INTESTINAL INJURY DURING INDUCED ABORTION

by

S. D. GUPTA*, M.S.

J. MIRCHANDANI**, M.D.

and

K. S. MEHTA***, M.S.

Introduction

Intestinal injury during induced abortion is infrequent but not rare. The incidence of perforation of the uterus during dilatation and curettage has been reported to be 1 in 500 (Radman & Korman 1963). A similar incidence was calculated by Pullam & Korhammer (1965) who reported 42 uterine perforations in curettage of 21,714 cases. Of these 42 cases of perforation only 7 were gravid and the rest were gynaecological cases. Only 5 out of these 42 cases of uterine perforation had intestinal injury. One does expect a high incidence of perforation of the uterus during the operation of dilatation and curettage undertaken for abortion cases, specially if it is undertaken by unqualified and inexperienced hands.

Material and Method

In the last 10 years, from January 1959 to January 1969, 20 patients have been referred to the Department of Surgery from the Department of Obstetrics of the Lady Hardinge Medical College and Hospital, New Delhi, either with frank peritonitis or with prolapse of the intestines into the vagina following attempted evacuation of the uterus. In 19 out of 20 patients, evacuation of uterus was attempted outside the hospital and one was undertaken in the Department of Obstetrics. The age of these 20 patients varied from 20 to 40 years.

Mode of presentation and diagnosis

These patients were admitted from one to 3 days after an abortion had been induced. Eight cases (40%) came within 24 hours, 6 (30%) came within 24 to 48 hours and 6 (30%) came after 48 hours. History of attempted induction of abortion was obtained in 16 cases (80%). Prolapse of loops of intestines through the perforated uterus into the vagina was present in 6 cases (30%). In another 6 cases (30%), the patients had severe pain in the abdomen and mild distension. In the remaining 8 cases (40%) there was frank peritonitis and shock. The diagnosis was confirmed in 6 cases (30%) by the presence of intestines in the vagina and in the remaining 14 cases (70% on laparotomy.

*Asst. Prof. in Surgery.

**Lecturer in Obst. and Gynec.

***Lecturer in Surgery, Lady Harding Medical College and Hospital, New Delhi.

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Treatment

These patients were immediately prepared for laparotomy after putting them on antibiotics and Ryles tube suction. Fluid and electrolyte replacement were also carried out.

Findings on laparotomy

Frank peritonitis was present in 12 cases (60%). Prolapse of the intestines through the perforated uterus was present in 16 cases (80%). Perforation in the uterus was present in the anterior wall in 6 cases (30%), fundus 8 cases (40%), posterior wall 4 cases (20%) and pouch of Douglas 2 cases (10%). The small intestines was injured in 14 (70%) cases, large intestine, caecum and ascending colon were injured in 4 cases (20%) and the sigmoid colon in 2 cases (10%). Omentum was seen prolapsing with the intestines only in 2 patients (10%). In cases of small bowel injury, resection and end to end anastomosis was done in 14 cases, i.e. (70%). In cases of large bowel injury, right hemicolectomy was done in 2 cases, i.e. (10%) and ilio-transverse colostomy with closure of perforation and drainage of the peritoneal cavity in the remaining two patients, i.e. (10%). In the case of injury to the sigmoid colon, the tear was big and irregular. In this case resection of the sigmoid colon and end to end anastomosis with proximal colostomy was done. In case of prolapse of the omentum, it was ligated and excised.

Post-operative complication, morbidity and mortality

The prognosis on the whole was better with small bowel injury as compared to that of the large bowel. Out of 20 patients with intestinal injury, 5 died. The overall mortality rate was 25%. Of these 5 patients, 3 with large bowel injury died of peritonitis 1 to 4 days after the operation. Of the two, with small bowel injury, the cause of death in one was a faecal fistula 30 days after the operation, and in the other leakage from the suture line 6 days after operation and death occurred due to peritonitis.

Follow-up

All the patients could not be followed up but there was no weakening in the scar of the uterus of four patients who attended the follow-up clinic and had subsequent normal deliveries.

Discussion

Perforation of the uterus during evacuation for septic abortion is by itself a formidable complication. The more skilled professional abortionist who uses an ovum forceps, is very liable to catch a piece of bowel if the uterus is perforated. Not only has the bowel been known to have been damaged but the right ureter has been avulsed (Shaw 1964). In the present series no injury to the ureter was seen.

Among the 51,572 obstetrics cases reviewed for surgical emergencies by Mehtaji and Raut (1968), 20,177 cases by Heera (1968) and 10,000 cases by Chakrabarty (1968), no mention has been made of any bowel injury during pregnancy, while Das, *et al* (1968) have reported 2 cases of large bowel injury among 22,709 obstetric admissions. As compared to the above there were 20 cases of intestinal injury in 99,806 obstetrics

cases in the present series, i.e. 1 in 4990.

Shaw (1964) has suggested that the intestines may get adherent to the laceration in the wall of the uterus and as a result of contraction of the uterus, they may be drawn into the cavity of the uterus and in due course may appear at the vagina.

The overall mortality in a series of 20 cases is 25% as compared to zero % mortality in the 2 cases reported by Dass *et al* (1968). The reason for this high mortality is the fact that six patients (30%) reported late, i.e. after 48 to 72 hours, with frank peritonitis, and had already gone into irreversible shock. The mortality was high in large bowel injury, i.e. 33%, as compared to that in small bowel injury, i.e. 14.2%.

Summary

Intestinal injury during induced abortion in cases admitted at the Lady Hardinge Hospital between 1959 and 1968 with its incidence, clinical features, treatment and mortality have been described.

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