

A CERVICAL DILATOR IN THE PERITONEAL CAVITY

by

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Introduction

Various types of foreign bodies have been recorded in the peritoneal cavity—in female. The commonest foreign body is intra-uterine contraceptive device. I have come across some cases where loop has been found in the peritoneal cavity. I am not aware that a cervical dilator may be lying in the peritoneal cavity causing peritonitis.

Case Report

Mrs. S., was admitted for severe abdominal pain and vomiting for last 2 days. She had abdominal pain for a long time but it got aggravated recently. She was also constipated.

Obstetric history—Para 0+0, Married for 10 years. Menstrual history—she had primary amenorrhoea for which she was operated after which she had scanty infrequent irregular period. She was menstruating at the time of admission.

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She had an abdominal operation on Feb. 1984 in this Hospital. The record showed that it was due to high vaginal atresia causing haemato-colpos. Since there was difficulty in establishing connection from below, approach was made from above through uterus. After excising the septum, upper and lower vaginal walls were sutured together.

There was generalised distension more on lower abdomen. Tenderness and muscle guarding were present. An indefinite mass was present in lower abdomen. Bowel sounds were absent.

X-ray of abdomen showed a cervical dilator in lower abdomen with gaseous distension of intestines (Fig. 1).

Laparotomy was done. There was a mass in lower abdomen covered by omentum and intestines. On exploration of the mass, some amount of thick offensive pus came out. After removing the dilator (Fig. 2) an old perforation was detected in the pelvic colon. The perforation was closed. There was no haemato-metra or haemato-colpos. The tubes were adherent to the back of the uterus. A drain was put before closing the abdomen.

Post-operative period was hectic. She developed septicaemia and hyperpyrexia on the second day following the operation and died on the next day.

See Fig. on Art Paper III