

Role of Surgical Interventions and Outcomes in Septic Abortion Cases: A Prospective Hospital Based Study

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ABSTRACT

Background: Aim of this study was to evaluate the maternal morbidity & mortality, clinical features, management and role of surgical interventions in cases of septic abortion in a tertiary Centre. **Methods:** This study was conducted on 25 cases of septic abortion in the Department of obstetrics & Gynaecology in Himalayan Institute of Medical Sciences, Dehradun. All patients were evaluated with special reference to incidence, etiological factors, clinical features, surgery & maternal morbidity & mortality. **Results:** Common age group was between 26-30 years. Most of the cases were from lower socioeconomic status. Septic abortion following spontaneous abortion was present in 5 cases. Unwanted pregnancy was the indication for termination of pregnancy in majority of the cases. 8 cases required laparotomy for drainage of pus, 1 patient had hysterectomy. **Conclusion:** The incidence of illegal and septic abortion can be reduced by increasing awareness about family planning services and making legal abortion services easily available to the women and that too at a cheaper cost.

Key words: Septic Abortion, Maternal Mortality, Unwanted pregnancy, Septic shock.

INTRODUCTION

Every year about 1, 25,000 women die from pregnancy related causes in India.^[1,2] At least 1/5th of these deaths are caused by induced abortion, sepsis being one of the causes. In the majority of cases the infection occurs following illegal induced abortion but can occur even after spontaneous abortion. Abortion was legalized in our country through MTP act in 1971, still the incidence of septic abortion ranges from 2 – 10%.^[3,4]

Good Quality Health Care is the only way to reduce the incidences of life threatening condition like Septic Abortion.

The common cause is abortion by untrained personnel, dais and quacks. Poverty, ignorance and non-availability of trained personal contribute to high incidence of septic abortion. These cases are mostly referred to hospitals very late after occurrence of complications leading to high maternal morbidity and mortality

Therefore, this study was carried out in our setting to know the role of surgical interventions in outcomes of Septic Abortion Cases.

METHODS

The present study comprised of 25 cases of septic abortion over a period of 1 year admitted in the Department of obstetrics and gynecology in Himalayan Institute of Medical Sciences, Dehradun. All cases were analyzed with respect to various demographic factors, clinical features, management, complications, maternal morbidity and mortality and surgical intervention.

RESULTS

During the period of the study, around 25 women had septic abortions. Majority of the patients belongs the age of 26-30 years. There were 3 primigravida and 22 multi-gravida cases (Table 1). Most of the cases (18) belonged to lower class, 5 were from lower middle class and 2 from

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upper middle class (Table 2). 17 patients came from rural areas and 8 were from urban areas. 21 were referred cases. The period of gestation at the time of abortion was between 7–12 weeks in majority of the cases (18) (Table 3). Out of total 25 cases 3 patients had sepsis after spontaneous abortion and the remaining 22 it followed instrumental termination of pregnancy. The indication for termination of pregnancy was unwanted pregnancy in 22 cases. 3 patients had spontaneous incomplete abortion at home and came later on to the hospital with features of sepsis. The common symptoms seen in these patients were pain in abdomen, fever, distension of abdomen, foul smelling vaginal discharge. (Table 4) Examination showed tenderness of abdomen with distension and fever in majority of cases.

Clinically the patients are categorized in 3 grades-

- Grade I – infection localized in the uterus.
- Grade II – infection spreads beyond the uterus to the parametrium, tubes and ovaries or pelvic peritoneum.
- Grade III – Generalized peritonitis and / or endotoxic shock or jaundice or acute renal failure.

Grade I is the commonest and is usually associated with spontaneous abortion. Grade III is almost always associated with illegal induced abortion. Grade I, II, III consisted of 5, 2, and 18 patients out of which 1 developed varying degree of renal failure while 1 developed disseminated intravascular coagulation.

Intensive management, broad spectrum antibiotics, dopamine infusion, blood and blood components transfusion, dialysis were the various measures required to limit the complications due to Septic Abortion (Table 5). Evacuation of uterus was done in 11, Colpotomy in 3, Laparotomy with drainage of pus in 8, Uterus repair in 2, Hysterectomy in 1 case (Table 6).

Table 1: Age and Gravida

Age (yrs)	Primigravida	Multigravida
20-25	1	3
26-31	1	12
31-35	1	6
36-40	0	1

Table 2: Socioeconomic Status

Socioeconomic Status	Cases	Percentage
Lower Class	18	72
Lower Middle	5	20
Upper Middle	2	8

Table 3: Period of Gestation at Abortion

Period of Gestation (wks.)	Cases	Percentage
<6	6	24
7-12	18	72
13-18	1	4

Table 4: Clinical Features at the Time of Admission

Clinical Features	Cases	Percentage
Pain in abdomen	22	88
Fever	12	48
Distension of abdomen	8	32
Foul smelling vaginal discharge	4	16
Something coming out of vagina	1	4

Table 5: Medical Treatment

Medical Treatment	Cases	Percentage
Broad spectrum Antibiotic	25	100
Dopamine Infusion	2	8
Blood Transfusion	16	64
Dialysis	1	4

Table 6: Surgical Treatment

Surgical Treatment	Cases	Percentage
Evacuation	11	44
Colpotomy	3	12
Laparotomy with drainage of pus	8	32
Laparotomy with repair of uterus	2	8
Laparotomy with hysterectomy	1	4

DISCUSSION

Although abortion services were liberalized but access to safe services remain limited for the vast majority of women. Majority of women seeking abortion still turn to uncertified providers for abortion services because of barriers to legal abortion. In this regard, women belonging to low income, rural area and adolescents are among those most likely to turn to unsafe abortions and have complications.

A septic abortion is a form of abortion that is associated with a serious uterine infection. The infection carries risk of spreading infection to other parts of the body and causing septicemia, a grave risk to life of a woman. Septic shock may lead to kidney failure,^[6,7] bleeding diatheses and DIC. Intestinal organs may also become infected, potentially causing scar tissue with chronic pain, intestinal blockage and infertility. If not treated quickly and effectively the woman may die so early referral of septic cases is important. Once the patient progresses to septicemia complication rate becomes very high. Complications like fever, wound infection and wound dehiscence, pelvic thrombophlebitis are seen in post-operative period.^[3-5]

Besides intensive management, broad spectrum antibiotics, dopamine, blood transfusion and early surgical intervention can significantly improve the outcome. Surgery in the form of evacuation, laparotomy, hysterectomy was done to remove the source of infection as early as possible. Role of early surgery is controversial but studies by Singhal et al and Rivlin and Hunt^[8,9] have shown that early surgical intervention can significantly improve the outcome. Our study also showed similar results. A similar study by Shailesh Kore, et al^[10] showed that mortality was 100% in conservative group as compared to 20% in the surgery group. In other words, illegal abortions are still high although it is now more than 40 years since the MTP Act

has been established. Experts opine that facilities for safe, legal abortion should be made universally available.^[8-10]

CONCLUSION

Septic abortion, a complication mainly due to illiteracy and unawareness can be prevented by increasing education and awareness about availability of family planning services and MTP services free of cost in the government hospitals.

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