

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.

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Do case reports actually need to have an abstract?

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Owing to the burgeoning literature circulated worldwide through journals, selection of the appropriate and relevant material has become an ever-difficult task, and thus, impact factors need to be considered for citation purposes. Impact factors have been widely used to rank and evaluate journals as well as articles and authors. Impact simply reflects the ability of journals and editors to attract the best papers available.¹ Editors of reputed journals have made an

effort all these years, not only to attract an enormous number of readers, but have endeavored and are of the firm opinion that the papers they select for publication are preferably in the citation lists of the forthcoming relevant articles. The aforementioned criteria have enabled the journals to reach the heights of zenith and thereby achieve professional laurels. Many factors contribute to the number of citations per paper, including the science; the nature of the research; the style of communication (papers vary in the number of references they include, from none to over 100); editorial policy (several journals ration the number of references per article); circulation and readership (more readers equals more citations); citation bias comparable to submission bias and publication bias); conformism (scientists often cite those papers that are currently cited); authors' tendency to cite their own work; and referees' self promotion (referees' tendency to recommend inclusion of references to their own work).²

Among the sources available, MEDLINE has been accepted as an important information source to search journals and is rather the first available option to conduct a thorough literature review before embarking on writing an article. The author selects the pertinent and relevant articles pertaining to his or her work from MEDLINE and later endeavors to get the full texts. Apparently, an article with a title and an abstract available on MEDLINE would attract more authors than an article with no abstract. Obviously, a small abstract provides the reader with reasonably more ample information about an article than a simple one-sentence title. This appears to be an established fact and requires no further elaboration. Most articles published in reputed journals have simple or structured abstracts, and you encounter this reality while carrying out a search. Case reports, however, are exceptions, as some journals entertain them with an abstract, while others accept them without.

It appears that case reports with abstracts can be more easily approached, read and thereby cited than case reports without abstracts or the colloquial summary for that matter. While making a search, frequently you come across case reports apparently suiting your work, but since they are not abstracted, you nonchalantly forego searching the full texts and delete them from your citation list. Thereby many case reports with sterling impact remain untouched and never cited because they are not abstracted, and appear in the MEDLINE only in titled form. Certainly, if case reports had abstracts (although short and concise), it would increase their citations and thereby result in improvement of the impact factor of the pertinent journal.

Some authors have stepped beyond the aforementioned notion and are of the opinion that more informative abstracts improve the retrieval properties and are of value for citation purposes.³ Although the

editorial policy of most journals preoccupies itself with modalities, procedural issues, this is occasionally at the expense of fundamental issues, namely, the case reports, the letters and their apparent role on the impact factor.

Having considered the issue at length, it is suggested that case reports need to be abstracted, even, if presently the policy matter appears to be academically or financially inexpedient. This approach would have a significant impact on the quality of papers. This is not a vacuous slogan but can be justified by the veterans in this field.

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Spironolactone responsive familial hypertension. A potentially high prevalence of mineralocorticoid disease in Oman

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Mineralocorticoid (MC) hypertension may result from one of 4 inherited disorders, glucocorticoid remediable aldosteronism (GRA), otherwise referred to as familial hypertension type 1 (FH1), non-glucocorticoid suppressible disease, familial hypertension type 2 (FH2),¹ apparent mineralocorticoid excess (AME) and certain forms of congenital adrenal hyperplasia all of which are thought to be rare in the West.² Detailed questioning of patients attending our general endocrine clinics with established hypertension, or who developed hypertension during follow-up, revealed a large proportion (>90%) with a positive family history of the disease. Metabolic disorders are much more common in Arabia than in Europe, due primarily to consanguineous marriages (approximately