

Complications of self-induced medical abortion with misoprostol

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Misoprostol (Cytotec) is a synthetic prostaglandin-E1 analogue which, is available in tablet form. It was developed and marketed for the prevention of non-steroidal anti-inflammatory drug-induced peptic ulcers. The drug also has uterotonic effects and is increasingly used to induce labor and abortion. Abortion caused by misoprostol may not be successful or may be incomplete which could lead to potentially dangerous bleeding, hospitalization, surgery, infertility, or maternal death. In addition, in countries where abortion is illegal, self-abortion with misoprostol may lead to other consequences. The objective of this study was to report local complications after self-medication with misoprostol. Between January 2001 and May 2002, 4 pregnant women ages 19, 24, 27 and 30 years were seen after self-induced medical abortion with misoprostol in the first trimester. They were married, and in stable relationships. All the women got misoprostol from other countries as it is not available to the public and is prescribed only to women as inpatients in hospitals. Two women used 4 tablets (800 mcg) of misoprostol (Cytotec®; Searle Pharmaceutical, United Kingdom) orally and the other two women used 2 tablets (400 mcg) of misoprostol vaginally. They continued to have vaginal bleeding, pain, anxiety, and fear for 3-4 weeks. They were not aware of the side-effects and complications of self-induced medical abortion with misoprostol. Because of the symptoms of anemia and significant blood loss they sought medical advice. The hemoglobin was between 6-7g/L. Transvaginal ultrasonography revealed "incomplete abortion." They discharged themselves against medical advice and were lost to follow-up.

In medical abortion practice, method failure is considered to occur when a woman needs a surgical evacuation to complete the abortion for any reason (including incomplete abortion, viable pregnancy, hemorrhage, and patient request). Approximately 2-10% of women who have a medical abortion will need surgical aspiration.¹ A distinction must be made between true drug failure and the usual course of medical abortion. Women may continue to bleed for 3-5 weeks after the use of mifepristone and vaginal misoprostol.² Ultrasonography may even reveal heterogeneous intracavity echoes consisting of blood, blood clots, and deciduas. In the absence of heavy vaginal bleeding, it is recommended that such women should be followed conservatively. Care providers are requested to counsel women about delayed and prolonged bleeding before medical abortion and to be available to do dilatation and curettage if necessary.³ However, in countries where abortion is illegal, women do not have the resources and the necessary knowledge before having medical

abortion. This may result in a wide range of complications including maternal death.⁴ The women in the current case series suffered emotionally and physically for weeks before presentation. Furthermore, they did not receive the required medical care because of social and potential moral misjudgment. In the absence of life-threatening situations, some local Obstetrician-Gynecologist may refuse to treat women who have used misoprostol to induce illegal abortion. Therefore, the approach to induce vaginal bleeding with the use of misoprostol to "ensure access to medical care"⁵ in countries where abortion is illegal may be dangerous and counterproductive. On the contrary, efforts towards eradication of self-induced medical abortion with misoprostol should be encouraged.

Received 21st August 2002. Accepted for publication in final form 14th October 2002.

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Do case reports actually need to have an abstract?

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