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Rare case of self-induced abortion: A case report

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Abstract

Induced abortion has been legal in India on a broad range of medical and social grounds since 1980 but very often it is being misused for various reasons. Induced abortions especially done in second trimester carries high risk to the patients going for it. Usual complications are uncontrolled bleeding, retained products, infection and injury to the genital organs. Our patient in the study suffered a very unusual complication as a result of which she had to undergo subtotal hysterectomy in young age. Concerning these severe and some unpredictable complications, free availability of MTP kits should be totally banned.

Keywords: Self induced abortion, vaginal discharge, abortion, MTP

Introduction

Induced abortion is the Intentional Termination of a pregnancy before a fetus can live independently. An abortion may be elective (based on women's personal choice) or the therapeutic (to preserve the health or save the life of a pregnant women). Mostly 1st trimester abortion are done by medical methods but most the second trimester abortion are surgical. Although Abortion has been a legal procedure in India but there are various complications that can occur after abortion among which uncontrolled bleeding, infection, injury of genital organs & retained products are common.

Case Report: A 38 year old P₃+1 presented with foul smelling discharge per vaginum and pain lower abdomen for last 2 years which was gradually increasing in intensity. On detailed history taking she revealed that she had 3 full term vaginal deliveries followed by one self-induced abortion of 18-20 week gestation 3 years back. According to her she took MTP kit without the prescription of any registered medical practitioner. She had on & off bleeding per vaginum for approx 2 months & then she developed amenorrhea which is presenting till now. Local examination revealed extremely foul smelling serous discharge. On per speculum examination vaginal was apparently normal but opening of external os could not be seen as it was fibrosed and discharge was seen seeping out of it. On per vaginal examination, uterus was bulky and extremely hard in consistency. B/L adnexa were found normal. Her USG revealed a mass inside the uterine cavity. Her CT scan was done which showed? foreign body/ ? pyometra with calcification. Laparotomy was planned. On opening the abdomen uterus was found bulky & inflamed. Bladder was high up adhered to the body of uterus. B/L adnexa were normal. Fundal clamps were placed, structures cut & transfixed with preservation of ovaries. While attempting to dissect the utero vascular fold of peritoneum, bladder got opened so also a hole was created in the uterus where bladder was attached. Some bony structures were seen inside the uterine cavity which were taken out with the help of allis tissue forceps. Whole of the uterus was so friable that further dissection could not be done. All the bones were taken out from the rent, uterine cavity was cleaned with normal saline. Further attempt was made to go for total hysterectomy but failed. Cervix was so fibrosed that it could not be reached for its removal. Subtotal hysterectomy with bladder rent repair was done. Her immediate and remote post-operative period was uneventful. Specimens were sent for histopathological examination. she was advised for regular Pap smear examination in future.

Discussion: Although self-induced abortion is highly prevalent, it is associated with very high morbidity & to some extent mortality as well [1]. Women in under developed areas of India successfully induce abortions through various methods like lifting heavy weight, consumption of mutton marrow and dried henna powder etc. [2].

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Among causes, higher birth order (>3) were found to be significantly associated with induced abortion which was also true in our case^[3].

There are various common complications associated the abortions as mentioned before but devolping ammenhorea following on & off bleeding per vaginum is extermely rare. Patient was having foul smelling discharge per vaginum, which was not purulent & there was no signs of systemic sepsis as well, which is also very unlikely. According to findings it seems that fetus along with the intact membranes were mummified initially, gradually started causing inflammatory reaction in uterus and cervix leading to chronic endomyometritis and fibrosed cervix which is also proved by histopathological examination. Because of such dense adhesions total hysterectomy could not be performed which would have been ideal in this case.

Conclusion

A case of self induced abortion where intra uterine fetus got mummified and presented with chronic localized inflammation rather than systemic infection which is usually associated with retained products of conception is very uncommon. Because of such offensive discharge patient had to undergo hysterectomy in such a young age. In future over the counter availability of MTP kit should be discouraged and should be given only after prescription of a registerd obstetrician to avoid complications related to induced abortion.

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