

Diastasis of the Symphysis Pubis: Analysis of Three Cases

Ali İrfan GÜZEL

Diyarbakır, Turkey

Diastasis of the symphysis pubis is the separation of normally joined pubic bones. This anomaly following vaginal delivery has a very low incidence. The most common symptom is pelvic pain and discomfort in the pubic region. The patients may also complain of pain with walking. In current study we aimed to report the clinical features of three patients diagnosed as diastasis of the symphysis pubis delivered at our clinic. All women admitted to the clinic with severe pelvic pain with walking.

Key Words: Diastasis, Symphysis pubis, Pelvic pain

Gynecol Obstet Reprod Med 2012;18:102-103

Introduction

Diastasis symphysis pubis (DSP) is clinical condition that described as complete separation of the symphysis pubis and generally occurs after severe trauma and falls from heights.¹ The incidence of peripartum and postpartum DSP is reported to be 1 in 300 to 1 in 30.000 deliveries.^{2,3} Garagiola et al⁴ reported that normal pregnancy may also related with mild separation of symphysis pubis and 42% of fourteen pregnancies had widening of the symphysis pubis. Separations more than ten millimeters are associated with pelvic pain, difficulty with walking.⁵ The treatment of DSP includes pelvic support with lumbosacral girdle, analgesic agents and low molecule weight heparine.⁶

In this study, we aimed to evaluate three cases of postpartum diastasis of the symphysis pubis managed and treated at our clinic.

Cases

This study was conducted Ergani State Hospital, that in southeastern Turkey, a rural area where the residents are mostly of lower socioeconomic and educational status. This gynecology clinic is an outpatient clinic that was visited patients for gynecological and obstetrical purposes in this time period.

Ergani Devlet Hastanesi, Kadın Hastalıkları ve Doğum Kliniği, Ergani, Diyarbakır

Address of Correspondence: Ali İrfan GÜZEL
Ergani Devlet Hastanesi, Kadın
Hastalıkları ve Doğum Kliniği
Ergani, Diyarbakır
alijnk@hotmail.com

Submitted for Publication: 29. 11. 2011

Accepted for Publication: 10. 04. 2011

Three cases with spontaneous DSP were included to the study. All of the cases were reproductive age (Case 1: 24 years old, case 2: 19 years old and case 3: 22 years old) women with no history of alcohol, smoke or drug use. They had uneventful antenatal history. All of the cases delivered vaginally at our clinic. All pregnancies were resulted with healthy babies. The initial complaint of the cases was severe pain with walking. We initial diagnosis of the cases was DSP. A pelvic X-ray (Figure 1) was done, revealing a separation of the symphysis pubis. A conservative approach to management was undertaken. The cases were advised strict bed rest with a suitable pelvic-immobilizing device. Thromboprophylaxis with daily subcutaneous low molecular weight heparin and anti inflammatory agents was begun to the cases. After seven days of therapy all of the cases were able to walk freely with decreased pelvic pain. The cases were advised to use anti inflammatory drugs and wearing abdominal binder.





Figure 1: Anteroposterior radiograph of the pelvis, made on the tenth day post partum, showing spontaneous reduction of the separation of the symphysis pubis

Conclusion

In current study, we reported three cases of spontaneous DSP following vaginal deliveries. All cases admitted to our clinic with severe pain with walking. The initial diagnosis of the cases was DSP. On pelvic X-ray we also diagnosed DSP and began treatment including strict bed rest, pelvic immobilizing device, thromboprophylaxis with low molecule weight heparine and analgesic therapy with anti inflammatory drugs.

DSP is a clinical condition that typically associated with high energy trauma and generally associated with traffic accidents.⁷ Another rare cause of DSP is pregnancy and is considered to be physiological and associated with increased levels of relaxin and progesterone.^{8,9} This disorder has an estimated incidence ranging from 1:300 to 1:30.000 pregnancies.¹⁰

The clinical findings of DSP generally include spontaneous vaginal delivery, postpartum pelvic pain and difficulty with walking.⁵ In some cases it is possible to hear clicking sound while walking and in a small percentage of the cases chronic pelvic pain may develop and surgical approach may be required.¹¹ Similar to the literature, all our cases had spontaneous vaginal delivery, postpartum pelvic pain and difficulty with walking.

Diagnosis of DSP generally includes imaging techniques including pelvic X-ray, ultrasound or MR imaging. Sometimes no abnormality may be found on imaging techniques but pain on palpation of symphysis pubis should make a clinician think of DSP.¹² We diagnosed all of our cases with X-ray graphy.

Treatment of spontaneous DSP following vaginal delivery is usually conservative including strict bed rest, pelvic immobilizing devices, thromboprophylaxis and pain relief.^{11,13,14} We treated our cases conservatively with good results.

In conclusion, although DSP is a rare situation in obstetrics practice, clinician should be aware of this disorder.

Simfizis Pubis Diastazi: Üç Olgu Analizi

Simfizis pubis diastazi, normalde birleşik olan pubik kemiklerin

birbirlerinden ayrılmasıdır. Bu anomalinin normal doğumu takiben gelişmesi çok nadirdir. En sık semptomlar pelvik ağrı ve pubik bölgede rahatsızlıktır. Hastalar yürürken ağrıdan da şikâyet edebilirler. Bu çalışma da, kliniğimiz de doğum yapan ve simfizis pubis diastazi tanısı alan üç hastanın klinik bulgularının irdelenmesi amaçlanmıştır. Tüm hastalar kliniğimize yürürken şiddetli pelvic ağrı şikayeti ile başvurmuştur.

Anahtar Kelimeler: Diastaz, Simfizis pubis, Pelvik ağrı

References

1. Joosop J, Kwek K. Symphysis pubis diastasis after normal vaginal birth: a case report. *Ann Acad Med Singapore*. 2007;36:83-5.
2. Kane R, Erez S, O'Leary JA. Symptomatic symphyseal separation in pregnancy. *Surg Gynecol Obstet* 1967;124:1032-6.
3. Kubitz RL, Goodlin RC. Symptomatic separation of the pubic symphysis. *South Med J* 1986;79:578-80.
4. Garagiola DM, Tarver RD, Gibson L, Rogers RE, Wass JL. Anatomic changes in the pelvis after uncomplicated vaginal delivery: a CT study on 14 women. *AJR Am J Roentgenol* 1989;153:1239-41.
5. Lindsey RW, Leggon RE, Wright DG, Nolasco DR. Separation of the symphysis pubis in association with child-bearing. A case report. *J Bone Joint Surg Am* 1988; 70:289-92.
6. <http://www.nice.org.uk/nicemedia/pdf/CG62FullGuidelineCorrectedJune2008.pdf>
7. Price N, Ragoowansi R, Bircher M. Pelvic ring diastasis and pseudo-diastasis in motorcycle pillion passengers. *Injury* 1996;27:441-4.
8. Kowalk DL, Perdue PS, Bourgeois FJ, Whitehill R. Disruption of the symphysis pubis during vaginal delivery. A case report. *J Bone Joint Surg Am* 1996;78:1746-8.
9. Aniebue UU. Symphyseal diastasis following vaginal deliveries: a report of two cases. *West Afr J Med* 2008;27: 47-9.
10. Snow RE, Neubert AG. Peripartum pubic symphysis separation: a case series and review of the literature. *Obstet Gynecol Surv*. 1997;52:438-43.
11. Dunbar RP. Puerperal diastasis of the public symphysis. A case report. *J Reprod Med* 2002;47:581-3.
12. http://www.e-radiography.net/radpath/d/diastasis_symphysis.htm.
13. Parker JM, Bhattacharjee M. Images in clinical medicine. Peripartum diastasis of the symphysis pubis. *N Engl J Med*. 2009 Nov 5;361(19):1886.
14. Omololu AB, Alonge TO, Salawu SA. Spontaneous pubic symphyseal diastasis following vaginal delivery. *Afr J Med Med Sci* 2001;30:133-5.