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Uterine Perforation Due To Unsafe Abortion: A Case Report.

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Abstract:

Introduction: An unsafe abortion is defined as a procedure for terminating an unintended pregnancy carried out either by a person lacking the necessary skills or in an environment that does not conform to minimal medical standards or both. Majority of these unsafe abortions are carried out in under developing countries, usually by unskilled persons who do not have proper knowledge of the anatomy of reproductive organs and in unhygienic environments thus leading to various complications.

Case: We discuss the case of a 40 year old female who presented in septic shock after she underwent an unsafe abortion of 14th weeks pregnancy with uterine wall perforation and bowel injury that required resection.

Conclusion: Unsafe abortion is an important public health problem which accounts for a significant cause of maternal mortality and morbidity in resource poor countries.

Keywords: Unsafe abortion, Uterine perforation, Intestinal obstruction.

Introduction:

Unsafe abortion is a public health challenge as approximately 13 % of pregnancy-related mortality worldwide is due to D&C abortion.¹ It remains the principal cause of a range of short- and long-term health complications in women.² Worldwide, estimates suggest that over 25 million unsafe abortions occur yearly, with about 10–50 % seeking medical care for complications and about 47,000 women dying due to unsafe abortions.³ 97% of unsafe abortions occur where abortion is illegal or in developing countries where affordable and well-trained medical practitioners are not readily available.⁴ There is a disproportionate global distribution of unsafe abortions with Africa and ASIA being the most affected continent.⁵ This in part might be explained by the fact that these two continents have restrictive abortion laws, limited access to reproductive health services and high unmet needs for family planning services.⁶ With the exception of cases of rape or incest, abortion is still illegal in ASIA which explains why most unwanted pregnancies end up in unsafe abortions.⁷

In rural areas, induced abortions are usually performed by unskilled personnel including inexperienced birth attendants

and nurses in unhealthy environments with ensuing complications which may involve injury to the gastrointestinal tract.

Case Presentation:

A 40 years old female P4+1 presented to Medical Emergency of MMCH on 30 July 2018 with complain of lower abdominal pain and difficulty in breathing for 2 days. Patient was giving the history of unwanted pregnancy of 14th weeks. That's why she went to local clinic of quack who did her termination of pregnancy (abortion) by dilation and curettage on 27 July 2018. Since then the patient was complaining of lower abdominal pain. Then emergency call to Gynecologist had sent for examining the patient. On examination, she was dehydrated, had a temperature of 38.7 °C, respiratory rate of 26 breaths per minute, pulse rate of 140 beats per minute and her blood pressure (BP) was 90/60 mmHg. On abdominal examination Abdomen was tender and distended. Bowel sounds were present but hypoactive. On bimanual pelvic examination, uterine size was bulky, fornices were absent and no active bleeding seen. Her investigations were done. A urine specimen tested positive for pregnancy and hemoglobin level was at 8 g/dl. A total white cell count was

13,500 × 10³/μl with absolute neutrophil count of 87%. Her USG report was showing ascetic free fluid in both flanks and hypogastric region. Uterus was large and bulky 8.5x5.7x9cm with thick endometrium showing echogenic fluid. No mass, RPOCs seen. Uterine outline was ill-defined due to overlying bowel shadow. Free fluid in cul de sac featuring uterine perforation and sub-acute intestinal perforation.

Four hours post admission, there was frank tenderness, rigidity and rebound tenderness on palpation of the suprapubic region. Bowel sounds were absent. Based on clinical evaluation, an emergency laparotomy was done via a midline infra-umbilical vertical incision. Intra-operatively, Abdominal cavity was full of brownish black fluid mixed with fecal matter (about 3L). Abdominal cavity was washed out with normal saline. Absent mesentery and necrosis of 10cm ileum that patch was 5cm, away from ileocecal junction was found. Point of perforation of ileum was noted.

Removal of gangrenous part and exteriorization of ileum was done followed by ileostomy and the abdomen closed leaving behind one drain. Two units of whole blood were transfused in the immediate post-operative period and parenteral antibiotics were continued. Drain was removed on post-operative day 4. Patient was discharged on post-operative day 13 with weekly follow up. After 2 months patient was called out for ileostomy reversal. After ileostomy reversal patient was discharged at 5th POD.

Follow Up And Outcome:

Patient was followed as outpatient as per routine protocol for all operated cases. The patient was strictly counselled upon usage of diet and contraceptive methods for at least 5 years. We also offered psychosocial support via counselling of both patient and family. Patient is doing fine after weekly follow up over the last 5 weeks. Discussion:

The proportion of unsafe abortions is gradually increasing in developing countries.⁸ Around 22 million unsafe abortions are estimated annually. About one in eight pregnancy-related deaths worldwide is associated with unsafe abortion. According to WHO 70,000 women die annually as a result of complications of unsafe abortion; and between two million and seven million women each year survive unsafe abortion but sustain long-term damage or disease (incomplete abortion, infection (sepsis), hemorrhage, and injury to the internal organs, such as puncturing or tearing of the uterus).⁹ In low- and middle-income countries, 55 % of abortions are unsafe in contrast to 3 % in high income countries. The incidence of uterine perforation varies from 0.4 to 15 per 1000 abortions.¹⁰

Conclusion:

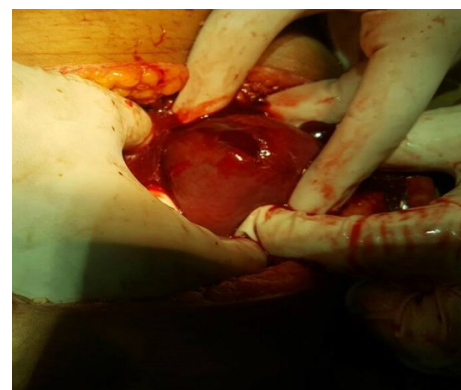
Proper health education, awareness about various methods of contraception and easy accessibility to safer methods of abortion should be promoted. A high index of suspicion and detailed clinical assessment are paramount especially in rural settings with limited imaging modalities in order to prevent the ensuing and deleterious complications.

Consent:

Written informed consent was obtained from the patient for publication of this case report and accompanying images.

Conflict of Interest:

All authors declare no conflict of interest.



Pictures Showing uterine perforation and necrotic gut.

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