GLUTEAL MASS / SWELLING
Differentials

1. Ischial bursitis

2. Tumor

3. Sebaceous cyst

4. Intramuscular abscess

5. Fat necrosis
73-year old male

• complain of left gluteal swelling associated with pain

• no trauma
Ultrasound
DIAGNOSIS

Ischiogluteal Bursitis
27-year old male
• k/c of HIV with KS and PEL on chemotherapy

• CT performed for treatment response -> incidental finding of gluteal lesion

• Series of U/S and CT was performed
CT 14.5.2014
PET CT
U/S Trucut Biopsy 18.8.15
DIAGNOSIS

MALIGNANT LYMPHOMA
60-year old male

- left buttock mass over a month

- discomfort on sitting

- no trauma
MRI 1.4.16 (9 months later)
DIAGNOSIS

ISCHIAL BURSITIS
(LESS LIKELY SEBACEOUS CYST)
78-year old man
• mass over the (L) buttock for 2weeks

O/E : no definitive mass
Ultrasound
Diagnosis

Acute to subacute stage of fat injury (necrosis) overlying ischial tuberosity
ULTRASOUND
MRI T1FS & T1FS CONTRAST
DIAGNOSIS

GLUTEAL MAXIMUS ABSCESS
56-year old female

- ESRF due to lupus nephritis on CAPD

- noted (R) buttock swelling - 1 month duration

- associated with increasing severity of pain
CT 1-year later
DIAGNOSIS

OSTEOMYELITIS OF ISCHIAL TUBEROSITY WITH ABSCESS FORMATION
Complications
Hemorrhage

Aspirate – hemorrhagic fluid. No malignant cells / leucocytes
Rupture
Diagnosis
ISCHIOGLUTEAL BURSITIS
DISCUSSION

2 types of bursa:
i. Constant
   - formed during normal embryologic development
   - has a lining cell

ii. Adventitial
   - forms later in life in response to stress at the site of friction.
   - does not have lining cell.
• ischiogluteal bursa is a adventitial bursa.

• also called weaver’s bottom

• located between the gluteus maximus and ischial tuberosity.

• > common in elderly.

• due to chronic irritation and intermittent pressure on the ischial tuberosity.

• also secondary to RA, SLE, AS or Reiter’s syndrome
• symptoms usually pain over the buttock radiating to the thigh or lower leg (due to attachment of hamstring to the ischial tuberosity)

• may mimic osteoarthritis, AVN (femoral head), stress/occult fracture or neoplasm

• MRI is the modality of choice
• U/S -> enlarged bursa with hypo / anechoic fluid surrounded by wall and +/- internal septum and mural nodules.

• CT /MRI -> localized fluid collection surrounded by thin wall +/- internal septa or mural nodules

• advantage of U/S is able to assess **compressibility** (may help in differentiating it from neoplasm)

• treatment usually conservative or rarely excision.
THANK YOU