

## MID TRIMESTER TERMINATION OF PREGNANCY WITH EXTRA AMNIOTIC PGF 2 ALFA AND A COMPARATIVE STUDY WITH NORMAL SALINE AND IODINE SALINE

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### SUMMARY

200 patients were selected for Mid trimester termination. 100 patients received extra amniotic prostodin, 50 patients normal saline and another 50 patients Iodine Saline by extra amniotic route. The results were analysed. The mean induction abortion interval with EAPG was found to be much less (17.30 hours). The success rate was 95%; the need for oxytocin infusion for augmentation of abortion was less (25%) as against 80% and 70% with EANS and EAIS. The failed cases responded with reinstillation. The side effects were few and there were no lethal complications.

### INTRODUCTION

Termination of second trimester pregnancy is a difficult task medically and socially. In a country like ours where illegal septic abortions are rampant, it is necessary to perform midtrimester abortion with safety. A number of methods are being tried to

find a safe, effective and reliable method for inducing second trimester abortion. An ideal method should be technically simple to perform with short induction - abortion interval and should not cause any maternal tissue damage.

### AIM OF THE STUDY :

Aim of the study was to evaluate the efficacy of 15 (S) Methyl PGF 2 alfa

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(PROSTODIN) in mid trimester termination of pregnancy and a comparative study with Extra Amniotic Normal Saline and Iodine saline.

#### MATERIAL AND METHODS

290 women were admitted at Government General Hospital, Guntur for Midtrimester abortion during the period from January 1991 to May 1996. Out of these two hundred cases were selected. 50 women received Extra Amniotic Normal Saline (EANS.), 50 received povidone iodine insaline (EAIS) (for every 150 ml of normal saline, 5 ml of Betadine was added to make it upto 0.17 solution), 0.75 mg of prostodin (each amp. 250 micrograms) was administered by extra amniotic route to 100 women (EAPG).

A detailed analysis of the cases was done with regard to thorough medical and

surgical history, age, parity, gestational age, indication for termination, induction abortion interval, blood loss. Failures and complications were also recorded.

All the relevant investigations were carried out and a premedication of prochlorperazine 2.5 mg and Loperamide 2 mg was given orally 2 hours before to all the women who received EAPG. The results were evaluated. Abdominal and per vaginal examination was done when the patients complained of pain or bleeding or both. If the patients did not abort within 24 hours or when they showed signs of abortion, the process was accelerated with oxytocin infusion (10-20 units). When there were no signs of abortion till 72 hours they were considered as failures.

#### OBSERVATIONS AND DISCUSSION

AGE: 45% of the patients were in the

Table I  
INDICATION FOR TERMINATION OF PREGNANCY

Indication	E.A.P.G. %	E.A.N.S. %	E.A.I.S. %
Spacing	49	42	50
Unmarried	34	36	34
Widowed	2	4	2
Separated	1	2	2
Contraceptive Failure	3	4	2
Therapeutic (IUD, PIH, Cong. Anomalies)	11	12	10
	100	100	100

age group of 13 to 19 years, 43% were between 20-30 years and 12% were above the age of 30 years.

**GRAVIDITY:** 43% were primigravidae, 44% were 2nd gravidae and 13% were gravidae 3 and above.

**MARITAL STATUS:** 63% were married, 34% were unmarried and 3% were divorced and widowed. Gestational age varied from 14 to 26 weeks, 30% of the patients were between 14 to 16 weeks, 63% were between 17 - 20 weeks and 7% had more than 20 weeks of gestation.

Table I 86% of the patients required termination for socio economic reason, (34 % were unmarried). 3 % for failure of contraception and 11 % of patients for fetal anomalies, IUD and PIH.

Table II The mean induction - abortion

interval "was 17.30 hours with EAPG and 30 hours with Iodine Saline. Gautam Allahbadia et al 1992 also reported 30 hours with Iodine Saline in their study.

Kher et al 1992 reported the mean induction abortion interval of 18.30 hours in a combined method of Extra Amniotic Ethacridine and PG. It was less with PG alone in our study.

Table III 28% of cases aborted within 12 hours, 46 % within 24 hours and all together 88% aborted within 48 hours with EAPG, with EANS and Iodine saline 6 % and 8 % of cases aborted within 12 hours, 72% and 78 % of cases aborted within 48 hours with EANS & I.S. respectively. Gautam Allahbadia et al 1992 that 15 % of the cases aborted within 24 hours and 72 % aborted within 48 hours with

**Table II**  
**MEAN INDUCTION - ABORTION INTERVAL**

Method	Time in hours
EAPG	17.30
EANS	39.08
EAIS	30.00

**Table III**  
**INDUCTION - ABORTION INTERVAL IN HOURS**

Method	12	12 - 24	24 - 48	48 - 72	> 72
EAPG	28 %	46 %	14 %	07 %	05 %
EANS	06 %	28 %	38 %	10 %	08 %
EAIS	08 %	48 %	30 %	16 %	06 %

Iodine saline which is comparable with our study (78 %). There were no failures in their study. Kher et al 1992 quoted 93.2 % of success with the combined method (EAEL + PG) in their study but whereas it was 95% success with PG alone in our study. It was observed that the shortest

percentage of failures are shown in the table and all these patients aborted within 92 hours after reinstillation. In our study the side effects were few and did not cause any inconvenience to the patients.

**Table IV**  
**COMPLETENESS OF ABORTION**

	EAPG %	EANS %	EAIS %
Complete * -	72	60	65
Incomplete	23	36	32
Oxytocin drip	25	80	70
Instrumental	18	32	25
Evacuation			
Failures	5	8	6

induction abortion interval was 6 hours in a multi at 20 weeks of gestation and the longest was 54 hours in a primi at 24 weeks of gestation, with EAPG in this study.

Table IV The patients who did not show signs of abortion after 24 hours and all cases of inevitable and incomplete abortion received oxtocin drips. The incidence of incomplete abortion (23%) and the oxytocin infusion for augmentation of abortion were much less (30%) when compared to EANS and Iodine Saline. Allahbadia et al 1992 showed a higher incidence of incomplete abortion (61%) and used pitocin drip as a part of the standard protocol to all the patients. Kher et al 1992 reported 49.8% of incomplete abortion in the combined method with P.G. The

#### CONCLUSIONS

The present study shows that the Extra Amniotic Prostodin is an effective and convenient way to induce mid trimester abortion. The mean induction - abortion interval is less. The procedure is not cumbersome as the quantity of the drug is small. Even though it is a little expensive, the success rate is high. The need for oxytocin infusion is less and hence the expenditure is also less. The side effects are acceptable to the patients and do not require any treatment.

#### REFERENCES

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