Anterior cervical wall rupture as a result of induced abortion

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Objective
We aimed to present a case of anterior cervical wall rupture as a result of induced abortion.

Methods
Case report.

Results
We report the case of a 37 year-old multiparous (seven prior vaginal delivery) pregnant woman at 19 weeks of gestation who was referred to the Care Center of Perinatology in Ankara, because her fetus was diagnosed with trisomy 21 after amniocentesis. The patient and her husband chose the way of termination of pregnancy. An informed consent was obtained and medical abortion with oxytocin was planned. Intravenous infusion of 10 units of oxytocin in 500 mL - 5% dextrose saline solution for 3 hours was used for induced abortion, repeating 3 times in 9 hours, totally. After 9 hours of induction, dead fetus was expelled with its placenta and fetal membranes. No significant dilatation was observed in the 8th hour with cervical examination performed hourly. Cervicovaginal exploration after abortion revealed that right anterior cervical wall had ruptured, measuring 35 x15 mm, and the fetus and its appendices had been expelled through there. Cervical dilatation was 8 millimeters, effacement was scarcely 30 per cent. It was queried and learned that the patient had no problem during prior vaginal deliveries. An 18 french urinary catheter was applied from the urethra and urine was seen clearly. Post-abortal ultrasonographic evaluation revealed no sign of extension of rupture towards neighbour structures and parametrial area. Then a number 8 vacuum aspiration catheter was applied from external ostium of the cervix in order to save the passage of cervical canal. Rupture area was repaired with primary suture. No antibiotic prophylaxis was prescribed, because the wound area was clean. The patient had no postoperative problems and she was discharged in the second day. We offered her to use an effective contraceptive method.

Conclusion
Induced abortion may give way to some complications as in this case. The exact incidence of such a complication is not known. Cervical resistance to dilatation might have caused such a rare complication, irrespective of any cause. It's important to notice and repair the wound.