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A RARE CASE OF SEPTIC ABORTION

Obstetrics & Gynaecology

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ABSTRACT

A 23 years old unmarried female with 5 month of amenorrhoea and history of criminal abortion by quack with a insertion of rubber tubes was brought to us in a moribund state with complaints of high grade fever with severe pain in abdomen associated with nausea and vomiting that morning. Clinical examination revealed offensive vaginal discharge with fleshy mass and rubber tubes with features of sepsis. After evaluation a diagnosis of septic abortion was confirmed based on clinical presentation and biochemical parameters. This case is being reported for the increased incidence of illegal unsafe abortions in rural India despite legalizations of abortion.

KEYWORDS

Septic abortion, Illegal, Maternal mortality.

INTRODUCTION

Septic abortion is defined as any abortion associated with clinical evidences of infection of uterus and its contents. A septic abortion is a result of an unsafe abortion defined as the termination carried out by a person lacking necessary skills or in an environment lacking minimal medical standards or both. Septic abortion is primarily a cause of maternal mortality and morbidity in developing countries. In India 12% of maternal deaths are still attributed to septic abortions. Despite of legalization of abortions only 10% of all abortions are registered or legal in India. The lack of education and social taboos still loom large in a rapidly progressing country.

CASE REPORT

A 23 year old previously healthy unmarried female, resident of Raichur, admitted on 4.1.21, presented to labor room with 5 month of amenorrhea, with complaints of high fever with chills. Prior to presentation patient has 4 episodes of non projectile vomiting following which she had vaginal bleeding with lower abdominal pain. Patient was bought by her parents and was oriented to time, place and person. Patient gives history of MTP kit intake 3 days back.

Patient was thin built, poorly nourished with pallor. No cyanosis, clubbing or any lymphadenopathy. On general examination—patient was febrile with a temperature of 103°F, a feeble pulse and tachycardia. Blood pressure recorded was 100/60 mmHg in right hand in supine position. Abdominal examination revealed a uterine size of 16 to 18 weeks.

On per speculum examination showed bleeding through os, with foul smelling offensive discharge and a foreign body seen in vagina. Fleshy mass like structures 3 in number, i.e, cotton wool ball which are blood tinged measuring 4*3cm, 3*2cm, 2*1cm. Rubber catheters noted, 2 in number, gently held with sponge holding forceps and removed from the os, red color of 38cm and orange color of 40cm size.

After this thorough examination, parents were once again questioned regarding history and then revealed attempt of abortion done 2 days back by a quack at local hospital by introducing tubes and unknown oil was injected through the tube.

Investigations

Hemoglobin -9.4g%; Blood group - A negative; Total count – 15900; Platelet count - 2.14 lakh; RBS- 90 mg/dl; Urea – 16; Creatinine - 0.8; Total bilirubin - 1.1; Direct bilirubin - 0.2; SGOT -26; SGPT - 20; ALP – 195;Total protein - 6.1; Albumin - 3.2; Blood culture - nil growth; Vaginal swab - nil growth, serology – negative.

USG report : Distorted fetal parts noted in endometrial cavity (spine and limbs), Fetal abdomen and thorax not well visualized, Cranium is seen in cervical canal, Cranial bone shows spalding sign, Multiple air echoes – in mesh like pattern seen in fundal region of uterine cavity, ? Foreign body, Uterus is intact no obvious sign of uterine perforation.

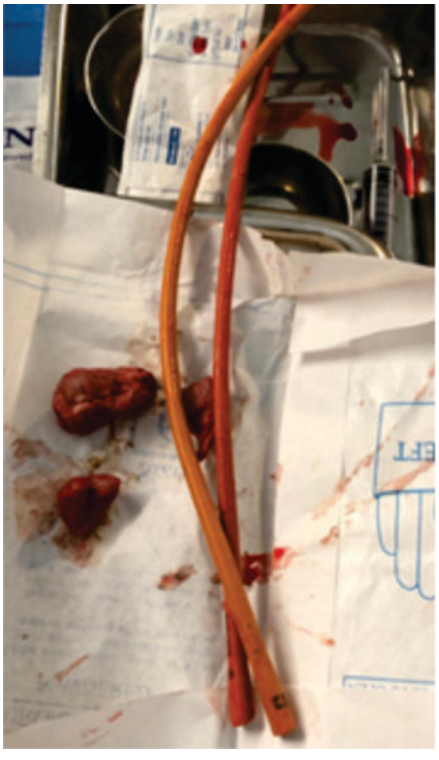

Figure 1: Foreign Body Removed From The Vagina.

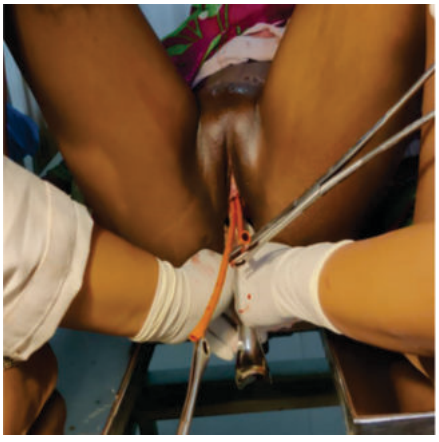

Figure 2: Foreign Body Through The Vagina On Per Speculum Examination.

Figure 3: Macerated Fetus.

Management

Patient was put on broad spectrum higher antibiotic i.e Inj PIPZO 4.5g i.v TID for 5 days. Inj Anti D 300IU I.M was given. Patient expelled products of conception spontaneously. A single dead male baby of weight 440 g. Placenta not expelled. Inj carboprost im was given stat and inj oxytocin 10 units was started i.v. Placenta was adherent. USG guided manual removal of placenta was done which was in the cavity, and remaining products were removed by ovum forceps under iv sedation. With 10 units of oxytocin i.v following which one pint PRBC was transfused.

DISCUSSION

Complications from unsafe abortions if untreated, could lead to morbidity or death. The best way to prevent unsafe abortions is to reduce the unmet need for contraception and make safe abortion services accessible to women at an affordable cost at tertiary hospital. Postabortion counseling and follow-up for contraception and morbidity reduction needs to be strengthened. ICMR focuses its research activities on the study of women's knowledge, attitude and practice regarding abortions and to investigate abortion seeking behavior related to unwanted pregnancies and improving medical methods for termination of first and second trimester pregnancy. To prevent unplanned pregnancy majority of the women who had incomplete knowledge of contraceptive methods or oral pills, relied on methods like withdrawal, rhythm that have no ill health effects and hence did not opt for modern effective methods. Awareness about contraceptives and its availability and accessibility should be increased in young women in reproductive age group.

CONCLUSION

Though abortion has been legal in India for more than 35 years now, the doctors of rural India still face problems of illegal abortions done by Quacks. Failure of education, social taboos and not reaching of services to masses is a major problem in our country. This case highlights education and awareness of safe abortions to women living in rural areas and to all ANM, ASHA workers and quacks not to practice unsafe abortion. It is necessary to change legal and other barriers to secure medically safe abortions. The consequences of unsafe abortions on women's health and well-being need to be acknowledged by everybody in the society and action to be needed to reduce maternal mortality.

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