

# **A Case Report**

## **Uterine Rupture With Gangrene of the Rectum Following A Criminal Abortion - Case Report**

1. **Yaliwal RG**, Professor, Department of Obstetrics and Gynecology\*
  2. **Sangolli LS**, Assistant Professor, Department of Obstetrics and Gynecology\*
  3. **Malapure PS**, Assistant Professor, Department of Obstetrics and Gynecology\*
  4. **Jaju PB**, Professor, Department of Obstetrics and Gynecology\*
  5. **Mudanur SR**, Professor, Department of Obstetrics and Gynecology\*
  6. **Baloorkar R**, Professor, Department of General Surgery\*
  7. **Kannur Shailesh**, Assistant Professor, Department of General Surgery\*
  8. **Umbarje PS**, Junior Resident, Department of Obstetrics and Gynecology\*
- \* BLDE(DU) Shri BM Patil Medical College, Hospital and Research Center, Vijayapura, Karnataka, India

### **ABSTRACT**

The Indian Government legalised abortion by the enactment of the Medical Termination of Pregnancy(MTP) Act 1971. This was done in the view to reduce the number of unsafe abortions and provide safe abortions services for women of the country. However, due to the patriarchal mindset of some people, unsafe practices of abortion to terminate the female fetus still exist. We report such a case of criminal abortion leading to traumatic uterine rupture and rectal gangrene

### **Corresponding Author :**

**Dr Yaliwal RG**,  
Professor, Department of Obstetrics and Gynecology,  
BLDE(DU) Shri BM Patil Medical College, Hospital and  
Research Center, Smt Bangaramma Campus, Solapur Road  
Vijayapura, Karnataka, India  
Email: ryaliwal@bldedu.ac.in  
Contact: +91 98451 52240

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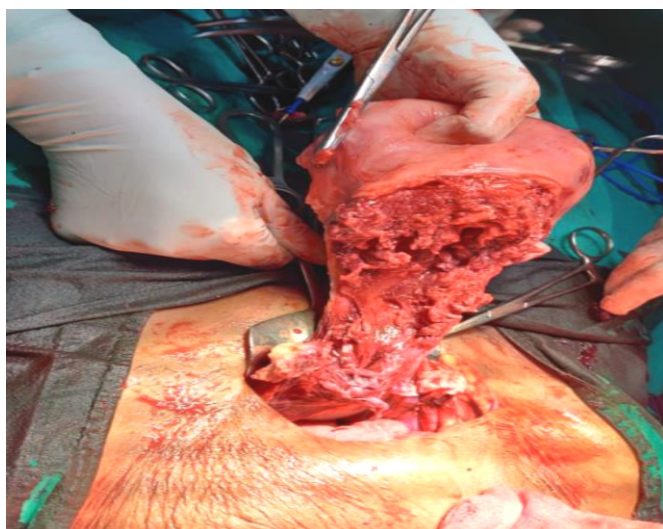
### **INTRODUCTION**

According to Medical Termination of Pregnancy Act, India, abortion is a medical procedure, performed by trained obstetricians and trained Registered Medical Practitioners, which should follow the appropriate safety standards and internationally recognised guidelines.<sup>[1]</sup> The medical diagnosis of criminal abortion, abortion due to other causes and miscarriage is a complex matter and requires a multidisciplinary approach. The World Health Organisation (WHO) in 2012, reported that 42 million women undergo abortions every year, among which 20 million are unsafe abortions.<sup>[2]</sup> WHO also states unsafe abortions cause approximately 13% of maternal deaths<sup>[3]</sup>. Criminal abortion in India has been a serious problem and needs to be taken into consideration.

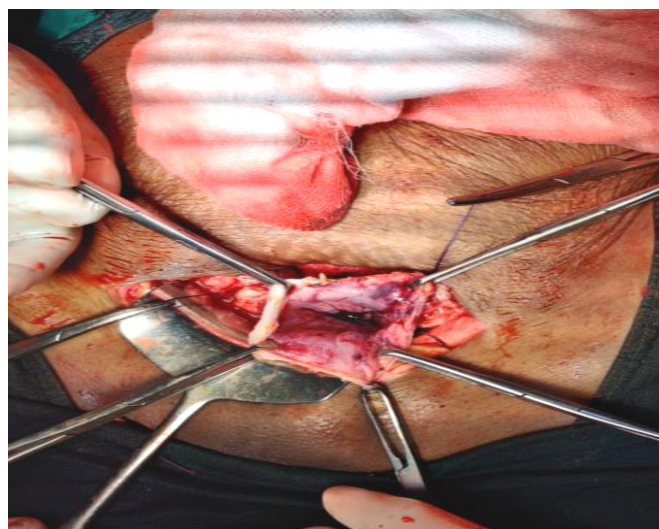
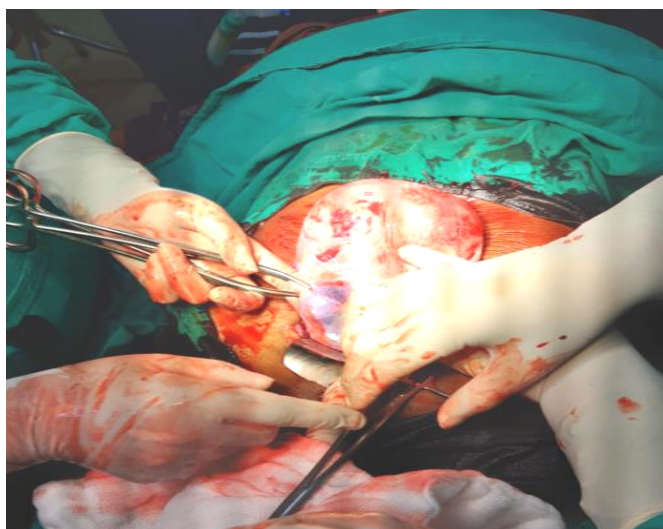
### **CASE REPORT**

A 25 year old patient Gravida 4 Para 2 Live 2 Abortion 1 with six months of amenorrhoea was referred to BLDE (Deemed to be University) Shri BM Patil Medical College, Hospital and Research Centre, Vijayapura, Karnataka India for severe anaemia and shock from private hospital. The patient appeared

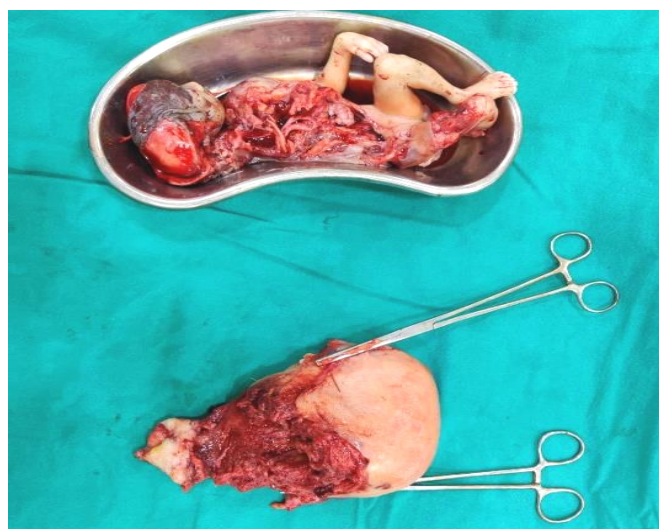
pale, irritable and drowsy, on examination the patient had tachycardia and hypotension. Immediately resuscitation measures were taken. On per speculum examination bluish colour contusion was present on the posterior vaginal wall measuring 3x3 cm. on Per vaginal examination, a rent was felt in the uterus and products felt through the rent of the uterine wall. Scan was done which showed single dead fetus in the abdominal cavity possibility of ruptured uterus with displaced fetus into abdominal cavity with moderate to gross hemoperitoneum with a suspicion of instrumentation. An emergency laparotomy was performed and a dead female fetus was found in the abdominal cavity with rupture of the posterior wall of the uterus. The placenta, right ovary and fallopian tube were missing intraoperatively. A right sided broad ligament hematoma with vaginal wall hematoma was noticed. A total abdominal hysterectomy was performed. The bowel was found gangrenous at the rectosigmoid junction and a resection of gangrenous part was done and colostomy was performed. After the procedure patient was shifted to Surgical Intensive Care Unit and the patient was put on inotropes, intravenous fluids, antibiotics, analgesics, antacids, antifibrinolytics and blood and blood products were transfused. The histopathology



Posterior Uterine Wall Rupture With Gangrenous Bowel



Broad Ligament Hematoma and Vaginal Wall Hematoma



Mutilated Dead Female Fetus



report of rectum showed chronic non-specific inflammation with congestion and histopathology of uterus and cervix specimen showed the cervix to have chronic specific cervicitis, the endometrium being decidualised and myometrium-hypertrophied and this was consistent with postpartum changes. Rupture site of the uterus had decidualised endometrium. Autopsy of dead fetus was sent and it stated external appearance showed distorted morphology with scalp and lower limb laceration and internal appearance showed spleen, B/L kidney, pancreas, and part of duodenum- normal histology. The patient followed up for stoma closure and anastomosis. The patient complained of passing of faeces from vagina and passage of feculent matter during urination. On examination rectovaginal fistula was noticed. A diversion stoma was created for the same and fistula was repaired.

## DISCUSSION

Women living in every country, irrespective of its development status, have been facing the problem of unintended pregnancy. Helpless women like poor, widows and the unmarried are left with the only option like unsafe and illegal abortions.<sup>[4]</sup> The increasing trend of unsafe abortions was the reason India adopted the Medical Termination Act (MTP) in 1971 to legalise abortions. According 2020 census, the sex ratio in India is 925 females per 1000 males.<sup>[5]</sup> (Highest female sex ratio in Kerala 1095, lowest being in Haryana 861 and 971 in Karnataka). In the 1970s, medical diagnostic testing using ultrasounds became available to determine the sex of a fetus during pregnancy.<sup>[6]</sup> Female feticide based on sex-determination testing was a relatively new practice in India around the 1990s. The Indian government became aware of this and then passed the Pre-Conception and Pre-Natal Diagnostic Techniques Act (1994), which made it illegal. It is estimated that there will be 6.8 million fewer female births by 2030, precisely due to the consistent practice of sex-selective abortions. Sex determination leads to abortions by unregistered practitioners by unsafe methods like surgical abortion (which is performed with a manual or electric aspirator). Medical method of MTP by ingestion of oral drugs is an accepted mode of termination, but self administration or their indiscriminate use contributes to maternal morbidity and mortality.<sup>[7,8]</sup>

## CONCLUSION

This case puts light on the patriarchal society of India and the gender discrimination being the most important cause for maternal morbidity and mortality in so many ways, whether it be multiple pregnancies for a male child or sex determination leading to unsafe abortions. The new amendments of the MTP act established in March 2021 has made provision for the unmarried women to have legalised safe abortion and

increased the gestational age limit for abortion in special cases. Women should be educated of their legal rights and also to be provided with helpline services in case of such issues. India should work to allocate more resources for better enforcement of the Prohibition of Sex Selection Act and strengthen detection of illegal clinics and services.

## REFERENCES

1. ESHRE Capri Workshop Group. Induced abortion. Human reproduction (Oxford, England). 2017 Jun 1;32(6):1160-9.
2. Aquila I, Ricci P, Mocciaro R, Gratteri S. A case of suspected illegal abortion: how clinicians may assist the forensic pathologist. Case Reports. 2018 Jul 3;2018:bcr-2017.
3. World Health Organization. Preventing unsafe abortion: Fact sheet. World Health Organization; 2014
4. Patra AP, Rayamane AP, Shaha KK, Kundargi PA, Mohanty MK, Das S. Practice of Illegal Abortion in India: With Reference to a Case Report. Indian Journal of Forensic Medicine and Pathology. 2013 Oct 1;6(4):203.
5. UN U. World population prospects. United Nations Department of Economics and Population Affairs—Population Dynamics. 2019.
6. Madan K, Breuning MH. Impact of prenatal technologies on the sex ratio in India: an overview. Genetics in Medicine. 2014 Jun 1;16(6):425-32.
7. Mishra S, Rath SK. Unsafe abortion: Combating the silent menace. Indian Journal of Obstetrics and Gynecology Research. 2021;8(2):146-9.
8. Shah I, Åhman E. Unsafe abortion in 2008: global and regional levels and trends. Reproductive health matters. 2010 Nov 1;18(36):90-101.