

**ABORTION
EXCEPT
REPEATED ABORTION
ESSAY**



Submitted in Partial Fulfilment For
Master Degree in Obestetrics & Gynecology

BY

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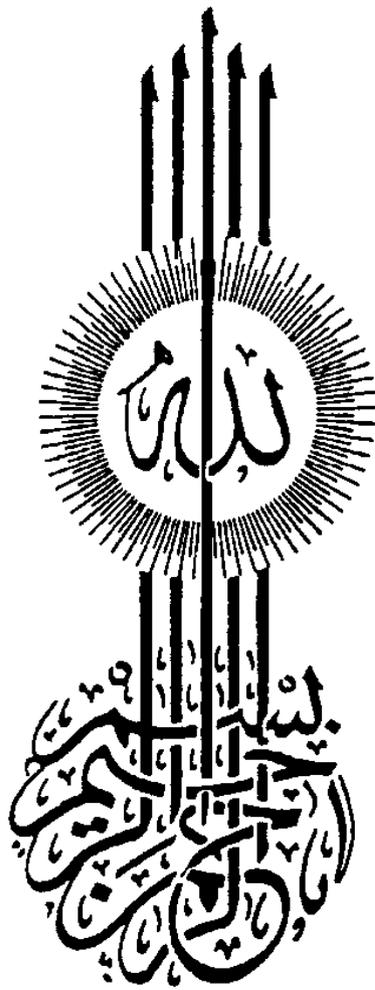
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Handwritten signatures and marks:
A large handwritten mark resembling a stylized 'C' or 'L' with an arrow pointing right.
Below it, the name 'Ligouf' written in cursive.
Below that, another name 'Sayed' written in cursive.
A horizontal line is drawn below the names.





قالوا سبحانك لا علم لنا الا ما علمتنا،

انك أنت العليم الحكيم

سورة البقرة: آية ٣٢

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Nayerra Mohamed Sayed

CONTENTS

	PAGE
-INTRODUCTION.....	1
-AIM OF THE WORK.....	2
-DEFINITION AND NOMENCLATURE.....	3
-INCIDENCE.....	4
-MECHANISM OF ABORTION.....	8
-CLASSIFICATION.....	10
-ETIOLOGY.....	11
I - Fetal death or disease.....	14
II- Failure of the uterus to accomodate the pregnancy sac.....	36
III- Rupture of the membranes.....	42
-PATHOLOGY.....	44
-DIAGNOSIS.....	49
-DIFFERENTIAL DIAGNOSIS :	
I. Bleeding in early pregnancy.....	64
II. Abdominal pain in early pregnancy.....	74
-COMPLICATIONS.....	76
-TREATMENT:	
Treatment of threatened abortion.....	90
Treatment of inevitable abortion.....	96

Treatment of incomplete abortion.....	102
Treatment of complete abortion.....	104
Treatment of missed abortion.....	104
Treatment of septic abortion.....	107
-INDUCED ABORTION.....	111
-SUMMARY.....	129
-REFERENCES.....	139
-ARABIC SUMMARY.....	

**INTRODUCTION
AND
AIM OF THE WORK**

INTRODUCTION

Abortions are classified as spontaneous or induced . Spontaneous abortion is further subdivided into threatened, inevitable, incomplete, complete, and missed abortion (*Pauerstein, 1987*). In addition the term septic abortion is often used to describe any of the above types of abortion which become complicated by infection (*Tindall,1987*).

Spontaneous abortion is the unexpected, unplanned, spontaneous loss of a pregnancy before the fetus is sufficiently developed to survive outside its mother (*Bennett,1992*).

Approximately 80% of all spontaneous abortions occur before 12 weeks and are called early abortions. The rest occur between the thirteenth and the twenty-fourth week and are called late abortions (*Arias,1993*).

The true incidence of spontaneous abortion is uncertain because of the difficulty in recognizing early conceptions and losses . Most studies of spontaneous abortion have adressed only pregnancies recognized by the woman . Over all, spontaneous abortion rates of 15% to 17% have been reported (*Grimes,1992*). Complications of abortion could endanger the life or health of the woman, the most serious complication is death which can result from shock , haemorrhge , or sepsis.

AIM OF THE WORK

The aim of this work is to discuss abortion except repeated abortion , its etiology, diagnosis , complications and the ideal protocols for management of such cases .

**DEFINITION,
INCEDENCE,
AND
MECHANISM
OF
ABORTION**

Definition & Nomenclature

Spontaneous abortion is the unexpected, unplanned, spontaneous loss of a pregnancy before the fetus is sufficiently developed to survive outside its mother. In 1977, the world health organization defined abortion as " the expulsion or extraction from its mother of a fetus or an embryo weighing 500 gm or less," which approximated to 20 - 22 weeks of gestation (*Bennett,1992*).

The lay public uses the word miscarriage to describe this spontaneous event. When a pregnancy is ended deliberately by any of a number of techniques, the lay public uses the term abortion, where as medical persons use the phrase " Termination of pregnancy". In the UNITED STATES and AUSTRALIA, a spontaneous abortion can occur up to 20 weeks. gestational age, after which such an event becomes a preterm birth untill 37 completed gestational weeks (*Bennett, 1992*).

But what of the fetus which dies in utero at 22 weeks but is not delivered until 32 weeks' amenorrhoea ? By law this is a still born child, Yet by custom and medical usage we classify it as a missed abortion (*Tindall, 1987*).

INCIDENCE

Abortion is probably the most frequent outcome of human conception. The true incidence of spontaneous abortion is uncertain because of the difficulty in recognizing early conceptions & losses (*Grimes, 1992*).

Hormonal surveillance of early pregnancies indicates that more than half of all fertilized ova don't survive to 28 weeks' gestation (*Edmonds and coworkers, 1982 ; Little, 1988*).

Estimates have indicated that 78% of conceptions fail to result in a live birth, and the pioneering histologic studies suggested an embryonic mortality rate of 40% by the time of the expected menstrual period (*Grimes, 1992*).

However, as *Shapiro, Levine, and Abramowicz, 1971* put it, no method short of observing a cohort of women who undergo monthly pregnancy tests can provide a satisfactory assessment of early pregnancy losses. When *Edmonds and associates, 1982* followed this suggestion and monitored *B* human chorionic Gonadotropin {HCG} in the urine of a cohort of volunteers attempting to conceive, they found that 62% of conceptions were lost before 12 weeks gestation. Most {92%} of these losses occurred subclinically, and the woman was unaware that she had been pregnant.

The high incidence of spontaneous abortion of unsuspected pregnancies has been corroborated by others (*Wilcox and coworkers, 1988*), two thirds of such losses occurred before the pregnancy was clinically detected. These estimates did not include the unknown but presumably sizable proportion of fertilized ova lost before implantation. Recent investigations have found an over all pregnancy loss of 31% with 22% occurring before implantation (*Wilcox et al., 1988*).

Although the number of pregnancies wasted before implantation is very large, most of them are not recognized clinically, and in practice the problem of early pregnancy loss is limited to those pregnancies aborted after implantation (*Arias, 1993*).

Most studies of spontaneous abortion have addressed only pregnancies recognized by the woman. Over all, spontaneous abortion rates of 15% to 17% have been reported. These data support the clinical maxim that approximately one in six women who recognize they are pregnant will experience a spontaneous abortion (*Grimes, 1992*).

The incidence depend on the country, the period, the design of investigation and on the social structure of the population studied. Even now, however, rates of spontaneous abortion should be adjusted for the rate of induced abortion in