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Gynaecology

EVALUATION OF SEPTIC ABORTION IN A MEDICAL COLLEGE HOSPITAL OVER A PERIOD OF ONE YEARS IN JLNMCH, BHAGALPUR, BIHAR.

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ABSTRACT

OBJECTIVE(S):- To evaluate the causes & sequences of septic abortions and resulting maternal morbidity and mortality in a medical college hospital, and determine indirectly the utilization of National Health services for voluntary termination of pregnancy (MTP).

METHOD(s)-A retrospective study of 50 cases admitted in our department over the last one year (Jan 2016-dec 2016)

RESULTS: The termination of pregnancy was done by untrained persons in 95% of cases. The presenting symptoms foul smell vaginal discharge (100%), fever (100%) and abdominal pain (96%). Septic abortions were more common in grandmultiparas (62%). The most common complication was generalized peritonitis (66%). Septic shock was seen in 30%. Surgical treatment was opted in 50 of cases which included evacuation and laparotomies combined with different procedure. Eight patients (16%) died. Fisher's test was used for statistical analysis.

CONCLUSION: Voluntary termination of pregnancy (MTP) should be performed in authorized centers only. Education of masses about easy availability and accessibility of MTP services is needed.

KEYWORDS : Septic abortion, maternal morbidity, maternal mortality.

INTRODUCTION:

In spite of liberalization of voluntary abortion by the Medical termination of pregnancy (MTP) Act, 1971, illegal abortions are frequently performed by untrained persons like traditional birth attendants or dais with disastrous results. Two major factors that contribute to the development of septic abortion. One is introduction of infection into the uterus and the second is uterine perforation with associated complications.

METHODS:

A retrospective study of 50 women admitted in our department for septic abortion over a period of 1 year from January 2016 to Dec 2016 was carried out. They had their abortions performed outside. Data collected from the records of these patients were analyzed.

RESULTS: As shown in table 1. The parity of patients ranged from zero to seven. Period of gestation at the time of termination ranged from 06 to 12 weeks in 60% of cases and ≥ 13 weeks in 40 % of cases. 90% belonged to rural background (Table -1). Mode of termination was instrumentation in 85% of cases.

Untrained persons performed termination in 96% of cases while in 4% it was performed by registered doctors. Indication for termination of pregnancy was unwanted pregnancy in 30% and female feticide (suspected) in 70% of cases.

Table 2 gives the clinical features. Foul smelling vaginal discharge was the commonest finding (100%), followed by fever (100%) and abdominal pain (95%), and generalized peritonitis (60%).

Culture reports of high vaginal and endocervical swabs showed the following organism –E-Coli, hemolytic streptococcus and staphylococcus, bacterioids, gonococci Chlamydia, clostridium perfringens.

A combination of 2 antibiotics based on sensitivity test was used in every case.

Table:-1. Patient profile.

CHARACTERISTICS	NUMBER	% AGE
Background		
Rural	45	90%
Urban	05	10%
Parity		
0	02	04%
1-4	18	06%
≥ 5	30	60%
Age (Years)		
<20	06	12%
21-35	41	82%
≥ 35	03	06%
Pd. of gestation (wks)		
6-12 wks	30	60%
≥ 13 wks	20	40%
Abortion performed by		
Untrained Dais	48	96%
>Registered doctors	02	04%

The complications arte shown in Table 3. Generalized peritonitis was the most common complication seen in 31(64%) cases, followed by septic shock 16 (32%), acute renal failure 7(14%) and coagulation failure 2 (04%).

Table: 2. Presenting clinical features.

SIGNS & SYMPTOMS	NO. OF PT.	PERCENTAGE
Foul smelling vag. discharge	50	100
Fever	50	100
Pain abdomen	48	96
Generalised peritonitis	33	66
Oliguria / Anaemia	07	14

Table: 3. Complications.

COMPLICATIONS	NO. OF PTS.	% AGE
Acute renal failure	07	14
Septic shock	16	32
Peritonitis	31	62
Coagulation failure	02	04

Surgical treatment was required in 50% of cases.

Table: 4. surgical treatment needed.

	NUMBER	PERCENTAGE
Evacuation of Uterus	07	14%
Laparotomy drainage of pus.	06	12%
Laparotomy with hysterectomy	02	04%
Colpotomy	03	06%

Laparotmomy with resection anastomosis.	05	10%
Laparotomy with colostomy	01	02%

In spite of our best efforts we could not save nine patients. Four patients died due to acute renal failure, four due to septicemia and one due to disseminated intravascular coagulation.

DISCUSSION.

Termination of unwanted pregnancy is practiced throughout the world with or without legal or social sanction. MTP; a safe and easy operation in trained hands becomes life threatening when performed by untrained persons in unhygienic conditions. Effective antibiotics based on culture & sensitivity report of vaginal discharge are the mainstay of treatment.

Properly timed surgery for evacuation of septic products or pus and for repairing damaged bowels is equally important.

Colostomy for drainage of pelvis abscess was done in 10% of our patients. Renal failure is important sequelae of septic abortion and was seen in 14% (7) of our cases.

It is estimated by WHO (1994) that in Indian subcontinent 15-24 unsafe abortions take place in 1000 women aged 15-49 years. It also states that in India 70-89 women per 100,000 live births die from unsafe abortions, the risk of death being 1 in 250 procedures. There is non availability of qualified doctors in peripheral and rural areas of India and women find locally available dais easily accessible and affordable.

The perception that MTP is too simple a procedure to warrant, even formal training is not supported by facts. Many of the general practitioners or PHC doctors are unable to provide MTP services either because of lack of skill to perform MTP or lack of required physical facilities. A crash training programme, especially for medical officers working at Block level PHC, in MTP should be implemented with the grants from Ministry of Health Family Welfare Government of India (1990).

CONCULSION: -

There is a need to popularize the government health care setups as providers of free, quick and quality abortion (MTP) services. These should be readily accessible to our small population. After MTP, contraception should be emphasized.

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