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Case Report

Transvaginal Evisceration Following Uterine Perforation by Abortion Procedure: About a Case Treated at the Reference Health Center of Commune 1 of Bamako

Diarra, I[1*], Dembélé, S. K[2], Ballo, B[3], Sylla, Y[4], Sanogo, M[1], Kassogué, S[1], Karembé, B[4], Coulibaly, M[2], Kanthé, D[5], Kone, O[5], A. Togo[6]

[1]Commune I Reference Health Centre, Bamako, Mali
[2]Toumian Reference Health Centre, Bamako, Mali
[3]Koutiala Reference Health Centre, Bamako, Mali
[4]Commune III Reference Health Centre, Bamako, Mali
[5]Markala Reference Health Centre, Bamako, Mali
[6]Gabriel Touré University Hospital, Bamako, Mali

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Abstract: We report a case of bowel evisceration following uterine perforation after an abortive manoeuvre by unqualified personnel. After the procedure, there was abundant vaginal bleeding and a complication was encountered: small bowel evisceration approximately 1 metre long via the vagina, certainly following the seizure of these small bowels and their successive traction which led first to the uterine cavity, then the vagina and finally to the vulva. Given the author's fear, the patient was referred urgently for treatment. After a transfusion of two units of blood and a triple laparotomy, a 1 m resection of the small intestine with end-to-end anastomosis was performed; suture of the uterine perforation and curettage of the cavity. The patient was discharged from the centre 10 days after surgery. ***Conclusion:*** This case shows the clandestine nature of induced abortions, which are responsible for multiple complications, including visceral lesions and uterine perforations.

Keywords: Evisceration; vagina; induced abortion.

INTRODUCTION

Traumatic evisceration is the exit of intra-abdominal viscera through an orifice acquired as a result of abdominal trauma; the one we are reporting is particularly rare in terms of its outcome and mechanism. Abortion is illegal in Mali [1]. Abortion is the termination of a pregnancy with complete or incomplete expulsion of the product of conception before 22 weeks' amenorrhoea [2]. The procedure generally consists of curettage (emptying the uterus of its contents without destroying the endometrium).Performed clandestinely in unsuitable environments and by unqualified staff, clandestine induced abortion (CIA) remains a frequent and morbid occurrence [3], and is a source of serious, life-threatening complications. Uterine perforation is a major complication [4]. However, vaginal evisceration is an exceptional situation. We report a case of endo uterine manoeuvres for abortifacient purposes.

CASE OBSERVATION

Mrs W C 27 years old, multigester, married to an expatriate, was admitted urgently to our department at the CSREF in the commune I of Bamako for haemorrhage following an endo uterine manoeuvre for abortifacient purposes. She presented with severe pain followed by very heavy bleeding. Mrs WC was transported by personal means to the reference health centre in Commune I of the Bamako district. During transport, she noticed that the intestine had come out through the vagina. On admission she presented with abdominal pain, diffuse haemorrhagic shock associated with a fever of 38.5 degrees; questioning revealed the notion of a clandestine induced abortion for having contracted a pregnancy in a marriage with her husband abroad. On gynaecological examination, we noted a trans vaginal evisceration of the shredded, perforated and necrotic small intestines (Fig 1). We therefore retained the diagnosis of trans vaginal evisceration following uterine perforation by abortive manoeuvre in a young married patient. An emergency blood count revealed a haematocrit level of 20 and a haematocrit of 6.66g/dl. After resuscitation, WC underwent surgery. At

***Corresponding Author:** Diarra, I
Commune I Reference Health Centre, Bamako, Mali

median subumbilical laparotomy we found the small intestines incarcerated in a 3cm breach on the posterior aspect of the uterus and the small loop shredded, necrosis through the vagina for approximately 1 metre and a 2 litre haemoperitoneum was aspirated; We performed a resection, removing 1 metre of necrotic and perforated small intestine, followed by a terminal ileo-ileal anastomosis 30 cm from the ileo-caecal angle. Extraction of the necrotic small intestine via the vagina, closure of the uterine breach, lavage of the abdominal cavity followed by drainage and closure. Post-operative care included transfusion of the iso Rhesus group and antibiotic therapy.

The post-operative course was straightforward. She was discharged 10 days after the operation. Examination at 1 month was unremarkable.

Fig 1: Transvaginal evisceration of the shredded, perforated and necrotic small intestine

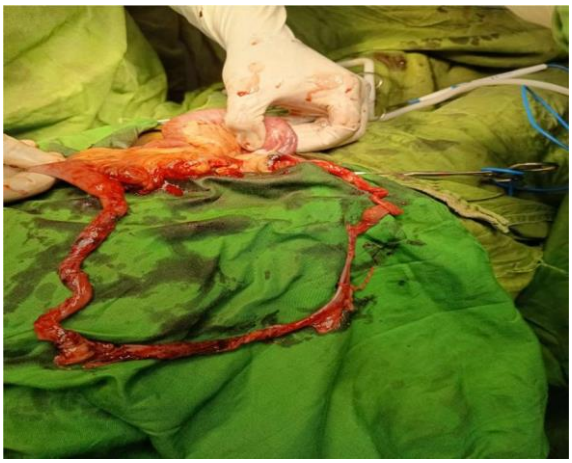


Figure 2: Transvaginal evisceration of shredded, perforated and necrotic small intestine after extraction

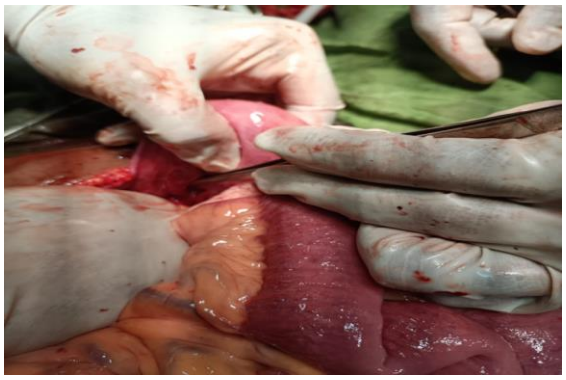


Figure 3: Incarceration of the bowel loop in the uterus

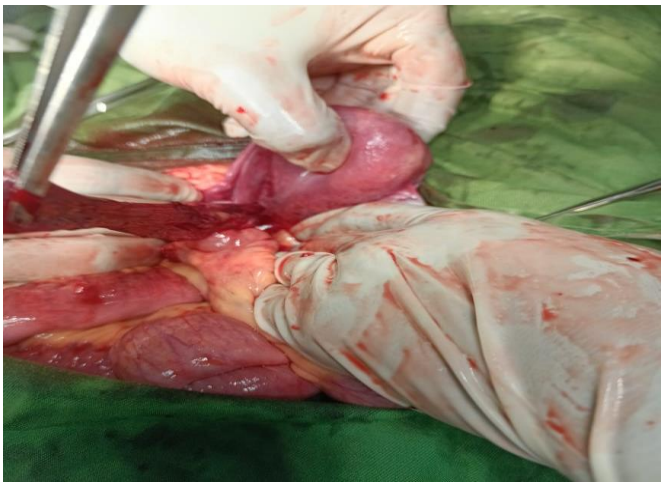
DISCUSSION

Intrauterine manual aspiration is the recommended manoeuvre for abortive endo-uterine evacuation. It must be carried out in a medical setting with a therapeutic aim, respecting the contraindications and asepsis rules essential for its implementation. This is not trivial, as it can lead to complications, as emphasised by Crémien *et al*., [4] F2: intraoperative image with incarceration of the intestinal loops in the uterus. The immediate morbidity of this clandestine abortion is section of the small intestine and peritonitis was due to clumsiness, ignorance of anatomy and complications linked to the abortionist's act, and the brutal methods and means used. Several factors may explain the use of untrained staff to perform abortions [4, 5]; and was requested by young single women aged between 15 and 30; our patient was married with her husband outside the country.

The social context in Mali is a factor that predisposes women to request abortions that are prohibited in the country [1].

As in many African countries, illegal abortions are carried out in precarious conditions by inexperienced hands and are a source of serious complications and unmeasurable risks of infection for other patients due to the incompetence of the practitioners and the environments in which these illegal abortions are performed. It should be noted that our patient's status was ignored by the abortionist. According to several African authors [6-8], as in our patient, uterine perforation and vaginal evisceration of the small intestine occur in the aftermath of a clandestine induced abortion. The lack of knowledge of anatomical structures by the authors of clandestine abortions is marked by the presence of utero adnexal lesions, digestive lesions and bladder lesions or evisceration through the vagina.

The other factor aggravating lesions is the delay in interpreting the signs of complications [7]. These complications are related to the poor general condition of the patients on arrival at the surgical departments; this explains the high mortality rate of 15.6% in several African series [8-12]; this delay in intra-hospital management is thought to be the cause. Our patient was admitted a few minutes after the procedure and was managed immediately. Post-operative management was straightforward and the patient was hospitalised for only 10 days.



Area affected by the abortive manœuvre

Operating room

CONCLUSION

Vaginal evisceration of the small intestine is a rare and serious complication of manual intrauterine aspiration and induced abortion.

Their clandestine practice is responsible for unpredictable severe complications and remains a major cause of avoidable morbidity and mortality in women.

Conflicts of interest: The authors declare no conflicts of interest.

REFERENCES

1. Law No 01-079 of 20 August (2001) on the Criminal Code (Session of 29 June 2001): Livre III/Titre III/Chapitre I/Section III/Paragraphe IV-V: Articles 211, 212, 213.
2. Cremieu, H., Rubod, C., Oukacha, N., Poncelet, E., & Lucot, J. P. (2012). À propos de deux cas d'incarcérations endo-utérines post-curetage aspiratif: Diagnostic et prise en charge. *Journal de gynécologie obstétrique et biologie de la reproduction*, *41*(4), 387-392. https://doi.org/10.1016/j.jgyn.2012.02.002
3. Cissé, C. T., Faye, K. G., & Moreal, J. C. (2007). Avortement du premier trimestre au CHU de Dakar: interet de l'aspiration manuelle intra-uterine. *Médecine tropicale*, *67*(2), 163-166.
4. Takongmo, S., Nkwabong, E., & Pisoh-Tanggnyin, C. (2010). Surgical complications of clandestine abortions: Apropos of 51 cases observed in two Yaoundé hospitals. *Clinics in Mother and Child Health*, 7, 1173-1177. https://doi.org/10.4303/cmch/C101927
5. Elam-Evans, L. D., Strauss, L. T., Herndon, J., Parker, W. Y., Whitehead, S., & Berg, C. J. (2002). Abortion surveillance-United States, 1999. *Morbidity and mortality weekly report CDC surveillance summaries*, *51*(9), 1-28.
6. National Abortion Federation, Safety of Surgical Abortion (2008).
7. Nkwabong, E., Takongmo, S., Simeu, C., Ndi, O. R., & Ngassa, P. (2006). Trans-vaginal evisceration following uterine perforation by abortifacient procedure: a case report. *Clinics in Mother and Child Health*, 2, 595-597.
8. Mayi-Tsonga, S., Pither, S., Meye, J. F., Ndombi, I., Nkili, M. T., & Ogowet, N. (2004). Emergency Obstetrical Hysterectomy: About 58 Cases at Libreville Hospital Centre. *Sante*, 14, 89-92.
9. Goyaux, N., Alihonou, E., Diadihou, F., Leke, R., & Thonneau, P. F. (2001). Complications of Induced Abortion and Miscarriagein Three African Countries: A Hospital-Based Study among WHO Collaborating Centers. *Acta Obstetricia et Gynecologica Scandinavica*, 80, 568-573. https://doi.org/10.1080/j.1600-0412.2001.080006568.x
10. Ravolamanana, R. L., Rabenjamina, F. R., Razafintsalama, D. L., Rakotonandrianina, E. & Randrianjafisamindrakotroka, N. S. (2001). Post-Abortum Peritonitis Pelviperitonitis at the Androva Mahajanga University Hospital: 23 Cases. *Journal de Gynécologie Obstétrique et Biologie de la Reproduction (Paris)*, 30, 282-287.
11. Takongmo, S., Binam, F., Simeu, C., Ngassa, P., Kouam, L., & Malonga, E. (2000). Aspects thérapeutiques des péritonites génitales auCHU de Yaoundé (Cameroun), *Medecine d'Afrique Noire*, 47, 19-21.
12. Mircea, N., Subtirelu, G. P., Busu, G., Popescu, M., Daschievici, S., Ungurcanu, D., ... & Tufan, A. (1984). Continuous peritoneal lavage in severe post abortion peritonitis. *Revista de pediatrie, obstetrica si ginecologie. Obstetrica si ginecologie*, *32*(1), 37-42.

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