

REMOVAL OF A METAL ROD FROM TRANSVERSE COLON EMPLOYED TO INDUCE ABORTION

(A Case Report)

by

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Introduction

Innumerable methods have been used to induce abortions. Enema syringe is the most common method in England. Chemicals such as ergot, quinine, oil and potassium permanganate have also been used. In desperation patients sometimes use almost anything they can lay their hands on, such as eyebrow tweezer, glass cocktail stirring rods and nails. Here is a case report of a patient who had used a metal rod to induce abortion.

Case History

U. H. a 23 years old unmarried girl was admitted in the Medical Ward on 12-3-70 with the history of fever and pain in the lower abdomen since three months. Her menstrual history was regular. She denied missing any periods, her last one being around 20th February for 3 days. There was no past history of any major diseases.

On examination her general condition was fair, conjunctivae and nails were pink, pulse was 69/min, volume good. Temperature was 104°F, B.P. was 120/80 mm. of Hg. There was no lymphadenopathy. Spine was normal. On systemic examination C.V.S., R.S., C.N.S. were normal.

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Abdominal examination—Abdomen was not distended. It was soft and supple, liver and spleen were not palpable. There was a firm irregular, ill-defined and tender mass in the left iliac fossa. Probable diagnosis of? Ovarian tumour.? Salpingo-oophoritis was made.

Investigations: Haemoglobin 10 gms., R.B.C. 4.5 mill/cu. mm., W.B.C.—T.C. 10,000 cmm., D.C. P.—60%, L. 30%, E.—4%; ESR—20 mm. VDRL—negative, Urine—normal, stool—normal.

The patient was given a course of 10 Injections of Strepto-penicillin but the temperature, pain and the mass still persisted. Gynaecological opinion was sought.

Vaginal examination—two fingers could be easily introduced. The cervix was downwards and backwards, firm nulliparous; the uterus was anteverted, anteflexed, firm and normal in size. Right fornix was clear. There was an ill-defined tender mass in the left fornix which was felt higher and was probably not in connection with the adnexa.

A plain x-ray of abdomen was taken which revealed a metal rod lying longitudinally in the left side of the abdomen. (Fig. 1).

The patient on coaxing ultimately agreed that she had two months of amenorrhoea and had introduced a metal rod about 8" long through the vagina to induce abortion. She had aborted at home and since then she had developed pain in abdomen and fever.

Exploratory laparotomy was carried out on 1-4-1970. There were many adhesions between the anterior abdominal wall, intestines, omentum and left adnexa forming

an irregular mass. These adhesions were gradually separated and the rod was searched in the peritoneal cavity, parametrium and also in the layers of the anterior abdominal wall. No perforation was visible in the uterus or the vagina. The rod could not be found anywhere in the abdominal cavity. The intestines were palpated and the rod was felt lying in the transverse colon.

The adhesions between the transverse colon, omentum and left adnexa were separated. There was a small perforation situated in the transverse colon about 3" from the hepatic flexure which had been sealed with omentum and ileum by adhesions.

The rod was carefully removed through same perforation (Fig. 2) and the perforation was sutured in three layers.

The patient was given intravenous fluids and antibiotics postoperatively. Ryle's tube

aspiration was done. She had an uneventful recovery and was discharged on 11-4-1970.

Summary

A case of criminal abortion induced with a metal rod has been reported.

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See Fig. on Art Paper V