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A man with nontraumatic symphysiolysis

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A case of nontraumatic symphysiolysis in a middle-aged man is described. In case of long-standing and unexplained discomfort in the lower abdomen in men, a radiographic examination with loading in order to evaluate the stability of the symphysis is recommended.

Symphysiolysis is rare in men, but it has been reported as a possible consequence of trauma or sports, notably among soccer players (Harris and Murray 1974).

We report a case of nontraumatic symphysiolysis in a middle-aged man.

Case report

A man aged 51 years with no relevant earlier trauma to the pelvis developed periodic pain located in the lower abdomen radiating to the scrotum and the inner aspects of the thighs aggravated during holidays when he went for long walks. The pain was accompanied by an unpleasant sensation located in the symphysis, sometimes aggravated by urination. No further urologic complaints were reported. After having had symptoms for nearly 3 years, he was admitted to the hospital.

The symphysis was painful on palpation and percussion, and both adductor muscle groups were slightly tender on palpation. Nothing remarkable was found in the lower back, sacroiliac joints, hips, lower extremities, scrotum, or prostate gland.

A radiograph of the symphysis with the patient standing on his right leg (Chamberlain 1930) showed an 8-mm upward displacement of the superior ramus of the right pubic bone (Figure 1), and almost complete lumbarization of the S1 vertebra. The following laboratory and radiologic investigations were normal: hemoglobin, ESR, leucocytes including differential count, electrolytes, acid phosphatases, GAT, WR, microscopic urinanalysis, cultures of urethral secretion discharged following manual massage of the prostate, intravenous urography, micturition-cystourethrography, and radiographs of the colon, pelvis, and sacroiliac joints. The patient was HLA B27-negative.

Prior to hospital admission, he had unsuccessfully been treated with antibiotics. In the hospital, simple analgesics, rest, and ergonomic counseling with the aim of minimizing the load on the symphysis were prescribed. No indication for surgery was found.

One year later the patient reported his discomfort to be somewhat reduced. The clinical examination was normal except for slight tenderness at the symphysis.

Discussion

Pain in the lower abdomen and perineum in middle-aged men is often explained on the basis of urinary tract problems, but other diseases, such as pubic stress fractures, osteitis pubica, the gracilis syndrome, and a symphysiolysis may produce similar symptoms (Harris and Murray 1974, Pavlov et al. 1982, Buck et al. 1982, Wiley 1983).

The cause of a symphysiolysis has not been explained clearly except that in pregnant women the changes are related to the hormone relaxin (MacLennan et al. 1986). Some cases in male athletes have been attributed to microtrauma causing degeneration of the symphysis' cartilage

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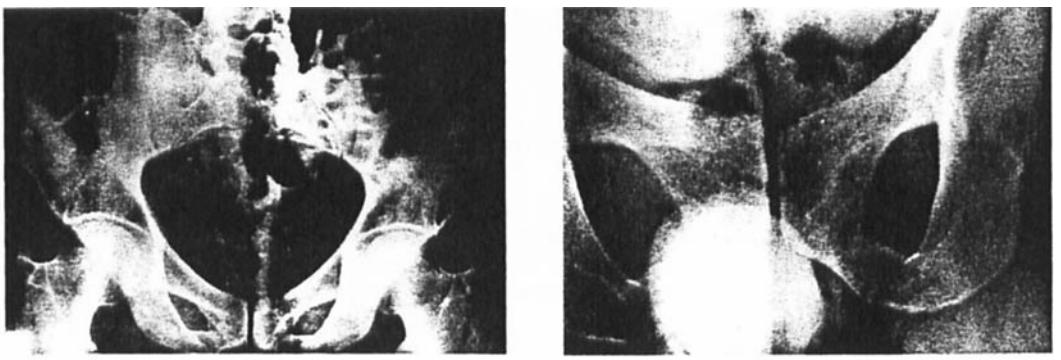

A B

Figure 1. A 51-year-old man with pain in the lower abdomen and thighs for 3 years. The symphysis was painful on palpation.
A. Supine.
B. Standing on the right leg; 8-mm upward displacement of the right pubic bone.

(Harris and Murray 1974, Lloyd-Smith et al. 1985). Unstable sacroiliac joints may be related to abnormal looseness at the symphysis (Harris and Murray 1974, LaBan et al. 1978). In addition, changes are seen in the symphysis in inflammatory joint diseases, e.g., rheumatoid arthritis and ankylosing spondylitis (Kormano 1971, Sequeira 1986).

Different treatments have been recommended: simple analgesics, NSAIDs, ergonomic counseling, physiotherapy, pelvic belt, and arthrodesis (LaBan et al. 1978, Olerud and Walheim 1984).

In our patient the radiographic examination showed pubic instability. There were no signs of pubic osteitis, the sacroiliac joints were normal, and the laboratory investigations did not indicate an inflammatory disease. Thus, the etiology of the symphysiolysis was unknown.

The value of radiographs with loading in a patient with pain located in the symphysis is demonstrated by this case. The condition may be more common than is realized (Adams and Chandler 1953).

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