

Symphyseal Separation (A Case Report)

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ÖZET

SİMFİZİS AYRIŞMASI (Olgu sunumu)

Simfizis pubis ayrışması doğumun, nadir görülen ve genellikle asemptomatik seyreden bir komplikasyonudur. Bazı olgularda, postpartum periyodun erken döneminde semptomatik olup, genellikle uygun konservatif tedaviyle doğum sonrası 8 hafta içinde semptomları düzelmektedir. Bu çalışmada, spontan vaginal doğumdan bir gün sonra tipik semptomlarıyla ortaya çıkan simfizis ayrışması olan bir olgu rapor edildi ve literatür eşliğinde tartışıldı.

Anahtar Kelimeler: Doğum, simfizis ayrışması.

SUMMARY

SYMPHYSEAL SEPARATION (A case Report)

Separation of Symphysis pubis is one of the rare and usually an asymptomatic complication of the labor. In some cases, it becomes symptomatic in the early postpartum period and is generally resolved during the 8 weeks of postpartum period with appropriate conservative treatment. We reported a case with symphyseal separation became symptomatic just one day after a spontaneous vaginal delivery and discussed under literature review.

Key Words: Delivery, symphyseal separation.

During pregnancy, due to stretching effects the joint interval between pelvic bones and sacroiliac bones can be increased (1). This is physiologic and returns to its previous size in postpartum period (2,3). Also the susceptibility of the ligamentous structures of the symphysis pubis is increased because of relaxing estrogenic hormones just prior to delivery. Exaggerated effects such as delivery of macrosomic infants or use of forceps can cause symphysis pubis rupture or dislocation that results in severe pelvic pain over symphysis pubis by palpation in postpartum period (1). Additionally, waddling and painful gait may be seen (1,2).

CASE REPORT

A 22 year old woman, gravida 1, was admitted in active labor at 40 weeks 2 days gestation after an unremarkable prenatal course. While active phase lasted for 12 hours, second stage lasted only 5 minutes with patient delivered of a healthy 3800gr male infant. There was no shoulder distocia or fetal injury. Approximately 24 hours after delivery, patient began to complain pain over the

symphysis pubis while gaiting. Her vaginal and neurovascular examination was found normal and no pathology detected. But palpation of abdomen over symphysis pubis was very painful and radiologic evaluation of P-A pelvic graphy confirmed an 1cm symphyseal separation (Figure 1).

In our case, external or internal reduction were not performed. We only gave conservative treatment as taking patient in to absolute bed rest in the full lateral (right or left) position and kept in lateral compression on the symphysis. The pain complaint of our case was getting decreased progressively and by the day 5 of treatment, there was no pain at resting position, but painful and waddling gait of patient's complaint continued for a month. By postpartum day 6, we discharged our case to home with advicement of absolute bed rest and for control coming after six weeks. P-A pelvic graphy of patient was repeated 1 year 8 months later delivery, at this time we measured interval between pubic bones as a 0.4 cm (Figure 2).

DISCUSSION

The joint surfaces of symphysis pubis is covered by a thin hyalen cartilage and fibrocartilagenous disc fullfilled interval area of joint. The supporting structures for joint is anterior pubic, posterior



Figure 1. Symphyseal separation at the postpartum first day (1 cm)



Figure 2. The interval of Symphysis pubis articulation one year eight months later delivery.

pubic, superior arcuate and inferior arcuate ligaments (4,5,6,7). During pregnancy the susceptibility of ligamentous structures is due to increased amount of liquid in connective and fibrocartilagenous tissue resulting from relaxing effects and increased levels of sex steroids (1).

While Reis and coworkers (8) postulated that there was no relaxation of symphysis pubis relating to pregnancy, Barners and coworkers (4) detected pelvic relaxation in 55 % of 180 pregnant women and according to Heyman and coworkers (9) the symphysis pubis joint interval was increased in all pregnant women. It is possible that the symphyseal separation may have arisen as a result of the delivery process itself, especially with a macrosomic infant, forced and rapid delivery, cephalopelvic discordance (CPD), abnormal presentation or abnormal bony pelvic structures such as previously traumatized pelvic-arch, congenital dysplasia, osteomalacia, chondromalacia and tuberculose arthritis (4,5,7,10). The delivery process of our case was relevantly forced and rapid but pelvic structures of her was assessed as normal.

The estimated incidence for symphyseal separation during delivery is varied between 1/521-1/20000 (5,6,11). The incidence is getting decreased in time because use of forceps in the case of

CPD and abnormal presentation is replaced by abdominal cesaeran section. Wishner and Mayer (11) described five cases with postpartum symphyseal separation associated with localized pain in the region of the pubic-arch and waddling gait due to posterior displacement of the hip joint. All this findings were also present in our case.

The treatment of postpartum symphyseal separation is generally non operative and conservative. Patients with less than 1 cm symphyseal separation require only conservative treatment. If separation is equal or more than 1 cm, partial or complete rupture may be possible (4,10,12), that requires pelvic bandage in a way of a 3 inch wide circumferential strep that runs below than iliac crests and above than trochanters, she should be advised to return to bed rest in full lateral position and to keep lateral compression on the symphysis, and reduction (4,11,13). Our case admitted to us with symptoms of pain over the pubic arch, waddling and painful gait by postpartum 1 day. The separation was measured on PA pelvic graphy as an 1 cm. So that we were taking her in absolute bed rest on full lateral position. According to literature knowledge, the avarege time for bed rest is varying between 2 days to 8 months. Symptoms are usually resolved at the end of the 8 weeks of deli-

very (7,10,14). The symptoms of our patient began to resolve by the 6 days of treatment and 1 month later delivery no symptom was present and she returns to her usual daily activities.

CONCLUSION

Symphyseal separation is rarely seen complication in pregnant women, especially in multipars, after delivery and only conservative treatment is usually sufficient. It is generally resolved during the 8 weeks of postpartum period with appropriate conservative treatment.

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