Picture Stories

Limb reduction defect due to failed misoprostol induced termination of pregnancy

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Case report

Our case was a term male born of a third degree consanguineous marriage by normal vaginal delivery with a birth weight of 2410g. Mother had two previous normal pregnancies with healthy children.

This child was an unwanted pregnancy and the mother had tried to terminate pregnancy by taking misoprostol 600µg in the 14th week. On day 4 of the treatment she had some vaginal bleeding and psychologically she was relieved of her pregnancy. However, unfortunately she had missed periods and later she came to know that she was pregnant.

She had undergone one antenatal check up at the 8th month of pregnancy by local anganwadi workers (public health community workers). She had no history of antenatal ultrasonography history. In the 38th week of gestational age the mother had undergone spontaneous labour and the indexed child was born by normal vaginal delivery.

On examination of the neonate, he had normal cry, reflex, colour and tone. Child had reduced left leg with absence of tibia and fibula, gross reduction of left femur, rotated left foot and syndactyly of left foot. (Figures1 and 2). On doing a digital x-ray of the neonate we found the radiological features matching the clinical picture (Figure 3).

Figure 1: ***showing reduction of left lower limb***

**Permission given by parents to publish photograph*

Figure 2: ***Syndactyly of left foot***

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Figure 3: ***Digital x-ray***

Discussion

To the best of our knowledge this is a rarely reported case of limb reduction anomaly in a surviving infant following failed abortion. Limb reduction has been well described as a teratogenic effect of misoprostol[1]. Misoprostol is one of the common abortifacient used by medical professionals and the public. Because the drug is available at low cost, many women have opted for self-administration of the method to terminate their pregnancies[1]. It produces intense vasoconstriction and uterine contraction due to prostaglandins resulting in distal ischemia in the fetus, leading to the digital anomalies observed[2]. Its widespread use in Brazil resulted in the identification of teratogenic effects, particularly limb reduction defects such as was seen in our case, following unsuccessful attempts to terminate pregnancies[1,3]. Misoprostol has become an integral part of the primary care pregnancy termination services in India. There is an urgent need for the health authorities to issue guidelines on its use regarding dosage, complications and counselling and regulation of its misuse due to its easy availability without prescription.

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