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Case Report

Uterine perforation with bowel prolapsing through vagina following an unsafe abortion

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ABSTRACT

An unwanted pregnancy may lead to induced abortion that means willful termination of pregnancy before the period of viability. Most of the times when termination of pregnancy is done by skilled person in fully aseptic environment, complications are low. But severe complication including uterine perforation, bowel injury, sepsis and sometimes death is common when the procedure is carried out by unskilled personnel in unhealthy condition. This case representing the neglected scenario of our maternal health facilities in rural areas where many untrained care providers are still performing illegal and unsafe abortion without knowledge of its grave consequences.

Keywords: Unsafe abortion, Dilation and curettage, Uterine perforation, Bowel injury, Untrained personnel

INTRODUCTION

Terminating an unintended pregnancy either by an unskilled person or in an environment that does not fulfill the minimum standards or both is defined by WHO as unsafe abortion.[1] 97% of unsafe abortions are being carried out in developing world and more than 55% are performed in Asia. Approximately 13% of all illegal abortions in the world are carried out in India.[2] Unsafe abortion accounts for 13% of maternal death and risk of death is estimated at 1 in 270 of unsafe abortions.[3]

Government of India had legalized abortion services in 1972 with aim to improve the maternal health scenario by preventing large number of unsafe abortion and consequent high incidence of maternal mortality and morbidity and to promote access to safe abortion facility to women. In spite of this MTP law, unsafe and illegal abortions by unskilled person is still common in our country. Uterine perforation and bowel injury is a serious and life threatening complication of these unsafe abortion.

In this case report we are presenting a patient with uterine perforation and small bowel injury following dilation and curettage for 2½ month pregnancy performed by a paramedical staff in rural area and endangered the patient life.

CASE REPORT

A 32 years old G3 P2 L2 patient came into our gynae emergency with complaints of something coming out of vagina and bleeding per vagina. She gave history of dilatation and curettage for 2 ½ month pregnancy by paramedical person in her local area one day before admission. After D and C she complained of pain

abdomen, bleeding per vagina and a mass coming out through vagina.

On examination patient was conscious, oriented, afebrile and her pulse rate was 120 /minute and BP was 100/70 mmhg. On per abdominal examination she had abdominal distension and tenderness all over abdomen. On per speculum examination loop of intestine was seen coming through OS. On per vaginal OS admit two finger, uterus was bulky, anteverted, bilateral fornices were tender. After all preliminary preparation and consent, patient was taken for emergency laparotomy and call sent to general surgeon. During laparotomy 200-300 cc foul smelling hemo-peritoneum was present. A rent of 2×2 cm in size on the fundus of the uterus was present. Through this rent small bowel loops were entering in uterine cavity and pulled during D and C procedure in vagina. Uterine rent was repaired with 2-0 catgut sutures. Appropriately 2 ½ - 3 feet gangrenous part of ileum was resected and reanastomosis with loop ileostomy performed. Peritoneal cavity irrigated with normal saline and abdominal drain was placed and abdomen closed in layers. Post-operative recovery was good.

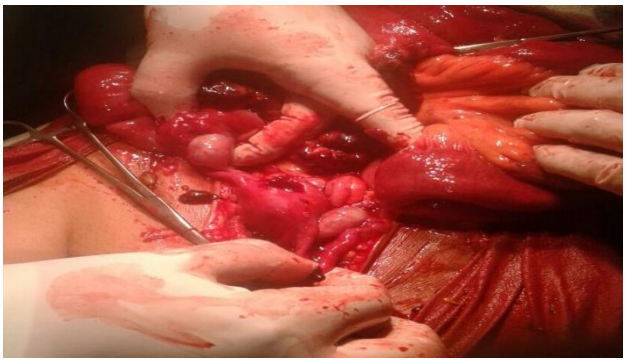

Figure 1: Picture showing perforation on the top of uterine fundus.

Figure 2: Gangrenous part of ileum.

DISCUSSION

Unsafe abortion is a major cause of maternal morbidity and mortality. It is estimated that five million women are to be hospitalized because of abortion related complication (WHO 2007) and 67,900 maternal deaths are the result of unsafe abortion annually, representing 13% of maternal death.[4]

Although safe abortion services are provided free by the government of India but these facilities are inaccessible in rural and underprivileged parts of our country because most of them are exits in cities and also many of women have no knowledge about legalization of MTP services. As well as their privacy is better maintained by local provider. Rapid services at low cost may be another factor for women seeking abortion facility by unskilled local care providers.

Unsafe abortion is usually associated with sepsis, hemorrhage, uterine and bowel perforation, pelvic abscess, endotoxic shock, renal failure and death. Long term complication includes chronic pelvic pain, infertility, ectopic pregnancy and ill health. A study revealed that 63% case of complicated abortion brought to the hospital are subjected to emergency exploratory laparotomy. Out of these uterine perforation was seen in 40% of cases, bowel injury in 34% of cases, peritonitis in 18% cases and death in 8% cases.[5]

The patient in presenting case had undergone D and C for 2½ month unwanted pregnancy by local untrained paramedical health personnel. Unskilled instrumentation injured the fundus of the uterus through which small bowel pulled out in vagina. Poor lady sacrificed her most of the distal ilium but fortunately she survived because of prompt management.

CONCLUSION

We can reduce maternal morbidity and mortality associated with unsafe abortion by redistribution of resources in critical sectors, starting health campaign to raise public awareness and providing regular training courses for nurses, traditional birth attendants and doctors. Information and counseling regarding use of contraceptive method and family planning services can reduce incidence of unwanted pregnancy and unsafe abortion. Early diagnosis and management of complication is an important cornerstone in saving patient life

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REFERENCES

1. Ahman E, Shah I, Butler P. World Health Organisation. Unsafe abortion: global and regional estimates of the incidence of unsafe abortion and associated mortality in 2003. Geneva: World Health Organization, 2007.

2. Islam N, Chowdhury SA. The impact of imposing time limits on access to safe abortion care in Bangladesh. 2012.
3. Singh K, Gupta S, Gupta D, Pargal P. Uterine perforation with bowel infarction in a case of unsafe abortion. JK Science. 2009;11.
4. Gadappa S, Pardeshi R. Life-Threatening Complications of MTP/Abortion. 2016.
5. Agarwal S, Salhan S. Septic abortion-current scenario in a tertiary care hospital. J Obstet Gynecol India. 2008;58:147-51.

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