

CASE REPORT

Small Bowel Obstruction in a Young Female following an Unsafe Abortion: An Unusual Cause

¹Apoorv Goel, ²Roli Bansal, ³Sarita Goel, ⁴Ayush Agarwal

ABSTRACT

The number of unsafe abortions has declined over the years in India but we still come across many cases and few of them with fatal complications. Usually such cases may present as bleeding per vaginum with features of sepsis and often instrumentation causing uterine or bowel injury. Our case is a 16 year old unmarried girl who had a history of 5 months of amenorrhea and underwent abortion by a quack in a village presented with features of frank small bowel obstruction due a rare unusual cause.

Keywords: Intra-abdominal fetus, Small bowel obstruction, Quacks, Unsafe abortion.

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RESUMEN

El número de abortos inseguros ha disminuido en los últimos años en la India, pero todavía encontramos muchos casos, y algunos de ellos con complicaciones fatales. Por lo general, estos casos pueden presentar como sangrado vaginal con características de sepsis y, a menudo lesiones uterinas o intestinales por instrumentación. Nuestro caso es el de una mujer soltera de 16 años de edad que tenía un historial de 05 meses de amenorrea y se sometió a aborto por un charlatán en un pueblo y presento características de obstrucción del intestino delgado debido a una causa rara.

Palabras clave: Feto Intra-abdominal, obstrucción del intestino delgado, charlatanes, aborto en condiciones de riesgo

INTRODUCTION

Let alone the fact that abortion is an extremely sensitive topic everywhere, it is perhaps unreasonable to expect

reliable data about abortion practices, especially in India, where even vital registration—the recording of births, deaths, and marriages—is far from complete and accurate.^{1,2} Most illegal abortions are conducted in the rural areas of developing nations without adequate facilities and by persons with no knowledge of anatomy who operate with non-sterile instruments with increased percentage of mortality and morbidity.² It is estimated that worldwide 45 million pregnancies end in induced abortion every year and 20 million of these are reckoned to be unsafe. It is also estimated that 67 000 deaths occur annually due to unsafe abortion and that the risk of death following complications of unsafe abortion procedures in developing countries is several hundred times higher than in their developed counterparts. In India maternal mortality in unsafe abortion is very high; in one study it was determined to be 33% which is unacceptable in the modern age.^{2,3} One extremely rare but important complication is small bowel obstruction after surgical abortion due to instrumentation causing uterine wall perforation and subsequently bowel injury. Though other pelvic organs may get injured such as urinary bladder, iliac vessels, ureter, etc. Small bowel is most commonly injured with uterine perforation because of its central pelvic location, length, and mobility.⁴ An illegal abortion by unqualified inexperienced hands without or with minimal medical knowledge in rural society of developing countries is not uncommon. Complications can endanger the life of mother if proper medical or surgical intervention is not offered in time.⁵

CASE REPORTS

A 16 years old unmarried girl coming from a remote village of Uttar Pradesh, India accompanied by her mother presented in surgery emergency with complaints of fever of 10 days duration with abdominal distention, vomiting and non-passage of flatus and stools for 5 days. Her mother gave history of 5 months of amenorrhea and instrumentation by a village quack 12 days back following which she had bleeding per vaginum for 2 days. On examination she was found to have tachycardia, temperature of 102°, normal blood pressure. Her abdomen was distended, tense with generalised tenderness. Her abdominal X-ray revealed multiple air fluid levels and dilated small bowel loops (Fig. 1). Her

^{1,4}Assistant Professor, ²Senior Resident, ³Senior Consultant

^{1,4}Department of General Surgery, Santosh Medical College and Hospitals, Ghaziabad, Uttar Pradesh, India

²Department of Medicine, Division of Nephrology, UCMS and GTB Hospital, New Delhi, India

³Department of Obstetrics and Gynaecology, Goel Nursing Home, Ghaziabad, Uttar Pradesh, India

Corresponding Author: Apoorv Goel, Assistant Professor Department of General Surgery, Santosh Medical College and Hospitals, Ghaziabad, Uttar Pradesh, India, Phone: +919910093735, e-mail: drapurvgoel@gmail.com



Figura 1: Plain X-ray Abdomen showing multiple Air-Fluid levels suggestive of bowel obstruction

urinary pregnancy test was negative. A diagnosis of septic abortion and small bowel obstruction was made with suspected bowel injury. She was admitted and a formal consultation by gynecology team was taken. However her urine pregnancy test was negative.

She underwent exploratory laparotomy by midline incision and we were surprised to see a dead fetus entangled in small bowel loops, 1 liter of extremely foul smelling purulent intraperitoneal fluid, sloughed off uterus and dilated small bowel loops. Fetus was densely adhered to bowel loops causing mechanical obstruction (Figura 2). Omentum was necrosed and adhered to the fetus.

Dead fetus was dissected off bowel loops and apparently there was no bowel wall injury on further exploration. Thorough lavage was done, uterus was beyond repair and necrosed dead tissue of it was excised. Drains were placed and abdomen was closed. She was put on high end antibiotics.

Patient recovered well in postoperative period. She was started sips of water on 2nd postoperative day and gradually she was on regular diet on 5th day. Patient was discharged to home on 7th day.

DISCUSSION

Every year, 50 million abortions occur worldwide. About 19–20 million of them are unsafe abortions and

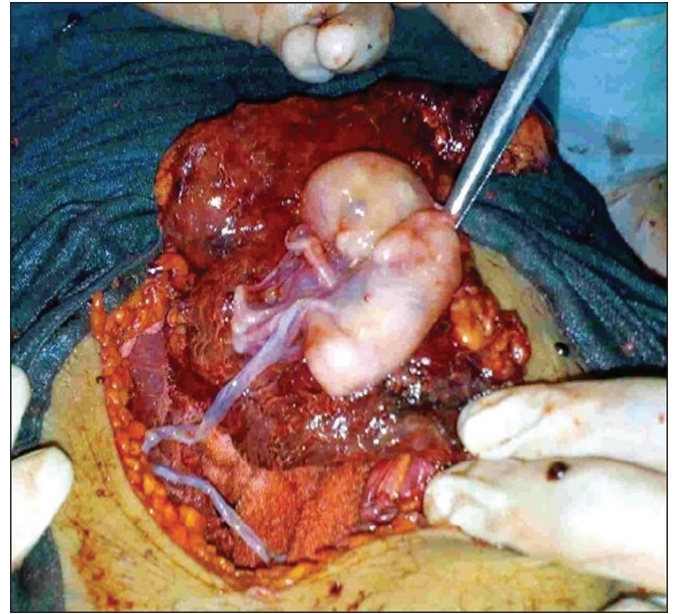


Figura 2: Intra-abdominal dead fetus dissected away from loops of small intestine

an estimated 67000 women die as a result.^{1,2,6} A high proportion of maternal deaths caused by abortion are especially due to illegal unsafe abortion. According to World Health Organization, in every 8 minutes a woman in one of the developing nations will die of complications arising from unsafe abortion, making it one of the leading causes of maternal mortality (13%).⁶ Under the Revised Medical Termination of Pregnancy (MTP) Act in India, both the caregiver and the patient are held liable for unsafe abortion. Unsafe abortions are still prevalent among rural population of India, largely done by quacks who are not qualified to perform these procedures. This has resulted in high maternal mortality rate overall. Also the rate of complications resulting from such unsafe abortions is on rise.^{1,2} Complications occur in a large portion of these cases and ultimately require tertiary care.

It is very difficult to identify and record abortion, including induced abortion. These patients come in a moribund stage and one has to give multiple antibiotic cover to treat the infection and then resort to surgery like evacuation of the uterus, colpotomy to drain a pelvic abscess, or laparotomy to deal with visceral injuries. To improve the outcome, surgery should be done early rather than late.

In a study in India, they show that among all complications, bowel injury is the most dangerous. It leads to significant number of deaths, which mostly occurred among women undergoing abortion where criminal methods were used and where no proper medication and follow-up was there.⁵ It also showed that higher mortality was associated with injury of large gut, and sooner the reparative surgery, the better was the prognosis. Uterine

perforation, bleeding, injury to bladder and bowel, sepsis, shock and death are immediate complications of unsafe abortion.^{5,7} In our case, unskilled instrumentation perforated the gravid uterus, through which the mutilated fetus escaped intraperitoneally. Unsafe abortion has also been associated with long-term adverse conditions, including vesicovaginal fistula, rectovaginal fistula, bowel resection, chronic pelvic inflammatory disease (PID) and infertility. Although there is a declining global trend in the incidence of abortion, surprisingly, unsafe abortion rates are gradually escalating, especially in the developing World.^{2,6} However, the statistics of unsafe abortions likely underestimate the number of events. In our case curettage was done by an unqualified nurse to abort the unwanted pregnancy. Lack of education, social stigma, female feticide and other barriers to abortion, force women to seek abortion in secrecy at a high cost, leaving the poorest, least educated women to unskilled and highly unscrupulous executors and hence the greatest risk of injury. Abortion when legal should be safe. The most effective way to reduce the morbidity and mortality would be to prevent unwanted pregnancies by informed and effective use of contraception. Also the society should be educated to accept the female child. Easy accessibility of abortion services, curb on unauthorized medical practice can reduce the complication rate.⁷

Intestinal obstruction is a rare complication of induced abortion but it is not rare in our country. It is most commonly seen in countries where abortions are performed by people with sharp pointed instruments, without proper training and knowledge of anatomy.

We have seen cases of small bowel injury with uterine perforation but this kind of mechanical bowel obstruction is quite rare.^{4,5} Very few cases have been reported previously of such a unexpected cause of mechanical small bowel obstruction.

Prompt diagnosis and appropriate intervention might provide better outcome. Therefore early referral and safe abortion services by skilled personnel in peripheral centers are necessary to limit mortality and morbidity of unsafe abortion.⁷

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