PROLAPSE OF INTESTINE FOLLOWING TRAUMATIC PERFORATION OF UTERUS IN A CRIMINAL ABORTION

(A Case Report)

by

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CASE REPORT

Mrs. R.S., aged 35 years, was admitted on 29-9-1975 with history of 2 months amenorrhoea and having undergone criminal induction of abortion by a midwife with manipulation per vagina using some instruments on the morning of admission. She noticed loops of intestines prolapsed outside the vulval introitus with some bleeding per vaginam following the manipulations. She was then taken to a Private Doctor who directed her to this hospital. Patient was a widow since 8 years with one child aged 10 years. Her menstrual periods were normal before this pregnancy.

On examination, patient appeared slightly pale with a blood pressure of 110/70 mm Hg., pulse rate 124/mt., volume and tension good, temperature 99.8°F; Hb. 56%; Cardiovascular and respiratory systems were normal.

On abdominal examination, guarding and tenderness were present all over the abdomen. The abdomen was resonant on percussion in front but there was impaired resonance in both the flanks.

About 2 feet of ileum were lying outside the vagina without its mesentery. Intestinal wall appeared bluish, and devitalised. There were no peristaltic movements of the exposed prolapsed bowel. (Fig. 1). The uterus was found to be retroverted and tender, exact size could not be made out. There was slight dark bleeding from within the cervical canal. No other injury was seen in the vagina.

On speculum examination, cervix was seen around the loop of bowel. An immediate laparotomy was done under general anaesthesia. A right paramedian incision was made peritoneal cavity contained about 3 oz. of free blood. A loop of ileum was seen entering the uterine cavity through a transverse rent 1½" in the antero-superior surface of the body of the uterus, to the left of the midline. The proximal segment of the ileum which was entering the rent was found distended, while the distal end which was returning from the rent was collapsed. There was a complete tear of the mesentery over a length of 8" along its attachment to the bowel. No active bleeding of the mesenteric vessels, was present and there was no haematoma in the mesentery.

That part of the bowel which was detached from the mesenteric attachment was resected. The continuity of the resected intestines was restored by end to end anastomosis. The rent in the mesentery was closed. The non-viable, now detached bowel was pulled down through the vagina after closing its ends. The bowel measured on stretch about 50 cms.

The rent in the uterus was slightly enlarged and the products of conception in the uterus were evacuated per abdomen. The rent was closed in two layers, peritonised and sterilization was done by modified Pomeroy's technique. No other visceral injury was found. The patient made an uneventful post-operative recovery.

Summary

A case of traumatic perforation of uterus following a criminal abortion resulting in prolapse of a long loop of ileum through the uterus and vagina

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is reported. It is interesting to note that there was not much of internal bleeding inspite of such an extensive tear of the mesentery. Twelve hours passed before laparotomy was done. The patient withstood the injury and the surgery well and made a complete recovery. The case is reported, because of the rarity of such a grave injury following criminal abortion.

Acknowledgement

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See Fig. on Art Paper VI