Introduction
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From time immemorial, abortion have been practised in the world with or without legal and social sanctions. Legal abortion has earned much popularity in the last decade because of its greater safety and large impact on population control. The historical evidence is also strong that rapid fertility decline is unlikely without some recourse to abortion (Corvalan, 1979). Thus, more and more countries in the world are liberalising their abortion laws.

In India, since the enactment of the Medical Termination of Pregnancy (MTP) Act of 1972, several thousands of abortions are performed every month. The demand for abortion has greatly increased since then. Various methods are in practice depending on the duration of pregnancy.

Induction of abortion during the second trimester of pregnancy has always been problematic. The second trimester abortions constitute about 15% of the total abortions reported in the country. Due to the detection of prenatal foetal sex anomalies in second trimester, the incidence of termination of pregnancy during this period has increased considerably.
A large number of techniques have been evaluated for second trimester MTP—a fact which testifies that all the present day methods have some short coming and no single technique is absolutely safe and effective.

The method most frequently employed along with the minor section has been the induction of abortion by saline or ethacridine solution. Induction of early second trimester abortion by the intra and extra amniotic administration of hypertonic saline has been utilised extensively in the Canadian countries, but the method is associated with the risk of intravascular leakage of saline in substantial amounts, (Bengtsson; Amris).

An alternative is ethacridine; a yellow acridine derivative (6, 9-diamino-2-oxyethyl acridine-lactate dissolved in sterile water) with antiseptic and oxytocic properties (lewis; Sepekas N.). It can also be administered extra-amniotically as a 0.1% solution. This method of abortion, in combination with the rubber catheter has been used with success by Japanese Obstetricians (Manabe, Y.). The 0.1% ethacridine solution has the advantage of being harmless eve in the event of intravascular leakage. It is a
well established agent and has an excellent record of safety over many years of clinical experience.

On the other hand, this method has the disadvantage that it must be combined with other agents—usually an indwelling catheter or concurrent oxytocin administration in order to be effective within a reasonable period of time. Significant uterine contractility usually does not occur until 10-12 hours following ethacridine-instillation. It has the drawback of higher failure rate and longer induction-abortion interval compared to other agents like hypertonic saline or prostaglandins.

In India, the available alternative for termination of mid trimester pregnancy—are hysteroscopy or hypertonic saline. Hysteroscopy is a major surgical procedure and hypertonic saline has the risk of coagulation failure. Therefore, it is imperative to evolve safe and effective methods for this group.

Encouraged by the results of the WHO Task Force on prostaglandins and reports from various parts of the world (Anderson G.C.; Brenner, W.E.); the Indian Council of Medical Research initiated a trial with Prostaglandin F₂α (PGF₂α) and 15-Me-analogue of PGF₂α for termination of mid-trimester of pregnancy. Independent studies have shown that potential value of

Prostaglandins (the most potent oxytocic agent known) are very effective but associated with a number of disadvantages including the complications; the expense and the non-availability.

It is now generally accepted that combination methods, using prostaglandins in conjunction with other agents, are the method of choice for medically terminating second trimester pregnancies.

A popular method for terminating second trimester pregnancy is the combination of extra-amniotic ethaeridine lactate plus prostaglandin. However, though this combination method has been recommended for second trimester abortion for over 10 years, a number of details to optimize the technique have yet to be studied.

The present study was undertaken to explore the clinical efficacy of combining the immediate effect of a single extra amniotic injection of PGF₂α with more slowly developing but longer lasting stimulatory effect of ethacridine i.e. the aim was
to combine the safety of ethacridine with efficacy of prostaglandins. The prostaglandin 15(s), 15-methyl PGF₂α was administered extra-amniotically to reduce systemic side effects and the inconvenience of intramuscular route.

The induction of early second trimester abortion by the extra amniotic instillation of a single dose of prostaglandin (PGF₂α) with a solution of 0.1% ethacridine, seems to be simple, efficacious and harmless procedure. This modification of extra amniotic abortion method combines the immediate uterotonic effect of prostaglandin with the delayed oxytocic response to ethacridine. It is postulated that a stimulation of increased PGF₂α release from the decidua may be the final mechanism of action for ethacridine.

This study was a comparative evaluation of use of ethacridine-PGF₂α combination and ethacridine-syntocinon for mid-trimester abortion and was done with the following aims and objectives:
I. To find out the safe, simple and effective method for mid-trimester termination of pregnancy by using ethacridine lactate extra-amniotically followed by single injection of Carboprost (PGF₂α) extra-amniotically 6 hours later in one group and oxytocin-augmentation in the other group.

II. To note the overall induction-abortion interval and compare the results in both the groups.

III. To evaluate the safety of both the methods as regards the complications like incomplete abortion, pain, post-abortal bleeding and failure rates.

IV. To observe the overall success rate in both the groups with regards to induction-delivery interval, cost effectiveness, side effects and complications.

V. To combine the safety of ethacridine with the efficacy of prostaglandins for mid-trimester abortion.