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Case Report .

Rupture Ectopic Pregnancy in Early Gestation Due to Mifepristone & Misoprostol Abuse

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ABSTRACT

Ectopic pregnancy is a significant health problem in the world, which affect 1.2% of women of reproductive age; causing significant morbidities and mortality. Most ectopic pregnancies are located in the ampullary, fimbriae or isthmic part of the fallopian tube. Mifepristone (antiprogesteron) followed by a low dose of Misoprostol (prostaglandin E1, analogue) has been used for medical termination of early pregnancy after embryo reaching endometrial cavity. But there have been many reports of misuse of this combination drug. Here we report- fifteen cases of rupture ectopic pregnancy after misuse of combination drug in very early pregnancy as an over the counter drug without looking for ectopic pregnancy.

Key Words: Ectopic Pregnancy, Mifepristone Misuse & Misoprostol Misuse.

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INTRODUCTION

Ectopic pregnancy can be last up to mid trimester before it-rupture spontaneously as it can grow inside the interstitium for long period of time. If not deleted early, can lead to a fatal outcome.[1,2] An ectopic pregnancy is a pregnancy that grows outside the womb, usually in a fallopian tube. It is a life threatening situation because if the pregnancy grows too large, it can cause the tube burst[3]. This must always be treated with an operation or medicines. First of all can make sure that pregnancy inside the womb by having an ultrasound. If combination drugs are use to end a pregnancy and not to do an ultrasound first, there is always a chance that could have an undetected ectopic pregnancy. If do not pass tissue and blood after taking Misoprostol, might have an ectopic pregnancy. If patient presented with a sudden or ongoing sever pain in abdomen or back (mostly on one side), if feel might faint or do faint, or feel pain in the shoulder area, might have an ectopic pregnancy that have ruptured.[4-6]

CASE REPORT- I

A 28 year old para-1+1 abortion, not booked for ANC presented to the outpatient with complaints of right lower abdominal pain for last 5 days. Her previous delivery 8 years ago had been conducted by NVD. Three days after missing her periods she had got tablets of Mifepristone and Misoprostol without any pregnancy test or any prescription from a drug retailer dispensed. She took one tablet of mifepristone (200 mg) followed by four tablet of Misoprostol (200 microgram each) after 24 hours. Six days after taking combination drug she had vaginal scanty bleeding without expulsion of any products. Bleeding lasted for 3-4 days. Ten days after taking the drug she had an acute episode of pain left iliac region without any syncope. An ultrasound examination done which reveal a gestational sac in the right adnexae but endometrial cavity empty and huge collection present in the pack of Douglas. Physical examination shows pallor and tachycardia

with pulse rate 112 beat, per minute, blood pressure 100/60 mm of Hg. Bimanual examination uterus enlarge correspond to 6-8 w/s rise. And tender fornix cervical excitation test positive. Her hemoglobin was 7gm/dl and serum-125µu/ml, She was diagnosed a case of rupture ectopic pregnancy & she was taken for emergency exploratory laparotomy. At laparotomy she had about 1.5 litres of blood in the peritoneal cavity Uterus enlarge & left sided ovary and fallopian tube healthy but right sided ampullary part of the fallopian tube was found rupture and gestational sac found in the cul-de-sac but right ovary healthy. So right sided salphinogectomy done and gestational sac confirmed by histopathology.

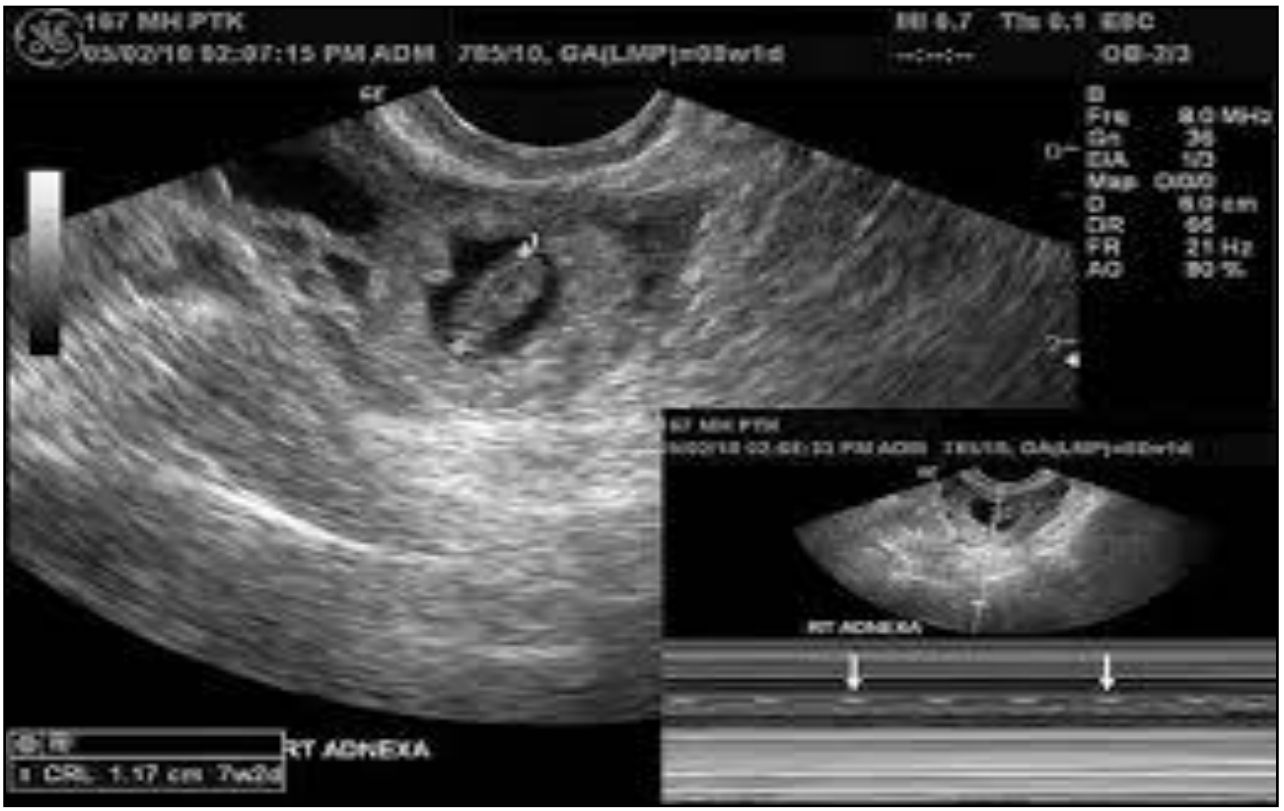

Figure 1: Transvaginal sonogram in a female who hadtaken medical abortifacients without prior confirmation of intrauterine gestation. A gestational sac with an embryo (7 weeks 2 days) which is clearly visible in the right adnexa. The inset picture shows the presence of cardiac activity confirming a diagnosis of live ectopic pregnancy. (Jyotindu et al, 2013).

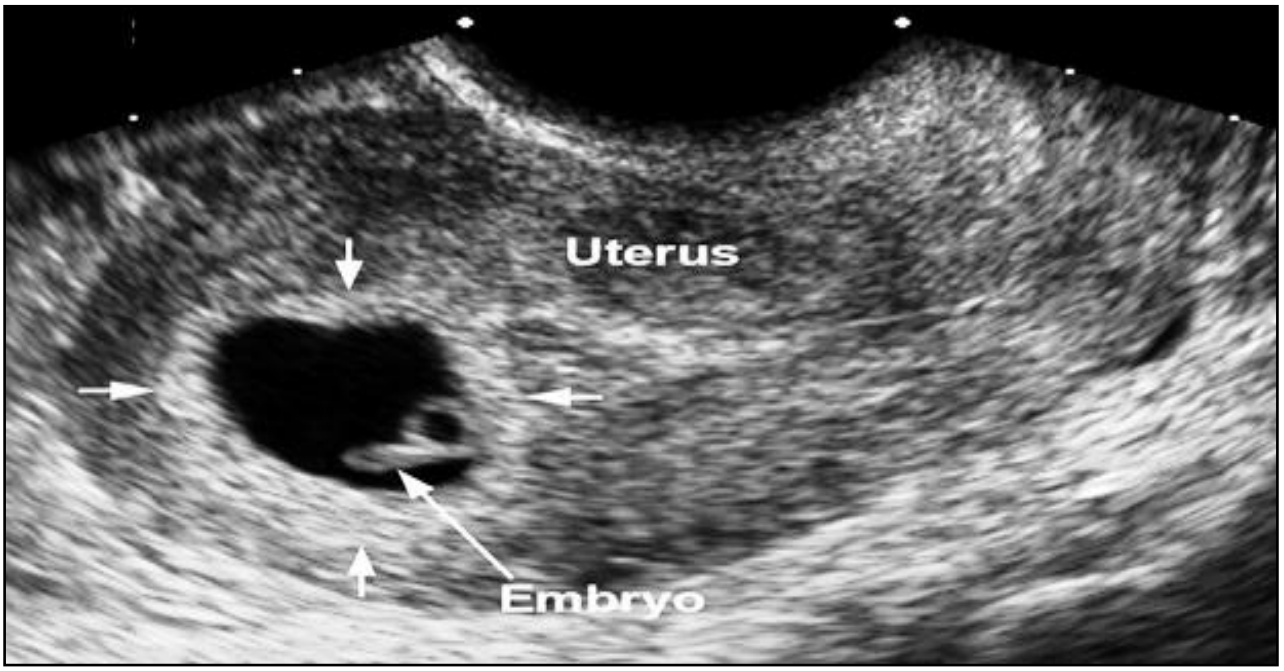

Figure 2: An ultrasound scan of a normal pregnancy at six-and-a-half weeks (meaning that it was done two-and-a-half weeks after the woman's missed period.) The pregnancy sac is outlined by the four arrows and the embryo is within the pregnancy sac (Courtesy P. Doubilet).

CASE REPORT -II

A 21 year old para-1, not booked for ask presented to the outpatient clinic with complaints of irregular scanty p/v bleeding 7 lower abdominal pain for last 2 months after taking combination drugs for medical termination of early pregnancy. Five days after missing her periods. She got her pregnancy test done which turn out to be positive. A drug retailer dispensed her tablets of mifepristone and Misoprostol without any prescription or ultrasonography.

Physical examination revealed pallor and she had pulse 88 beats per minute and blood pressure 90/60 mm of Hg. Per abdominal examination tenderness present in right iliac fosse. Her hemoglobin was 8.6 gm/dl & serum 312 µu/ml. an ultrasound examination done which revealed moderate collection in cul-de-sac & complex right adenexal mass & endometrial cavity empty. Ultrasound study was chronic ectopic pregnancy. A diagnosis of chronic rupture ectopic pregnancy & exploratory laparotomy done. Pre-operative finding was right sided rupture ectopic pregnancy & salphinogectomy done.

DISCUSSION

An ectopic pregnancy occurs when a fertilized egg does not implant and begins to grow elsewhere, usually in the fallopian tube. Fallopian tube has a tiny passage that the fertilized egg passes through as it goes from the ovary to uterus. If the pregnancy continues the embryo will grow & become too large for the fallopian tube, causing the fallopian tube to burst. Ectopic pregnancy cannot be carried to term and must be removed to save the life of the woman. Treatment by a gynecologist is necessary to ensure the health of the woman. If not treated, there is a risk of heavy internal bleeding due to rupture of the oviduct. Ectopic pregnancy is a pre-existing condition rather than a complication of the medical abortion or MTP.[6,7]

A medical abortion using Mifepristone and Misoprostol does not causes ectopic pregnancy. There is no evidence to suggest that medical abortion treatment leads to unusual complication for women with ectopic pregnancy. Mifepristone has antiprogesteron activity, which is because of competitive interaction with progesterone at the progesterone receptor site. Misoprostol indicated for medical termination of pregnancy up to 49 days of pregnancy and it is contra-indicated with a confirmed or suspected ectopic pregnancy.

Ultrasound scanning should be done prior to administration of the drug if ectopic pregnancy cannot be ruled out clinically. Misoprostol is prostaglandin E1 analogue that was initially used for the prevention of NSAID, Induced gastric ulcers. Due to its uterotonic properties it was abused to induce illegal abortion in the late 1980s. Presently Misoprostol has become one of the most effective drugs for terminating pregnancies in the first and second trimesters but there are reports of its misuse where these drugs can bought without medical prescription.[8-11]

Our cases are rupture ectopic pregnancies due to abortificients abuse. Which are something dispensed by the drug retailers without a prescription by the physician. The present cases emphasize the need to rule out ectopic pregnancy before using mifepristone and Misoprostol for termination of pregnancy. There is need for proper monitoring and to implement the regulations for dispensing of abortificients. This can present their misuse and possible morbidity and mortality.

CONCLUSION

Ectopic pregnancy is a common condition with significant health consequences; Ectopic pregnancy is a pre-existing condition rather than a complication of the medical abortion procedure. Unless they are discovered and treated early almost 40% of ectopic pregnancies rupture suddenly causes pain & dangerous bleeding in the abdominal cavity. The other 60% usually cause slow bleeding in the abdomen. Rupture ectopic pregnancies can be fatal. There is a wide spread misuse of oral abortificients in our country and these drugs are sometimes dispensed by the drug retailers without a doctor's prescription. Unfortunately there is no instruction for exclusion of ectopic pregnancy by ultrasound in leaflet of the usage guidance of combination drug for abortificients. There should be better implementation of regulation of dispensing drugs. In patients who are prescribed oral abortificients it is important that, Tubal pregnancy be ruled out by ultrasound examination and if necessary by transvaginal ultrasound; if possible all clients should be counseled before prescribing mifepristone and Misoprostol that they should report to hospital if there is no unusual or severe pain in lower abdomen.

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