Uterine perforation - A Hazard (A Case Report)

Santosh Minhas, S. S. Negi, Rajat Gupta, K. B. Gupta, Tara Gupta.
Dept of obst & Gynec. I. G. Medical College and Kamla Nehru Hosp. Shimla.

World wide, induced abortions are the third common means of fertility control. The complications associated with the procedure depend upon the operator's skill, gestational age, the available facilities preexisting disease and the parity. First trimester legally induced abortion is remarkably safe as compared to other surgical procedures and the major complication rate has been reported to be less than 1 in 100 procedures. Studies from the developed and developing countries have shown that inspite of the profile of the abortion-seekers and the facilities available, the morbidity and mortality associated with medical termination of pregnancy, are at least eleven times lower than those associated with the continuation of pregnancy and delivery. We present here a case of life threatening complication of pregnancy which occurred probably due to the inexperience of operator or due to the pre-existing disease.

Mrs. M, 23 years $G_2P_1 + 0$ was admitted in emergency with features of shock at Kamla Nehru Hospital, Shimla on 2nd week of March. History of the patient as revealed by the attendants was that MTP was tried in February 98 at a local hospital at 8-9 weeks period of gestation but no products of conception were obtained. Patient had continuous bleeding per vaginum for two weeks after which she reported to the local hospital again. MTP was again tried and she was sent home saying that it was complete. Patient had severe pain in abdomen which was colicky and she developed vomiting, absolute constipation and distention of abdomen. She was again taken to the local hospital from where she was referred to Kamla Nehru Hospital.

On examination the patient was semiconscious, cold and dehydrated. Her pulse rate was 140/min feeble but regular. Temperature was 100 degree F, blood pressure was 80 mm systolic, respiratory rate was 36/min. Her cardiovascular system & respiratory system were essentially normal. On examination of the abdomen distention was present with visible intestinal peristalsis; generalised rebound tenderness was present and the bowel sounds were increased. Speculum examination showed a loop of blue black intestine lying in vagina with its mesentery. Per vaginal examination confirmed the loop of intestine coming through the cervix and the uterus was about 12 weeks size and very tender.

Patient was resuscitated and taken up for laparotomy. A loop of small intestine was found prolapsing through a perforation on the posterior surface of uterus, at the level of internal os. Resection of the gangrenous portion of small intestine with end to end anastomosis was done, uterus was evacuated through the same perforation and the perforation was closed. Patient had an uneventful postoperative period and was discharged on the 10th post operative day.

In July 1998, four months after the discharge, she was again admitted with features of intestinal obstruction. Laparotomy was done and she was found to have adhesive intestinal obstruction, which was attended. She was discharged from the hospital in good health.

This case highlights the complications which can occur in apparently safe but blind procedure. When little or no products of conception are obtained in an otherwise pregnant uterus, the suspicion of uterine perforation or ectopic pregnancy should arise and such a patient should be kept under observation.