"BOWEL INJURY - A MENACE IN THE ERA OF LIBERALISATION OF ABORTION".

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SUMMARY

Inspite of abortions being legal in India, we still have a significant number of illegal abortions and its concomitant morbidity and mortality. Among all complications, bowel injury is the most dangerous one leading to a significant number of maternal deaths. In the present study, 19 out of 252 septic illegal abortions referred from outside to the N.R.S.M.C. Hospital, Calcutta and two out of 2313 MTPs done in the hospital had sustained gut injury. The rate of maternal death was higher in gut injured patients (10/21) in comparison to those (13/252) who had no bowel injury. High mortality was observed in large gut injury (5/7) compared to small gut (5/14). Sooner the reparative surgery done, the better the prognosis. Appropriately timed adequate surgery by the gynaecologist trained in bowel surgery can save the lives of those mothers who had the lack of awareness of proper MTP and FP services.

INTRODUCTION

Inspite of abortions being legal in India, we still have a significant number of illegal abortions and its concomitant morbidity and mortality The morbidity and mortality of induced abortion are due to haemorrhage, shock, sepsis, uterine perforation and injury to bowel. Among these, the bowel injury is the most dangerous complication leading to a significant number of maternal deaths.

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AIM OF THE STUDY

The present study aims at exploring the magnitude of bowel injury as a complication of induced abortion.

MATERIALS AND METHODS

The referred patients with history of septic induced abortion from periphery to Nil Ratan Sircar Medical College & Hospital, Calcutta, from January' 94 to June' 96 were taken into account. Those cases diagnosed to have bowel injury either from peripheral centre or in our institution and confirmed by laparotomy were critically analysed.

RESULTS AND ANALYSIS

Total 252 patients with H/o septic induced abortion were admitted in the hospital being referred from outside during the study period. Majority of them (Grade - I: 60, Grade - II: 121) were with grade-I and grade-II sepsis and the rest 71 being with grade-III sepsis. Bowel injury were noted in 19 patients out of those 71. Whereas total 2313 patients opted for MTP directly in this hospital. Only 2 patients had suffered bowel injury during the procedure of MTP (Table I).

Total number of births in the hospital during the study period were 26550 (22819 Live births and 3731 still births).

Demographic profile of the patients in respect of age group, marital status, socio-economic status, period of gestation (POG) at the time of abortion and the method used to induce abortion were analysed (Table-II).

The number of maternal deaths due to septic induced abortion as a whole in comparison to that due to only gut injury is shown in Table-III.

TABLE I

	Total No.	Bowel Injury
Induced abortion in peripheral centres (All Refd.)	252	19
MTPs (In NRSMCH)	2313	2

TABLE II
DEMOGRAPHIC PROFILE

Factors		No. of Patient
AGE GROUP (YRS)		
Below	20	4
	20 - 29	12
	30 - 39	5
MARITAL STATUS		
	Unmarried	2
	Married	16
	Widow	3
SOCIO-ECONOMIC STATUS		
	Lower	16
	Middle	3
	Upper	2
PERIOD OF GESTATION (POG)		
Below	12 wks.	6
	12 - 20 wks.	12
Above	20 wks. 3	
METHODS OF ABORTION USED		
	Only D/E	14
	Criminal method + D/E	7

TABLE III

	No. of Maternal Death	Total No.
Septic induced abortion	13	252
Gut Injury	10	21
Other causes/live birth pregnancies	122	22819 (534/ 1,00,000) (Live births)

TABLE IV
SHOWS TYPE OF SURGERY DONE IN DIFFERENT GUT INJURIES ALONGWITH ITS OUTCOME

Portion of Gut injured	No. of Patient	Type of Surgery	OUTCOME Survived	Died
Small Gut	12	Resection and end to end Anastomosis except one who had colonic injury also.	8	4
Transverse colon	4	End to End Anastomosis (3) Exteriorisation (1)	1	3
Descending colon and Recto-sigmoid junction.	3	Transverse colostomy	Nil	3
Omentum with abrasion of Gut	2	Haemostasis and repair of serosa	2	Nil

TABLE V
SHOWS THAT THE TIME INTERVAL BETWEEN INJURY OF BOWEL AND ITS REPARATIVE SURGERY UNDERTAKEN HAS GREAT PROGNOSTIC SIGNIFICANCE ON FAVOURABLE OUTCOME

Time interval	Portion of Gut	No. of Patient	OUTCOME Survived	Expired
'O' Hours	Small Gut	2 (in the NRSMCH)	2	-
24 Hrs.	Small Gut	8	7	1
	Large Gut	4	1	3
24-72 Hrs.	Small Gut	3	1	2
	Large Gut	2	0	2
After 72 Hrs.	Small Gut	1	0	1
	Large Gut	1	0	1

DISCUSSION

It is impossible to establish precisely the incidence of abortion, that too in relation to a rare but dreaded complication, like bowel injury, since sources used for collection of information regarding abortions problems are very inadequate in our country. A study conducted by Indian Council of Medical Research (1989) in rural India revealed an incidence of 13.5 illegal abortions 1000 pregnancies compared to 6.1 legal abortion/1000 pregnancies. In the present study, number of legal abortions and illegal abortions admitted in the hospital were 2313 and 252 during the study period which does not reflect the true prevalence in the community as the hospital is a referral centre.

According to Tietze et al (1986), more than half of the illegal abortions done in the whole world were performed in developing countries and more in those countries where facilities for legalised abortion were inadequate. Surveys in India suggest that as many as one out of every 3 or 4 women had an induced abortion.

Complications from illegal abortions account for 4-70% of all maternal deaths in hospitals in developing countries and an unknown number of additional deaths outside the hopital. A significant number was due to gut injury (Population reports 1980). Rao (1980) after collecting data from 22 Teaching Hospitals in India, reported that the most important cause of maternal deaths was septic

abortion responsible from 26.3% of direct causes of maternal deaths and the picture becomes more gloomy if it was associated with uterine perforation and visceral injury. The commonest cause of deaths in the septic abortion was gut injury (10 out of 21) in this survery which mostly occurred in illegal type (Table I).

Data from Indian Council of Medical Research collaborative tudy (1979) on "Sequalae of induced abortion showed that majority of abortion seekers in India were married women (39.7%) between 20 and 30 years of age (70.5%) with one or more living children (92.4%). Demographic profile in our study is concordant with that (Table II) and it showed that sepis with visceral injury was more prevalent in lower socio-economic group of people who opted for 2nd trimester abortion through injudicious methods by unskilled person. High mortality was noted in large gut injurty (Table-IV). Time interval is an important factor and sooner the reparative surgery is done the better is the prognosis. As shown in Table IV, this was also our observation.

CONCLUSION

Ignorance and inability to take a quick decision regarding termination of unwanted pregnancy compel a large number of women to seek MTP in second trimester from unauthorised persons in nonrecognised places (unsafe abortions). Lack of awareness of MTP and FP services available may be a contributory factor. They can be minimised, if not completely eliminated , by safe, efficient and carrying FP services to all women irrespective of caste, creed, religion, marital and socioeconomic status.

The infrastructure and facilities available in periphery are yet inadequate. Appropriately timed and adequate surgery can prevent many maternal deaths. To serve the purpose, every gynaecologist should have training in bowel surgery.

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