A RARE CASE OF PUBIC DIASTASIS FOLLOWING VAGINAL DELIVERY

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INTRODUCTION:
Rupture of symphysis pubis during delivery is a rare condition with incidence of symphyseal rupture after vaginal delivery ranging from 1 in 600 to 1 in 3000 deliveries. We present a case of P3L3 with complaints of heavy blood loss and pain in the pubic region following vaginal delivery.

CASE REPORT:
Mrs R, 26 yrs old P3L3 referred from PHC to Tertiary care hospital with complaints of heavy blood loss and pain in pubic area after vaginal delivery. On examination, P/A- uterus well retracted, L/E- Pubic-symphysis separation noted, urethra and clitoris deviated from midline, detached from pubic-symphysis. Right vaginal wall along with pelvic fascia detached from right ischiopubic ramus. Reconstructive surgery (open reduction and internal fixation) done by approaching pubic symphysis anteriorly.

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FIGURE-1 photograph showing pubic symphyseal separation.

FIGURE-2 photograph showing bladder visible through space of retzius, urethra and clitoris deviated from midline.

KEYWORDS: Pubic Symphyseal Rupture, reconstructive Surgery.

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Intra operative anteroposterior Xray of pelvis following fixation of symphysis pubis using reconstruction plate with screws

- Patient had no urological symptoms and was discharged on post OP day 10 after successful voiding of urine. Follow up after 6 weeks, she reported with normal mobility with no urological symptoms.

**DISCUSSION:**

Physiological peripartum symphyseal diastasis ranges from 3-7mm which occurs secondary to increased elasticity of pelvic joints induced by an elevation in circulating progesterone and elastin. This condition is usually asymptomatic but sometimes result in pelvic pain, impaired mobility, stress incontinence.

- Treatment of postpartum symphyseal rupture has traditionally been non-operative and conservative. In some cases, reconstructive orthopedic surgery has to be planned if there is no significant reduction and associated urological complaints.

- The management of subsequent pregnancy after plating of pubic symphysis depends on the method of delivery. If a vaginal delivery was anticipated, removal of plate is recommended before the pregnancy to allow pelvic expansion. Because subsequent vaginal delivery may cause recurrence of symphyseal disruption an elective caesarean section is recommended and plate removal is not required.

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