

**PUBIC SYMPHYSIS DIASTASIS DURING NORMAL VAGINAL DELIVERY – A CASE STUDY****<sup>1</sup>\*Dr. Snehal Prakashrao Pawar and <sup>2</sup>Dr. J. S. Deshmukh**<sup>1</sup>PG Scholar (Prasutitantra & Streerog), <sup>2</sup>HOD & Professor of Prasutitantra & Streerog  
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**ABSTRACT**

Pubic Symphysis Diastasis is defined as separation of the joint, without fracture. Pubic Symphysis Diastasis following childbirth via vaginal delivery is a rare but debilitating condition. It is a condition that allows excess lateral or anterior movement about the Symphysis pubis and can result in Symphysis pubis dysfunction. It is usually noticed after delivery and has been associated with forceps delivery, rapid second stage of labour or severe abduction of the thighs during delivery. Unbearable pain on moving from side-to-side and on performing any weight-bearing activity such as walking or climbing stairs precludes ambulation in the immediate postpartum period. Radiography, ultrasound and magnetic resonance imaging are the diagnostic modalities that aid confirmation of diagnosis. There is no overwhelming evidence in the medical literature to support any particular treatment. Most of the cases can be treated Conservatively. However, external and internal surgical stabilization may occasionally be required. A Case is reported here of severe separation of the Symphysis pubis during delivery, including several Previously unreported complications. A review of the literature follows, highlighting the variety in Presentation, treatment, and prognosis.

**KEYWORDS:** Pubic Symphysis Diastasis, Spontaneous vaginal delivery, Conservative management, Bed rest, Pelvic binder.

**INTRODUCTION**

The Pubic Symphysis is a non-synovial joint that connects the right and left superior pubic rami. Due to hormone related changes and physiological alterations observed during pregnancy, the gap can increase by 2-3mm and remain after delivery, such a separation is called as "Physiological Pelvic Symphysis Diastasis". Infrequently vaginal delivery might lead to joint widening of more than 10mm which is diagnostic and defined as "Pathology Pubic Symphysis Diastasis".<sup>[1]</sup> The abnormally widened gap can cause significant pain followed by the inflammation and swelling. A Physiological widening of the Symphysis joint is based on normal endocrine changes during pregnancy; therefore, it does not depend on the mode of delivery and the Pathological Diastasis is considered complication of the vaginal delivery method of childbirth and can be prevented by Cesarean delivery.<sup>[2]</sup> This is a rare pathology found in postpartum women with an estimated prevalence ranging from 1 in 300 to 1 in 30,000 Pregnancies.<sup>[3]</sup>

Diastasis can also occurs as a result of Precipitate labour and instrumental delivery.<sup>[4][5]</sup> These changes are reversible after complication free birth but sometimes

may result in considerable & prolonged morbidity.

Possible predisposing factors involve the no. of pregnancies, fetal macrosomia, narrow pelvic outlet or cephalo-pelvic disproportion, rapid & dense contractions, during labour, epidural route of anaesthesia, Previous trauma in the pelvic region, osteomalacia, chondromalacia & infections.<sup>[6]</sup>

A rapid delivery is thought to play a role in rupture of the pubic ligaments, But intervention with the vacuum extraction or Forceps delivery has not had an important role in the series reported. Clinically, separation of the symphysis pubis is Heralded by pain in the region of the symphysis, With point tenderness in the region of the symphysis pubis and pain in, that area on compression of the pelvis. Pain usually occurs with walking, And an unstable or waddling gait is noted. With Wider separations, back pain in the sacroiliac Joints becomes more prevalent because of the Hinge-type movement when the pelvis widens.

Treatment modalities range from Conservative management including analgesics, pelvic binders, transcutaneous nerve stimulation and chiropractic

management to orthopaedic intervention such as external fixation or open reduction and internal fixation.

## MATERIALS AND METHODOLOGY

### Study type

A single case study of Pubic Symphysis Diastasis.

### Study Design

A single case study of patient was taken from IPD of our Ayurved Rughnalya. Informed & written consent was taken.

## CASE REPORT

A 24 years old patient G<sub>3</sub>P<sub>1</sub> had a Prolonged second stage of labour with spontaneous vaginal delivery of a 3.3kg healthy female child. Immediate after labour, the patient noted severe suprapubic pain and was unable to move due to the severity of pain. Attempts by physical therapists to mobilize the patient had failed due to significant pain & discomfort. Results of a neurological examination of her legs were normal. Then patient was evaluated by an orthopaedic surgeon.

On Physical examination, there was no obvious instability with compression of both iliac wings. There was reproducible pain over the midline & in the infra umbilical region and tenderness over the pubic symphysis, with a small palpable defect.

Radiography of the pelvis were ordered to further assess the symphysis pubis & sacroiliac joints. Initial images of the pelvic were obtained on postpartum day 5 and demonstrated abnormal widening of the symphysis pubis to a maximal transverse measurement of 4cm. There was no definite sacroiliac joint widening. Radiological imaging findings and the stability of the posterior ring, so, Conservative management was recommended and patient was placed in a pelvic binder. Also recommended to take bed rest and supportive treatment was continued for 3 months.

### Supportive treatment

- 1) Mahayograj Guggul 250mg 2BD warm water for 15days.
- 2) Asthiposhak Vati 250mg 2BD
- 3) Shatawari Kalpa 1tsf—1tsf with milk
- 4) shunthi siddha erand tail 5ml at night with luke

Also, sequential images at follow up were obtained. The patient improved clinically and Radiographically. On follow up visits, she reported progressive improvement of symptoms.

## DISCUSSIONS

Anteriorly, the pelvic bone are jointed together by symphysis pubis. The structure consists of fibrocartilage and superior & inferior pubic ligaments. In pubic symphysis Diastasis, the separation of the right and left pubic rami. The abnormally widened gap can cause

significant pain followed by inflammation and swelling. Diagnosis may be made based on multiple imaging studies.

In the medical literature, there are no definite guidelines to support any particular treatment. Most of the cases respond to Conservative therapy in the form of bed rest, Analgesics and pelvic binders. Conservative therapy usually results in a complete recovery in acceptable time span. Physiotherapy in the form of muscle strengthening exercise also has a role.

## CONCLUSION

Separation of the pubic symphysis during pregnancy and delivery is normal. However, large separation is a potential complication requiring treatment and follow up. Treatment should generally be Conservative and symptomatic.

Conservative management including rest, analgesics and a pelvic binder is a reasonable method of management. Under the guidance of expert obstetric, physiotherapist, this clinical entity shows significant improvement in pain, functional status and overall physical health.

## REFERENCES

1. Jain S, Eedarapalli P, Jamjute P, Sawdy R. Symphysis pubis dysfunction: a practical approach to Management. *Obstetrician Gynaecologist*, 2006; 8: 153-158 [DOI:10.1576/toag.8.3.153.27250]
2. Heim J, Vang S, Thomas A, Ly T, Das K. Effect of Pregnancy, Labor, Delivery and Postpartum on Physiological Pubic Symphysis Diastasis [23I]. *Obstet Gynecol*, 2016; 127: 79S. [DOI:10.1097/01.AOG.0000483727.45018.04]
3. Parker JM, Bhattacharjee M. Images in clinical medicine. Peripartum diastasis of the symphysis pubis. *N Engl J Med*, 2009; 361: 1886 (PMID: 19890131 DOI: 10.1056/NEJMc0807117)
4. Sakhare AP, Bhingare PE, Ghodke UP, Mahale AR. Pubic symphyseal diastasis during normal vaginal Delivery. *J Obstet Gynecol India*, 2005; 55: 365-6.
5. Kelly O, Anne P, Gerald M. pubic symphysis separation. *Fetal Maternal Med Review*, 2002; 13: 141-55.
6. Yoo JJ, Ha YC, Lee YK, Hong JS, Kang BJ, Koo KH. Incidence and risk factors of symptomatic Peripartum diastasis of pubic symphysis. *J Korean Med Sci*, 2014; 29: 281-286. [PMID:24550659] <http://dx.doi.org/10.3346/jkms.2014.29.2.281>.