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BRIEF COMMUNICATION

Misoprostol for pregnancy termination in grand multiparous women with three cesarean deliveries

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In countries in which women have high parity, pregnancy termination is common in women who have had multiple cesarean deliveries. Although a combination of mifepristone and misoprostol is recommended for late abortion, in Saudi Arabia, mifepristone is not approved or available [1]. There is little information about the safety of misoprostol for the termination of pregnancy or induction of labor in women with scarred uteri and multiple cesarean deliveries. Although there is no recommended dose or mode of administration for misoprostol in patients with scarred uteri and high parity, it is advisable to use a low dose. Misoprostol use in women with scarred uteri can lead to uterine rupture, but few incidences have been reported in the literature. However, caution is advisable [2,3].

Misoprostol administered orally has a rapid onset of action and increases uterine tone, but contractions are not experienced unless repeated doses are administered. In addition, women usually prefer oral administration. Vaginal administration offers prolonged activity, greatest bioavailability, and a lower incidence of adverse effects [4].

Use of misoprostol for termination of pregnancy in 2 grand multiparous (gravidity >10) women each with 3 previous cesarean deliveries is summarized in Table 1. According to the WHO expert dosage guidelines, the maximum dose was not exceeded in either patient. In patient 1 an intracervical Foley catheter with syntocinon infusion was used to ripen the cervix followed by oral administration of 800 μg of misoprostol. Patient 2 received a single dose of 800 μg of misoprostol vaginally.

Table 1
Patient summaries.

Characteristic	Patient 1	Patient 2
Gravidity	G12; P8 + 3	G11; P7 + 3
No. of previous cesarean deliveries	3	3
Gestational age	21 weeks; viable fetus	9 weeks; nonviable fetus
Diagnosis	Severe superimposed PIH	Missed abortion
Bishop score[a]	4	5
Misoprostol dose/route	800 μg orally preceded by intracervical Foley catheter with syntocinon infusion overnight	800 μg vaginally
Time between administration and termination	6 h 45 min	6 h
Surgical evacuation for active bleeding	Yes	Yes

Abbreviations: G, gravidity; P, parity, PIH, pregnancy-induced hypertension.
[a] Bishop score 4: closed, 50% effaced, medium in consistency and midposition cervix; bishop score 5: 1 cm dilated, 50% effaced, soft and anterior cervix.

Favorable results were obtained in both women using a single high dose of misoprostol. The safety of using misoprostol in women with high parity and scarred uteri could not be ascertained from this study. A larger study is needed to confirm the effectiveness and safety of this regimen in patients with high parity who have had more than 2 previous cesarean deliveries.

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