

**MEDICAL AND SURGICAL MEDICAL ABORTION**

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**Abstract:** *The article analyzes the data of women who underwent medical abortion. The indications and causes of abortion were studied, as well as a comparative analysis of various methods of medical abortion. The study involved 60 women, the work was carried out in 2018-2019 based on the Department of Obstetrics and Gynecology of SamSMU. The study proved the effectiveness of surgical abortion by 100%, and medical abortion by up to 86.7%. Moreover, each of these methods has its advantages and disadvantages.*

**Keywords:** *medical abortion, surgical abortion, septic complications, mifepristone, misoprostol.*

**Relevance:** At the present stage of development, safe medical abortion is one of the ways to terminate an unwanted pregnancy during family planning. Unfortunately, abortion is still one of the methods of family planning. According to WHO, in countries where safe abortions are allowed, the maternal mortality rate from abortions performed using modern technologies does not exceed 1: 100,000. In countries where safe abortions are prohibited, the maternal mortality rate from complications of early abortions is 0.9–3.5 per 100 interventions. Every year around the world, 500,000 young women die due to pregnancy, 15% of maternal deaths are due to dangerous complications of abortion, and 5 million become disabled. 98% of maternal deaths occur in developing countries. In Russia, complications from induced abortion account for 0–3 cases per 100,000 live births, or 0.05% of all maternal deaths. Abortion after 12 weeks accounts for 10–15% of all abortions—advantages of medical abortion: cervical ripening, myometrial shortening, and non-invasive abortion. Post-abortion endometritis, septic diseases, and maternal mortality are reduced, and secondary infertility is eliminated.

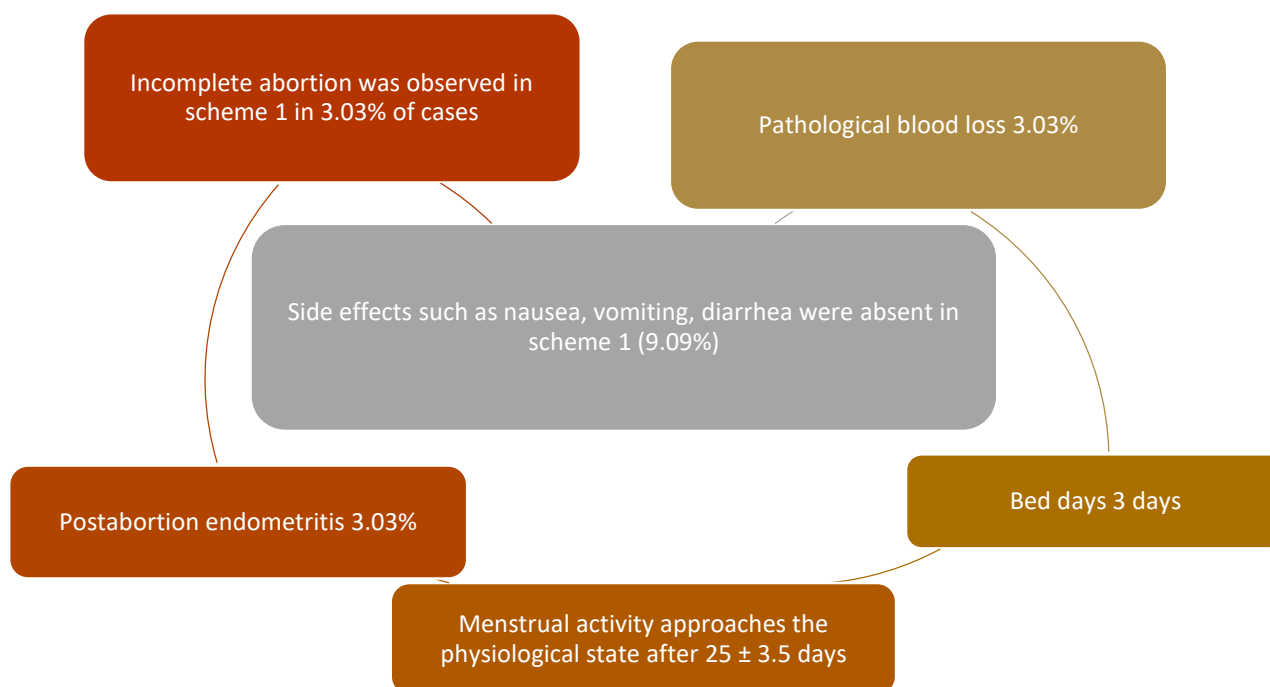
Purpose of the study. Analyze patient data, identify the causes and effectiveness of medical abortions, and analyze complications. Based on the studied data, develop an algorithm for managing patients during medical abortions.

**Materials and methods of research.** The work was carried out in the gynecological department of the 1st clinic of SamSMU and maternity complex No. 1 in Samarkand. We studied 60 patients who underwent medical abortion from 2018 to 2019. The average gestational age was  $8.7 \pm 1.6$  weeks. The patients were divided into 2 groups: the 1st group included 30 patients who had a medical abortion, and the 2nd group included 30 patients who had a surgical abortion. The methods used were: general clinical examination (history collection, general blood test, general urinalysis, coagulogram, blood group), gynecological examination, bacteriological vaginal discharge and ultrasound. According to the anamnesis, the age of menarche was  $12.7 \pm 1.4$  years, the cycle lasted from 25 to 30 days.

**Results:** The first group was divided into 2 subgroups of 15 patients, depending on the gestational age of 4–8 weeks and 9–12 weeks. Medical abortion was carried out using 2

methods: first, patients were prescribed mifepristone 1 tablet orally, 800 mg of misoprostol orally for 48 hours, and 400 mg of misoprostol after 1 hour - the effectiveness of this method was 86.7% in the first subgroup and 93.3% in the second subgroup—lack of drug sensitivity in 13.3% of cases. Complications were observed in one patient in the form of retained placenta in the cervix. Misoprostol was continued while the placenta was retained in the cervix, and 400 mcg orally was given 1 hour later. The effective dose of total misoprostol was 1600 mcg.

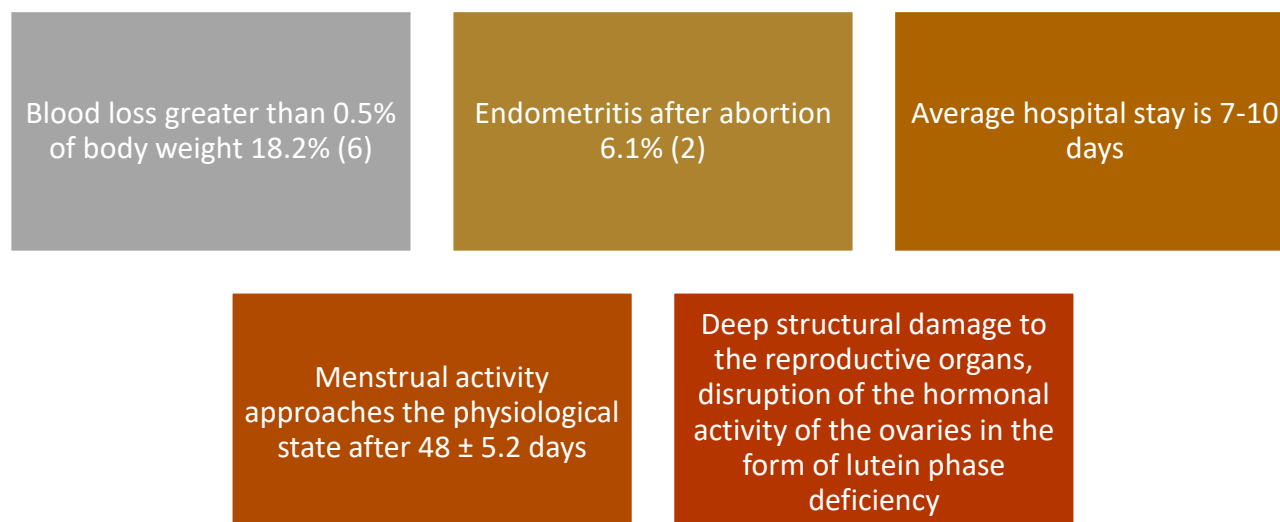
Second method: Mifepristone 1 tablet orally, 400 mcg of misoprostol orally after 48 hours, and 400 mcg of misoprostol orally after 3 hours - the effectiveness was 53.3% and 80%, respectively. Complications: abnormal abortion occurred in 4 (26.7%) patients, blood clots in 26.7% with blood loss up to 20%.



**Fig 1. Results of medical abortion**

In group 2, surgical termination of pregnancy was also performed at 4-8 weeks and 9-12 weeks. At 4-8 weeks there were 18 patients, the effectiveness of surgical abortion was 100%, but complications arose in 2 (11.1%) in the form of postoperative endometritis.

Surgical termination of pregnancy at 9-12 weeks was performed in 12 patients; the effectiveness was 100%; complications arose in one (8.33%) patient in the form of postoperative endometritis.



### Fig 2. Results of surgical abortion

During medical termination of pregnancy, patients complained of severe pain, overheating, cramps, complications arose in the form of insufficient sensitivity to the drug and fetal development, retained parts of the placenta, and bleeding. In case of bleeding, vaginal examination and curettage were performed.

The disadvantages of surgical termination of pregnancy were: allergies to anesthesia, pain, and postoperative inflammatory diseases. Complications of anesthesia often occur in the form of vomiting both during surgery and in the early postoperative period.

At the pre-abortion stage, after a gynecological examination and sonographic confirmation of pregnancy, consultations are held on available SHT technologies, their features, and possible complications, and separation of high-risk groups based on anamnesis is carried out necessary.

In young women with a pregnancy period of no more than 42 days, with a high risk of infectious diseases, and with a scar on the uterus, it is preferable to have an abortion in the first pregnancy by a medical method.

When an "intermediate" smear type is determined by the results of bacterioscopy in a group of women with a high risk of infectious diseases (taking into account anamnestic factors), it is advisable to conduct additional studies.

When the titer of absolute pathogens, conditionally pathogenic flora strains is higher than  $10^4$  KOE / ml, inflammatory diseases of the lower parts of the genital tract are detected, it is necessary to carry out sanitization therapy with mandatory control.

A component of the pre-abortion stage for surgical abortion is the medical preparation of the cervix. The material obtained intraoperatively is subjected to morphological (gravid endometrium, placental seat), and cytogenetic (chorionic folds) examinations. After the abortion, the completeness of the manipulation is carried out by ultrasound examination.

To prevent endometritis after abortion, it is necessary to perform UST, control the level of "purity" of vaginal smear, and use a treatment scheme aimed at restoring general health and anti-inflammation.

**Conclusions.** As a result of medical termination of pregnancy, the effectiveness of the 1st method was 86.7%-93.3% with the first use and a dose of 1600 mcg with the addition of misoprostol in case of insensitivity, the effect was 100%. In the second method, the efficiency was 53.3% -80%. This allows us to say that the first method is much more effective at an early stage.

With surgical abortions at both 4-8 and 9-12 weeks, the effectiveness was 100%, but after surgical abortion, two patients developed postoperative endometriosis. Thus, to prevent the risk of complications during safe abortion, drug therapy was preferred as the first method of termination. Since surgical abortion of the fetus has a higher risk of complications in the form of bleeding, endometritis, septic diseases, maternal and infant mortality, and secondary infertility.

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