

Holly Patterson

As told by Holly's father, Monty L. Patterson



Holly Patterson died three weeks after her 18th birthday. Healthy and beautiful, this young native of the San Francisco bay area had her whole life in front of her.

Her story begins in 2003 when she entered a clinic with her boyfriend to terminate her seven-week-old pregnancy with the two-drug medical abortion regimen of mifepristone (commonly known as the Abortion Pill or RU-486) and misoprostol. (In 2000, the FDA approved a specific mifepristone medical abortion regimen for ending early pregnancy.)

At the clinic, Holly was prescribed an alternative or evidence-based medical abortion regimen that was not approved or evaluated by the FDA. Alternative regimens are routinely used by 99% of clinics. While there, she was given mifepristone, the first of the two-drug regimen, and instructed to self-administer misoprostol at home the next day. She was prescribed painkillers and told to return to the clinic on the seventh day to confirm termination.

Three days after her procedure, Holly called the clinic hotline to complain of severe abdominal cramping. She was told her symptoms were normal and to take the clinic prescribed painkiller. If her symptoms didn't improve she was instructed to go to the emergency room.

On the fourth day, still experiencing severe cramping and bleeding, Holly went to the emergency room. The doctor there, whom she told about her abortion, sent her home after an injection of a narcotic pain medication.

The severity of the pain continued. Holly was weak, vomiting, and unable to walk. In the early morning hours of the seventh day, she was re-admitted to the same hospital. She died later that afternoon with her father — who had just learned of the pregnancy — at her side.

Months after her death, it was discovered by the CDC and the FDA that Holly had tested positive for *Clostridium sordellii* toxic shock syndrome following medical abortion. This was the first case of fatal *Clostridium sordellii* after medical abortion reported in the United States. Since 2001, there have been eleven FDA reported medical abortion deaths from sepsis. Nine of these were from *Clostridium sordellii*.



Call to Action: Ideas & Innovation:

- Additional Innate Immunity Research: Mifepristone used for medical abortion has known pharmacological properties that may alter or impair the innate immune response predisposing to serious or fatal infections.
- Reevaluating Systematic Reviews, Grades and Guidelines for Evidence-Based Medicine: Important for patient safety when levels of evidence and recommendations may be subject to bias when made by certain industry experts and insiders.
- Timely Identification of Patients at Risk: Additional support is needed to ensure appropriate therapies for sepsis are initiated in a timely manner.
- Implementing Molecular Diagnostics Applications: Institutions of any size need the ability to perform sophisticated genetic testing for organisms where accurate, rapid, and actionable test results are needed most, such as identifying and managing infectious diseases including *Clostridium sordellii*.

For more information, please visit the website: <http://abortionpillrisks.org/>