RECURRENT SYMPHYSITIS PUBIS

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A 49-year-old woman experienced pain on her pubis since 1988 during her first pregnancy with improvement after delivery by cesarean section. After ten years, in 1998, during her second pregnancy she experienced the same symptom on the same region and also on the medial face of her thighs. After delivery, she experienced healing of this condition. In 2006, she was submitted to abdominal plastic surgery. In 2007, she had recurrence of pubalgia mainly on walking and regular physical training during adduction of lower limbs. She denied any symptom in other joints and pain at rest. Visual analogical scale (VAS) pain was 80 mm. Physical examination demonstrated pain on adduction of her thighs and provoked pain by pubis palpation. No other abnormality was detected. Sacroiliac and waist joints were normal. X-ray image showed irregularities and subcortical cysts of pubis symphysis (Figure 1) and magnetic resonance imaging demonstrated degenerative alterations on symphysis pubis, characterized by irregularities, subcortical cysts, bone marrow edema and margin osteophytes (Figure 2). Bone scintigraphy showed symphysitis pubis (Figure 3). Laboratory tests showed C-reactive protein of 0.42 mg/L, erythrocyte sedimentation rate 9 mm/1st hour, normal blood cell count and protein electrophoresis, and negative rheumatoid factor and antinuclear antibodies. A diagnosis of symphysitis pubis was made and she was treated with naproxen 1g/day, bethametasone and physical therapy. She experienced great improvement of her clinical condition (VAS 0) during the treatment course. However, recurrence of pain after non-steroidal antiinflammatory drugs (NSAID) interruption was observed (VAS 70).

Symphysitis pubis or osteitis pubis was firstly described in 1923 and it is a rare painful noninfectious inflammatory disorder of the symphysis pubis involving the pubic bone, symphysis and surrounding structures[1].

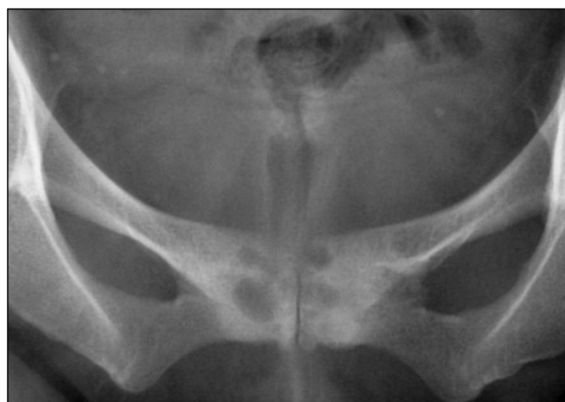

Figure 1. X-ray showing irregularities and subcortical cysts of pubis symphysis

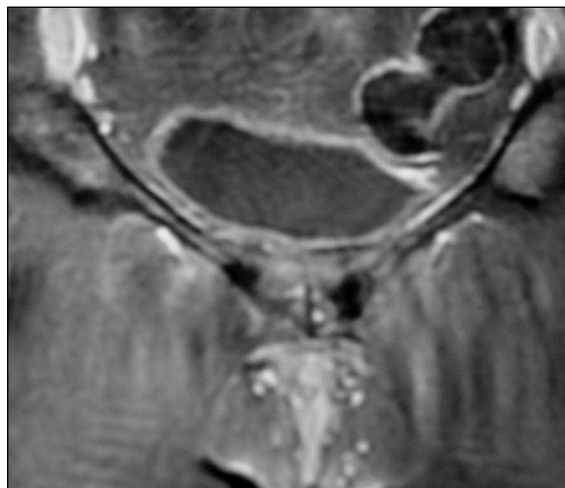

Figure 2. Magnetic resonance imaging T2 signal demonstrating irregularities, subcortical cysts, bone marrow edema of symphysis pubis

Osteitis pubis is commonly linked to several conditions, such as urological and gynecological surgery[2], obstetric complications[3], infections, intense physical training and spondyloarthritis[4]. Our patient had some predisposing conditions such as gynecologic and plastic surgeries. Although, symphysitis only started during the

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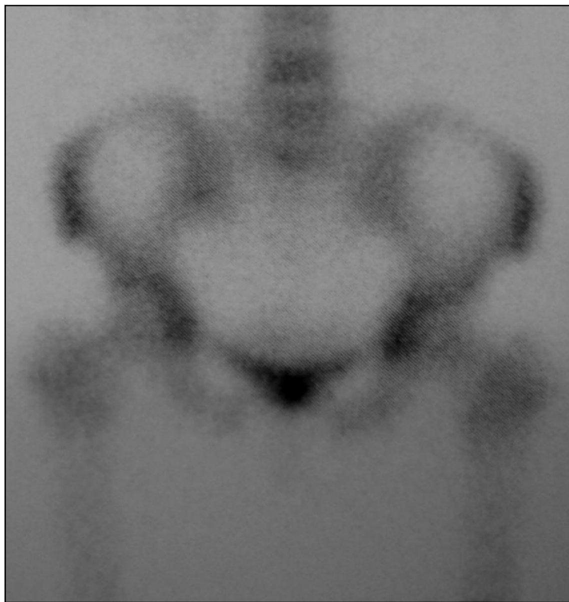

Figure 3. Bone scintigraphy showing hyper-captation of radionuclide characterizing symphysitis pubis

pregnancy and before cesarian section.

Successful results have been reported with both NSAID and glucocorticoid[5].

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