ABSTRACT


DEPARTMENT: Department of Obstetrics and Gynecology

NAME OF THE CANDIDATE: Dr. Pushplata Kumari

DEGREE AND SUBJECT: M.S. Branch II (Obstetrics and Gynaecology)

NAME OF THE GUIDE: Dr. Jiji E. Mathews,
Professor and HOU 5
Department of Obstetrics and Gynaecology
Christian Medical College and Hospital,
Vellore, 632004, India

OBJECTIVES: To study the need for further treatment following discharge after medical management for early pregnancy loss and find out the clinical predictors that can help in predicting complete expulsion after medical method of termination.

METHODS:
In this prospective observational study women, who were admitted for termination by medical method after diagnosis of early pregnancy failure in first trimester, were enrolled after informed consent. We followed the detail about the treatment given, dose regimen used for termination and further modality of treatment that was used if incomplete expulsion was suspected. Symptoms, sonologic and clinical findings prior
to and after termination were noted. After discharge women were followed by telephonic call at 1 week, 4 weeks and 6 weeks and were inquired about following symptoms: fever, persistent spotting, foul smelling vaginal discharge or pelvic pain. Need for hospital readmission or consultation to doctor were also followed. Categorical variables were summarised using counts and percentages. Quantitative variables were summarised using mean and standard deviation or median and range. Two sample t tests were used to compare means between the two groups and Chi square test was used to compare the proportions between the two study groups. For non-normal variables, Mannwhitney’s U test was carried out. For all the analysis, 5% level of significance was considered to be significant.

**RESULTS:** Fifty-nine percentages of women had complete expulsion after medical method used for treatment of early pregnancy failure. The outcomes were not affected by the age, gestation age, body mass index or symptom before termination, previous history of medical termination of pregnancy, pelvic infectious disease or dysfunctional uterine bleeding. The outcomes were not related to the Misoprostol dosage regimen used or the number of dosage used. The women who were presumed to have complete expulsion after medical method had persistent symptom for variable duration till 6 weeks, but none of the symptom were severe enough requiring readmission or physician consultation and subside itself without any intervention over a period of 1-2 week. After treatment with misoprostol presence of spotting per vagina (17.9% vs 1.72 % p value= 0.05) with or without abdominal pain, and presence of the echogenicity in ultrasound examination (93.2% vs 66.7% p value = 0.02) were the predictor of persistent of
symptoms. The cut off measurement of endometrial thickness for diagnosis of persistence of symptom was 12-13mm (sensitivity 76.19% and specificity 83.64%).

Keywords: early pregnancy failure, medical methods of termination, surgical methods of termination, clinical predators of complete expulsion.