

Potassium Permanganate Necrosis of the Vagina

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A 19-year-old woman was referred to our emergency department for massive vaginal hemorrhage following an attempted clandestine abortion by intravaginal instillation of potassium permanganate crystals. Primigravida, she was 7 weeks pregnant and had no particular pathological history. Upon admission, she was in hemorrhagic shock with blood pressure at 7/3 mmHg and tachycardia at 152 bpm. Pelvic examination revealed active bleeding

from the right vaginal wall. The cervix and vulva were normal. Mechanical hemostasis using a sterile gauze pad mounted on a long forceps was directly applied at the same time as the resuscitative management. After 3 minutes of compression, hemostasis was achieved and vaginal necrotic lesions appeared (**Panels A and B**).



Panel A: Photography showing the vaginal necrosis



Panel B: Photography showing the vaginal necrosis and the cervix

The patient received an initial filling of 1 liter of lactated ringer's solution followed by transfusion of 3 units of red blood cells. Her hemoglobin was initially 7.2 g/dL and increased to 10.3 g/dL the next day. Pelvic ultrasound revealed an evolving monofetal pregnancy with a CCL of 12 mm corresponding to 7 weeks of amenorrhea and 4 days. On follow-up 2 weeks later, the embryo was still present with regular cardiac activity and her vaginal lesions were ulcerated and healing.

According to the World Health Organization, the rate of clandestine abortions in low- and middle-income countries mainly in Africa and Latin America, is estimated at 3% [1]. In these countries, where abortions are only legal if the pregnancy threatens the health or life of the mother, patients do not seek medical attention for complications for fear of legal action [2].

Potassium permanganate crystals were used in the mid-1950s to induce clandestine abortions [3]. In addition to the lethal hemorrhagic risk, cases of intestinal occlusion and pelviperitonitis have been described in the literature [3].

Practitioners should be aware of these types of potentially life-threatening complications in order to better manage patients [1]. But ultimately, it is prevention through sexuality education with a more efficient contraceptive offer that will best reduce unsafe abortions.

DECLARATIONS

Conflicts of interest

The authors declare that they have no competing interests.

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Ethical approval

Ethics approval has been obtained to proceed with the current study.

Consent

Written informed consent was obtained from the patient for publication of this case report and any accompanying images.

Guarantor of Submission

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Availability of data and materials

Supporting material is available if further analysis is needed.

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