



An unusual case of pubic disjunction following a dystocic delivery: A case report

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Abstract

The symphysis pubis disjunction is frequently misdiagnosed because of confusing pain due to labour. It usually occurs at pregnant who has lack of pelvic flexibility. We report the case of a 23-year-old woman suffering from severe pubic symphysis disjunction after dystocic delivery by vaginal approach. Pelvic external fixator was performed to reduce the separation with good results.

Keywords: pubic disjunction, dystocic delivery, reduction, external fixator

1. Introduction

Pubic disjunction is a very rare complication of childbirth. During pregnancy, pelvic relaxation secondary to hormonal changes is a physiological adaptation allowing vaginal delivery. The disjunction which does not exceed 10 mm is considered as physiological and disappears spontaneously within 6 months whereas the large separations must be treated surgically. We report the case of a 23-year-old woman with a 5 cm pubic disjunction following a dystocic delivery.

2. Patient and Observation

A 23-year-old patient with no pathological history, pregnant at 38 weeks of amenorrhea of her first pregnancy, admitted to the fully dilated delivery room. She presented after a dystocic delivery a tear of the anterior wall of the vagina with appearance of the bladder through this tear. A suture of the anterior vaginal wall was performed, but in view of the persistence of pain in the pubic region, with the impossibility of standing, a radiograph of the pelvis was performed showing a major pubic disjunction (figure1). A CT scan of the pelvis was performed showing a 5 cm pubic disjunction without sacroiliac disjunction (figure2). The patient was treated by external pelvic fixator with discharge for 6 weeks followed by physiotherapy (figure3). Post-operative radiographs of the pelvis showed a good reduction of the disjunction. Three months after delivery, normal mobility of the two hips is noted, walking without technical assistance and without claudication; a climb up and down stairs possible.

3. Discussion

Relaxation of the symphysis pubis and sacroiliac joints normally begins in the first half of pregnancy, increases during the third trimester, and returns to baseline within 5 months postpartum. When widening of the symphysis pubis reaches 1 cm, patients usually become symptomatic and can be classified as having symphyseal separation [1]. The reported incidence of symphyseal separation ranges from one in 300 to one in 5000 live births [2].

Palpation of symphysis pubis is painful and may reveal a gap with edema or hematoma on the soft tissue overlying the symphysis pubi. The patient is usually unable to stand or

walk. Suggested etiological factors include previous symphyseal rupture, precipitous labor, cephalopelvic disproportion, abnormal presentation, previous trauma, epidural anesthesia, and use of the McRobert maneuver [3, 4]. The diagnosis is confirmed by pelvic X-ray. Symphysis pubis separation of 1 cm or less is physiologic and does not require treatment. Separation of more than 1 cm represents a partial or complete rupture and is usually symptomatic. Separation of more than 4 cm is usually associated with involvement of sacroiliac joint. Below 2.5 cm of separations must be treated conservatively by restrictive pelvic binder and absolute bed rest on lateral decubitus position [5]. Brehm and Weirauk classified their cases into four groups according to the degree of separation in centimeters [1]. They advocate conservative treatment with bed rest and binders for 3-4 weeks in separations greater than 2 cm. Surgical intervention is indicated at patients whose closed reduction is failed and patients who has more than 2.5 cm diastasis [6]. By internal or external fixation enough and stable reduction can be easily done. Complete recovery can be usually achieved at the end of 6 or 8 weeks [6]. Although symptoms may persist after 6 months in some patients, long-term results are good.



Fig 1: Anteroposterior pelvic x-rays showing a pubic symphysis disjunction.

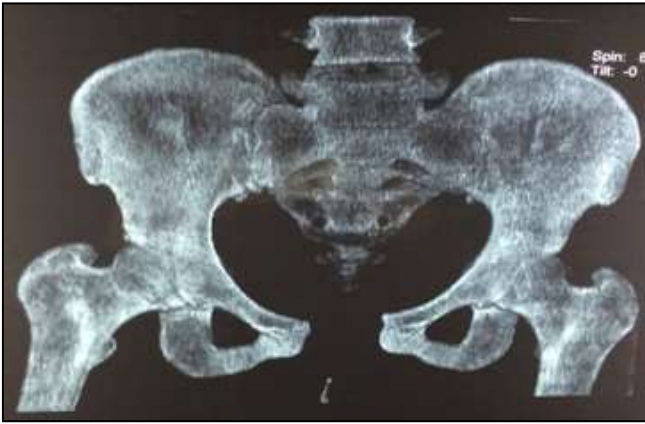


Fig 2: CT scan imaging: Symphysis pubic disjunction of 5 cm.



Figure 3: Pelvic external fixator reducing the pubic symphysis disjunction

4. Conclusions

Pubic disjunction complicating a vaginal delivery is very rare; it must be evoked in front of unusual pain with functional impotence in the post-partum. The diagnosis and treatment can be easily done. Pelvic external fixation is a good choice for reduction and maintenance of the width of symphysis at physiological ranges.

5. Declaration of Interest

The authors declare that they have no conflicts of interest in relation to this article.

6. References

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