

# Pubosymphyseal Fistula (Urine–Pubic–Bone Fistula)

WARWIKI

Patient Information · When urine erodes into the pubic bone, causing pain and infection

A pubosymphyseal fistula (also called a urosymphyseal fistula) is an abnormal connection between the **urinary tract** (bladder neck or urethra) and the **pubic bone joint** at the front of the pelvis — usually with infection of that bone. It causes severe pubic or groin pain and trouble walking. It is uncommon and serious, but a clear treatment path exists.

## About This Condition

Urine leaking against the pubic bone leads to a bone infection (**osteomyelitis**) and breakdown of the joint. Typical symptoms:

- **Severe pubic, groin, or pelvic pain**, often worse with walking
- Difficulty walking or bearing weight
- Recurrent urinary infections; sometimes leaking

The pain is often mistaken at first for arthritis or an orthopedic problem, so the diagnosis can be delayed.

## What Causes It

It is almost always a late complication of **prostate cancer treatment** — especially **radiation**, often after a prior procedure on the bladder neck or urethra. The radiated tissue heals poorly, allowing urine to erode into the bone.

### LEARN THE TERMS

#### Pubic symphysis

The joint where the pubic bones meet at the front of the pelvis.

#### Pubosymphyseal fistula

A connection between the urinary tract and that joint/bone.

#### Osteomyelitis

Infection of the bone.

#### MRI

The best scan to show the bone and fistula.

#### Debridement

Surgically removing infected bone and tissue.

#### Urinary diversion

Rerouting urine away from the damaged area, often the durable fix.

**WHY IS THIS TREATED SO AGGRESSIVELY?** Because the problem is **infected, poorly healing (often irradiated) tissue and bone**, simply patching it rarely works. Lasting relief usually needs removing the infected bone and **rerouting the urine away from the area** — which is why a urinary diversion is often recommended. The upside is that it can finally end years of pain.

## How It's Diagnosed

- **MRI** of the pelvis (best for showing the bone) and a look inside the urethra/bladder
- Cultures to identify the infection
- A careful history — prior prostate cancer treatment, radiation, and procedures

## How It's Treated

- 1 **Antibiotics** for the bone infection.
- 2 **Surgery to remove infected bone** (debridement) and clean the area.
- 3 **Reroute the urine** — many men ultimately need a **urinary diversion** (and sometimes removal of the damaged bladder/urethra) because the irradiated tissue will not heal otherwise.
- 4 **Tissue flap** — healthy muscle or omentum may be brought in to fill and heal the space.

Care is usually **multidisciplinary** (urology with orthopedic and/or plastic surgery).

## Good to Know

- If you have unexplained pubic pain after prostate radiation, mention this condition — it is easy to miss.
- A urinary diversion sounds daunting but is frequently what finally **relieves the pain** and infection.

### Seek care if you have:

- **Fever, chills, or feeling very unwell** (possible spreading infection)
- Worsening pubic/groin pain or **inability to walk**
- You cannot urinate, or heavy bleeding

### THREE THINGS TO REMEMBER

1. A pubosymphyseal fistula lets urine erode into the pubic bone, causing severe pain and bone infection — usually years after prostate radiation.
2. It is often mistaken for arthritis; an MRI makes the diagnosis. Mention prior radiation to your team.
3. Treatment removes infected bone and usually reroutes the urine (diversion) — aggressive, but it can finally end the pain.