POST-COITAL VAGINAL TEAR SIMULATING RUPTURED ECTOPIC GESTATION

by

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Though post-coital tears leading to slight or moderately revealed haemorrhage are common, it is very rare for such a tear to cause severe intraperitoneal haemorrhage, so it is worth while reporting this case.

Mrs. S. B., aged 25 years, was admitted on 15-7-60, at 2-40 p.m. with a history of acute pain in abdomen since 5 a.m. the same day. The pain was continuous and severe in whole of the abdomen, with a maximum intensity in the lower abdomen. She also complained of retention of urine since that morning.

She gave history of 1¼ months' amenorrhoea. The bowels moved normally that morning but she felt a desire to pass motion the whole day. There was no history of bleeding per vaginam. On asking leading questions regarding the onset of pain she stated that the pain started after she strained at stools. But after the operation the patient admitted that the pain started immediately after the coitus which was against her wishes, so the husband had used force for the act.

Menstrual History. $\frac{7\text{-}8}{30}$

Obstetric History. 5 full-term normal deliveries; all died in infancy and childhood; last labour was 10 months back.

On Examination. She was found to be restless due to the abdominal pain. She was pale and poorly nourished. Pulse was of a fair volume and tension with a rate of 80/min, Respiration rate 22/min; temp. 97.8; blood pressure 120/80; heart and lungs were normal. Per abdomen, there was slight fullness of the flanks. Abdomen was tender to touch all over with maximum tenderness over the hypogastric region. She resented palpation due to pain. There was no rigidity of abdominal muscles. Shifting dullness was present. Bowel sounds were normal.

As she did not allow proper examination she was given ethyl chloride. Under anaesthesia, the findings were: per abdomen, same as above; no mass was palpable. Per vaginam, cervix was downwards and backwards. External os was closed. Uterus was slightly bulky and pushed forwards, it was mobile. There was fullness in the pouch of Douglas. Lateral fornices were clear. Blood-stained discharge was seen on examining fingers.

Per Speculum. Vagina and cervix looked healthy no blue discolouration of mucosa. Pinkish discharge was seen coming out per os.

Provisional diagnosis was ruptured ectopic gestation.

Laboratory Investigations. Haemoglobin —56%. Leucocytic count was within normal limits. Urine-Normal.

Management. Bladder catheterized, 8 oz. of clear urine drained. Sedatives and antibiotics were given and intravenous

glucose-saline started by drip and she was put up for laparotomy at 4 p.m. the same day.

On opening the peritoneal cavity a big collection of fresh blood was seen. This blood was collected in citrated bottles and strained through sterile gauze pieces and 500 c.c. of auto-transfusion was given. Plenty of clots were removed from peritoneal cavity, mostly from the pouch of Douglas. Uterus and adnexa were explored and found to be in a normal healthy state except that the uterus was slightly bulky. All other abdominal organs were examined and no source of bleeding could be located. Once again pelvis was explored and it was found that there was filling of the pouch of Douglas with fresh blood. So the uterus was retracted anteriorly when a ragged tear about 1" in diameter was found over the posterior vaginal wall near its junction with the cervix. There were two bleeding points over this area from where the bleeding was rather brisk, the tear did not seem to be communicating with the vagina, so whole of the collection of blood was in the peritoneal cavity. The tear was repaired with fine catgut sutures after ligating the bleeding vessels.

Post-Operatively. She had an uneventful recovery and on further examination, on the 20th day after operation, uterus was found to be about 8 weeks' size and soft in consistency. Thus she was diagnosed to be a case of early intrauterine pregnancy as well.

Summary

A very rare case has been presented in which post-coital injury to the vagina, simulated ruptured ectopic gestation. The cause for this severe type of injury seems to be forceful coitus in pregnancy when vagina is more vascular and tissues are more friable and bleed rather profusely.

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