MEDICALLY INDUCED (NON-SURGICAL) EARLY FIRST TRIMESTER ABORTION WITH MIFEPRISTONE (RU 486) AND MULTIDOSE MISOPROSTOL

PRAVIN KINI M ● RAJGOPAL N

SUMMARY

130 women underwent medically induced early first trimester (<63 days of ammenorrhea) abortions on regimen of oral mifepristone (RU 486) 200 mg and multidose oral misoprostol (PGEI analogue) of upto 1000 micrograms starting 48 hours after mifepristone dose and given at doses of 400mcg at the start, and thereafter at a dose of 200mcg at 3, 7 & 9 hours after the first dose. The last two doses were used optionally. In all patients once the abortion had started additional dose of misoprostol was mandatory in order to complete the abortion. Complete abortion occurred 129 (99.2%) patients & one patient had ongoing pregnancy who responded to repeat therapy without need for further surgical intervention. In 115(88.4%) patients abortion occurred within 3(three) hours of administration of the prostaglandins. 95(73%) patients did not require any form of analgesia at the time of abortion. 3(2.3%) patients had excessive immediate post - abortal bleeding who responded to additional doses of misoprostol. This regimen is highly effiicacious and has very low incidence of prostaglandin side effects and is well accepted by the patients. When compared to similar regimens this method gives a higher efficacy & a lower side effect rate due to the multi dose regimen for misoprostol. Multidose also ensures there is no possibility of incomplete abortion which leads to excessive bleeding.

Dept. of Obs. Gyn. Kasturba Medical College, Manglore.
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INTRODUCTION

Mifepristone is a potent anti progestin