A case of perforation of rectum due to self-administered enema in a pregnant woman

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Received: 10 June 2014, Revised: 2 July 2014
Accepted: 3 July 2014

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ABSTRACT

A 23 year old primigravida at 35 weeks gestation presented with pain abdomen, fever and distension of abdomen. Initially patient was managed conservatively at peripheral centre for two days and then reported to our hospital. An ultrasound done which shows collection inside peritoneal cavity and perforation was suspected. Decision of laparotomy was done. First caesarean section was done and a single live male baby born weighing 2.4 kg born. Then on exploration a small perforation in rectum was found and it was repaired by surgeon. But they found two more perforations and colostomy was done. On taking detailed history patient told that she-herself administered enema because of constipation. In post op period patient expired because of septicemia and ARDS.

Keywords: Perforation, Rectum, Pregnancy, Enema

INTRODUCTION

Rectal perforations are very rare. The morbidity and mortality is very high in rectal perforation. Enema should never be given in case of impacted stool. But because of ignorance this patient applied enema herself. So, simply awareness about enema indications and contraindication would have avoided this problem and unnecessary mortality in a young patient. A little knowledge is a dangerous thing. So, patient education should be done.

CASE REPORT

A 23 year old female at 35 weeks of gestation presented with complaint of pain abdomen, fever and constipation. Patient was initially managed at periphery by analgesics and antibiotics. Then she was referred in our hospital. Patient was admitted and investigated. Her hemoglobin was 10 gm/dl. Total leucocyte count was 18000. In her USG abdomen there was collection inside the peritoneal cavity. Intestinal perforation was suspected. Case discussed with surgeon and plan of first to do caesarean section and then to search for perforation.

Caesarean section was done and a single live male baby born. Baby cried immediately after birth. Weight of baby was 2.4 kg. Placenta was delivered and uterus was stitched in layers. Then on exploration there was no perforation in small intestine. But to our surprise there was small perforation in rectum as shown in Figure 1. Repair of perforation was done by surgeon as shown in Figure 2. But there were two more perforation in rectum which were sutured and then colostomy was done. Whole of the peritoneal cavity was filled with foul smelling fluid and fecal matter. Peritoneal lavage was done with normal saline. Drain was put inside peritoneal cavity. Patient was given two units of blood transfusion. Again we took detailed history from attendants and found that patient had herself administered enema at home. This may be the cause of perforation of rectum. There was no h/o typhoid fever in the past.
In post-operative period patient developed high grade fever and dyspnoea. In chest there were crepts. Patient developed ARDS and septicemia. On 4th postoperative day patient expired.

DISCUSSION

Rectal perforation leading to death in a young patient due to self-administered enema is very unfortunate. A little ignorance has caused this event. Once peritonitis develops due to rectal perforation death is inevitable. Then proper referral in time should be there. Patient lost 2 days in delaying treatment at periphery and in mean time she developed peritonitis and which caused death in patient. So in acute abdomen we should take a detailed history which can help us to make early diagnosis and timely treatment.

Funding: No funding sources
Conflict of interest: None declared
Ethical approval: Not required

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DOI: 10.5455/2320-1770.ijrcog20140922