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Septic abortion leading to intestinal perforation: 4 case reports with Review of literature

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ABSTRACT

Abortion is considered taboo In our society so it is unreasonable to expect reliable data about abortion practices , especially in India more so in rural areas . Most of illegal abortions are conducted in rural areas of developing countries without adequate facilities and person with no knowledge of anatomy who operate with non sterile instruments which further add to morbidity and mortality. As per the world Health Organization (WHO) estimate for 2000, about 19 million unsafe abortions performed worldwide resulting in death of 70000 women. Uterine perforation during abortion is rare, with incidence of 0.05-0.4 % but up to 3.6 % in undeveloped counties. One rare complication following surgical abortion is bowel perforation , small bowel is most commonly perforated due to central pelvic location, length and mobility . Illegal abortion are performed especially in unmarried females with secrecy. These abortions are performed at clinics run by quacks, dais and nurses with little knowledge of procedures and its outcomes, most of patients belong to low socioeconomic status and delayed referral mostly contribute to increased morbidity and mortality . Here we are presenting 4 cases which presented to our emergency (Rural Tertiary care center BPS GMC Khanpur kalan) over a period of 3 months with perforation peritonitis after unsafe abortion.

Key Words: Septic Abortion, Intestinal Perforation, emergency laparotomy

Introduction

Abortion is considered taboo in our society so it is unreasonable to expect reliable data about abortion practices , especially in India more so in rural areas. Most of illegal abortions are conducted in rural areas of developing countries without adequate facilities and person with no knowledge of anatomy who operate with non sterile instruments which further add to morbidity and mortality[1-6]. As per the world Health Organization (WHO) estimate for 2000, about 19 million unsafe abortions performed worldwide resulting in death of 70000 women. Uterine perforation during abortion is rare, with incidence of 0.05-0.4 % but up to 3.6 % in undeveloped counties[7,8]. One rare complication following surgical abortion is bowel perforation, small bowel is most commonly perforated due to central pelvic location, length and mobility[4] . Illegal abortions are performed especially in unmarried females with secrecy.

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These abortions are performed at clinics run by quacks, dais and nurses with little knowledge of procedures and its outcomes, most of patients belong to low socioeconomic status and delayed referral mostly contribute to increased morbidity and mortality [9]. Here we are presenting 4 cases which presented to our emergency (Rural Tertiary care center BPS GMC Khanpur kalan) over a period of 3 months with perforation peritonitis after unsafe abortion.

Case 1:32 year old female presented to casuality with faecal matter more of billious type coming out of drain and main wound. Patient was operated at private hospital with resection anastamosis of ileum but on 3rd day faecal matter start coming of drain and they referred patient to our center. Emergency exploration was planned. Intra operatively leakage present at anastamosis site with bowel adherent to uterus . On adhesinolysis perforation also presented at fundus of uterus and gynecologist called for opinion. Perforation healed and not bleeding so managed by them conservatively and complete D& C done. Loop ileostomy was done which later closed and patient is

doing fine now. Patient give history of abortion only on history taken retrospectively.

Case 2 &3 :28 year and 35 year females presented to causality with acute abdomen . on evaluation both having free gas under dome of diaphragm. Ultrasound shows moderate free fluid with internal echoes, most probably perforation. Emergency exploration was planned. 28 year female shows one puntured wound appx 25 cm from ilecaecal jn and is adherent to fundus of uterus which is having perforation. 2nd female is having two perforations in ileum with uerine fundic perforation. In both cases perforations were repaired primarily in two layers and fundic perforation of uterus managed conservatively. Both patients told about history of abortion at private clinic only on asking leading questions.

Case 4:45 year female presented to casuality with acute abdomen. On investigations diagnosis of perforation peritonitis was made and emergency exploratory laparotomy was planned. Intraoperatively minimal contamination was present and small bowel and sigmoid adherent at fundus of uterus with perforation present in sigmoid colon whose margins were refreshed and primary closure was done along with thorough peritoneal lavage. Single 1x1 cm perforation present at fundus of uterus but patient dos not give history of any abortion as she is having grand children. But on repeated counselling she gave history 5 days back of abortion at private clinic. Patient was discharged in stable condition.

Discussion

A safe abortion is safe only after its completion as most of the process is blind and appropriate training and use of ultrasound may reduce the number of unsafe abortions .we must make efforts to reduce incidence of unsafe abortion regardless of the level of medical services available.Intestinal perforation as complication of it is known among surgeons and obstetricians, few cases have been reported. Its nature and clinical characteristics have not yet been established. Previous reports identified some risk factors for uterine / bowel perforation: training levels of the care givers, advanced maternal age, greater parity, retroverted uterus, and history of prior abortion or caesarian [1, 10]. In 2013 Augustin et al. Reviewed D & C related bowel injuries (not confined to bowel prolapse) , according to them , during past 50 years , 10 case reports described 12 abortion related intestinal prolase and perforation requiring surgery with resection anastamosis. Most of perforations are at fundus as in our cases according to Amarin and Badaria presumably caused by the introduction of cervical dilators. The four documented mechanism of bowel obstruction or injury after uterine perforation due to surgical abortions: most common is small bowel prolapse through uterine perforation due to inadvertent aspiration, spontaneous protrusion through large perforation or inadvertent pulling of small bowel.

For patient presenting with intestinal perforation, Muhammad Ashraf et al showed that patients who present early, having minimal contamination and only small bowel injury recovers earlier and complication rate is less however their study emphasize that poor socioeconomic status, curettage done by unqualified doctor, lack of specialist center and doctor at rural places, delayed referral, reluctance and hesitancy of both patient and family members add to morbidity and mortality.So to address these situation , it is necessary to train doctors , more use of ultrasound, easy accessibility to health services IEC activity in society regarding unsafe abortion is required and unauthorized person should be punished strictly as per law.

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