

# Tuberculosis of Symphysis Pubis

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## TUBERCULOSIS OF SYMPHYSIS PUBIS

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This case is of interest for two reasons: first, because tuberculosis of the symphysis pubis is comparatively rare, and secondly, the method of treatment, so far as the writer has discovered, is unique.

The patient was first seen in our clinic May 25, 1925, at which time she had noticed a lump in the left groin for about six months. She had had tuberculous of the lungs



FIG. 1

X-ray taken November, 1927. Shows destruction of bone at the symphysis with a small sequestrum.



FIG. 2

X-ray taken January 10, 1929. Shows a bridge of bone at the symphysis.

and of the glands of the neck twelve years before, at which time the glands were removed surgically.

Physical examination at the time of the first examination revealed a scar of the neck, and the left labium was markedly enlarged, reddened, and some fluctuation was present. The routine urine, blood, and Wassermann tests were negative.

It was suspected at first that a Bartholinian cyst or abscess was present. An operation at that time by Dr. Joyce revealed a tuberculous mass which extended into the symphysis pubis, and two small sequestra were removed. The wound was cleaned and sutured without drainage. Microscopic examination in the pathologic laboratory at the University of Oregon Medical School revealed that the tissue removed was tuberculous.

X-rays taken revealed a marked separation of the symphysis, also considerable destruction of bone on both sides. The patient complained of pain referable to the left sacro-iliac joint, which was associated with some sciatica. She was then treated in bed with plaster spicas for two years, any ambulation causing severe pain.

At the end of that time it was decided to fuse both sacro-iliac joints, the idea being that the fusion would prevent movement in the symphysis and at the same time stabilize the sacro-iliac joints. The left side was done March 25, 1927, by Dr. Joyce and the author; the right, April 26, 1927. The Smith-Petersen technique was used.

After two months the patient was allowed to be up, wearing a girdle, and since that time has remained remarkably well. A sinus in the region of the symphysis present at the time of the operation, has now closed.

X-rays reveal new bone deposit in the symphysis and the patient is able to walk as far as two miles a day.