

A rare case of VVF following illegal abortion

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Abstract

Despite the MTP act, which legalized abortions in India way back 1971, the number of illegal abortion is still very high and accounts for large numbers of maternal deaths. It is estimated that 50-60 million induced abortions take place annually in the world and 19 million are still performed illegally. VVF following D and E is rarest of the rare cases. In one reported case of MTP, some paste was applied inside the vagina, following which she aborted spontaneously and noticed watery discharge per vagina. In the present case, the 30 years old house wife, reported continuous leakage of urine following dilatation and evacuation by a quack to terminate her pregnancy. She reported to our hospital four and half years after the incident. On examination she was diagnosed as a case of VVF. It was repaired through abdominal route. She did well post-operatively and was discharged on 15th post operative day.

Keywords: Vesico-vaginal fistula, illegal Abortion, MTP. Abdominal approach.

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INTRODUCTION

World Health Organization (WHO) defines unsafe abortion as a procedure for termination of an unintended pregnancy either by individuals without the necessary skills or in an environment that does not conform to minimum medical standards or both⁴. According to WHO, every 8 minutes, a woman from a developing nation is dying due to complications arising from unsafe abortion, making it one of the important yet preventable (13%) causes of maternal mortality⁵. Other than mortality a great number is suffering from different sort of disabilities like pelvic inflammatory disease, uterine perforation, bowel injury, and vesicovaginal fistula formation. It is prevalent in the developing world, with recent estimates suggesting that 2 million women live with fistula, mainly in sub-Saharan Africa and South Asia. In the developed world, VVF is usually an injury resulting from gynaecologic surgery. In the United States

and the United Kingdom, for example, 70% of fistulae are sequelae of pelvic surgery, which is in sharp contrast to the statistics in India, where 83% to 93% of fistulae are caused by obstructed or prolonged labour⁶. In developed countries 95% of VVF are caused by non-obstetric causes, while in developing country 94% of cases are due to trauma to the bladder following obstructed labor. Repair is difficult; sometimes multiple approach and multiple attempts are necessary. VVF following MTP is very rare. One case of VVF is reported following application some paste in vagina³. Vesico vaginal fistula following dilatation and evacuation is rarest of the rare cases, which is reported here. Considering the location of fistula, nature of injury and time elapsed between occurrence and repair, abdominal route was preferred as a method of choice and done successfully.

CASE REPORT

A 30-year-old lady, P2L2A1, presented to our hospital with complaints of having continuous dribbling of urine for last four and half years. She was married for 9 years and had two full term vaginal deliveries, 7 and 5 years back, respectively. Four and half years back she had undergone abortion by dilatation and evacuation by a quack. From the day of the procedure, the patient developed involuntary discharge of urine through vagina. On the second day of operation she developed distension of abdomen with pain and vomiting and she also lost her consciousness twice. She did not report to any hospital as

the quack assured her safety and treated her at home. The quack further assured that her pregnancy had been terminated successfully and she will be alright of all her ailments. But, she suffered 4 1/2 years with incontinence of urine and boycotting all social activities. She reported to our hospital. >>>All tests including Triple swab test and IVP was done and it was diagnosed as case of VVF (Fig-1). Bladder covered whole of the anterior lip cervix up to the external Os leaving no space to catch cervix comfortably for operative procedure. Considering it might involvement of the trigone of the bladder and adhesion inside, abdominal approach of repair was decided. Bladder was pulled up to the fundus of uterus and was firmly attached to the body and cervix. Separation was done meticulously including the trigonal area. Repair was done in flap method avoiding the ureteric opening, as it was nicely visualized by flow of urine. Patient recovered well and was discharged on 15th post operative day.



Figure 1: Showing cervical opening and fistulous opening

Picture of VVF.

Shows cervical opening and fistulous tract.



Dilator in cx. Sound in fistula



Figure 2: Showing dilator in cervix and sound in fistulous tract

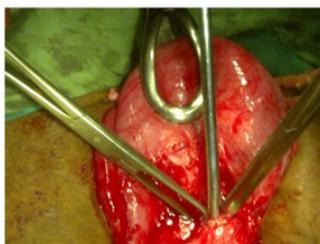


Figure 3: Showing bladder fistula with uterine dialator in fistulous tract

DISCUSSION

The literature reveals volumes of research articles, case reports, on unsafe abortion. All these articles deliver a common message that we as a human and government are not enough sensitive about our young mothers. We are not determined enough to stop quackery in the country which kills most of the 68 thousands women who die annually because of abortion. MTP done by unskilled hands, without taking aseptic measures, leads to severe health consequences ranging from visceral injury, genital fistula, septicemia and death of the patient. Annually around 50 million women undergo abortions, out of which about 19 to 20 million are unsafe abortions. According to WHO, every 8 minutes, a woman from a developing nation is dying due to complications arising from unsafe abortion, making it one of the important yet preventable causes of maternal mortality (13%). Morbidity due to sepsis, haemorrhage, uterine perforation following illegal MTPs by quack is reported. VVF following MTP is hard to find in literature. One case of VVF was reported by Manju Puri, Uma Goyal, Sandhi Jain *et al* of Lady Hardinge Medical College in Indian J Med Science, Vol-59, no.1, January 2005. It was because of application of some corrosive over vagina by quack.VVF following MTP (D and E) is rarest of rare cases. Though it was operated successfully, but such thing must not recur.

CONCLUSION

Vesicovaginal fistula is still a serious iatrogenic consequence and causes suffering in the physical, emotional and social functioning of patients. A comprehensive approach will work best in preventing VVF in a developing country such as India. The problems of fistula, both medical and social, are likely to persist until better healthcare reaches the poorest and most vulnerable members of society. There are differences of opinion regarding timing of operation and method of approach.

Whatever be the surgical approach, the basic constituents of a good surgical treatment are:

1. Excision of all scarred tissue around the fistula extending up to the healthy tissues.
2. Tension free closure
3. Meticulous hemostasis
4. Aseptic precautions
5. Free drainage of catheters without kinks or clots
6. Adequate counseling regarding sexual abstinence following surgical repair.
7. Care regarding future pregnancies.

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