

SPONTANEOUS ABORTION

Carolina Mendoza PGY-1
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Question 1. The following pts are in their first trimester of pregnancy. Which of the following pts is at the highest risk for spontaneous abortion?

- a. 25 y.o. woman with a BMI of 28 kg/m² and PMHx of SLE and chronic HA for which she takes NSAIDs .
- b. 17 y.o. girl with polysubstance abuse which includes cocaine, cigarette smoking, and alcohol use.
- c. 38 y.o. G4F0P0A3L0 woman with a 1pack/day smoking history.
- d. 19 y.o. w/ PMHx of Celiac disease who presented with a Tmax of 39 C and who is found to have a low folate level.

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Answer-- C

The best documented risk factors for SAb are advanced maternal age, previous spontaneous abortion, and maternal smoking.

Other factors include:

- Alcohol
- Gravity
- Cocaine
- Non-steroidal anti-inflammatory drugs
- Fever
- Caffeine
- Prolonged ovulation to implantation interval
- Prolonged time to pregnancy

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- Low-folate level
 - Maternal weight
 - Celiac disease
 - Chromosomal abnormalities
 - Congenital anomalies
 - Trauma
 - Host factors

Question 2. 16 y.o. female arrives to the ER with complaints of amenorrhea for a few weeks and acute onset of vaginal bleeding and severe lower abdominal cramping.

- Vital signs: T 39 C, HR 110, RR 24, BP 110/68.
- PE: She appears in painful distress but is able to answer questions.


Abdominal exam reveals diffused tenderness in the lower quadrants.

Gynecological exam reveals blood in the vaginal fornix and a dilated cervix.

Bimanual exam reveals a tender, boggy uterus.

* DDX of first trimester bleeding?

- Physiologic (believed to be related to implantation)
- Ectopic pregnancy
- Impending or complete miscarriage
- Cervical, vaginal, or uterine pathology- polyps, inflammation/infection, trophoblastic disease

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- Transvaginal US reveals absence of an embryonic pole with a mean sac diameter of 19 mm. No embryonic cardiac activity is appreciated.

Most likely diagnosis?


- a. Ruptured tubal pregnancy
- b. Missed abortion
- c. Incomplete abortion
- d. Septic abortion

Most likely diagnosis?


- a. Ruptured tubal pregnancy
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- c. Incomplete abortion
- d. **Septic abortion**

Answer-- D

- Common clinical features of septic abortion include fever, chills, malaise, abdominal pain, vaginal bleeding, and discharge, which is often sanguinopurulent.
- Physical examination may reveal tachycardia, tachypnea, lower abdominal tenderness, and a boggy, tender uterus with dilated cervix.

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- Staphylococcus aureus, Gram negative bacilli, or some Gram positive cocci. Mixed infections, anaerobic organisms, and fungi, can also be encountered. The infection may spread, leading to salpingitis, generalized peritonitis, and septicemia.

- Most spontaneous abortions are not septic. Septic abortion is, however, a common complication of illegally performed induced abortion.
- Infrequently, septic abortion is related to foreign bodies (eg, intrauterine contraceptive device, laminaria), invasive procedures (eg, amniocentesis, chorionic villus sampling), maternal bacteremia, or incomplete spontaneous or legally induced abortion.

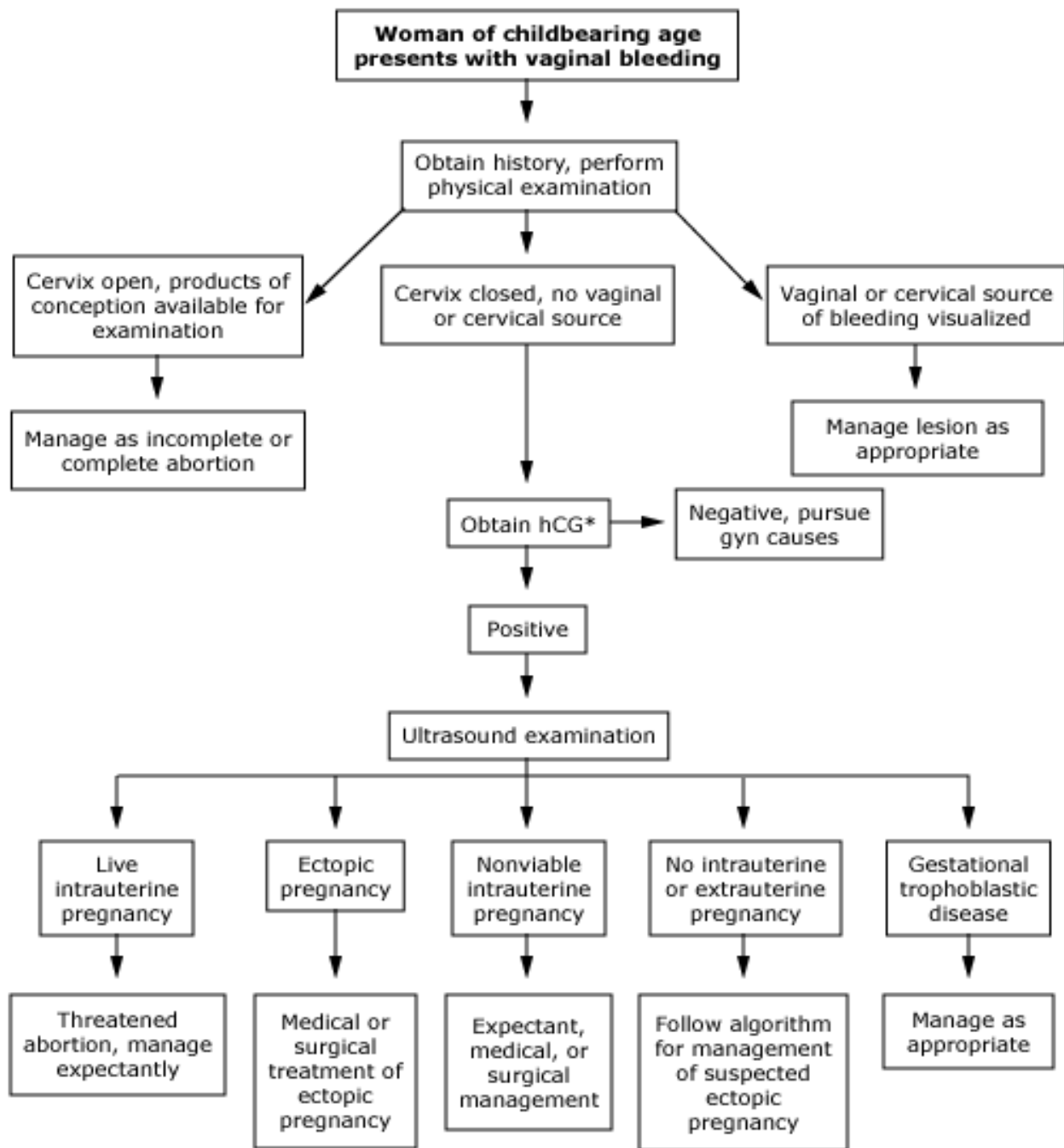
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- TX: Stabilize the patient, obtain blood and endometrial cultures, administer IV broad spectrum antibiotics, prompt surgical evacuation of the uterine contents!

Missed abortion with a small empty gestational sac and blood / fluid in the uterine cavity



Spontaneous abortion (SAb)

- SAb, also known as miscarriage, refers to a pregnancy that ends spontaneously before the fetus has reached a viable gestational age. The World Health Organization defines it as expulsion or extraction of an embryo or fetus weighing 500 g or less from its mother. This typically corresponds to a gestational age of 20 to 22 weeks or less.
- SAb is the most common complication of early pregnancy.
- Treatment depends on the type of SAb.



References

- UpToDate:

Spontaneous abortion: Risk factors, etiology, clinical manifestations, and diagnostic evaluation

Spontaneous abortion: Management

Overview of the etiology and evaluation of vaginal bleeding in pregnant women

- Image: *ultrasoundcases.info*