

# LAPORATOMY FOR REMOVAL OF FOREIGN BODIES INTRODUCED FOR CRIMINAL ABORTION

by

B. SARKER,\* M.B.,B.S., D.G.O., M.O. (Cal)

Even to-day when medical termination of pregnancy is widely performed in various institutions, yet the number of attempted criminal abortion is very high. In the M.J.N. Hospital, Coochbehar history of introduction of some sort of plant root or stick through the genital tract is obtained in 75 per cent cases of disturbed early pregnancies. Number of such cases requiring laporatomy for removal of foreign bodies is not very frequent. Within 6 years, 3 case were obtained with big intra abdominal foreign bodies.

## CASE REPORT

### Case 1

K. P., a 22 years old female patient, para 1 + 1 admitted on 5-12-77 for pain in lower abdomen gave history of dilatation and evacuation operation one year back for induced incomplete abortion by stick; discharge certificate from hospital, was present; clinical examination could not reveal much findings to justify her pain; examination under anaesthesia was done; a small mobile mass could be palpated through the left fornix slightly higher up. On laporatomy posterior wall of uterus was found to be irregular with some flimsy adhesion and one six inch long herbal malleable stick perforating the small gut with adhesion of Omentum was removed. Gut was repaired. Recovery was uneventful.

### Case 2

A.S. a 25 years old female patient para 2 + 0 attended my chamber and her husband stated that he borrowed a cervical dilater from a village quack practitioner and introduced it through the genital tract of his wife last night, kept in-situ and both went to bed; the metallic dilator was missing when they got up in the morning. Straight X-Ray of abdomen was taken and the dilator was found to be in the abdominal Cavity (Fig. 1). The Hegar's cervical dilator was removed by laporatomy (Fig. 2). The fundus of uterus was found to be perforated, uterus was evacuated, repaired and tubectomy done. Gut and omentum were unaffected. Recovery was uneventful.

### Case 3

A.N., one tribal woman aged 35 years, para 6 + 1 was admitted on 15-2-80 with a twelve inch long plant stick (very firm & tapered at the tip) introduced 7 days back through the cervix, which came out through the anterior abdominal wound just below the umbilicus. The other end of the stick remained outside the vulva. Her purpose was to terminate her pregnancy of three months. She could walk a little with great difficulty. The stick was removed under general anaesthesia by pulling at the base of the stick lying outside the vulva. Laparotomy revealed a big perforation through the anterior wall of the utrus. Hystrectomy with partial removal of omentum saved the patient.

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\*Gynaecologist, M.J.N. Hospital, Coochbehar.  
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See Figs. on Art Paper IV