ILEO—SIGMOIDO—UTERINE FISTULA FOLLOWING INSTRUMENTAL EVALUATION OF ABORTION

(A Case Report)

by

P. GEORGE CHERIAN,* M.D., D.G.O.

V. P. PAILEY,** M.D.

and

ELIZABETH LEELA JOHN,*** M.S.

Introduction

Fistulous communication between the uterus and the intestines is very rare and almost always results from accidental injury to the intestines during surgical procedures of the uterus. However, a good number of Sigmoido-Vaginal fistula have been reported (Wychulis and Pratt 1966). This case is presented because of its rarity. It also demonstrates the need for early and appropriate surgical treatment of intestinal injury failing which dangerous sepsis and unusual fistulae may ensure.

CASE REPORT

Mrs. B, 22 years, gravida 4, para 3, was first seen on 11-11-74 with the complaint of distention of the lower abdomen and foul smelling discharge per vaginam. She was referred from a mofussil primary health centre after instrumental evacuation of the products of conception on 7-11-74. While doing the evacuation, a loop of bowel was pulled out and because of her deteriorating general condition she was referred.

On examination: She was very emaciated, pulse was 120/mt and respirations 24/mt. Abdomen was distended and tender. In the lower abdomen there was a mass, irregular in outline, occupying the midline, size about 12 x 8 cms. with restricted mobility. There was no free fluid in the peritoneal cavity and bowel sounds were only sluggishly heard. Vaginal examination revealed profuse discharge with faecal smell escaping from the vagina. The uterus was of six weeks size, cervix admitted one finger and the uterine cavity could be palpated empty. The movement of the mass palpated per abdomen was transmitted to the uterus suggesting its attachment to the same. It was noticed that small flakes were present in the discharge which on microscopy revealed round worm ova. With the previous history of uterine perforation and with the findings of flakes with round worm ova in the vagina, a diagnosis of intestino-uterine fistula was made.

*Professor of Obstetrics & Gynaecology.

**Assistant Professor of Obstetrics & Gynaecology.

***Associate Professor of Surgery.

Medical College & Hospital, Alleppey.

Investigations:

A rubber tube was introduced into the cervical canal and barium was allowed to flow in from a can placed one foot above the level of the bed. On flouroscopy, it was found that the barium was easily filling up the intestines (Fig. 1). A few days later a barium meal X-ray was taken and at the end of three hours the barium was found to track down into the vagina (Fig. 2).

Treatment:

After preparation of the bowel and the subsidence of the uterine infection under antibiotic treatment, the abdomen was opened on 19-12-74. It was found that the sigmoid, appendix and loops of ileum were adherent to the uterus and the tubes to form one mass. On separating the adhesions it was found that there was a fistulous

communication between the posterior and right wall of the isthimal region of the uterus and the ileum, passing through the wall of the sigmoid, thus sandwitching the damaged wall of the sigmoid between the cavity of the uerus and the lumen of the ileum (Fig. 3). Fig. 4 is the photograph taken at the time of laparotomy demonstrating the fistulous track with a rubber tube placed between the perforation on the uterus and that on the loop of the gut. The adhesions between the structures were separated and end to end anastomosis of the ileum was made and the openings on the sigmoid were closed. Patient was sterilised by performing bilateral salpingectomy. Transverse colostomy was performed and the abdomen was closed.

Patient stood the postoperative period well and the colostomy was closed after an interval of three weeks.

Comment

When the bowels are accidentally pulled out and suspected to have been damaged immediate laparotomy and the necessary surgical treatment is the usual practice. In this case, the patient was seen in a well equipped institution only after the passage of four days' time with the inevitable sequelae of peritonitis and gross uterine sepsis. The finding of round worm ova in the material which escaped from the vagina and the establishment of continuity between the gut and the uterus by means of radiographic techniques could prove beyond doubt that there occurred necrosis of the intestinal wall consequent to the damage sustained during the evacuation operation. As Medical Termination of Pregnancy is extensively practised in India since 1972, a greater incidence of perforation of the uterus can be expected. If a portion of the gut is also pulled out through the perforation in the uterus, there is a great chance for the bowel wall to undergo necrosis at multiple points due to the crushing with the sponge holding or ovum forceps.

Summary

A case of ileo-sigmoido-uterine fistula resulting from perforation of uterus and injury to the intestines sustained during instrumental evacuation of an abortion is reported. Diagnosis was established by the finding of round worm ova in the vaginal discharge and the radiographic demonstration of the fistula. The fistula was closed and the normal passage of faeces was established by surgery.

Acknowledgement

The authors are grateful to Dr. Mrs. Omana Mathew, Principal, Medical College, Alleppey for permitting us to publish this case. We are also grateful to Dr. P. Moneendran, Professor of radiology for the radiographic pictures.

Reference

1. Wychulis, A. R. and Pratt, J. H.: Arch. of Sur. 92: 520, 1966.

See Figs. on Art Paper XII-XIII