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An Experience With Misoprostol in 2nd Trimester MTP

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Summary

Inspite of freely and easily available varieties of safe and effective contraceptive measures, couples fail to use them and instead resort to MTP for family size regulation. The objective is to study the efficacy and safety of intravaginal misoprostol in IInd trimester pregnancy termination. This study was carried out at Sultania Zanana Hospital, Gandhi Medical College, Bhopal. Eighty cases of IInd trimester MTP were studied with 200 μgm of tablet, misoprostol introduced intravaginally & repeated 12 hourly. Youngest patient was 14 years and oldest 50 years old. Eightyfour percent cases were gravida 3 or > 3. Failed contraception was the indication in 91% of the cases. Eightyfive percent were between 14-16 weeks of gestation and 80.5% aborted within 24 hours. Complications were almost nil. The study proves that Misoprostol is very effective, less expensive, safe & less time consuming in cases of IInd trimester MTP.

Introduction

Increasing safety and availability of MTP has created new problems. Many women now-a-days consider MTP safer than contraceptive devices for regulation of family size. MTP has been looked upon as one of the methods of reducing the increasing population in developing countries like India.

Various methods of IInd trimester termination of pregnancy are available. Our aim is to find safe method with minimal complications and minimum induction abortion interval.

The objective is to study the efficacy and safety of intravaginal misoprostol in IInd trimester of pregnancy.

Materials & Methods

This study was carried out at Sultania Zanana Hospital, Gandhi Medical College, Bhopal. Eighty cases of IInd trimester abortion were studied with 200 μgm tablet of misoprostol introduced intravaginally and repeated 12 hourly. After abortion, check curettage was done under sedation. Patients were given oral antibiotics along with 1st dose of misoprostol. Failure of prodecure was defined as failed expulsion in 24 hours.

Observation & Results

Table- I : Age wise distribution of cases of IInd trimester MTP

Age in years	No. of cases	Percentage
20 or < 20	08	10%
21 – 25	27	34%
26 – 30	23	29%
31 – 35	12	15%
> 35	10	12%

Majority of the patients were between age group of 21-30 years. The youngest being 14 years unmarried girl, while the eldest was 50 years old (Table I)

Table-II : Gravidity Distribution

Gravida	No. of cases	Percentage
Primigravida	5	6%
Gravida 2	8	10%
Gravida 3 or > 3	67	84%

Majority of these cases were gravida 3 or more. Only 5 were primigravidas. Since ours is a government institution, unmarried primigravidas don't prefer to come to us; rather they prefer to go to private nursing homes where secrecy can be maintained. Sixtyseven cases of gravida 3 or more came to us (Table II). All of them were cases of failed contraception and cases who feel that they could not conceive during period of lactation.

Table – III : Indications for Termination of Pregnancy

Indications	No. of cases	Percentage
Failed Contraception	73	91%
Social	5	6%
Eugenic	2	3%

Most common indication for termination is failed contraception. In one case fetus had USG diagnosed congenital anomalies and in other TORCH was positive in high titres. Thirtyfour women underwent laparoscopic tubectomy after abortion. (Table III)

Table – IV : Period of Gestation

Period of gestation	No. of cases	Percentage
12 Weeks	4	5%
14 weeks	39	49%
16 weeks	29	36%
18 weeks	8	10%

Most of the cases come with 14-16 wks of gestation which comes under "Grey Zone", which is a headache for obstetrician as far as termination is considered

Table – V : Mean Induction Abortion Interval

Period of gestation	< 24 hrs.	Percentage	>24 hrs.	Percentage
12 weeks	2	2.5%	2	2.5%
14 weeks	31	39%	8	10%
16 weeks	24	30%	5	6%
18 weeks	7	9%	1	1%
Total	64	80.5%	16	19.5%

80.5% cases aborted within 24hrs. but 19.5% had failed, so we had to resort to other methods.

As far as complications are concerned, there was no gastrointestinal side effect. Incomplete abortion occurred in 28 cases; among them was a 50 years old who bled profusely, went in shock & needed 2 units of blood.

Discussion

Misoprostol is a synthetic prostaglandin & (PGE) analogue developed to prevent the ulcerative effects of chronic use of anti-inflammatory agents. It has been shown to induce 1st & 2nd trimester abortions. When misoprostol is given to a pregnant woman, it produces cervical effacement and uterine contraction.

In our series 80.5% of cases expelled the uterine contents within 24 hours and 19.5% took more than 24 hours & we had to resort to other methods. But it was our experience that even if patients had not aborted within 24 hours suction evacuation can be done very conveniently as cervix gets primed and is already dilated.

Bugalho et al (1993) adminstered misoprostol vaginally in doses ranging from 200-500 μgm to 169 women at 12-23 weeks of gestational age. They reported an overall abortion rate of 91% with a mean induction-abortion interval of 14.3 hours without any side effects.

Jain and Mishell (1994) compared intravaginal misoprostol with other PGS with 200 μgm of misoprostol in every 24 hours & found that 100% aborted within 48 hours with 43% complete abortion rate and mean induction-abortion interval of 12 hours.

Levi and Sankpal (1999) used misoprostol intracervically for termination in 12-20 weeks gestational age every hourly for five hours. More than 70% of patients had complete abortion & the mean induction abortion interval was 9.6 hours.

Jwarah and Greenhalf (2000) reported a case where 800 μgm of misoprostol were used for 1st trimester MTP in a case of G 3, who had previous LSCS. Her uterine scar ruptured.

Conclusion

Thus this study shows that misoprostol is :-

1. effective in "Grey Zone" cases of termination of pregnancy.
2. less expensive.
3. with minimal complications.
4. even in failed cases it provides enough cervical dilatation so that suction evacuation can be done easily.
5. acceptable.
6. quick as compared to other methods of IInd trimester termination.

References

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