

A Case of Delayed Presentation of Uterine Perforation Following Unsafe Abortion As Septic Peritonitis

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Abstract: Unsafe abortion is a significant medical and social problem worldwide. Every year about 50% of the abortions done are unsafe and it is performed by untrained personnel. Some women die of unsafe abortion complication, leading to high mortality and morbidity

Keywords: Unsafe abortion, uterine perforation, maternal mortality.

I. Introduction

WHO defines unsafe abortion as a procedure for termination of pregnancy performed by persons lacking necessary skills or in an environment not in conformity with minimal medical standards. In India, studies show around 6 lakh abortions are reported, yet true number of abortions performed could be as high as 7 million and more than 60% of them take place in unsafe condition. In India, one women dies every two hours due to complications resulting from unsafe abortion. The most common complications of unsafe are hematorrhea, sepsis, bowel injury, bladder injury etc.

II. Case report

A 16 year old girl presented in casualty with acute abdominal pain. Guarding and rigidity were present. Her mother informed that her LMP was 10 days back. Imaging showed dilated bowel with hyper echogenic fluid in peritoneal cavity. A provisional diagnosis of intestinal perforation was made and emergency laparotomy undertaken. Intraoperatively, 1000ml of pus was present in the peritoneal cavity which was evacuated. On careful exploration, a perforation of size 2 x 2 cm is present in fundus of uterus. Intestinal segments were intact. On eliciting further history retrospectively her mother revealed history of evacuation of conception 10 days back by a local non-medical person. Post operatively parenteral antibiotics and other supportive management given. Patient recovered well.

III. Discussion

The cause of morbidity in this patient are the procedure being done by unskilled personnel resulting in uterine perforation. Unsafe abortion is one of the earliest preventable causes of maternal mortality. Illiteracy, unawareness about health services, unmarried pregnancy and easy accessibility to untrained and unqualified abortion providers lead to very high mortality and morbidity in India. There is unmet need to bring awareness among the people about the safe and effective methods of contraception and abortion services to avoid such complications.

IV. Conclusion

Inspite of legalization of abortion in India in 1971 most of the abortions are unsafe and done by untrained personnel. Factors inhibiting use of safe abortion where it is legal are lack of privacy and confidentiality, poor access and discouraging attitudes of health care providers. Therefore only legalization of abortion is not sufficient to reduce the number of unsafe abortions and maternal mortality and morbidity from unsafe abortions. Even where these obstacles are overcome,

women and health care provides need to be educated about contraceptives and the availability of legal and safe abortion and women need better access to safe abortion and post abortion services, so that such types of complications can be prevented.

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