SEPTIC INDUCED ABORTION CLAIMING LIFE OF A NEPALESE WOMAN

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ABSTRACT

This is a case report of septic induced abortion done at 16 weeks of gestation outside Kathmandu valley who presented to the emergency department of Tribhuvan University Teaching Hospital (TUTH) with peritonitis and septic shock. The case underwent emergency laparotomy and was treated surgically for perforated ileum and uterus by resection and end to end anastomosis of bowel and subtotal hysterectomy. The patient died after 16 hours of operation due to multiple organ failure (MOF) as a sequelae of septic shock.

Unsafe abortion remains one of the major causes of maternal mortality in Nepal. Increasing public awareness about hazards of septic abortion and the provisions of law and decentralizing the trained manpower throughout the country would play a pivotal role in decreasing the incidence of septic induced abortion.

Key Words: Septic induced abortion, peritonitis, septic shock.

INTRODUCTION

Unsafe abortion is a procedure for terminating an unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking the minimum medical standards or both.[1] Abortion remains one of the major causes of maternal morbidity and mortality in Nepal. Among the total hospital admissions due to pregnancy complications, abortion was the leading cause of hospital admissions.[2] Similarly another study showed 92 cases of septic induced abortions during the period of 1992-1999 which represented 6% of total of 1529 abortions.[3] Besides, these data do not show the cases that may have never come to hospital.

Any abortion may produce a septic sequel but the consequences of sepsis are much more severe in illegally induced abortions performed as backdoor procedures especially in an unclean environment.[3] The risk of morbidity and mortality following the complications of unsafe abortion procedures is significantly higher than that of an abortion performed professionally under safe condition.[4] When performed by trained health care providers with proper equipment, correct and aseptic technique abortion is one of the safest medical procedures.[5]

Now abortion has been legalized in Nepal. There has not been any major study to show the changing trends in the incidence of septic induced abortion after the abortion law came into being in Nepal. In our neighboring country India, Indian Council of Medical Research (ICMR) did one study which analyzed the trend in the septic induced abortion from 1972-1989 after the legalization of abortion law came in to effect in India in 1972. This study revealed that the trend of septic induced abortion

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did not show a tendency to decline.[6] Despite the presence of legal provision about abortion, abortion services are not fully available throughout the country. People are unaware of the provisions of law about abortions and women who have unwanted pregnancies are at higher risk of unsafe abortion.[7]

CASE REPORT

A 32 year old lady para 4+1 from Nawalparasi underwent dilatation and curettage done by a paramedic to abort her 16 weeks pregnancy in Butwal 11 days prior to presenting to department of emergency, TUTH with the complaints of abdominal distension, difficulty in breathing and fever.

Her general condition was very toxic and was not oriented to time, place and person. Her pulse was 100/min and feeble with her blood pressure unrecordable. Her respiratory rate was 50/min with a temperature of 100^0F.

Chest examination revealed no abnormality. There was generalized distension of abdomen (Figure 1) with rigidity, guarding and tenderness. Bowel sounds were absent. Per speculum examination revealed no abnormal discharge or bleeding. High vaginal swab was taken and was sent for culture and sensitivity. Per vaginum examination showed closed OS and cervix was firm to soft with no cervical and fornix tenderness. Uterus size could not be assessed.

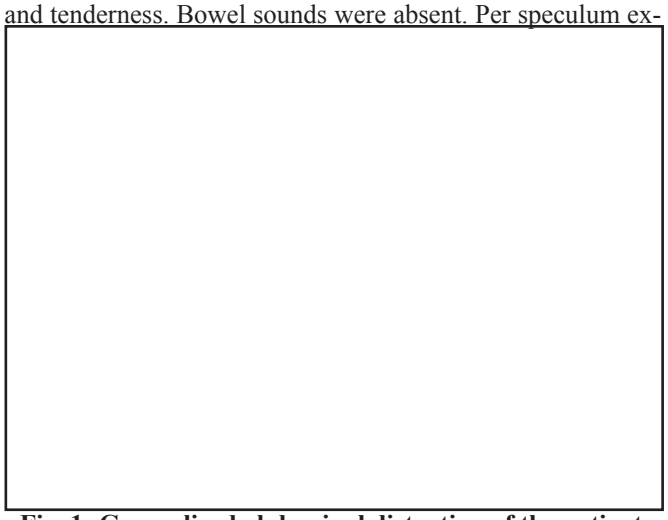

Fig. 1: Generalized abdominal distention of the patient.

Emergency investigations

HB 12%, Total count-12200/cu mm with 85% Neutrophil and 15% Lymphocytes. Random blood sugar-5.8mmol/l, Na-134 meq/l, K-3.4 meq/l, Albumin 4+ in urine.

With the provisional diagnosis of septic abortion with peritonitis and after consultation with gastrointestinal (GI) surgeon emergency laparotomy was done.

Peroperative findings

Emergency laparotomy done by a team of gynaecologist and GI surgeon revealed:

- Plenty of flimsy adhesions between bowel loops with a collection of about 750 ml of faeces mixed peritoneal fluid
- An irregular perforation over ileum (3×2 cm) 40 cm proximal to the ileocecal junction was detected, from which faeces were oozing. (Figure 2)
- A transverse 1×1 cm^2 perforation over the anterior wall of the uterus. (Figure 3)
- An unhealthy product of conceptions weighing approximately 10gm inside the uterine cavity was detected. Uterus was of 6 weeks in size with normal tubes and ovary.

Injured and non viable strand of the ileum (7 cm) was resected and end to end anastomosis was done. Abdominopelvic cavity was washed thoroughly with warm normal saline.

A subtotal hysterectomy was performed and cervix was closed with secure haemostasis. Abdomen was closed in layers with tube drains in the pouch of Douglas and at the upper paracolic space.

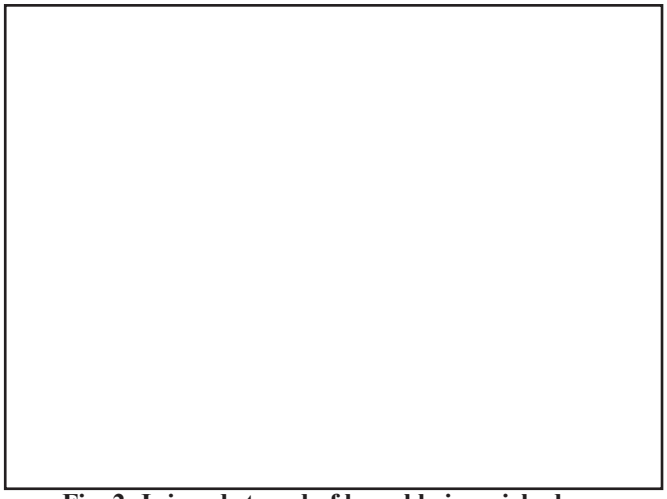

Fig. 2: Injured strand of bowel being picked up.

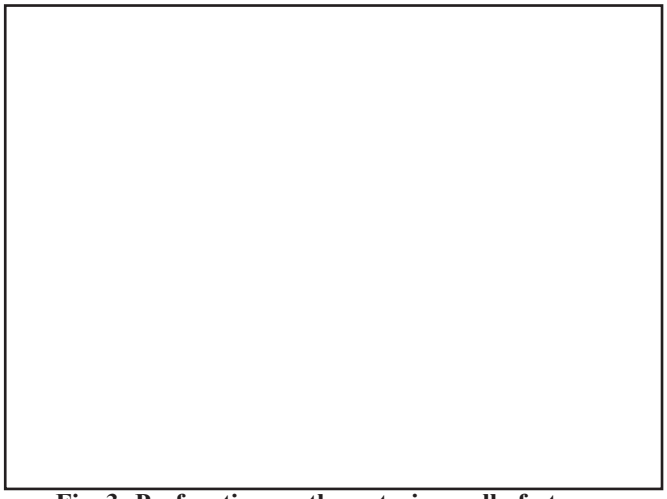

Fig. 3: Perforation on the anterior wall of uterus.

Post-operative status of the patient

Seven hours after the operation, the pulse rate was 162/min and blood pressure recorded was 60/40 mmHg and urine output was decreasing. A multi-disciplinary approach to manage the case was undertaken to maintain her cardiac and renal functions. Despite all measures, the patient succumbed after about 16 hours of operation.

DISCUSSION

About 13% of pregnancy related deaths worldwide have been attributed to complications of unsafe abortion and probably number about 67,000 deaths annually.[4] Considered as one of the safest medical procedures the likelihood of dying as a result of an abortion performed with modern methods is no more than 1/100,000 procedures.[5] However, in developing countries the risk of death following the complications of unsafe abortion procedure is several times higher than that of abortion performed professionally under safe condition. Nepal's maternal mortality rate of 539 per 100000 is one of the highest in the world, and practice of unsafe abortion is responsible for more then 50% of those maternal deaths.[8] Various studies have shown that being illiterate and poor, majority of Nepalese women do not have access to reproductive health information and services. One study done at TUTH revealed that induced abortion was taken as a means of contraception in 3.46% of women who had completed their families.[3] Quite consistent with this data is the result of a study done in Bangladesh which shows most induced abortion cases chose to terminate their pregnancy because they did not want any more children.[9] It is in those women who are less educated, poor and less equipped with health information and services, the tendency to seek an induced abortion from traditional healers, quacks and other untrained personnel is more and consequently the cases of septic induced abortion are seen more among these groups of women.[9] In Nepal abortion was illegal, under any circumstance, before September 26, 2002.[10] Ever since abortion was legalized in Nepal there are no recent data showing current trends in the incidence of septic induced abortion. After the legalization of abortion in Ghana and India, studies were done to find the trends in incidence of septic induced abortion.[6,11] These studies have found that clandestine and unhygienic abortions remained as common as they were before the legalization of the abortion. Most of the people of Ghana, who are poor and uneducated, take abortion as illegal or unethical and hence they perceived it to be procured clandestinely. Issue like abortion is always taken as a secret in our society and people wish to perform it secretly. Therefore, taking into consideration the poverty, illiteracy, lack of health services throughout the country and social matters entwined with abortion it can be said that whatever may be the current trend of septic induced abortion in Nepal unless woman becomes aware of legal provision of abortion and safe proper services are available Nepalese women are likely to get attended by unskilled health personnel and succumb to the complications of septic abortion.

Sepsis and peritonitis are likely complications of induced abortion and they were seen in 58% when abortions were performed in an inappropriate place or by someone lacking the appropriate skills.[11] For the management it is suggested that under high risk circumstances laparotomy is advantageous to conservative medical management since bowel injuries and mechanical obstruction can only be detected by laparotomy.[12] The outcome of the management of the complications of septic abortion clearly depends upon the time after which the patients are presented to the health care institution as shown by a review of 10 patients of septic abortion in which 4 cases died primarily because of patients seeking help too late.[12] A study by Megafu shows the survival of patients of septic abortion with bowel injuries was very much dependent upon the operative procedures adapted. It showed when a defunctioning colostomy was raised the mortality was nil while in the patients having simple closure of the perforation and in those having primary resection and anastomosis, mortality was 66.6%.[13] According to a study done by Padubidri and Devi the major cause of death following induced abortion was shown to be septicemia.[14] This result is consistent with another study which analyzes 72 cases of septic abortions and found out that septicemia was the cause of maternal deaths in 75% of those cases.[15]

CONCLUSION

Septic induced abortion is a life threatening condition. If deaths associated with septic abortion are to be reduced, increased public awareness about the hazards of septic abortion and the provisions of law and availability of safe legal abortion throughout the country remain pivotal. Besides, educational campaigns on pregnancy prevention, easy access to reliable contraception, timely training and continuing education on abortion, regular monitoring of the abortion clinics to ensure hygienic condition and punishing those untrained manpower who perform clandestine and unhygienic abortion are other issues that need to be addressed sufficiently in order to bring down the incidence of septic induced abortion in Nepal.

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