

# *RESULTS*



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In this study 30 cases of pregnant women attending the casualty centre at Benha University and El-Galaa maternity Hospital, who had their pregnancies interrupted outside the hospital then completed their abortion at Hospital or coming for the first time with symptoms and signs of abortion.

All the cases had been hospitalized, and got their uteri evacuated. All products of conception had been collected, sent to the pathology department at Benha University for preparation and histopathological examination of all samples of the study group. There had been no control cases.

Table I summarizes the clinical characteristics of the study group concerning mean age, parity and duration of pregnancy in weeks as calculated from the first day of last menstrual period or known from previously done ultra-sonography whether abdominal or vaginal. Ultra sonography done for the cases confirmed the presence of either interrupted gestational sacs or remnants of conception when the abortion had been an incomplete. Table II summarizes the salient microscapic features of the curettings. Table III summarises possible causes of abortion as suggested by the histopathological examination .



None of our cases had been proved to be ectopic or showing manifestations suggestive of vesicular mole and all of them had been discharged in Quite good condition .

From histopathological examination findings suggestive of abnormal chromosomal patterns like absent villous circulation, severe hydropic changes, excessive villous infarcts and others were found in twelve cases out of thirty (i.e. 40% of cases)

signs of inflammation like intervillitis, extensive infarcts, lymphocytic and plasma cell infiltration were present in six cases out of thirty (i.e. 20% of cases )

Absence of blood vessels in the villi, as well as Thrombosis of blood vessels in the decidua, suggestive of vaso-occlusive conditions were found in 10% of cases

Edema of the villi and decidua as well as necrosis of the decidua, together with dilated blood vessels suggestive of fetomaternal incompatibilities (i.e. Rh and ABO incompatibilities and others ) were detected in 10% of cases.



**Table (1):** Summarizes clinical characteristics of the study group number of cases = 30

Age	range	21- 43
	mean	$\pm 30.13$
	S.D	$\pm 4.9$
Parity	range	1 - 9
	Mean	$\pm 2.93$
	S.D	$\pm 3.4$
Duration of pregnancy in weeks	range	6 -12
	mean	$\pm 9.3$
	S.D	$\pm 2.1$



**Table (2):** Summarises the salient microscopic features of the study group number of cases =30

<b>Decidua</b>	<b>27</b>	<b>90%</b>
<b>Chorionic villi</b>	<b>24</b>	<b>80%</b>
<b>Thrombosis of blood vessels</b>	<b>9</b>	<b>30%</b>
<b>Hydropic degeneration</b>	<b>4</b>	<b>13.3%</b>
<b>Endometritis (Inflammatory cells)</b>	<b>6</b>	<b>20%</b>
<b>Plasma cell infiltration</b>	<b>1</b>	<b>3.3%</b>
<b>Fibrinoid degeneration</b>	<b>3</b>	<b>10%</b>
<b>Hyaline degeneration</b>	<b>5</b>	<b>16.6%</b>
<b>Trophoblastic proliferation</b>	<b>2</b>	<b>6.6%</b>
<b>Excessive vascularity</b>	<b>8</b>	<b>26.6%</b>
<b>Necrosis of the decidua</b>	<b>6</b>	<b>20%</b>
<b>Absence of blood vessels</b>	<b>8</b>	<b>26.6%</b>
<b>Edema of the decidua</b>	<b>3</b>	<b>10%</b>



**Table (3):-** summarises possible causes of abortion as suggested by the histopathological examination .

Causes of abortion	Number of cases with positive findings suggestive of the lesion	incidence
Chromosomal abnormalities	12	40%
Inflammations	6	20%
Vaso- occlusive disorders	3	10%
fetomaternal incompatibilities	3	10%
Ill-defined causes	6	20%

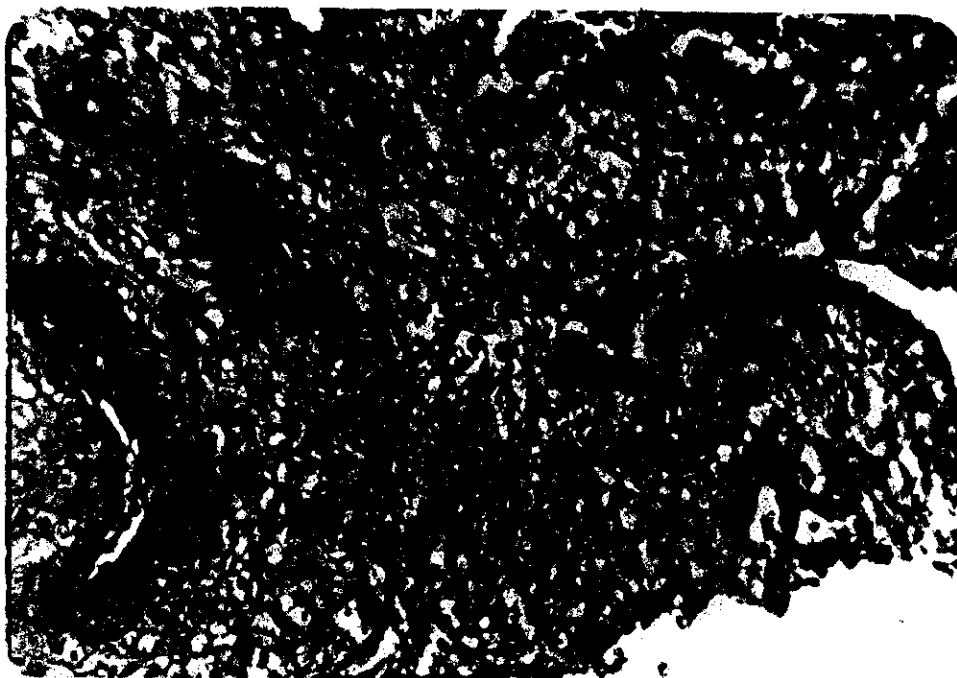


Figure 2. Showing vascular decidua, no villi

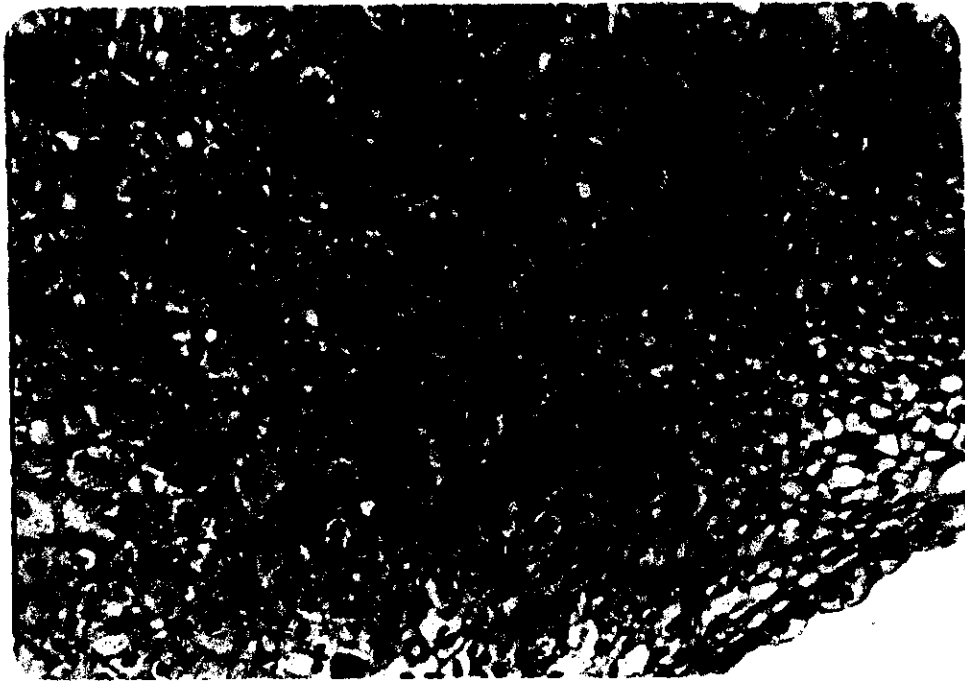


Figure 3. Showing decidua, hyaline degeneration





Figure 4. Showing decidua, and very dilated blood vessels, intra luminal hemorrhage, inflammatory cells



Figure 5. Showing illdefined decidua, illdefined chorionic villi



Figure 6. Showing fibrinoid and hydropic degeneration in chorionic villi, thrombosis, inflammatory cells in the decidua