

RESULTS

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The present study includes 30 patients, divided into 2 groups. In the first group (15 patients) Dilapan was used to induce abortion, In the second group (15 patients) misoprostol tablets was applied vaginally to induce abortion.

Distribution of age, Parity, history of abortion and gestational age in the studied groups :

Table (3)

First Group	Age (Years)	Parity	History of abortion	Gest. age in weeks
Mean	27.8	2.4	0.33	16.7
SD.	5.8	2.1	0.8	2.9
Max.	37	9	3	24
Min.	19	0	0	14

Table (4)

Second Group	Age (Years)	Parity	History of Abortion	Gest. Age in weeks
Mean	30	2.5	0.67	17.3
SD.	6.5	1.6	0.98	3.1
Max.	39	5	3	22
Min.	19	0	0	14

As shown in tables (3) and (4) the mean age among the first group was 27.8 ± 5.8 , ranging between 19 and 37 years while the mean age among the second group was 30 ± 6.5 , ranging between 19 and 39 years, mean parity was 2.4 ± 2.1 ranging between 0 and 9 in the first group and was 2.5 ± 1.6 in the second group, ranging between 0 and 5, the mean previous history of abortion was 0.33 ± 0.8 , ranging between 0 and 3 in the first group and was 0.67 ± 0.98 , ranging between 0 and 3 in the second group, mean gestational age 16.7 ± 2.9 , ranging between 14 and 24 in the first group and was 17.3 ± 3.1 , ranging between 14 and 22 in the second group.

Difference between the means (T - test)

Tabel (5)

	Age (Years)	parity	History of Abortion	Gest. Age in weeks.
First Group(No)	15	15	15	15
Mean	27.8	2.4	0.3	16.7
SD.	5.8	2.1	0.8	2.9
Second group (No)	15	15	15	15
Mean	30	2.5	0.67	17.3
SD.	6.5	1.6	0.98	3.1
P Value	0.336	0.849	0.319	0.591
Significance	N.S.	N.S	N.S.	N.S

Table (5) shows that there was no statistical significance between the two groups ($P\text{value} > 0.05$) as regarding maternal age, parity, history of abortion and gestational age.

Indications of induction of abortion

Table (6)

	Group 1		Group 2	
	No	%	No	%
IUFD	1	6.7	3	20
Missed abortion	13	86.7	10	66.7
Anencephaly	1	6.7	1	6.7
Multiple CFMF	0	0	1	6.7
Total	15	100	15	100

Table (6) shows that the commonest indication for induction of abortion was missed abortion in both groups.

- The multiple congenital malformation (CFMF) included meningocele, short limbs, foetal ascitis and others congenital anomalies.

Intrauterine foetal death (IUFD) was considered when gestational age was 20 or more weeks.

Descriptive statistics of group 1 as regarding No. of Dilapan used, hours of Dilapan insertion, diameter of dilation of the cervix in mm and time from oxytocin infusion to expulsion :

Table (7)

	NO	Mean	SD	Max	Min
No. of Dilapan used	15	1.2	0.4	2	1
Hours of Dilapan insertion	15	12.5	3.7	22	8
Diameter of cervical dilation	14	16.7	6.3	30	11
Time from Oxytocin infusion to expulsion	5	4.5	2.2	7	2

Table (7) shows the different descriptive statistics in group I (Dilapan), as regarding the hours of Dilapan insertion most of the patients had the device for 12 hours, patient in whom a diagnosis of more than 16 gestational weeks was made, recieved intravenous infusion of oxytocin (no = 5) to induce uterine contractions for foetal expulsion and surgical evacuation was only done when required (for remnants or bleeding), the degree of cervical dilation achieved was assessed by measuring the cervical diameters by Hegar's dilators, when dilation diameter exceeded the largest available Hegar's dilator (NO.20), cervicometry was done using U/S.

The number of patients had a cervical measurement was 14 out of the 15 patients, in one case there was an immediate expulsion of the uterine content as one complete sac of pregnancy, during bimanual examination, after removal of Dilapan device and the cervical dilation

diameter was not measured due to rapid reform of the cervix after the expulsion.

Descriptive statistics of group II [Dose of Misoprostol]

Table (8)

	NO	Mean	SD	Max	Min
Dose of Misoprostol (within 36 hours)	15	666.7	258.2	1200	400
Dose of Misoprostol for successful cases (Less than 36 hours)	13	584.6	15.92	800	400

Table (8) shows the mean of misoprostol dose (666.67+ 258.2), ranging between 400 and 1200 mcg, the dose of 1200 mcg was considered the maximum dose to be given because it was the dose given as one tablet (200 mcg) every 6 hours for 36 hours to induce abortion and not because it was the dose at which abortion occurred.

Time from induction to expulsion in hours in both groups

Table (9)

	group - 1	group - 2
No.	15	13
Mean	14.4	14.35
SD.	5.1	3.1
Max.	26	20
Min.	8	9.3

Table (9) shows the mean time from start of the induction to the time of expulsion of the content was 14.4 ± 5.1 for first group and this included the time for cases required oxytocin infusion, ranging between 8 and 26 hours, was 14.35 ± 3.1 for the second group ranging between 9.3 and 20 hours).

Difference between mean time of the two groups regarding time of induction to expulsion in hours.

Table (10)

	group - 1	group - 2
No.	15	13
Mean	14.4	14.35
SD.	5.1	3.1
P value	0.96795	
Sig.	NS.	

Table (10) shows the difference between the mean time of the two groups which has no statistical significance ($P > 0.05$).

Number and percentage different parameters of group I & II .

Table (11).

	group 1			Group II		
	T.NO.	NO	%	T.NO.	No	%
Need for further dilatation	15	0	0	-	-	-
Requirment of oxytocin	15	5	33.3	13	5	38.5
Surgical Evacuation	15	10	66.7	13	5	38.5
Presence of contractions	15	6	40	15	13	86.7
Complete abortion	-	-	-	13	7	53.846
Incomplete abortion	-	-	-	13	6	46.153

Table (11) shows that in the first group there was no need for further dilation for cases ended by surgical evacuation (no =10) or cases needed oxytocin (no = 5) with total of 14 cases (one case received both oxytocin and surgical evacuation) while one case has neither oxytocin nor surgical evacuation.

In the second group failure of dilation was not a criteria for this group as we expected dilation and expulsion of the contents due to the effect of PGE₁ analogue, if expulsion of fetus was not followed by expulsion of placenta and membranes for 30 minutes or there was still

remnants, oxytocin drip was used but if failed or severe haemorrhage occurred, surgical evacuation of placenta or remnants was carried on.

The use of oxytocin was done in 38.5 % (n = 5) of total cases had successful abortion and the use of surgical evacuation was done in 38.5% (5 out of total 13 cases), the total cases received these lines of treatment = 6 (46.15 %) out of total 13 cases, which equals the number of cases with incomplete abortion (5 cases received both oxytocin infusion followed by surgical evacuation and only one case received oxytocin alone)

The number of cases had uterine contraction during the procedure of induction is 6 out of total 15 (40%) in the first group and 13 out of total 15 (86.7%) in the second group with obvious superiority of the misoprostal.

No and percentage of failure of dilatation, side effects, complications and use of other drugs.

Table (12)

	Group 1		Group 2	
	NO	%	NO	%
Failure to dilatation	0	0	2	13.3
Side effects	0	0	3	20
Complications	0	0	0	0
Other Drugs, Methyl ergometrine	3	20	4	26.7

Table (12) shows failure of dilation in two cases in group II (Cytotec). Failure was considered for those who failed to respond within 36 hours, one case responded after 48 hours with a dose of 1600 mcg (8 tablets of Cytotec) and another case failed to respond with the Cytotec treatment and prostein E2 vaginal suppository was used for the induction after 120 hours.

In the group I, failure was considered for those who failed to dilate under the effect of Dilapan or failed to respond to the ecbolec (oxytocin) within 36 hours, failure in group I = 0%

Side effects included one case suffered vomiting, case suffered nausea and the third case has a fever of 38 °C in the sconded group.