CONCLUSIONS

On close scrutiny of the observations and results of this work, the following inference has been drawn.

Total 245 cases were studied in the present series. There were divided into 3 groups.

Group I - For Hysterectomy
Group II - For intra-amniotic devices
Group III - For extra-amniotic devices.

It was observed that the majority of cases admitted for termination belonged to unmarried group.

Group I.
- 45 cases belonged to this group.
The complications encountered in the series were excessive bleeding and infection. A case required blood transfusion.
- There was one death in this small series due to transfusion reaction.
- Follow up of cases was not carried beyond three weeks hence the integrity of the scar could not be judged.

Group II

In this series 5 methods were used.

Method I - 1/4 Hypertonic saline
Method II - 40% urea
Method III - Distilled water
Method IV - Eicorlin
Method V - Carboprost tromethamine
- The mean induction abortion interval with method (I) was 24 hrs., 24 min., with method (II) was 31 hours 16 min., with method (III) was 47 hrs. 36 min., with method (IV) was 49 hrs. 56 min., and with method (V) was 22 hrs. 23 min.

Thus the smallest induction abortion interval was observed with carboprost tromethamine and the next in the series was hypertonic saline.

- The success rate with saline was 97.3% with urea 100%, with distilled water 86.7% with carboprost 90%, with eicorlin 80%.

Urea showed a hundred percent success rate and close in the line was intraamniotic saline which showed a success rate of 97.8%. The success rate within 24 hrs., was 68.9% with saline 42% with urea, 70% with carboprost. None of the case in distilled water and eicorlin group aborted within 24 hours. The hypertonic saline and carboprost showed almost equal success rate within 24 hrs.

- Complete abortion was seen in 90.9% of cases of saline group, 85% in urea group, 81.45% in eicorlin group, 77.77% in Carboprost group and 84.6% in distilled water group. Saline showed a highest rate of complete abortion.

The complications observed in the series were as follows. In the saline group complained of nausea and 2 of vomiting and a blood loss of more than 300 ml. was seen in 3 patients. In one case amniotic fluid embolism was presumed. In eicorlin group, there was blood loss of more than 300 ml. in one and a temp. rise of 38°F in one. In carboprost group, 3 patients complained of nausea, 7 of vomiting and 5 of diarrhea. In 3 cases, a fall in B.P. was observed in 3 cases and temp. rise in one and blood loss of more than 300 ml. was seen in one.
In distilled water, group in 4 pts. temp. rise above 38°F was seen and in 4 patients a blood loss of more than 300 ml. was seen. In urea group, one patient complained of discharge. Only 5 cases were readmitted for bleeding retained products and sepsis.

- No definite conclusion as to the rate of individual complications should be made as the series was small. Yet overall results show that complications with Carboprost were much more than the other group. The complications with distilled water and esculin were relatively less. Follow-up of cases revealed normal pelvic examination in all cases.

**Extraamniotic Group**

Two methods were used.

**Method I - Extraamniotic emcredil ove**

**Method II - Extraamniotic rubber catheter.**

The induction abortion interval was found to be 31 hrs. 10 min. with extraamniotic Catheter and 34 hrs. 14 min. with emcredil.

The success rate with catheter was 90% and with emcredil was 97.8%.

- The success rate within 24 hrs. was 30% with Catheter and 40% with emcredil.

- Complete abortion rate was 88.8% with Catheter and 97.7% with emcredil.

- In catheter group a rise of temp. above 38°F was seen in one patient with no other complication. In emcredil group, 2 pts. complained of fever and 2 of abortal bleeding.
Histopathology of placenta was carried out in 14 cases, 6 each belonging to hypertonic intraamniotic saline and extraamniotic emerecul group. The lesions observed included coagulative necrosis, of the cytoplasm nuclei or pyknosis and squamousation of epithelium. It also included stromal oedema degenerative changes. Dilatation congestion and thrombus formation was observed in blood vessels. Intervillous haemorrhages, fibrin deposits coagulative necrosis, hyaline degeneration and leucocytic infiltration was observed, in subchorionic zone oedema and thrombuses was also observed in cases.

No definite conclusion can be drawn from the above data as the series is very small. But on an average it was seen that the placental lesions were much more common with hypertonic saline than with emeremid dye, and the fetuses born in the saline group were nearly always dead and those due to emeremid showed usually live birth.
Fig. no. 1. Showing degeneration of villi. (H & E, 70X).

Fig. no. 2. Showing intervillous haemorrhages and congestion of vessels. (H & E, 70X).