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"A CASE REPORT ON EVISCERATION OPERATION IN OBSTETRICS – A DISAPPEARING ART"

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ABSTRACT Evisceration operation in obstetric practice has become a rare procedure now a days as most doctors prefer an abdominal approach for fetal delivery in cases previously indicated for evisceration. However, it is a fact that every obstetrician must be familiar with such procedures of destructive operations as in many cases it may prove to be beneficial to the patients. Here, we have presented a case of evisceration operation performed on a second gravida patient at term gestation with a dead fetus with feto-pelvic disproportion due to huge ascites. The procedure was conducted efficiently and the patient could be discharged from hospital 48 hours later. This case report therefore is aimed at revisiting the art of evisceration and putting emphasis on the fact that in properly selected cases vaginal route of delivery is far better than abdominal approach.

KEYWORDS : Evisceration, embryotomy, destructive-operations, obstetrics

INTRODUCTION

Obstetric destructive operations are becoming rare as we progress in this branch of medical science every day. The incidence of destructive operations in India is around .09 -.28%.[1] Evisceration is one such procedure where an incision is made over the thorax or abdomen of a dead impacted fetus (obstructed labour) and the viscera are evacuated manually or by using sponge forceps, thereby reducing its size and allowing vaginal delivery. Using an embryotomy scissor, the thorax or abdomen whichever is accessible is opened. Entry into the abdominal cavity from thorax or vice versa can be achieved via the diaphragm. Usual indications are a dead fetus in transverse lie with inaccessible fetal neck, fetal ascites, fetal thoracic or abdominal tumours etc.

A practice which was followed more often in the past in cases of obstructed labour with a dead fetus, has seen a sharp decline in the recent years. With most obstetricians preferring to perform a C- section for such cases, the art of performing such procedures is also getting vanished gradually. Therefore by presenting this case we are trying to revisit the art of performing such procedures and it's benefits to the patient.

CASE REPORT

Fig.1 The Impacted Fetus

A second gravida patient at 37 weeks of gestation with a history of previous full term normal delivery presented to the emergency labour room with a IUFD baby in labour. She was carrying a fetus with gross fetal ascites, which was diagnosed at 32 weeks of gestation at a different center. Other fetal parameters were within normal limits. The labour progressed normally however during delivery the the fetal head and both the upper limbs got delivered but the fetus got impacted at the level of it's thorax with a largely distended abdomen obstructing further descent of the fetus. Even with application of substantial force (pull), the fetus couldn't be delivered. The situation was explained to the patient and the relatives accompanying her and a decision to perform evisceration was taken.

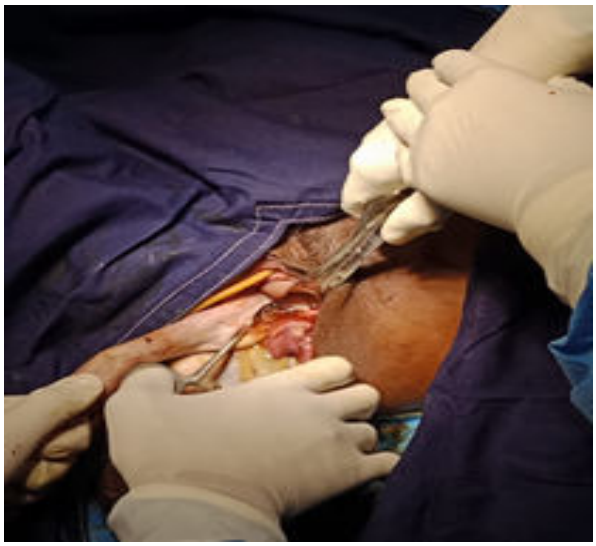

Fig.2 Fetal Ascitic Fluid Being Drained Through Axillary Incision.

Fig 3. Delivered Fetus With Deflated Abdomen.

The patient was shifted to OT, put under GA and placed in the lithotomy position. Antiseptic dressing and draping was done in the concerned part. Right medio-lateral episiotomy was given. The left upper limb of the fetus was held and traction applied. An incision was made over the axilla using an embryotomy scissor. Thoracic cavity was entered by making way between two ribs by breaking them. Left Lung

tissues were evacuated using sponge forceps. Following that, the abdominal cavity was entered pushing the sponge forceps through the diaphragm. As soon as the abdominal cavity was entered, gush of ascitic fluid started coming out through the axillary incision. In a matter of a few minutes the fetal abdomen got completely deflated and the rest of the fetal body was easily delivered. Active management of third stage of labour was done. The immediate post operative period was uneventful. Patient was shifted to ward once she regained full consciousness and was stable. She was discharged after 48 hours and was advised to attend the hospital after 6 weeks.

DISCUSSION

Now a days with the trend shifting towards caesarean section for any anticipated difficult vaginal delivery even with IUFD, this particular case regains our faith in destructive operations. When properly conducted this can be far better than opening up the abdomen and uterus. Moreover, it's advantage is that it follows the normal vaginal route of delivery and thus, avoids the complications of caesarean section. Early discharge from the hospital and less economic burden on the part of the patient are added benefits.

A retrospective study conducted by Sikka *et.al.* at PGIMER, Chandigarh, India, where she studied all destructive operations conducted at that institute over a span of 25 years and concluded that in a case of obstructed labour, where the fetus is dead, a destructive procedure like evisceration can be considered in place of abdominal-route delivery which carries considerable risk to the debilitated mother in neglected labour.[2] Similar conclusions were also drawn by some other studies.[3,4] Another study conducted by Sabita Rani Singhal *et al* at a tertiary care center over a period of 7 years concluded that patients belonging to poor socio-economc status presenting late in labour with IUFD and features of obstruction, sepsis- destructive operation is still a good option.[5]

Having the advantages of destructive operations in mind, however, we would suggest that while performing such operation the surgeon must be gentle enough. Just because the baby is dead one must not give undue force, which may result in tearing off some part of fetal body (making the delivery more difficult), neither introduce any instrument with undue force which may cause dangerous injuries to the mother like uterine rupture and post partum hemorrhage. It is also important to guard the vagina with the operator's fingers to avoid vaginal injury with bony spikes of the fetus.[6] Moreover such procedures end up mutilating the fetal body, so the patient's relatives accompanying her must be counselled properly about the whole procedure and due consent should be obtained beforehand.

CONCLUSION:

Evisceration is one such operation which when done properly gives utmost benefit to the patient. Her recovery is fast and hospital stay is less. So, the best outcome is achieved when we keep in mind the following - **"Properly selected case in proper hands after proper counselling".**

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