

Acute Intestinal Obstruction Due to a Foreign Body Migrated into the Abdomen after a Clandestine Abortion Almost 20 Years Ago

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Abstract

Case Report

Acute intestinal obstruction caused by a foreign body is no longer a rare phenomenon, especially if the latter is found in the digestive tract. However, the migration of an extradigestive foreign body as a cause of obstruction is extremely rare. We report the case of a 60-year-old female patient seen urgently on September 5, 2023 at 3:00 p.m. at the District Hospital of Commune IV of Bamako with the diagnosis of acute intestinal obstruction. Intraoperatively we noted grélo-uterine, grélo-sigmoid adhesions and bands tying the terminal ileum with significant intestinal dilatation upstream without signs of necrosis. Also a foreign body (tubing of a serum infuser) rigid curved of approximately 40 cm was located between the loop. The procedures performed were: adhesiolysis, sectioning of the flanges, extraction of the foreign body, toileting and installation of a Redon drain in the Douglas cul de sac. The in-depth postoperative questioning revealed a notion clandestine abortion in 2003 by a nurse in a country in the sub-region, leaving an infusion tube in place for a few hours. And she was supposed to go in the next day for a check-up, but she didn't show up. Our medical team reviewed the ASP image where we noted in addition to the central hydroaeric levels, an inverted U-shaped image of a foreign body (infuser tubing) going from the left hypochondrium to the left iliac fossa. confirming the diagnosis intraoperatively. The postoperative course was simple. The patient returned home on postoperative day 5.

Keywords: Abortion, Foreign body, Occlusion.

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INTRODUCTION

Acute mechanical intestinal obstructions correspond to a complete and persistent cessation of contents by intestinal strangulation or obstruction. Acute intestinal obstructions represent up to 41% of emergency surgical activities [1]. The most common causes of occlusion are adhesions, hernias and tumors. Clandestine abortions increase maternal morbidity and mortality in Sub-Saharan Africa and are favored by restrictive legislation and low contraceptive prevalence. This practice is often accompanied by serious complications such as uterine perforation, endometritis, peritonitis or even the death of patients. The objective of our study is to report an extremely rare case of intestinal obstruction due to the migration into the abdomen of a foreign body used for abortion and that 20 years later the patient suffered an acute intestinal obstruction. This intraabdominal foreign body (infuser tubing) has escaped the attention of all the investigations including the ASP

carried out today. His treatment involved several specialists including the surgeon, the radiologist, and the anesthesiologist-resuscitator.

PATIENT AND OBSERVATION

This is Mrs. H. D. 60 years old, married to 15 years and menopausal to 45 years. G14P13A1V11D2, with no known medical and surgical history. Received urgently on September 5, 2023 at 3:00 p.m. at the District Hospital of Commune IV for abdominal pain.

The onset of symptoms was 2 days ago, marked by diffuse abdominal pain with a recurring twisting type which partially improved with the use of unspecified analgesics.

This pain was accompanied by cessation of matter and gas and slight abdominal distention. No vomiting or nausea, no fever.

On entry, she was in good general condition with a BP of 110/80 mmHg, HR: 86 beats/min, well-colored conjunctiva, and a body temperature of 37.1°C.

There was no laparotomy scar, abdominal eardrum present. Pelvic touches were unremarkable.

Paraclinical assessment requested:

Abdomen radiography without preparation (ASP): presence of hydro-aerial levels in favor of mechanical intestinal obstruction.

Blood count: this showed a blood count of 12.9 g/l; a slight leukocytosis at 11,000. Groupe A Rh-positive.

Preoperative diagnosis:

On the diagnostic basis of an acute intestinal obstruction, a laparotomy was decided. At celiotomy we discover grelo-uterine, grelo-sigmoid adhesions and bands tying the terminal ileum with significant intestinal dilatation upstream without signs of necrosis.

A rigid curved foreign body (serum infusion tube) of approximately 40 cm found in the inter-loop. The uterus, adnexa and Douglas fir were unremarkable.

Procedure carried out:

Adhesiolysis, section of the flanges, extraction of the foreign body, toilet and installation of a Redon drain in the Cul de sac of Douglas

On postoperative day 1, the patient's questioning revealed a notion of clandestine abortion in March 2004 by a nurse in a country in the sub-region, and she was supposed to go the following day for control, but she did not attend. not presented.

The aftermath was marred by stitching abdominal pain and metrorrhagia for several months.

Because of the recurrent abdominal pain, several investigations, including ultrasounds, and treatment had been carried out but without success.

Our medical team reviewed the ASP image where we noted an inverted U-shaped image of the foreign body (infuser tubing) going from the left hypochondrium to the left iliac fossa.

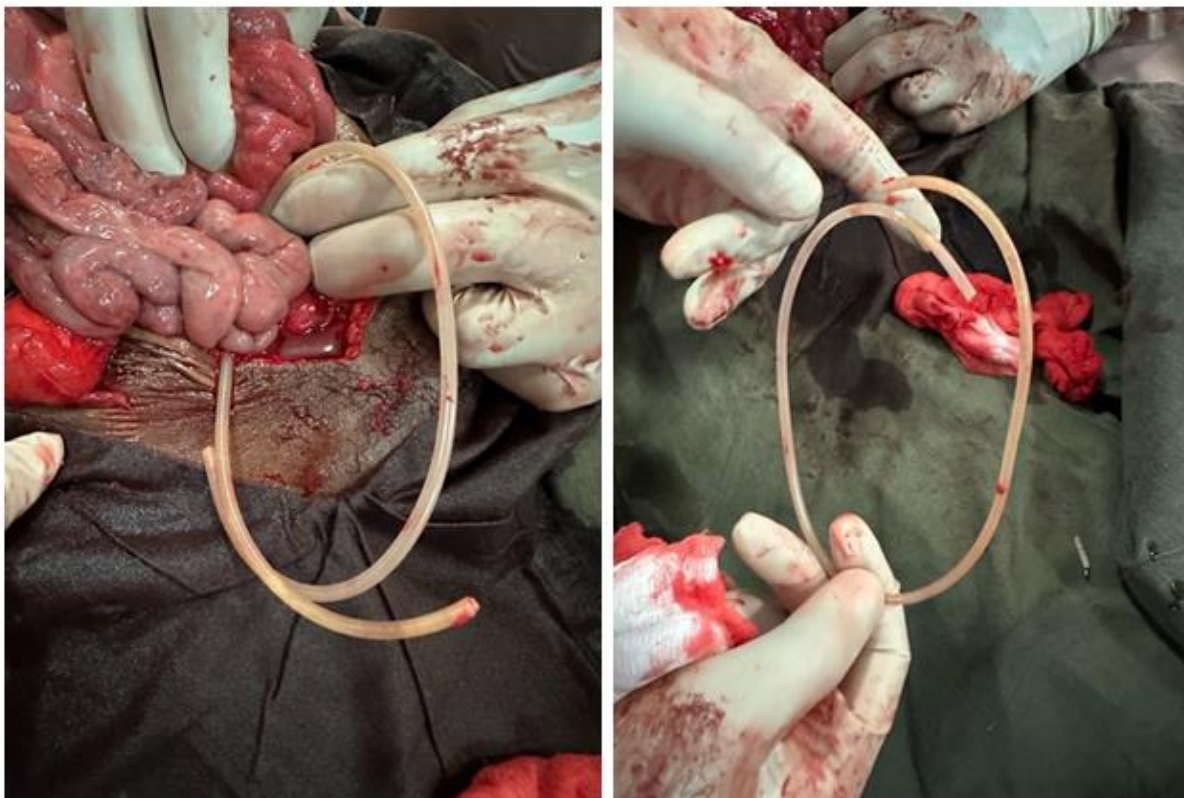


Figure 1: Infuser tubing found in abdominal cavity

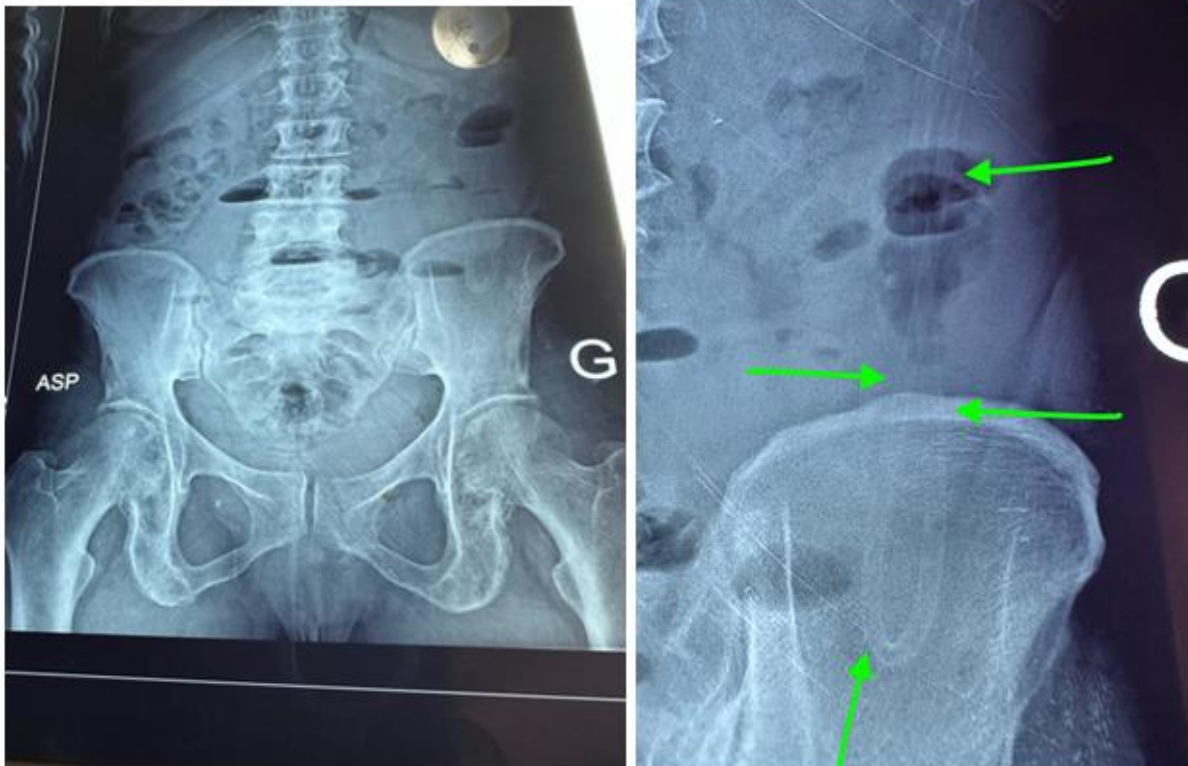


Figure 2: Abdomen x-ray without preparation with the image of the hydroaeric levels and the foreign body

DISCUSSION

Acute intestinal obstruction is defined as a permanent and complete cessation of intestinal transit in a segment of the digestive tract located between the duodenojejunal angle and the anus. It is a frequent medical-surgical emergency which constitutes the third cause of acute abdominal pain after appendicitis and cholecystitis. It can be life-threatening in the event of a diagnostic delay.

Broulaye. M reports a frequency of 28.8% of acute surgical abdomens [2]. Sacko. M in his work found a frequency of 11.88% of urgent abdominal interventions in Surgery 'A [3].

The introduction of a foreign body through the vagina is a well-described and frequent phenomenon, the circumstances of its insertion are numerous and its nature is variable. It exposes you to serious complications that can threaten your life or be a source of morbidity and late-onset complications.

The multiple attempts to remove the foreign body by the patient at home then by the medical personnel can often promote its total disappearance in the body [4]. Acute intestinal obstruction as a complication of intraabdominal foreign bodies is rare.

The intraabdominal foreign body may be silent; its discovery is then fortuitous during radiological exploration or reoperation for another indication [5]. In

other cases, it is responsible for various clinical manifestations which lead to its discovery [6,7].

The average time for discovery of the Foreign Body varies depending on the context. Some authors found an average delay of 260.5 days [8]. Others have found the duration of symptoms to vary from three to eleven days with an average of 5 days. These included abdominal pain, cessation of digestive transit, vomiting and fever [9].

After a clandestine abortion, it is not uncommon to see complications that can even compromise the patient's life. M. Ngowe and his colleagues found a uterine perforation with ileal evisceration per vaginam where the patient noted the exit of the small bowel loops to the exterior, a rare case [10].

In a series of 51 cases, Takongmo and colleagues found 8 cases of small bowel perforation, 2 eviscerations, 3 necrosis and 3 cases of colonic perforation [9].

Two sticks of matches incarcerated within the uterine muscle were found in a second 28-year-old second wife [11].

Chicken bones have been found incarcerated in the uterus following an attempted clandestine induced abortion [12], retention of fetal bone debris after an abortion [13], various metal objects following sexual practices [14].

Intraabdominal foreign bodies are rare situations. The diagnosis is often difficult. Radiography of the Abdomen Without Preparation and especially ultrasound make the diagnosis. They can cause various complications. The exact nature of the foreign body is only known after extraction. This extraction, which is the rule, most often takes place by laparoscopy or laparotomy.

An emergency laparotomy performed on a 16-year-old girl at the Bouaké University Hospital Center allowed the extraction of a ballpoint pen with its cap located along its right para-vesical length. The foreign body was accidentally introduced through the vagina [15].

CONCLUSION

Faced with any persistent chronic pelvic pain in a woman, the presence of an intrauterine foreign body must always be considered. In developing countries, the after-effects of an attempted abortion are a possible cause. Ablation should be the rule to avoid the occurrence of more serious complications such as visceral lesions, occlusions and acute peritonitis or chronic pelvic pain. Surgical complications of clandestine abortions remain frequent in our countries.

They remain a significant cause of avoidable mortality, hence the intensification of education of women and couples on the advantages of contraception and family planning.

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