

# INCIDENCE AND MANAGEMENT OF FAILED MTP

(A study conducted by MTP Committee of FOGSI)

By

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## SUMMARY

The MTP Committee of FOGSI analysed data on MTP from five centres to determine the incidence of occurrence of failed MTP and the method of subsequent management of these cases. The study comprised 11,590 cases of which 10,646 (91.86%) were in the first trimester and 944 (8.14%) were in the second trimester. The average incidence of occurrence of failed MTP in the 1st trimester was 0.94% as compared to 2.43% in the 2nd trimester. Outline of management of these cases is discussed.

### Introduction

In over a decade after liberalisation of MTP in our country, the acceptance of MTP has gradually increased, this has led women to seek terminations earlier, so that the incidence of 2nd trimester terminations has gradually declined.

### Material and Methods

The MTP committee of FOGSI collected data from five centres, two from Bombay, and one each from Madras, Ahmedabad and Calcutta to determine the incidence of failed MTP and analyse the method of their subsequent management.

### Results

#### General survey of MTP pattern

The total number of cases analysed from the five centres were 11,590. Of

these 10,646 (91.86%), were in the first trimester and 944 (8.14%) were in the 2nd trimester.

*First Trimester MTP:* Details of the pooled data of 1st trimester MTPs in the present study are given in Table I.

It will be observed that menstrual regulation is not a popular method for MTP in many centres. It accounted for 3.43% of cases terminated in the first trimester. The majority of first trimester MTP's were termination by vacuum S & E technique, accounting for 96.57% of cases.

The incidence of failure of MTP in the 1st Trimester is shown Table II.

The incidence of failed MTP in the 1st trimester reported by various authors ranged from nil to 4.32% with an average incidence of 0.94%. The common causes of failed MTP in the 1st trimester are attempts at termination of very early cases, presence of uterine anomalies or inadequate expertise.

TABLE I  
Distribution of 1st Trimester MTP cases according to the Method Employed

S. No.	Author	Total No. of cases	Method Employed	
			Menstrual Regulation	Suction Evac
1.	Daftary	242	96	146
2.	Arya	5286	93	5193
3.	Sivaraman & Gopinath	2535	—	2535
4.	Desai	384	176	208
5.	Chakravarty & Nag	2199	—	2199
Total		10646	365 (3.43%)	10,281 (96.57%)

TABLE II  
Failed MTP in 1st Trimester

Author	Total No. of 1st trimester MTP	T. No. of Failed MTP	% Incidence of Failed MTP
1. Daftary	242	—	—
2. Arya	5286	—	—
3. Sivaraman & Gopinath	2535	4	0.15
4. Dsai	384	2	0.52
5. Chakravarty & Nag	2199	95	4.32
Total	10,646	101	0.94

**11nd Trimester MTP:** There were 944 cases of 2nd trimester MTPs in the present study accounting for 8.14% of cases. The distribution of these cases is shown in Table III along with the number of failed MTP's encountered.

The incidence of failure of MTP in the

2nd trimester in the present study ranged between 1.06% to 10%, the average incidence was 2.43%.

#### Management of Failed MTP Cases

Of the 101 cases of failed MTP in the 1st trimester, in 89 cases a 2nd attempt

TABLE III  
Distribution of 2nd Trimester MTP cases and Failure Rates

Authors	Total cases of MTP	2nd Trimester MTP		Failed MTP	
		Total cases	% Dist.	Total	%
1. Daftary	242	—	—	—	—
2. Arya	5656	370	6.54	4	1.08
3. Sivaraman & Gopinath	2963	428	14.44	12	2.80
4. Desai	394	10	2.54	1	10.0
5. Chakravarty & Nag	2335	136	5.82	6	4.41
Total	11,590	944	8.14	23	2.43

at suction evacuation was successful. In 2 cases, intramuscular prostaglandins were used and in 10 cases. Hysterotomy with concomittant tubal ligation was the method selected.

Of the 23 cases of failed MTP in the 2nd trimester, intramuscular Prostaglandin was successfully used in 13 cases, and intra-amniotic PG in 2 cases, in one case, extra-ovular ethacridine lactate was employed and in the remaining 7 cases, hysterotomy with tubal ligation was resorted to.

Conclusion

The present study of 11,590 cases revealed a lowering incidence of 2nd trimester terminations. The incidence of failed MTP in the 1st trimester is low, and such cases can usually be managed by a 2nd attempt at suction evacuation.

Failed MTPs in the 2nd trimester are best managed with parenteral PG therapy. However in selected cases, hysterotomy with ligation is still preferred by some workers.