

UTERINE PERFORATION WITH BOWEL INFARCTION IN A CASE OF UNSAFE ABORTION

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Summary

Every year worldwide about 42 million women with unintended pregnancies choose abortion, and nearly half of these procedures, 19 million, are unsafe. Some 70,000 women die of unsafe abortion annually, making it one of the leading causes of maternal mortality (13%). Of the women who survive unsafe abortion, 5 million will suffer longterm health complications. Unsafe abortion is thus a pressing issue. Both of the primary methods for preventing unsafe abortionless restrictive abortion laws and greater contraceptive use face social, religious, and political obstacles, particularly in developing countries, where most unsafe abortions (97%) occur. Even where these obstacles are overcome, women and health care providers need to be educated about contraception and the availability of legal and safe abortion, and women need better access to safe abortion and post abortion services. Otherwise, desperate women, facing the financial burdens and social stigma of unintended pregnancy and believing they have no other option, will continue to risk their lives by undergoing unsafe abortions. According to the World Health Organization (WHO), every 8 minutes a woman in a developing nation die of complications arising from an unsafe abortion. The fifth United Nations Millennium Development Goal recommends a 75% reduction in maternal mortality by 2015. WHO deems unsafe abortion one of the easiest preventable causes of maternal mortality and a staggering public health issue. We report a case of a 21 years female who presented with uterine perforation with small intestinal prolapse through uterine perforation that required repair of uterine perforation with resection anastomosis of small gut after a unsafe abortion of a 16 weeks pregnancy.

Key words

Unsafe abortion; uterine perforation; bowel injury

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Introduction

Globally, illegally induced abortion constitutes a major public health problem. The World Health Organisation defines unsafe abortion as a procedure for terminating an unwanted pregnancy that is performed by someone lacking the necessary skill or in an environment lacking minimal medical standards or both [1,2]. As per world health organization estimates for the year 2000, about 19 million unsafe abortions occurred worldwide resulting in the deaths of about 70,000 women [3,4]. The most common reasons for induced abortion are unwanted pregnancy, having lactating small child, health problems, economic and social or family problems that forced women to induce abortion [5]. More proximate causes include poor access to contraceptives and contraceptive failure. Unsafe abortion is one of the most neglected health care procedure in developing countries and also a life and fertility threatening condition. Complications resulting from unsafe induced abortion are a major cause of maternal mortality, morbidity, prolonged hospitalization and reproductive failure in developing countries [5,6]. The most common complications of induced abortion include genital sepsis, haemorrhage, pelvic infection with peritonitis and abscess formation, uterine and bowel perforations [7,8]. Unsafe abortion is entirely preventable. Yet, it remains a significant cause of morbidity and mortality in much of the developing country. Among the causes of maternal mortality in developing countries, unsafe abortions account for 13 % of maternal deaths [9,10]. The risk of death is estimated at 1 in 270 unsafe abortion procedures [10]. Only 52 % of countries have abortion laws which allow abortion on request. Abortion laws have a spectrum of restrictiveness. Abortions may allow based on saving the mother's life, preserving physical and mental health. Abortion related deaths are more frequent in countries with more restrictive abortion laws (34 deaths per 100,000 childbirths) than in countries with less restrictive laws (1 or fewer per 100,000 childbirths) [11]. The same correlation appears when a given country tightens or relaxes its abortion law. In South Africa, after abortion became legal and available on request in 1997, abortion related infection decreased by 52%, and the abortion mortality ratio from 1998 to 2001 dropped by 91% from its 1994 level.

Less restrictive abortion laws do not appear to entail more abortions overall. The world's lowest abortion rates are in Europe, where abortion is legal and widely available but contraceptive use is high; in Belgium, Germany, and the Netherlands, the rate is below 10 per 1000 women aged 15 to 44 years. In contrast, in Africa, Latin America, and the Caribbean, where abortion laws are the most restrictive and contraceptive use is lower, the rates range from the 20 to 39 per 1000 women [11]. In Bangladesh abortion is not legalized. Women resort to unsafe abortion for the following reasons :

- 1) Legal and administrative constrains
- 2) Non use of contraceptives or failure of contraceptives
- 3) Low government priority. Abortion services are not easily accessible nor affordable to women who have low socioeconomic status.
- 4) Attitude of service providers.

Some providers tend to appear unsympathetic to women with unwanted pregnancies because of legal, ethical, religious or their own personal views. The incidence of unsafe abortion is a reflection of the degree of unmet need in family planning.

Case report

A 21 years gravida 4, para 0+3(MR) female presented 4-5 hours after an unsafe abortion of a 16 weeks pregnancy by a Dai . It was a illegal pregnancy.Her husband lived in abroad and she had illegal affair with her brother in law .For that reason she used to do abortion too many times. She was brought to Gynae & Obstetric department by his brother in law with the complaints of pregnancy for 16 weeks then per vaginal bleeding , some thing coming down per vagina, pain in lower abdomen for 4-5 hours after an insafe abortion . On General examination she was moderately amaemic, pulse 109/ min,B.P. 100/55 mm of Hg, respiratory rate 18/min, tempature was normal. Examination of abdomen revealed mildly distended,tenderness in hypogastic region. Per vaginal examination showed 10 feets intestine comes through introitus , uterus was 12 weeks pregnancy size,slight bleeding was present.She was resusciated with intravenous fluid, blood transfusion,broad spectrum antibiotics covering both areobic and anaerobic microorganism were started .She was allowed nothing by mouth. Exporatory laparotomy was done with the help of general surgeon 3 hours after admission in hospital. A perforation was found 1.5 inches in the posterior uterine wall through which 10 feets intestine entered to uterine cavity then prolapsed outside uterine cavity through cervix. Product of conception was found in uterine cavity.

About 10 feets ilium was found gangrenous and mesentery was found divided. End of healthy part of ilium was 14 cm away from ileocecal junction.A serosal laceration was found on ascending colon. Lcerated part was 8 cm proximal to the ileocaecal valve.Uterus was completed evacuated via perforated part of uterus.Necrosed tissue was excised and uterus was repaired by 1/0 vicryl. .Gangrenous part of intestine about10 feets of ilium was resected ,then end to end anastomosis was done .Mesenteric window was colsed after trimming the margin. blood flow and peristalsis was satisfactory at the anastomosis site. Serosal laceration at caecal wall was repaired by 2/0 vicryl. Peritoneal toileting was done with normal saline.Two drain tube was kept in situ .One at right iliac foss another one was in pouch of doglus.Then abdomin was closed in layers.Post operatively she was managed by NBM, nasogastric suction ,i/v fluid, inj Ceftriaxon 1 gm 8 hourly, inj Metronidazol 500 mg 8 hourly, inj Amekacin 500 mg 8 hourly, inj pathedine, inj phenergone, inj ranitidine, blood transfusion. Her post operative period was more or less unevenful.Primary wound healing was occured and she was discharged.



Fig 1 : Uterine perforation with bowel prolapse

Discussion

The WHO estimates that nineteen out of every twenty unsafe abortions take place in the less developed region of the world [12]. In addition of every five women who had unsafe abortion , at least one suffers from reproductive tract infection as a result [13]. Of the 70,000 estimated annual deaths from unsafe abortion, nearly half occur in Asia [14]. Every day in Bangladesh 1500 women die from pregnancy or childbirth related complications [15]. The government of Bangladesh has committed to reduce the maternal mortality to 1.43 by the year 2015 [16]. Second trimester abortions have greater risk of serious complications including perforation of the uterus.

Uterine perforation may lead to intestinal trauma necessitating bowel resection, uncontrolled hemorrhage leading to hysterectomy, infection and even death [17,18]. Most of the patients may go initially unnoticed but later present with serious complications. Although sonography helps to determine retain product of conception in uterus , uterine perforation and bowel injury is based on clinical suspicion. In this case on the basis of clinical diagnosis surgical exploration was done and was treated accordingly. Many studies done in different countries on unsafe abortion . A case report was delivered by Kaiash Sing on Uterine perforation with bowel infraction in case of unsafe abortion & another case report was given by Seshadri LN on bowel injury following illegal abortion. Both of them showed that how much morbidity women should bear after unsafe abortion [19, 20].

Conclusion

Prevention of unsafe abortion is key to achieving the Millennium Development Goal to improve maternal health. The interventions to prevent unsafe abortion include expanding access to modern contraceptive services, providing safe abortion to the full extent of the law, and tackling the legal and programmatic barriers to access to safe abortion. Countries experiencing shortage of physicians could allow trained mid-level health care providers to perform safe abortion during the first trimester. It is vital that governments and intergovernmental and nongovernmental organizations deal openly with unsafe abortion as a major public health.

Disclosure

All the authors declared no competing interests.

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