

Abstract

A case of septic abortion in a 27-year old woman treated by surgical intervention is presented in chart form. The woman presented with abdominal pain and vaginal bleeding and was treated medically and discharged. She presented at another hospital 1 week later with pain and discharges of clotted blood. She was scheduled for dilation and curettage, and was found to have traumatized parts of the descending colon and rectum protruding from the cervix. The uterus and right fallopian tube were repaired. She was treated with intravenous fluids, Acromycin, but her condition worsened until a rectal vaginal fistula was diagnosed on the 7th postoperative day. During a second operation surgeons found perforations in both the sigmoid colon and the uterus. A double colostomy was performed. Rectal vagina fistula repair was done at a specialized hospital. She recovered and remained well 3 months later. This costly and dangerous hospitalization could easily have been avoided.