

UNCOMMON PRESENTATION OF FOETAL BONE RETENTION AFTER SURGICAL INDUCED ABORTION- A CASE REPORT.

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ABSTRACT

Retention of foetal bone after termination of pregnancy is an uncommon gynaecological condition which may be symptomatic with its common features, asymptomatic or present with rather uncommon features.

We present a 27 year old Para 0⁺¹ single lady who was referred for suspected cervical carcinoma. She presented with foul smelling watery vagina discharge and post coital bleeding following a surgical induced abortion performed 8 years prior to presentation. Her mother was receiving treatment for cervical cancer at the time of her presentation. Further evaluation confirmed retained foetal bones; they were removed and the symptoms stopped.

The case highlights an uncommon presentation of retained foetal bone in the cervix mimicking cervical malignancy. It is a diagnosis that should be considered as a possible complication of pregnancy termination.

Introduction

Termination of unwanted pregnancy is a procedure performed almost worldwide; this may be legal or illegal depending on the legislation in the area. Its common complications include haemorrhage, uterine perforation and post abortion sepsis. However, in a few instances, retention of foetal bone has been documented as an uncommon complication following the procedure¹⁻⁶. Retention of foetal bone may be remote from the

antecedent abortion and a time lag of 30 days⁷ to 23 years⁸ has been reported.

Retention of foetal bone may present with non specific symptoms which may mimic other gynaecological conditions thereby posing a diagnostic challenge¹. Its common presentations include dysmenorrhoea, dysfunctional uterine bleeding, dyspareunia, vagina discharge, pelvic pain or spontaneous expulsion of foetal bones per vaginam^{2,4,5}. One of its uncommon presentations is secondary infertility^{1,3,6}; this has been attributed to the retained foetal bone acting as an intrauterine contraceptive device with reports of spontaneous conception after its removal¹. Spontaneous conception has been documented in intrauterine retained bones without projection into the endometrium². Foetal bone retention is commoner following surgical termination of mid trimester

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pregnancies by dilatation and curettage during which the bones may break while attempting to withdraw the foetal parts and subsequently perforate and become embedded in the myometrium or the cervix³⁰. It has been advocated that removal of the bones may not be necessary in asymptomatic patients as it does not seem to compromise fertility². Symptomatic bones can be removed via hysteroscopy or by curettage.

We present a case of foetal bone retention 8 years after surgical termination of a second trimester pregnancy mimicking cervical malignancy.

Case presentation

A 27 year old Para 0⁺⁺ lady was referred for suspected cervical carcinoma. Her presenting complaints were recurrent vaginal discharge of 8 years duration and bleeding after coitus of one year duration. The vagina discharge was watery, copious and offensive; it had been recurrent for 8 years at irregular intervals. There was no associated weight loss or abdominal swelling but the discharge was occasionally blood stained. About one year prior to

presentation, she noticed coital bleeding; it was mild, self limiting with no associated dizziness or dyspareunia. She had been treated with drugs on many occasions at hospitals as well as over the counter medications with no improvement. Eight years prior to presentation, she had an induced abortion at about 14 weeks of gestation by dilatation and curettage at a health facility. The procedure was done by a medical personnel and there were no immediate complications. The recurrent vaginal discharge started a few months after the termination of pregnancy.

She was single but sexually active. Her sexual debut was at 19 years of age and her lifetime number of sexual partners was three. She was aware of contraception but had never used any method.

Menarche was at 15 years and menstruation had remained regular and normal despite her symptoms. Her last menstrual period was two weeks prior to presentation. She was not aware of and had not done a Pap smear. She was the last of six children among whom were four females; there was no history of similar symptoms among her siblings. However, her mother was



Figure 1: Three pieces of retained foetal bone removed from the cervix

receiving radiotherapy for cervical cancer at the time of presentation. She did not have any coexisting medical disorder.

General, cardiovascular and abdominal examinations were normal. Pelvic examination showed a normal vulva with a creamy foul smelling vaginal discharge. Speculum examination showed a swelling on the posterior lip of the cervix which did not bleed on contact. On digital examination, a mass was felt on the posterior cervical lip with a hard projection from the centre of the mass and a defect at 9'o' clock position. A pelvic trans abdominal ultrasound scan showed a normal sized empty uterus with an oval-shaped hypoechoic mass with calcified anterior half on the posterior cervical wall.

The assessment was post coital bleeding secondary to foreign body in the uterine cervix most likely retained foetal bone; to rule out cervical malignancy.

She was counseled, had a Pap smear and consented to examination under anaesthesia. Examination under anaesthesia revealed a swelling on the posterior lip of the cervix from which three pieces of hard bony materials were removed by curettage [Fig.1]. Cervical curettage specimen was obtained for histology and trachelorrhaphy was performed. She recovered from anaesthesia without complications. The cervical curettage specimen showed normal cervical tissue with some endometrial glands while the Pap smear was negative for squamous intraepithelial lesion. She was seen on follow up and the symptoms had stopped.

Discussions

The case presented is an uncommon presentation of retained foetal bone. The history of multiple sexual partners, cervical mass and family history of cervical malignancy heightened the suspicion of a cervical malignancy in the patient. This emphasizes the report of Wohlmuth et al

that uncommon presentation of retained foetal bone can constitute a diagnostic challenge to medical practitioners⁵. This explains the various unsuccessful medical treatments with antibiotics that she had in the course of the complaint. A patient in Los Angeles, USA similarly received antibiotics and oral contraceptive pills for a missed case of retained foetal bone⁶. In addition, the presentation was remote from the antecedent abortion; this shifted the attention of the attending physicians from entertaining retained foetal bone as a differential. The mode of termination of the initial unwanted pregnancy was the major risk factor for the retention of the foetal bone^{3,4,6}. To terminate a second trimester pregnancy, medical management using prostaglandins rank higher in the order of management options⁷. This is because the foetal bones are well formed at this gestational age such that while attempting to extract the foetal bones, they may break, penetrate and become embedded in the myometrium or uterine cervix.

The diagnostic challenge in this patient necessitated a histological evaluation of cervical curettage specimens as well as a Pap smear in order to exclude cervical pathology. The definitive treatment which is removal of the bones was performed. This may be done by direct visualization in cases with retention in the cervix or by hysteroscopy^{1,2,6}.

The case presented highlights one of the uncommon presentations of retained foetal bone after surgical induced abortion mimicking cervical malignancy. There may also be a period of delay at definitive care due to wrong diagnosis.

We recommend that retained foetal bone should be considered as one of the differentials in women with previous surgical termination of second trimester pregnancy with any of the common or uncommon symptoms of retained foetal bone. Prompt referral for specialist evaluation in patients who do not respond to treatment will enable early diagnosis and care.

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