

**SYMPHYSEAL DISJUNCTION AFTER A DYSTOCIC VAGINAL DELIVERY: A
CASE REPORT**

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ABSTRACT

Symphyseal disjunction is a rare condition, defined by an enlargement at the level of the inter-symphyseal joint estimated to be greater than 10 mm. This condition requires specialized in cases of severe, incapacitating pain. We report the case of a patient with intense pelvic pain and impotence of both lower limbs on day 2 of a dystocic delivery. clinical examination revealed exquisite pain on palpation of the symphysis, The diagnosis was confirmed by an x-ray of the pelvis, which showed a enlargement of the pubic symphysis by 15 mm, therapeutic management consisted of preventive anticoagulation and analgesic treatment with paracetamol and non-steroidal anti-inflammatory drugs. The evolution was favorable. Through our case, we will insist on the characteristics of this pathology, in particular its prognosis, which will enable the practitioner to understand the importance of early diagnosis and management of this entity, which should be evoked when pelvic pain during pregnancy or post-partum.

INTRODUCTION

The diagnosis of symphyseal disjunction syndrome is clinically evoked by insidious pain occurring in pregnant women or abruptly in the post-partum period, and can be confirmed by an x-ray of the pelvis showing an intersphial space greater than 10 mm.

Initial management must be carried out early to ensure the parturient's autonomy and comfort. parturient. We report the case of a patient who presented with symphyseal disjunction syndrome following a dystocic delivery.

Patient and Observation

32-year-old patient, second gesture, second pare, type 2 diabetic on insulin during pregnancy. during pregnancy; current pregnancy poorly monitored, apparently normal course, in particular no notion of pelvic pain, this pregnancy was carried to term, admitted to our in the active phase of labor, the delivery was complicated by false shoulder dystocia after rapid spontaneous labour, after conditioning, shoulder release by Mc Roberts manoeuvre with Mc Roberts maneuver with delivery of a 4100g newborn, under-valve examination showed did not show a tear.

On postpartum day 2, the patient presented with intense abdominal and pelvic pain with impotence of both lower limbs. Clinical examination showed greater abdomino-pelvic sensitivity to palpation of the pubic symphysis. X-rays of the pelvis revealed a 13 mm

widening of the pubic symphysis (Figure 1), therapeutic management was the initiation of preventive anticoagulation and unloading with analgesic treatment based on paracetamol and NSAIDs. The evolution was favorable with no recurrence and she was discharged at 7 days postpartum. The examination carried out after 10 days shows no sensitivity at symphyseal level.



Figure 1: X-ray of the pelvis, showing widening of the inter-symphyseal space.

DISCUSSION

The incidence of peripartum pubic disjunction syndrome is estimated at between 1/300 and 1/30,000 in the literature,^[1,2] with 22% of parturients

experiencing pain in the pubic symphysis. symphysis, with excruciating pain in 5-8% of parturients. 7% of parturients have this symptomatology in the postpartum period.^[3,4] The etiologies of this condition remain poorly understood although several authors have reported the frequent association of symphyseal disjunction and certain risk factors, notably fetal macrosomia, extraction maneuvers, joint pathologies joint pathologies and trauma to the pubic joint.^[5,6]

Our patient had risk factors, namely multiparity, macrosomia and use of the McRobert maneuver for shoulder release. Robert's maneuver for shoulder release. Diagnosis is based on symptoms reported by the patient and the clinical examination. The typical symptomatology appears to pain of the pubic symphysis with inguinal radiations, associated with pain of the sacroiliac joint.^[7]

Clinical examination reveals exquisite pain on palpation of the pubic symphysis, even oedema of the symphysis and true palpation of an inter symphyseal space.^[8] The clinical picture in our case was fairly typical. The paraclinical diagnosis was based on radiology of the pelvis showing an inter-symphysis space greater than 10 mm,^[7] This space was evaluated at 13 mm in our patient's case. The degree of separation does not appear to correlate with symptom severity,^[5] some authors proposed ultrasound as a means of diagnosis, particularly during pregnancy when a standard is not permitted, but they conclude that this examination is not predictive.^[9]

Symphyseal disjunction syndrome often occurs late in pregnancy or post partum, cases have been reported in the literature occurring earlier at 20 and 31 SA.^[6,7] is medical, with a combination of oral analgesia rest and physiotherapy. During pregnancy and at an early term, the failure of a proposed local infiltration may justify the use of epidural analgesia, according to some authors.^[7] In post-partum, local infiltration of the pubic symphysis appears effective. According to recommendations, it should be performed in the operating room under strict aseptic conditions, using a solution combining a local anesthetic and a corticoid.^[10] In our case, it was a symptomatology postpartum with radiological signs.

Conservative medical treatment combining offloading, analgesics and preventive anti-coagulation with a marked improvement in pain. Our patient did not benefit from pelvic bandage, which is recommended in cases of severe diastasis.^[6,11] according to literature, surgical treatment can be proposed in cases of diastasis greater than 4 cm.^[11]

CONCLUSION

Symphyseal disjunction syndrome should be considered in the presence of pelvic pain in pregnancy

and postpartum. The diagnosis is easily made thanks to an x-ray of the radiology of the pelvis showing an intersymphysal space greater than 10 mm. Early initial is medical, with a combination of oral analgesia, local infiltration, rest and local infiltration, rest and physiotherapy. Pelvic bandaging and surgical treatment are reserved for cases of severe diastasis, and must be combined with anticoagulation in cases of immobilization.

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