CASE REPORT

Induced septic abortion following bamboo stick insertion: A case report

Bishnu Prasad Das
Karabi Barman [1]

Associate Professor of Depart of Obstetrics and Gynaecology, Gauhati Medical College, Guwahati.
[1]Assistant Professor, Department of Obstetrics and Gynaecology,Fakhruddin Ali Ahmed Medical College, Jotigaon, Barpeta, Assam, India.

Correspondence: Dr Bishnu Prasad Das, Associate Professor of Depart of Obstetrics and Gynaecology, Gauhati Medical College, Guwahati, Assam, India. email**: bishnujyotidas@gmail.com**

ABSTRACT

Incidence of various types of septic abortions are high specially in rural areas and in uneducated and lower socioeconomic class, contributing to high maternal mortality and morbidity in India. Unavailability of health care and sometimes its cost might prevent people from seeking help in such situation. A woman from the remote rural place from the district of Kamrup Rural, Assam presented to the hospital with pain abdomen and a tender swelling in left iliac region. History of induced abortion by a local dai by inserting a bamboo stick was given by the patient 2 weeks prior. Investigations revealed a lump. During laparotomy, a 12 cm long bamboo stick was found in the uterus, and it was removed successfully.

Keywords: Septic abortion, laparotomy.
Conflict of interest: None. **Disclaimer:** Nil.

Any abortion which is associated with clinical evidence of infection of the uterus and it's contents is called septic abortion. Such evidences are: i) rise of temperature to 100.4 degree F for 24 hrs/or more, ii) offensive/ purulent vaginal discharge, iii) other evidence of pelvic infection - lower abdominal pain and tenderness.

It is difficult to work out the actual incidence of septic abortion. About 10 percent of abortions requiring admission to hospitals are septic [1]. Although infections can occur after spontaneous abortions, in majority of cases the infection occurs following illegal induced abortion [2]. Shreelakshmi et al have given the incidence of septic abortion as 6.78 percent and surprisingly in 72% of these women, abortion were carried out by qualified medical person [3]. With better medical and in particular improved obstetric services being available in rural areas, the incidence of septic abortions following insertion of roots/sticks per vaginum should have gone down. But the actual scenario is that even after four decades of legalization of abortion in India only about 10 percent of all abortions are registered or legal. About 12% of maternal deaths in India are still caused by septic abortions [2]. Such methods of abortions cause inadvertent injury to the genital organs and the adjacent structures particularly the gut leading to pelvic peritonitis [4].

Received: 31 August 2014. **Accepted:** 13 September 2014.
Das BP, Barman K. Induced septic abortion following bamboo stick insertion: A case report. Journal of Obstetrics & Gynaecology Barpeta, 1(2):111-3.

Case history

Mrs JD, a 35 year old lady, (Para 3) was referred to Department of Obstetrics and Gynaecology of Gauhati Medical College and Hospital for pain of moderate degree and swelling over the left iliac region for last 10-12 days. Her last childbirth was 2 years back and since then she had lactational amenorrhoea. About 2 weeks back she had nausea and vomiting, and on suspicion that she might be pregnant, she approached a local untrained dai (an unskilled female who usually conducts such abortions). The dai said that she was pregnant and inserted a bamboo stick smeared with some medication (probably a type of herbal abortificient) into her womb. According to the patient, the whole procedure was painful, and was sent home after it was completed. Subsequently, she started to develop pain in the lower abdomen which increased in intensity for the next couple of days, accompanied with fever. But there was no history of passage of blood or any products of conception or the bamboo stick that was inserted inside her womb. Gradually her symptoms became worse, for which she went to the nearest health facility where she was admitted and was treated with antibiotics, analgesics and I.V fluids. She got some relief but her lower abdomen on the left side developed a very tender swelling and she was referred to Gauhati Medical College and Hospital.

On admission to the O & G department, her vitals were found to be stable except for the fact that she appeared pale and exhausted. There was tenderness over the whole abdomen but it was more over a mass felt in the left iliac region. On speculum examination, no stick was visible, but frank pus was seen coming out of the cervical os. On bimanual examination, uterus was found to be of normal size and anteverted. An extremely tender lump (6cm x 6cm-in size) was felt above and to the left of uterus.

Both the lateral fornices were tender but no stick could be felt through them. Provisionally, a diagnosis of pelvic inflammatory mass with (?) a foreign body was made. I.V. antibiotics in the form of Cefoperazone+ Sulbactum+ Metronidazole t.i.d ; systemic analgesics and anti-inflammatory drugs were started.

On investigation- her blood reports were positive for infective diseases with low Hb% of 9gms%. USG report failed to show any foreign body inside the abdomen. Chest x-ray and ECG report were normal. But as her conditions did not improve, she was prepared for laparotomy under general anaesthesia (GA).

Operation Note

On laparotomy, as soon as peritoneum was opened, a lump was observed to form over the fundus of the uterus, which was mainly formed by omentum. On digital separation of the omentum, a bamboo stick (12 cm long as shown in the Fig 1) was seen almost completely expelled from the uterus through a rent (Fig 2). The uterus was normal in size and without any clinical evidence of pregnancy. The rent over the uterus was not bleeding and was in a healing process already (Fig 3). The small rent was closed with catgut and the both the tubes were ligated. No other injury to the surrounding viscera was seen. After a through toileting the peritoneal cavity, a corrugated drain was put in the pelvis before abdomen was closed in layers. She was closely monitored and was found to be stable after 72 hrs. She was able to leave hospital almost after one and half month after admission because of nasty wound infection with gaping requiring many wound healing procedures.

Discussion

Generally septic abortion patients get admitted in a toxic state and require immediate surgery in the form of laparotomy or colpotomy. Lassey et al found the surgical intervention rate in such cases as high as 94% in Ghana, with overall mortality rate of 2.4% in his series [5]. The ensuing septicaemia in laparotomy cases leads to a very stormy post-operative period which can cause even death of the patient in some cases or a very prolonged hospital stay due to morbidities in others. One such patient (Mrs J.D.) was admitted with perforation of the uterus following unsafe, illegal attempt at termination of pregnancy. She was admitted with high grade fever with features of general peritonitis. After stabilizing her with broad spectrum I.V. antibiotics and correcting her dehydration and electrolytes, raising the Hb% level with 2 units

of blood transfusions, laparotomy was carried out which revealed presence of purulent peritoneal fluid and a bamboo stick almost completely coming out of a partially healed rent on the fundus. About a litre of pus was sucked out from the peritoneal cavity and abdomen was closed after toileting. Subsequently she was closely monitored and was stable after 72 hrs, although she developed wound infection and ultimately discharged after 45 days since admission. In this particular incidence, the woman (Mrs J.D.) was very lucky as the stick miraculously missed any other intra-abdominal important structure.

Conclusion

To reduce the morbidity and mortality associated with unsafe abortions, intensive dissemination of information and commitment at all levels is required. Use of various contraceptive methods should be promoted in order to prevent unintended pregnancies. Governments and non government organizations should find ways and means to overcome cultural and social misconceptions which restrict women from receiving health care.

References

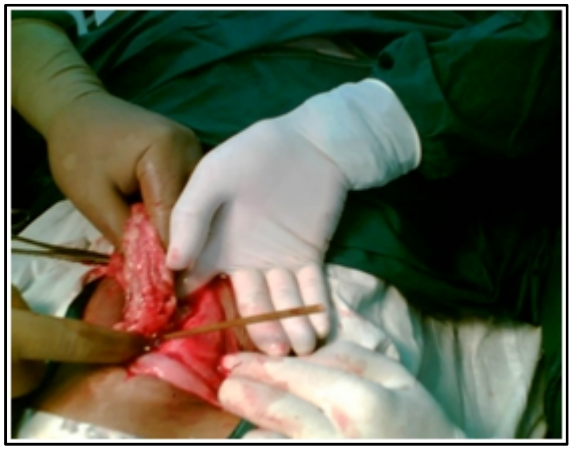
1. Seth I. Unsafe abortion. In: Batler P, editor. Global and regional estimates of unsafe abortion and associated mortality. Geneva: WHO; 2004.

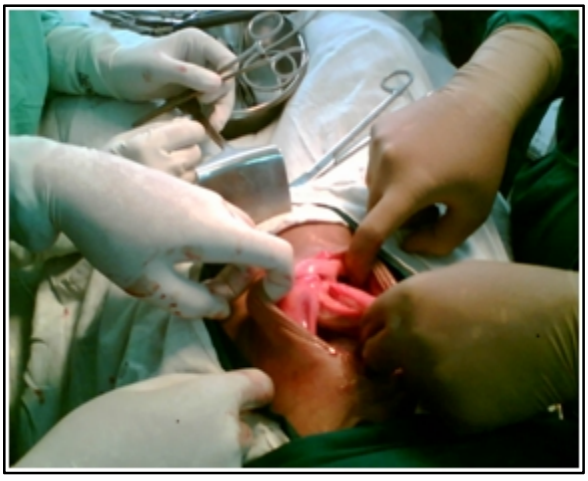
2. Kore S, Rao S, Pandole A. Outcome of septic abortions: Impact of tertiary care. J Obstet Gynaecol India. 2000; 54: 292-298.

3. Sreelakshmi U, Thejaswini J, Bharathi T. The outcome of septic abortion; a tertiary care hospital experience. J Obstet Gynaecol of India. 2014; 64(4): 265-269.

4. Rana A, Pradhan N, Gurung G, et al. Induced septic abortion a major factor in maternal mortality and morbidity. J Obstet Gynaecol Res. 2004; 30: 3-8.

5. Lassey AT. Complications of induced abortions and their preventions in Ghana. East African Medical Journal. 1995; 72(12): p774-777.





(Anticlockwise from right top)

Image 1: Bamboo stick coming out through the rent in fundus of uterus.

Image 2: 12cm long Bamboo Stick used for inducing the abortion.

Image 3: Rent in the fundus showing signs of healing.