History: 30-year-old woman with 18 months of pelvic pain. No trauma or history of inflammatory arthropathy. Other history withheld.
Coronal reformat CT anterior

Coronal reformat CT posterior
Representative axial CT images
Findings

- Images demonstrate marked widening (diastasis) and moderate degenerative changes of the pubic symphysis as well as a marked widening and mild degenerative changes of the sacroiliac joints.
Degenerative changes

Diastasis of pubic symphysis
Widening of sacroiliac joint and mild degenerative change
Widening of sacroiliac joints
Diagnosis: Postpartum Pelvic Instability

- The key piece of history withheld is that the patient had given birth 18 months ago with then persistent anterior and posterior pelvic pain. Chronic postpartum pelvic pain is an uncommon but potentially debilitating condition whose incidence and etiology are without a clear understanding. By in large most women respond well to conservative measures such as physical therapy and anti-inflammatory medication. When persisting and recalcitrant to conservative measures, surgical intervention may be warranted. Depending on the site of the patient’s pain anterior or anterior/posterior fusion and/or fixation may be performed.
Persistent pain in this patient necessitated pubic symphyseal plating and fusion as well as is shown on the adjacent image, percutaneous SI joint fixation. Depending on the degree of arthrosis at the SI joints, a formal fusion may be performed.
Coronal CT reformatted image and axial CT image demonstrate placement of percutaneous screws for SI joint fixation. Note, the technical nature of the procedure as the S1 neural foramina are in such close proximity with potential injury of the S1 nerve roots being of utmost concern.
Additional plating and fusion of the pubic symphysis performed as a second stage
Resources


- http://radiopaedia.org/articles/parturition-induced-pelvic-instability