

AN UNUSUAL COMPLICATION FOLLOWING MEDICAL TERMINATION OF PREGNANCY

by

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The complications known to be associated with the usage of laminaria tents for first and second trimester abortions are infection, difficulty in their removal and injury of the cervical wall due to initial misplacement (Manabe, 1971). We have come across an unusual complication following Medical termination of pregnancy (MTP) where laminaria tents were used for slow cervical dilatation. Reviewing the literature on the subject we could not find a similar complication, hence the case is reported.

CASE REPORT

Mrs. D. A., para 5, aged 34 years, attended the outpatient department of JIPMER Hospital, Pondicherry on 2-12-1976 for constant pricking pain in the supra-pubic region and burning sensation while passing urine. She had undergone MTP at the 6th week of pregnancy on 9-9-1976 in a private nursing home. Slow cervical dilatation with three laminaria tents was followed 12 hours later by curettage. At the time of curettage, she was told that only 2 laminaria tents were removed, the other presumed to have been spontaneously expelled unnoticed. Apart from the usual discomfort following MTP, the patient was asymptomatic till 15 days following the pro-

cedure when she developed constant pricking pain in the lower abdomen and burning micturition which persisted despite systemic antibiotics and urinary antiseptics.

She resumed normal menstrual cycles and her last menstrual period was on 6-10-1976.

Examination revealed a well built woman of good general health with no pallor and no dependant oedema. Cardiovascular and respiratory systems were clinically normal. Abdominal palpation revealed no tenderness or mass. On speculum examination, marked congestion of the anterior vaginal wall especially in the region of the fornix was observed. Cervix appeared normal and there was no abnormal vaginal discharge. Bimanual pelvic examination revealed a retroverted bulky uterus with restricted mobility. The lateral and posterior fornices were free of mass or tenderness. There was fullness and tenderness in the anterior fornix. The fundus of the uterus was felt to be adherent to the bladder. On sounding the bladder, a grating sensation over a localised area in the posterior wall was felt. This was unlike that felt due to a bladder calculus.

A provisional diagnosis of foreign body (laminaria tent) embedded in the anterior wall of the uterus and posterior wall of the bladder was made.

Investigations

Hb 12 gm%; TC 8800 per cmm; Urine 15-20 pus cells per high power field. E.coli, sensitive to mandelamine and furadantin was grown on culture. Plain X-ray abdomen showed no radio opaque shadow. Cystogram revealed a filling defect as shown in Fig. 1.

Cystoscopy revealed intense generalised congestion of the bladder mucosa. A swollen laminaria tent, lying across the bladder, but not

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floating free in it, was observed.

At laparotomy, the fundus of the bladder was drawn up over the anterior surface of the uterine fundus on the left side. The bladder, omentum, pelvic colon, anterior surface of the uterus and the left broad ligament were densely adherent, obliterating the uterovesical pouch. There were dense adhesions between the posterior surface of the uterus, the rectum, and the left adnexa. Sharp and blunt dissection revealed an old healed perforation over the anterior surface of the uterine fundus on the left side. The bladder and the sigmoid colon were dissected away from the uterus. The foreign body was palpable inside the bladder. Bilateral tubectomy was done by Pomeroy's technique as the patient was anxious to avoid further pregnancy. Although the peritoneal cavity was opened for the purpose of exploratory laparotomy, the bladder was opened extraperitoneally. An intact laminaria tent was found embedded in its posterior wall and this was removed without any difficulty. The cystostomy opening was closed after leaving a suprapubic Malecots catheter for drainage.

The patient had an uneventful postoperative recovery and was discharged with the advice to continue mandelamine tablets which were started preoperatively.

Bladder function returned to normal as evidenced by cystometry done 25 days and four months after removal of the laminaria tent from the bladder.

Discussion

In recent years, the use of laminaria tent has been reintroduced due to

liberalised abortion practice and better sterilisation techniques developed for the device.

Laminaria tent insertion into the cervical canal followed 12 to 24 hours later by curettage of the uterine cavity as an outpatient procedure is a popular method of MTP in the first trimester of pregnancy practiced in many institutions in the country.

Hanson *et al* (1972) reported three cases of migration of laminaria tents towards the uterine fundus necessitating anterior trachelotomy upto the internal os for their removal.

The case presented here illustrates that though the laminaria tent can be used with advantage by trained personnel, it is not without risk.

Summary

An unusual complication following MTP requiring laparotomy wherein a laminaria tent was found embedded in the posterior bladder wall and associated with fundal uterine perforation is presented.

Reference

1. Hanson, W. F., Niswander, K. R. and Trelford, J. H.: *Am. J. Obstet. Gynaec.* 114: 835, 1972.

See Fig. on Art Paper III