

# UTERINE PERFORATION: AN UNINTENTIONAL INJURY

Mahwash Rehan,<sup>1</sup> Gulnaz Shafqat,<sup>1</sup> Shaista Afzal,<sup>1</sup> Nadeem Zuberi,<sup>2</sup> Imrana Masroor<sup>1</sup>

<sup>1</sup> Department of radiology; Aga Khan University Hospital, Karachi, Pakistan.

<sup>2</sup> Department of obstetrics and gynecology; Aga Khan University Hospital, Karachi, Pakistan.

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## Introduction

Uterine perforation, a major complication occur during surgical termination of pregnancy. This more frequently occurs while performing dilatation of cervix before sharp curettage or suction aspiration for either missed or induced abortion. Chances of injury increases when intervention is carried out without appropriate anesthesia in an illegal health care setup.<sup>1</sup> There is a high probability of injury to genital tract organs and other adjacent structures including urinary bladder, intestines etc.<sup>2</sup> In this case report, we describe a case of a young girl who presented to us with extensive uterine perforation following second-trimester induced abortion which was performed at a small clinic in Karachi.

## Case Report

It is a case of 18 year old female with no known comorbidities, P0+1 presented to emergency department of AKUH with history of D&E 3 days back followed by abdominal distension and lower abdominal pain. Pelvic examination revealed yellowish discharge per vaginally and fullness in both fornices.

She is married for 8 months and following a domestic argument with her husband, patient opted for termination of pregnancy at 18 weeks gestation. She went to a local clinic where care provider used prostaglandin vaginal pessary followed by surgical instrumentation without anesthesia.

She presented to Aga Khan University Hospital after 3-days of surgical intervention in a state of shock. She was assessed in the emergency room and based

on history and physical examination clinical impression was of incomplete induced abortion. No fever or bleeding p/v at the time of presentation.

On further evaluation sonographic findings revealed an extensive tear along posterior wall of uterus (Fig. 1) just above the cervix with deformed fetus

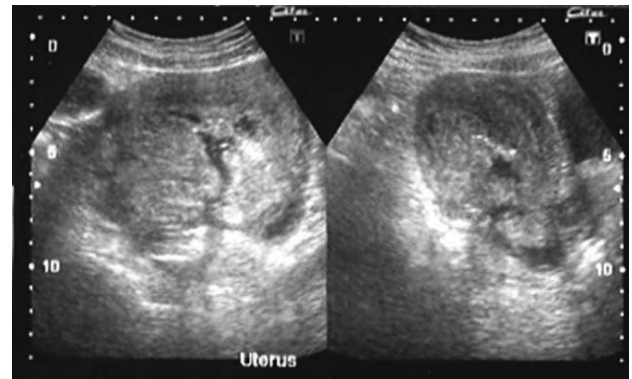


Figure 1: Linear hyoechoic tear along along posterior wall of uterus with fluid in endometrial canal.

showing protruding skull and spine into the right adnexa, which was surrounded by heterogeneous fluid collection. (Fig. 2,3). No fetal part seen within the endometrium. Both ovaries normal with normal looking bowel loops. So diagnosis of uterine perforation was made and patient was taken to the operation theatre and laparotomy was done.

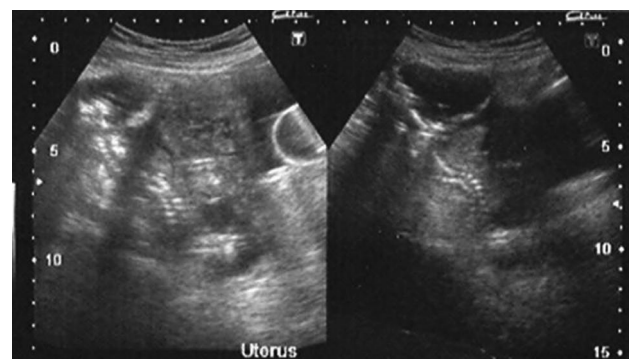


Figure 2: Extra uterine fetal skull and spine with empty uterine cavity.

**Correspondence** : Dr. Mahwash Rehan  
Department of Radiology,  
Aga Khan University Hospital,  
Stadium Road, P.O. Box 3500, Karachi 74800  
Pakistan. Tel. No: 34930051 - Ext. 2020  
Email: mahwash.rehan@aku.edu



**Figure 3:** Macerated fetus in right adnexa outside uterine cavity.

On laparotomy complete dehiscence of posterior uterine wall with protrusion of fetal head and spine from the defect was found. No bowel injury identified. So fetal parts were removed and uterine defect was closed.

Her CT scan abdomen was done on 5th post operative day which apart from post surgical changes in the pelvis did not reveal any abnormality. The recovery was uneventful and she was discharged after 10 days on oral antibiotics.

## Discussion

Each year an estimated 36 to 53 million abortions are performed worldwide. Of these, as many as 20 million are considered unsafe i.e., they take place outside health care systems, and are performed by unskilled care providers under unsatisfactory and unhygienic conditions. With the largest population of any region, Asia has the highest absolute number of unsafe abortions; about 9.2 million each year.<sup>1</sup> The most common abortion complications are incomplete abortion, sepsis, hemorrhage, and intra-abdominal injury.

When instruments are inserted into the cervix to cause abortion, the cervix, the uterus, or other internal organs can be cut or punctured. The most common injury is perforation of the uterine wall. The ovaries, fallopian tubes, bowel, bladder, or rectum also can be damaged. Intra-abdominal injury can cause internal hemorrhage with little or no visible vaginal bleeding.<sup>2, 3</sup>

This report illustrates the usefulness of sonography for the timely diagnosis of uterine rupture in a second-

trimester pregnancy termination, thus permitting immediate intervention.

As researchers Judith Fortney and Karungari Kiragu summarized regarding post abortion care in Asia: *Women may be left without emergency care, either through lack of planning or foresight on the part of health care providers, because the women themselves are afraid to seek care when complications arise because abortion is illegal, or because providers themselves do not place priority on treating these women, even when their condition is critical. Furthermore, the lack of coordination between post abortion care and family planning facilities leaves many women who do survive post abortion complications at risk for another unplanned pregnancy and another unsafe abortion.*<sup>4,5</sup>

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