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Case Report

Failed dilatation and evacuation due to false passage in a case of retained products of conception following self-medication abortion: a case report

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ABSTRACT

Self-medication with medical termination of pregnancy (MTP) pills without supervision is a common practice in developing countries specially in India and can lead to significant complications. We report a case of a 28-year-old female who presented with prolonged vaginal bleeding following unsupervised intake of MTP pills at approximately six weeks of gestation. Despite undergoing two attempts of dilatation and evacuation (D&E) at a tertiary care center, retained products of conception persisted. On evaluation, transvaginal ultrasonography revealed a persistent intrauterine mass with calcification. A suspicion of false passage during the previous procedure was raised. Subsequent D&E under ultrasound guidance confirmed the presence of a false passage in the anterior uterine wall. The true uterine cavity was identified, and adherent calcified products were successfully removed using ovum forceps. The patient recovered well post-procedure. This case highlights the importance of ultrasound guidance during uterine evacuation especially in cases of suspected false passage and emphasizes the risks associated with unsupervised abortion practices.

Keywords: Retained products of conception, False passage, Unsafe abortion, Ultrasound-guided dilatation and evacuation, Medical abortion complications

INTRODUCTION

Unsafe abortion practices and unsupervised use of medical abortion pills remain a significant public health concern, especially in developing countries.^{1,2} In India, abortion is legally permitted under the Medical Termination of Pregnancy (MTP) Act, 1971 and its amendments in 2021. However, many women continue to undergo unsafe abortions due to lack of awareness, accessibility issues, and social factors.^{2,3}

The World Health Organization defines unsafe abortion as a procedure for terminating an unwanted pregnancy performed either by individuals lacking the necessary

skills or in an environment that does not conform to minimal medical standards, or both.¹ Approximately 6.4 million abortions occur annually in India, with a significant proportion being unsafe, contributing to 8-20% of maternal mortality.²

Common complications include severe bleeding, incomplete abortion, infection, sepsis, and complications arising from retained products of conception (RPOC).^{3,4} Dilatation and evacuation (D&E) is a commonly performed procedure for managing RPOC; however, it is typically performed blindly and may lead to complications such as uterine perforation and false passage formation, particularly when repeated without imaging guidance.^{5,6}

We present a case of persistent RPOC due to false passage formation following repeated blind D&E attempts.

CASE REPORT

A 28-year-old female, gravida 2 para 1 living 1, with a history of previous normal vaginal delivery two years prior, presented with complaints of prolonged vaginal bleeding for one month.

The patient had taken over-the-counter MTP pills from a local pharmacy at approximately 1.5 months of amenorrhea without prior ultrasonography or medical consultation. Following this, she experienced continuous vaginal bleeding. She delayed seeking medical care due to lack of awareness and social factors.

She was initially managed at a secondary care center but was referred to a tertiary care center due to severe anemia (hemoglobin 6.5 g/dl). She received one unit of packed red blood cells, after which her hemoglobin improved to 7.8 g/dl. Ultrasonography revealed retained products of conception measuring approximately 4.5×2 cm (Figure 1).



Figure 1: TVS image of calcified adherent products of conception.

She underwent dilatation and evacuation (D&E); however, post-procedure ultrasonography showed persistent RPOC of similar size. A second attempt at D&E was performed, which again failed to remove the retained tissue. She was subsequently managed conservatively with misoprostol and hematinic and discharged. Despite this, she continued to have vaginal bleeding and presented to our center. On admission, her hemoglobin was 8.4 g/dl, and she was hemodynamically stable. Transvaginal ultrasonography revealed a 4.5×2 cm echogenic intrauterine mass with areas of calcification suggestive of chronic retained products of conception.

In view of two prior failed evacuations, a suspicion of false passage was raised and the patient was planned for D&E under ultrasound guidance.

During the procedure, a false passage was identified in the anterior uterine wall. The true uterine cavity was carefully negotiated under ultrasound guidance. Suction evacuation was attempted; however, the retained products were found

to be adherent and calcified. These were successfully removed using ovum forceps after careful separation (Figure 2).



Figure 2: Calcified adherent products of conception removed under USG guidance.

Post-procedure, there was no active bleeding. The patient remained hemodynamically stable and was discharged on the second postoperative day in satisfactory condition. Histopathological examination confirmed retained products of conception with degenerative and calcific changes. At one week follow up, the patient remained asymptomatic and ultrasonography demonstrated an empty uterine cavity.

DISCUSSION

Unsafe abortion and unsupervised use of medical termination of pregnancy (MTP) pills continue to pose a significant public health challenge, particularly in developing countries like India.^{1,3} Easy over-the-counter access and unsupervised use of mifepristone and misoprostol has led to their widespread use without prior confirmation of gestational age or exclusion of ectopic pregnancy, increasing the risk of incomplete abortion and associated complications such as prolonged bleeding, anemia and retained products of conception (RPOC), infection and sepsis.^{2,3}

RPOC is a common complication following both spontaneous and induced abortions and may present with persistent vaginal bleeding, abdominal pain, or infection. Ultrasonography plays a key role in diagnosis, typically demonstrating an echogenic intrauterine mass, sometimes with increased vascularity.⁵ However, calcified RPOC is an uncommon presentation and may pose diagnostic challenges. Chronic retention of products can lead to dystrophic calcification due to prolonged tissue degeneration and necrosis. On ultrasonography, such cases may appear as a hyperechoic lesion with posterior acoustic shadowing, mimicking other intrauterine pathologies such as endometrial osseous metaplasia or calcified fibroids.

In the present case, prolonged bleeding and delayed presentation resulted in chronic, adherent, and partially calcified RPOC, making evacuation technically more challenging.

Dilatation and evacuation (D&E) are the standard management for RPOC; however, when performed blindly, it carries risks such as uterine perforation and false passage formation, especially in cases of repeated procedures, and may lead to failure of evacuation, as seen in our patient.⁶ False passage refers to the creation of an abnormal tract in the uterine wall, which can misguide instruments away from the true uterine cavity, leading to failed evacuation and persistence of intrauterine contents despite multiple attempts.

In this case, two prior unsuccessful D&E attempts likely resulted in the formation of a false passage in the anterior uterine wall, explaining the persistence of RPOC despite repeated interventions. The presence of calcified and adherent products further contributed to the difficulty in evacuation. The use of real-time ultrasound guidance was critical in identifying the true uterine cavity, avoiding the false tract, and ensuring accurate placement of instruments.

Ultrasound-guided uterine evacuation has been shown to significantly improve the safety and efficacy of the procedure by allowing real-time visualization of instrument placement, identification of the true uterine cavity, and confirmation of complete evacuation.⁷

In our patient, ultrasound guidance enabled identification of the false passage and facilitated the use of ovum forceps to carefully separate and remove calcified adherent products, resulting in successful evacuation without complications. This case highlights the importance of avoiding repeated blind uterine procedures and emphasizes the role of ultrasound guidance, particularly in cases of failed prior evacuation. The presence of calcified retained products represents a rare and atypical presentation, which may mimic other intrauterine pathologies and complicate both diagnosis and management. Additionally, it underscores the need for stricter regulation and patient education regarding the unsupervised use of medical abortion pills to prevent such complications.

CONCLUSION

Unsupervised use of abortion pills can lead to significant complications, including persistent retained products of

conception, severe anemia, infection, and sepsis. Repeated blind uterine evacuation increases the risk of false passage formation and procedural failure. Ultrasound-guided uterine evacuation is essential in cases of failed prior attempts to ensure accurate identification of the uterine cavity and complete removal of retained products, thereby minimizing complications.

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