UNCOMMON COMPLICATION OF UNSAFE INDUCED ABORTION-AN INTERESTING CASE REPORT IN A TERTIARY CARE CENTRE

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Abstract: Unsafe abortion represents preventable but major cause for maternal mortality in India. Failure to detect uterine perforation during surgical abortion may result in adverse patient outcome besides having Medico legal implication. Bowel evisceration though rarely reported is a serious complication of induced abortion, which is often performed illegally by persons without any training in developing countries. Hereby, we are reporting one such case and our experience in the management of this patient.

Keyword: Illegal abortion, bowel evisceration, uterine perforation

INTRODUCTION
Unsafe abortion is the induced abortion either conducted by unskilled personnel or performed in a non accredited facility. Incidence of uterine perforation varies from 0.04 to 0.15 /1000 abortion as reported by different studies. An illegal abortion by unqualified inexperienced hands, with or without minimal medical knowledge in rural society of developing countries is not uncommon. Complications can endanger the life of mother if proper medical or surgical intervention not offered in time.

CASE REPORT:
A 35 yr old patient G3 P2 L2 was admitted to casualty with the complaints of abdominal pain and distension for 3 days following induced abortion for 5 months of gestation by a quack in her area. She had complaints of not passed flatus/stools and fever for 3 days. On Admission, patient was febrile, dehydrated, severely anemic with PR-116/min & Blood pressure of 100/60 mm Hg. Per abdomen examination showed distension and generalised tenderness with guarding and rigidity. Local examination showed gangrenous bowel lying outside introitus. Vaginal examination confirmed the findings. Gangrenous bowel felt through os and the exact size of uterus not made out and was tender. Foley’s catheterisation was done which showed 100ml of concentrated urine. Bedside USG done (Fig 1) which showed intestinal loop entering through fundus seen up to cervix with multiple dilated fluid bowel loops seen. Laboratory test confirmed anemia. A brief resuscitation was undertaken before exploratory laparotomy. At laparotomy about 300ml of hemoperitoneum drained. Abdominal cavity was emptied of small bowel that herniated in to uterine cavity. There was 5cm rent in the fundus of uterus which showed slough and was necrotic (Fig 2). About 5cm of ileum which is 10cm from the ileocecal junction was found to be gangrenous (Fig 3). Resection and end to end ileoileal anastomosis was done (fig 4).
Total abdominal hysterectomy proceeded. Covering loop ileostomy was done which is 10 cm from the anastomosis (Fig 5). Abdomen closed in layers after placing drainage tube in pelvis. 2 units of packed cell and 4 Units of FFP was transfused. Cut section shows necrotic uterus (Fig 6). Post operatively, Patient was treated with higher antibiotics for 5 days combined with topical antiseptics. Continuous gastric aspiration was performed for 48 hrs until resumption of intestinal transit. Patient was discharged on 10th post operative day in good condition. After 3 months, ileostomy closure done.

DISCUSSION
Every year, 50 million abortion occur worldwide about 19-20 million of them are unsafe abortion and about 68,000 women die due to complications(3). According to WHO, in every 8 min, a woman in one of the developing country will die of complications arising from unsafe abortion making it one of the leading cause of maternal mortality about 13%.(1) Under the revised MTP act in India, both the caregiver and the patient are held liable for unsafe abortion. (4) In a study in India, they show that among all complications, bowel injury is the most dangerous. It leads to significant number of deaths, which mostly occurred among women undergoing abortion where criminal methods were used and where no proper medication and follow up was there. It also showed that higher mortality was associated with injury of large gut and sooner the reparative surgery, the better was the prognosis.(3) Although, there is a declining global trend in the incidence of abortion, surprisingly unsafe abortion rates are gradually escalating especially in the developing world. However the statistics of unsafe abortion likely underestimate the number of events(5). Extensive research indicates that induced abortion continues to be a procedure required by women and her relatives. It is important for the health care provider to understand the process of induced abortion to recognize potential risks, benefits and complication of this procedure(2).

CONCLUSION
Bowel evisceration due to abortion has been described only handful of times in the literature but very serious complication of abortion by intrauterine instrumental maneuver. It poses several problems, the most urgent task is to save the lives of women in treating septic shock on one hand and the intestinal damage and uterine breech on the other. Early referral and safe abortion services by skilled personnel in peripheral centres are necessary to limit mortality and morbidity of unsafe abortion.

REFERENCES