

A rare and interesting complication of foreign body in Obstetric practice.

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Smt. M. S. 32 yrs. P₂ + 0 was admitted in Gynae O.P.D. on 31.1.96 with complaints of offensive purulent discharge from old abdominal wound and vagina.

Immediate past history : The patient underwent LSCS operation on 6.7.95 in a Nursing Home for post-caesarean pregnancy and had a hectic post-operative period managed with antibiotics, steroids, blood transfusion; she had wound infection and dehiscence which healed gradually after repeated dressing; she was discharged after 24 days of stay in the Nursing Home.

She experienced pain in abdomen off and on afterwards and after three months of LSCS she had to be admitted in another Nursing Home for pain in the abdomen and purulent discharge from the wound. Her symptoms somehow abated with conservative management by higher antibiotics; and later dilatation of cervix was done. At that time she had an USG showing normal size uterus and ovaries with no other suggestive information. During her stay in the Nursing Home she noticed a blackish debris like material during defecation. The debris was found to be gauze measuring 2" in length. In this circumstances she was brought to Gynae O.P.D. at B.S.M.C.H.

O/E :- Her G.C. was below average, pulse - 116/min, low volume, BP - 90/60 mmhg, Temp 101^o F, she was severely pale, abdominal wound infected, there was unhealthy granulation tissue with slough and having one sinus 1/2 cm diameter in the middle of the wound; During local examination of the wound incisional hernia was observed in lower one third of the wound. On P/V examination there was foul smelling purulent discharge from vagina, Cx oedematous uterus bulky, tender and fixed; fornices indurated and tender.

Investigation :- Hb-4 gm%, TLC 8800/Cumm, N73, L23, E4, P.P. Sugar- 98gm%, BUN -16mg%, bilirubin - 0.4 mg% St-X-ray abdomen - NAD. Urine -RE & ME - NAD.



Fig 1: One Gauze piece peeping through the sinus of the wound after two weeks of sterile dressing.



Fig 2: One big gauze, part of mop was taken out under G.A.

Management : Her general condition was improved with 6 units of blood transfusion, vitamin and amino acid supplements. Daily dressing of wound was done with 5% Betadine lotion and vaginal douche given with Betadine for three weeks. On 17.2.96 one gauze piece was seen peeping through the sinus of abdominal wound. (Fig-I) Under G.A. one big gauze which appeared to be part of mop (Fig-II) was taken out after incising the adjacent margin of the wound. The gauze was smeared with foecal matter.

Local dressing of the wound continued, newer generation of antibiotics were given. Gradually the sinus healed leaving out a pin-head size opening without significant discharge. During this period she had normal bowel movement. She recovered appreciably, vital signs improved and there was no abnormal discharge P/V

and vaginal examination revealed no abnormality. She was discharged satisfactorily on 18.03.97

Follow up : She had menstruation on 16.5.96. HSG was done on 25.5.96 which showed entry of dye into intestine without any spillage to the parieties. By June '96 the sinus completely healed. Incisional hernia, was repaired in layers ; During operation uterus was made free from adhesion of parieties and surrounding gut by gentle dissection ; no fistulous tract could be detected. The patient made excellent recovery. Now she is well with normal bowel function and menstrual cycle.