

FOREIGN BODY IN THE BLADDER EMPLOYED TO INDUCE ABORTION

by

SHARDA AGGARWAL,* M.D., M.A.M.S.

and

PROF. P. K. DEVI,** M.S., F.R.C.S., F.A.M.S.

Rosenberg (1952) stated "for no women, married or single, is abortion a sane solution to unwanted pregnancy. It is a passport to pain, tragedy and death." Rao in 1971 stated "the main problem in underdeveloped countries is not so much of medical or health services, but the illiteracy, ignorance and reluctance of the people to avail of the existing facilities." In unwanted pregnancies the problem is secrecy thus pushing them in hands of uneducated, unskilled midwives with no knowledge of anatomy and asepsis.

Of the numerous methods employed to induce abortion, the method of introduction of foreign bodies has been employed more commonly than any other method in most criminal abortions (Fox, 1967; Schwartz, 1968; Rao, 1971; Baxi *et al* 1971). These foreign bodies may be introduced by an abortionist or relative and may even be self introduced. The important risks include infection, perforation, injury to adjacent structures, such as bowel or bladder because of faulty insertion of foreign body. The foreign bodies employed are many varieties limited only by their availability and by patient's imagination as well

as perhaps her state of desperation. Here is a case report of foreign body in the bladder employed to induce abortion by patient herself.

CASE REPORT

H. K., a 15 year-old unmarried girl was admitted as an emergency case to septic Labour Room of the Post Graduate Institute, Hospital, Chandigarh on 18th January, 1974 with history of 4 months' amenorrhoea and introduction of stick into the vagina by a 'dai' and having introduced a wooden stick through the urethra herself 10 days prior to admission to induce abortion. Her chief complaints were intense pain in suprapubic region for the last 6 days, severe burning pain during micturition and severe degree of urgency and frequency for 3 days. No history of haematuria. She had aborted at home a day earlier.

Physical Examination:—General condition good, Pulse 90 per minute, Blood Pressure 100/60 mm of Hg. she was mildly anaemic. Respiratory and cardiovascular and nervous systems were normal.

Abdominal Examination:—Patient was tender in the suprapubic region. Bladder was not distended. There was no other obvious abnormality.

Vaginal Examination. External genitalia normal. Urethral opening markedly congested. No bleeding per vaginam externally. Patient resisted examination due to extreme tenderness. Patient was examined under hypoanalgesia. Few placental pieces lying in the vagina were removed. Os was closed, uterus anteverted, bulky but firm. No mass in the fornices. There was a hard mass felt in the region of upper part of urethra and bladder base. The mass was 5 cms x 2.5 cms in size.

*Registrar, Obstetrics & Gynaecology.

**Prof. and Head, Obstetrics & Gynaecology.
Post Graduate Institute of Medical Education
and Research, Chandigarh.

Received for publication on 2-10-74.

Investigations—Haemoglobin 9 gm%, PVC 29 gm%, WBC 14000/cmm, DLC P 60, L 30, ESR 20 mm 1st hour, Urine Microscopic—full of RBC and few puscells, culture showed growth of *E. Coli*.

Patient was given Benadryl capsule 25 mgms 6 hourly and injection Baralgan SOS. Injection Terramycin 250 mgms. 6 hourly started.

Patient was examined under Ketamine anaesthesia and attempts at removal of foreign Body per urethra failed. Foley's catheter left for continuous drainage and regular bladder irrigation with Acriflavin solution.

Suprapubic cystostomy was carried out on 20-1-1974. Bladder was approached extraperitoneally. Foreign body 8 cms x 2.5 cms broad wooden stick. (Fig. I) which was lying transversally in the bladder was removed. Bladder stitched in 3 layers. Corrugated drain put in space of Retzius. Wound closed in layers. Patient was given urinary antiseptic and had continuous bladder drainage Postoperatively. Repeat culture of urine was sterile. She had

uneventful recovery and was discharged on 4-2-74.

Summary

A case of criminal abortion with Foreign Body insertion in the bladder has been reported.

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See Fig. on Art Paper VIII