Case Report

Large electric wire in abdominal cavity : a case report

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Introduction

Foreign body in human body is not so uncommon in medical history. Many people are carrying bullets, pellets or parts of sharp or blunt objects in their limbs, thorax or other parts of body without significant complaints. Coins, blade, saftypin, needle etc are accidently swallowed leading to perforation, obstruction etc. Accidental retention of mops, gauge, suture material and even surgical instruments in the peritoneal cavity during surgery have serious short and long term consequences and may lead to legal procedures. The first case of retained foreign body in the medical literature was reported by Wilson in 1884.[1,2]

The women of rural areas specially of developing and underdeveloped countries in their child bearing age use foreign body (introducing through vagina or cervix) for inducing menstruation (abortion) for unwanted pregnancies which ends in fatal complications i.e. perforation of uterus, infection, septicaemia and even death. In third world countries, attempted unsafe abortions, often performed by untrained personnel i.e. untrained birth attendants and nurses in dirty environment, are attributed to maternal mortality and morbidity.[3] Abortion deaths were the highest in Latin America and the Caribbean (12%), which can be as high as 30% of all deaths in some countries in this region.[3] Cases of a foreign body in the vagina have been reported mostly in developed countries.[4,5]

Case report

Mrs. Begum 30 years of age, married, Shardighi, Fapor, Bogra sadar was admitted in 250 Bed M. Ali hospital Bogra on 08-02-2011 with the complaints of recurrent attack of lower abdominal pain associated with vomiting and fever for six months. There was H/O altered bowel habit with malena but with mild abdominal distension. Her menstrual cycle was regular. She was not anemic but mildly febrile with pulse 82 beat per minute, blood pressure 120/80 mm (Hg).

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Abdominal examination showed tenderness at right flank, having no palpable mass nor any organomegaly. Bowel sound was present, Hb%- 12.80 gm/dl, WBC- 9100/cu mm of blood. USG of abdomen, X-ray K U B revealed no significant abnormality. A provisional diagnosis of recurrent appendicitis was made and laparatomy through Grid Iron incision was decided. Pelvic mass was felt when the incision was extended along pfenenstyle line. Huge adhesion around ileum, caecum and adnexa was found. After careful lysis an electrical wire measuring 4 ½ feet covered with rubber came out from terminal ileum (Figure-1). Injury was repaired followed by thorough peritoneal wash with saline and iodine done. No visible injury was detected in large gut, uterus and adnexa. Proximal defunctioning loop ileostomy was done with drain in peritoneal cavity and abdomen was closed in layers. The patient was discharged on 14th post-operative day with an advice to close the ileostomy after 2 months.

Figure 1: *Electric wire recovered from ileum of the patient*

Discussion

Worldwide, millions of women seek induced abortions which if successful and complete remain a secret and if complicated get highlighted due to their management at hospital level. So, the hospital data represents just tip of the ice berg. Septic induced abortion is an important cause of maternal morbidity and mortality and is completely preventable.[6]

Every year, 50 million abortions occur worldwide. About 19-20 million of them are unsafe abortions and an estimated 68000 women die as a result. A high proportion of maternal deaths caused by abortion are especially due to illegal unsafe abortion.[6] According to World Health Organization, in every 8 minutes a woman in one of the developing nations will die of complications arising fromunsafe abortion, making it one of the leading causes of maternal mortality (13%).[7]

Septic abortion is the one that gets complicated with infection and is associated with fever, endometritis, parametritis and peritonitis. Acute consequences of pelvic inflammatory disease can spread to the state of septicemia and disseminated intravascular coagulation especially in the presence of low resistance of the patient and high virulence of organisms. In chronic phase, patient faces chronic pelvic inflammatory disease with consequent dyspareunia, dysmenorrhoea and infertility. All these consequences occur in the back ground of an unwanted pregnancy being terminated by an untrained lady health visitor or a day in a dirty environment with the promise of maintaining secrecy.[8] Incidence of uterine perforation varies from 0.4 to 15 per 1000 abortions as reported by different studies. Although most uterine perforations at the time of curettage during first trimester abortion go unrecognized and untreated, serious complications do occur. Inexperienced physicians have been reported to perforate the uterus more frequently than experienced physicians. An illegal abortion by unqualified inexperienced hands without or with minimal medical knowledge in rural society of developing countries is not uncommon. Complications can endanger the life of mother if proper medical or surgical intervention is not offered in time.[9]

Mrs Begum, in this case report, confessed after repeated query that a known birth attendants (dai) passed that foreign body through her vagina for abortion. Surprisingly, there was no obvious illness other than lower abdominal pain and low grade fever. She was having normal menstrual cycle and leading near normal life for the last six months.

Unsafe illegal abortion is an important social and public health problem that causes significant morbidity and mortality, especially in the developing world. Prompt diagnosis and appropriate intervention might provide better outcome. Therefore early referral and safe abortion services by skilled personnel in peripheral centers are necessary to limit mortality and morbidity of unsafe abortion.

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