

INDUCED ABORTION PRESENTING AS DYSFUNCTIONAL UTERINE BLEEDING

(A Case Report)

by

LALITHA ANANTHA SUBRAMANIAM,* M.S., D.G.O.

and

EMMA RAJNUMARI PILIAY,* M.B.,B.S., D.G.O.

Introduction

Abortions carried out against the law of the land is termed criminal or illegal abortions. The Shah Committee (1967) estimated and concluded that atleast four million illegal abortions are performed annually in this country. The Medical Termination of Pregnancy Act (1972 April) in India was mainly implemented to bring down the morbidity and mortality due to septic abortions. Eight years have elapsed after legislation of abortions, contrary to our expectations the number of septic abortions had risen considerably because many attempt it without fear and the procedure is undertaken by inexperienced and untrained people. For several reasons the total number of abortions registered has not reached even 50%.

It is a social problem which needs urgent attention of the medical people. Community oriented and rurally based health scheme probably would be an answer to this problem.

*Additional Professor of Obstetrics and Gynaecology. and Obstetrician and Gynaecologist, Government R.S.R.M. Lying-in Hospital, Madras-600 013.

**Post Graduate Student (M.D.).

Accepted for publication on 27-11-81.

CASE REPORT

Mrs. N. aged about 35 years was admitted on 1-7-1981 for pain in abdomen and irregular vaginal bleeding of 2 months' duration.

Her menarche was at sixteen and her menstrual cycles have been regular once in thirty five days with normal flow and painless. She had been married for 10 years, had 2 full-term normal deliveries, both alive and well. The last child birth was 7 years back. There was no history of abortion and she was not practicing any contraception.

Present complaint started 2 months back and she has been bleeding irregularly. Examination revealed a fairly nourished slightly anaemic lady. Her cardio-vascular and respiratory systems were normal. Vaginal examination showed cervix pointing forwards, uterus reteroverted, bulky, mobile not tender. Cystic Ovary 2" in diameter felt in right fornix and left fornix free. Vaginal bleeding was present. By speculum examination, mild erosion of cervix was present.

A provisional diagnosis of dysfunctional uterine bleeding was made and she was posted for dilatation and curettage and cervical biopsy. Four bits of cervix were taken and sent for histopathological examination.

Histopathology report revealed endometrium in proliferative phase and cervical biopsy report was "Chronic Cervicitis". As she continued to bleed after D&C and also was willing for a hysterectomy, she was posted on 16-7-1981 for operation.

On opening the abdomen, uterus was found to be bulky, mobile, Right ovary was cystic, 2" in diameter Left ovary and both the tubes were

normal. A loop of bowel and omentum were found to be adherent to the fundus. An attempt was made to release the adhesions by blunt dissection and as the bowel and omentum were released, a kutchi with a cotton tip, bent acutely projected out bent acutely projected out through the fundus of the uterus. The bowel wall was intact except for serosal peeling. The kutchi was covered with a sterile pad and total hysterectomy with right salpingo-oophorectomy was done. Abdomen closed in layers.

Cut section of the uterus showed kutchi of $\frac{1}{2}$ " length inside cavity and $1\frac{1}{4}$ " outside the uterine cavity on the right corner of the fundus above the tubal take off (Fig. 1) Post Operative period was uneventful and the patient was put on Metronidazole drip 500 mgs. IV twice daily for three days, and once a day for two days. The sutures were removed on tenth day. The abdominal wound healed well.

The patient confessed true history after laparotomy, she was widowed 2 years back and became pregnant for two months.

As the symptoms got aggravated, she approached a medical practitioner to whom also she did not divulge the information about the kutchi, and who treated her with antibiotics. Except for bleeding irregularly on and off and vague abdominal pain, she could continue to work in the fields for three months. As sud-

denly the amount of bleeding increased, she was brought to the hospital.

This case is interesting for the following reasons:

1. Patient presented with bleeding and denial of history of amenorrhoea.
2. No sign or stigma of Induced abortion or retained Kutchi was made out on examination.
3. The histopathological examination did not reveal any evidence of infection except proliferative endometrium.
4. The sequelae and stigma of an illegal abortion if not acute may present with variable symptomatology.

Acknowledgement

We thank Dr. C. Srinivasan, M.S., D.G.O., Superintendent, Govt. R.S.R.M. Lying-in Hospital for allowing us to publish this Case Report.

Reference

1. Report of the Committee to study the question of legislation of abortions—Ministry of Health, New Delhi, 1967.

See Fig. on Art Paper III