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Removal of Decapitated Fetal Head from Abdominal Cavity Following Uterine Rupture After Illegal Induced Abortion: A Case Report

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ABSTRACT:

Unsafe abortion is one of the major causes of maternal mortality and morbidity. It is defined as a procedure for terminating an unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking minimal medical standards or both. According to the WHO, between 2010 and 2014, 25% of pregnancies ended in induced abortion and among them approximately 25 million were unsafe. Here, we present a case of 26-year-old female who presented to emergency department with complaints of vaginal bleeding and abdominal pain after dilatation and curettage followed by incomplete expulsion of fetus. Surgical abortion was attempted by an unqualified provider resulting in uterine rupture along with displacement of decapitated fetal head into the abdominal cavity. This case report highlights the grave complications that may arise during the abortion if done by untrained hands. It also warns about the prevailing unethical medical practices and aids to prevent such medical mishaps.

Keywords: decapitated fetal head • unsafe abortion • uterine rupture.

INTRODUCTION:

Every year globally 4.7%-13.2% of maternal deaths occur due to unsafe abortion.[1] More than 50% of all abortions are generally performed by untrained personnel in countries where abortion is illegal.[2] Around 890,000 induced abortions are done annually in Pakistan.3 A study done in Pakistan showed septicemia (79%), uterine perforation (30.2%) and hemorrhage (20.9%) as the major complications of unsafe abortion. We here present a case of a young woman who underwent unsafe abortion with incomplete removal of fetal parts along with uterine perforation.

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CASE REPORT:

A 26-year-old P3L3A1 lady presented to the department of emergency, Lahore General Hospital, Lahore, Pakistan with complaints of generalized abdominal pain and per vaginal bleeding for one day following dilatation and curettage done by a non-medical person. Her last menstrual period was four months prior to presentation. She was given oral and intravenous medications for the induction of abortion elsewhere followed by curettage resulting in expulsion of an incomplete fetus. During the procedure she had profuse per-vaginal bleeding and collapsed. She was then referred to a private hospital where she was resuscitated and eventually referred to our tertiary-care center.

At presentation she was conscious and oriented. Her vitals were stable except for a pulse of 132/minute. On palpation the abdomen was soft, tender, and uterine contour was not present. On bi-manual examination cervical OS-1finger, mild vaginal bleeding and fullness in left fornix noted. Blood investigation was performed along with kidney function test, liver function test and serum electrolytes which showed all parameters in the normal range. An abdominal-pelvic ultrasound scan was done which showed presence of fetal head in left hypochondrium. She was shifted to emergency operation theatre. Under general anesthesia, an emergency laparotomy was done, a ruptured uterus noted, fetal head (Fig.1) and retained product of conception were removed from the abdominal cavity and subtotal hysterectomy was performed. The intra-operative and postoperative course was uneventful.

Fig. 1: Decapitated fetal head extracted from abdominal cavity

DISCUSSION:

Due to restrictions of medical abortion by law and low economic status in Pakistan, 40% of the abortions are performed by untrained hands which increases the risk of complications.[3] A patient with uterine perforation generally presents with constant abdominal pain, vaginal bleeding, hypovolemic shock and loss of fetal station.[4] Bowel perforation, bladder injury and retained placenta with inversion of uterus are also commonly seen.[5]

Education regarding reproductive health, implementation of efficient family planning programs and safe abortion services should be given priority to prevent the rate of unwanted abortions and complications.[6] A similar incidence is reflected by our case where the unqualified provider attempted abortion and landed up into uterine perforation. A study conducted in Peshawar, Pakistan reported that 57% of abortions done in small centers were associated with complications, out of which 15% had subtotal hysterectomy.[7]

A very high incidence of unsafe abortions up to 23 out of 1000 have been observed in countries with restrictive abortion laws in comparison to those allowing abortion lawfully with only 2 out of 1000 cases.[8] Each year approximately 7 million women are admitted in hospitals because of unsafe abortion which has added burden of US$ 232 million in the economy of developing countries annually.[9]

CONCLUSION:

The government should implement various programs regarding safe motherhood, proper contraceptive use and safe abortion facilities nationwide. This may be a turning point in the fight against illegal unsafe termination of pregnancy which has led to several complications and detrimental effects on the health of mothers.

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