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Practitioners Handbook for Obstetricians and Gynecologists

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Chapter 3

Recurrent Abortion

Anu Pathak

DEFINITION

Recurrent abortion is defined as two or more failed clinical pregnancies confirmed by either sonographic or histopathological examination.

INCIDENCE

It is a common clinical problem in reproduction, occurring in approximately 1% of reproductive aged women.

ETIOLOGY

Most of these are embryonic losses or early losses and the remainder is either anembryonic or occurs after 14 weeks.

- Parental chromosomal abnormalities (Table 1)
- Antiphospholipid antibody syndrome
- Uterine abnormalities may be anatomical—bicornuate, septate, didelphys, arcuate, hypoplastic or it may be acquired—uterine synechiae
- Cervical incompetence
- Uterine leiomyomas
- Endocrinopathies—luteal-phase defect, polycystic ovarian syndrome
- Environmental toxins
- Infections.

TABLE 1: Parental chromosomal abnormalities

Type of abnormality	*Percentage*
Monosomy X	13.51
Trisomy	7.18
Double trisomy	0.37
Triploidy	6.11
Tetraploid	0.37
Mosaic	0.55
Rearrangements	0.18
Others	0.74

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CLINICAL PRESENTATION OF REPEATED PREGNANCY LOSS

- Blighted ova (empty gestational sac, no embryo on USG and histology) and early embryonic death [missed abortion, FSH (follicle-stimulating hormone) may or may not be seen]
- Second, early third-trimester fetal death
- Preterm labor in second or third trimester
- Preterm or term still births, neonatal deaths.

MANAGEMENT

Recommendations for the Testing of Couple Presenting with Recurrent Pregnancy Loss

Basic Investigations

- Obstetric and family history, age, body mass index (BMI), organic solvents, alcohol, mercury, lead, caffeine, hyperthermia, smoking
- Complete blood count (CBC)
- Antiphospholipid antibodies
- Endometrial biopsies for evaluation of luteal-phase defect
- Measurement of anti-beta2-glycoprotein I antibodies, anticardiolipin antibodies and lupus anticoagulant
- Karyotype of abortus
- Parental karyotype
- Pelvic ultrasound and/or hysterosalpingogram and hysteroscopy and laparoscopy in case of inconclusive findings
- Tests for thyroid-stimulating hormone (TSH) and thyroid antibodies.

Research Investigations within Context of a Trial

- Fetoplacental karyotypes
- Testing of urine and/or peripheral blood natural killer (NK) cells
- Mannan-binding lectin level
- Luteal-phase endometrial biopsy
- Folic acid level
- Thrombophilia screening.

TREATMENT

Recommendations for Treatment of Recurrent Pregnancy Loss

Established Treatment

- Tender loving care: Supportive antenatal care should be given to the patient right from the conception. This will surely improve the outcome
- Health advices: Regarding diet, multivitamin supplementation, immunization and lifestyle habbits.

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Treatment Requiring More Randomized Controlled Trials

- Aspirin and/or low-molecular-weight (LMW) heparin for women presenting with antiphospholipid syndrome (APS) or inherited thrombophilia
- Progesterone in women presenting with unexplained early and late recurrent miscarriage (RM)
- Surgical treatment for uterine anomalies:
  - Strassman operation (for both septate and bicornuate uterus)
  - Tompkins operation (for septate uterus)
  - Jones metroplasty (for septate uterus)
  - Cerclage operation for cervical incompetence
- Folic acid in women presenting with homocysteinemia.

Treatment of No Proven Benefit

- Immunization with paternal leukocytes or trophoblast membranes
- Multivitamin supplementation.

Treatment Associated with More Harm than Benefit

- Daily corticoids during first half of pregnancy.

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Practitioners Handbook for
Obstetricians and Gynecologists

This practitioners handbook is the first of its kind in India for the obstetricians and gynecologists. The handbook aims at a quick ready reckoner for the practitioners, consultants, teachers and students. A must-have book in your consultation chamber on your table.



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