

Introduction

A **near-miss** is a critically ill woman, who survived a problem during pregnancy, childbirth, or within 42 days of termination of pregnancy

Objective

For awareness of the healthcare workers regarding this rare condition

Case

A 32-year-old lady was admitted in the ICU with a h/o intermittent fever, lower limb swelling and acute onset respiratory distress

Revelation of a large collection with **“multiple hyperdense bone density lesions”** ? foreign body and mild fluid in the endometrial cavity on **CECT** prompted **gynaecology referral**

Subsequent probing revealed, an attempt of termination of a 16-18 weeks pregnancy 2 months back f/b episodes of heavy bleeding, and foul smelling discharge

Investigation



Management

Operation: Exploratory laparotomy + TAH+BSO

Intra-op Findings-

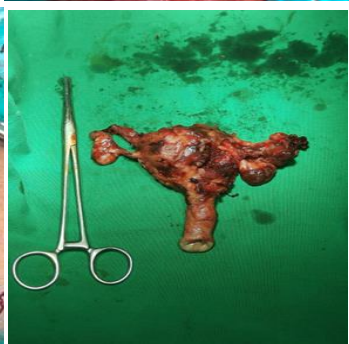
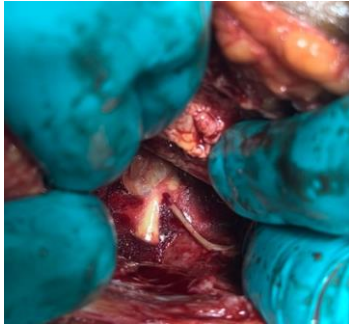
- Peritoneal **pus collection drained**
- Dense, unhealthy adhesions** between organs dissected
- Multiple remnants of fetal bones** and tissue in the paracolic gutter
- A bulky, friable uterus** with b/l tubes and ovaries were exteriorised after difficult adhesiolysis
- A large irregular posterior wall perforation (5x4cm) found**

Post-op period: Intensive, with intubation for 7 days **on inotropes**, under **massive transfusion protocol** and **broad-spectrum antibiotics**.

Day 6: **Wound dehiscence encountered**, daily dressing and antibiotics administered

Day 17: Discharged in stable condition

HPE - Endometritis and cervicitis.



Discussion

- Septic abortion** occurs due to the termination of an unwanted pregnancy by an unfit person or the handling of an abortion in an environment that does not meet medical standards, or both
- Despite abortion being permitted by law** to save a woman’s life many women resort to **unsafe abortions**, due to associated **stigma** and unmet need of contraception
- Little is known about maternal near-miss (MNM)** due to **unsafe abortions** in developing nations, because of **delay in referral** and inherent **high cost of treatment**.
- A thorough history in women** of childbearing age presenting in a moribund state should be **emphasized across disciplines- key to early recognition and intervention**

Conclusion

- Proper communication and awareness can avoid this dreaded situation**
- Unmet need for contraception** should be appropriately addressed
- Surveillance of factors and review audits** provide better knowledge

References	Acknowledgments
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| <p>Das V, Agarwal A, Mishra A, Deshpande P. Septic abortion J Obstet gynecol India. May-June 2006;56(3):236-39. 3.</p> <p>World Health Organization (2011) The WHO near-miss approach for maternal health.</p> | <ul style="list-style-type: none">Prof. Sukanta Misra. (Prof & Head Dept. of OBS and GYN , RKMS, VIMS) Prof Amitava Majumdar (Dept of Gen . Medicine RKMS, VIMS) Junior residents of my Unit |
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Declaration: No conflict of interest