PITFALLS IN THE DIAGNOSIS OF INFECTION FOLLOWING MEDICAL TERMINATION OF PREGNANCY

by

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The termination of pregnancy can arouse such strong reactions that the physiology of the whole soma may be so disturbed as to baffle the most experienced observer. These disturbances may be responsible for many problems in diagnosis of infection. The aim of this paper is to identify the pitfalls and determine the vulnerable group of cases.

CASE REPORT

Miss J., aged 19 years, was admitted in the Post Partum Ward of University Hospital, Banaras Hindu University on April 7th, 1977 with complaints of severe lower abdominal pain, fever, vomiting and constipation following Medical Termination of Pregnancy of 8 weeks duration 3 days previously. This patient was a 19 years old unwed student undergoing termination of pregnancy for the second time.

On examination, she was found to be extremely tense and anxious, pulse was 120 per minute, respiration 20 per minute and temperature 101°F. She held her abdomen very rigid, bowels were slightly distended and a sense of tenderness was elicited on abdominal examination. As the patient was most uncooperative a complete pelvic examination could not be performed but again a sense of tenderness in the formices was elicited. The blood test and urine examinations did not point towards an infective state and X-ray abdomen excluded uterine perforation but her pulse, respiration and temperature continued to remain elevated and caused concern. However, on clinical findings alone anti-inflammatory treatment was started along with analgesics and sedatives but the progress was rather unsatisfactory. Therefore, we referred the case to psychiatric colleague who disproved our clinical diagnosis of pelvic infection and brought to our knowledge real state of affairs. The psychiatric colleague remarked that **although her pregnancy was scraped off her womb on social grounds, it was not easy to scrape the dead foetus from her brain.** However, the patient made steady improvement after psychotherapy.

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Discussion

The main symptoms and signs of peritonitis are pain, fever, vomiting, distension, tenderness and rigidity over abdomen associated with rapid pulse restlessness, rapid thoracic respiration, painful micturition and constipation etc. After Medical Termination of Pregnancy, pain is common as a result of uterine cramp. The intensity of pain differs from patient to patient depending on the thereshold of the pain. But apart from the question of threshhold of pain in an individual, anxiety and an unduly sensitive nervous system may serve to exaggerate the pain although it may not cause it, (Jeffcoate, 1962). Further even though if the abortion is complete presence of a small blood clot in the uterus, may lead to persistent pain. The pain of course is an important characteristic of incomplete abortion which should be thought off whenever a patient complains of colicky pain following termination of pregnancy.

The second important sign of infection is pyrexia. There are several other

factors besides infection which may cause raised temperature after medical termination of pregnancy. First is the presence of a degenerating blood clot in the uterus unassociated with infection. Nervous disturbance may lead to marked sudden elevation of temperature which however is not maintained (Macleod and Howkins, 1964). This temperature is accompanied by a full rapid pulse. In cases of hysterical neurosis therefore, the rise in temperature should be interpreted with this in view. In a case of genuine infection the temperature record would show persistant rise, of course, if the temperature is recorded during the period of hysterical episodes which may be rhythmic, the temperature record would be most misleading.

The sense of tender and rigid abdomen may also be misleading. Presence of these two signs indicate peritonitis but in a highly tense subject, the abdomen may be held rigid and a false sense of tenderness may be elicited. These signs may be more puzzling if the abortion is incomplete and the examination is carried out during an episode of uterine colic.

On account of use of analgesis the bowels become inert and there may be little gaseous distension of abdomen which along with colicky uterine pain may give false impression of tenderness and distension. When the patient is uncomfortable she may be un-cooperative and thus add to the confusion. Vomiting is also an important symptom of peritonitis, but abnormal mental state can also induce vomiting. When vomiting accompanies pain, fever and abdominal tenderness, the diagnosis of peritonitis becomes imperative. Only clinical experience and psychiatric help can resolve this situation.

Respiration too in a neurotic case can become abnormal. The rate of respiration can be increased and it can become thoracic in type particularly if the abortion is incomplete and abdominal discomfort persists after termination of pregnancy.

Blood pressure is always maintained in cases of peritonitis unless shock is associated with. Therefore, blood pressure really does not help to distinguish between the abdominal discomfort due to hysterical neurosis and peritonitis.

Some of the laboratory tests like total and differential white cell count, E.S.R. and blood culture etc. may point out the real state of affair and this should be regarded as most important. Peritonitis due to perforation of uterus and or bowel injury may be diagnosed by demonstrating presence of air under the diaphragm on X-ray examination.

In hospitals where laboratory and X-ray facilities are available, it can be easy to diagnose the case. Services of trained psychologists and psychiatrists can be of immense value in managing the cases of functional disorders. But one should always keep into mind that a hysterical patient can have infection and an infected patient may turnout to be neurotic. It is the clinical experience, laboratory tests and psychological analysis which may help one to reach at definite diagnosis in queer circumstances. But two things must be thought of while dealing with an apparent case of infection following Medical Termination Pregnancy. The first important point to ponder about is incomplete abortion which may give rise to most of the symptoms of infection without the presence of important signs and symptoms of incomplete evacuation such as bleeding episodes, bulky uterus and patulous cervix. The second condition to be thought of is presence of a small adherent degenerating blood clot inside

the uterus which may give rise to most of the symptoms of infection. If we can exclude these two conditions and if we can prove or disprove role of functional elements in such cases, the diagnosis becomes easier.

The abortion seeker is a unique case in her own history and stress. A decision concerning termination of pregnancy is always a serious one which may have good or ill effect on health and future of woman concerned as the decision itself does not end the problem. If termination is carried out on the grounds that continuation of pregnancy may lead to mental breakdown, the same case may develop functional disorder after Medical Termination of Pregnancy as a result of another kind of stress.

References

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