ORIGINAL RESEARCH PAPER

Obstetrics & Gynaecology

DEVASTATING RESULTS OF UNMET NEEDS OF TERMINATION OF PREGNANCY

KEY WORDS:

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ABSTRACT

Uterine perforation is a rare life threatening complication due to unsafe abortion by unqualified or untrained person. **CASE:** A 20 year old primigravida with 6 months ANC was referred to our hospital with the USG of uterine rupture and with a history of Dilation and curettage i/v/o anomalous baby, was in septic shock. There was also evidence of Sigmoid colon perforation. As a life saving measure Obstetric hysterectomy with colostomy done. **CONCLUSION:** Unsafe abortions are still in practice which has led to increased rate of mortality and morbidity. surgical intervention on a uterus of more than 20 weeks can be hazardous and should be terminated wisely.

INTRODUCTION

Unsafe abortion is one of the most neglected, reproductive health problem and is a preventable cause of maternal mortality and morbidity. It is an induced abortion process conducted either by unskilled person or performed in non accreidated facility. Bowel perforation is rare but serious complication of induced abortion. These injuries often go unnoticed and unrecognized by the unqualified person further delaying their proper management, hence leading to catastrophic morbid situation to mothers.

CASE REPORT

A 20 year old young female reported with c/o pain in abdomen and difficulty in breathing since last 4 hrs .As history narrated by relative ,Women was relatively alright 15 days back. Women was 6 months ANC with routine USG OBS done s/o Severe oligohydromnios with B/L Renal parenchymal disease in the fetus. Hence Women was taken to private hospital and was advised for termination of pregnancy.She was given T.Misoprostol twice followed by Dilatation and curettage was done .Women gives history of incomplete abortion process so was referred to other private hospital ,where USG was done which was suggestive of IUFD ?Uterine perforation. She was further referred to our hospital for further management.

On admission, she was conscious oriented with Temperature-102degree C ,Pulse rate of 150 bpm,BP of 90/60 mm of Hg on per abdominal examination Guarding+, rigidity +,tenderness +,paracentesis-positive,on per vaginal examination-fornicial tenderness +,fullness at fornices +.

Diagnoses as Septic abortion with perforation of uterus in septic shock with anaemia in primigravida in more than 20 wks of pregnancy.

Hence she was taken for OT FOR EXPLORATORY LAPAROTOMY SOS HYSTERECTOMY. Intraoperatively there was evidence of approximately 500 ml of hemoperitoneum, part of fetal head and thorax was found in pouch of douglas, sent for histopathological examination. Perforation of 7*5 cm noted on posterior wall of uterus, as the rent was not repairable, and as a lifesaving procedure Obstetric hysterectomy (Total abdominal hysterectomy) done, B/L ovaries were preserved. Sigmoid perforation of 12 cm in antimesenteric border involving ¾ th of thickness was observed. Followed by primary closure of sigmoid perforation with colostomy was done. on chest x ray there were fine opacities that was suspective of COVID 19 hence RTPCR swab was sent which was negative. On day 7 check dress, she had discharge at wound site and fulllength wound gape. Dressing done and wound left for healing by secondary intention. Women was stable and was discharged. She was advised for follow up for re-anastomosis of bowel after healing of wound site infection.

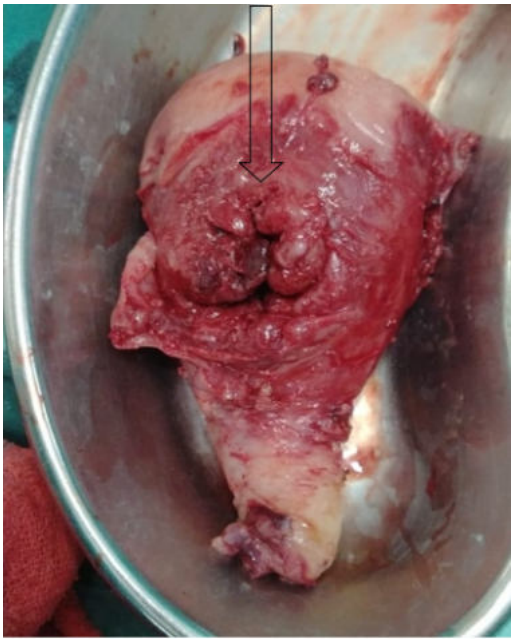
DISCUSSION

Around 50 million women seek abortions yearly worldwide, out of which 20 million are unsafe. According to WHO, every 8 minutes a women dies due to complication from unsafe abortion making it one of the leading causes of maternal mortality (8%).[1] Inspite of the revised MTP act in India still so many seek illegal and unsafe abortions which are performed by unqualified personnels usually lady health visitors, untrained birth attendants and nurses in an unsterile environment with subsequent high risk of hemorrhage, infection and injury to the genital, urinary and GI tract. Apart from the mortality, many more are left with the stigmata of abortions such as infertility, obstetric hysterectomy, chronic pelvic pain, bladder and bowel injury. Intestinal injuries have been reported in 5-18% cases in different studies.[2,3]The bowel may be injured with uterine curette, ovum forceps, uterine sound or even plastic cannula when the posterior vaginal wall or the uterine wall is perforated.[4]Ileum and the sigmoid colon are the most commonly injured portions due to their anatomical location.[5,6] According to act medical termination of pregnancy should not be performed over 20 weeks of Gestational age .When such termination has to be done permission from court of law is required. Termination can be done by medical method of management over 20 weeks of Ga .Second trimester abortions, most commonly performed by Dilation and curettage have an even greater risk of serious complications ,including perforation. Any surgical method of termination on gravid uterus may cause injury to uterus leading to immense morbidity and mortality. Poor socioeconomic status curettage done by unqualified persons, lack of specialist centers and doctors in rural areas, reluctance and hesitancy of both the parents family and abortionist, delayed referral due to unrecognized injury these complications go unrecognized and lead to higher mortality and morbidity.[7,8] Late presentations have a more protracted stay and poorer outcome.

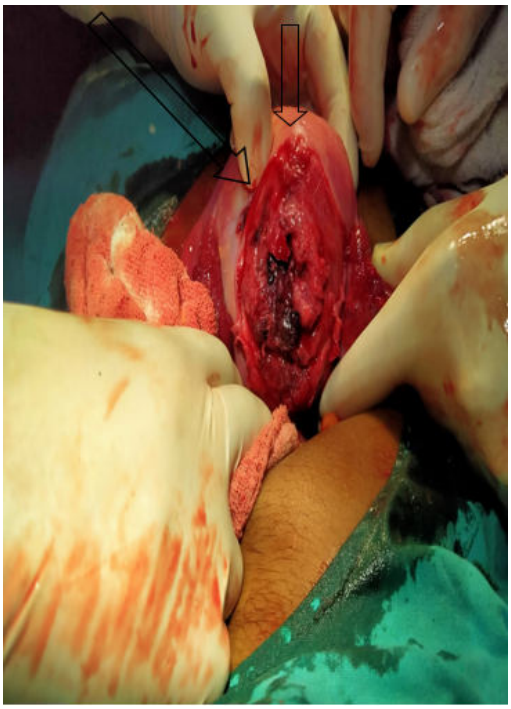
CONCLUSION

Unmet needs of safe abortion are still in practice. Midtrimester abortions need an empathetic approach by trained doctors who usually discourage this procedure. This leads the Women to seek unsafe abortion from unqualified and uneducated personnels. Complications like intestinal injuries are one of the dreadest complication. Early recognition of the injury, aggressive resuscitation and early surgical intervention is of paramount importance if morbidity and mortality is to be reduced in intestinal injury. Appropriate measures like easy accessibility of the health services when needed, increased surveillance on all unauthorized personnels involved in abortion, education programmes of family planning can help prevent unwanted pregnancies thus reducing unsafe abortion. There is a need to spread information, awareness and education among masses about the importance of safe abortions.

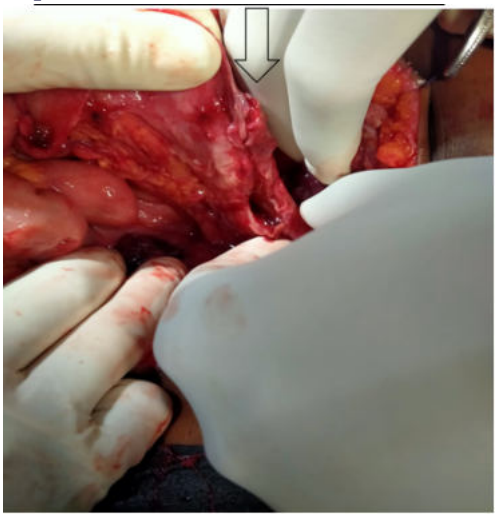
Perforation in posterior wall of uterus



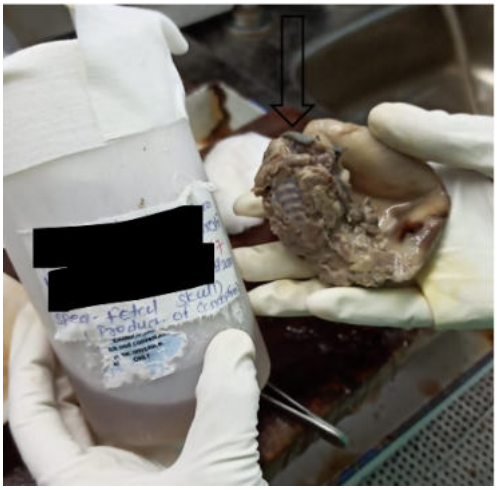
Sigmoid perforation at antimesenteric border



Edge of perforated bowel freshened



Part of fetal head and ribs felt in POD sent for histopath



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