Summary

This study included one hundred pregnant women in third-trimester who presented in labor at Mansoura General Hospital Obstetric Department with severe preeclampsia and showing the following criteria:

- Blood pressure at least 160/110mmHg on two occasions at least six hours apart.
- Proteinuria at least 3+ on a semi qualitative assay.
- Less than 400 mL of urine output in 24 hours.

Additional criteria were taken in consideration to help in the diagnosis of severity of the disease such as persistent headache, epigastric or right upper quadrant pain, blurred vision, edema and oliguria, were taken in consideration.

After admission, history, clinical examination, mean urine output and mean arterial blood pressure were performed and all patients were subjected to the following laboratory investigations:

- Hemoglobin, haematocrit and quantitative platelet count.
- Bleeding and clotting time.
- Serum billirubin.
- Kidney function (serum creatinine, blood urea, uric acid and urine dipstick for the presence of proteinuria).
- Ultrasound examination was done for all patients.

The patients were classified randomly into two groups.

- The curetted group (group 1) comprised fifty patients subjected to uterine curettage

immediately after vaginal or during caesarian deliveries. At caesarian deliveries, the presumed area of the decidua basalies was curetted with a large Banjo curette. Patients who delivered vaginally were anaesthetized with short acting anaethetic agent and were underwent immediate postpartum uterine curettage using the same Banjo curette.

- The control group (group 2) comprised fifty patients left without curettage after vaginal or caesarian deliveries.

During labor and for 24 hours after delivery, all women received magnesium sulfate by IV infusion at a rate of 1g/hour, and aldomet 250mg/8hours.

For six weeks postpartum, all patients were underwent follow-up in the outpatients' clinic for detection of any complications of the procedure.

Intensive postpartum surveillance maintained for 24 hours and included:

- Hourly measurements of urine output and measurements of mean arterial pressure every 2 hours.
- Hemoglobin, haematocrit, bleeding and clotting time, serum creatinine, serum billirubin, blood urea and uric acid were assessed at admission, at 12 hours and at 24 hours after delivery.

- Quantitative platelet counts were assessed at admission, at 6 hours, at 12hours, at 18 hours and at 24 hours.

The results showed that, the laboratory values of hemoglobin, haematocrit, bleeding and clotting time, serum creatinine, serum billirubin, blood urea and uric acid, were not significantly different between both groups at admission, 6 hours, 12 hours, 18 hours and at 24 hours postpartum.

The platelet count was significantly not affected by uterine curettage. The difference in platelet count between the control group and the curettage group was statistically not significant at the all study interval.

Mean urine output after uterine curettage was greater at the 10 hour postpartum compared with control group. The difference was statistically not significant during the first 9 hours postpartum, but at 10 hours after delivery the mean urine output in the curetted group was highly statistically significantly increased compared with the control group **($P < 0.001$).**

The mean arterial pressure in the first 4 hours after delivery was statistically not significant by uterine curettage between both groups, but at 6 hours after delivery the MAP in the curetted group was highly statistically significantly reduced compared with the control group **($P < 0.001$).**

The obtained results were analyzed by paired T-test where:

- $P \leq 0.05$ was considered statistically significant.
- $P \leq 0.001$ was considered statistically highly significant.