

# 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

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## 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.<sup>1</sup> The incidence of peripartum and postpartum DSP is reported to be 1 in 300 to 1 in 30.000 deliveries.<sup>2,3</sup> Garagiola et al<sup>4</sup> 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.<sup>5</sup> The treatment of DSP includes pelvic support with lumbosacral girdle, analgesic agents and low molecule weight heparine.<sup>6</sup>

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

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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.<sup>7</sup> Another rare cause of DSP is pregnancy and is considered to be physiological and associated with increased levels of relaxin and progesterone.<sup>8,9</sup> This disorder has an estimated incidence ranging from 1:300 to 1:30.000 pregnancies.<sup>10</sup>

The clinical findings of DSP generally include spontaneous vaginal delivery, postpartum pelvic pain and difficulty with walking.<sup>5</sup> 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.<sup>11</sup> 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.<sup>12</sup> 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.<sup>11,13,14</sup> 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

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