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Continuous extraovular administration of prostaglandin F_{2α} for midtrimester abortion

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PlumX Metrics

Abstract

Midtrimester abortion was successfully induced in 74 of 76 patients by a continuous extraovular administration of prostaglandin F_{2α} (PGF_{2α}) via a constant-infusion pump. Two patients in the thirteenth and fourteenth weeks of gestation failed to abort despite good uterine activity. The mean abortion time for the successful inductions was 16.21 hours. Parous patients aborted somewhat faster than nulliparous patients, but the difference was not statistically significant. All patients were monitored throughout the abortion procedure, and uterine activity was calculated and analyzed. Uterine activity developed within 15 minutes of PGF_{2α} instillation and showed the characteristic uterine response to prostaglandin with a sharp rise in intrauterine tonus. The gastrointestinal side effects in this series were much less than those reported for intra-amniotic instillation of prostaglandin, and there was good patient tolerance of the procedure. The main complication of extraovular administration of PGF_{2α} for midtrimester abortion was endometritis, which occurred in 7 patients. The patients who developed endometritis had, as a group, longer abortion times (mean 28 hours). Three patients with severe pre-eclampsia and intrauterine death in the third trimester also had successfully induced labor with extraovular administration of PGF_{2α}. The method of PGF_{2α} administration in this series was found to have a high success rate, good patient tolerance, and fewer side effects than when abortion was induced by intra-amniotic instillation of PGF_{2α}.

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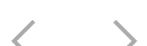
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