

A Rare Complication of Medical Termination of Pregnancy

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A 30 year old gravida 6, para 4 with previous one spontaneous abortion came to the All India Institute of Medical Sciences at 8 weeks of gestation for MTP with ligation. She had previous four fullterm vaginal deliveries. On examination, her general condition was fair. Pelvic examination revealed retroverted uterus enlarged to 8 weeks of gestation. Patient was given intravenous sedation. MTP was started after giving paracervical block. Cervical os was dilated and the aspirating cannula was introduced into the uterus. Suction was then attached. While trying to move the cannula to and fro inside the cavity, it was felt to be stuck and could not be taken out of the uterus. On laparoscopy, no site of perforation was seen on the uterus. When an attempt was made to remove

the cannula under laparoscopic guidance, it broke, and the tip remained inside the uterus. Vacuum aspiration (using smaller size cannula) and check curettage were done. However, the tip could not be felt inside the uterine cavity, nor was it found in the products of gestation. Finally, laparotomy was done under general anesthesia. Hysterotomy was done by giving a small incision at the fundus of the uterus and the endometrial cavity was opened. An irregularity caused by the buried tip was felt in the posterior wall of the uterus. The tip was grasped with artery forceps and was removed intact. Bilateral tubal ligation was done using Pomeroy's technique. Post-operative period was uneventful and the patient was discharged on the third post-operative day.



Fig. 1: Karmans' cannula, showing it broken at its' tip.