

Serious Injury to Uterus & Sigmoid Colon in M.T.P. - Case Report

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Mrs. Lata, 30 yrs., admitted in City Hospital, Hardwar on 29.12.99 with C/o pain in abdomen, distension of abdomen, fever & difficulty in respiration

2 days. H/o D&C for ? mass in uterus ? pregnancy by some unqualified person in village. MH 3-4/30 d, RNE, no h/o amenorrhoea. O/H - P_s GF - GC poor, P - 124 min., BP - 150/80, R - 30 min laboured, T - afebrile. Pallor ++ PA - Abd. distended rigidity & tenderness ++, bowel sounds absent, PV - Uterus not made out due to extreme tenderness, no bleeding PV. Opinion of surgeon & physician taken. Provisional diagnosis - peritonitis with perforation of uterus and severe anaemia.

Investigations - Hb - 3gm%, FSR- 40mm in 1st hr., H/C - 13,000, D/L C - P75, L20, E2, M3, RBS-70 mg%. S. urea - 21 mg %. USG - Free fluid in POD & abdomen with heterogenous masses ? clots. X-Ray KUB in erect position showed free gas under diaphragm. Treatment - nil orally, IV fluids, antibiotics, blood transfusion. On PV needling - 4-5cc of thick dark blood obtained. Advised laparotomy. Consent not given by husband as patient's parents had not arrived. Consent obtained after 2 days. Till then patient maintained on same treatment.

Laparotomy undertaken on 31.12.99, under spinal anaesthesia. Incision - midline vertical. On

opening parietal peritoneum - 100ml of blood mixed fluid drained. Abdominal cavity explored. There was 4 inch rent in posterior wall of uterus & 4 inch rent in sigmoid colon with necrosis & gangrene. Sigmoid colon decompressed & rent repaired with interrupted silk sutures. Remnants of placenta & fetus - 16 wks, size removed from POD with blood clots. Uterine rent repaired with interrupted catgut sutures. Bilateral tubal ligation done. Transverse loop colostomy done. Site of colostomy - Rt. Hypochondrium. Peritoneal cavity lavaged. Abdomen closed. Post-operative treatment - nil oral, IV fluids, antibiotics, RT, analgesics. GC stable.

Colostomy opened - re-started functioning on D6. Bowel sounds appeared on D8 & orally liquid diet started. Total 7 units of blood given. Partial wound dehiscence occurred on D12. Patient discharged on 19.1.2000. Secondary suturing of abdominal would done on 7.2.00.

Distal colonogram with barium sulphate done 3 months post-operatively. Sigmoid colon found healed well with no peritoneal leakage. Closure of transverse loop colostomy done on 6.4.00, under spinal anaesthesia. Bowel sounds appeared on D4 & oral diet started. Bowels started functioning normally & motions passed on D5. Patient discharged on 15.4.00 in good general health.