International Journal of Reproduction, Contraception, Obstetrics and Gynecology
Agrawal N et al. Int J Reprod Contracept Obstet Gynecol. 2023 Oct;12(10):3189-3192
www.ijrcog.org
pISSN 2320-1770 | eISSN 2320-1789

DOI: https://dx.doi.org/10.18203/2320-1770.ijrcog20232971

Case Report

A case study of bowel prolapses after induced abortion

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Received: 12 August 2023
Accepted: 02 September 2023

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ABSTRACT

Induced abortion, the intentional termination of pregnancy, is among the most common of gynaecological procedures. Depending on country-specific abortion laws, where abortion laws are highly restrictive, abortion is unsafe leading to maternal morbidity and mortality. This is a case study of unsafe abortion. In this case a 25-year-old G3P2L2 with previous 2 normal vaginal delivery had uterine perforation with bowel prolapse through the vagina following an dilatation and curettage of a missed abortion of 7 week and 6 days in a private hospital. Following the procedure patient had severe abdominal pain and bleeding from vagina, magnetic resonance imaging (MRI) was done. Patient came to our hospital with MRI. Patient was taken for exploratory laparotomy with uterine repair, bowel resection and anastomosis. Even though MTP Amendment act 2021 in India is liberal and government provides free contraception and abortion services by trained personnel, due to ignorance and misinformation, female often undergoes unsafe abortion. Unsafe abortion causes mild discomfort to grave injury like bowel prolapse leading to maternal death. Best preventive measure is awareness and easy accessibility.

Keywords: Unsafe abortion, Uterine perforation, Bowel injury

INTRODUCTION

Unsafe abortion is defined by the World Health Organization (WHO) as a procedure for terminating an unintended pregnancy carried out either by persons lacking the necessary skills or in an environment that does not provide minimal medical standards, or both.[1] The indications of induced abortion are contraceptive failure, unmarried females, economic, social or family problems, severe fetal malformation and medical issues of the mother. It was estimated that in 2015-2019, there were roughly 121 million unintended pregnancies in the world each year, and some 48 per cent of all pregnancies were unintended.[2] 61 percent of unintended pregnancy ended in an induced abortion.[2]

The large proportion of unintended pregnancies that end in abortion – more than three in five.[2] Unsafe abortion contributes to a significant share of all maternal morbidity and 4.7–13.2 per cent of all maternal mortality.[3] Abortion is a safe health care intervention if done by a WHO recommended method based on the pregnancy duration by a registered medical person in a proper health care facility. However, when people with unwanted pregnancies due to illiteracy, ignorance, social stigma or economical barrier resorts to unskilled personnel or unregistered centre, fatal complications can occur.

Uterine perforation is a severe complication of unsafe abortion. It occurs in 0.4-15 cases per 1000 induced abortions depending on the study population.[4] Bowel injury is rare complication associated with uterine perforation after unsafe abortion. Many studies were carried out in Cameroon, Nigeria, Ghana and India on this dreaded complication of induced abortion.[5-8] This is clearly demonstrated in this case. The fact that in this particular case the pregnancy was unwanted, the procedure was done because of a missed abortion following MTP pill intake.

CASE REPORT

A 25-year-old G3P2+0 (with 2 living children) patient came into the emergency room of our hospital with MRI from a private hospital in her locality. She had amenorrhoea for about eight weeks, UPT test done at home was positive. She took MTP pill as over the counter drug but had minimal bleeding. So, she went to a local hospital where pelvic ultrasound scan was done which revealed a missed abortion at seven weeks and six days and advised D and C. Dilatation and Curettage was done but after the procedure, she had severe lower abdominal pain and bleeding through the vagina. The patient was advised magnetic resonance imaging (MRI) which showed retroverted uterus with retained product of conception. Focal breech was seen in anterior wall of uterus with suspicious fat signal intensity area is seen entering into uterine cavity and cervical canal with in homogenous area in vaginal canal appearing intermediate to hypodense on T1/T2 suggestive of possibility of bowel loop into vaginal canal (Figures 1 and 2). She came to our hospital with MRI 24 hours after the procedure.

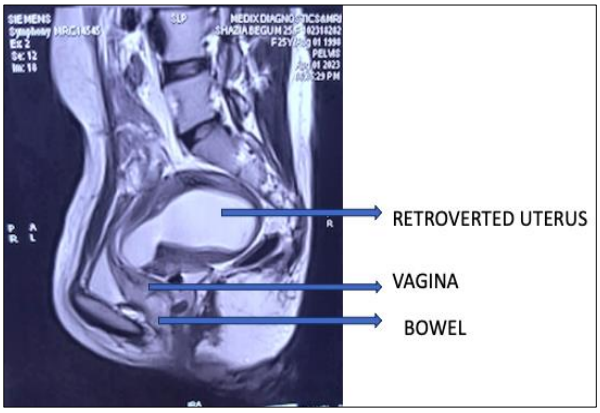

Figure 1: MRI (axial view) showing prolapsed bowel.

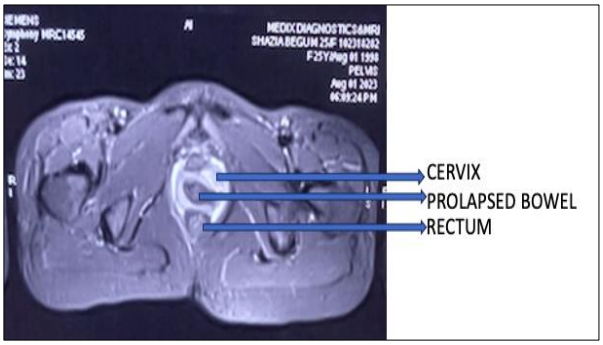

Figure 2: MRI (coronal view) showing prolapsed bowel.

At presentation, she was pale, afebrile, anicteric and dehydrated. Respiratory rate 24/min, her chest was clinically clear. Pulse rate was 120/minute; blood pressure was 120/92 mmHg. Her abdomen was slightly distended and there was generalized tenderness, bowel sounds were absent. On per speculum examination about 15 cm bowel prolapsed out. It was small gut, showing extensive injury along its entire length, with torn mesentery. The bowel was blackish-brown in colour with features of ischemic injury. There was minimal bleeding from the vagina. On per vaginal examination cervix was centrally placed, external os was open, gut was felt coming out through the os. Uterus was about 8-weeks size, well contracted with no active bleeding. Patient was admitted with diagnosis of unsafe abortion resulting in uterine perforation with bowel prolapse. Two wide bore cannulas were placed and two litres of normal saline was rushed. Samples were taken for complete blood count, random blood sugar, serum electrolytes and urea. Two units of blood was sent for cross match. Foleys catheterisation was done. Injectable broad-spectrum antibiotics was started. Nasogastric tube was inserted. Her haemoglobin was 12.3 g/dl and platelet count were 80,000/microlitre and white blood cell (WBC) was 4500/microlitre. Patient was assessed by surgical team for bowel prolapse. Patient was taken for exploratory laparotomy after counselling and consent.

Findings at operation

Haemoperitoneum of about 150 mL drained. Uterus was about 8-weeks size. 2×2 cm rent was seen in anterior surface of uterus (Figure 3). About 45 cm of ileum was seen passing through the anterior uterine rent. The ileum that has prolapsed outside vagina was 15 cm and was bluish and necrosed (Figure 4).

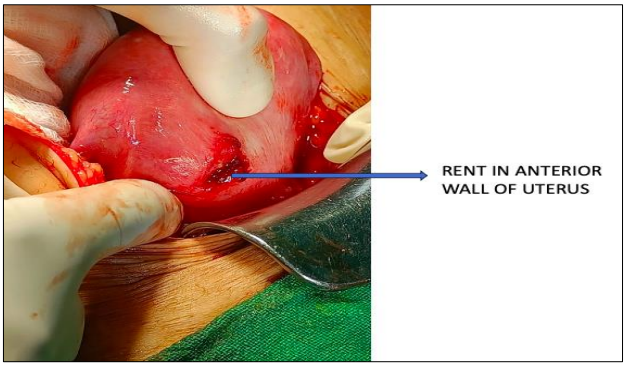

Figure 3: Rent in anterior uterine wall.

Figure 4: Intraoperative showing prolapsed ileum.

1×1 cm rent was also seen in posterior surface of uterus. The tubes and ovaries were healthy. The prolapsed gut was reposited back in the abdomen through rent in anterior uterine wall. RPOC's were evacuated using ovum forceps through same uterine rent. Margins of uterine rent were freshened and uterine perforation on both anterior and posterior wall was repaired. Gangrenous region of small bowel about 15 cm from ileocecal junction was resected and anastomosis of the was done. The peritoneal cavity was lavaged with NS and metronidazole. Abdominal drain was inserted into pouch of Douglas. The abdomen was closed in layers. One unit of blood and 4 units of platelets were transfused intraoperatively, IV Meropenam and metronidazole were also given. Intraoperatively, the estimated blood loss was about 750 ml. Patient stood the procedure well and was shifted to ICU postoperatively for monitoring (Figures 1 and 2).

Patient recovered well. On the fifth postoperative day she was shifted to ward and discharged in stable condition on postoperative day eight.

DISCUSSION

Termination of pregnancy by medical methods carried out in places outside health facilities, without a prescription account for about 70% of all abortions in India, amongst which 5% underwent highly unsafe methods with a high risk of complications.[9] In India, where abortion has been legal for more than 30 years, about three unsafe abortions take place for every two safe procedures killing woman every two hours. Unsafe abortion causes infection, haemorrhage, infection, bladder or bowel injury causing maternal morbidity and mortality. The sustainable development goals (SDGs) for 2030 renew governments' commitments under the MDGs to reduce maternal mortality ratio to less than 70 per 100,000 live births by 2030. Best way to achieve it, is to prevent unsafe abortion. An illegal/unsafe abortion by inexperienced personnel in an unregistered centre in developing countries is the most common cause of maternal mortality. Teenage pregnancy, grand multipara, advanced maternal age, history of previous caesarean or D and C, advanced gestational age are the most common risk factor of uterine perforation.

Globally the reported incidence of uterine perforation varies from 0.4 to 15 per 1000 abortion.[4] Bowel perforation is a rare but severe complication of D and C.[10] Chawla et al reported the incidence of intestinal injury to be ranging between 5-18%.[11] In Cameroon in Africa, the law on abortion is restrictive. Four-year retrospective study showed 54% uterine perforation out of which 14% had associated bowel injury.[5] In a retrospective review over 2 years at Government Medical College and Hospital, Chandigarh, India, 11 cases of bowel injury following induced abortion was reported.[12] The ileum and sigmoid colon lie close to posterior surface of uterus thus they can be injured following uterine rupture.[13] Bowel can be perforated or completely transected requiring immediate laparotomy with bowel repair. Bowel prolapse through uterine perforation is even rarer causing greater morbidity. Augustin et al published a systematic review of 73 articles in which 12 out of 30 cases described bowel prolapse as a complication of surgical abortion.[14] Complications can endanger the life of mother if proper medical or surgical intervention is not offered in time.

In our case nearly 45 cm of ileum was sheared off along with the mesentery and pulled out through the uterine rent up to the exterior which is very rare. Most of the silent perforations may go unnoticed initially and the patient later on presents with number of complaints including severe abdominal pain, abdominal distension, fever and chills, vomiting or diarrhoea. When a patient present with any of these symptoms, a high index of suspicion may be maintained for uterine perforation.

In India, to prevent unsafe abortion, The Medical Termination of Pregnancy (Amendment) Act 2021 is liberalised. It allows safe and legal abortion services by reducing restrictions including even unmarried females. Opinion of only one registered medical practitioner (RMP) is needed for termination of pregnancy up to 20 weeks of gestation. Pregnancy can be terminated even between 20 to 24 weeks on opinion of two RMP in rape victims, victims of incest, minor and differently abled women. In fetus with gross congenital state-level medical board can allow to terminate pregnancy beyond 24 weeks. Even today after easy legalisation of abortion several incidences of gut prolapse are seen in India.[15-17] Providing safe abortion is a big challenge in a situation where almost 70-80% of abortion providers are in private sector with an overwhelming number of them unregistered and untrained. Still, it is our duty to find out where the lacunae are so that a woman could have access to safe and hygienic abortion facilities if she desires to terminate her pregnancy.

CONCLUSION

The position of uterus, gestational age, physician skill and method adopted for termination are the important determinants in causing uterine perforation. A much greater likelihood of it is seen in retroverted uterus. To arrest this pathetic situation, Governments in partnership with nongovernmental organizations, religious groups and women groups should embark on extensive community awareness campaigns on the issue of abortion and its consequences and promote contraception. The most effective way to reduce the morbidity and mortality would be to prevent unwanted pregnancies by informed and effective use of contraception. The Indian Government introduced and rolled-out Mission Parivar Vikas (MPV) in 2016, which offers new methods of reversible contraception, injection MPA (Antara program) and weekly pills Centchroman (Chhaya). Abortion when legal should be safe. Easy and affordable accessibility to abortion services and strict rules to prevention of sex determination on ultrasound in antenatal period can reduce unsafe abortion. Proper training, provision of proper equipment and ensuring proper supervision of medical

facilities can reduce complications due to abortion. There is also a need for public enlightenment on induced abortion and its consequences.

Funding: No funding sources
Conflict of interest: None declared
Ethical approval: Not required

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Cite this article as: Agrawal N, Malik N, Dabas R. A case study of bowel prolapses after induced abortion. Int J Reprod Contracept Obstet Gynecol 2023;12:3189-92.