



Vaginal misoprostol versus vaginal surgical evacuation of first trimester incomplete abortion: Comparative study

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Abstract:

Objectives: The aim of this study is to assess the effectiveness and acceptability of using vaginal misoprostol for management of first trimester spontaneous incomplete abortion as an alternative to direct vaginal surgical evacuation in our setting.

Methods: This is a prospective comparative study performed on 147 patients with first trimester incomplete abortion between 8 and 12 weeks requesting medical management. They were divided into two groups according to patients' choice; group (I) received misoprostol tablet 400 mcg (Cytotec, Serono) every 4 h for a maximum of three doses while group (II) underwent surgical vaginal evacuation directly under general anesthesia. Only 54 patients in group I and 51 patients in group II completed their follow up and included in the analysis.

Results: Although vaginal surgical evacuation was successful in solving the problem in 100% of cases, misoprostol was successful in 79.6% ($p=0.0006$). The overall satisfaction was slightly higher in the surgical group but almost equal percentage of both groups mentioned that they will recommend the method to a friend. No serious side effects or complications were reported in the misoprostol group. The incidence of excessive post-abortive bleeding was more in the misoprostol group than in the surgical evacuation group ($p=0.0336$). Also endometrium using transvaginal ultrasonography was significantly thicker in the misoprostol group than in group II ($p=0.0071$) but with no clinical importance as it was not associated with severe vaginal bleeding necessitating medical or surgical interventions.

Conclusion: Although vaginal surgical evacuation is more effective than misoprostol in solving the problem still medical treatment is effective and acceptable especially when surgical management is not available or risky or patients refuse to undergo surgical management.

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