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It has been estimated that prior to implementation of M.T.P. Act 1971, nearly 6.5 million abortions were done in India by unqualified personnel in unhygienic surroundings with high maternal mortality and morbidity. But with the legalisation of abortion more and more patients are coming to hospital for abortion.

During the first trimester, artificial abortion can be performed by suction curettage. This method is simple, safe and effective, and there is no better alternative. The method of abortion from 12 weeks onwards is a problem to obstetrician even today and it necessitates initiation of labour contractions. The chief aim is physiological delivery of foetus with safety to mother. Two factors are tending to increase the demand of an efficient safe method for midtrimester abortion. These are firstly recent advances in prenatal diagnosis of foetal malformation and secondly late attendance by some patients requesting termination of pregnancy.

There are some conservative methods to provoke and abortion: (1) extraovular metreurities, (2) introduction of Laminaria (3) rupture of the amniotic membranes with oxytocin drip in increased doses (4) introduction of bougies (5) the method introduced by Boero which consists
of the injection of 3 c.c. of 40% formalin solution into the amniotic sac through an abdominal needle puncture or through the posterior vaginal fornix (6) the method used by Aburel in which about 100 c.c. of amniotic fluid is drained out and replaced by the same volume of a 20-33% solution of sodium chloride. (7) the method used by Portes which is based on introduction of a physiologic solution into the amniotic sac to cause an increase of pressure to double that of normal (8) the method introduced by Kosawasky is based on the injection into the amniotic sac of a hypertonic saline solution of a concentration ranging from 33 to 60% (9) De-Wattewille method which consists of injection of 100-200 c.c. of a 10% saline solution into the amniotic sac with the same procedure repeated after 24 hours (10) Injection of prostaglandins by different routes, administration of prostaglandin analogues, intra-amniotic instillation of hypertonic urea are the different method with varying results have been reported.

Intra-amniotic saline, though effective, is unsuitable for routine use because of the incidence of coagulation failure due to hypernatraemia. Intra-amniotic urea has offered several advantages over the Aburel's method, but it is associated with prolonged induction
abortion interval and a greater failure rate (Rajan and Nair, 1977). Concomitant oxytocin infusion improves the efficacy of urea but carries the risk of uterine or cervical injury (Rajan et al 1977). Intra-amniotic injection of 15 me Pg F2 alpha is promising, however, the non availability, difficulty in storage and the prohibitive cost are the real problems with this product. Prostaglandins are also not absolutely free of the dangerous complications of uterine rupture.

All currently employed abortion techniques are associated with variable incidence of maternal morbidity and mortality. Late sequelae of abortion procedures have been demonstrated to cast a dark shadow on subsequent pregnancies, at times culminating into impairment of fertility and therefore a search for a better and safe method continues.

An ideal method should combine ease of induction, freedom from side effects and a short induction abortion interval.

A search for a safer solution led to the discovery of Rivanol or Acrinol lactate. Cohen in 1946 first described the extraovular injection for termination of pregnancy in second trimester. With this route there is
no chance of bladder or intestinal injury, and no anaesthesia is necessary. The use of Ethacridine lactate dates from 1949 but more extensive studies have been carried out only recently by Manabe (1969). Now extra amniotic instillation of emcredil 0.1% (Ethacridine lactate) has been accepted as a time tested, safe and effective method for second trimester pregnancy termination.

Various studies have been carried out for reducing instillation abortion interval. Aiming at a meaningful reduction in abortion time we experimented with synergistic use of abortifacient agents. Various combinations were tried, Nabriski and Kalmanovitch (1971) modified original technique by removing catheter after instillation of acrinol and giving oxytocin drip and found 94% success rate. Anjaneyulu (1977) used unitocin (Spartein sulphate) injection of 150 mg at hourly interval to assist abortion and reported 81.4% abortions within 72 hours.

In our study we have instilled 20 units of oxytocin with 150 c.c. of emcredil extra-amniotically.
AIMS OF THE STUDY:

The study was proposed in view:-

1. To observe the instillation abortion interval.

2. To assess the success rate and completeness of abortion.

3. To observe the hospital stay of patients.

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