

Uterocutaneous Fistula

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Introduction

Illegal abortions lead to significant mortality and morbidity. But resultant utero-cutaneous fistula is extremely rare.

Case Report

Mrs. X, a 24 year old lady, P₃₊₀ with all full term normal deliveries was admitted on 13th September 2001 with history of induced abortion procured by a nurse one month back. She presented with complaints of purulent vaginal discharge since the last 15 days.

She was thin built with moderate anemia. On systemic examination, CNS, CVS and RS were within normal limits.

An abdominal examination revealed vague fullness in the suprapubic region and iliac fossa. On vaginal examination, the uterus was found enlarged to 14 weeks size and a mass incorporated within the uterus was felt through the left fornix.

A cervical dilatation was done and frank pus came out. The patient was kept on broad spectrum antibiotic, metrogyl and anti-inflammatory treatment. The response being not satisfactory, she was advised laparotomy which she refused. After about 15 days, apart from purulent vaginal discharge, she developed a suppurating

mass of 3" x 3" in the left Iliac fossa. It was drained and she was kept on anti tubercular treatment. The response was excellent and after a week, only a small 1 cm raw area was left, but the vaginal discharge was persisting, although the size of the uterus decreased markedly. The drugs pushed in the uterus through the catheter used to come out of the sinus on left Iliac fossa. Laparotomy was done on 17th October 2000. On opening the abdomen, there were adhesions between the abdominal wall and isthemic area of the uterus on the left side. On separating the adhesions, a communicating track between uterus and abdominal wall was encountered. A total hysterectomy with bilateral salpingo oophorectomy was done. The post-operative period was uneventful. She was sent home on the eighth day of operation with advice to continue antitubercular treatment.

The cut section of the uterus showed bone specules in the cavity and a track above the level of the internal os.

Discussion

Our abortion law is extremely liberal. Yet illegal abortions are rampant in our country. This is variously attributed to ignorance of the law permitting termination of unwanted pregnancies, lack of countrywide adequate facilities for such terminations, reluctance to use these facilities even though available due to inconvenience or desire for secrecy, wish to hush up illegitimate pregnancies etc. Illegal abortions, by their very nature, are doomed to much morbidity and even substantial morbidity. Uterocutaneous fistula as an end result of an illegal abortion is indeed very rare.

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