USE OF MISOPROSTOL IN EVACUATION OF THE UTERUS IN INCOMPLETE ABORTION

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ABSTRACT

Background: Manual vacuum aspiration (MVA) has evolved to be the standard surgical method of evacuating the uterus in incomplete abortion. However, the procedure requires surgical training and there are cost related issues regarding its sustainability. Several studies have shown that misoprostol could be a safe, effective, acceptable and more affordable alternative method. By exploring this avenue of management, diversity of treatment methods may be achieved and enable provision of CAC services in lower health care settings.

Objectives: To compare the safety, efficacy and acceptability of sublingual misoprostol as compared to manual vacuum aspiration for treatment of incomplete abortion.

Study design: This was a randomized clinical trial.

Setting: Coast Provincial General Hospital and Port Reitz District Hospital Mombassa.

Methodology: Between December 2008 and July 20009, a total of 260 women with clinically diagnosed incomplete abortion with uterine size of up to 12 weeks gestation were randomized to either 600μg sublingual misoprostol or MVA. The women were followed for a minimum of seven days in order to asses whether the abortion was complete.

Main outcome measure: Completeness of uterine evacuation as indicated by history and lack of active bleeding and closed cervical os.

Results: Success was high in both MVA and misoprostol arms (100% & 93.8% respectively, $p=0.012$). Side effects such as heavy bleeding, nausea, pain/cramps, fever/chills were more in the misoprostol arm though the pain score was higher in the MVA arm ($p=<0.001$).More women in the misoprostol arm reported being either satisfied or very satisfied compared to satisfaction rates in the MVA arm (96.9% & 79.3% respectively, $p=<0.001$). More women in the misoprostol arm said they would choose the method again and would recommend the method to a friend compared with those in the MVA arm.

Conclusion: Misoprostol is as effective as MVA in treating incomplete abortion of up to 12 weeks uterine size. The acceptability of misoprostol appears higher. Given the many known advantages of misoprostol over MVA in poor resource settings, misoprostol should be promoted as an option of treating women with incomplete abortion.