

rare presentation of case of old septic abortion

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Septic abortion is seen frequently in everyday practice in spite of liberalisation of abortion laws. Here we present an unusual case of an old septic abortion which had been induced prior to her marriage.

Mrs. K. a 26 years old patient was admitted through the OPD of JN Medical College, Aligarh with the complaint of foul smelling discharge per vaginam since 5 months. She had been married for the same duration. Although, initially she did not give any history of pregnancy, but on close questioning, there was definite history of interference by some doctor under general anaesthesia just prior to her marriage.

On Examination: Pallor-mild, Vitals-stable. Physical Examination: NAD.

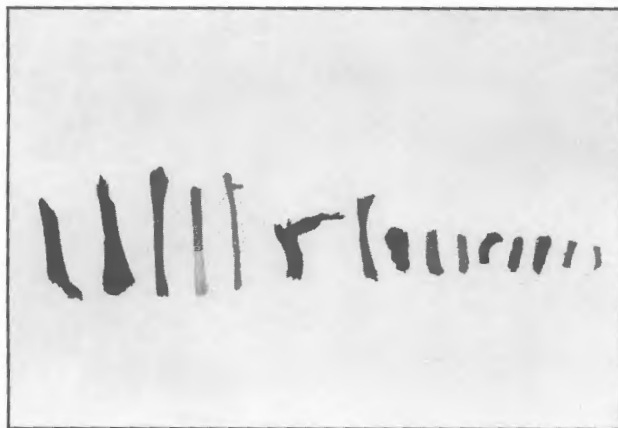
Per Speculum: Foul smelling, purulent discharge seen coming through the os, cervix-oedematous and hypertrophied.

Per Vaginum: Bony projections felt through the os. Exact uterine size could not be made out due to marked tenderness. Both fornices were tender.

Investigations: Hb% - 9 gm%, RFT - WNL. USG: Air seen in the uterine cavity and cervical canal. No foetal parts seen.

She was put on antibiotics and anti-inflammatories and was taken up for evacuation after 48 hours. On Examination Under Anaesthesia: Uterus was normal size and all fornices were free. Bony spicules were felt through the os, which was dilated with

great difficulty. Foetal bones were felt impacted at the internal os and were removed as best as was possible with sponge holding forceps. Evacuation was reattempted after one week, during which a perforation was detected above the internal os and thus the patient was taken up for laparotomy.



Foetal bones which were removed

Findings on Laparotomy : An old perforation was situated in the region of the isthmus which had been sealed by the neighbouring viscera and had opened up during evacuation. The uterine cavity was explored through this perforation and long foetal bones were removed, and the rest of the uterine cavity was found empty. The whole of the pelvis, pouch of Douglas and peritoneal cavity were

explored and no pus or foetal bones were seen. Repair of the perforation was done in two layers. One week later, a few foetal bones were found protruding through the sinuses on the posterior aspect of the cervix which were removed. Probably, these bones could not be removed in the first sitting, because they were embedded in the substance of the cervix and later made their way through the sinuses on the posterior aspect of the cervix. She was re-examined after one week and still more foetal bones were recovered. Later, repeat ultrasonography was done, but no foetal remnants were seen in the Pouch of Douglas, uterus or cervix. A repeat EUA and D&C was done but no foetal bones could be recovered. She is being regularly examined in follow-up. She is well and is getting regular menses.