

## HAZARDS OF ABORTION: LEGAL AND ILLEGAL

### (A Case Report)

by

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Even after legalisation of M.T.P., illegal abortions are still prevalent. M.T.P. though safe in 1st trimester should not be undertaken lightly as serious hazards like uterine perforation, hemorrhage and peritonitis lead to maternal morbidity and mortality. A series of nine cases of complications and management following illegal abortions and M.T.P. carried out outside this hospital are presented. All these cases were referred to us at

TABLE

Case No.	Abor- tion/ M.T.P. perfora- tion	Findings	Management	Clinical course
1. Quack		Perforation at fundus of uterus	Laparotomy, hysterotomy, suturing of perforation	Uneventful
2. Quack		Crepitus, gas gangrene	A.G.G.S. + A.T.S., antibiotics, I.V. Metrogl	Discharged against medical advise
3. Quack		Perforation left lower side of uterus + pus in peritoneal cavity	Laparotomy, hysterotomy, suturing of perforation	Secondary sutures to abdominal wound
4. Quack		Multiple adhesions + pus	Laparotomy, drainage of pus	Uneventful
5. Quack		Tuboovarian mass + adhesions	Laparotomy, R.S.O. drainage of pus	Uneventful
6. Quack		Fundal and anterior wall uterine perforation + pus	Laparotomy, hysterotomy, drainage of pus perforation sutured	Uneventful
7. Doctor		Perforation on posterior surface + pus	Laparotomy, suturing of perforation	Uneventful
8. Gynaecologist		Perforation on fundus and right cornu	Laparotomy, hysterotomy, suturing of perforation	Uneventful
9. Doctor		Perforation on posterior surface	Laparotomy, hysterotomy, suturing of perforation	Resuturing of abdominal wound

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#### Conclusion

All the nine cases were admitted with serious complications following attempted

abortion or M.T.P., performed outside this hospital.

As can be seen in Table, in first six cases abortion was attempted by quacks, M.T.P. by doctor in Case Nos. 7 and 9 while in Case No. 8 M.T.P. was performed by a gynaecologist.

On admission, general condition of all patients was poor. Case No. 2 had gas gangrene and rest had classical signs of perforation either with peritonitis or internal haemorrhage. All but Case No. 2 had laparotomy performed and perforation were repaired, where necessary drainage tube was kept in abdominal cavity and hysterotomy done in view of incomplete abortion or M.T.P. Convalescence was uneventful excepting in two cases where resuturing of abdominal wound was required. There was no mortality.

Out of nine patients two were educated, one being a nursing student and other a college student, however neither sought proper medical advice.

Such serious hazards may on one hand jeopardize the life of the patient or on the other hand may put obstetric career at stake. One needs to ponder over the matter and attempt to eradicate the evil in society who plays with ignorant lives and mass educate the people in urban and rural areas as many cases may be dying unnoticed.

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