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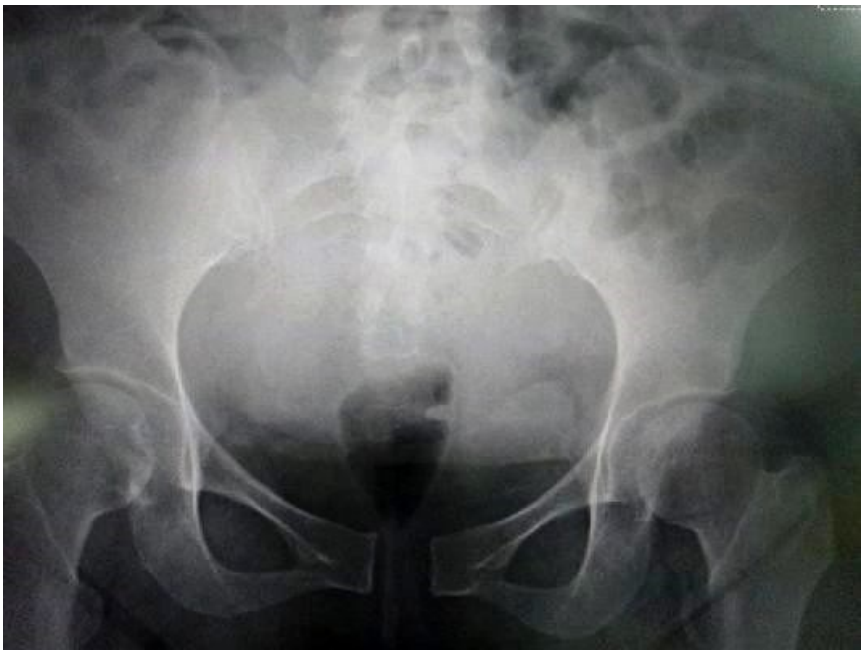

Figure 1

A 28 years old primigravida presented with acute lower abdominal pain and difficulty walking following a vacuum assisted vaginal delivery. On examination there was tenderness over the pubic area, but did not have any clinical signs in her lower limbs.

A radiograph was taken. (Figure 1)

What is the diagnosis?

Answer: *refer to page 77*

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(*Refer to page 64*)

Answer: Diastasis of the pubis symphysis

The pubic symphysis is a secondary cartilage like joint classified as amphiarthrosi which is covered by a layer of hyaline cartilage with an interposed, softer fibrocartilagineous disc acting as a buffer.[1] It has very limited movements except under hormonal stimulation during the third trimester of pregnancy or during labour when the two pubic bone progressively move apart to accommodate delivery of the fetus.[2] In normal conditions these movements are in the range of 0.5-1 mm.[3] Starting from the seventh month of pregnancy, a widening of the sacro-iliac joint and the pubic symphysis occurs. A diastasis of the pubic symphysis after delivery can be a painful complication that causes serious distress to the patient. [4]

Clinically, the patient complains of pain, with swelling and sometimes deformity appearing in the involved area. In some cases it is possible to hear a clicking sound when the patient walks.[5] The diagnostic test for this condition is an anteroposterior radiograph of the pelvis. Many advocate the conservative treatment which consists of lying in a hammock (placed above the bed), lateral decubitus bed rest, a pelvic girdle, walking aids, progressive mobilization, pelvic binder or , pelvic traction.[6]

The pain increases when manual pressure is applied to the pelvis in a latero-lateral and antero-posterior direction. If the dislocation is severe it can be accompanied by shock. A small percentage of patients can develop chronic pain requiring a surgical intervention of debridement or a pubic symphysis fusion.[7]

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