

LAPAROSCOPIC FOLLOW-UP OF SEPTIC ABORTIONS

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SUMMARY

Forty patients of septic abortion were followed up by laparoscopy. It revealed that adhesions were present in 26 out of them and tubo-ovarian mass in 6. Tubal factor revealed marked abnormalities in patients with severe infection though few were from very mild and moderate group revealed blocked tubes.

Introduction

With liberalisation of the law in 1972 in India, termination of pregnancy has become more frequent at uncommon places and in inexperienced hands. Thus one comes across increasingly large number of septic abortions with varying clinical picture. With this in mind the authors decided to have a pelvic look for evaluation and correlation with preceded clinical course. In modern days pelvic look has become so simple and relatively safe by laparoscopic examination.

Material and Methods

Since the year 1978 for period of 3.1/2 years, all women who had septic abortion were followed up for 3 months upto 2 years period. They were subjected for laparoscopic examination after the illness was over. The study was carried out in

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Accepted for publication on 11-12-84.

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It was indeed a tedious task, as many patients gave wrong address because of legal problem and hence their follow up was not possible. From amongst the remaining, many had gone out of Bombay and hence with lot of difficulties, repeated reminders and a field visit by a medical officer to the site of patients' home, gave us only 40 cases for laparoscopic examination. However, to the best of authors knowledge there are no reports in literature where patients of septic abortion have had laparoscopic follow-up and considering this 40 should not be a discouraging figure.

Results and Discussion

Thirty-two out of 40 patients were between the age of 21 to 30 years and 8 were even below 20 years. Duration of pregnancy was less than 12 weeks in 25, whereas in remaining it varied from 13 to 20 weeks.

Out of 40, 37 patients had their termination elsewhere and curettage was used in 30 patients. Eight patients had intra-amniotic injection technique. Stick insertion with or without above procedure was used in 10 patients.

Attempt is made to classify these patients in three groups:

(1) Where clinical findings were restricted only to the uterus or outside the uterus but within the pelvis.

(2) Spread had occurred in general peritoneal cavity but clinical picture was mild to moderate one.

(3) Severe cases of general peritonitis.

In 14 patients, where clinically the injection was restricted to the uterus, adhesions were found in all these patients except 6. In only 1 case, there was tubo-ovarian mass. In patients with mild or moderate peritonitis, laparoscopy revealed complete normal findings in 6 out of 14 patients. There were tubo-ovarian adhesions in 6 and omental adhesions in 2 while in 1 case there was tubo-ovarian mass which was tuberculous. However, in 12 patients who had severe peritonitis laparoscopic findings showed complete normalcy in only 2, tubo-ovarian adhesions in 6, tubo-ovarian masses in 4, omental adhesions and flimsy adhesion in pouch of Douglas in 4.

Evaluating the tubal factor, in 6 patients out of 12 of severe cases (50%) both tubes were completely blocked, whereas both were blocked in 3 cases out of 14 with mild or moderate peritonitis, and in

only 1 out of 14 with infection localised to uterus.

One tube was blocked in 2 out of 14 cases with infection localised to uterus, in 2 out of 14 with mild to moderate peritonitis and in 2 out of remaining 6 cases of severe peritonitis. Thus as expected tubal patency is very much dependant on the degree of sepsis.

Of course, patency would not mean that ciliary function is normal and conception would necessarily occur. One will have to wait and see the outcome in these women when both the tubes or one tube is patent.

Methylene blue injection showed that in 5 out of 40, uterus had become blue i.e. blue-uterus. Significance of blue uterus is still ill-understood and its presence in only 5 out of 40 infected uteri invite more discussion and work. Paradoxically it was absent in patients who had obvious tuberculosis.

Laparoscopy also revealed that there were tubo-ovarian adhesions in 8 out of the patients who had normal tubal patency. This may indicate increased risk of ectopic pregnancy in future.

Acknowledgement

We thank the Dean, Dr. C. K. Deshpande and Head of the Department Dr. V. N. Purandare, K.E.M. Hospital and Seth G.S. Medical College, Bombay, for permitting us to report the hospital data.