RESULTS

A prospective randomized clinical study was conducted during the period from March 2009 to March 2010 in which medical termination of first trimester missed abortion using sublingual misoprostol was done.

Table (3): Demography of characteristics of the 30 women (mean±SD)

Age in years (range)	25.7 ± 6.5 (16-39)
Gestational age in weeks (range)	8.3 ± 1.2 (6-11)
Number of parous women (%)	25 (83.3)
Number of women with history of abortion (%)	12 (40)

In table 3:

1- Mean age of patients in our study was 25.7 ± 6.5 with a range from 16 to 39 years.

2- Mean gestational age was 8.3 ± 1.2 with a range from 6 to 11weeks.

3- Number of parous women was 25 which represent 83.3% of participants.

4- Number of women with past history of abortion was 12 which represent 40% of participants.

Table (4): Relation between gestational age and incidence of abortion

characteristics(n=30)	*Complete abortion*	*Failed abortion*
6 weeks (n=2)	1	1
7 weeks (n=5)	5	0
8 weeks (n=10)	8	2
9 weeks (n=9)	9	0
10 weeks (n=2)	2	0
11 weeks (n=2)	2	0
***Total** (n=30)*	***27***	***3***

In table (4):

1- Patients with gestational sac aged 6 weeks were 2 cases, one of them aborted successfully and another case failed to be aborted.

2- Patients with gestational sac aged 7 weeks were 5 cases, all of them aborted successfully.

3- Patients with gestational sac aged 8 weeks were 10 cases, 8 of them aborted successfully and 2 cases failed to be aborted.

4- Patients with gestational sac aged 9 weeks were 9 cases, all of them aborted successfully.

5- Patients with gestational sac aged 10 weeks were 2 cases, all of them aborted successfully.

6- Patients with gestational sac aged 11 weeks were 2 cases, all of them aborted successfully.

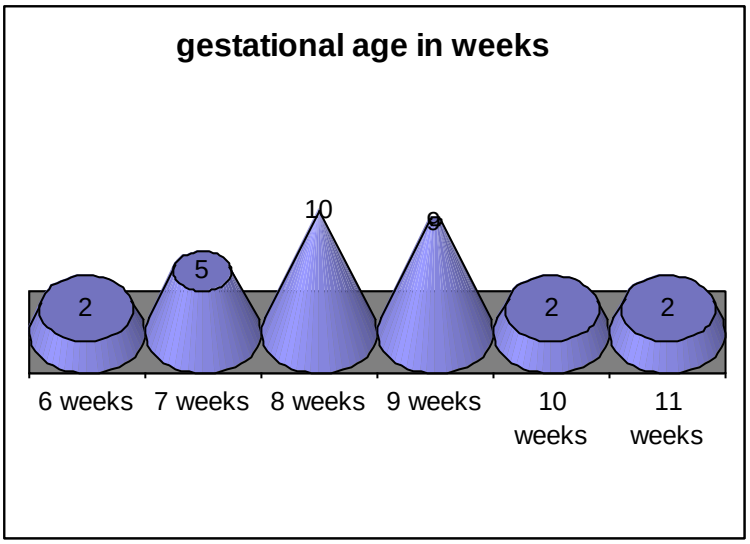

Figure (9): gestational age in weeks

Table (5): Clinical outcomes in the first and second 24 hours

Characteristics *(n=30)*	***First 24 hours***	***Second 24 hours***	***Total***
Number (%) of women aborted	21 (70%)	6 (20%)	27 (90%)
Mean induction to abortion intervals(h)	13.39 ± 4.4	32 ± 7.3	17.7 ±9.5
Median induction to abortion intervals(h)	11 (7-21)	30 (26- 48)	14.5(7-48)
Mean dose of misoprostol(µg)	1704.36 ± 275.48	3142.84 ± 538.08	2040± 707.4
Total dose of misoprostol (µg)	39200	22000	61200µg

In table 5:

1- Number of cases with successful abortion was 27 cases from 30 cases (90%). Twenty one of them aborted in the first 24 hours which represent 70% of totally succeeded cases. Six of them aborted in the second 24 hours which represent 20% of totally succeeded cases.

2- As regard the three cases which failed to abort one of them had retained parts of conception (gestational sac and placental tissue) after 48 hours. Another case had sever vaginal bleeding and need blood transfusion after 10hours of beginning of misoprostol therapy. And one case had neurogenic shock with incomplete abortion (cervical abortion) after 20 hours of beginning of misoprostol therapy.

3- Mean induction to abortion intervals was 13.39 ± 4.4hours in the first 24hours and 32 ± 7.3hours in the second 24 hours with a 17.7 ± 9.5hours of all cases.

4- Median induction to abortion intervals in the first 24 hours was 11hours ranging from 7 to 21 hours and 30 hours in the second 24 hours ranging from 26 to 48 hours with 14.5 hours in all cases.

5- Mean dose of misoprostol used in the study was 2040± 707.4µg.

6- Median dose of misoprostol used in the study was 2000µg ranging from 1200 µg to 4000µg.

7- Total dose of misoprostol used was 61200µg throughout the study.

Table (6): The incidence of Side effects after initiation of sublingual misoprostol therapy

characteristics (n=30)	*First 24 hours*	*Second 24 hours*	*Total*
Lower abdominal pain	22	6	28 (93%)
Diarrhea	9	8	17 (56%)
Vomiting	3	3	6 (20%)
Increased vaginal bleeding after abortion	2	1	3 (10%)
Analgesia for pain	9	3	12 (40%)

In table 6:

1- Lower abdominal pain occurred in 28 patients with an incidence of 93%.

2- Analgesics were needed only in 12 patients with an incidence of 40%.

3- Diarrhea was a very common side effect occurred in 17 patients with an incidence of 56%.

4- Vomiting occurred in 6 patients with an incidence of 20%.

5- Increased vaginal bleeding after abortion occurred in 3 patients with an incidence of 10%.

6- No side effects detected in 8 patients with an incidence of 26%.

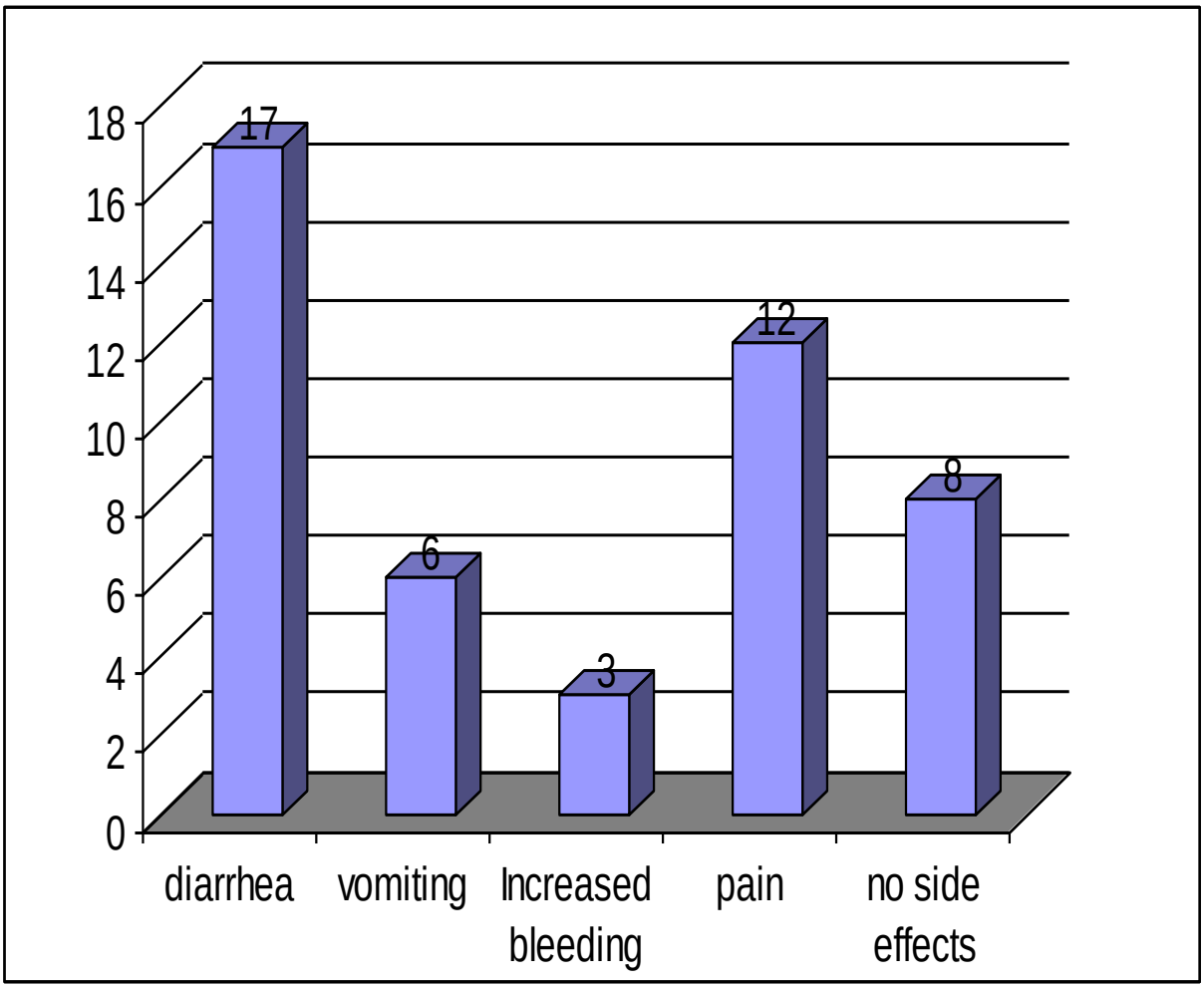

Figure (10): The incidence of side effects

Table (7): Relationship between gestational age and complete medical abortion

Gestational age	***Complete abortion***	***Failed abortion***	***P value***
6-8 weeks *(n=17)*	14	3	0.110
>8 weeks *(n=13)*	13	0	
Total *(n=30)*	**27**	**3**	

In table 7:

1- Patients with gestational age between 6 and 8 weeks were 17 cases, 14 of them aborted successfully and 3 cases failed to abort.

2- Patients with gestational age > 8 weeks were 13 cases, all of them aborted successfully with non-statistically significant difference (P=0.110).

Table (8): Relationship between history of previous abortion and complete medical abortion

Previous abortion	***Complete abortion***	***Failed abortion***	***P value***
No previous abortion *(n=18)*	15	3	0.136
Previous abortions *(n=12)*	12	0	
***Total** (n=30)*	**27**	**3**	

In table (8):

1- Patients with no history of previous abortion are 18 cases, 9 of them aborted in the first 24 hours and 6 of them in the second 24 hours with 3 cases failed to be aborted.

2- Patients with history of previous abortion were12 cases; they were all aborted in the first 24 hours with non-statistically significant difference (P=0.136).

Table (9): Relationship between gravidity and complete medical abortion

Number of gravidity	*Complete abortion*	*Failed abortion*	*P value*
Primigravida *(n=4)*	2	2	0.004*
Multigravida *(n=26)*	25	1	
❖ 2nd gravida *(n=6)*	6	0	
❖ 3rd gravida *(n=9)*	8	1	
❖ 4th gravida *(n=6)*	6	0	
❖ 5th gravida *(n=5)*	5	0	
***Total** (n=30)*	***27***	***3***	

* Significant P < 0.05

In table (9):

1- Primigravida patients were 4 cases, one of them aborted in the first 24 hours and another in the second 24 hours with 2 cases failed to be aborted.

2-Multigravida patients were 26 cases. These 26 cases were distributed as follows:

- Second gravida patients were 6 cases, three of them aborted in the first 24 hours and three in the second 24 hours.
- Third gravida patients were 9 cases, six of them aborted in the first 24 hours and two in the second 24 hours with one case failed to be aborted.
- Fourth gravida patients were 6 cases, aborted in the first 24 hours.
- Fifth gravida patients were 5 cases, aborted in the first 24 hours with statistically significant difference (P=0.004).

Table (10): Relationship between parity and complete medical abortion

Number of parity	*Complete abortion*	*Failed abortion*	*P value*
Nullipara *(n=5)*	3	2	0.014*
Multipara *(n=25)*	24	1	
***Total** (n=30)*	***27***	***3***	

* Significant P < 0.05

In table (10):

1- Nullipara patients were 5 cases, two of them aborted in the first 24 hours and one case aborted in the second 24 hours with two cases failed to be aborted.

2- Multiparous patients were 25 cases, 24 of them aborted successfully and one case failed to be aborted with statistically significant difference (P=0.014).

Table (11): Relationship between history of previous vaginal delivery and complete medical abortion

History of vaginal delivery	*Complete abortion*		*Failed abortion*	*P value*
	1st 24 h	*2nd 24h*		
History of previous vaginal delivery *(n=22)*	18	3	1	0.099
No history of previous vaginal delivery *(n=8)*	3	3	2	
Total *(n=30)*	21	6	3	

In table (11):

1- Patients with history of previous vaginal delivery were 22 patients, 18(81.8%) of them aborted in first 24h and 3(13.6%) in second 24h with 1(4.5%) failed to be aborted.

2- Patients with no history of previous vaginal delivery were 8 patients, 3(37.5%) of them aborted in first 24h and 3(37.5%) in second 24h with 2(25%) failed to be aborted with non-statistically significant difference (P=0.099).