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STUDY ON INCIDENCE, COMPLICATIONS AND MANAGEMENT OF SEPTIC ABORTIONS IN TERTIARY CARE HOSPITAL

Obstetrics & Gynecology

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ABSTRACT

Introduction: Septic abortion, is one of the most serious threats to women's health worldwide. Every year an estimated 5.7 million abortions (ten times the legal ones) are conducted illegally in India. . Most septic abortions are illegal , done by local dais and local quacks and patients after having complications are referred to higher centres like Rajendra Institute of Medical Sciences, Ranchi in moribund conditions. Aim if this study was to evaluate the incidence, complications and management in cases of septic abortions in a tertiary care centre

Material & Method: The study included 40 cases of septic abortions admitted at Rajendra Institute of Medical Sciences, Ranchi from june 2012 to july 2014.

Result: During the period of study total 812 cases of abortions were admitted in Rajendra Institute of Medical College and Hospital, 40 of which were having septic abortions giving an incidence of 4.9%.

In the present study 8 maternal deaths out of 40 cases of septic cases were there , giving an incidence of 20%, all were having a history of criminal interference. Septic abortion following MTP or spontaneous abortion were free of any mortality.

Conclusion:

The incidence of illegal and septic abortion can be reduced by increasing awareness about family planning services and making legal abortion services easily available to the women.

KEYWORDS:

I.INTRODUCTION

Septic abortion is a result of unsafe abortion which is defined as a procedure for the termination of unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking the necessary skills or in an environment lacking the minimal medical standards or both (WHO definition), more common when induced abortion is illegal. An abortion is considered septic when there is (i) rise of temperature of at least 100.4^{0} F (38^{0}C) for 24 hrs or more, offensive / purulent vaginal discharge and (iii) other evidences of pelvic infection such as lower abdominal pain and tenderness. Septic abortion when complicated by fever , endometritis and parametritis , is one of the most serious threats to women's health worldwide. It may require major surgery and prolonged hospital stay , has serious short and long term complications affecting women's health and life hence , increasing the economic burden and work load of health personnel.

Every year an estimated 5.7 million abortions (ten times the legal ones) are conducted illegally in India. Data on abortion are scarce and inevitably unreliable because of legal, ethical and more constraints that hinder data collection. With decreasing age of menarche , early onset of sexual activity, changing values of life, greater permissiveness, sexual inquisitiveness and promisquity, ineffective use of emergency contraceptives, young people are exposed early to unplanned and unprotected sexual intercourse leading to unwanted pregnanacy and subsequently abortions. The failure of PNDT Act to curb rate of sex determination and consequent sex selective abortion in country that too in 2nd trimester leads to septic abortions.

Septic abortions may lead to sepsis ,SIRS and septic shock. Most septic abortions are illegal , done by local dais and local quacks, patients after having complications are referred to higher centres loke Rajendra Institute of Medical Sciences, Ranchi in moribund conditions. In this study, the cases of septic abortions have been analyzed with special emphasis on incidence, complications and management.

II. MATERIALAND METHODS

The present study comprised of 40 cases of septic abortions admitted in the department of Obstetrics and Gyanecology, Rajendra Institute of Medical Sciences in a period of June 2012 to July 2014. All cases were evaluated in relation to their age, marital status, socio economic status , residential distribution, parity, period of geststion, types of abortion, mode of interference, grades of infection, clinical presentation and their management.

III.RESULT

During the period of study total 812 cases of abortions were admitted in Rajendra Institute of Medical College and Hospital, 40 of which were having septic abortions giving an incidence of 4.9%. Majority of cases (45%) belonged to age group of 31 to 40 years. 77.27% cases were married. Maximum number of cases belonged to middle socio-economic group. 30 out 40 (75%) cases had a rural background whereas 10 (25%) cases came from urban area. Most of the cases were of >18weeks gestational age group (75%) followed by 8 (20%) of 10 to 18 weeks of gestation and 2 (5%) patients of 6 to 9 weeks of gestation. There was history of criminal interference in maximum no of cases (60%), whereas history of sepsis following MTP was observed in 10 out 40 (25%) cases. 6 cases were of spontaneous abortion. Majority of cases encountered were of Grade-I infection (67.5%) followed by Grade-II type (27.4%) and Grade-III type (21.6%). Of the 40 cases under study , 10 (25%) presented with painful adnexa on vaginal examination, followed by 8 cases of infection localized to the uterus (20%). 11 cases had already developed hemorrhagic or septic shock, 4 had generalized perotinitis and 7 had pelvic abscess. All cases were managed either conservatively or surgically . A total of 19 cases underwent surgical intervention , 15 had Dilatation and curettage , 4 had laparotomy . In 1 case repair of uterine rent was done and 1 required hysterectomy. In the present study 8 maternal deaths out of 40 cases of septic cases were there , giving an incidence of 20%, all were having a history of criminal interference. Septic abortion following MTP or spontaneous abortion were free of any mortality. Among all deaths , septicaemic shock was the cause in 5 , whereas 3 were due to hemorrhagic shock.

IV.TABLES

Table-1 Incidence of septic abortion during the period of June 2012 to July 2014

Total no of abortion	812
No of septic abortion	40
Incidence of septic abortion	4.93

Table-2 Age incidence of septic abortion

Age in years	Number	Percentage
<20	4	10%
21-30	16	40%
31-40	18	45%
>40	2	5%
Total	40	100

Table-3 Incidence of causes of septic abortion

Type of Abortion	Number	Percentage
Spontaneous	6	15
Criminal Interfernce	24	60
MTP	10	25
Total	40	100

Table-4 Incidence according to grade

Grade of Infection	Number	Percentage
I	27	67.5
II	8	20
III	5	12.5
Total	40	100

Table-5 Clinical presentation on admission

Clinical presentation	Number	Percentage
Generalised Peritonitis	4	10
Septic Shock	5	12.5
Painful Adnexa on Pelvic Examinaion	10	25
Pelvic Abscess	7	17.5
Hemorrhagic Shock	6	15
Localised Uterine Infection With Good General Condition	8	20
Total	40	100

Table-6 Management according to clinical grading

Grade of Infection & Number	Conservative Treatment		Surgical Treatment	
	Number	%	Number	%
Grade I (27)	19	47.5	8	20
Grade II (8)	2	5.0	6	15.0
Grade III (5)	0	0	5	12.5
Total (40)	21	52.5	19	47.5

Table-7 Number of surgical intervention

Type	Number	Percentage
Dilatation & Curettage	15	79
Laparatomy	4	21
Total	19	100

Table-8 Incidence and cause of maternal mortality

Type of abortion	No. of cases	No. of deaths	Causes of death & no.	
			Causes of death	No.
Criminal interference	24	8	Septic shock	5
			Hemorrhagic shock	3
MTP	10	-------	-------	-------
Spontaneous	6	-------	-------	-------

V.DISCUSSION

Septic abortion has been defined as any abortion associated with clinical evidences of infection of the uterus and its contents, the clinical evidence being a rise of temperature, offensive or purulent vaginal discharge, lower abdominal pain and tenderness. Fever is the initial complaint in such patients followed by sudden hypotension related to blood loss which is due to placental bacteremia. The three clinical gradings of septic abortion are:

Grde I: Infection limited to the uterus
Grade II: Infection had spread to adnexae , pelvic peritoneum and peritonium
Grade III: evidence of peritonitis, septic shock, renal failure or coagulation defect.

The septic foci formed in septic abortion carries risk of spreading infection to other parts of the body and causing septicemia, a grave risk to life of a woman. Septic shock may lead to kidney failure, bleeding diatheses and DIC. Intestinal organs may also become infected, potentially causing scar tissue with chronic pain, intestinal blockage and infertility. It needs to be treated quickly and effectively as the woman may die so early referral of septic cases is important. Once the patient progresses to septicemia complication rate becomes very high.

In present study, highest incidence of sepic abortion among married women shows that though pregnancy is not a social stigma for married women , they still procure illegal abortion to get rid of unwanted pregnancies. The highest incidence among middle socio-economic group is probably due to lack of poor knowledge of contraception or desire for male child, such women being less aware of MTP facilities go to untrained, unauthorized and poorly equipped personnel for induction of abortion. Criminal interference is a major cause behind high incidence of septic abortion , which may be due to social stigma and lack of secrecy in hospitals where medical termination services are available. All the cases following MTP were done at peripheral centres by less experienced persons. There is zero incidence of post MTP sepsis done at out institution under supervision of experienced person and aseptic precautions. Maximum cases were of 4 to 5 months of gestational period which may be due to fear of a women with unwanted pregnancy of getting questioned due to her distended abdomen, also the sex becomes confirmed illegally so that female foeticide could be performed . All the cases were managed mostly by surgical method after which a drastic decline in maternal morbidity & mortality was observed. Majority cases were managed with early laparotomy which showed frank pus in the peritoneal cavity, paracolic gutters and pouch of Douglas. The incidence of maternal mortality was 20 % in present study and there was a history of criminal interference in all of them. Septic abortion which followed MTP or spontaneous abortion were free of any mortality. The commonest cause of mortality was septicaemic shock.

From the present study it is evident that the incidence of septic abortion has not declined inspite of implementation of medical termination of pregnancy act in 1972 in which it was suggested that after making abortions more readily available , it will be no longer be necessary for women to resort to dangerous methods of termination unwanted pregnancy . But the liberal MTP law did not show any appreciable impact in the pattern of morbidity or mortality due to illegal abortion. Furthermore the unhygienic condition and the employment of untrained hands for the termination of pregnancy have their own impact on the high incidence rate of maternal morbidity and mortality.

VI.CONCLUSION

The maternal morbidity and mortality associated with septic abortions can be brought down by

1. Extending the MTP training programme to every doctor.
2. Increasing the use of contraceptives instead of abortion.
3. Providing MTP to every women in need.
4. Improving MTP training programme for clinical management of abortion complications.
5. For septic abortions there should be prompt evaluation of uterus, large doses of broad spectrum of antibiotics and close monitoring of fluid and electrolyte balance.
6. Media should make the people especially of rural areas , aware of the hazards of induced abortion by dais and unqualified personnel
7. Cases of induced abortion by unqualified personnel should be reported to guardians of law without any delay and hesitancy.
8. The court of law should use firm hand against those unskilled and untrained person who are still resorting to practice of criminal abortion.

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