

A Case Study Of 32-Year-Old G3p2I2 Woman Diagnosed with Intrauterine Adhesion Associated with RPOC

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ABSTRACT

Background: Retained Products of Conception (RPOC) is a condition associated with pregnancy termination due to remaining of the trophoblastic tissue within the uterine cavity. It can occur after termination of pregnancy or after both normal and c-section delivery and usually diagnosed by ultrasonography. **Materials and Methods:** The present study was investigated a 32yr old G2P2L2 woman confirmed pregnancy by UPT and approached to the gynecologist. The physician advised ultrasonography, revealed that foetus growth 6weeks 3 days with growing yolk sac and visible foetal pole but no/minimal fetal cardiac activity. The physician advised to go for termination of pregnancy as per Medical Termination of Pregnancy Act (MTP) and prescribed two doses of misoprostol 200 µg. After first dose the woman experienced heavy bleeding and abdominal pain for one day followed by minimal bleeding for next 14 days. On 15th day the woman was advised for ultrasonography to confirm complete termination of pregnancy. **Results:** The sonography report revealed the presence of minimal echogenic contents with vascularity - RPOC so recommended for D&C. **Conclusion:** G3P2L2 woman with no/minimal foetal cardiac activity advised to termination of pregnancy by misoprostol the followed miscarriage associated with minimal echogenic contents.

Keywords: RPOC, Echogenic contents, MTP, Intrauterine adhesion, D&C.

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INTRODUCTION

The word Retained Products of Conception (RPOC) refers to intrauterine adhesion that develops after conception and persists even after medical and surgical termination of prenatal loss and vaginal or cesarean delivery. The occurrence of RPOC appears to be correlated with the gestational age of the pregnancy happening most frequently after delivery or pregnancy termination in the second trimester.¹ Primary risk factors include placenta accreta, instrument delivery and inability to progress delivery.¹ These retained products leads to bleeding and infection which can result in endometritis.² Miscarriage and induced abortions are becoming more prevalent an estimated 42 million abortions were induced in 2003, compared with 46 million in 1995. The rate of induced abortions was 29 per 1000 women aged 15 to 44 years. In 2003, 48% of all abortions reported globally were unsafe out of which 97% were in developing countries.² The passage of Medical Termination of Pregnancy (MTP) Act, of 1971 made abortion

legal in India. Further in 2003 few regulations were published in this act to provide women with access to legal and safe abortion procedures following as per WHO guidelines.^{3,4} The reported RPOC is about 1% after term pregnancy and around 0.4% - 3.8% after early pregnancy loss. However most significant proportion of abortion take place outside the healthcare facilities making RPOC a common incidence as high as 15% after abortions.⁵

Diganosis

RPOC is difficult to identify. The sonographic appearance of intrauterine echogenic material aids for the diagnosis of RPOC. Even though a transvaginal sonography improves imaging for uterine cavity, it still becomes uncertain to differentiate a blood clot from RPOC making the diagnosis challenging at times. The estimation of suspect RPOC is enhanced by combining grayscale and color Doppler identification. A thickened endometrium of 8 to 18mm meets the diagnostic criteria for the evaluation of RPOC.⁶ Surgical Management: Surgical removal of RPOC is performed to reduce infection, vaginal bleeding and avoid infertility. The most prevalent surgical procedures include dilation and curettage.⁷ RPOC is associated with mild persistent bleeding with abdominal discomfort, Asherman's syndrome, subfertility. Frequently RPOC is also linked to Arteriovenous Malformation (AVM), Enhanced Myometrial Vascularity (EMV). A very rare complication of RPOC is osseous metaplasia.⁸ The case presented



DOI: 10.5530/ijper.krupapharmacon.50

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here is a case of RPOC diagnosed after induced abortion in her early pregnancy due to minimal fetal cardiac activity.

MATERIALS AND METHODS

A self retrospective study to evaluate the clinical presentation, diagnostic findings and management of intrauterine adhesion associated with RPOC and this case was managed by Obstetrics and Gynecology hospital in Bangalore.

CASE PRESENTATION

A 32 year old woman presented herself to the gynecologist after confirming her pregnancy at home by Urine Positive Test (UPT). The physician advised for ultrasonography which further confirmed the presence of single live intrauterine gestation sac of 12mm*5.4mm*9.2mm* were showed in Figure 1. with growing yolk sac, visible foetal pole but with no/minimal foetal cardiac activity. Approximate gestational age was 6 weeks and 3 days (45 days).⁹ Her baseline laboratory investigations like CBC, RBS, LFT, Serum electrolytes, Beta HcG were found to be normal. Because of less cardiac activity the case was advised to undergo termination of pregnancy as per MTP Act, 1971 after obtaining an informed consent form the couple. The case was advised to take two doses of misoprostol 200 µg within 2 hr of taking first dose of misoprostol the patient experienced heavy bleeding with severe abdominal discomfort she followed to take second dose of misoprostol the same day. She experienced minimal bleeding continued for next 14 days. On the 15th day when bleeding completely subsided she reported to the physician and was again advised to undergo

ultrasonography to confirm complete termination of pregnancy but was diagnosed with minimal echogenic contents measuring 1.6X1.1cm were showed in Figure 2 with vascularity associated by RPOC.

In this case RPOC was managed surgically,¹⁰ by performing Dilation and Curettage (D&C). The procedure was performed under short general anesthesia. The patient was positioned under aseptic conditions. Cervix was dilated with dilators and a curette is introduced into the uterine cavity and gently scraped to remove the retained tissue until the uterine cavity felt smooth and empty.

Post-operative Care and follow-up

The patient was monitored for vital signs and vaginal bleeding and shifted out of operation theatre once homeostasis was achieved. Upon discharge the case was put on antibiotic Tab ofloxacin 200 mg twice a day for 5 days to prevent infections that may arise after gynecological procedures and Tab ferrous sulfate daily night for 1 month to replenish iron stores and review after 1 week.

DISCUSSION

Retained products of conception is a very common complication following medical termination of early pregnancy. Medical management of abortion using misoprostol is usually advised because of its safety, accessibility and effectiveness in early gestations. However incomplete expulsion of gestational tissue leads to persistent bleeding. In this case despite the apparent clinical completion of abortion, follow-up ultrasonography revealed persistent vascularity with retained tissue. This case,



Figure 1: Ultrasonography of live intrauterine gestation.



Figure 2: Minimal echogenic findings Management of RPOC.

indicates intrauterine adhesion that increases the risk of continued bleeding and other secondary complications. Early detection of RPOC through ultrasonography is essential because untreated RPOC may lead to complications such as prolonged bleeding, infection or the formation of intrauterine adhesions. In symptomatic cases, surgical evacuation through dilation and curettage or hysteroscopic removal is often recommended to ensure complete clearance of the uterine cavity.^{11,12} This case highlights the importance of structured follow-up after medical abortion. even though medical methods are effective, incomplete evacuation may still occur particularly in early gestations. Timely ultrasonographic diagnosis helps identify retained tissue and facilitates prompt management, preventing long-term complications.¹³

CONCLUSION

Medical termination of pregnancy at an early stage using misoprostol is generally safe and effective. In some cases it may end up with incomplete abortion and retention of products of conception. This case highlights the significance of careful post-abortion monitoring and timely ultrasonographic findings in patients with prolonged bleeding. Early diagnosis and treatment of echogenic contents reduce the risk of infections or intrauterine adhesions. Appropriate follow-up and individualized management is essential to ensure complete uterine evacuation.

ABBREVIATIONS

RPOC: Retained products of conception; **UPT:** Urine positive test; **MTP:** Medical Termination of Pregnancy; **D&C:** Dilation and curettage; **CBC:** Complete blood count; **RBS:** Random blood sugar; **LFT:** Liver function test; **HcG:** Human chorionic gonadotropin; **AVM:** Arteriovenous malformation; **EMV:** Enhanced myometrial vascularity; **WHO:** World Health Organization.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

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Cite this article: Sravanthi A, Pallavi N, Muthukumar A, Srivastava N, Bhavani K, Reddy GVKK. A Case Study Of 32-Year-Old G3p2l2 Woman Diagnosed with Intrauterine Adhesion Associated with RPOC. *Indian J of Pharmaceutical Education and Research*. Krupapharmacon 2026;323-6.