

Mifepristone and misoprostol in pregnancy termination in hypothyroid patients

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ABSTRACT

Incidence of subclinical hypothyroidism and overt hypothyroidism in pregnant patients have been reported as 0.25 - 2.5% and 0.2 - 0.3 % respectively. In North India prevalence of subclinical and overt hypothyroidism in pregnant population has been reported as 13.5% and 0.25 % respectively. Medical termination of pregnancy by mifepristone and misoprostol is increasingly being used. We do not know the efficacy of this method in hypothyroidism.

Keywords: Mifepristone, Misoprostol, Hypothyroidism

INTRODUCTION

We know that pregnancy with hypothyroidism is associated with number of adverse outcomes like increased chances of abortion, Hypertensive disease of pregnancy, Anaemia, IUGR, Still Birth, Abruptio-placentae and postpartum haemorrhage.³ Little is known about pregnancy termination in hypothyroid patients with mifepristone and misoprostol. Here we report 2 cases of hypothyroidism undergoing pregnancy termination with these two agents.

CASE REPORT

Case 1

25 year G2P1001 came to get M.T.P. done at 6 weeks. She chose medical method. She was evaluated. Her Haemoglobin was 10.5 gm%.. Her B.T, C T was normal. Her urine sugar, albumin were nil. She was diagnosed subclinical hypothyroid in her last pregnancy. She had received treatment for it. In postpartum period Eltroxin was stopped as thyroid function tests were normal. In

view of her past history T.F.T was done. USG pelvis done should intrauterine pregnancy of 6W2Days. She was given Mifepristone in the dose of 200 mg. She was called after 48 hours. Her TFT revealed TSH 6.5(Normal 0.4- 4.5). Her T3 and T4 levels were normal. She was given 800 microgram misoprostol vaginally.

She reported back to hospital after 8 hours. She was having massive bleeding vaginally. On examination there was pallor. Her pulse was 128/mt, regular. Her B.P was 100/50 mmHg. On speculum examination fresh blood in vagina coming from os. On bimanual examination os was open, products were felt. In view of excessive bleeding evacuation & curettage of uterus was performed. Post procedure her Haemoglobin was 6.8 gm%. In view of acute blood loss she received one blood transfusion. She was also started on Eltroxin 25 ugm.

Case 2

32 year G3P2002 at 7 weeks 4 days came to get M.T.P done. She was evaluated. Her haemoglobin was 9.4gm%. Her urine sugar, albumin were nil. Her bleeding time and

clotting time was normal. Her ultrasound pelvis revealed single intrauterine pregnancy 7 weeks 5days. She chose medical method for pregnancy termination. She was given mifepristone 200 ugm. After 48 hours she received 800 ugm of misoprostol vaginally. She started bleeding after 6 hours. It was excessive. She required 8 pad changes in 1 hour. She reported back to hospital emergency. On examination her pulse rate was 138/mt. Her B.P was 70/40. On per speculum examination she was actively bleeding. Bimanual examination revealed os partially open, uterus 6-8 weeks. She was resuscitated with intravenous saline and her emergency evacuation and curettage performed. Post procedure her haemoglobin was 7.2 gm %. Her TFT revealed T.S H of 11.4(Normal0.4- 4.5). T3 was normal and T4 was decreased.

DISCUSSION

There is no literature available regarding efficacy of medical method of pregnancy termination in hypothyroidism. In a euthyroid patient, the regimens consisting of mifepristone and misoprostol in various combinations suggest that home based medical abortion is safe and effective.⁴ Clinical trials in United States,⁵ Canada⁶ and Turkey⁷ report complete abortion rate from 91% to 100%. In a WHO review, 4 women out of 4522 studied abortion required blood transfusion.⁴ It is well known that hypothyroidism in pregnancy has substantial adverse effects like pregnancy induced hypertension, IUGR, anaemia, increased vulnerability to postpartum haemorrhage effects.³ During pregnancy, there is substantially increased need of thyroid hormones and substantial risk that a previously unnoticed, subclinical or latent hypothyroidism will turn into overt hypothyroidism.⁸ According to Andrew et al there is association between hypothyroidism and excessive menstrual loss.⁹

In general population, mifepristone and misoprostol combination has a very low incidence of heavy vaginal bleeding, requiring blood transfusion,¹⁰ It was 4 out of 3478. We encountered this problem in 2 hypothyroid patients in which we used this method. There is no literature available regarding safety of mifepristone and misoprostol combination for medical termination in hypothyroidism. Patients having massive vaginal

bleeding after medical abortion may be evaluated for clinical or sub clinical hypothyroidism.

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