UNUSUAL FOREIGN BODIES IN UTERINE CAVITY

(A Report On Two Cases)

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Introduction

Maternal death is a great social tragedy. In spite of advances in obstetrics, anaesthesia, blood transfusion and antibiotics, the decline in maternal mortality is slow. In rural India the common causes of maternal deaths are sepsis (28.4%), haemorrhage (22.3%), toxemia (10.7%) and abortions [1]. The factors responsible are female illiteracy, poverty, lack of health education and lack of adequate health services [2]. Village quacks introduce various foreign bodies into the uterine cavity for the purpose of criminal or illegal abortions and treatment of menstrual disorders. Immediate complications are perforation, laceration, excoriation and haemorrhage. There can be death due to neurogenic shock or haemorrhage. Late complications include septic peritonitis, septicaemia, para-metritis, salpingitis, pelvic abscess, tetanus, renal failure or pulmonary embolism [3]. Two cases of unusual intra uterine foreign bodies with life threatening complications are presented.

Case Report-1

35-year-old lady para-3, presented with irregular and excessive vaginal bleeding since three months. She had pain in the lower abdomen off and on particularly during the menstrual periods. The cycles were of 15 to 20 days and bleeding for 8 to 10 days associated with colicky pain and generalised discomfort all over the abdomen. She felt weak and breathless on exertion. There was high grade pyrexia associated with chills and rigors since ten days. Her previous cycles were regular with 3 to 4 days bleeding and 28 to 30 days of cycle with oligomenorrhoea and hypomenorrhoea. She had three previous normal deliveries and the last child birth was five years back. On general examination she was pale and ill-looking with pulse rate of 120 per min, respiratory rate of 36 per min and Blood pressure 110/70 mm of Hg. Per abdominal examination showed generalised tenderness and fullness but no rigidity or guarding. Speculum examination showed unhealthy cervix and discharge of frank pus from the cervical os. Per vaginal examination was extremely painful. Uterus was bulky, retroverted and fixed. Adnexa on both sides showed tender tubo ovarian masses. Investigations showed Hb 6.5 g/dl, TLC 14300 cells/cmm with predominant polymorphs, toxic granules in PBS and nega-

tive Gravindex test. High vaginal swab culture did not grow any Organisms. Ultrasonography revealed linear echogenicity suggestive of intra uterine foreign body. She was resuscitated with parenteral ciprofloxacin, gentamicin, metronidazole, two units of fresh blood and taken up for exploration of uterus with dilatation and curettage. In all ten match sticks and two agarbatti sticks were taken out of uterine cavity. The sticks were used ones with 8 cm length. There was 10 to 15 ml of frank pus and necrotic material which was evacuated and sent for culture. Patient made an uneventful recovery after the evacuation. Histopathological examination of endometrium revealed dense infiltrations of polymorphonuclear cells. Deeper stroma showed collection of epithelioid cells and foreign body giant cells with ingested debris in the cytoplasm associated with infiltration of plasma cells and lymphocytes. The overall picture was suggestive of granulomatous endometritis.

Case Report-2

33-year-old woman, para 3, presented with excessive and irregular bleeding per vagina and foul smelling discharge since 4 to 5 months. Duration of cycle was 15 to 20 days and bleeding for 8 to 10 days associated with passage of clots and colicky pain in the lower abdomen. She had high grade intermittent pyrexia since 15 days. The pyrexia ranged from 100 °F to 103 °F associated with chills and rigors. She was treated with antimalarials and antibiotics without relief. The patient confirmed handling by untrained person for regularizing menstrual cycles as she was suffering from oligomenorrhoea and hypo menorrhoea. General examination revealed marked pallor, ill and toxic look, Pulse rate 120 to 130 per min, respiratory rate 36 to 38 per min and Blood pressure 100/60 mm of Hg. Abdomen was distended with generalized tenderness but no rigidity or guarding. No abdominal lump was palpable. Speculum examination showed unhealthy cervix with cervical erosion and pus discharge from the cervical os. There was marked tenderness on vaginal examination and uterus was bulky, retroverted and fixed. Boggy masses were palpable in both adnexa. Investigations showed Hb 7 g/dl, TLC 13200 cells/cmm with predominant polymorph, toxic granules in PBS, Blood group O positive, STS non reactor. High vaginal swab culture showed growth of E. Coli. Urine culture was sterile. Ultrasonographic examination revealed presence of linear echogenicity suggestive of intra uterine foreign bodies, evidence of fluid filled cavities in both adnexa and free fluid in the peritoneal cavity. She was suspected as case of pelvic abscess with septicemia and resuscitated with parenteral ciprofloxacin, gentamicin, metronidazole and two units of fresh blood. She was taken up for exploratory laparotomy. The abdominal cavity showed 100 to 150 ml of pus which was sent for culture. Uterus was bulky, soft and congested. Both sides tubes showed pyosal-

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pinx. Total abdominal hysterectomy with bilateral salpingo-oophorectomy was performed followed by peritoneal lavage and drainage. The uterus was cut open and was found to be filled with frank pus. There were 5 bones of 10 cm size and looked like fish bones. Both sides tubes were swollen and distended and filled with purulent discharge. Ovaries were adherent and could not be separated from the mass. Histopathological examination revealed endometrium showing ulcerations and denudation of the lining mucosa and dense infiltrations of polymorphonuclear cells. Deeper stroma showed collection of epithelioid cells and foreign body giant cell with ingested debris in the cytoplasm and infiltration of plasma cells and lymphocytes. this was suggestive of granulomatous endometritis. Tubes showed dense infiltration of polymorphs and epithelioid cells. The pus culture was sterile after 48 hours of incubation. The patient made an uneventful post operative recovery. She has been placed on hormone replacement therapy.

Discussion

Two cases of unusual intra uterine foreign bodies have been presented. In the first case match sticks and agarbatti sticks were used probably to cause an abortion as the patient suffered from oligomenorrhoea and hypomenorrhoea. This led to life threatening sepsis and anaemia. In the second case fish bones were used again to cause an abortion as the patient suffered from irregularity of menstrual cycle suspecting another pregnancy. She suffered from pyometra, pyosalpinx and pelvic abscess. Major surgery in the form of hysterectomy with bilateral salpingo-oophorectomy was required for saving life . a similar case with use of ball point pen is reported [4].

Large variety of foreign bodies like Uterine sound, curette, catheter douche, canula, knitting needle, crochet hook, hair pin and bamboo stick are introduced into the uterine cavity by quacks for abortions and treatment of menstrual irregularities. Sometimes the

patient knows that the object is there but is unable to remove it. More often she is unaware of its presence, having forgotten it or not knowing that it has been inserted. Other crude means include use of cotton wool, rags, marking nut juice, paste of arsenic or lead and other irritants into the uterine cavity. Abortion deaths account for 20% of maternal deaths in rural India [5,6]. Maternal mortality and morbidity can be reduced by imparting proper health education at grass root level and by ensuring that adequate facilities are available for MTP at periphery and health centres [7,8].

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