SUMMARY AND CONCLUSION

The present study was conducted in the Obstetrics and Gynaecology department of M.L.B., Medical College Jhansi on 240 patients admitted for mid-trimester abortion.

Total number of patients were divided into two groups A and B of 120 each.

The age group, parity, socio-economic status, urban-rural status, gestational age and marital status was comparable in both the groups.

Group A patients were applied 400μg misoprostol vaginally 4 hourly for a maximum of 5 doses and group B patients were applied 0.5 mg of dinoprostone gel 12 hourly for a maximum of 3 doses.

The mean induction-abortion interval in misoprostol group was 11.2 hours and 18.1 hours for dinoprostone group. The success rate within 40 hours was 97.5% for misoprostol and 83.33% for dinoprostone group. Side effects in both the groups were of minor degree and not very common.

There were in total 3 failed cases in misoprostol group and 20 failed cases in dinoprostone group.

The failed cases were managed in majority with high doses of oxytocin. Some cases required surgical evacuation under high dose of oxytocin. 2 cases of dinoprostone group required hysterotomy with ligation as the final management for the purpose of abortion.

From this study use of misoprostol in doses of 400μg 4 hourly (maximum 5 doses) proved to be much superior to dinoprostone in 0.5 mg 12 hourly doses (max 3 doses).

Increasing the dose from traditional use of 100 μg or 200 μg to 400 μg and reducing the dose interval from 24 hourly, 12 hourly or 6
hourly to 4 hourly resulted in increased efficacy as seen in our study. Moreover, in this study misoprostol was used in powder form after crushing the tablets and placing the powder in posterior fornix and then placing a normal saline swab. This method of application seems to have increased the efficacy of misoprostol.

Thus, we reach the conclusion that misoprostol (PGE₁) as compared to dinoprostone (PGE₂) for mid-trimester abortion is more effective, less costly, and easy to administer, easy to store and associated with fewer adverse effects.