



BOWEL PROLAPSE A RARE COMPLICATION OF SEPTIC ABORTION: A CASE REPORT

¹Dr. Deeba Khanam and ²Dr. Zehra Mohsin

¹Assistant Professor in Dept of Obs and Gynae, AMU Aligarh. Affiliated to Jawaharlal Nehru Medical College and Hospital AMU.

²Associate Professor in Dept of Obs and Gynae, AMU Aligarh. Affiliated to Jawaharlal Nehru Medical College and Hospital AMU.

***Author for Correspondence: Dr. Deeba Khanam**

Assistant Professor in Dept of Obs and Gynae, AMU Aligarh. Affiliated to Jawaharlal Nehru Medical College and Hospital AMU.

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ABSTRACT

Septic abortion is one of the greatest hazards to the woman's health and that too illegally induced by locally practising unskilled health care providers can lead to life threatening complications. We present a case of 25 years old patient who presented to us with shock, abdominal distension and bowel hanging through the cervix, following induced abortion by a Dai. She was immediately resuscitated and was taken up for laprotomy. Per operatively it was seen that around 15 cm long part of large bowel was found to be necrosed and was entering a rent made at fundus of uterus. During the process of evacuation of the products of conception by local untrained individuals, a rent was made at the fundus and the bowel was pulled in to the uterine cavity and was seen hanging through the cervix. Necrosed part of bowel was removed and illeostomy was done. Post operatively the patient was given antibiotics and she recovered well. Though the bowel perforation is common in illegally induced abortions but this case is unusual for the reason that the whole bowel was pulled through the uterine cavity into the cervix.

KEYWORDS: Septic Abortion, Fundus, Illeostomy, Perforation.

INTRODUCTION

Unsafe abortion practices are rampant in the whole world, but are more prevalent in developing countries. According to the WHO estimates in 2008, there were 22 million unsafe abortions of which there were 5 million hospital admissions for abortion complications and 47 thousand deaths.^[1]

Certain causes have been formulated to assess the increase in rates of unsafe abortions. Unawareness, illiteracy, strict laws pertaining to abortions, social stigma, religious factors, high cost and poor availability of resources are some of them which result in choosing this form of pregnancy termination method.

Complications following unsafe abortions are multiple like haemorrhages, sepsis, uterine perforation; bowel perforation.^[2,3] etc. Septic abortion is one of the most important complication of unsafe abortion and cause of maternal mortality, accounting to 13% of the total maternal mortality rate.^[4] Bowel perforation is a rare phenomenon and incidence varies between 5-18% according to different studies.^[5,6] These life threatening complications require immediate and accurate interventions and absence of which can put tremendous burden on mortality and morbidity index of an area.

This case is a rare case of bowel perforation following septic abortion where the bowel prolapsed through perforated uterine cavity in to vagina. This case emphasizes the importance of health education in low socioeconomic class and the need for urgent tertiary care services in the event of such complication which can change the outcome of the disease.

CASE REPORT

A multigravida patient presented to labour room with complaints of fever, distension of abdomen, severe pain abdomen, foul smelling discharge and something hanging out of vagina following D&C, done a day back for 3 months gestational age by a quack at her village. The patient did not want the pregnancy as she already had 5 live issues so she preferred an abortion. Following D&C she stayed at home waiting for the pain to subside and not aware of the complication, finally when she developed abdominal distension and realised that a mass was coming out of vagina she came to JNMCH after a day as there was no means for her to reach tertiary care centre at earliest.

On examination the patient was found to be conscious, with 100°c fever, Blood pressure 96/70, Pulse rate 110 per minute, respiratory rate 30 per minute but chest was

clear. Per abdomen there was gross distension with tenderness, guarding and rigidity. On local examination part of bowel was seen to be hanging out of introitus. Her Hb was 6 gm%, TLC was 20,000, her coagulation profile was normal, RFT and LFT was normal.

She was immediately resuscitated, 2 units of blood was transfused and she was taken up for exploratory laprotomy. Per operatively it was seen that part of sigmoid colon and transverse colon was found to be necrosed and there was a fundal uterine perforation, through which transverse colon entered uterine cavity and went all the way long to the introitus, as a result of evacuation attempt by an unskilled health care provider who perforated the uterus and then pulled the bowel out, necrosed bowel was resected and colostomy was created, uterine perforation was stitched. Uterine cavity was washed with normal saline and drain was inserted. Post operatively the patient was given broad spectrum antibiotics, and 2 units of blood. She stayed in ICU for 2 days and then she recovered well. She was discharged after 2 weeks of hospital stay.



Bowel prolapse through vagina

DISCUSSION

Unsafe abortions are posing major burden on public health. Not only are the cases under reported they are being manipulated for the fear of medico legal complications.^[7,8] Various complications are reported in literature and bowel perforation and prolapse are rare among them^[9] Augustin et al reported that in past 50 years only 10 cases of intestinal prolapse were found.^[10] This case reports a rare sequel of unsafe abortion and emphasises the importance of risk factor assessment when such a case arrives so that proper measures are taken to prevent such mishaps.

This patient was a multigravida and was not using any form of contraception because she had no access to the health care facilities and had no idea about different contraceptive methods, it is comparable to various studies where contraception use is low.^[11,12,13,14] and the reason was stated to be lack of knowledge, poor access to health care facilities and social and religious factors.

In most of the studies the patient was found to be unmarried and below 25 years of age and they belonged to urban societies where sex was more common at

younger age and for fear of social and religious factors they switched to untrained health care providers to maintain secrecy^[7,12,15,16] Contrary to that patient in our case and as observed by Rehman et al^[17] was married and had 5 or more children and wanted no more children and so she opted for pregnancy termination.

The patient presented to us late and in poor general condition with peritonitis and shock and this is an important determinant in predicting post operative course so becomes an important parameter for risk assessment as supported by various studies.^[14,18,19,20] The reason for late presentation were summarised to be lack of awareness about the disease, poor diagnostic facilities, faulty diagnosis and treatment and delayed referral to higher centres.

Surgical intervention is the mainstay for the management of bowel perforation specially if associated with bowel prolapsed.^[7,9,19,21,22] as in our case a large part of gangrenous bowel was resected and colostomy was created. The major hindrance to healing process post operative is anaemia of the patient, non availability of blood donors, care of colostomy stoma which becomes a continuous source of infection as proper equipment and trained individuals for care of stoma are not available at our place also mentioned by Chalya PI et al.^[23]

This case throws light over the dark face of unsafe abortion practices which is rampant in rural INDIA and other developing countries. According to Augustine et al^[10] every such case should be reported so that a proper algorithm be prepared for managing such cases. The aim to report such a case is to focus and analyze the cause of such problem. In our case illiteracy, poverty and poor health care facilities were found to be root cause of the problem. The challenge is to make standard health care facilities available at such remote areas and proper channelizing of resources. Access to tertiary centre should be there by means of affordable and quick transport services. Health education should be provided by trained individuals, knowledge of contraception methods, safe abortion practices and importance of family planning should be provided in such areas. Government should frame such policies that are directed to achieve millennium developmental goal which aims to reduce maternal mortality by two third, it also includes practicing safe abortion protocols. Root cause of such catastrophic presentations should be identified and further steps should be taken to tackle such case scenarios.

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