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Causes, Symptoms, Treatment of Symphisit

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Abstract
Symphysitis is a pathology of the bone pelvis, which consists in an increase in the gap of the pubic joint, the development of pain in the symphysis and inflammation in the tissues. Most often, an anomaly appears in the 1st period of gestation, and its severity increases as the birth approaches. It occurs in 50% of pregnant women. In 25% of cases, symphysis dysfunction requires treatment, and in 8% of women, the disease causes a violation of motor activity - temporary disability. In some women, pelvic pain persists after childbirth for 4-6 months.

Keywords: symphysitis, pregnancy, diagnostics, bone pelvis, complications, fetus, disease.

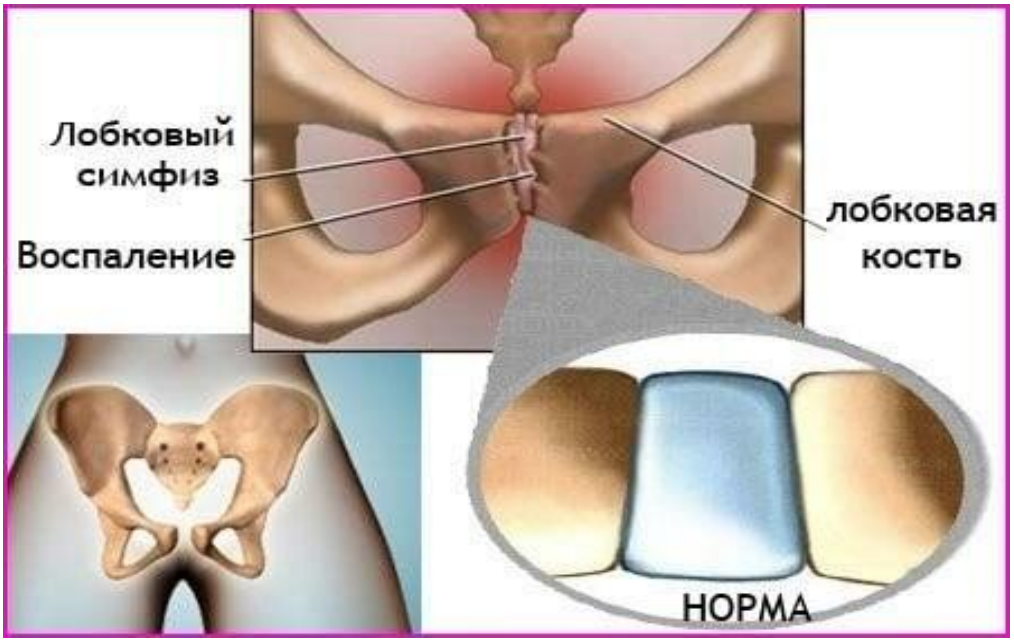
Introduction

The pelvis consists of paired pelvic bones, coccyx and sacrum. The pubic symphysis (PS) is one of the 3 joints that provide mobility of the pelvic bones during the passage of the fetus during childbirth. The pubic articulation is formed by means of a fibrocartilaginous interpubic plate and 4 ligaments. The most detailed description of the morphology and anatomy of the LS was made in 1962 by M.F. Eisenberg. He pointed out that the pubic articulation has sexual and individual characteristics. The pubic symphysis can be represented by different types of joints - from synchondrosis to a real joint. Its features of the structure and condition in women is in close connection with the endocrine and functional processes occurring in her body.

The structure of the interpubic plate is heterogeneous. Most of it is formed by hyaline cartilage, and on the periphery - by fibrous cartilage tissue. The older a woman gets, the smaller the area of hyaline cartilage. In some cases, it can be found in the form of separate islands.

Relaxation of the connective tissue apparatus of the junction in the pubic area during pregnancy is a physiological process. The woman's body begins to prepare for labor

by increasing the synthesis of progesterone and relaxin. Both hormones affect many tissues of the reproductive and non-reproductive systems. Connective tissue fibroblasts have specific receptors for relaxin. Under the action of hormones, edematous impregnation and loosening of tissues in the symphysis region occurs, which causes them to relax, and the ends of the pubic bones acquire greater mobility than before pregnancy. The divergence of the bones can be 1-2 cm.



Picture 1. Symphysite

Pathology can also be detected outside of gestation. The causes of its appearance are infectious and autoimmune diseases:

- hepatitis C;
- tuberculosis;
- arthritis;
- hemorrhagic diathesis;
- syphilis, etc.

In addition, the disease can be caused by other causes due to bad habits, low mobility, overweight, pelvic injuries. If a woman had an anomaly in a previous pregnancy, then the disease is more likely to be detected in subsequent ones.

Factors causing symphysitis in pregnant women can also be obstetric complications. When a large fetus passes through the birth canal, the weakened tissue can not only stretch excessively, but even break. In sports medicine, dysfunction is often found in injuries to the ligamentous apparatus of the pelvic ring, thigh muscles, and lower back.

Violation of calcium metabolism plays an important role in the development of pathology. Even with a physiologically proceeding pregnancy, an imbalance of calcium, phosphorus, magnesium and vitamin D occurs. The functional restructuring of the hormonal system also affects the absorption and metabolism of these nutrients.

Minerals are used to build the skeletal system of the fetus. With insufficient intake of them into the body of a pregnant woman or a violation of calcium absorption, calcium is "washed out" from the tissues of a pregnant woman. Violation of phosphorus-calcium metabolism is evidenced by manifestations characteristic of their insufficiency. In 17% of cases, symphysitis is accompanied by signs of calcium imbalance:

• paresthesia;
• convulsive twitches;
• muscle spasms;
• bone pain;
• change in gait, etc.

They appear 2-3 months before birth.

The factor that causes pathological bone diastasis is a genetic disorder of the connective tissue. The processes of formation of this type of tissue are a complex and multi-stage mechanism. Any failure - abnormal proliferation caused, for example, by genetic defects in structural genes, excessive degradation of collagen, can lead to connective tissue dysplasia and weakening of the articulation.

To determine the degree of progression of the physiological and pathological process in the Clinic of Manual Medicine "Galia Ignatieva M.D", specialists use the classification of L.V. Vanina:

1. Physiological divergence of the articulation in a pregnant woman:
• I degree - 5-9 mm;
• II degree – 10-20 mm;
• III degree – > 20 mm;
2. Symphysiopathy (sacroileopathy) - excessive mobility of the pubic joint of the pelvis.
3. Rupture of the pubic and sacroiliac joints.
4. Symphysitis and sacroiliitis.

The author of the classification believes that if an anatomical anomaly is detected on an X-ray image in the absence of complaints from a woman, the case should be regarded as a variant of the norm. And upon presentation of complaints - as a pathology, the severity of which is assessed by 3 degrees.

Symphysitis symptoms

Physiological tissue remodeling in most cases is asymptomatic or signs are mild. With pathological changes, a woman feels:

• pain syndrome of varying severity and localization;
• crepitus and pain when touching the pubis;
• stiffness when spreading legs to the sides, squatting, bending over, climbing stairs;
• violation of gait, lameness;

• Difficulty lifting straightened legs from a prone position.

Pain syndromes can be mild, aggravated during sudden movements in the pelvis (symphiolysis) and lower extremities, or strong, shooting, pulling, radiating to the lower back, coccyx, thigh, tubular bones of the lower extremities.

If the disease is caused by impaired calcium metabolism or hypovitaminosis, then the patient may complain of:

• increased fatigue;
• cramps in the muscles of the legs;
• dull weakened hair and brittle nails;
• dental caries;
• pain in bones and joints.

Symphysitis, the symptoms of which are mild, does not mean that the pathology is mild. In most cases, the size of the diastasis of the symphysis does not correlate with the severity of the pain syndrome.

Symptoms, comorbidities, are not characteristic only for her, so it is necessary to conduct differentiated studies.

Diagnostics

Diagnosis of symphysitis may well be limited to the method of radiography. The pictures clearly show the size of diastasis, the location of the bones. When ruptured, fragments of ligaments or cartilage can also be seen.

But during pregnancy, it is dangerous to use X-rays for a developing embryo, so today the Clinic of Manual Medicine "Galia Ignatieva M.D" uses modern imaging methods:

• ultrasound;
• MRI, CT.

However, differential diagnosis cannot be limited to instrumental studies. To exclude a number of pathologies during pregnancy with similar symptoms, they carry out:

• clinical blood and urine tests;
• biochemical blood tests (PCR, enzyme immunoassay);
• assessment of the level of calcium in the blood.

Diagnosis on the gynecological chair will also determine symphysitis - examination with a mirror and palpation examination if the diastasis is significant. The doctor can detect swelling of the bosom and a deepening in the form of a vertical strip between the bones.

The best way to help identify symphysitis is ultrasound. The screen clearly visualizes areas represented by different types of cartilage, the condition and integrity of ligaments, soft tissues. The method helps to predict the behavior of the pubic symphysis during childbirth and timely choose the method of delivery - natural or caesarean section.

Symphysitis Treatment

During the period of bearing a child and after childbirth, the strategy for treating the disease is somewhat different. A woman in position can be prescribed calcium supplements, vitamin D. When using them, the majority of patients (55%) already after 14 days from the start of therapy notice a decrease in the severity of symptoms by 2-3 times. With the combined use of the drug Calcemin and physiotherapeutic methods (ultraviolet irradiation, magnetotherapy), the size of diastasis decreases, and the manifestations of the disease become less pronounced.

If it is not possible to stop the symptoms of the disease by taking vitamin and mineral supplements and UV radiation, then drug treatment is carried out. In the case when the patient experiences severe pain, and the diagnosis revealed significant inflammation, the specialist prescribes non-steroidal anti-inflammatory drugs. The patient in the position can not all NVSP drugs. The doctor must choose those that will not harm the child.

The obstetrician-gynecologist chooses an adequate method of delivery. If symphysite III Art. and diastasis exceeds 2 cm, then a caesarean section is necessary to eliminate the risk of pubic symphysis divergence. Symphysitis, the treatment of which requires consideration of concomitant pathologies, a balanced and cautious approach. Often it is complicated by urological infections and inflammation of the kidneys, diseases of the spine, which worsen during the gestational period.

Orthopedic aids help reduce the risk of pubic joint dehiscence. A special bandage reduces the load on the pelvic bones, prevents the progression of the anomaly, and alleviates the patient's condition.

Prevention

There is no special method for the prevention of symphysitis. To prevent the development of an anomaly, it is necessary:

• control weight;
• to live an active lifestyle;
• perform exercises to maintain the muscular corset and reduce pain;
• eat a balanced diet, introducing foods high in K, Ca, Mg into the diet;
• take vitamin and mineral supplements outside the season of natural fruits and vegetables;
• avoid injury to the pelvis.

Kegel exercises can prevent symphysitis, which increase the blood supply to the pelvic organs, stimulate the process of ossification, and strengthen the muscles of the pelvic floor.

Conclusion

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