

Intestinal Injury in Illegal Abortion – A Case Report

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Abstract— *Unsafe abortion represents a preventable yet major cause of maternal mortality and morbidity in India. Majority of these unsafe abortions are carried out by untrained persons and in unhygienic environment so leads to complication requiring tertiary care. Unsafe abortions are more common in countries with restricted abortion laws than the countries allow abortions. It is mainly observed in low socio-economic and especially in rural areas of developing countries. It is usually carried out by sharp metallic instrument, a common practice by untrained personnel. They do not have proper training and knowledge of anatomy of reproductive organs leading to various complications like infection, bleeding and even perforation of uterus. Uterine perforation, some time involve urinary bladder or intestine also. Intestinal injury, although a rare complication but not rare in India, occurs when uterus is perforated through its posterior wall. Here, a case of unsafe abortion with a posterior uterine wall perforation, injury to the ileum and septic peritonitis and its consequences and preventive measures were discussed. It was found that as in this present case lack of education, social stigma attached to abortion, female feticide and law to restrict abortion compelled her to seek illegal methods for termination of pregnancy by unskilled personnel. So to prevent these unsafe abortions proper health education, awareness about various methods of contraception and easy accessibility to safer methods of abortion should be promoted.*

Key words: *Maternal mortality, Unsafe abortion, Intestinal injury, Uterine wall perforation*

1. Introduction

Unsafe abortion is defined by World Health Organization (WHO) as a procedure for terminating an unwanted pregnancy either by individual without necessary skills or in the environment that does not confirm to minimum medical standards or both¹. According to WHO, every 8 minute one woman is dying in a developing country because of unsafe abortion. In developing countries 55% of abortions are unsafe in contrast to developed countries where this proportion is only 3%.² Unsafe abortion endangers woman in developing countries where abortion is highly restricted by law. The median rate of unsafe abortions is 2.3% of women in countries where restrictive abortion law is there in comparison to 0.2% in nations allowing abortions.³ According to WHO 97% of this type of abortions are done in developing countries in contrast to that of legal abortions in developed countries, is safe with minimum morbidities and negligible mortality.⁴

In India induced abortions are performed by untrained personnel usually lady health visitors, untrained birth attendants and nurses in unhealthy environment with subsequent high risk of haemorrhage, infection and injury to genital tract and/or gastro intestinal tract.¹ Unsafe abortions are most neglected sexual and reproductive health problems leading to high morbidity and mortality. Every year about 19-20 million abortions are done worldwide and around 47,000 women die because of unsafe abortions.⁵

Incidence of uterine perforation varies from 0.4 to 15 per 1000 abortions as reported by different studies.⁶⁻¹⁰ Although most uterine perforations at the time of curettage during first trimester abortion go

unrecognized and untreated, serious complications do occur. Inexperienced physicians have been reported to perforate the uterus more frequently than experienced physicians. In India, the majority of these events remain concealed initially, thereby further complicating the scenario.

2. Case Report

A 28 years old female presented in Gynecological Out patient door of Zanana Hospital Jaipur, which is an attached hospital attached to SMS Hospital Jaipur (Rajasthan) India. She had complaints of fever, continuous bleeding per vaginum and severe pain in abdomen for last 4 days. She was 4th gravid and 3rd para having all female children. She had three abortions in her reproductive life till date. She gave a history of recent abortion of three and half months pregnancy induced by untrained nurse at one of the remote village 5 days back. After this surgical evacuation, she developed supra-said complaints.

When reasons for going to untrained nurse for abortion were asked, it was found that she was ignorant about trained persons. In addition to that she was afraid of society and police as she wants abortion. She already had 3 female children so now she wants male child.

3. Examination

On examination she was found conscious and well oriented, febrile with tachycardia. Her conjunctiva was severely pallor. Her abdomen was distended, tender and rigid. Her bowel sounds were absent.

On gynecological examination, her cervix was found congested, uterus was of 10 – 12 weeks size and bilateral forniceal tenderness was also observed. On Ultrasonography (USG), free fluid was seen in peritoneal cavity. USG guided tapping showed hemoperitoneum. . Reference to surgeon was also sent. Combined decision was taken to do emergency laprotomy.

4. Operative procedure and findings

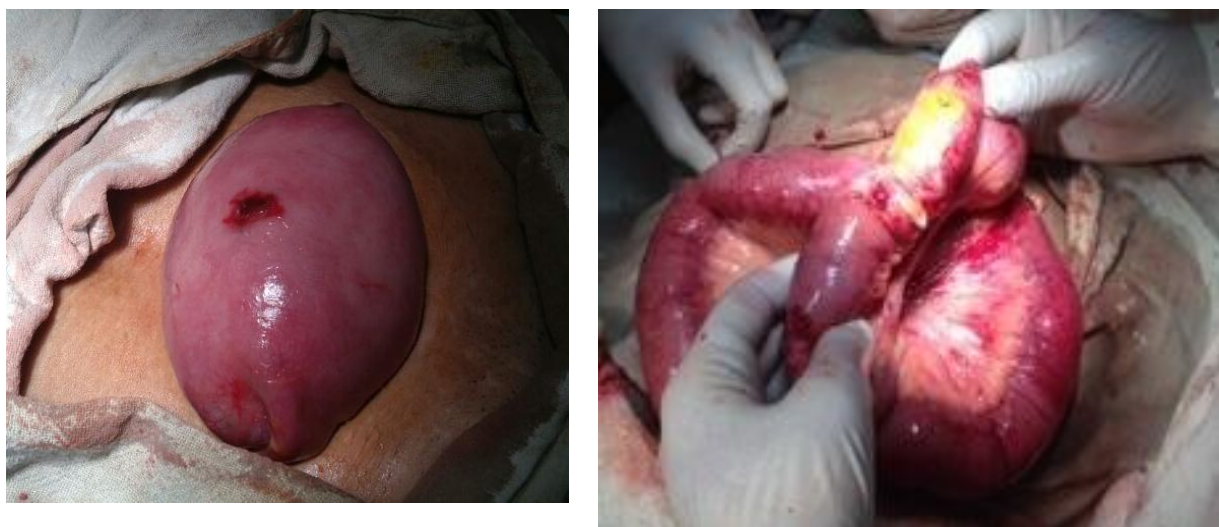
Emergency laprotomy was done immediately after taking combined dicison of surgeon and gynecologist after examination. Surgeons were also present at time of surgery in Gynecological operation theater (OT). Abdomen was opened by midline infraumbilical vertical incision.

Major intra-operative findings were as follows:-

1. There was about 1liter Heamoperitoneum.
2. Uterus was 10 – 12 weeks size, soft and congested.
3. There was a rent on posterior wall of uterus of about 2x2 cm, edges of that were necrosed. (Fig 1).
4. There was a bowel injury by which faecal matter was coming out. (Fig 2).

Figure 1: Rent on posterior wall of uterus

Figure2: Bowel Injury with Faecal Matter Coming Out



The uterine rent was repaired and case was handed over to surgeon. Resection of the bowel with loop ileostomy was done. Abdominal wash was given and drain was kept. Patient was shifted to ICU and was managed.

5. Post-operative recovery

She recovered gradually in post operative period. Drain was removed on 6th post operative day. She was discharged on 15th post operative day and subsequent ileostomy closure was planned.

6. Discussion

Although there is a declining trend in the incidence of abortion but surprisingly unsafe abortion rate is gradually escalating in the developing world.¹ According to WHO, in every 8 minutes a women in developing nations will die of complications arising from unsafe abortions, making it one of the leading causes of maternal mortality(13%).^{2,6.}

Unsafe abortions are usually associated with complications such as abnormal vaginal discharge, fever, septic shock etc.⁷ These complications occur as a result of low resource setting, unsterile equipments and use of inappropriate sharp objects. Some time foreign bodies inserted into the uterus to disrupt pregnancy which can damage the uterus and internal organs including bowel and urinary bladder.⁸ Remote complications include chronic pelvic inflammatory disease with consequent dyspareunia, dysmenorrhoea and infertility.⁹

All these consequences usually occur in the background of an unwanted pregnancy being terminated by an untrained personnel in an unhygienic environment with a promise of maintaining secrecy.^{8,10}

A study in India suggested that amongst all complications bowel injury is most dangerous and is associated with significant mortality and morbidity and sooner the reparative surgery, better was the prognosis.⁹

In the present case lack of education, social stigma attached to abortion, female feticide and law to restrict abortion compelled the women to seek illegal methods for termination of pregnancy by unskilled personnel endangering her life.

CONCLUSIONS

Unsafe abortion is an important social & public health problem leading to significant maternal mortality & morbidity in developing world. As in the present case lack of education, social stigma attached to abortion, female feticide and law to restrict abortion compelled the women to seek illegal methods for termination of pregnancy by unskilled personnel. So to prevent this unsafe abortions proper health education, awareness about various methods of contraception and easy accessibility to safer methods of abortion should be promoted.

REFERENCES

1. World Health Organization. Unsafe abortion in 2008:Global & regional estimates of the incidence of unsafe abortion & Association Mortality in 2003. 5th ed. Geneva:WHO;2007.
2. Sedgh G,Henshaw S, Singh S etall.Induced Abortions: rates and trend world wide. Lancet. 2007;370:1338-1345
3. Grimes DA, Benson S, Singh S etall. Unsafe Abortion: the preventive pandemic. Lancet. 2006;368:1887-1892
4. Shah I, Ahman E. Unsafe Abortion in 2008. Global and regional levels & trends. Reprod Health Matters 2010;18:90-101.
5. Subbappa K, Patil P, Gopal N. Uterus in illegal hands: A case report. Int J Sci Stud 2014; 2(8):211-213.
6. Sherigar JM, Dalal AD, Patel JR. Uterine perforation with subtotal small bowel prolapsed. A Rare complication of dialatation and curettage. Online J Health Allied Scs.2005;1:6.
7. Bhattacharya SK, Saha SP, Bhattacharya S, Pal R. Consequence of unsafe abortion in India a case report Pract. Obstet Gynecol 2011;2:4.
8. Anisa F , Humaira N, Khalid K, Aziz – UN.Septic induced abortion. J Ayub Med coll Abbottabad.2008;20(4);145-8.
9. IP Alan, Z Pervin MA Haque. Intestinal perforation as a complication of Induced Abortion- A case report and review of literature. Faridpur Med Coll. J. 2012;(7):46-49.
10. G Gole, U Santpur, R Kaul. Severe Intraabdominal trauma in illegal abortion: A case report. The internet Journal of Gynecology and Obstetrics. 2012 volume 16 number 3.