Volume 3 (5), 2015, Page-868-870
CODEN (USA)-IJPRUR, e-ISSN: 2348-6465

PHS Scientific House
PHARMAHEALTHSCIENCES

International Journal of Pharma Research and Health Sciences

Available online at www.pharmahealthsciences.net

Case Study

A Case of Medical Termination of Pregnancy Landed up in Uterine Perforation and Intestinal Perforation

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ARTICLE INFO

Received: 12 Oct 2015
Accepted: 30 Oct 2015

ABSTRACT

28 year P4+1 live 3 with history of intake of Medical abortion pill(mifepristone +misoprostol) intake for 8 weeks amenorrhoea. History of dialatation and curettagedone outside at periphery for per vaginal bleeding. Patient developed pain in abdomen, vomiting and non passageof flatus and stool and referred to our hospital. After stabilization exploratory laparotomy done. It was found that there was uterine perforation in fundal region and intestinal perforation. Uterine perforation was repaired and ileostomy was done. Postoperative period uneventful.

Key words: abortion, perforation of intestine, sepsis

1. INTRODUCTION

In our country, India; every year about 1, 25,000 women die from pregnancy related complications [1-2]. Out of this about 1/5 th death is caused by induced abortion, sepsis being one of the causes. . Abortion was legalized in our country through MTP act in 1971, still the incidence of septic abortion ranges from 2 – 10% [3-4]. Septic abortion is one of the causes of maternal mortality comprising around 13% impeding nation to achieve targets of Millenium Development Goal Five [5]. Septic abortion is a life threatening complication that can be prevented significantly through good quality

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health care. Abortion conducted by untrained personnel, dais and quacks beside poverty, ignorance and non availability of trained personal contribute to high incidence of septic abortion. Cases are mostly referred to hospitals very late after occurrence of complications leading to high maternal morbidity and mortality.

2. CASE REPORT

A 28 yr old married women Para 4+1 live 3 came to our Sir Sunder LalHospital, B.H.U. on 2nd april,2015 with complaints of pain in abdomen associated with vomiting and non passage of stool n flatus for 3 days. History of abortion pill intake on 26thfeb 2015 without medical prescription at two months of amenorrhea which resulted into continues per vaginal bleeding for almost one month.

Dialation and curettage was done by some quack at periphery on 26 march 2015.

At the time of presentation patient was conscious but lethargic and anxious with blood pressure 90/60, pulse 128/min and high grade fever, mild pallor. Per abdomen distension was present with sluggish bowel sound and tenderness over whole abdomen. On per speculum examination foul smelling dirty discharge mixed with blood was coming. Per vaginal examination showed around 10 wk uterus with bilateral fornices fullness and tenderness.

Investigations revealed haemoglobin 7.8 with raised leukocytes 18000 with deranged liver function test electrolyte imbalance and coagulation profile. Ultrasound reported: distended and gaseous abdomen , intestinal loops filled with fluid and fecal matter suggesting of intestinal obstruction, uterus bulky.

After arranging blood and stabilising vitals ,patient posted for laparotomy taking proper consent.

During per op around 2 litres of foul smelling peritoneal fluid mixed with faecal matter and old blood suctioned out . Uterine perforation present of about 3 by 2 cm present at right fundus wich was repaired with vicryl 1-0 as shown in (fig 1). A lacerated traumatic perforation present at 30 cm proximal to ileocaecal junction involving half of the circumference of intestinal loop as shown in (Fig 2). Lacerated part of bowel resected and repaired and loop ileostomy was created with silk 2-0 suture.

Patient improved and was discharged on post operative day 14 and kept in follow up.

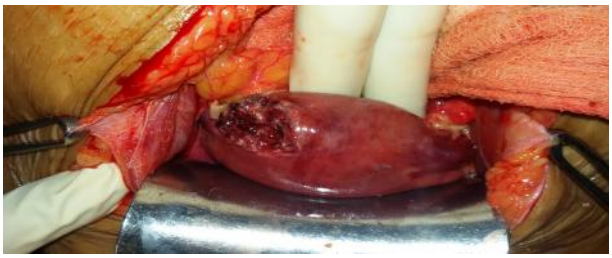

Fig 1: Uterine Perforation

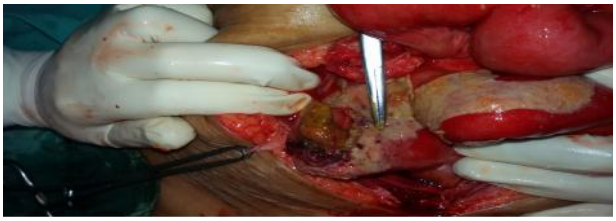

Fig 2: Intestinal Perforation

3. DISCUSSION

Although abortion services were liberalized in India more than 4 decades ago ,even today access to safe services remain limited for most of the women. Majority of women opting abortion due to various reason , still turn to uncertified providers for abortion services because of illiteracy, poverty. Women with access to fewer resources, for example low income, rural women, adolescents are among those most likely to turn to unsafe abortions and have complications[6].

4. CONCLUSION

Septic abortion, caused due to illiteracy and unawareness can be prevented by increasing education and awareness about availability of family planning services and MTP services free of cost in the government hospitals. To reduce mortality and morbidity from unsafe abortion several broad activities require strengthening, decreasing unwanted

pregnancies, increasing access to safe abortion services and increasing the quality of abortion care including post abortion care.

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Conflict of Interest: None

Source of Funding: Nil