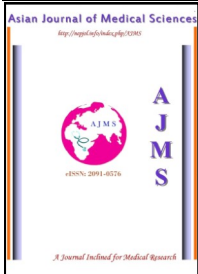


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Uterine Perforation with Omental Prolapse in a Case of Unsafe Abortion

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Abstract

We report a rare case of prolapsed omentum presenting as mass per vagina in a 24 year old unmarried female following dilatation and curettage for termination of pregnancy by unqualified physician. Patient presented to Obstetrics and gynaecology (OBG) outpatient with bleeding per vagina since 15 days. Per speculum examination showed a greyish yellow mass protruding through cervical os into the vagina. Ultrasonography showed defect in the fundus of uterus. Past history revealed, she had undergone medical termination of pregnancy (MTP) outside at 5th month of gestation by nonallopathic doctor. Emergency laparotomy was done. Histopathologic examination of mass showed omental fat arranged in lobules with mixed inflammatory cell infiltrate. Uterine perforation is a well known complication of induced abortion. Although most uterine perforations at the time of curettage during abortion go unrecognized, serious complications do occur.

Key Words: Abortion; curettage; omentum; uterine perforation

1. Introduction

Unsafe abortions account for 13% of maternal deaths, the risk of death is estimated at 1 in 270 unsafe abortion procedures.¹ Uterine perforation incidence varies from 0.4 to 15 cases per 1000 abortions as reported in different studies. Although the most uterine perforations occurring at the time of curettage during the first trimester abortion go unrecognized and untreated, the serious complications do occur.² Unsafe abortion is defined by WHO as a procedure for terminating an unwanted pregnancy that is performed by someone lacking the necessary skill or in an environment lacking minimal medical standards or both.³ Inexperienced physicians have been reported to cause the perforation of the uterus more frequently than experienced. An illegal abortion by unqualified hands with or without minimal medical knowledge in rural part of developing countries is not uncommon. Complications can endanger the life of mother if proper medical or surgical intervention is not offered in time.²

2. Case Report

A 24 year old unmarried female presented with bleeding per vagina since 15 days. Per speculum examination showed a mass protruding through the cervical os into vagina with serosanguineous fluid. She had undergone medical termination of pregnancy (MTP) outside 15 days back at 5th month of gestation by a nonallopathic doctor. Ultrasonography (USG) revealed a defect in the fundus of uterus. Emergency laparotomy was done. Uterine perforation of about 2 cm in size was seen in the anterior wall of uterus with the omentum passing through it (Fig-1). Hemoperitoneum was present. Omentum inside the endometrial cavity and vagina was taken out through the vaginal route and sent for histopathological examination. Both ovaries and fallopian tubes were normal. No damage to bowel was noted.

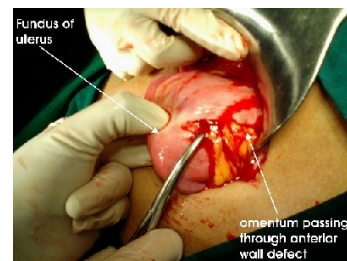


Figure-1: Intraoperative photograph showing defect in the anterior wall of uterine fundus with omentum passing through it

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Figure 2: Elongated prolapsed omental mass

The elongated yellowish soft tissue mass measured 9x2.5x1 cm. Cut section showed lobulated yellowish areas with haemorrhage (Fig-2). Microscopic examination revealed lobulated omental fat. The interstitium showed mixed inflammatory cell infiltrate, acute vasculitis and congested blood vessels (Fig-3). No cervical or endometrial tissue was seen.

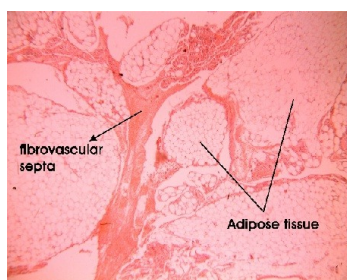


Figure-3: Microphotograph of omentum showing adipose tissue with fibrovascular septae (10x, H&E stain).

3. Discussion

Unsafe abortions are entirely preventable but still it remains a significant cause of morbidity and mortality in much of the developing world. In India, although abortion was legalized in 1972, an estimated 4.7 million abortions are performed annually outside the approved facilities. Women resort to unsafe abortion for the following reasons: (1) Legal and administrative constraints. Only 22% of countries have abortion laws which allow abortion on request. (2) Low government priority. Abortion services are neither accessible nor affordable to women who have low socio-economic status. (3) Attitude of service providers. Some providers tend to appear unsympathetic to women with unwanted pregnancies because of legal, ethical, religious or their own personal views. (4) Non-use of contraceptives. The incidence of unsafe abortion is a reflection of the degree of unmet need in family planning.¹

The early complications of abortion include uterine perforation, blood loss, retained products of conception, endometritis, pelvic infection, and peritonitis. The late complications are less well defined and which may include secondary infertility, ectopic pregnancy,

endometriosis and cervical incompetence. The uterine perforation is a serious but preventable complication of abortion.⁴ The risk of perforation increases significantly with advancing gestational age.⁵

The uterine perforations are usually recognized at the time of the dilatation and curettage (D&C). In rare cases in addition to colonic and small bowel perforations, bowel, ureter or fallopian tube may be inadvertently aspirated.⁶ Although uterine perforation with intra abdominal injury is a well-described complication of vacuum aspiration procedure, most post abortion perforations go undetected. Delayed presentation of an acute complication is rarely observed.⁷ In the present case patient presented to hospital 15 days after the perforation. Surgical intervention should not be delayed in such cases.

Lack of education, social stigma to abortion, force women to seek abortion in secrecy by unskilled and unscrupulous executors. Easy accessibility of abortion services, curb on unauthorized medical practice can reduce the complication rate.

4. Conclusion

The position of uterus, gestational age, physician skill are the important determinants in causing uterine perforation. A much greater likelihood of it is seen in retroverted uterus. The skill of the physician accounts for reduction in the incidence of uterine perforation. The present case of prolapsed omentum appearing as mass per vagina is reported for its rarity and need for education regarding safe abortion, as it is one of the important public health problems.

5. References

1. Singh K, Gupta S, Gupta D, Pargal P. Uterine perforation with bowel infarction in a case of unsafe abortion. *JK Science* 2009; 11: 206-07.
2. Sherigar JM, Dalal AD, Patel JR: Uterine Perforation with subtotal small bowel prolapse -A rare complication of dilatation and curettage. *J Health Allied Scs* 2005; 1: 6-7.
3. Unsafe abortion: global and regional estimates of incidence of unsafe abortion and associated mortality in 2003. WHO. 5th ed: Geneva, 2007.
4. Chen LH, Lai SF, Lee WH, Leong NKY: Uterine perforation during elective first trimester abortions-A 13 year review. *Singapore Med J* 1995; 36: 63-67. PMID:7570139

5. Gupta P: Perforations of posterior vaginal fornix following two attempts at abortion. *J Obstet Gynecol Ind* 2004; 54(1): 82-3.
6. Scott JR, Disaia PJ, Hammond CB. Induced abortion. In: *Danforth's Obstetrics and Gynecology*. New York: Lippincott Williams and Wilkins, 1997, 567-69.
7. Leibner E: Delayed Presentation of Uterine Perforation. *Annals of Emergency Medicine* 1995; 26(5):643-6. [http://dx.doi.org/10.1016/S0196-0644\(95\)70019-6](http://dx.doi.org/10.1016/S0196-0644(95)70019-6)