

SEA TANGLE TENT IN THE URINARY BLADDER

ISA KHAN

*Department of Urology,
Postgraduate Medical Institute,
Lady Reading Hospital, Peshawar.*

INTRODUCTION

Because of social and other reasons abortion without strict medical indications is considered to be illegal and punishable act and all such items which are used for the purpose are banned for sale. Unfortunately "Sea Tangle Tents" are available with uneducated self trained "Dais" who are back-street abortionists and are mainly approached for illegitimate abortion and at times serious complications take place.

Sea Tangle Tent in the presence of moisture like other osmotic dilators as Laminaria, Lamicel, expand enormously when placed in the endocervical canal. These tents are reliable means of gradual dilatation and softening of the cervix prior to termination of pregnancy. The present case is presented because of its unique nature that the tents are available to be used by illiterate abortionists and because of anato-mical unawareness they may put it into the urinary bladder instead of the cervix uterii.

CASE REPORT

A married village girl of 25 years age got admitted to an obstetrical unit considering her suprapubic pain to be of the nature of obstetrical labour pain. She was primigravida of 8 weeks duration and was giving the history of attempt for abortion a week before. The interesting aspect is that

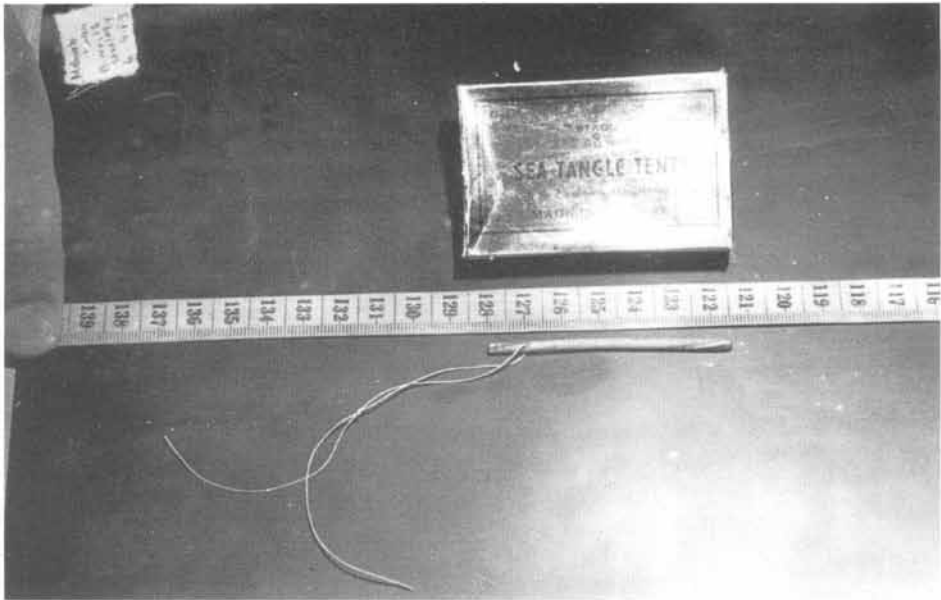
the patient got the only pregnancy 5 years after her marriage to a dispenser. On examination the obstetrical staff observed that their young patient was not in labour and a cotton thread was noted emerging through the urethral meatus. The patient was toxic. Per vaginal findings were normal. Hb was 9gm% blood Urea 27mg% and blood Sugar 77mg%.

Urine was loaded with RBCs and pus cells and urine tests for pregnancy was positive. Attempts to pull out the cotton thread were not successful and finally the services of urology unit were asked.

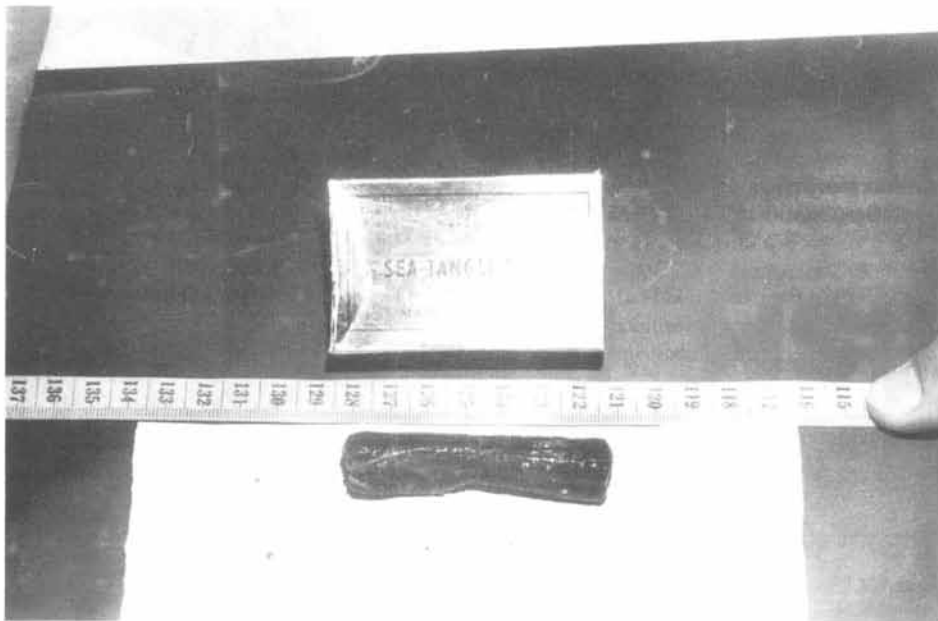
Cystoscopy was performed as an emergency in the operating room and thorough irrigation of the bladder was required as it was very much dirty and full of flakes of pus making the view hazy. After cleaning, the bladder was found to contain a blackish brown, wood like, threaded foreign body of the size not possible to be removed without cystotomy. It was 7.5 cm long and 3 cm thick. Its weight after removal was 25 Gms. Its original size before use is 6 cms in length and 2-3 mm in diameter. Post operatively the toxæmia was controlled under antibiotics cover and the patient was afebrile on the 5th day. She was fit to be discharged on 10th post operative day.

DISCUSSION

Slow progressive softening and dilatation of the cervix could be atraumatic and



Sea Tangle Tent before use



Sea Tangle Tent after use

safer alternative procedure to acute dilations with solid instruments.¹ Different types of tents have become increasingly popular for cervical dilatation prior to termination of pregnancy.

Complications are rare in the hands of gynecologists as reported from the university gynecological unit, Queen Mary hospital, Hong Kong that during 2 years, laminaria tents have been used extensively

for preevacuation dilatation and softening of the cervix in terminations of pregnancy and the single major complication was displacement.²

Kypros. H and associates (May, 1983) aiming to investigate the effectiveness of a synthetic hydrophilic polymer used as a cervical osmotic dilator before vacuum aspiration in first trimester abortion have commented that apart from short lived-discomfort and mild uterine cramping immediately after insertion, the use of cervical osmotic dilators was remarkably free from side effects. Even when the tents were left in place for 24 hours there was no clinical or laboratory evidence of increased risk of infection.¹

Complications other than displacement and infection like injury to the cervix, uterus and cervical incompetence during pregnancies subsequent to dilatation are considered to be rare.

Pushing the tent into the urinary bladder through the urethra has not been to my knowledge, reported before. An unthreaded tent might cause considerable diagnostic confusion specially when the patient comes to the hospital in septicemia and is denying any attempt for abortion, which is the usual attitude in such cases. Cystoscopy would be necessary if localization of the tent is not possible in the endocervical canal and cystotomy would be needed not only to remove the swollen material but also to control the toxemia.

REFERENCES

1. Kypros H, Nicolaides, et al. Lamicel: a new technique for cervical dilatation before first trimester abortion. *British J. of obstetric and Gynaecology*, May, 1983; 90: 475.
2. Liang ST, Wood JSK, Tang GWK. "Ultrasonic localization of a displaced Laminaria Tent". *Am. J. Obstet. Gynaecol.* 1983; 146: 988.