

COITAL INJURY

(A Case Report)

by

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Introduction

Coital injury varies from laceration of vagina and rupture of hymen to tear of pouch of Douglas and prolapse of intestine and omentum through the rent. Such injury may give rise to haemorrhage which may be either slight or alarming. In our case coital injury is of severe grade and the patient came to the hospital in a state of shock.

CASE REPORT:

A woman, named M.D., aged 18 years, Hindu female, was admitted in Hospital for Women, Patna Medical College Hospital on 31-10-80 at 10.45 P.M. She had severe pain abdomen and vaginal bleeding after coitus in the evening. She came to the hospital in a state of shock. Her previous menstrual cycles were 4/30 days, regular, flow was average. Her last menstrual period was 26-10-80. She was unmarried and nulliparous. Nothing was relevant in her past history, family history and personal history.

On general examination her pulse rate was 140/mt, regular, low volume. Blood pressure was 90/60 mm.Hg.

On abdomen examination, mild distension was present in lower abdomen and lower abdomen was tender. On percussion it was dull. On auscultation bowel sounds were present.

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On vaginal examination, vagina was full of blood clots. Size of uterus could not be estimated. Cervical os was pin point.

Speculum examination could not be done due to severity of pain.

Treatment given:

She was given $\frac{1}{2}$ gr. Morphine. Intravenous drip of 5% glucose was started. Then examination under general anaesthesia was done. Patient was catheterised. Uterus was found of normal size. Cervical os was pin point and closed. There was tear in posterior vaginal wall of about $1\frac{1}{2}$ " just below the posterior cervical lip. Torn edges were bleeding. Pouch of Douglas was open. Right ovary and right fallopian tube had prolapsed through the rent. The ovary and fallopian tube were reposed and the tear was closed in two layers with catgut suture, vaginal packing was done. Blood transfusion (300 cc) was given after operation. She developed retention of urine postoperatively for which indwelling catheter was put normal. Indwelling catheter was removed on fourth post-operative day. She was discharged from the hospital on 10th post-operative day with healed wound.

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