THE DANGEROUS FETEX PASTE

(Report of 3 Cases)

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SUMMARY

Having other, better methods to induce abortions the use of fetex paste should be stopped. The 3 cases show the dangers of fetex paste especially renal damage. Advertisements in Journals should be stopped and the product should be withdrawn from the market.

Fetex paste is a paste used for inducing abortions. It is composed of the following:

Benzoin I.P. 0.35%.
Iodine I.P. 0.67%.
Thymol I.P. 0.08%.
Pot. Iodide I.P. 2.0%.

Saponified vegetable oil paste base—q.s.

Due to unfavourable effects the paste is not used by qualified Obstetricians but is used mostly by untrained people for procuring abortion.

Hemashettar (1981) has reported a case which needed laparotomy following paste induced abortion by some medical practitioner. There was lot of edema, inflammation and congestion in the uterus, tubes and peritoneal linings. Openings in the tube showed pasty material leaking out.

There must have been other cases too in other institutions which go unreported.

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We are presenting 3 cases of fetex paste induced abortion. Two patients died and the third had anuria which responded to haemodyalisis. We think that the fetex paste is a dangerous abortifacient drug and its use should be banned.

Advertisements in medical journals must be stopped.

Case 1

Mrs. H., 29 years, Muslim, was admitted at 2 A.M. 27th October, 1978 for fever and vomiting—4 days, blood in vomitus—3 times.

Not passed urine-since—3 days.

She gave history of application of fetex paste by some private practitioner for procuring abortion—6 days back. She was a 7th gravida, para—2, L.D.—1½ years back.

There was pallor—++, pulse—120/min., B.P. 120/80 mm., Systemic examination—N.A.D.

There was slight distension in the lower abdomen. Bowel sounds audible. Uterus 16 weeks size. On vaginal examination, cervix was elongated, uterus—14-16 weeks. There was foul smelling discharge.

Investigations

Hb.—3 gms., Urine—Alb. Traces, sugar—Nil,

Innumerable RBCS on microscopic examination, Blood urea—210 mgm/100 ml., Fundus—NAD.

Management

Patient was put on conservative line of management. Restricted fluid intravenously with ampicillin, Mannitol, blood transfusion, Sodabicarb, Inj. Durabolin and bolus of lasix (8 amp.) given for forced diuresis. Urine output was 100 c.c. 6½ hours after admission, and 200 c.c. in 24 hours of admission. Patient's condition remained same for 2 days with pulse 120/min. B.P. 110/80 mm.Hg. Urine output 200 c.c. in 24 hours moderate abdominal distension. On 3rd day patient became restless with acidotic breathing B.P. fell to 70/30 mm.Hg. She was resuscitated but her condition remained critical and she expired 3 days (75 hour) after admission.

Case 2

Mrs. K., 30 years old, Hindu, admitted at 6 p.m. on 10th December, 1980.

She was restless and having rigors—since 2 hours. Fetex paste applied 2 hours back by some private practitioner for procuring abortion of 2½ months amenorrhoea. She had been given some injections for resuscitation and sent to this hospital because of low general condition.

She was gravida 5, para 4, L.D.—3 years back.

She had pallor +, pulse—100/mm, B.P.—120/64 mm./Hg., Systemic examination—NAD.

There was Tenderness in lower abdomen, uterus was 16 weeks size. On vaginal examination os was closed, Two swabs, recovered from vagina. Cervix was hypertrophied and there was bleeding through os.

Investigations

Hb.—9 gms., Urine-Alb.—Nil, sugar—Nil, innumerable RBCS on microscopic examination, Bleeding time, one minute, clotting time, 3 minutes.

Management

Patient was put on conservative line of treatment with I.V. fluids, Ampicillin continuous catheterisation, Pitocin drip was started 10 hours after admission. She did not abort. Pallor increased, distension increased. The uterus became more tender. Patient developed haematuria and to avoid the further absorption of toxins hysteretomy was decided. On opening the abdomen uterus was 18 weeks size, blue and gangrenous. Broad ligaments, bladder, pouch of Douglas, paracolic gutter, were blue and ecchymosed. While ligating uterine arteries patients' B.P. fell, and quick subtotal hysterecomy was performed and abdomen closed. Patient's condition remained poor and she expired 3 hours after operation.

Case 3

Mrs. S. 32 years, Hindu, was admitted at 2 A.M. on 2nd May, 1982. She had amenorrhoea—4 months, pain in abdomen and vaginal bleeding and scanty urine for day. She was unmarried.

History of application of fetex paste for procuring abortion 2 days back.

Pulse—80/mm., B.P.—100/70 mm.Hg. Systemic examination, NAD.

There was distension of lower abdomen and tenderness. Bowel sounds were audible. Uterus was 16 weeks size and tender.

Investigations

Hb.—10 gm., Urine—Alb. +++, sugar—Nil, Micros-RBC-Innumerable, RBCS on microscopical examination, Blood urea—36 mgm./100 ml. (on admission), Bleeding time 2 min. 15 sec., clotting time—5 min. 36 sec.

Management

She was put on I.V. fluids and ampicillin. Dilex tents were inserted to hasten the abortion. She aborted the fetus 28 hours after admission, but placenta was retained and evacuation had to be done after 2 hours. The whole vagina and cervix were sloughed and necrosed.

Urine output was only 40 c.c. blackish 24 hrs. after admission and blood urea was 53 mgm./100 ml. I.V. Mannitol was given but no increase in urinary output was there. She was seen by medical consultant and put on the lines of treatment of oliguria i.e. restricted I.V.

fluids, ampicillin, soda bicarb, vitamins, Lasix was given as bolus of 250 mgm. and repeated after 6 hours. Urine output was only 30-40 c.c./24 hours. Blood urea was 133 mgm./100 ml. 48 hours after admission and 140 mgm/100 ml. 72 hours after admission. She also developed melena, vomiting and puffiness of face and so decision for dialysis taken. She was transferred to a dialysis unit where haemodialysis was done five times and the patient recovered.

Acknowledgement

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Reference

1. Hemashettar, B. M.: J. Obstet. Gynaec. India. 31: 1026, 1981.