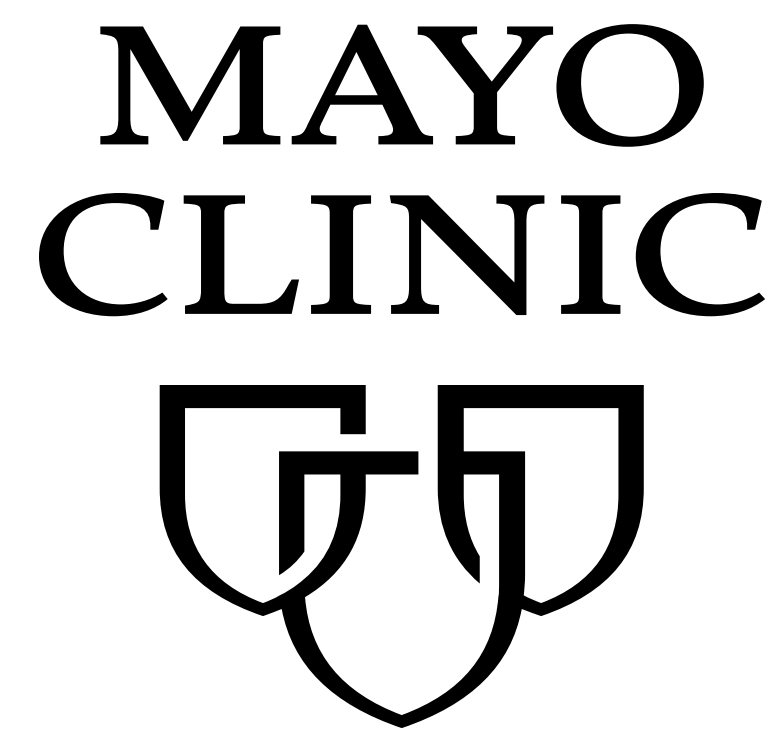




BLADDER DISTENSION FOR BABY BARRIER

SUCCESSFUL ULTRASOUND-GUIDED PUBIC SYMPHYSIS JOINT INJECTION DURING PREGNANCY

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BACKGROUND

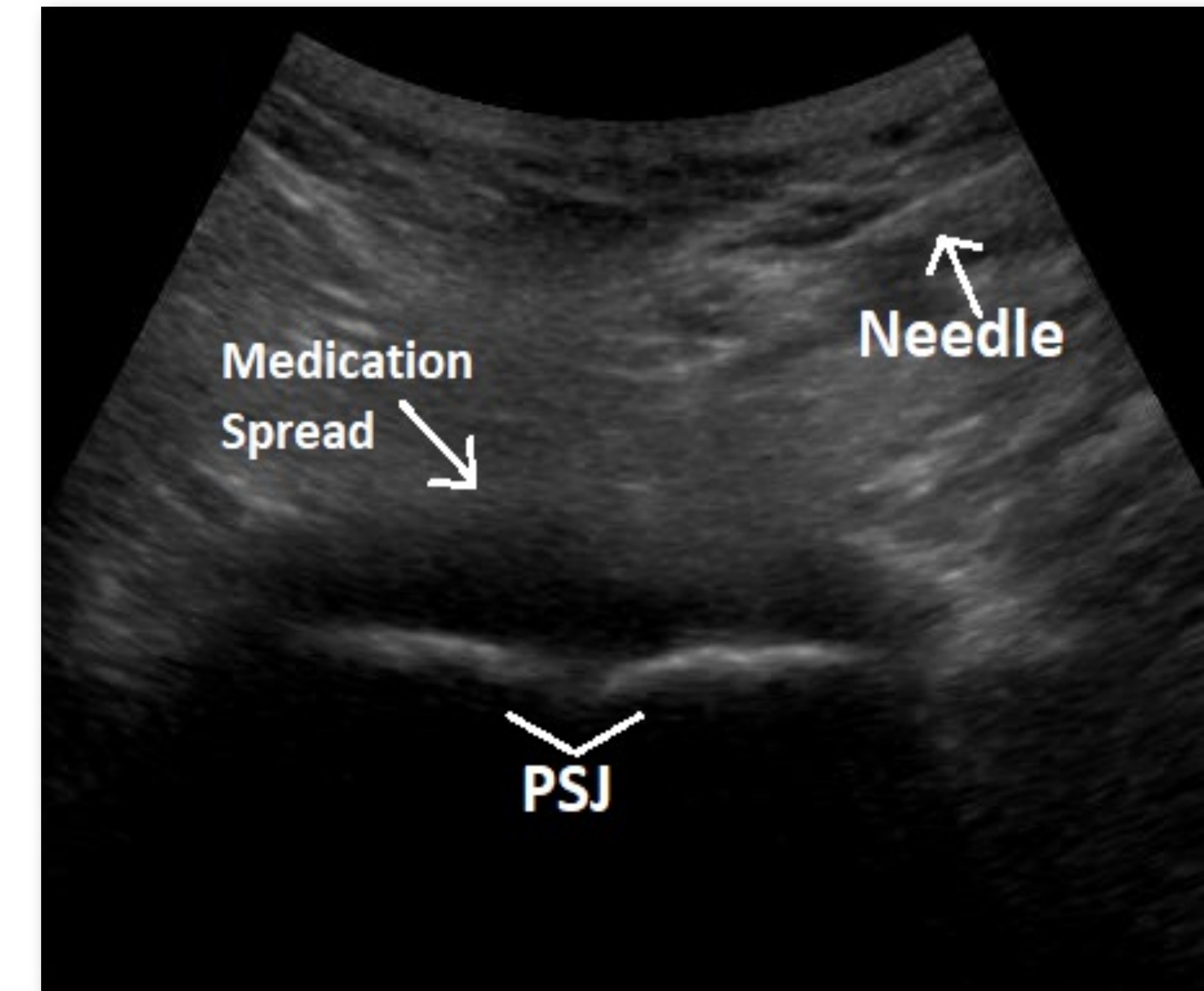
- Pregnancy > physiologic change > joint pain
- Pain often undertreated in pregnancy

CASE

- 30 year-old G2P1 at 32 weeks gestation
- Mechanical falls > left gluteal pain & acute-on-chronic anterior pelvis pain
- US-guided left sacroiliac joint (SIJ) injection > resolution of gluteal pain
- US of pubic symphysis joint (PSJ) showed uterus 2cm from target > injection deferred ...
- Bladder filled > uterus displaced superior & posterior > pubic symphysis joint capsule injection performed safely > improved anterior pelvis pain
- Weaned from oral opioids and dismissed from hospital

DISCUSSION

- PSJ and SIJ can be pain generators, with an estimated 2.3% and 5.5% of pregnancies affected by symphysiolysis and unilateral SIJ pain respectively ¹
- Minimal data about PSJ injections in pregnancy
- US preferred to fluoroscopic or palpation-guided procedure in pregnancy
- **Bladder distension** displaced the uterus and fetus, minimizing risk of amniotomy



In-plane US-guided PSJ injections with a distended bladder may offer a safe and lasting treatment for anterior pelvis pain in pregnancy

REFERENCES

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**QUESTIONS
& ANSWERS**