SUBDIAPHRAGMATIC ABSCESS CAUSED BY ILLEGALLY INDUCED ABORTION

(A Case Report)

by

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Even after the liberalization of abortion low, it is not at all uncommon for the rural women in our part of the world to resort to illegal methods by approaching non-medical persons, for terminating an unwanted pregnancy. Here, the report of an interesting case of sub-diaphragmatic abscess resulting from illegal abortion using a stick is given below.

CASE REPORT

35 years old Mrs. A., a 7th gravida was admitted on 13-9-79 with history of 4 months amenorrhoea, abdominal pain, fever and diarrhoea of 4 days duration. She gave history that her pregnancy was terminated by a homeopathy doctor 10 days prior to admission and that she expelled the products on the next day. Since, then, she was having pain in abdomen for which she was treated by the same person. As her pain did not subside and she developed fever, she was referred to hospital. The patient refused to reveal the mode of interference. She was a very poorly nourished and was very toxic, febrile, dyspnia and severely anaemic on admission. Abdominal examination revealed a localized tender fluctuant swelling about 10 cm diameter occupying the right hypochondrium and encroaching on the epigastric region medially. The swelling was intraabdominal and the margins were ill defined, guarding was present and gurgling was felt on palpation. There was no other mass and liver dullness was not obliterated. Shifting dullness was present and bowel sounds were heard.

Inspection of the genitalia showed greenish pus pouring out of the vagina. On bimanual pelvic examination, the cervical os was closed, uterus appeared to be normal in size and fornices were tender.

A provisional diagnosis of septic induced abortion with peritonitis and subdiaphragmatic abscess was made. The opinion of the general surgeons and plain X-ray of the abdomen (Fig. 1 & 2) confirmed the diagnosis and an extra peritoneal drainage of the abscess was suggested.

The patient was put on broad spectrum antibiotics and 48 hours after admission the upper abdomen was opened. On opening the rectus sheath, thick pus escaped. There was an abscess cavity 10 x 6 x 6 cm. In the floor of the cavity, there was a cocoanut splinter in the long axis, the tip of which was extending up to the under surface of the liver. The stick was removed and was found to be 18 cm long, 8 cm were inside the cavity and the rest inside the abdomen. As her general condition did not permit further exploration, a Malecot catheter was kept in the abscess cavity and

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abdominal wall closed in layers. 300 ml of compatible blood was transfused.

In the postoperative period she had high swinging temperature due to pelvic abscess which was drained vaginally. Pus was pouring per vaginum and through the Malecot's catheter which was removed on the 12th day. After an extremely stormy post-operative period, the patient survived and was discharged home well. The uterus was not removed as her general condition was not fit for operation.

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