Hazard of Medical Method of Termination of Pregnancy

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Abstract

We had one such patient who came to the casualty of Padmashree Dr. D Y Patil Hospital in the month of May 2008. She had consumed these drugs as advised by her Private Practitioner. No ultrasound or other investigations were done prior to prescribing these drugs to her. We discuss the complication she had, which could have been avoided, had the proper diagnosis been made.

Introduction

Safe and effective medical abortion methods are available today. Women now have opportunity to have a safe abortion without surgical intervention. Mifepristone (200 mg) orally followed up at least 24 hours later by prostaglandin analogue misoprostol (800 micro grams) vaginally is the most effective option for early abortion.[1] When administered these drugs are associated with complete abortion rate of 95%,[2] but they have their own set of complications. These drugs are available over the counter and women can access them easily despite the fact that they need to be given after careful investigation.

Case Report

The patient, a 26 years old female married, primi with 2 months amenorrhoea came with history of profuse bleeding per vaginum and lower abdominal pain. She gave history of passage of clots and products of conception per vaginum and history of giddiness.

Her last menstrual period was approximately 2 months back. Past menstrual cycles were regular. Patient gave history of positive urine pregnancy test done a week ago by her private practitioner and also gave history of consuming drugs to cause induced abortion. Last dose was taken about 48 hours prior to this episode. No blood investigations or any ultrasound were done prior to taking these drugs. No history of any other significant medical or surgical illness.

Her general physical examination showed severe pallor. She had tachycardia and low blood pressure. On palation the abdomen was soft and non tender with uterus not palpable. On speculum examination was gush of fresh bright red blood pouring through the external os. On vaginal examination cervix was bulky, ballooned and soft with uterus normal in size.

In view of the patient's clinical condition, diagnosis of incomplete abortion was made and she was posted for suction evacuation. Basic investigations were send. Blood was cross matched and kept ready.

Suction evacuation proceeded. Uterine cavity was empty and no products were obtained. Cervix was ballooned out.[10] Bleeding was present and profuse. Bilateral descending cervical arteries were ligated. Bleeding still continued through the os and was profuse. Possibility of perforation of the uterus was suspected. Laparotomy proceeded. Abdomen opened by vertical incision. Uterus was delivered out. It was normal in size and soft. There was no evidence of perforation, no evidence of any broad ligament injury or haematoma. Below the body of the uterus, the cervix was ballooned out and was extremely soft and flabby. There was no evidence of injury and perforation of the cervix. Diagnosis of cervical ectopic was made. Bilateral internal iliac artery ligation was done. Bleeding per vaginum decreased after this. A 16 gauze foleys catheter was inserted into the cervix and its balloon was inflated with distilled water to create a snug fit within the cervix creating a tamponade effect on the cervical bed. Haemostasis ensured and the abdomen was closed.

Patient's haemodynamic status improved. Foleys balloon deflated the next day. The post

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operative recovery was good and the patient was discharged on day 10 of the surgery. On follow up after a week, the cervix looked normal and uterus was normal sized and firm. Patient got her normal menstrual cycle 35 days after the surgery.

Discussion

Cervical ectopic pregnancy is the implantation of a pregnancy in the endocervical canal. Before 1980s, diagnosis was made when dilatation and curettage was performed for incomplete abortion and this resulted in unexpected haemorrhage. Emergency hysterectomy was then required.[3] Today cervical ectopic pregnancy can be diagnosed by first trimester ultrasound.[3] Cervical ectopic pregnancy can be safely and conservatively treated in a minimally invasive manner. This can avoid serious complications and also the need for hysterectomy.[4] The conservative intervention include use of methotrexate, potassium chloride,[5] uterine artery embolization,[6,9] curettage, ligation of descending branch of uterine vessels and uterine artery embolization. Internal iliac ligation is also done.[7] The success of all these methods depend on the diagnostic accuracy of the initial ultrasound[8]especially when done timely. Medical methods of termination of pregnancy are contra indicated in cases of ectopic pregnancy. Therefore, practitioners should recognize the role of proper clinical examination and confirmation of intrauterine pregnancy by transvaginal ultrasound before giving medications to terminate the pregnancy.

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IT IS IMPORTANT TO EXPLAIN TO THE PATIENT AND PARENTS

Faecal impaction can be diagnosed by history taking and examination. Overflow soiling and a faecal mass palpable abdominally are suggestive of faecal impaction.

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