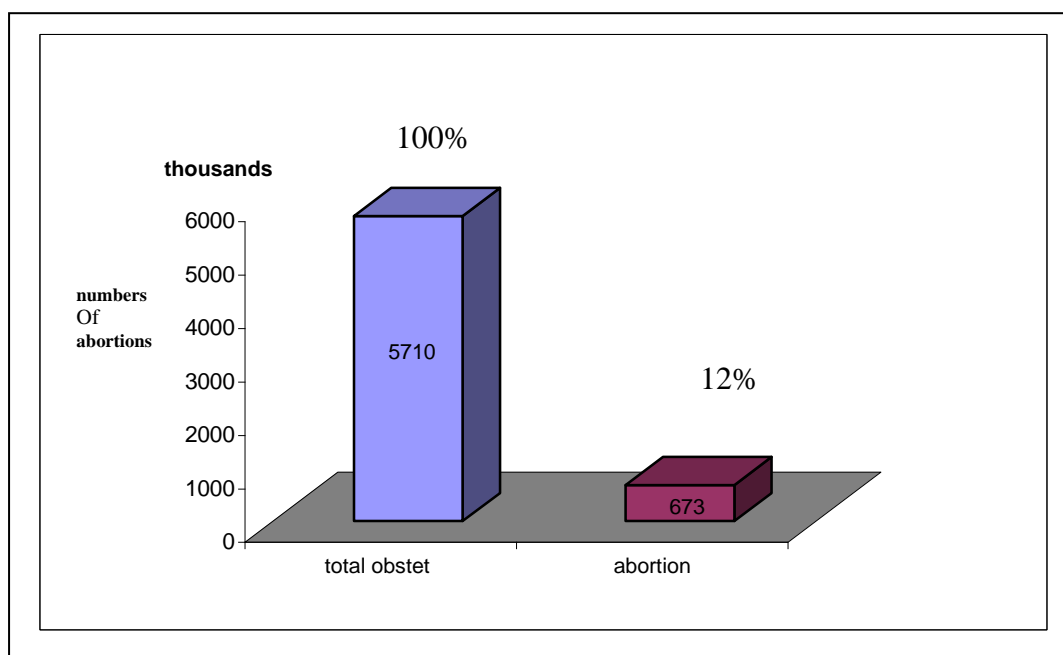
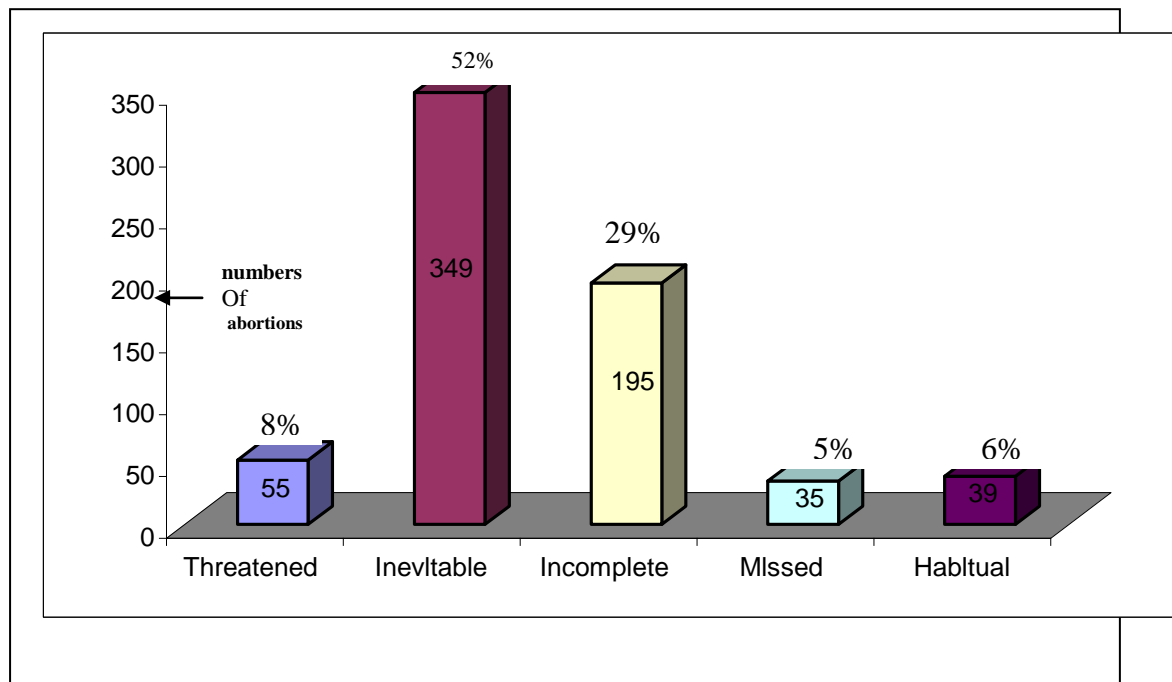


RESULTS

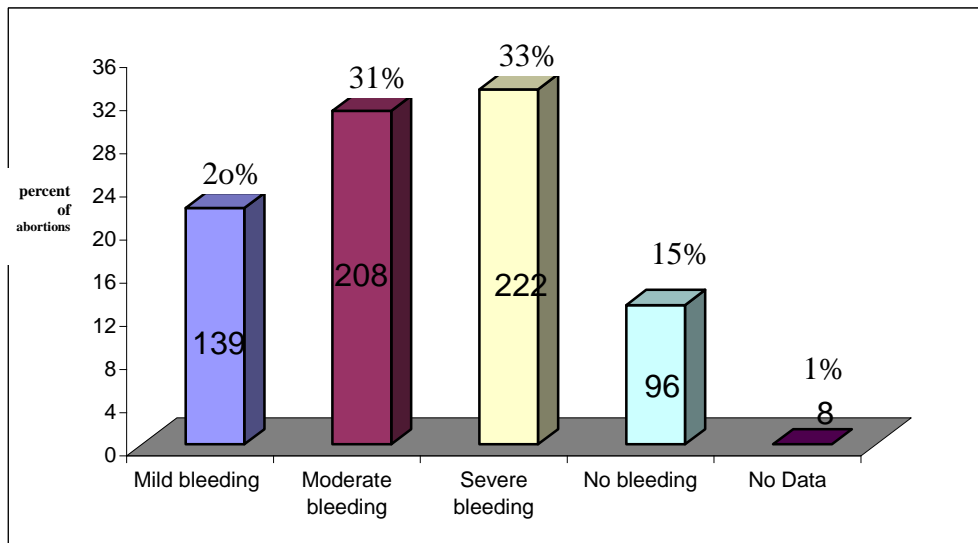
Fig(1):total obstetric admissions and abortions in Benha university hospital (year2006)



Fig(2): Clinical types of abortion (n=673)

1-Threatened abortions	55	8 %
2-Inevitable abortions	349	52%
3-Incomplete abortions	195	29%
4-Missed abortions	35	5%
5-Habitual abortions	39	6%

**Fig(3): Bleeding as a presenting symptom of abortion
(n=673)**



Bleeding was found to be the main presenting symptom in cases of abortion.

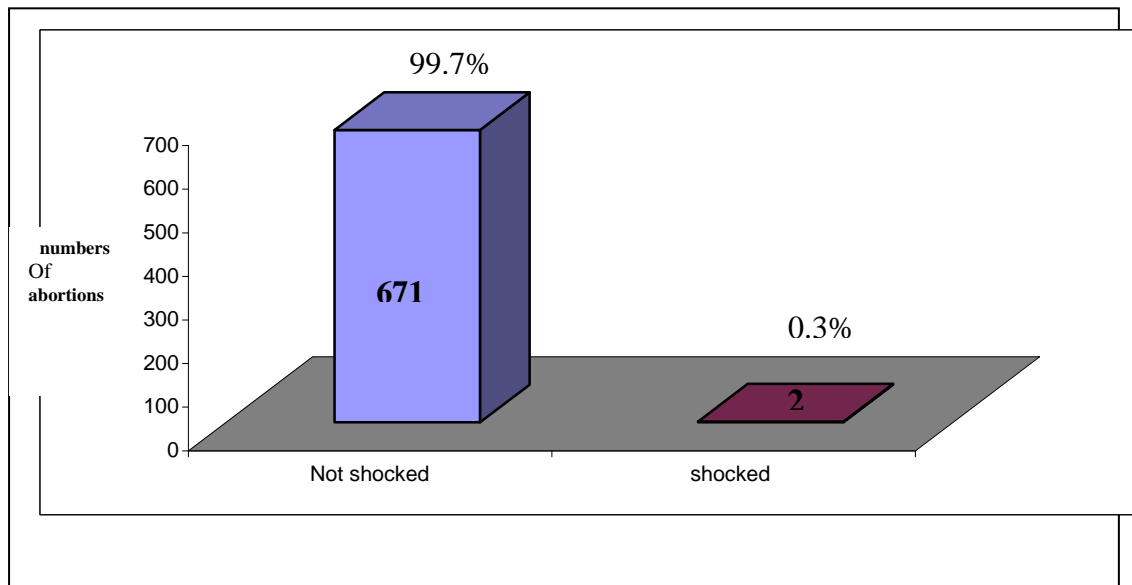
Among the 673 abortion abortions, 569 presented with bleeding (84%)

-Degree of bleeding was:

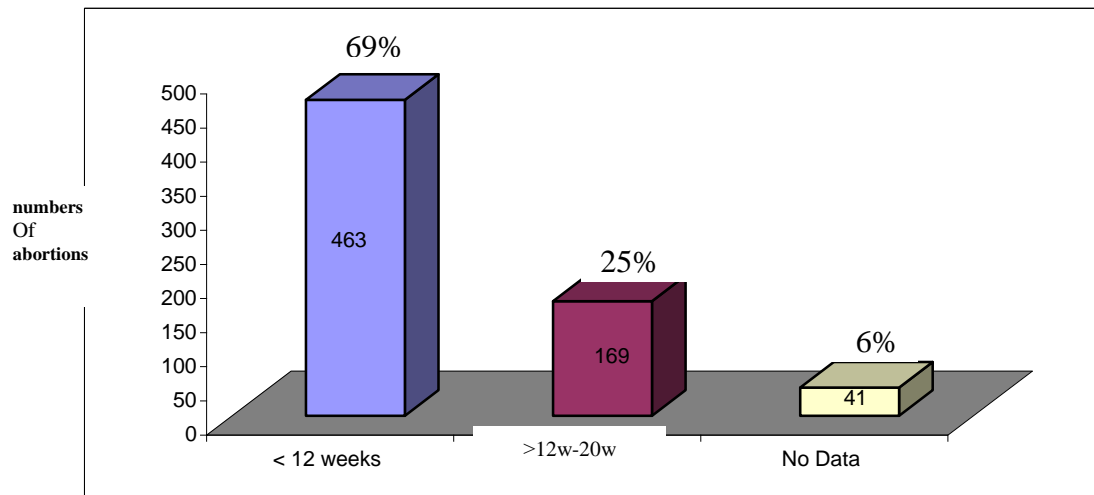
- Mild bleeding in 139 (20%)
- Moderated bleeding in 208(31 %)
- Severe bleeding in 222 (33%)

-No bleeding in 96(15%)

- No available data in 8 (1 %)

Fig(4): Shock with abortions (n=673)

-Among 222 abortions with severe bleeding, only 2 were shocked (0.3%).

Fig(5): Gestational age at abortions (n=673)

Fig(6): Ultrasonography (n=673)

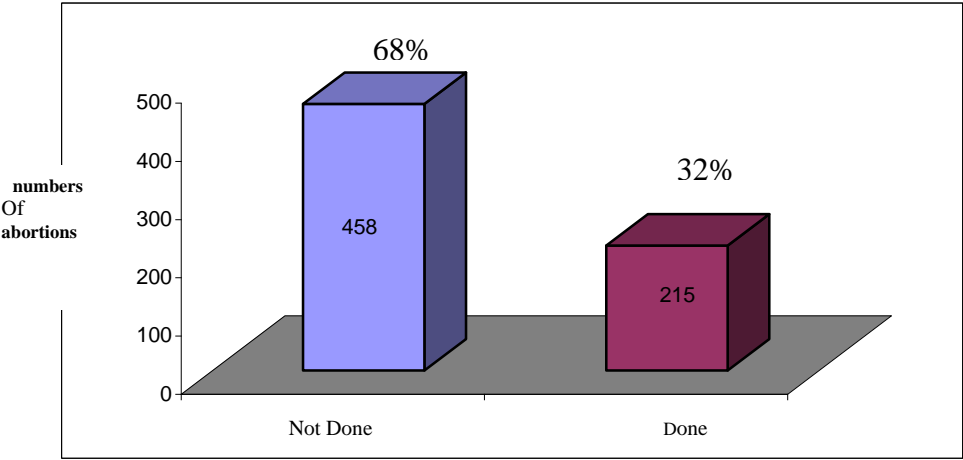
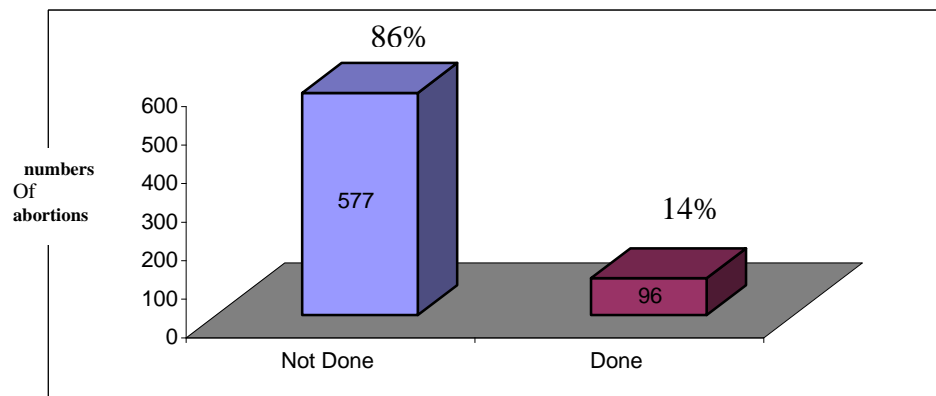


Fig (7): Laboratory investigations(n=673)

-Laboratory Investigations were done in only 96 patients (14%).

-One or more of the following investigations were done according to history taking, clinical examination and ultrasound findings in each patient.

-Urine analysis.

-Blood picture.

- Coagulation profile (Bleeding time, clotting time, PT, PTT, INR....etc)

-Blood glucose (fasting and P.P.).

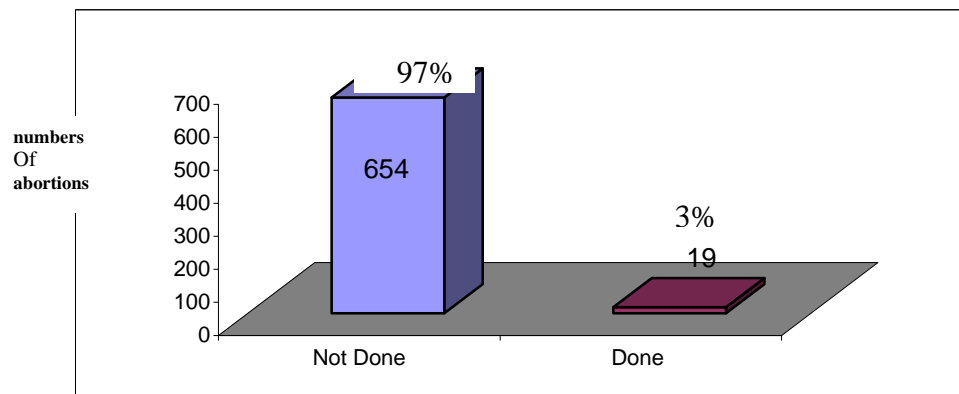
-Blood urea and serum creatinine.

-Serological testes for Syphilis and Toxoplasmosis...etc.

-B-hCG.

- Assay of autoimmune antibodies (lupus anticoagulant (LAC) and anticardiolipin antibodies).

-Others; as serum fibrinogen and fibrin degradation products in cases of missed abortion.

Fig(8): Blood Transfusion

Blood transfusion was given in 19 women (3%) either due to:

- a- Presentation with severe anemia or shock, due to severe bleeding.
- b- Severe post-abortive bleeding or shock.

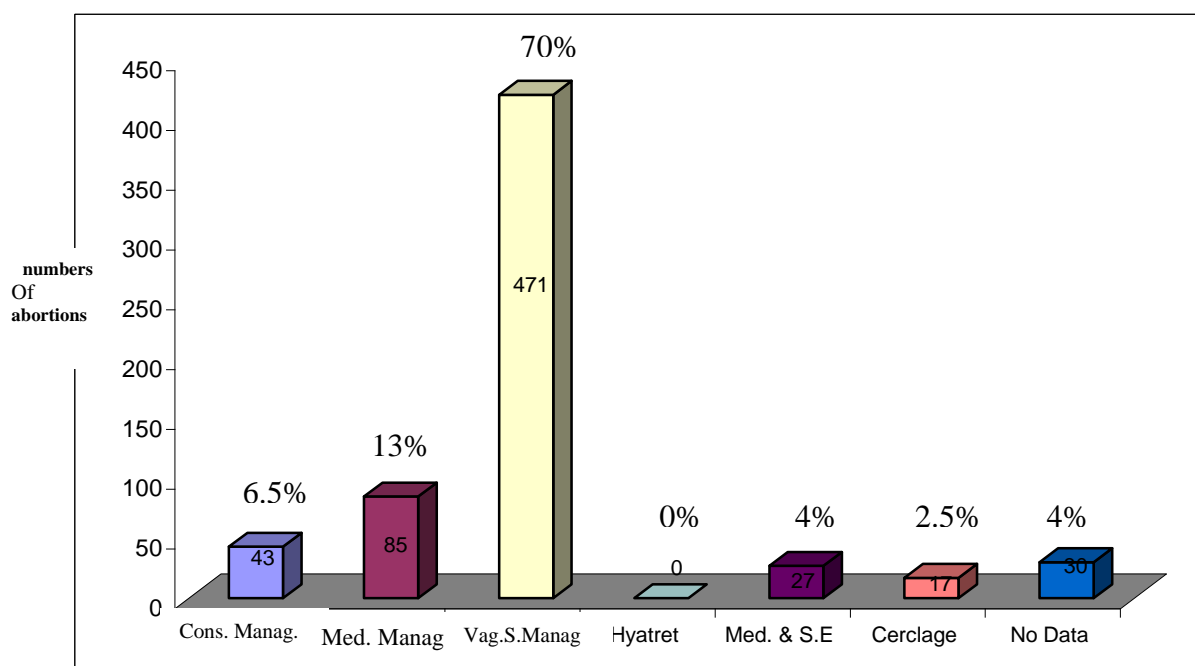
Fig(9): Management of abortions (n673)

Table 4: Management of clinical types of abortion (n=673).

Clinical type Of abortion	Cons.	Med. Manag.	Vag. S.Manag.	Med. & S.Manag.	Cerclage	No data	Total number
Threatened	28	5	15	1	0	6	55
Inevitable	7	69	249	15	0	9	349
Incomplete	3	7	167	9	0	9	197
Missed	2	2	21	2	0	8	35
Habitual	3	2	17	0	17	0	39

The table 4 illustrates the management and mode of termination in each clinical type of abortion.

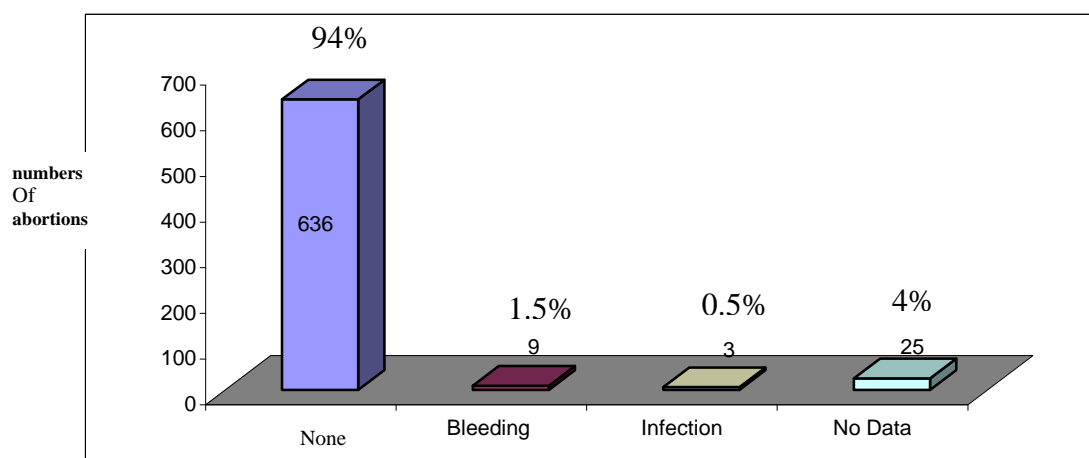
-Vaginal surgical evacuation was form of management in 249 inevitable, 167 incomplete, 21 missed, 17 habitual and 5 threatened abortions.

-Medical management was form of management in 69 inevitable, 7 incomplete, 5 threatened, 2 missed and 2 habitual abortions.

-Conservative management was form of management in 28 threatened, 7 inevitable, 3 incomplete, 3 habitual and missed abortions.

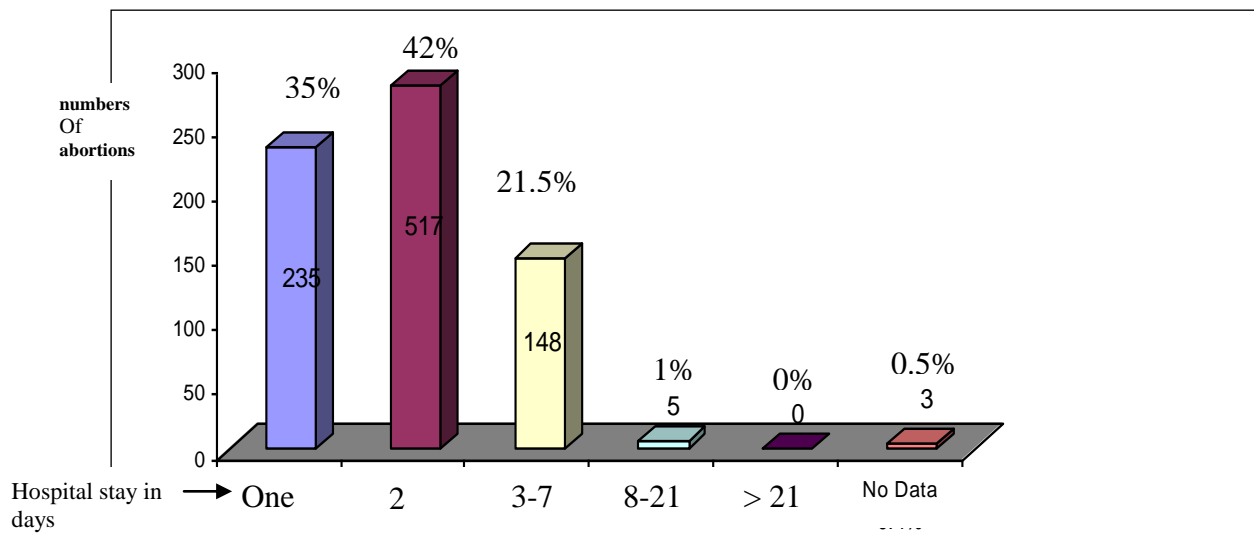
-Combined medical and surgical management was form of management in 15 inevitable, 9 incomplete, 2 missed and 1 threatened abortions.

-Cerclage was form of management in 17 habitual abortions.

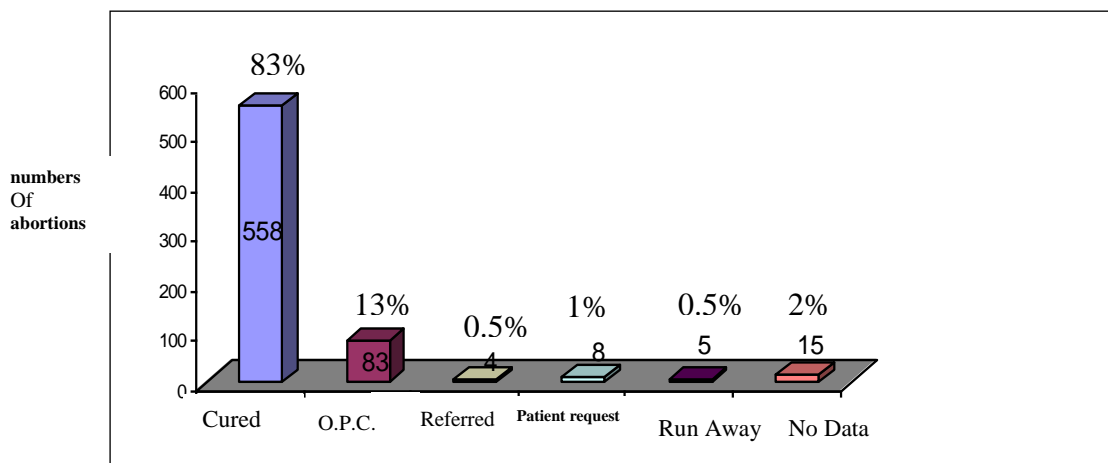
Fig (10)Complications of abortion(n=673)

-Severe post-abortive bleeding occurred in 9 patients (1.5%).

Fig(11): Hospital stay in abortions (n=673)



- One to 2 days- stay was found in 517 patients (77 %) which nearly corresponds to cases of inevitable and incomplete abortion.
- Three to more than 21 days –stay was found in 153 patients(2%) which corresponds approximately to the total numbers of cases of threatened, missed and habitual abortion.

Fig(12): Mode of Discharge(n=673)

- Cured in 558 patients(83 %).
- Instructed to be followed up at the out- patient clinic (OPC) in 83 patients (13%). these represented cases of threatened and habitual abortion.
- Referred to another department in 4 patients (0.5%).These represented cases complicated with other medical disorders e.g. cardiac, diabetic...etc.
- According to patient's request in 8 patients (1%).
- Without permission in 5 patients(0.5%).