Medical Management of Miscarriage in the First and Second Trimester of Pregnancy using Misoprostol

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ABSTRACT

Objective: To evaluate the efficacy and effectiveness of medical management of miscarriages with Misoprostol. **Methodology:** This was a prospective study conducted in Hospital Tengku Ampuan Rahimah, Klang, in the year 2017. Patients were recruited from the Early Pregnancy Assessment Unit [EPAU], Daycare clinic or the Gynaecology ward that were diagnosed as either missed or incomplete miscarriage. A total of 25 patients were treated medically during this study period. Data collected using the Microsoft Excel and analysed with the SPSS program. **Results:** Among the 25 patients treated medically, 22 (88%) patients had complete miscarriage which was confirmed clinically and supported by ultrasonographic assessment. Three (12%) patients required a suction & curettage procedure performed for retained products of conception and failure of the medical treatment. Following our protocol for medical management of missed miscarriage; 18 (82%) patients had a successful and complete expulsion of conceptus after the first dose of vaginal Misoprostol 800 mcg and 4 (18%) patients after the second dose of vaginal Misoprostol 800mcg. No serious or adverse side effects was noted during the treatment process. **Discussion and Conclusion:** Medical management of miscarriages up to 13 weeks of gestation with vaginal Misoprostol was shown to be safe, successful and cost effective. A larger study sample is needed to further support our findings.

Stimulation Protocol for Poor Ovarian Response (POR) Patients: Antagonist or Agonist?

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ABSTRACT

Introduction: This is a retrospective analysis comparing outcome of IVF patients with POR stimulated with antagonist (Group A) and Agonist protocol (Group B). **Materials and Methods:** Poor Ovarian Response (POR) can be defined1 when at least two of the following three features present: i) Advanced maternal age (≥40 years) or any other risk factor for POR; ii) A previous poor ovarian response (≤3 oocytes with a conventional stimulation protocol); iii) An abnormal ovarian reserve test (i.e. AFC <5-7 follicles or AMH <0.5-1.1 ng/mL). 128 patients in Group A and 23 in Group B aged 38 and below were analysed from January 2016 to April 2018 in Alpha Fertility Centre. Oocyte donation cases were excluded. The mean age of patients for Group A vs Group B was 34.02 vs 33.24 (p>0.05). **Results:** The mean number of oocytes retrieved per patient were 6.0 and 7.9 for Group A and Group B respectively (p=0.8550). Fertilisation rates were 73.1% and 61.5% (p=0.0129) for Group A and Group B respectively. Blastulation rates was 74.4% in Group A and 79.0% in Group B (p=0.5266). The blastocyst utilisation (2PN) / blastocyst formed (2PN) rate for Group A was 51.8% and Group B was 71.4% (p= 0.0125). **Conclusions:** For patients below 38 years old, post-ICSI fertilisation rate appears to be higher in Group A; while blastocyst utilisation rate appears to be higher in Group B. Mean number of oocyte retrieved and blastulation rate for the two groups were not statistically different.