Case Report

Severe Complication of Uterine Perforation and Ileum Prolapse after Having Unsafe Abortion

Komplikasi Berat berupa Perforasi Uterus dan Prolaps Ilium setelah Aborsi yang Tidak Aman

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Abstract

Objective: Discuss complication after unsafe abortion and management of uterine perforation after curettage.

Methods: Case report.

Conclusion: Uterine perforation and ileum prolapse in this patient was a complication from unsafe abortion from unregistered health practicioner, fortunately the outcome is good, although actually it could be prevent.

[Indones J Obstet Gynecol 2012; 36-3:150-3]

Keywords: hysteroraphy, ileum anastomose, ileum laceration, ileum prolapse, ileum resection, incomplete abortion, uterine perforation

Abstrak

***Tujuan**: Mempelajari sebuah kasus dengan komplikasi akibat tindakan aborsi yang tidak aman dan manajemen dari perforasi uterus setelah tindakan kuretase.*

***Metode**: Laporan kasus.*

***Kesimpulan**: Perforasi uterus dan prolaps ileum pada pasien ini merupakan komplikasi dari prosedur aborsi yang tidak aman yang dilakukan oleh tenaga kesehatan ilegal. Luaran dari kasus ini baik, walaupun seharusnya dapat dicegah.*

[Maj Obstet Ginekol Indones 2012; 36-3: 150-3]

***Kata kunci**: abortus inkomplit, histerorafi, laserasi ileum, perforasi uterus, prolaps ileum, reanastomosis ileum, reseksi ileum*

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INTRODUCTION

Every year, as much as 53 million of pregnancies were terminated all over the world.[1] Despite the fact, until today, abortion is still considered illegal in Indonesia, even though the rules are still not clear on this matter. Because of that, it is difficult to know the exact numbers of terminated pregnancies in Indonesia, though it is estimated that around 2 millions women in Indonesia have an abortion and 30-60% of it is done on purpose.[2] And from that number, only half of the induced abortion was done by a trained professional, while others was done with traditional methods.[2] Some of that methods include massaging the stomach, drinking potions, or even putting foreign objects into their vagina and uterus.

Abortion, especially unsafe abortion, has complications, such as bleeding, infection, uterus perforation or even death. Women who undergo unsafe traditional procedure have higher possibilities to experience complications. Every year, in Southeast Asia, about 3 of every 1000 women are admitted to hospital due to abortion's complications. WHO estimates that unsafe abortions are causing 14% of maternal death in Southeast Asia. A higher number of 16% is even estimated in countries banning the abortion completely.[3] According to the Indonesia Health Minister, abortion are the cause of 30-50% of maternal death.[4]

CASE ILUSTRATION

A 24 year old woman came to the Emergency Room of Obstetrics and Gynecology Department in Dr. Cipto Mangunkusumo Hospital on 2nd of June 2011 with chief complaint of vaginal bleeding. Patient admitted that she was 4 months pregnant, but she couldn't remember her first day of last menstruation. She had never checked her pregnancy

before nor had an US examination. This was her first pregnancy and it was not planned. Patient was not married but had a boyfriend with whom she had several sexual intercourses. Her boyfriend hadn't found out about the pregnancy but they were planning to get married. At first patient denied that she had done any attempts to terminate her pregnancy.

From physical examination, we found that the vital signs were within normal limit, and from the abdominal examination we found that the abdomen was enlarged, soft, with no pain when pressured and the intestinal sound was heard in normal frequency. The fundal height was palpated in the middle of symphisis pubic and umbilicus. From the inspection of the internal genitalia with a speculum, we found that the portio was smooth, and the external cervical ostium was opened with tissue in the cervical canal.

The β-hCG urine examination was positive and from the US we saw a hiper-hipoechoic mass in the uterine cavity sized 85 x 62 mm which concluded as remains of conception. From the routine blood examination, we found that the patient was slightly anemic with Hb 9.8 and the leucocyte also slightly increased. From these early data, the patient was diagnosed with incomplete abortion in 16th week pregnancy. The planned management was to evacuate the remains of conception with misoprostol 400 μg vaginally.

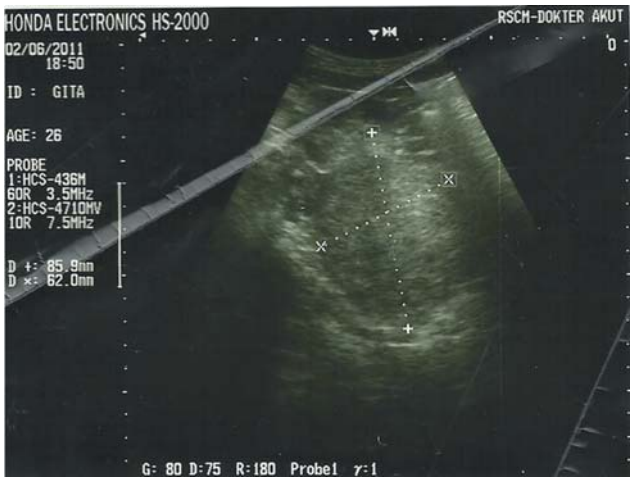

Figure 1. Ultrasound Image when the patient came into emergency room.

Twelve hours later, the patient suddenly complained that there was something coming out of her vagina and she felt pain in her stomach. We did the inspection with speculum again and we found a mass similar with intestines coming out of the cervical canal. We redid the anamnesis and the patient finally admitted that she went to untrained personnel outside Jakarta to terminate the pregnancy 3 days before. Patient did intend to seek untrained service due to financial problem. The patient was the diagnosed with prolapsed intestine caused by uterine perforation and planned to undergo explorative laparotomy with the Department of Digestive Surgery as soon as possible.

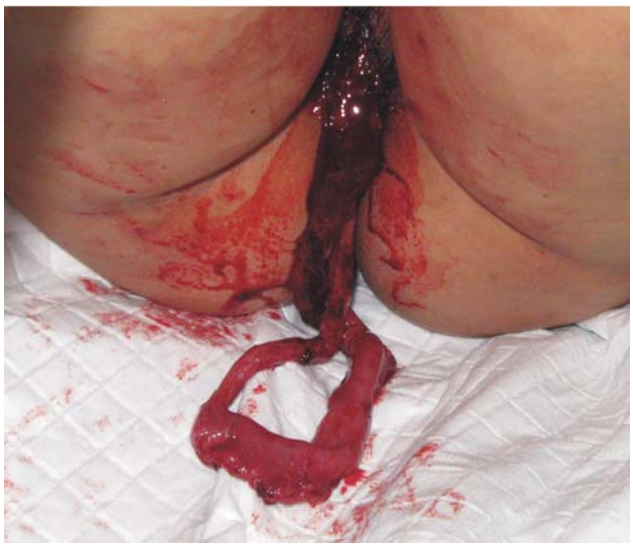

Figure 2. Ileum prolapse 12 hour after patient admitted into emergency room.

During the surgery, after the peritoneum was opened, there was 500 ml of blood. On exploration, we found that part of the ileum, about 2 x 30 cm in size, prolapsed and entered the uterine cavity through a perforation in the anterior corpus size 2 cm, we also found perforation at the posterior corpus size 1 cm. We then did hysteroraphe in anterior and posterior corpus, then resected 90 cm of the ileum and anastomosed it end to end. Last, we

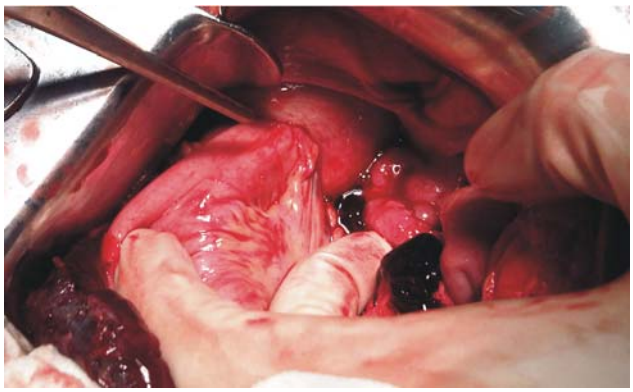

Figure 3. Part of ileum prolapsed and entered the uterine cavity through a perforation in the anterior corpus.

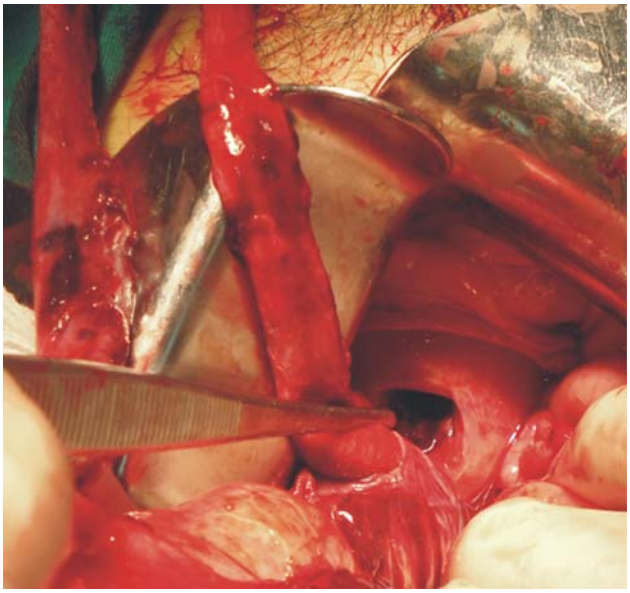

Figure 4. Perforation at anterior corpus size 2 cm.

did a curettage before closing the abdominal wall. There was about 10 cc of conception remains.

Four days later the patient was sent home in a good condition, with stable vital signs, good mobility and normal frequency of defecation. Now the patient was in a good condition and she just got married to her boyfriend.

DISCUSSION

Elective abortion is one of the most frequently done procedure in the United States. In 1987, 1.3 million abortions was done, and there was only six cases of death.[4] These number showed us that abortion is actually a safe procedure when done by trained professionals, during the first trimester, with safe methods such as vacuum aspiration or curettage.[4] With these methods, complications like bleeding, infection and others are problems that occur rarely.

On the other hand, unsafe procedure of abortion is a threat to the health and survival of a woman. The safety of abortion greatly depends on the methods used and the person who do it.[6,7] And when there was no emergency help available to manage such complications, the number of death will increase. On this case, in which a woman had a perforation in uterus and trauma to the intestine due to unsafe practice of abortion, we will try to discuss unsafe abortion as an unsolved problem in Indonesia.

The complication that occurred in this case is an example of a serious and life-threatening complication. This actually happen when abortion is not conducted correctly, especially if it was done by untrained person without the recommended tool in an unsterilized environment.[4,6]

In the meantime, the demand for abortion in Indonesia is increasing continuously. In a study that was done in several clinics, of all the women who had an abortion done, two third of them are married and have a quite high education. Unmarried woman usually has an abortion in order to eliminate unwanted pregnancy, or to continue education, or to avoid a certain social stigma. In order to has an abortion done in a health centre, a woman has to have a referral from a doctor, a permit from parents or husband, and an agreement to use contraception afterwards.[4] In this case, the patient is not married and she doesn't have the courage to tell her boyfriend, let alone her parents. Moreover, the patent doesn't have enough money to go to a doctor or another trained health professionals.

In an urban area, it is estimated that about 85% of abortion was done by trained professionals such as an obstetrician, general practitioner or trained midwives.[1] But in a more secluded area, 88% of the abortion were done by a traditional healer, like a masseuse. So in total, almost half of the women in Indonesia who had their abortions done by untrained personnel in traditional way.

Abortion is still an unsolved problem in Indonesia due to a lot of complex morality and ethical dilemma. But aside from that, no matter what the religion, moral or culture, there will always be women who seek help to end an unwanted pregnancy. Efective contraception is one example of preventive measure that could decrease the number of unwanted pregnancy.[8,9] But regardless to that, there still will be a need to end a pregnancy, especially in Indonesia where the knowledge and usage of said contraception is still minimal.

Case like the one we discussed here, and other similar cases, should be used as aconsideration that in order to manage such severe complications of abortions, we need special skilled professionals and high cost, which are not commonly available to women who undergone unsafe abortions in the first place. The patient in this case is among the lucky ones because the complications of abortion could be found and manage in such short period of time. But we have to keep in mind that such

cases could and should be prevented, and for that purpose we need a certain changes in the law and rules of abortion, which still not clearly defined until this very moment.

Another important problem is the fact that the knowledge about the appropriate technique of abortion, complications of inappropriately done abortions and the law of abortions is still very inadequate, even amongst the highly educated individuals. In a study about the knowledge of abortion in a law practitioner and health professionals, it is found that more than half of the respondents didn't know the correct technique of abortion but more than half also agreed that most abortions in Indonesia are not safe or done correctly.[4]

The knowledge about the law of abortion is still also very low, even among the law practitioners. Even though they are familiar with abortions and the law, none is wholly understand about the law and rules of abortion, let alone the true mechanism of its implementation. Based on the fact that even the people directly connected with the health and law didn't understand about abortion, we could only imagine the level of its understanding among the general public, especially in women who need the abortion itself.

CONCLUSIONS AND ADVICE

Unsafe methos, untrained personnel, and restrictive law surrounding it are closely related to high morbidity and mortality due to abortions. Certain measures are desperately need to be taken in order to decrease the morbidity and mortality of abortion, which will also significantly decrease the maternal morbidity and mortality, in accordance to achieve the Millennium Development Goal of Indonesia.

First, to prevent the unwanted pregnancy, contraception should be made available for every woman who needs it, married or not. The knowledge about the contraception and reproductive health itself in general should also be improved.

Then, for women whose pregnancies are life threatening, therefore legally qualified to undergo abortions, safe methods of abortions should be made accessible. In order to do that, we need to educate health professionals about the appropriate and sterile methods of abortions, stock necessary tools for said method, and educate women in general about safe procedure and possible complication of unsafe abortion.

Finally, we need to revise of the law and rules surrounding abortion, including reconsider the conditions of women which permitted to have an abortion and the process a woman have to go through before she could have a permit to have an abortion safely and legally.

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