

Factors Influencing the Need for Evacuation of Retained Products of Conception in Missed Miscarriage

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Background: Surgical evacuation of the uterus is one of the treatment options for a missed miscarriage. Usually, the decision to perform surgery is mostly based on clinical grounds.

Objective: To evaluate the patient's clinical presentation on Evacuation of Retained Products of Conception (ERPC).

Design: A Retrospective Study.

Setting: Gynecology and Obstetrics Department, Bahrain Defense Force Hospital, Bahrain.

Method: All missed miscarriage cases from 1 December 2013 to 21 December 2014 were included in the study. The management of missed miscarriage was divided into group A and group B, based on the need for ERPC. Factors such as history of previous miscarriage ERPC, pain/bleeding, and cervical opening were evaluated. Data were analyzed using StatsDirect. P-value of < 0.05 was considered statistically significant.

Result: One thousand five hundred patients with confirmed miscarriage were included in the study; 91 (6%) were missed miscarriage and 49 (54%) of those required ERPC. The study groups had similar personal characteristics. Patients who had a previous history of miscarriage were less likely to have ERPC. Having a history of ERPC did not increase the risk of repeat procedure. Patients who presented with abdominal pain and bleeding were significantly more likely to have ERPC. Cervical assessment on admission had no role in the decision to perform surgery.

Conclusion: ERPC accounted for more than 50% of our management of missed miscarriages. We found a higher rate of surgical management in patients who presented with pain and bleeding.