USE OF MISOPROSTOL IN EVACUATION OF THE UTERUS IN INCOMPLETE ABORTION

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Background: Manual vacuum aspiration (MVA) has evolved to be the standard surgical method of evacuating the uterus in incomplete abortion. However, the procedure requires surgical training and there are cost related issues regarding its sustainability. Several studies have shown that misoprostol could be a safe, effective, acceptable and more affordable alternative method.

Objectives: To compare the safety, efficacy and acceptability of sub-lingual misoprostol as compared to manual vacuum aspiration for treatment of incomplete abortion.

Study design: This was a randomized clinical trial.

Setting: Coast Provincial General Hospital and Port Reitz District Hospital Mombasa.

Methodology: A total of 260 women with clinically diagnosed incomplete abortion with uterine size of up to 12 weeks gestation were randomized to either 600µg sub-lingual misoprostol or MVA.

Main outcome measure: Completeness of uterine evacuation.

Results: Success was high in both MVA and misoprostol arms (100% & 93.8% respectively, p=0.012). Side effects such as heavy bleeding, nausea, pain/cramps, fever/chills were more in the misoprostol arm though the pain score was higher in the MVA arm (p=<0.001). More women in the misoprostol arm reported being either satisfied or very satisfied compared to the MVA arm. More women said they would choose the misoprostol method again and would recommend it to a friend.

Conclusion: Misoprostol is as effective as MVA in treating incomplete abortion of up to 12 weeks uterine size. Given the many known advantages of misoprostol over MVA in poor resource settings, misoprostol should be promoted as an option of treating women with incomplete abortion.