AN UNUSUAL CONSEQUENCE OF ILLEGAL INDUCED ABORTION: A CASE REPORT

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ABSTRACT: Illegal and unsafe abortions are not uncommon. Various different types of retained foreign bodies used in cases of septic abortions have been reported earlier. We present this case report to highlights an unusual and rare complication of a retained red rubber catheter used for illegally induced abortion.

INTRODUCTION: Between 1995 and 2008, the rate of unsafe abortion worldwide remained essentially unchanged, at 14 abortions per 1,000 women aged 15–44. According to latest global abortion figures released by WHO and Guttmacher institute, New York, India contributes to most of abortions in south and central Asia (6.5 million out of 10.5 million) and 2 out of 3 abortions in India are unsafe¹.

The estimated annual number of deaths from unsafe abortion declined from 56,000 in 2003 to 47,000 in 2008. Complications from unsafe abortion accounted for an estimated 13% of all maternal deaths worldwide in both years².

We present here one such case of illegal abortion which presented with an unusual and rare complication.

CASE REPORT: A 25 year old female, P2L2A1 reported to our gynaecology outpatient clinic with complaints of dull aching pain and lump in left lower abdomen which had been gradually increasing in size for last five months following an induced abortion. She also had progressive constipation and amenorrhea for the same period.
She had two uneventful full term normal vaginal deliveries and last child birth was 10 months back. Five months following the second delivery, she had consulted a local midwife in her village for persisting amenorrhea and was diagnosed as three months of pregnancy. She underwent termination of pregnancy by that local midwife. About 10-15 days following the procedure, she developed low grade fever, pain abdomen and a progressively increasing abdominal lump in left lower abdomen with constipation.
On examination her general condition and vitals stable and systemic examinations revealed no abnormality. Abdominal examination revealed a firm mass ~ 8 x 4 cm, felt in left iliac fossa extending to left lumbar region with restricted mobility from side to side. Surface was smooth and slightly tender on deep palpation. Speculum examination was normal. On bimanual examination uterus was retroverted, normal size, mobile, firm and no adnexal mass could be palpated via the fornices.

Her hemoglobin was 9.6 g%, counts normal. Rest all laboratory investigations were normal. X-ray abdomen showed a coiled tubular radio-opaque structure in lower abdomen traversing from left to right side. Ultrasound revealed a tubular structure with echogenic wall suggestive of a catheter, seen along left ovary coursing obliquely towards right iliac fossa and then turning to lie anterior to urinary bladder to reach left iliac fossa where a bowel mass was identified with surrounding hypo-echoic areas suggestive of granulation tissue. Uterus and bilateral ovaries were normal. Barium meal follow through showed the same coiled tubular structure with some amount of narrowing in the lumen of sigmoid colon (Figure 1). CT abdomen and pelvis showed intra-abdominal catheter traversing left ovary to right iliac fossa and then anterior to urinary bladder and ending possibly in the wall of sigmoid colon with granulation tissue around it. There was slight amount of free fluid in abdomen.

An exploratory laparotomy was done. Intraoperative findings revealed a normal and mobile uterus. A cord like structure was felt originating at left broad ligament just below fallopian tube, traversing part of left mesovarium, then covered by omentum with the other end near sigmoid colon. There was a 12 cm long and 8 cm wide firm to hard soft tissue swelling on the medial side of sigmoid colon. A nick was given over swelling and through it a red rubber catheter was pulled out (Figure 2 & 3).

Part of the descending colon and upper part of sigmoid colon, which was replaced by the soft tissue growth, was resected and colo-colic anastomosis was done.

Patient had an uneventful postoperative recovery and discharged on 8th postoperative day.

Figure 1 Barium meal follow through showing narrowing of sigmoid lumen. The White arrow showing the coiled tubular structure.
DISCUSSION: The World Health Organization defines unsafe abortion as a procedure for terminating a pregnancy that is performed by an individual lacking the necessary skills, or in an environment that does not conform to minimal medical standards, or both. It is one of the highly neglected problems of health care in developing countries contributing as a significant cause of ill-health among women in the developing world. Estimates for 2005 indicate that 8.5 million women annually experience complications from unsafe abortion that require medical attention, and three million do not receive the care they need.

Complications like uterine perforation, post-abortion haemorrhage, peritonitis etc commonly occur. But, operative finding of a long forgotten red rubber catheter in the abdomen which was used
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for inducing the abortion and which resulted in a complex adnexal and bowel mass is a rare finding and hence this report.

Although, abortions are legal in India and services much safer than other developing countries, still, due to lack of education, social stigma and other barriers women are not taking advantage of this liberal law. There is tremendous need for country’s family planning programme to spread awareness for safe abortion and also push for increased use of contraception. Level of basic health care especially in peripheral areas needs to be improved.

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