

Medical treatment in EPF

Mifepristone followed by *misoprostol*
for uterine evacuation ***in early pregnancy failure:***
a randomized, double blinded, placebo controlled pilot study

Dr. Joyce van den Berg (Canisius-Wilhelmina Hospital, Nijmegen, the Netherlands)

Dr. M. Snijders (CWZ, Nijmegen), dr. S. Coppus, prof. dr. F. Vandenbussche (RUMC, Nijmegen)

Non vital pregnancy, first trimester

Table II. Outcome measures of misoprostol versus curettage

	Misoprostol <i>n</i> = 79 (%)	Curettage <i>n</i> = 75 (%)
Complete evacuation	42/79 (53.2)	72/75 (96)
Complete evacuation after first dose	32/79 (40.5)	
Complete evacuation after second dose		
Emergency curet		
Repeat curettage		

Complete evacuation

Complete evacuation

after first dose

Complete evacua

after second dose

Emergency curet

Repeat curettage

RR = relative ri

[Intervention Review]

Medical methods for

 Regina Kulier¹, A Metin Gülmezoglu², G J

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Review

The added value of mifepristone to non-surgical treatment regimens for uterine evacuation in case of early pregnancy failure: a systematic review of the literature



Joyce van den Berg^{a,*}, Bernardus B.M. Gordon^b, Marcus P.M.L. Snijders^a, Frank P.H.A. Vandenbussche^b, Sjors F.P.J. Coppus^b

^a Department of Obstetrics and Gynaecology, Cantinus-Wilhelmina Hospital, Postbus 9015, 6500 GS Nijmegen, The Netherlands

^b Department of Obstetrics and Gynaecology, Radboud University Medical Centre, Postbus 9101, 6500 HB Nijmegen, The Netherlands

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ABSTRACT

Objective(s): Early pregnancy failure (EPF) is a common complication of pregnancy. Surgical intervention carries a risk of complications and, therefore, medical treatment appears to be a safe alternative. Unfortunately, the current medical treatment with misoprostol alone has complete evacuation rates between 53% and 87%. Some reports suggest that sequential treatment with mifepristone and misoprostol leads to higher success rates than misoprostol alone.

Study design: To evaluate the added value of mifepristone to current non-surgical treatment regimens in women with EPF we performed a systematic literature search. Electronic databases were searched: PubMed, Cochrane Library, Current Controlled Trials, and ClinicalTrials.gov. Clinical studies, both randomised and non-randomised trials, reporting on the added value of mifepristone to current non-

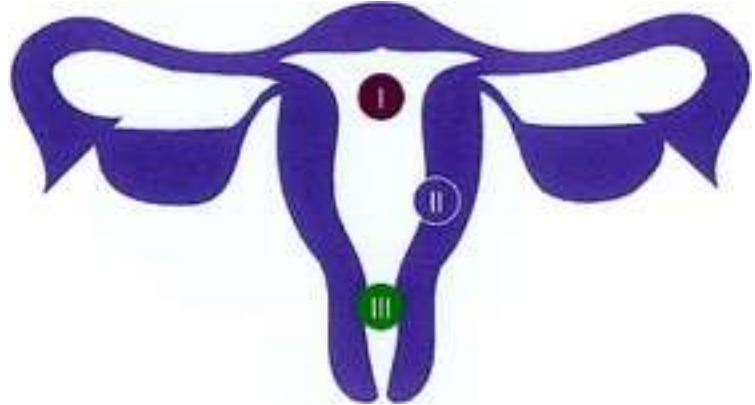
Mifepristone

Proven effective in case of :

- ~~APDA~~ **Ametrial** prostaglandins
- ~~Before viability stage (stage I)~~ **Before viability stage (stage I)**
- ~~Cervical dilation or increase of foetal death~~ **Cervical dilation or increase of foetal death** (2e/3e trimester)

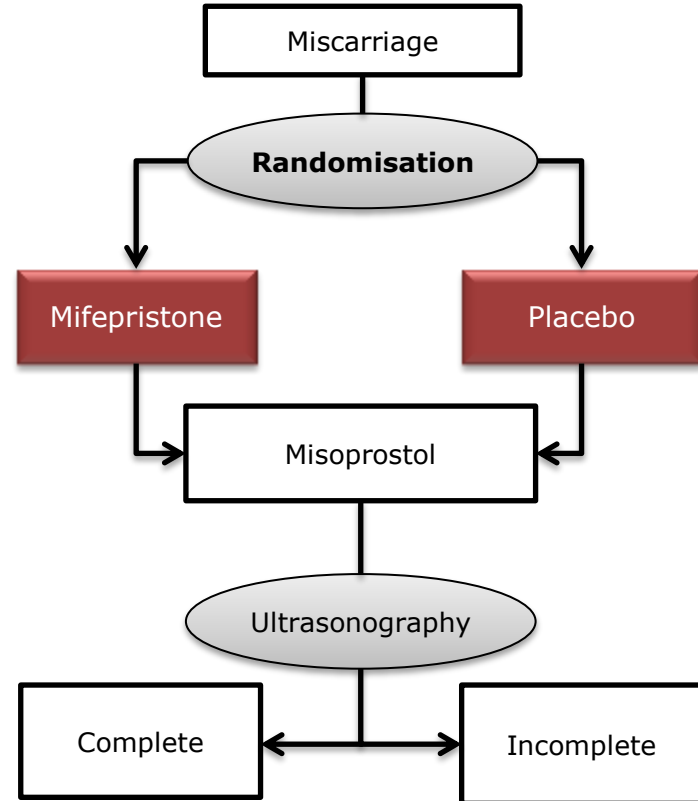
Leading to :

- Detachment of the embryo
- Softening and dilatation of cervix



M&M study - inclusion

- 40 women
- Early pregnancy failure, 6-14 weeks of gestation
- At least 1 week after diagnosis OR
- Discrepancy of ≥ 1 week between CRL and AD
- Randomisation
 - Mifepristone 600mg oral
 - Placebo
- Followed by misoprostol 800 μ g oral (2 days)

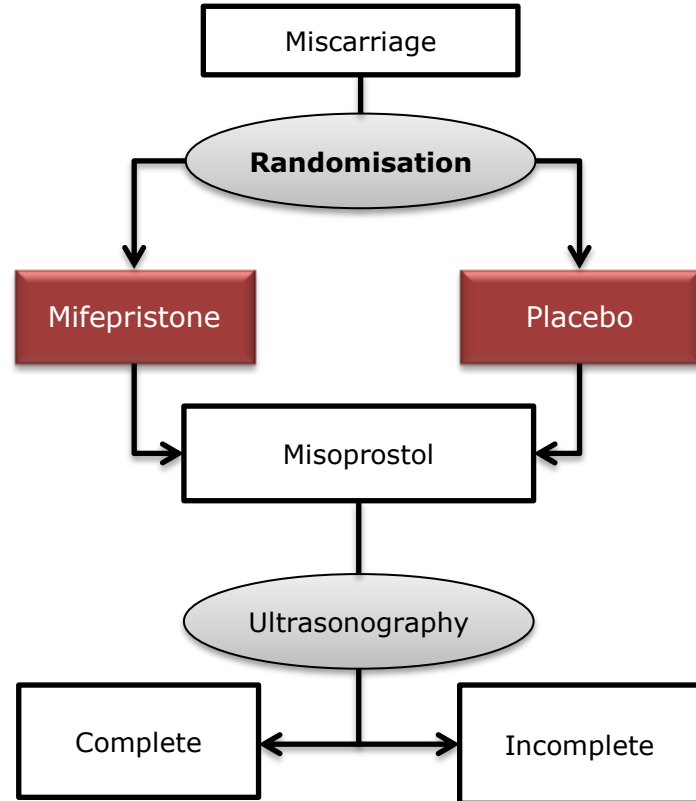


M&M study - outcome

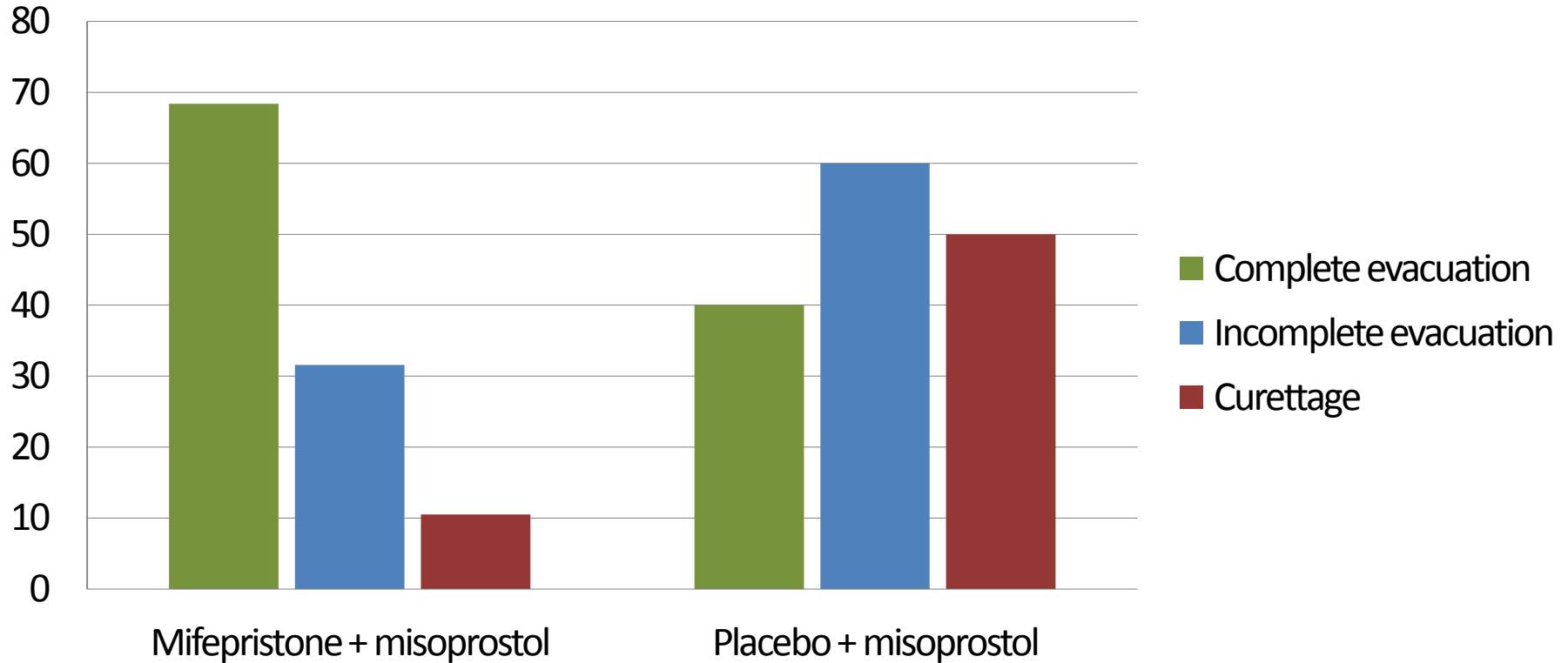
- Ultrasonography 6-9 days after treatment

Success : TED < 15 mm without additional treatment

- Patient questionnaires
- Side effects / complications



M&M study – complete evacuation

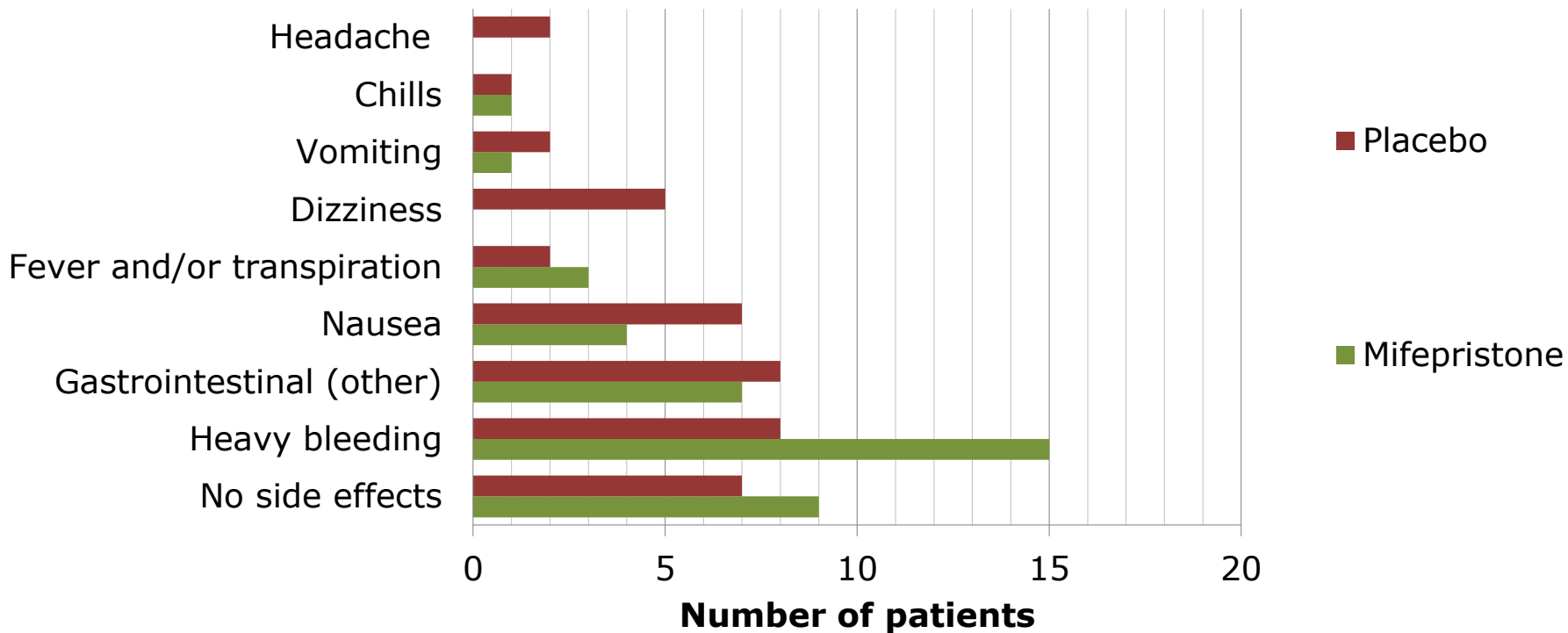


M&M study – additional treatment

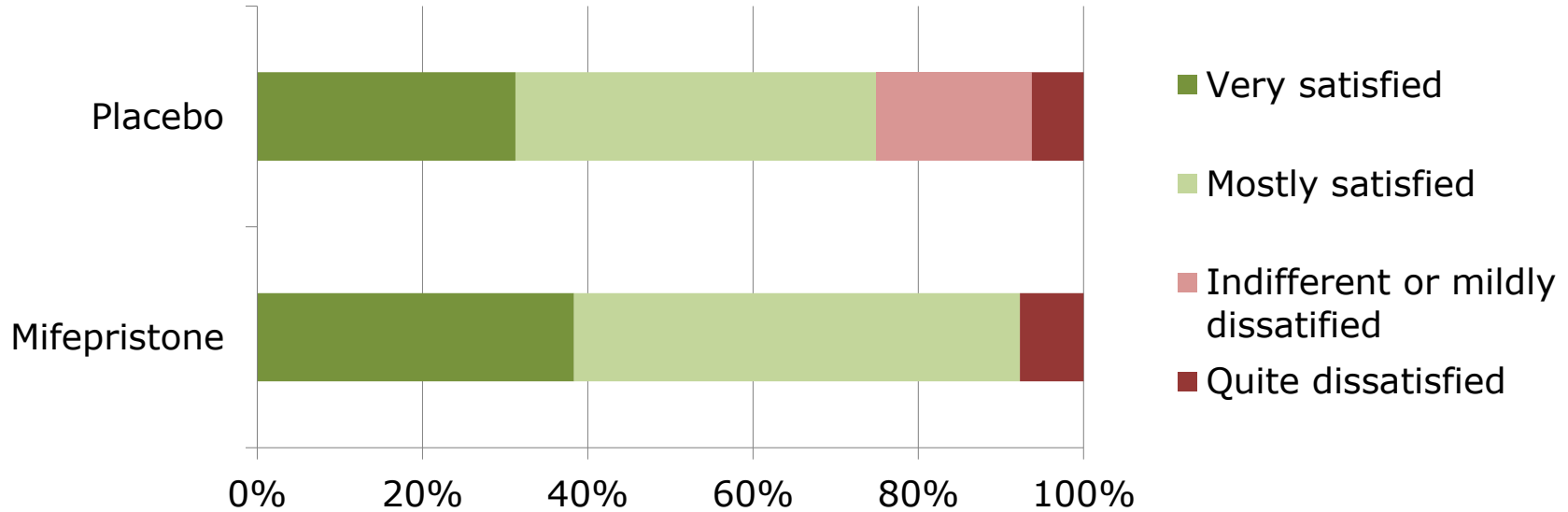
	Additional treatment		
	M&M group, n/N (%)	Placebo group, n/N (%)	P value
D&C	2/19 (10,5)	10/20 (50)	0.008
Residua	1/2 (50)	0/100 (0)	0.487
Persistent gestational sac	1/2 (50)	7/10 (70)	0.044
Hemorrhage	-	3/10 (30)	0.23

Table 3: additional treatment resulting in complete evacuation.

M&M study – side effects



M&M study – quality of life



M&M study – conclusion

Mifepristone followed by misoprostol in case of EPF

- ✓ Appears more effective than misoprostol alone
- ✓ Reduction of additional surgical interventions
 - ✓ High patient satisfaction
 - ✓ Side effects not significant different
- Large, multi-centre RCT is required

Triple M study

Triple
M ifepriston
isoproston
is carriage

Currently recruiting
Results expected 2020

Charlotte C. Hamel MD
Corresponding author: l.hamel@cwz.nl
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