



A CLINICAL STUDY OF MISSED ABORTION AND ITS OUTCOME IN A TERTIARY CARE CENTRE

Obstetrics & Gynaecology

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ABSTRACT

BACKGROUND: Missed abortion is when the fetus is dead and retained inside the uterus for a variable period. The causes of prolonged retention of the dead fetus in the uterus are not known.

METHODS: A retrospective study conducted in Kempegowda Institute of Medical Science, Bengaluru in Department of Obstetrics and Gynaecology. Data were collected from medical record from 2019-2020. All cases with missed abortion which were confirmed sonographically were admitted for termination of pregnancy.

RESULTS: Out of 53 cases, 47 cases were managed medically. 10 cases presented with passage of clots and heavy bleeding per vagina after 24 hours of medical management during hospital stay, hence surgical MVA done. Remaining 32 cases were followed up with check scan done after 15 days, in which 21 cases showed retained products of conception of 20-30cc, hence surgical MVA (manual vacuum aspiration) done. Remaining 11 cases check scan showed no RPOC. 5 cases were lost on follow up.

CONCLUSIONS: Due to the lack of visible indications, women who had a missed abortion may be unaware of their situation. In case of missed abortion, surgical termination of pregnancy has better outcome than medical termination.

KEYWORDS

medical abortion, misoprostol, mifepristone

INTRODUCTION

Miscarriage is a common natural occurrence that occurs in about 30% of pregnancies, with up to 22% of those lost before the pregnancy is clinically detected.⁽¹⁾ Mifepristone and misoprostol are two drugs used in the medical abortion procedure that are supported by major medical organisations both nationally and globally.⁽²⁾ Because they are much more effective than misoprostol-only regimens, combined mifepristone-misoprostol regimens are suggested as the optimal therapy for medication abortion. The FDA has approved mifepristone for use with misoprostol for pharmaceutical abortion up to 70 days of pregnancy.⁽³⁾ Mifepristone is an anti-progestin that attaches to progesterone receptors, limiting progesterone's function and so interfering with the pregnancy's continuation. A first dose of mifepristone is given, followed by the administration of misoprostol, a synthetic prostaglandin analogue that causes cervical softening and dilation and increases uterine contractions, assisting in expelling the product of conception. Because of its ease of handling and storage, as well as its non-invasiveness and proven cost-effectiveness misoprostol is used. The mifepristone dose is the same in all regimens: 200 mg given orally. In terms of dose, method, and time, the misoprostol element of the regimen is more varied. Misoprostol should not be used orally since it may reduce overall efficacy.⁽⁴⁾ Both buccal and sublingual administration have similar side effects, with the sublingual method causing increased chills.⁽⁵⁾

AIM:

To study the outcome in a missed abortion in a tertiary care centre

OBJECTIVES:

To assess the failure rate of medical management in missed abortion

INCLUSION CRITERIA:

All patients coming with scan report showing missed abortion to KIMS hospital

EXCLUSION CRITERIA:

Patients with spontaneous abortion, incomplete abortion, inevitable abortion

METHODS

A retrospective study where data was collected from the medical record in Kempegowda Institute of Medical Science, Bengaluru, India from 2019 – 2020. Medical records showed 53 cases of missed abortion. All the 53 cases were admitted in KIMS hospital for termination of pregnancy either by medical or surgical method after

sonographic confirmation of missed abortion. All women received medical treatment – received tab mifepristone on OPD basis followed by admission for tab misoprostol after 48 hours. The patient were informed that any moment they could decide to discontinue medical treatment and ask for surgery. The patients were discharged after expulsion of products of conception. They were followed up with check scan after 15 days

RESULTS:

Gestational age :

GESTATIONAL AGE



■ <7 weeks ■ 7weeks – 13weeks 6days ■ >13 weeks ■

Out of the 53 cases, the gestational age was around 81.13% belongs to gestational age of 7 weeks to 13 weeks + 6 days and only 9.43% was in the gestational age of < 7 weeks and > 13 weeks each.

Medical management :

Out of 53 cases, 47 cases received tab mifepristone on OPD basis followed by admission for tab misoprostol after 48 hours

TAB MISOPROSTAL TOTAL DOSAGE	NUMBER OF PATIENTS	PERCENTAGE (%)
200mcg	1	2.12%
400mcg	6	12.76%
800mcg	7	14.89%
1000mcg	7	14.89%
1200mcg	9	19.14%
1400mcg	8	17.02%
1600mcg	8	17.02%
1800mcg	1	2.12%

Out of 47 cases who were managed medically,

a) 10 cases presented with passage of clots and heavy bleeding PV after 24 hours of medical management during hospital stay, hence surgical MVA (manual vacuum aspiration) done.

b) Remaining 32 cases were followed up with check scan done after 15 days, in which 21 cases showed retained products of conception of 20-30cc, hence surgical MVA done. Other 11 cases check scan showed no retained products of conception.

c) 5 cases were lost on follow up.

Direct surgical MVA:

Remaining 6 cases were directly taken for surgical MVA. In which 3 were because of maternal request and not willing for medical management, 1 case was due to severe anaemia, 2 more cases were referred from outside for surgical management due to spontaneous incomplete abortion

DISCUSSION:

In the retrospective study conducted at KIMS from 2019-2020, the total number of missed abortion were 53 cases.

The most common age group among the study were between 25-30 years i.e. 41 women constituting 77.35%.

Out of 53 cases, 29 cases (54.71%) were primigravida and 24 cases (45.28%) were multigravida. Among 24 cases of multigravida's, 12 (50%) had history of previous vaginal delivery and 12 had history of previous LSCS. Among 12 previous vaginal delivery, 1 had previous 3 vaginal delivery, 7 had previous 2 vaginal delivery and 4 had previous 1 vaginal delivery. Among 12 previous LSCS, 10 had history of previous 1 LSCS, and 1 had history of previous 2 LSCS and 1 had history of previous 3 LSCS.

Out of 53 cases, 47 cases who were managed medically. 10 cases presented with passage of clots and heavy bleeding PV after 24 hours of medical management during hospital stay, hence surgical MVA done. Remaining 32 cases were followed up with check scan done after 15 days, in which 21 cases showed retained product of conception of 20-30cc, hence surgical MVA done. Other 11 cases check scan showed no retained product of conception. 5 cases were lost on follow up.

Remaining 6 cases were directly taken for surgical MVA. In which 3 were because of maternal request and not willing for medical management, 1 case was due to severe anaemia, 2 more cases were referred from outside for surgical management due to incomplete abortion

CONCLUSION

Due to the lack of visible indications, women who had missed abortion may be unaware of their situation. Mifepristone/misoprostol-treated women are more likely to undergo an unexpected surgical procedure. Medical abortion patients have more pain, bleed for longer period of time, and are more likely to require surgical curettage. In case of missed abortion, surgical termination of pregnancy has better outcome than medical termination.

DECLARATIONS

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Conflict of interest: none declared

Ethical approval: The study as approved by the Institutional Ethics Committee.

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