

سامية محمد مصطفى



شبكة المعلومات الجامعية

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ



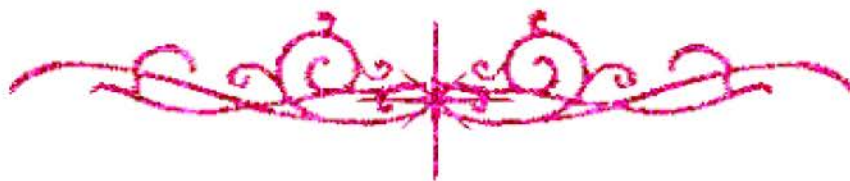
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شبكة المعلومات الجامعية



شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيلم



سامية محمد مصطفى



شبكة المعلومات الجامعية

جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

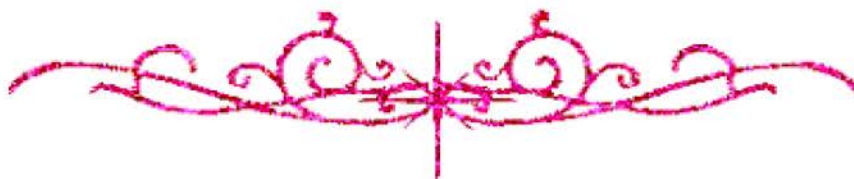
قسم

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



يجب أن

تحفظ هذه الأقراص المدمجة بعيدا عن الغبار



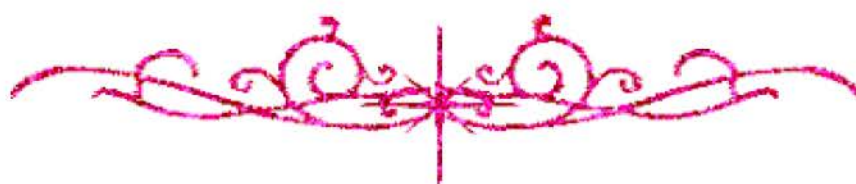
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بعض الوثائق الأصلية تالفة



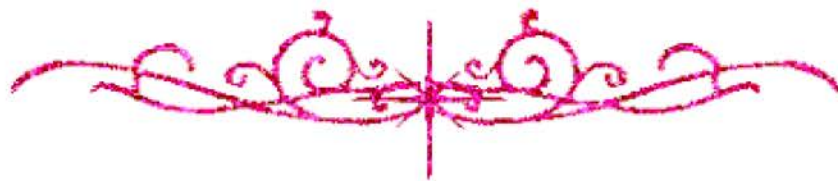
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شبكة المعلومات الجامعية



بالرسالة صفحات لم ترد بالأصل



**Clinico Sonographic Study of
the Effect of Anti-
Prostaglandin on The Efficacy
and Side Effects of IUCD
Intra Uterine Contraceptive Device**

Thesis

Submitted in the Partial
fulfillment
For master degree
In obstetrics and Gynecology

By

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CONTENTS

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

<u>CHAPTER</u>	<u>PAGE</u>
1-INTRODUCTION	1
2-AIM OF THE WORK ••• ((قَالُوا	
3-REVIEW OF LITERATURE	3-38
سبحانك لا علم لنا The effects of intrauterine contraceptive device	
Prostaglandins Glycosylated إلا ما علمتنا إنك أنت	
Ultra-sonographic normal anatomy of the uterus	
Geo () of the uterus العلم الحكيم	
MATERIAL & METHODS	39-44
RESULTS	45-57
DISCUSSION	58-63
SUMMARY, CONCLUSION & RECOMMENDATIONS	64-67
REFERENCES	67-81
9-APPENDICES صدق الله العظيم	

- سورة البقرة

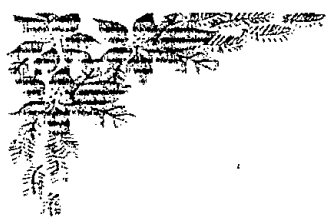
- آية رقم (٣٣)

TO MY PARENTS

TO MY HUSBAND

TO MY CHILDREN

***(MOHAMMED AND
SARA)***



ACKNOWLEDGMENT

First and foremost, I thank God For enabling me to finish this work.

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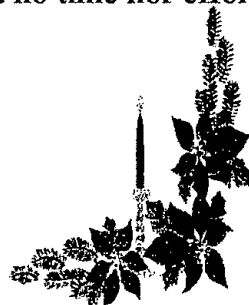
I'm also greatly indebted to *Dr. Galal Lotfi Mohammed*, Prof. Of Obstet. & Gynecol., Suez Canal University, the idea of this study was actually introduced by him. He helped me so much during the preparation of this work.

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Introduction



Introduction

It has been estimated that between 60-65 millions women throughout the world are currently using IUCDs. Evaluation of IUCDs for more than two decades has shown them to be generally safe, effective and practical form of fertility control. The major disadvantages of IUCDs use are related to the side effects of bleeding and pain which account for most of the discontinuations. The occurrence of side effects result from disharmonious fit relationship between the uterus and the device or the local production of PGs or else.⁽¹⁾

So, Guillebaud and Co-workers reported a highly significant reduction in uterine blood loss during treatment cycles with mefenamic acid, (a prostaglandin synthetase inhibitor). In a recent report, naproxen (another prostaglandin synthetase inhibitor) was found to reduce menstrual blood volume significantly in a group of women with IUCDs and menorrhagia. Using naproxen in women with primary dysmenorrhea and menorrhagia, it was possible to show improvement of menstrual pain and a tendency towards less menstrual blood flow.⁽²⁾

Sonography has emerged as a beneficial tool to visualize the uterus and the IUCD in addition to other pelvic abnormalities it is a non invasive and a safe procedure.

Aim of the work

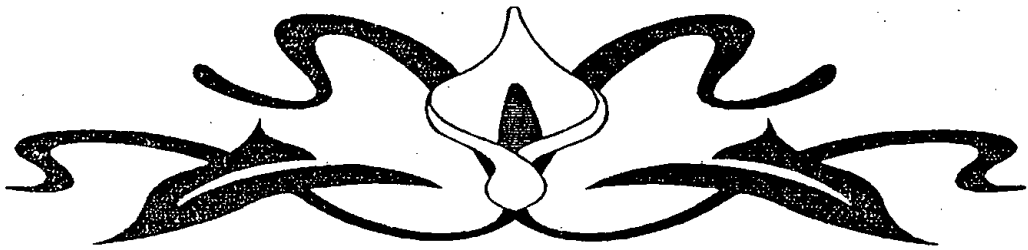


Aim of the work

The aim of this study was to assess the following:

- 1) The effect of anti-prostaglandin Naproxen (Naprosyn) on the alleviation of the most frequent side effects of IUCDs mainly pain, bleeding.
- 2) The effect of Antiprostaglandin Naproxen (Naprosyn) on the endometrial and myometrial thickness as measured by ultrasound.

Review of Literature



Review of literature

Side Effects of intrauterine Contraceptive Devices

(I) Abnormal bleeding:

Bleeding is the most common side effect that occurs with IUCDs use ⁽³⁾. This problem is responsible for high discontinuation rates varying from 5-10% per year and is usually higher than this during the first year after insertion. ⁽⁴⁾

It appears that the frequency of this complication depends on the size and shape of the IUCD relative to the size and shape of the uterine cavity as well as to the position of the IUCD within the cavity. ⁽⁵⁾

In a harmonious fit relationship, the IUCD which is well oriented, providing complete fundal coverage and well be experienced cavity occupation showed no side effects. For those cases in which the uterine cavity was smaller than the inserted IUCD, the device became vertically compressed and its sides exerted pressure on the uterine walls, myometrial contractions will result, and continue leading to myometrial traumatization and spotting this usually occurred early (in the first few months) after insertion. If the IUCD was very large for the particular uterine cavity, the uterus became very irritable resulting in severe bleeding and colic leading to expulsion or necessitating removal.

On the other hand in cases where the uterine cavity was larger than the IUCD, the device become displaced and disoriented, and would lie