

سامية محمد مصطفى



شبكة المعلومات الجامعية

# بسم الله الرحمن الرحيم



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# شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيلم





سامية محمد مصطفى



شبكة المعلومات الجامعية

# جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

## قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها  
علي هذه الأقراص المدمجة قد أعدت دون أية تغيرات



## يجب أن

تحفظ هذه الأقراص المدمجة بعيدا عن الغبار



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# بعض الوثائق الأصلية تالفة





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# بالرسالة صفحات لم ترد بالأصل



**PREDICTION OF SPONTANEOUS ABORTION  
IN THE FIRST TRIMESTER**

**Essay**

**Submitted to the faculty of medicine , Assiut university  
in partial fulfillment of the requirements of master Degree  
in Gynaecology and Obstetrics**

**BY**

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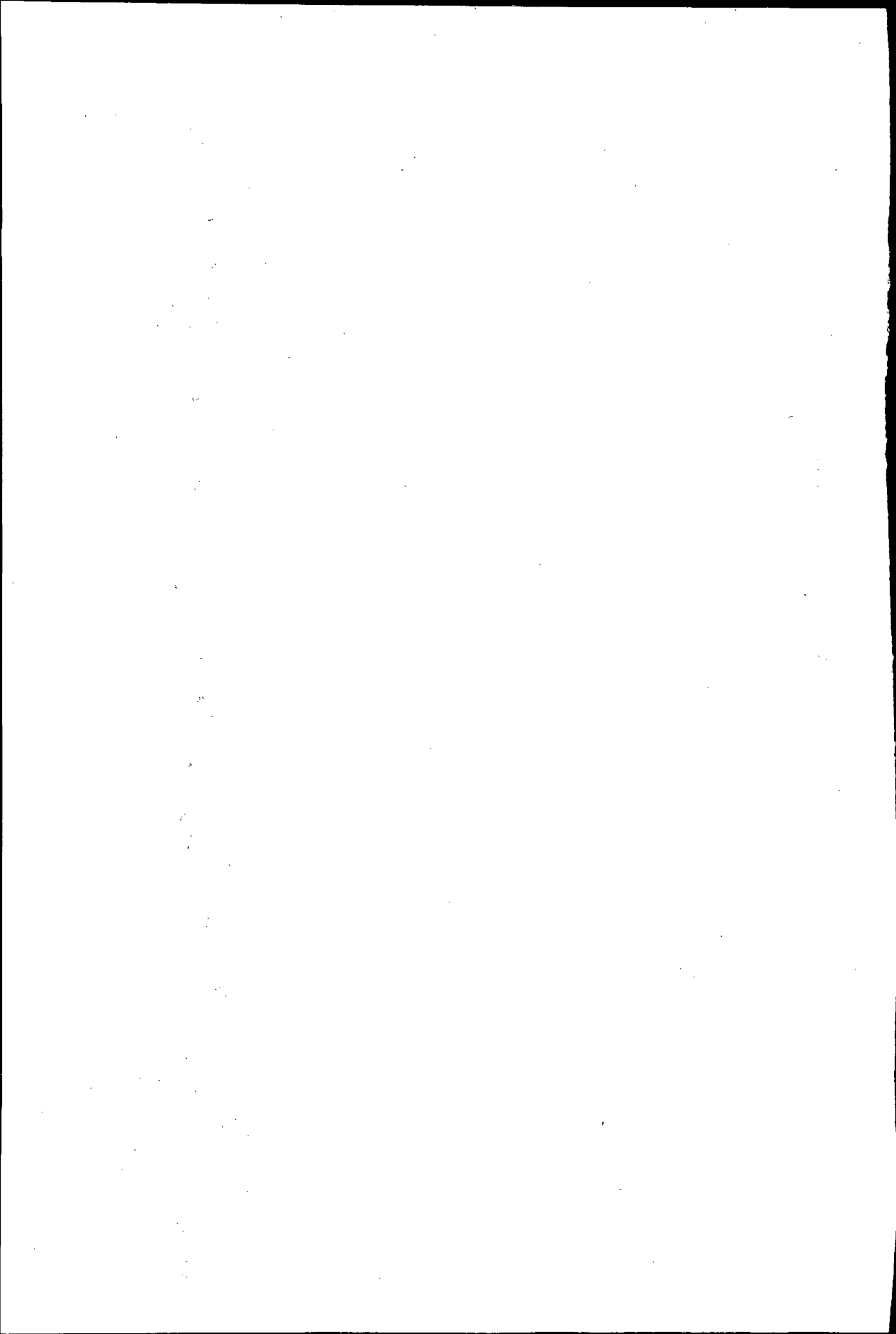
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**Faculty of Medicine  
Assiut University  
(2001)**

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## بسم الله الرحمن الرحيم

" و لقد خلقنا الإنسان من سلالة من طين \* ثم جعلناه نطفة في قرار مكين \* ثم خلقنا النطفة  
علقة فخلقنا العلقة مضغة فخلقنا المضغة عظماً فكسونا العظام لحماً ثم أنشأناه خلقاً آخر  
فتبارك الله أحسن الخالقين "

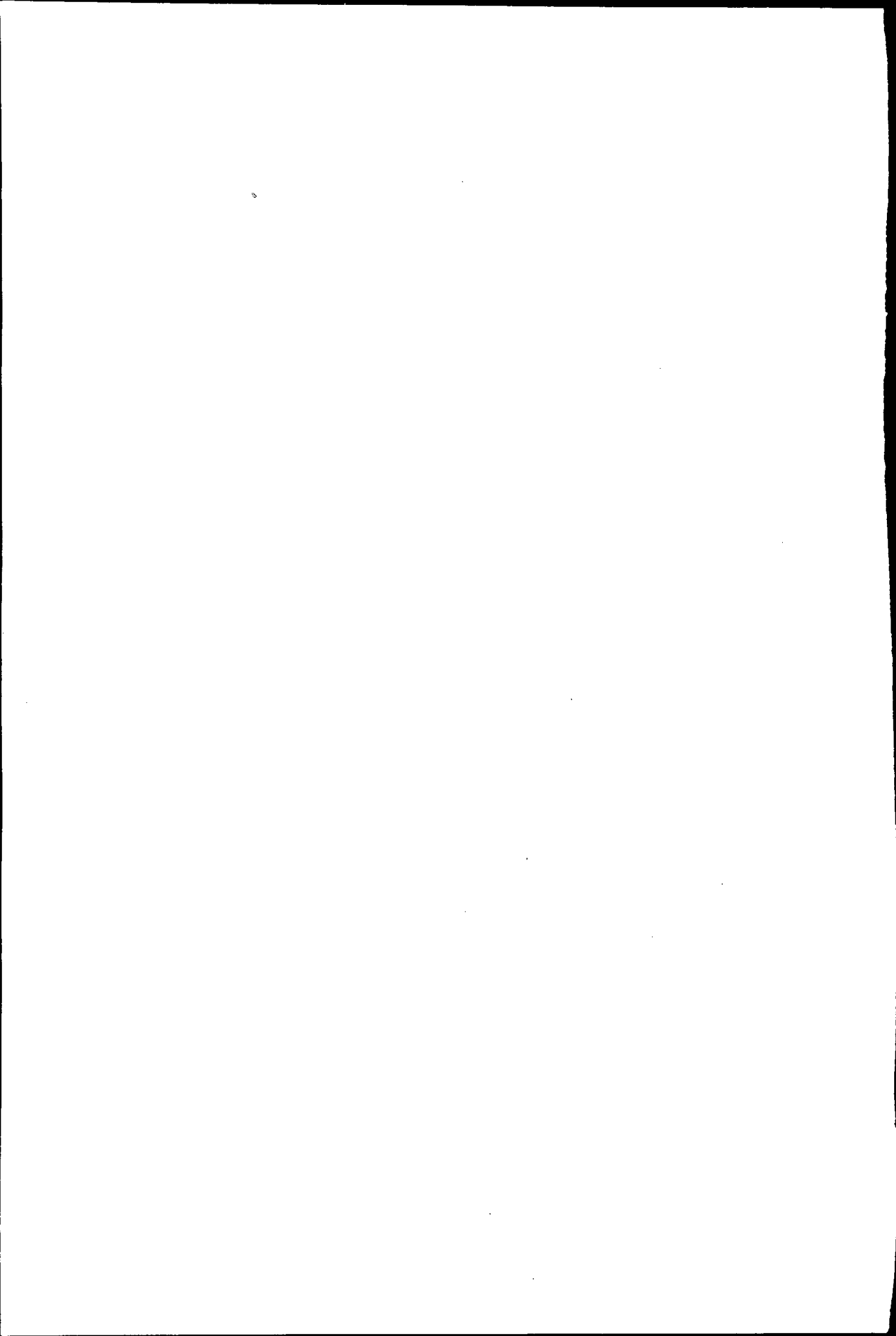
( المؤمنون الآيات ١٢ - ١٤ )

" هو الذي يصوركم في الأرحام كيف يشاء لا اله إلا هو العزيز الحكيم "

( آل عمران الآية ٥ )

صدق الله العظيم





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# ***INTRODUCTION***



## INTRODUCTION

Spontaneous abortion or early pregnancy failure is one of the most frequent complications of pregnancy, but great difficulty is still experienced in reliably anticipating which pregnancies will terminate in abortion and in many cases a definitive diagnosis is only made when the cervix is found to be opening. This situation is particularly distressing to those patients with a history of threatened or recurrent abortion who abort despite resting in hospital for many weeks. There is, therefore, a need for techniques which will allow an early diagnosis to be made in these patients, preferably with such certainty that a more active line of management can be pursued if so desired (Hugh, 1975).

Anticipation of fetal death in utero or impending abortion of a live fetus proved to be a much more difficult problem, and in only those patients who aborted a live fetus before the tenth week of pregnancy did the sonar examination revealed any significant abnormality (Hugh, 1975).

Few clinical situations frustrate, both, patients and their physician, as much as recurrent pregnancy loss, to the extent that the most we can offer are emotional support and accurate counseling concerning recurrence risks. Only in this way, we can help couples with recurrent pregnancy loss, make the difficult but obligatory decisions they are faced with regarding their reproductive options (Ecker et al, 1993).

When afflicted with repetitive pregnancy loss, couples want to know the chances for another loss and what they should do to ensure a successful pregnancy (Hatasaka, 1994). It is estimated that 16% to 25% of all women will experience vaginal bleeding in early pregnancy, frequently giving rise to considerable anxiety, spontaneous abortion may ensue in as many as 50% of cases and it is often difficult to give appropriate reassurance to the women (Tom and Philip, 1996).