

Different Types of the Complications Associated with Induced Abortion and to Determine the Relative Frequencies

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ABSTRACT

Objective: To find out different types of complications associated with induced abortion and to determine the relative frequencies.

Study Design: Descriptive study.

Place and duration: This study was carried out in Gynecology Deptt. Lady Aitchison Hospital, from 16th December 2010 to 15th March 2011.

Patients and Methods: The study was conducted three months from 16th December 2010 to 15th March 2011 in Gynecology Deptt Lady Aitchison Hospital. A total of 30 patients presented with the history of induced abortion were included in the study. Special proforma was designed to collect the data.

Conclusion: In conclusion, septic induced abortion is associated with serious complications, which need expensive treatments, increasing economic burden and work load, and above all patients suffering. As it is a preventable condition we suggest commitment to health education, family planning promotion and bringing down the rates of unsafe abortions as solution to the problem.

Key words: Septic induced abortion, complications, and relative frequencies.

INTRODUCTION

Abortion is defined as expulsion or extraction of the fetus weighing less than 500 grams or equivalent to twenty weeks of gestation. It is called induced abortion when the normally progressing pregnancy is interrupted and forced to be expelled by a person having little necessary skills or in an environment lacking minimal medical standards of both¹.

Abortion should not be taken as lightly as it is not without complications especially the induced abortion which is nowadays called as unsafe abortion². In Pakistan 11% of the death occur due to unsafe abortions because these are illegally performed by unskilled persons using inappropriate equipment under septic conditions³.

It is proven to be a major detrimental factor for the maternal morbidity and mortality. Morbidity is higher than the mortality to the extent that patients suffered hemiplegia and forced bareness. Induce abortion can lead to a number of complications like incomplete abortion. Hemorrhage, genital sepsis, pelvic infections with peritonitis, abscess formation, uterine perforation, cervical incompetence and gut injury^{4,5}.

If an induced abortion is followed by the infection of the uterus and its appendages characterized by high grade fever, associated with purulent offensive vaginal discharge, lower

abdominal pain and tenderness, it is termed as septic induced abortions⁶. A delay in treatment allows infection to progress in bacteremia, pelvic abscess, septic pelvic thrombophlebitis, disseminated intravascular coagulation, septic shock, pulmonary embolism. Tetanus, renal failure and death⁷.

Complications of induced abortion are infrequent in countries where abortion is legal but wide spread in countries where it is illegal and inaccessible⁸. Reasons for induced abortion are high parity, financial burden, social embarrassment and general condition of the patient. Complications of the induced abortion are completed and interrelated but they are almost and always preventable. There is increased number of the abortion related complications in our society¹⁰. In our unit we get cases complicated as a result of unsafe abortions, mostly needing both surgical and expensive medical treatment, thus increasing economic burden and work load. However, it is preventable, and we suggest commitment to health educations, family planning promotion and bringing down the rates of unsafe abortions as solutions to the problems.

PATIENTS AND METHODS

The study was carried out in Gynecology Deptt. Lady Aitchison Hospital, Lahore. The study was

conducted three months from 16th December 2010 to 15th March 2011. A total of 30 patients presented with the history of induced abortion were included in the study. After thorough history was taken, general physical examination was done to detect signs of anemia, prexia, hypotension or shock. Per abdominal and bimanual pelvic examination was performed to detect local signs of incomplete abortion, pelvic sepsis.

All patients were fully investigated e.g base line investigations, coagulations profile, fibrinogen degradation products and renal function tests were done where indicated. All patients had abdominal and pelvic ultrasound done.

Patients were treated to achieve homodynamic stability, correct anemia, antibiotic cover for control of infections, usually a broad spectrum antibiotic in combination with metronidazole. Strict vital signs monitoring was done during this period. Medical and surgical units were involved accordingly. Evacuation of uterus was done general an aesthesia. In severely complicated cases with injury to genital tract, laparotomy was performed and repair or hysterectomy done as needed. Surgeon's help was sought when gut involved. Post operative care was given and patients watched closely.

RESULTS

According to result of this study total number of admission in labour room was 1300 out of which 650 were gynecological patients. Overall rate of induced abortion was 4.61%.

40% patients were above 40 years of age, 26% were teenager, and 23% were in age group of 20-29 years. 60% were multipara, 23% were P2-4 and 16% nulliparous. Gestational age was < 12 weeks in 50%, 13-18 week in 23%, 19-22 week in 16% and 22-24 weeks in 6% of the cases.

Mode of presentation was irregular vaginal bleeding (26%), bowel complaints (23%), fever (30%), abdominal pain (20%), and vaginal discharge (23%). Clinical findings were correlated with ultrasound and found to be normal in 33%, free fluid in cul de sac in 40%, pelvic mass in 40% pelvic mass in 40% and uterine perforation in 23%.

Complications of induced abortion were hemorrhage 13%, genital tract sepsis 33%, abscess formation 23%, uterine perforation 26%, bowel injury 16% and renal failure in 10% of the cases.

The results are tabulated further in details.

Table-I: Marital Status

Marital Status	No. of Patients	Percentage
Married	22	73.33%
Unmarried	08	26.66%
Total Patients	30	100%

Table-II: Age Distribution

Age Group in Years	No. of Patients	Percentage
19 or < 19 yrs	8	26.66%
20-29 yrs	7	23.33%
30-39 yrs	3	10%
40 or > 40 yrs	12	40%
Total Patients	30	100%

Table-III: Parity

Parity	No. of Patients	Percentage
Primipara	5	16.66%
P2-P4	7	23.33%
P5 or > P5	18	60%
Total Patients	30	100%

Table-IV: Duration of Pregnancy

Gestational age	No. of Patients	Percentage
12 or < 12 wks	15	50%
13-18 wks	8	23.33%
19-22 wks	5	16.66%
22-24 wks	30	6.66%
Total Patients	30	100%

Table-V: Types of Complication

Complication	No. of Patients	Percentage
Hemorrhage	4	13.33%
Genital Sepsis	10	33.33%
Abscess formation	7	23.33%
Uterine perforation	8	26.66%
Bowel injury	5	16.66%
Renal failure	3	10%
Septic Shock	6	20%

DISCUSSION

During the study period the total number of admission was above 1300 out of which 650 were gynecological admissions. The frequency of induced abortion was 4.61% (30 patients). According to two studies reported from Karachi^{13,14} this figure was 3.8% and 2.34% respectively. According to WHO¹⁵ at least 20 million women undergo unsafe abortion annually and some

67,000 women are performed by untrained, back street abortionists and victims are mostly poor, malnourished and anemic ladies belonging to the underprivileged classes of the society.

Most of the patients presented with complication of induced abortion belong to low socioeconomic class and rural areas because in rural areas health facilities are not properly distributed and patients due to cultural, religious causes go to dais or use herbals for abortion. In our study 40% of the patients were above 40 years of age, 26% were teenager and 23% were of between 20-29 years. Most of the patients gave history of unplanned pregnancy and they already have completed their families. Parity as related to the presentation of septic induced abortion is shown in table-5 with the largest group of ladies being grand multipara 60% and 16% were Primipara in this study. This shows an increase in the frequency of attempts at abortion, with an increase in parity, 73% patients were married in our study. All these result are in accordance to the study by Najmi¹¹, Chohan MA¹² which showed 74% grand multipara and Yousaf A W. In all these studies including our study the most common reason to seek abortion was unplanned and unwanted pregnancy. Among young unmarried women, pregnancies are rarely welcomed, carrying a high risk of abortion, and potentially high mortality associated with unsafe procedures. During of gestation is important predictor of the immediate complication; advanced gestation is associated with increased number of complication. It is important to note that despite the advances made in abortion technology, procedure related morbidity and mortality increases with the gestational age⁸. Although second trimester abortions account for a small percentage of all induced abortion, it is associated with the disproportionately large amount of morbidity. Two third of the major abortion related complications and half of abortion related mortality occur in pregnancies greater than 13 weeks. In this study 50% of the patients have gestation up to 12 weeks, 23% have 13-18 weeks of gestation, 16% have 19-22 weeks of gestation and 6% have 22-24 weeks gestation.

The most common complications was genital tract infection in 33% of the patients followed by abscess formation in 23%, bowel injury in 16% uterine perforatin in 26% and hemorrhage in 13% of the patients. These results are in accordance

with the study by Sultana A. Hussain M and Chohan A.

CONCLUSION

We conclude that induced abortion is associated with serious complications, which need expensive treatments and surgical interference. In most of the cases increasing economic burden and work load over the government and family members, and above all patient's suffering. Due to the restrictive abortion legislation which operates in Pakistan, women should be taught about the ways of family planning so that the number of unwanted pregnancies should be reduced.

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