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## **CLINICAL, therapeutic and prognostic aspects of clandestine abortion in women of childbearing age in sub-Saharan Africa: a case study of two hospitals in the West region of Cameroon**

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CLINICAL, therapeutic and prognostic aspects of clandestine abortion in women of childbearing age in sub-Saharan Africa: a case study of two hospitals in the West region of Cameroon

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Background : induced abortion is defined as a deliberate process by which a pregnancy is terminated before the fetus is viable, considered illegal which is illegal when performed clandestinely. It is one of the main causes of maternal mortality, hence the interest in describing the clinical and therapeutic manifestations and complications observed in the participants.

Method : our study was a descriptive cross-sectional study over a 3-month period. Participants of childbearing age admitted for clandestine abortions who gave their consent were included; medical records and registers with accessible clinical information were also reviewed. Those who underwent abortions in compliance with the law were excluded. Sampling was non-probability. After obtaining ethical clearance, data were collected by questionnaire and analyzed.

Results : 228 cases of clandestine abortions were included. Clinically, there were incomplete abortion (87.7 %) ; anemia (41.7%), septic abortion (26.3%), hypovolemic shock (16.7%), pelvic inflammatory disease (7%) and uterine perforation (4.8%). The main means of resuscitation was blood transfusion (75.4 %) ; the main procedure was manual intrauterine aspiration (72.5%) ; the rate of contraceptive use was (37.6 %). The case fatality rate was (2.9 %).

Conclusion : complications related to abortion are mainly marked by incomplete abortion, anemia, septic abortion, hypovolemic shock, pelvic peritonitis, uterine perforation. Manual intrauterine aspiration was the main procedure; there is a low rate of contraception with a case fatality rate that remains worrying. The time of care after an abortion should be an opportunity not to be missed for starting contraception.

Keywords : clandestine abortion, infection, maternal death, family planning.

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