

Extra-peritoneal Perforation of Uterus through Posterior Fornix.

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Introduction

Illegal abortions have many complications. Perforation of the uterus is one of the serious complications. But if the perforation is not into the peritoneal cavity the clinical picture may be confusing and diagnosis delayed.

Case Report

A 30 years old multipara was admitted on 24.9.01 with h/o having undergone abortion at 10 weeks gestation at a quack's clinic about seven days back. After that vaginal bleeding continued off and on and pain was present in the lower abdomen with slight fever.

General Physical Examination

Anemia	+++
Pulse	104/min.
Temperature	99.2 degree Fahrenheit.
Blood pressure	100/70 mm of Hg.

Abdominal examination : There was tenderness in the lower abdomen. Uterus was palpable and about 8-10 weeks size. No guarding or board like rigidity was present. Intestinal sounds were heard and were normal.

P. V. : Uterus was felt through anterior fornix and tenderness was present. Posterior fornix was not felt till the clots were removed and a rent was felt in the posterior-fornix. Lateral fornices were clear.

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Investigations

Hb	6.0 Gm%
BT	1'-30"
CT	4'-30"
Blood Group	B+ve

Ultrasound

Uterus was multiparous in size. A linear hypoechoic streak was seen on posterior wall of the uterus. A mass of variable echos was seen in the cavity of the uterus. Both the ovaries were visualized and were normal.

Impression was extra peritoneal perforation of uterus through the posterior fornix and products of conception incompletely removed.

Patient was prepared for laparotomy after three blood transfusions and broad spectrum antibiotics. In the operation theater P. V. was repeated and digital palpation of the uterus was done through the posterior fornix when a perforation of about 3.5 x 3 cm was felt in the posterior wall of the uterus.

Under spinal anesthesia abdomen was opened. There was no blood in the peritoneal cavity. P.O.D was explored to find out the perforation but the peritoneum was intact. So uterus was opened through the lower segment to remove the remaining products of conception. The rent was visible posteriorly in the isthmic area. The surrounding tissue was so friable and infected that decision of total hysterectomy had to be taken. Total hysterectomy was done and hemostasis achieved. Abdomen was washed with saline and metrogyl and closed in layers. Post operative period was uneventful. Patient was discharged on 10th post operative day.