

Racial differences in the bony pelvis and pelvic soft tissues of primiparous women

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PURPOSE

To compare the dimensions of the bony pelvis and soft tissue structures in a large sample of African-American and white primiparous women, using static and dynamic magnetic resonance images (MRI).

METHOD AND MATERIALS

This study used data from the Childbirth and Pelvic Symptoms Imaging Study, including 104 primiparous women with an obstetrical anal sphincter tear, 94 who delivered vaginally without a recognized anal sphincter tear, and 36 who delivered by cesarean without labor. Race was self-reported by each participant. At 6-12 months postpartum, rapid acquisition T2-weighted pelvic MRI were obtained in the sagittal, coronal, and axial planes. 9 bony and 11 soft tissue dimensions were measured and compared between white and African-American participants using analysis of variance, controlling for delivery cohort.

RESULTS

Participants included 178 white and 56 African-American women. The pelvic outlet in white women was significantly wider (mean intertuberous diameter 122.8 ± 9.7 mm vs. 118.1 ± 8.9 mm, $p < 0.001$) and shallower (mean anteroposterior outlet 110.6 ± 9.9 mm vs. 117.1 ± 11.8 mm, $p < 0.0001$) than in African-American women. The pelvic inlet was also wider for white women (106.8 ± 6.8 mm vs. 100.2 ± 6.9 mm, $p < 0.0001$). The two groups did not differ with respect to the interspinous diameter, angle of the subpubic arch or the obstetrical conjugate. The levator hiatus was similar between African-American and white women (37.7 ± 5.7 mm vs. 38.2 ± 5.4 mm, $p = 0.73$). Although differences in H-line and M-line were present, no consistent pattern was identified among the soft tissue measurements.

CONCLUSION

Bony pelvimetry using MRI differs between white and African-American women, with white women having a wider pelvic inlet, wider outlet and shallower anteroposterior outlet. In contrast, MRI soft tissue dimensions were similar between these two groups.

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Clinical relevance:

Racial differences exist in pelvic bony architecture. These differences may contribute to racial differences in obstetrical outcomes and/or development of pelvic floor disorders.