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CASE REPORT

Rare Occurrence of Symphysis Pubis Diastasis Following Normal Vaginal Delivery

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Parturition-induced pelvic instability is a rare encounter, with incidence rates of symphysial rupture after vaginal delivery ranging from one in 600 to one in 30,000 [1] deliveries. Peripartum ligamentous relaxation with moderate widening of symphysis pubis and sacroiliac joints is physiologic and occurs regularly resulting in widening of the birth canal and facilitating delivery. This occurs secondary to increased elasticity of the pelvic joints induced by an elevation in circulating progesterone and relaxin [2].

Risk factors include elderly primigravida, fetal macrosomia, obstructed labour, hyper abduction of the thighs, and instrumental delivery. Treatment of postpartum symphysial rupture has been non-operative bed rest, analgesics, and application of a pelvic binder to facilitate reduction of the diastasis. Recovery from symphysial rupture can be expected within 6 weeks.

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Case Report

We hereby report a case of a 22-year-old primigravidae who was referred from a *taluk* hospital at 6:30 pm for traumatic PPH and severe pain in the pubic area following a normal vaginal delivery of a 4-kg full-term healthy female baby the same afternoon at 4:00 pm. The administration of oxytocin was controlled, and no overdose of this drug was given—neither was there the prolongation of delivery time nor was it an instrumental delivery. On examination patient's vitals were stable. Lab investigation revealed hemoglobin of 7.7 % blood group B positive. Severe tenderness was elicited in the symphysis pubis, and a wide pubic symphysial diastasis was present on palpation, and the separated bony ends were obviously noticeable on abduction of thighs. Per speculum examination showed bilateral cervical tear with avulsion of anterior vaginal wall. Anterior wall of bladder was seen through the separated space of Retzius with displacement of urethra and clitoris laterally as shown in Fig. 1. Under adequate exposure, vaginal and cervical tear was sutured, and complete hemostasis achieved, followed by adequate compatible blood transfusion. Pelvic X ray revealed wide separation of symphysis pubis up to 4.5 cm. Where she was managed

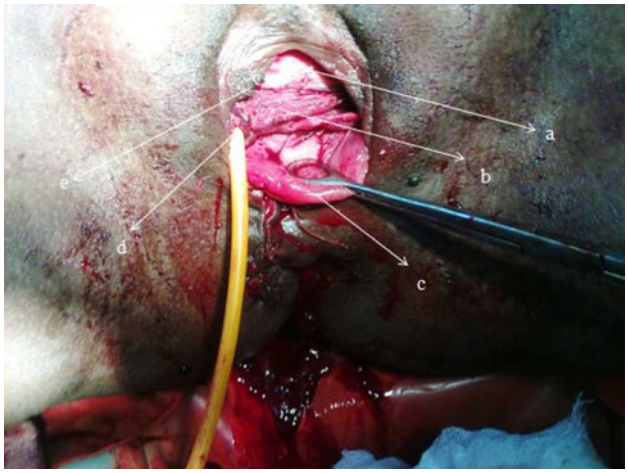

Fig. 1 Photograph showing post partum diastasis with **a** Space of Retzius; **b** Anterior wall of bladder; **c** Anterior lip of cervix; and **d** Displaced urethra **e** Clitoris

conservatively by external pelvic binder, immobilization, and analgesics (Fig. 2).

Discussion

Physiologic peripartum symphysial diastasis with wide ranges from 3 to 7 mm often remains asymptomatic. Slight pubic diastasis in the absence of clinical symptoms is frequent and does not necessitate medical treatment. Treatment of postpartum symphysial rupture has traditionally been non-operative and conservative as opined by Dunbar [3] and Omololu et al. [4] in their case studies.

Conflict of interest There are no conflicts of interest.

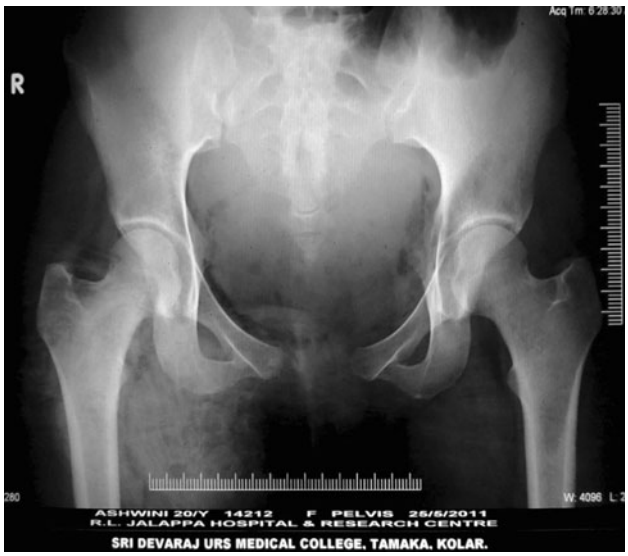

Fig. 2 X rays showing the pubic symphysis with 4.5-cm diastasis

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