



شبكة المعلومات الجامعية

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شبكة المعلومات الجامعية

التوثيق الالكتروني والميكرو فيلم

جامعة عين شمس

التوثيق الالكتروني والميكرو فيلم

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بالرسالة صفحات
لم ترد بالأصل

**"COMPARATIVE STUDY BETWEEN MANUAL VACUUM
ASPIRATION (MVA) AND CONVENTIONAL SHARP
CURRETAGE IN CASES OF INCOMPLTE ABORTION; AS
REGARDS PATTERN OF BLEEDING, RETURN OF
MENSES AND ENDOMETRIAL THICKNESS."**

Thesis

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By

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Praise be to Allah, The most Cherisher and Sustainer of the Worlds for completing this work.

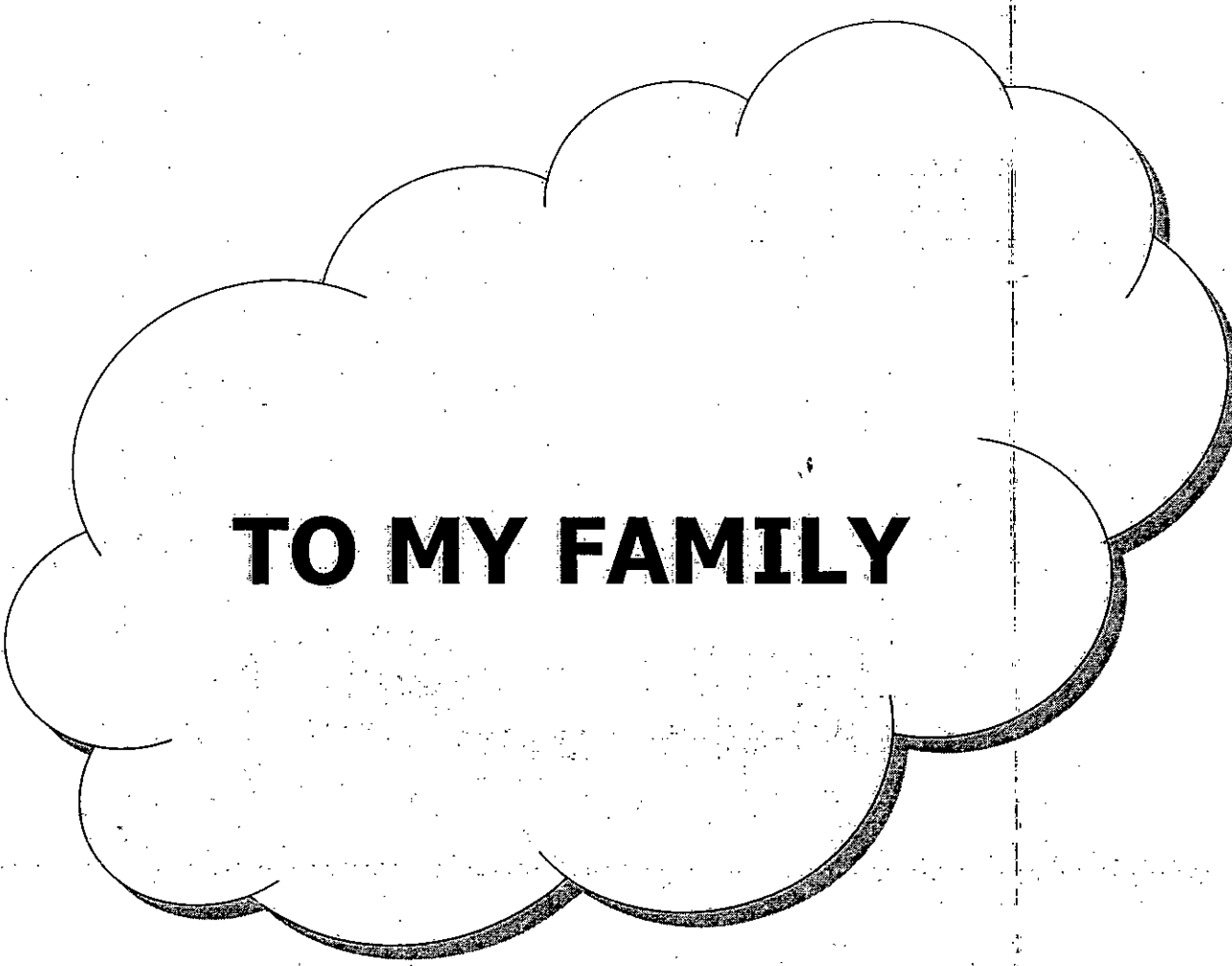
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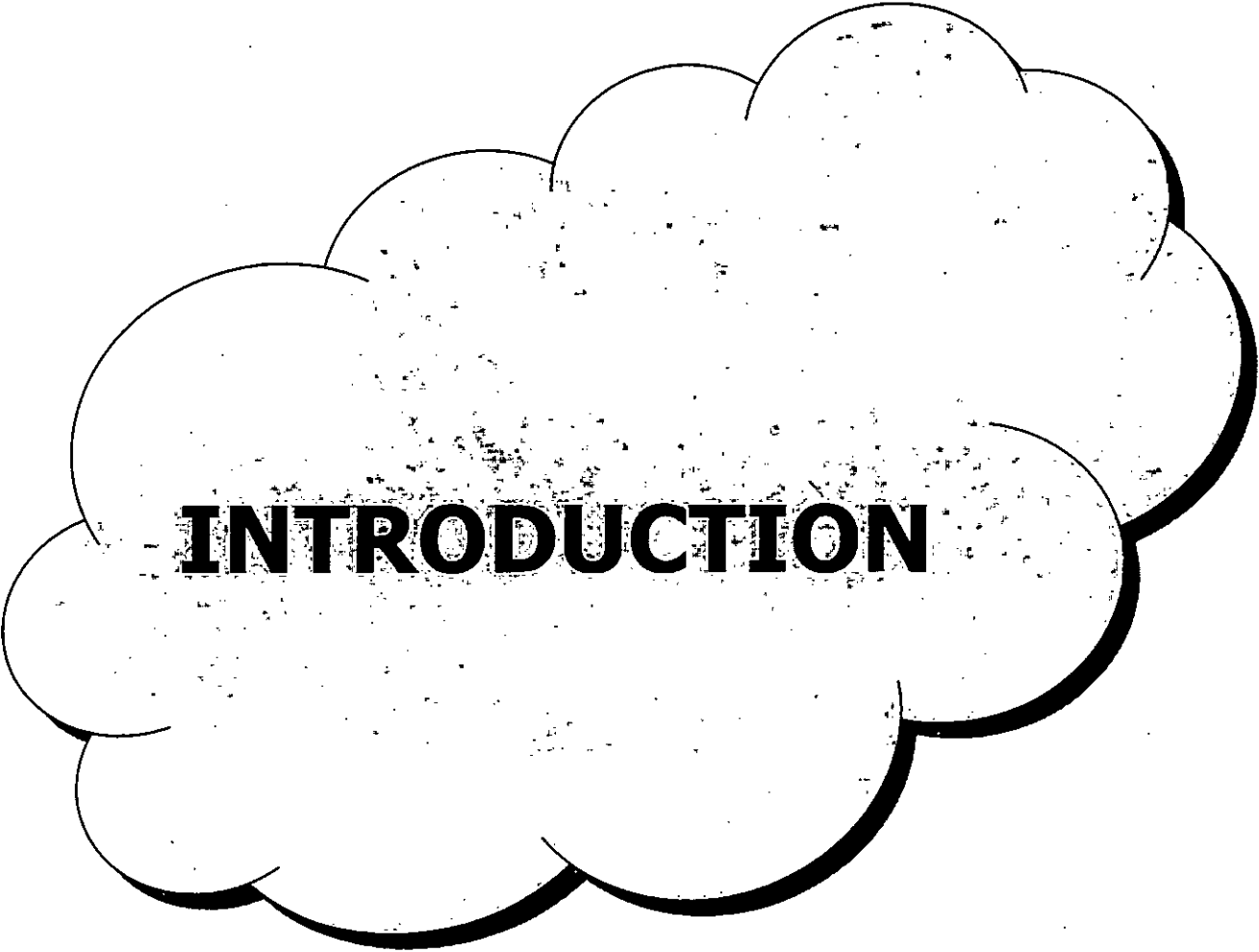
I would like to thank the patients involved in this study for their kind acceptance to be included in this work, and their perfect compliance to our demands.



TO MY FAMILY

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INTRODUCTION

INTRODUCTION

Abortion

Abortion constitutes an important health problem for women in many countries. Although accurate data on the impact of unsafe abortion on maternal health is lacking, recent WHO estimates indicate that up to 15% of pregnancy related mortality is due to abortion. (WHO, 1995) ⁽¹⁾

Definition:

Abortion is the termination of pregnancy by any means before the fetus is sufficiently developed to survive. In the United States, this definition is confined to termination of pregnancy before 20 weeks based on the date of the first day of the last normal menses. Another commonly used definition; is the delivery of a fetus-neonate that weighs less than 500g. ⁽²⁾ In Egypt, abortion is defined as; termination or interruption of pregnancy before the age of medicolegal viability (28 weeks of gestation). ⁽³⁾

Incidence:

Although the true incidence of spontaneous abortion is unknown, at least 15-40% of all pregnancies end in spontaneous abortion with 75% occurring before 16 weeks and 62% before 12 weeks. ⁽⁴⁾ The incidence of early abortion after chemical pregnancy (β -hCG) ranged from 18% to 25% of conception. ⁽¹⁾

The incidence of abortion is influenced by the age of the couples and by a number of pregnancy-related factors, including whether a previous full-term normal pregnancy has occurred, the number of previous spontaneous abortions, a previous still birth, and a previous infant was born with malformations or known genetic defects.⁽⁵⁾

Etiology:

More than 62% of abortions occur in the first 12 weeks and the rate decreases rapidly thereafter.⁽⁵⁾ The risk of spontaneous abortion increases with parity as well as with maternal and paternal age.

The frequency of clinically recognized abortion increases from 12% in women less than 20 years of age to 26% in those over 40 years of age.⁽⁵⁾

The exact mechanisms responsible for abortion are not always apparent, but regardless the primary cause, the precipitating cause for abortion is the regressive decidual changes, necrosis, and hemorrhage followed by separation of the placenta and reduction of steroid production which fails at a critical level to maintain the integrity of the pregnancy; thus setting up a chain of events resulting in uterine irritability. So, in effect the partially or entirely detached products of conception behave as a foreign body inside an irritated uterus and eventually expulsion of most or all of uterine contents takes place.⁽⁶⁾

A) Fetal factors:

Abnormal zygote development:

The most common morphological findings in early spontaneous abortion is an abnormality of development of the zygote, embryo, early fetus, or sometimes at the placenta.⁽⁷⁾

B) Maternal factors: A variety of medical disorders, maternal conditions and developmental abnormalities have been implicated in euploidic abortion.

(1) Infections:

Some chronic infections have been implicated in causing abortion.

Brucella abortus and *Chlamydia trachomatis* are well known causes of chronic abortion in cattle, but are not a significant cause in humans (Sauerwein, 1993).⁽⁸⁾ Evidence that *Toxoplasma gondii* causes abortion in humans is inconclusive. There is no evidence in humans that either *Listeria monocytogenes* or *chlamydia trachomatis* produce abortions (Osser and Persson, 1996)⁽⁹⁾

(2) Chronic debilitating diseases:

In early pregnancy, chronic wasting diseases such as tuberculosis or carcinomatosis have seldom caused abortion. Hypertension is seldom associated with abortion before 20 weeks, but rather may lead to fetal death and preterm delivery.⁽¹⁰⁾

(3) Endocrine abnormalities:

Such as hypothyroidism, Diabetes Mellitus, Progesterone deficiency. Increased androgen, and polycystic ovary syndrome. ^(11,12)

(4) Drug use and environmental factors:

A variety of different agents has been reported, but not contributed, to be associated with an increased incidence of abortion. Such as tobacco caffeine, radiation ,contraceptives (Intrauterine devices have increased incidence of septic abortion after contraceptive failure), and environmental toxins. ^(13, 14)

(5) Immunological factors:

Much attention has focused on the immune system as an important factor in recurrent pregnancy loss. Two primary pathophysiological models have evolved are the autoimmune theory (immunity against self), as lupus anticoagulant and antiphospholipid antibodies, and alloimmune theory (immunity against another person). ⁽¹⁵⁾

(6) Uterine defects:

- a) Even large and multiple uterine leiomyomas usually do not cause abortion. When associated with abortion, their location is apparently more important than their size. ⁽¹⁶⁾
- b) Uterine synechiae (Asherman syndrome): The association between uterine synechiae and early pregnancy loss has been known since the original work of Asherman in 1947. Uterine synechiae are band like structures between the walls of the uterus causing minimal to almost complete obliteration of the uterine cavity ⁽¹⁷⁾