

**EXTRAAMNIOTIC INSTILLATION OF PITOCIN
WITH ETHACRIDINE LACTATE (EMCREDIL)
FOR TERMINATION OF SECOND TRIMESTER PREGNANCY**

By

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SUMMARY

One hundred cases of second trimester termination of pregnancy were studied. In 50 cases only 150 cc of emcredil was instilled in the extraamniotic space while in other 50 cases 20 units of pitocin was added to 150 cc of emcredil and it was instilled in extraamniotic space. It was observed that by addition of pitocin to emcredil, instillation abortion interval was reduced, more abortions were complete and fewer patients required pitocin drip for abortion.

Introduction

Extraamniotic instillation of various substances has been carried out for termination of pregnancy for more than a century. In fact it was first described by Cohen in as early as 1846. Now extraamniotic instillation of emcredil has been accepted as a time tested, safe and effective method for second trimester pregnancy termination.

Various studies have been carried out for reducing instillation-abortion interval. Nab-riski and Kalmunovitech (1971) modified original technique by removing catheter after instillation of acrinol and giving oxytocin drip and found 94% success rate. Anjaneyullu (1977) used unitocin (spartein sulphate) injections of 150 mg at hourly interval to assist abortion and reported 81.4% abortions within 72 hours.

In our study it was observed that addi-

tion of pitocin to emcredil brought about quite a dramatic reduction in instillation-abortion interval without the safety of procedure being anyway compromised.

Material and Methods

This study carried out at B. Y. L. Nair Hospital consisted of terminations of 100 cases of second trimester pregnancy ranging from 14 weeks to 20 weeks. Out of them in 50 cases of group A, i.e. control group routine extraamniotic instillations of 150 cc of emcredil was done by conventional method. Whereas in other 50 cases of group B, there was a modification carried out by us which consisted of addition of 20 units of pitocin to 150 cc of emcredil which was instilled in extraamniotic space. Comparison was made between two methods regarding instillation abortion interval, completeness of abortion and need of pitocin drip for abortion. Intravenous pitocin drip was started in patients who did not abort after 48 hours of instillation, and also in patients with incomplete abortion. Procedure was

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repeated in patients who failed to abort even after 72 hours of initial instillation.

Results and analysis

Age distribution

In our study the youngest patient was 14 years old while the eldest was 42 years old. 51% patients were ranging from 16 years to 25 years and 44% patients in age group 26 years to 35 years.

Gravidity distribution

In our study most of the patients were 3rd gravida or more. In patients in whom 1st pregnancy was terminated were either unmarried or divorced (Table I).

TABLE I
Gravidity Distribution

	Group-A	Group-B
Gravida 1st	09	11
Gravida 2nd	12	08
Gravida 3rd & more	29	31
Total	50	50

Marital status

Most of the patients were married and termination of pregnancy was done as a birth spacing measure (Table II).

TABLE II
Marital Status

	Group-A	Group-B
Married	41	38
Divorced	02	01
Unmarried	07	11
Total	50	50

Instillation Abortion interval

Regarding instillation-abortion interval, 96% patients aborted within 48 hours when

pitocin was added to emcredil whereas only 50% patients aborted within 48 hours with only emcredil. Average interval was 51 hours with only emcredil while it was only 27 hours when pitocin was added to emcredil (Table III).

TABLE III
Instillation Abortion Interval

	Group-A	Group-B
Less than 24 hours	06	20
24 to 48 hours	19	28
More than 48 hours	25	02
Total	50	50

Completeness of abortion

62% patients aborted completely when pitocin was added to emcredil in contrast to only 32% patients of other control group (Table IV).

TABLE IV
Completeness of Abortion

	Group-A	Group-B
Complete	16	31
Incomplete	34	19
Total	50	50

Need of pitocin drip

In group B when pitocin drip was required it was mainly for expulsion of placenta and in 52% patients pitocin drip was not required at all. While in group A majority of patients required pitocin drip for abortion (Table V).

TABLE V
Need of Pitocin Drip

	Group A	Group B
Pitocin drip required	38	24
Pitocin drip not required	12	26
Total	50	50

Failure of procedure

There was not a single case of failure when pitocin was added to emcredil while in control group in 5 patients i.e. 10% cases procedure had to be repeated after 72 hours as they failed to abort.

Discussion

Manabe (1969) used Rivanol for mid-trimester termination of pregnancy and to supplement abortion, oxytocin injections given periodically. Instillation abortion interval varied between 19 hours and 33 hours.

Nabriski and Kalmunovitch (1971) used 0.1% Rivanol solution and instilled through metal catheter and then catheter was removed. To decrease instillation abortion interval oxytocin drip was started 94% patients aborted within 24 hours.

Anjaneyullu (1977) used unitosin (spartein sulphate) injections of 150 mg given intramuscularly at hourly interval to assist abortion and reported 81.4% abortions within 72 hours.

Rastogi *et al* (1981) uses only 0.1% emcredil instillation without oxytocin drip. In his study 80% patients aborted within 72 hours.

In our study by addition of pitocin to emcredil 96% patients aborted within 48 hours and 100% patients aborted within 72

hours. Average interval for abortion was only 27 hours and most of the patients aborted completely.

2% patients had excessive bleeding otherwise no other complications were encountered.

Hence pitocin can be safely added to emcredil for termination of second trimester pregnancies. Advantages of this methods are (1) Reduction in instillation-abortion interval (2) For more completeness of abortion and higher success rate. (3) Reduced hospital stay of patients.

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