



CLINICAL PRESENTATION IN DIFFERENT TYPES OF ABORTION ATTENDED IN A TERTIARY HOSPITAL

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ABSTRACT

Background: In Bangladesh approximately half of the admissions of major urban hospitals are. due to complications of abortion. In our country the abortion related death was found to be 21% of total maternal death. In years 1992-94 abortion related death was 14.8% in our country. In another study it was seen that mortality due to abortion account one third of the pregnancy related deaths. **Objective:** To assess clinical presentation in different types of abortion attended in hospital. **Method:** For this study 100 patients of abortion were selected on a random pattern. Special importance has been given on finding out the incidence and prevalence of abortion with respect to their age, socio- economic status, and parity. Then attempts have been made to find out aetiology. **Results:** The mode of management of abortion patients in MMCH has been analysed with their outcome. In this study it has been seen that around 47.8% of gynaecology unit are of abortion. Though majority is of spontaneous abortion, septic abortion patients are the most critical ones. The majority of cross section of patients is illiterate and very poor. These are the patients who come to the hospital after complications have taken place. **Conclusion:** Complications of abortion are preventable if the patients are made aware about the grave consequences of abortion and appropriate health services are extended at field levels.

KEYWORDS: Spontaneous abortion, septic abortion, aetiology.

INTRODUCTION

On average 600000 women die in pregnancy related causes every year and 1600 daily and 75000 of them die from abortion throughout the world (UNICEF). 99% of them occur in developing countries Africa, Latin America, South-East Asia bear the major share.^[1] Because abortions are illegal in most developing countries, many women seek them clandestinely and undergo unsafe procedures.^[2] Even in some places where abortion is legal, poor-quality services put women at risk. Abortion is a social and medical event through out the world.^[3]

MMCH a majority of the patients came due to spontaneous abortion whose cause could not be identified due to lack of investigation facilities. These

patients were advised to attend gynecological out patient dept for follow up (OPD). By early management of pregnancy related causes and proper counseling we can hope to prevent unnecessary spontaneous abortions in much desired pregnancy and prevent induced abortion in unwanted pregnancies.^[4]

Intrauterine bleeding occurs before 20th completed weeks with or without uterine contraction, without expulsion of product of conception and without dilatation of the cervix. Intrauterine bleeding occurring before 20th weeks with continuous and progressive dilatation of the cervix, but without expulsion of product of conception. Expulsion of some but not all product of conception before 20th weeks of gestation. Retained tissue within uterus evidently continued bleeding, a patulous cervix and an enlarged boggy uterus cramps are usually present

but not so severe. Expulsion of all of the product of conception before 20th completed weeks of gestation. Slight bleeding may continue for a short while. After passing the complete conceptus there was cessation of pain as well as termination of brisk bleeding. The embryo or foetus dies in utero before 20th weeks of gestation but the product of conception is retained. Missed abortion is manifested by loss of symptoms of pregnancy and a decrease in uterine size. Pain and tenderness unusual. There may be brownish vaginal discharge. When any type of abortion is complicated with infection, the condition is known as septic abortion. Fever and generalized pelvic discomfort may indicate infected abortion. It is defined as three spontaneous

pregnancy wastage before the 20th week of gestation with a foetus weighing less than 500g. Deliberate termination of pregnancy in a manner that ensures that the embryo or foetus will not survive. It may be therapeutic or non-therapeutic. It is one, which is induced for legally acceptable and medically approved indications. This term is applicable when a pregnancy is terminated because it endangers the mother's life or health (physical or mental) or because there is reason to believe that the foetus is grossly abnormal.

OBJECTIVE

To assess clinical presentation in different types of abortion attended in hospital.

METHODOLOGY

Type of study	Random selected cross-sectional study
Place of study	Mymensingh medical College Hospital, Mymensingg, Bangladesh
Study period	1 st January to 31 st December, 2019
Study population	The study conducted who admitted in MMCH
Sample Size	100 patients

Mymensingh medical College Hospital is a tertiary level hospital. Most of the patients come here from different places of Mymensingh directly or as referred cases. A large bulk of patients come here with complications. The department of Obstetrics and Gynaecology has two units

with alternative admission day. In the year 2019 a total number of 2154 patients were admitted in gynae, among them 1006 (47.8%) were abortion cases of different types.

RESULTS

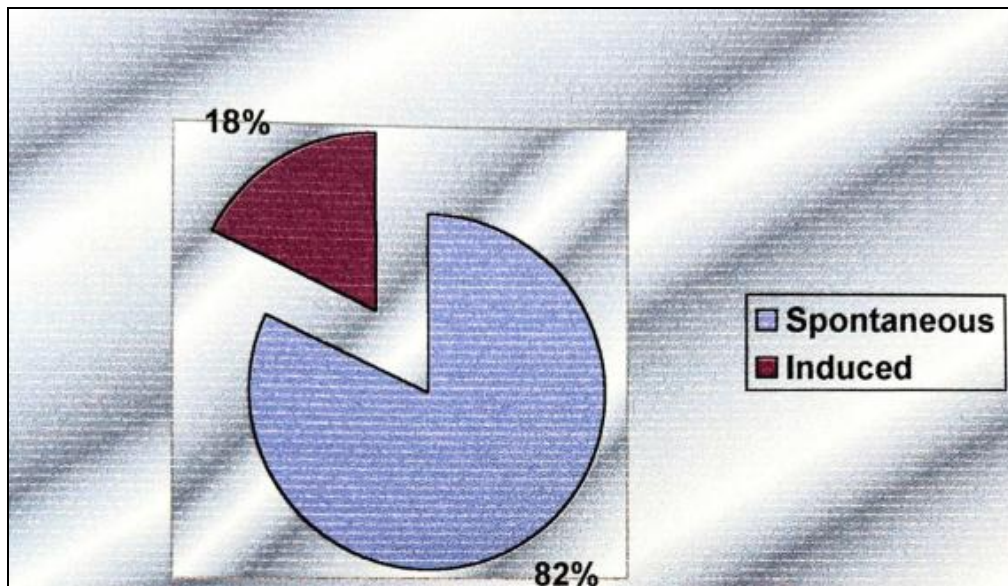


Figure I: Major Types of Abortion as a Percentage of Total Number of Abortion Cases Selected.

Out of 100 cases of abortion 82 were spontaneous and 18 cases were induced. All the patients of Induced abortion were unwanted pregnancy.

management and due to limitation of beds the patients were managed with minimum available investigation and disposed as early as possible.

In the below table we see, In the between January 2019-December 2019 total number of 2154 patients were admitted in gynae 1006 were of abortion. Out of the 1006 the varieties of abortion cases mentioned in the table highest percentage of cases were of incomplete abortion (72.8%). As most patients needed immediate

Table II: Number of different types of Abortion cases Admitted in MMCH in 2019.

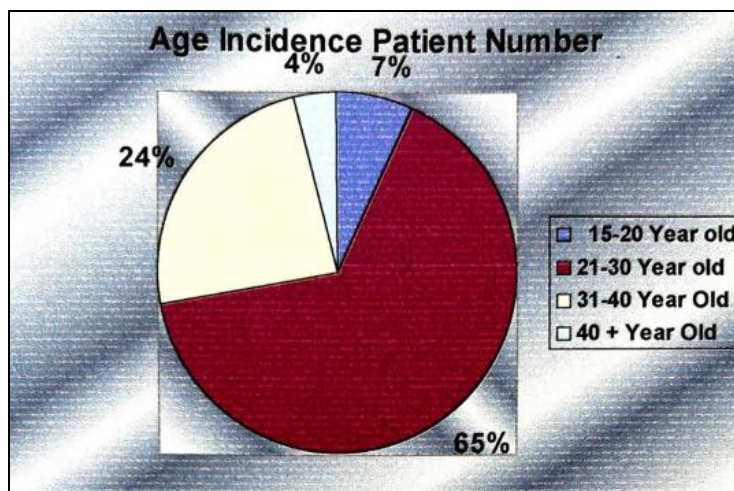
Type of Abortion	Number of patients	Percentage (%)
Incomplete	733	72.80
Septic	125	12.40
Missed	78	7.70
Threatened	30	2.90
Inevitable	40	3.90
Habitual (Among all)	78	7.75
Total	1006	100.00

On admission patient mostly were admitted with the above complaints. Many patients came with single or

multiple presentation. But most came with P/V bleeding from slight spotting to severe haemorrhage.

Table III: Clinical Presentation of the patients (N=100).

Clinical presentation	Number of patients	Percentage (%)
Per vaginal bleeding	97	97
Pain in the abdomen	65	65
Fever	12	12
Abdominal Distension	5	5
Jaundice	1	1

**Figure II: Age Incidence.**

Most of the patients were admitted in their third decade of life cycle 65%. Next was fourth decade 24%. 7% were in 2nd decade, 4% were in fifth decade.

Table III: Interval between Onset of Abortion and Admission to Hospital (N=100)

Time interval between abortion onset and hospitalization	Number of patients	Percentage (%)
Few hrs to day 1	25	25
2-5 days	27	27
6-10 days	18	18
10 days – 1 month	22	22
No exact time given	8	8
Total	100	100

25% of the patients got admitted immediately to within 24 Hours of onset of abortion, 27% got admitted within 2 to 5 days, 18% got admitted with in 6 to 10 days, 22% patients got admitted within 10 days to 1 month and 8% patients could not give exact history.

Table IV: Aetiology of Abortion (N=100)

Aetiology	Number of patients	Percentage (%)
Unknown	56	56
Induced abortion	18	18
Infection	10	10
Uncontrolled Diabetes Melilotus	2	2
STD	1	1
Rh Incompatibility	1	1
History of Trauma	2	2
Anatomical Abnormality of the Uterus	4	4
Anatomical Abnormality of the Foetus	3	3
Blighted Ovum	3	3

DISCUSSION

Out of all the cases 82% were spontaneous and 18% were induced by various methods. 65% of the patients are in 21-30yrs age group and most of them are multipara. 60% of the them are illiterate and 80% of them are of very low socio-economic status. This may explain why most of the patients came to the hospital too late with complications. These patients sought help of the hospital authority when they had nowhere else to go or their condition was so grave that the village quacks could do little for them.

73% of the cases were incomplete abortions and corresponds with an earlier study done in Osmani Medical College Hospital, Sylhet but is lower than a study done earlier on urban hospitals.^[5]

This lower rate may be due to the fact that lots of private clinics are being established around MMCH. Septic abortion in this series was 12%. It is lower than the rate mentioned in the report of in 1990⁶ but slightly higher than a report done in MAG Osmani Medical College Hospital, Sylhet^[7] which was 11%. 8 % cases of this study were missed abortion, 5% were inevitable abortion, and 2% were threatened abortion. Only 7% were habitual abortion. Among all the patients 98% were married, 1 % was unmarried and 1% widow. The 2 patients who conceived out of wedlock, were both patients of induced abortion. This may not be the true statistics because most of the conception outside wedlock are concealed and seek the help of private clinics.

Some attempts have been made to find out the cause of abortion in this series. As it was not possible to do all the investigations and patients failed to come for the follow up we could not find out the aetiology in a large number of cases.^[8] In 56 patients the cause was unknown. Among the rest 18 were of induced abortion, 10 had high temperature, 1 had Rh – negative blood with a high titer, 2 had uncontrolled diabetes, 1 had STD, 2 had history of trauma, 4 cases were of uterine abnormality. In 2 cases the conceptus had anatomical abnormality, 3 cases were of blighted ovum. All were advised to come for follow -up and pre-pregnancy counseling During this study it has been observed that spontaneous abortions were 73% and their management were quite simple.

Most of the patients could be discharged in 1-2 days. They underwent D&C and were discharged the next day. 5 cases of spontaneous abortion with sepsis came to us 15 days later.

The patients of the spontaneous abortion with shock also recovered promptly after resuscitation. Only 2 patients had iatrogenic perforation. One was treated conservatively and the other had total abdominal hysterectomy.

Management of septic abortion was not so simple. Among these patients, one needed hysterectomy as she came with septic abortion with perforation with peritonitis.^[9] The treatment cost was very high. Thus, septic abortion, a preventable condition, is still a hazard to our health service affecting not only the individual patient or their family but also the whole nation.^[10]

CONCLUSION

To get rid of the unwanted pregnancies, women often seek abortion from untrained providers who contribute greatly to maternal mortality and morbidity. Thus, every preventive measure should be taken in order to reduce the incidence of abortion and its complications.

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