

**COMPARATIVE STUDY BETWEEN PGF2 α AND
PGE1 IN INDUCTION OF ABORTION DURING SECOND
TRIMESTER OF PREGNANCY IN CASES OF IUFD**

Thesis submitted for partial fulfilment
of master degree in Obstetrics & Gynaecology



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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ
سُورِهِمْ ءَايَاتِنَا فِي
الْأَفَاقِ وَ فِي أَنْفُسِهِمْ حَتَّىٰ يَتَبَيَّنَ
لَهُمْ أَنَّهُ الْحَقُّ أَوْ لَمْ يَكْفِ بِرَبِّكَ
أَنَّهُ عَلَىٰ كُلِّ شَيْءٍ شَهِيدٌ.

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LIST OF ABBREVIATIONS

ACTH	= Adreno-corticotrophic hormone.
Anti SS-A	= Antibodies to soluble tissue ribonucleoproteins.
ADCC	= Antibody Dependant Cell Mediated Cytotoxicity.
ACA	= Anticardiolipin antibodies.
ANA	= Antinuclear antibodies.
CCHB	= Complete Congenital Heart Block.
C-AMP	= Cyclic Adenosine Monophosphate.
CMV	= Cytomegalovirus.
DNA	= Doxy-ribonucleic acid.
ECHO	= Enterocytopathic Human Orphan.
EDTA	= Ethyl Diamintetra-acetic acid.
ELISA	= Enzyme Linked Immunoassay.
EUA	= Examination Under Anaesthesia.
HSV	= Herpes Simplex Virus.
HCG	= Human Chorionic Gonadotrophin.
HETE	= Hydroxy Eicosatetraenoic acid.
Ig	= Immunoglobulins.
IL	= Interleukins
IUFD	= Intrauterine Fetal Death.
IUGR	= Intrauterine Growth Retardation.
LT	= Leukotrines.
LAC	= Lupus Anticoagulant.
MCTD	= Mixed Connective Tissue Disease.
PAF	= Platelets Activating Factor.
PG	= Prostaglandin.
PGE2	= Prostaglandin E2.
PGF2 α	= Prostaglandin F2 α .
RIA	= Radio Immuno Assay.
SLE	= Systemic Lupus Erythematosus.

TX	=Thromboxane.
TNF	= Tumour Necrotizing Factor.
VUO	= Villitis of Unknown origin.
WHO	= World Health Organization.

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INTRODUCTION

INTRODUCTION

About 30 million abortions are performed worldwide each year (*Henshaw, 1990*), so the safety of the procedure is therefore of global public health importance (*El Refaey et al., 1995*).

Intrauterine fetal death is a common obstetric problem that can lead to serious maternal complications if left to resolve spontaneously. Induction of abortion or labor is more difficult when the fetus is dead than when it is alive because death usually occurs during the second trimester of pregnancy when the cervix is unripe (*Kochenour, 1987*).

Prostaglandins E₂ and F₂ α are powerful oxytocic agents introduced in the late 1960s with well known direct effect on the cervix (*Spatting et al., 1985*). The intravenous and oral routes of prostaglandins were introduced in the 1970s, but transvaginal route was made popular in the early 1970s (*Mastrogiannis & Knuppel, 1995*).

Local prostaglandin application has various efficacy which depends closely on cervical status and parity of the pregnant women, with minimal side effects (*Mastrogiannis & Knuppel, 1995*).

Administration of prostaglandin derivatives such as PGE₂ and PGF₂ α has been used for induction of labor and abortion with relative success and requires special care of patients during treatment to prevent complications and deal with side effects (*Carbol et al., 1990*).