## An Unusual Complication of Laparoscopic Sterilization – Aortic and Inferior Vena Cava Injury

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It is rightly said "there is no scope of a gynaecologist without a laparoscope". Laparoscopic procedures are gaining wider applications but when a mishap occurs it can be life threatening. This is one such example.

Mrs XYZ, 24 years Para-3, with last delivery 4 months back underwent sterilization in a camp at Betma 19/11/1998 at 3:00 p.m. Just after the procedure, she suddenly collapsed. She was resuscitated, external cardiac massage was given and then she was referred to our hospital.

At the time of admission, her general condition was poor, she was severely anemic, tachycardia was there, BP was in the range of 110/70 mm of Hg. On per abdomen examination – scar of LTT was present and subcutaneous emphysema was there in the lower abdomen, bowel sounds were absent.

Internal examination did not reveal any significant finding, but during it the patient collapsed once again and her BP fell down to 80mm systolic. She was then revived.

On investigations – Hb – 4.5gm%, x-ray abdomen

showed gas under diaphragm. The surgeon who had done the procedure was contacted, but she informed us that the procedure was uneventful.

Surgical opinion was taken and she was managed conservatively. She remained stable for 1 day.

Next day bleeding started from the wound and a decision for urgent laparotomy was taken.

On opening the abdomen – the peritoneal cavity was filled with blood. There was a large blood clot of  $10\times10$  cm infront of the great vessels, the clot was removed and there was a sudden gush of blood obliterating the operating field.

Haemostatic clamps were applied – a rent of 2  $\times$  2cm was seen in the anterior and posterior wall of inferior vena cava and 0.5 cm rent in aorta which were repaired with silk 1-0.

On exploration of bowels – there was a rent in mesentery which was repaired. Postoperative period was uneventful and she was discharged on 10<sup>th</sup> postoperative day.