



## **Faeces per Vaginum: Uterine perforation causing prolapse of small intestine**

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### **Abstract**

Dilatation and curettage (D&C) is one of the most frequently performed procedures for first trimester surgical abortion, also non-obstetric D&C can be performed for both diagnostic and therapeutic indications. The mortality and morbidity of D&C are very low, and perforation of uterus is rare. The incidence is increased for a pregnant or recently postpartum uterus (5%), and it is less for premenopausal (0.3%) and postmenopausal women (2.6%). Here, we report a case of uterine perforation caused by D&C resulting in pneumoperitoneum and presence of faeces per vaginum.

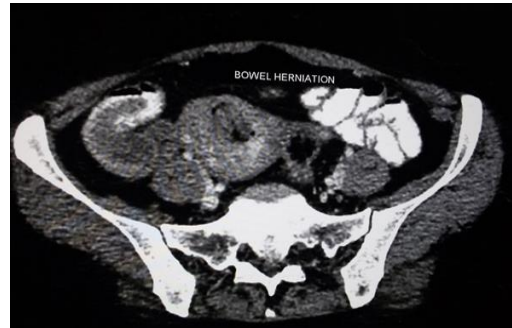
**Keywords:** Faeces per vaginum, pneumoperitoneum, uterine perforation

### **Introduction**

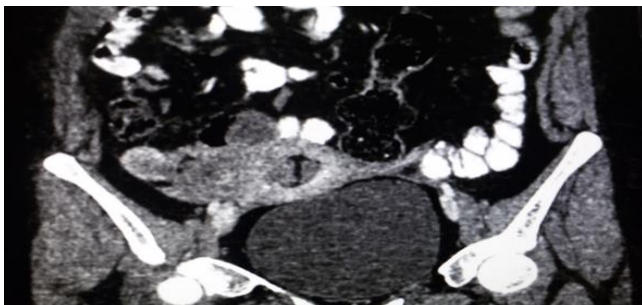
Dilatation and curettage (D&C) is one of the most frequently performed procedures for first trimester surgical abortion, also non-obstetric D&C can be performed for both diagnostic and therapeutic indications. The mortality and morbidity of D&C are very low, and perforation of uterus is rare [1]. Here, we report uterine perforation caused by D&C resulting in pneumoperitoneum and presence of faeces per vaginum.

### **Case Report**

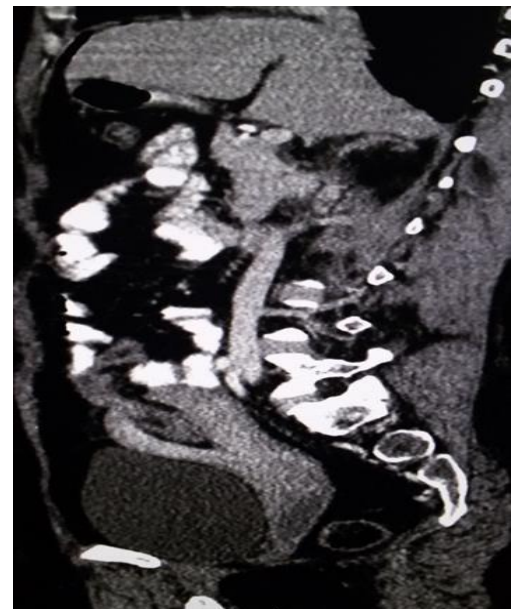
A 32 year old female came to the emergency department with severe lower abdominal pain and discomfort with low grade fever. She also complained of passage of some foul smelling material from vagina. She had a history of missed abortion at 11 weeks for which dilatation and curettage (D & C) was done 1 week back. After that she developed lower abdominal pain that aggravated with passage of time. CT scan whole abdomen was performed that demonstrated perforation of uterine fundus with herniation of a loop of ileum into the uterine cavity. (Figure 1a, 1b, 1c) Further, there was also injury to the bowel loop resulting in pneumoperitoneum. Minimal free fluid was present in pelvic peritoneal cavity. Immediate laparotomy was performed and uterus and ileum was reconstructed.



**Fig 2**



**Fig 1**



**Fig 3**

## Discussion

Uterine perforation following dilatation and curettage is uncommon however its incidence is increased for a pregnant or recently postpartum uterus (5%), and is less for premenopausal (0.3%) and postmenopausal women (2.6%) [2]. Nulliparity, advanced gestational age, infection and retroverted uterus are the other risk factors [3].

Grimes *et al.* reported 3% incidence of bowel perforation in patients with uterine perforation [4]. Gupta *et al.* reported 7.5% cases in septic induced abortions [5]. Augustin *et al.* found uterine fundus the most common site for perforation followed by posterior and fundus-anterior uterine wall [6].

Of all the complications bowel injury, perforation or prolapse is serious and only a small percentage of women with perforation suffer intestinal prolapse. It is considered to be caused by “unsafe” D&C performed by inexperienced persons or even by non-physicians but we must be aware that these adverse events can occur even during routine D&C.

Strong clinical suspicion is necessary for diagnosis and need of immediate surgical intervention depends upon the clinical signs and symptoms of peritonitis and imaging. Time interval between injury and surgery is an important factor for the outcome of the patient. Chances of survival are good if surgery of small bowel is done within 24 hours of injury [7]. Late presentation, greater degree of contamination and sepsis has a poor outcome with development of faecal fistula or wound dehiscence.

## Conclusion

The clinical symptomatology of bowel herniations can be minimal, and might go undetected, if not suspected. An earlier detection of bowel herniation can decrease the magnitude of surgical procedure and significant complication. Any patient presenting post abortal even a month after the event should arouse clinical suspicion in terms of late complications of abortion, such as sub-acute intestinal obstruction.

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