Intestinal Infarctus following Dilatation and Uterine Curettage

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Key Words

Intestinal infarctus · Abortion

Abstract

We present a case of intestinal infarctus through the vagina. This was a consequence of induced abortion done clandestinely. The main objective was to point out the surgical complications of uterine dilatation and curettage by means of this rare case.

Introduction

Induced abortion is practised clandestinely in Cameroon. Among the various procedures, uterine dilatation and curettage (D and C) goes with many complications [1, 2]. We report this case of an intestinal infarctus through the vagina, a rare phenomenon seen for the first time in our unit since 10 years, with the aim of depicting a surgical complication of D and C.

Case Report

Mrs NC, 34 years, G6P5015, presented for acute pelvic pain and a mass between the thighs. She had had a clandestine D and C 4 hours before after 7 weeks of amenorrhea. On entry, she had a BP of 90/50 mm Hg, a pulse of 92/min, a temperature of 37°C and pale conjunctivae. On clinical assay, there was a cold, dark intestinal mass between the thighs with no mesenteric pulsations ([fig. 1](#)). There was a globular uterus with diffuse abdominal tenderness; vaginal exam confirmed an intestinal mass. Biological exams showed anemia with hemoglobin 9.9 g/l and hemocrit of 29%. On this basis a laparotomy was done after a 6 h reanimation. We found a posterior uterine perforation 5 cm long, a hernia of the ileo-cecal junction with necrosis at the basis of the cecum; the proximal ileum which was engaged in the vagina and between the thighs was infarcted. Treatment consisted of resection of the exteriorized part, right hemicolectomy with ileo-transverse termino-lateral anastomosis, uterine suture with separate points with Polyglactin 910. The patient was discharged a week later. She has been feeling well since.

Discussion

Induced abortion is associated with many complications which necessitate continuous surveillance all over the world [3]. Some of those complications can lead to generalised peritonitis [4], thus affecting the abdominal cavity. In our case, we had a vascular complication due to ischemia of the bowel which was outside the abdominal cavity. This is the first time we encountered such a complication in our unit. Such lesions have been described in cases of delayed strangulated hernias. The treatment consists classically on resection – anastomosis of the infarcted part of the intestine [5]. That was done in our case.

Conclusion

We have reported a complication of induced abortion which resulted in intestinal resection due to intestinal infarctus. This is a rare phenomenon observed in developing countries.

Fig. 1. Intestinal infarctus.

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