

Unusual II - Trimester MTP Complication

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Mrs. XY, 35 years, female 4th para with 4 living children was referred from a private practitioner to Pravara Rural Hospital with history of post abortal broad ligament haematoma. As narrated by the patient, II trimester extra-amniotic emeredil instillation was done on 16/10/98 at a private hospital. Six hours later patient developed abdominal pain which gradually increased, was excruciating and ceased suddenly.

Some intrauterine manipulation was done after which patient suddenly collapsed. Exploratory laparotomy was done and it revealed a huge left broad ligament haematoma and a uterine perforation on the left lateral wall and extending from the fundus inferiorly. Rent was sutured, haemostasis achieved and abdomen closed without draining the haematoma.

Later the patient reported to Pravara Rural Hospital on 23/10/98 with c/o lump in left iliac fossa and severe pain at the site. On general examination vital parameters were settled, per-abdominal examination revealed an intraumbilical midline vertical healed incision with a firm tender mass of 10 cm x 10 cm in left iliac and left lumbar region. Lower margin of the mass could not be reached. On speculum examination cervix was pushed beneath the symphysis pubis with fullness in P.O.D.

Bimanual examination showed, the uterus of 8 weeks size with a firm globular immobile mass in P.O.D and left fornix with abdominal extension. The mass appeared adherent to the uterus. It was tender.

Provisional diagnosis of a left broad ligament haematoma size 10 cm x 10 cm was made and the patient was admitted. On investigation Hb was 7 gm and trans-abdominal & trans-vaginal USG revealed a foetal head with parts of cervical spine in left iliac fossa within haematoma. BPD corresponded to 17 weeks of gestation. Uterus was 10 x 7 x 5 cm with a rent in the fundus. Other investigations were WNL.

Since the patient was well settled she was managed conservatively in the ward for 6 weeks and an exploratory laparotomy was planned at the end of 6 weeks.

Exploratory laparotomy revealed

- Uterus and tubes were adherent to mass of abdominal wall (left parietes) below umbilicus.
- There were dense adhesions on left side with a large mass.
- Adhesiolysis was done, the uterus and the mass was separated from the parietes and broad ligament opened.
- Foetal head & foetal parts were removed with organized blood clots.
- Abdominal lavage was given and abdomen closed in layers.
- Patient had uneventful post operative period and recovery.