



## A RARE PRESENTATION OF PYOPERITONITIS DUE TO UTERINE PERFORATION SECONDARY TO SEPTIC ABORTION

### Obstetrics & Gynaecology

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### ABSTRACT

The main objective of this study to sensitize about an issue of reproductive health which is most controversial and carries the heaviest burden of stigmatization. Although abortion services in India were liberalized more than 3 decades ago, still we are facing problems of illegal septic abortion. We are presenting a rare case of 40 year old G3P2L1D1 with 3-4 months of amenorrhea with uterine perforation secondary to septic abortion. She was taken for emergency exploratory laparotomy, we found pyoperitoneum with foul smelling pus pockets in pelvis, sub hepatic and uterovesical space, uterine rent of 4cm x 3cm. Also there was decomposed fetal skull bones adherent to bowel and omentum. In these case, patient morbidity was due to sepsis and delay in taking treatment.

### KEYWORDS

Pyoperitonitis, septic abortion, uterine perforation, decomposed fetal skull bones.

### INTRODUCTION

A septic abortion is a spontaneous, therapeutic or artificial abortion complicated by pelvic infection. 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. A typical causative organism includes E.Coli, Enterobacter aerogens, P.Vulgaris, Hemolytic streptococci, staphylococcus aureus. According to WHO criteria, 7-9% (95% UI 4.7-13.2) of all maternal death is due to abortion which was previously 13 % due to unsafe abortion. Recent MTP act 2021 has raised period of gestation of abortion from 20 weeks to 24 weeks. Our FOGSI, focus to provide safe abortion services at grass root level to reduce unsafe abortion. Medical termination of pregnancy (MTP) is an easy and safe procedure in trained hands becomes life threatening when performed by untrained hands.

### Case Presentation

40 year old G3P2L1D1 with 3-4 months of amenorrhea with previous two normal vaginal deliveries came as a referral from GMC Gondiya as a septic abortion with uterine perforation with pyoperitoneum with hemoperitoneum. She was admitted there for 2 days with USG findings was suggestive of hypo echoic defect in lower uterine segment with moderate amount of fluid in uterine cavity with decomposed bones in the abdominal cavity. She had history of amenorrhea of 3-4 months, pain in the abdomen since 15 days along with foul smelling vaginal discharge since 5-6 days, she also had low grade fever with breathlessness since 2 days. She did not give any history of abortifacient intake or attempt of MTP by any skilled or unskilled person. She was married since 22 years with previous two normal uneventful vaginal deliveries. She had history of irregular menstrual cycles with no history of any contraceptives use. On clinical examination, her general condition was poor. She was conscious, oriented in time, place & person. She was moderately pale, febrile (Temp-99.6 degree F), Pulse-112/min, RR-34/min, BP- 100/70 mmHg, Spo2 -92% on RA. Her cardiovascular and respiratory examinations were normal. On per abdominal examination abdomen was distended, tenderness present in lower abdomen with guarding and rigidity. There was no organomegaly. On per speculum examination, profuse foul smelling pus discharge coming from cervical os. On bimanual examination uterus was bulky with bilateral adnexal fullness. Her general condition was stabilized with propped up position, O2 supply, IV fluids and higher antibiotics. All routine investigations were done. Her hemoglobin was 8.4gm % and TLC were 28,250/mm<sup>3</sup>. USG was done and findings were same as that of previous scan. She was taken for emergency exploratory laparotomy under general anesthesia. Intraoperative there were evidence of multiple foul smelling pus pockets in pelvis, sub hepatic space and uterovesical space. Approximately 1 liter of pus was drained out from all pockets. Decomposed fetal skull bones were adherent to the bowel

and omentum. Also there was an evidence of rent of 4cm x 3 cm present over posterior surface of uterus in lower uterine segment and was sutured. Abdominal lavage was given with normal saline and two abdominal drain was kept one in POD and another in sub hepatic space. Abdomen was closed and pus sent for culture and sensitivity. On pus culture report only pus cells seen with no organism grown. In postoperatively she was monitored well and kept on higher antibiotics. Her postoperative course was uneventful and she was discharged on day 12.

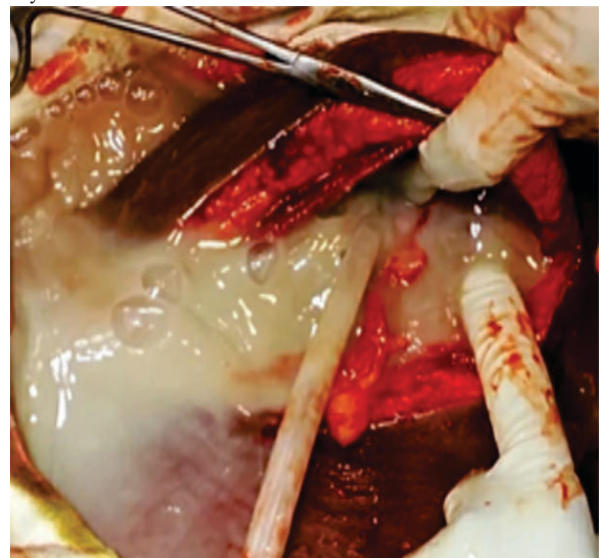


Figure 1 Pyoperitonitis Due To Uterine Perforation



Figure 2 Decomposed Fetal Skull Bones

## DISCUSSION

Obstetric patient comprise a unique population by virtue of various anatomical, physiological and biochemical changes that occur in gravid and puerperal states. Unsafe abortion can lead to a variety of complications, including sepsis, hemorrhage, genital and abdominal trauma, tetanus, perforated uterus, and poisoning from abortifacient medicines. In our case, patient's morbidity was due to unsafe abortion which resulted in uterine perforation & pyoperitoneum. Intraoperative, we found decomposed skull bone adherent to bowel and omentum. So, any further delay in seeking treatment she might present with bowel perforation. In our set up, due to availability of multidisciplinary approach, blood transfusion facilities, higher antibiotics, ICU facilities and prompt decision of exploration we could save the patient. Sepsis remains a significant issue for obstetric patients. There is unmet need to bring awareness among the people about safe and effective methods of contraception and abortion services to avoid such complications.

## CONCLUSION

Though abortion has been legal in India for more than 35 years now, we the doctors of rural India still face problem of unsafe abortion. Medical termination of pregnancy (MTP) is an easy and safe procedure in trained hands becomes life threatening when performed by untrained hands. Failure of education, lack of knowledge, ignorance, poverty is major problem in our country especially in rural areas. The outcome and survivability in patients with severe sepsis and septic shock are improved with early detection and prompt recognition of source of infection and targeted therapy with involvement of multidisciplinary team. The consequences of unsafe abortion on women health and wellbeing need to be acknowledged by everybody in the society and intensive dissemination of information and commitment all level is required.

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