

## PËRDORIMI I MISOPROSTOLIT PËR PËRFUNDIMIN E SHTATZËNISË NË TREMUJORIN E DYTË

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### Summary

#### THE APPLICATION OF MISOPROSTOL IN MIDTRIMESTER PREGNANCY TERMINATION

**Objective:** Our aim was the comparison of the effectiveness of vaginal utilization of misoprostol versus the oral one (according the protocol before approved) and also the application of misoprostol for this purpose, out of this protocol.

**Material and method:** The target group of these study were the patients selected by the consultation process for the interruption of the pregnancy period in the second trimester of pregnancy during the period May 2004-July 2005 (N= 53). 37 patients were randomized to apply the protocol with vaginal or oral misoprostol, with the dose 400mcg each 4 hour. In the other side, a part of cases (N=16) were judged by the individual opinion of the medicinal staff members based on their level of knowledge. According the protocol the cases were monitored for 48 hours. After this, these cases were judged by the responsible person. The main result was the time period from the start up to the end of expulsion. Test Mann-Whitney was apply to compare of the average age, parity, weight, age of pregnancy, time of evacuation, and the number of doses used on medicinal group according to the protocol (oral or vaginal misoprostol) versus the medicated group out of the protocol. The exact test of Fisher was used for the comparison of stay period and also the causes in the two study groups. For the two statistical test used, the value  $P < 0.05$  was statistical considerate (significant).

**Results:** Among 37 randomised patients 20 of them have taken vaginal misoprostol and 17 the oral one and 16 of them were treated outside this protocol. All the groups were comparable regarding the age and the weight of the mother, parity, the abort indication and also the pregnancy age. The average of interval from induction of fetus till to it's expulsion was more brief in the patients that was treated with vaginal or oral misoprostol than the patients treated outside this protocol. (14.7 hours versus 25.4 hours,  $P=0.063$ ). Furthermore, the number of doses used, was smaller in the group treated according the protocol. (4.2 versus 6.8,  $P=0.001$ ). The time of hospitalization was briefer in the vaginal group. Significantly, more patients in the vaginal group had the expulsion in 24 hours. Was noted also an increase of febrile temperature, but this, does not corresponded with of antibiotic utilization. The febrile state was resolve in post-partum period without further complications.

**Conclusions:** The administration of misoprostol according to the protocol (vaginal or oral) results in an briefer interval from induction till to expulsion of fetus. The short period of hospitalization means the improvement of care for the patients.

Misoprostoli (Cytotec), si një prostaglandine sintetike E1 analoge, ka filluar të bëhet një drogë e rëndësishme në praktikën obstetrikale-gjinekologjike për arsye të aftësive të tij për të sjellë ndryshime në kolum uteri e induktuar kontraksione uterinë. Kështu ai është gjetur i vlefshëm si për induktimin e aktivitetit të lindjes në terme dhe për të induktuar abortin medikal të tremujorit të parë

apo të dytë. Për abortin medikal të tremujorit të parë, misoprostoli përdoret shpesh së bashku me mifepristonin ose me methotreksat-in. Në ndërprerjet e shtatzënisë në tremujorin e dytë, misoprostoli ofron një alternativë efektive në krahasim me opsionin kirurgjikal të dilatacionit cervical dhe ekstraksionit të fetusit. Kështu mjaft studime kanë si objekt krahasimin e përdorimit të

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