image in medicine

A 54-year-old woman presented with a progressively enlarging, painless swelling over the sacral region. She reported repeated falls over the preceding several weeks, attributed to the adverse effects of antidepressant medications. Physical examination revealed a 15-cm, soft, non-tender mass with mild erythema over the sacrum (panel A). The patient was afebrile. Laboratory findings, including white blood cell count, erythrocyte sedimentation rate, and C-reactive protein, were within normal limits. Computed tomography revealed a well-circumscribed, homogeneous, low-density fluid collection in the subcutaneous tissue

Article 3



over the sacrum (panel B). Aspiration yielded hemorrhagic, turbid fluid (panel C). Cytology results were negative for malignancy, and cultures were negative for bacterial growth. A diagnosis of sacral bursitis was made. Bursitis is an inflammation of a synovium-lined bursa, typically occurring in large joints such as the shoulder, knee, hip, and elbow. Sacral bursitis is rare and often misdiagnosed as an abscess, hematoma, or soft tissue tumor. In this case, the absence of

systemic symptoms, normal inflammatory markers, and negative cultures helped rule out an infectious etiology. Imaging findings also lacked the features suggestive of septic bursitis, such as peribursal fat stranding and wall thickening. Most cases of non-infectious bursitis can be managed conservatively. This patient was treated with rest, analgesics, and aspiration drainage, with gradual resolution of symptoms.

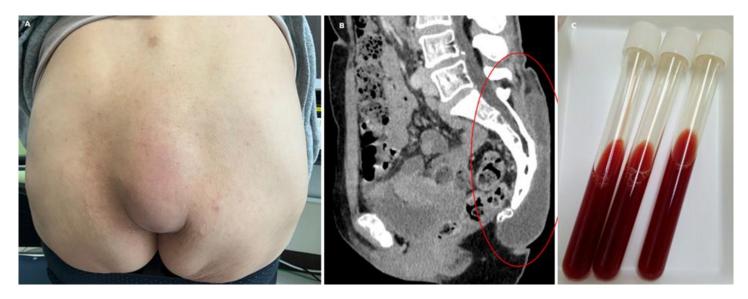


Figure 1: A, B, C) post-fall sacral bursitis presenting as a painless swelling