



The Diagnosis and Management of repeated abortion

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Introduction

- Repeated abortion or Recurrent abortion/Miscarriage or Recurrent pregnancy loss is defined as 3 or more clinically recognized pregnancy loss before 20wks from the last menstrual period (LMP).
- Clinical investigation should be started after two consecutive spontaneous abortion, especially :
 - when fetal heart activity had been identified prior to the pregnancy loss
 - When the women is older than 35 years old of age.
 - When the couple has had difficulty conceiving

Miscarriage/Abortion

- Threatened: light bleeding +/- mild pain, os closed, viable pregnancy.
- Inevitable: heavy bleeding clots +pain, os open
- Incomplete: partially expelled products may be stuck in os.
- Missed: persistent dark brown discharge non-viable fetus retained.
- Recurrent: 3 or more consecutive.

Investigation of repeated abortion/recurrent miscarriage

- Genetic Parental karyotyping
- Anatomic Imaging: hysteroscopy, saline infusion sonography, hysteroscopy, ultrasonography, MRI.
- Endocrine Laboratory testing: thyroid-stimulating hormone, thyroid antibodies, prolactin, fasting glucose.
- Autoimmune Laboratory testing: lupus anticoagulant, antinuclear antibodies, beta-2 glycoprotein.
- Thrombosis Medical and family history
- Infection Endometrial biopsy

Management

Therapeutic Interventions for Recurrent Pregnancy Loss Based on Etiology

Disorder	Therapy
Genetic	Genetic counseling
Balanced translocations	IVF with preimplantation genetic diagnosis
	Donor gametes
Anatomic	
Müllerian anomalies	Hysteroscopic resection of septa, adhesions, and submucosal fibroids
Asherman syndrome	Myomectomy for those intramural and subserosal fibroids >5 cm
Leiomyomas	
Endocrine	

Management

PCOS	Metformin
Hypothyroidism	Thyroid hormone replacement
Luteal phase defect/unexplained	Progesterone supplementation
Diabetes mellitus	Appropriate management of diabetes, insulin if indicated
Infectious	Antibiotics for endometritis or underlying infection
Autoimmune	Low-dose aspirin plus prophylactic LMWH in women without a history of a systemic autoimmune disease [†] such as SLE, or a history of thrombosis
APS	
Other	Combined thrombophilic defects—therapeutic anticoagulation
Non-APS thrombophilias	Isolated defect and no personal or strong family history of thrombotic complications—prophylactic anticoagulation
Environmental exposures	Hyperhomocysteinemia—supplemental folic acid (0.4–1.0 mg/d), vitamin B ₆ (6 mg/d), and possibly vitamin B ₁₂ (0.025 mg/d) Consider prophylactic anticoagulation if hyperhomocysteinemia refractory to dietary intervention Limit exposures that could be factors (eg, tobacco, alcohol, caffeine)

APS, antiphospholipid antibody syndrome; IVF, in vitro fertilization; LMWH, low-molecular-weight heparin; PCOS, polycystic ovarian syndrome; SLE, systemic lupus erythematosus.

Abortion in 2018, Gyn. Calmette Hospital

Month	1 st trimester	2 nd trimester	Subtotal
January	48	10	58
February	40	16	56
March	56	16	72
April	51	24	75
May	60	18	78
June	72	32	104
July	45	28	73
August	43	27	70
September	46	20	66
October	47	27	74
November	30	32	62
December	58	28	86
Total	596	278	874

Abortion in 2019, Gyn. Calmette Hospital

Month	1 st trimester	2 nd trimester	Subtotal
January	52	45	97
February	44	30	74
March	61	28	89
April	49	19	68
May	50	20	70
June	60	34	94
July	50	27	77
August	66	39	105
September	29	21	50
October			
November			
December			
Total	461	263	724

Repeated abortion in Calmette Hospital

Years	1 st Trimester	2 nd Trimester	Subtotal
2018	596/6	273/3	874/9
2019	461/5	263/3	724/8
Total	1057/11	536/6	1598/17

The percentage of repeated abortion in gynecological department, Calmette hospital around 1%

1- Cas reported

H&P

- Mrs B.S.C, 22yrs (H/o: VR 24yrs) Khum Bos Knos, Srok Chamkar Loeu, Khet Kampong Cham
- Married 28/01/2016 (3 consecutive repeated abortion):
 - 1st Pregnancy Loss, 8w5d: after 6 months married (07/2016) : Aspiration by MVA at Kampong Cham private clinic (CCTD).
 - 2nd Pregnancy Loss, 8w1d: after 4 months (12/2016): Aspiration by MVA at Kampong Cham private clinic (OKVR).
 - 3rd Pregnancy Loss, 12w3d: after 7 months (07/2017): Aspiration by MVA at Kg Cham private clinic (ThSD)

1- Cas reported

- After 3rd miscarriage, she has no period (Amenorrhea) up to nowadays.
- On 05/10/2019 : Physical and Gynecological examination:
 - Ultrasound pelvic and transvaginal : myoma intracavity and uterus adhesion (Synerchie uterine compléte)
 - HSG : Impossible, couldn't insert catheter inside
 - Exam Foam: Impossible
 - Hysteroscopic diagnosis & surgery :
 - Polyp isthmic with adhesion endocervix
 - Cloison between both ostiums
 - Myoma interstitiel right lateral wall of uterin
- Hysteroscopic operative : Adhesolyse and resection cloison and myoma with polypectomy.

Ultrasound reported

INDICATION :

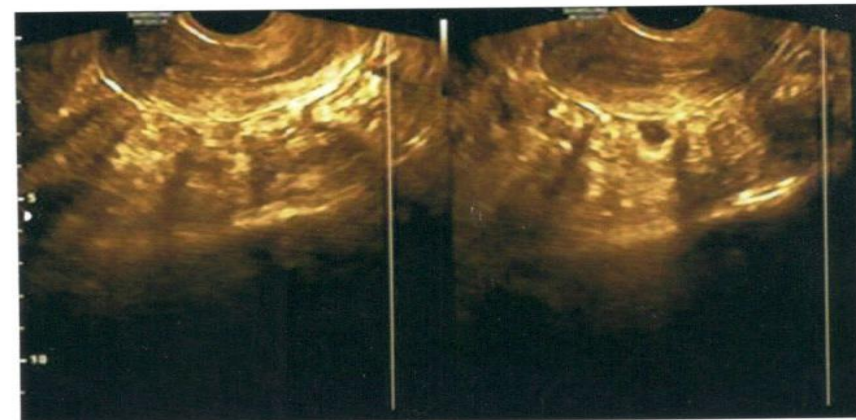
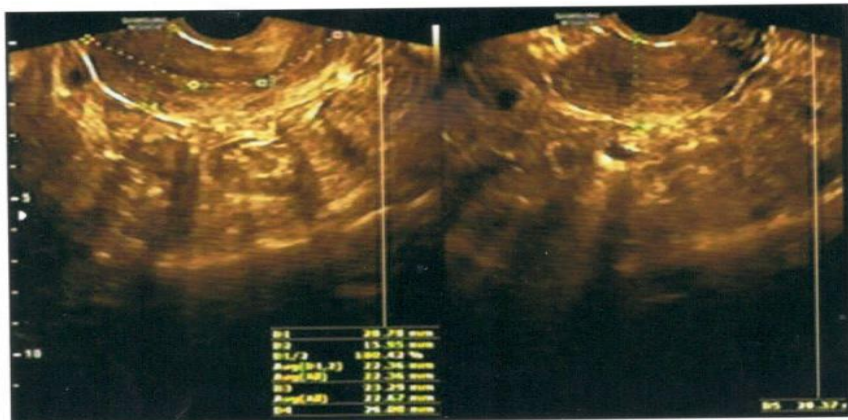
DDR :

RESULTAT :

- Utérus : de position antéversé, de taille : 75 mm de longueur, 46 mm d'épaisseur, 49 mm de largeur, de contours regulier avec structure homogene du myometre
- Endomètre épaissie avec lesion de synerchie au fond de l'utérus
- Ovaire droit : absence d'anomalie décelée.
- Ovaire gauche : absence d'anomalie décelée.
- Cul-de-sac de Douglas : libre.
- Vessie : en semi-réplétion, à paroi fine, sans lithiase visualisée.

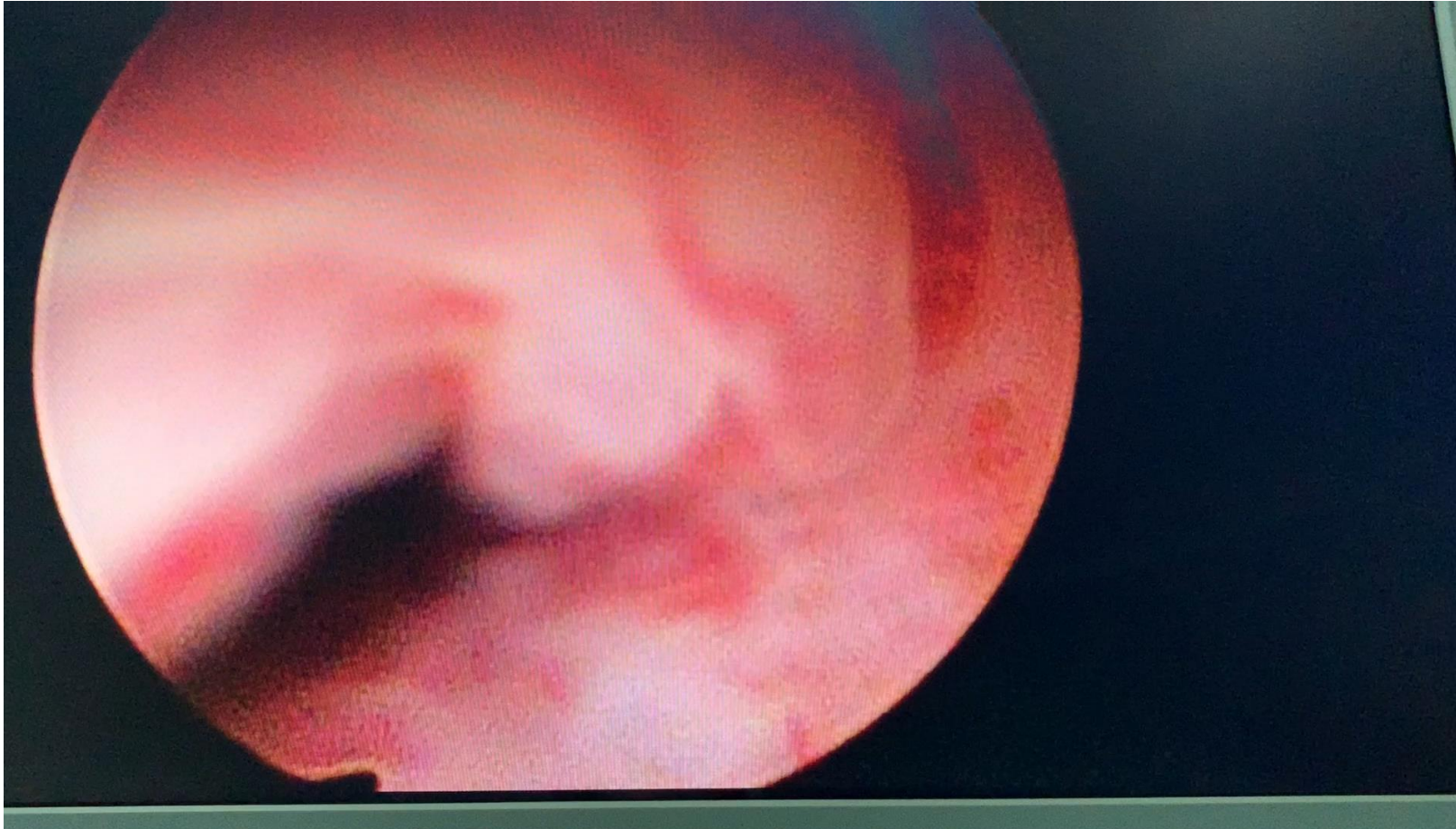
CONCLUSION :

Synerchie partielle au fond e l'utérus.

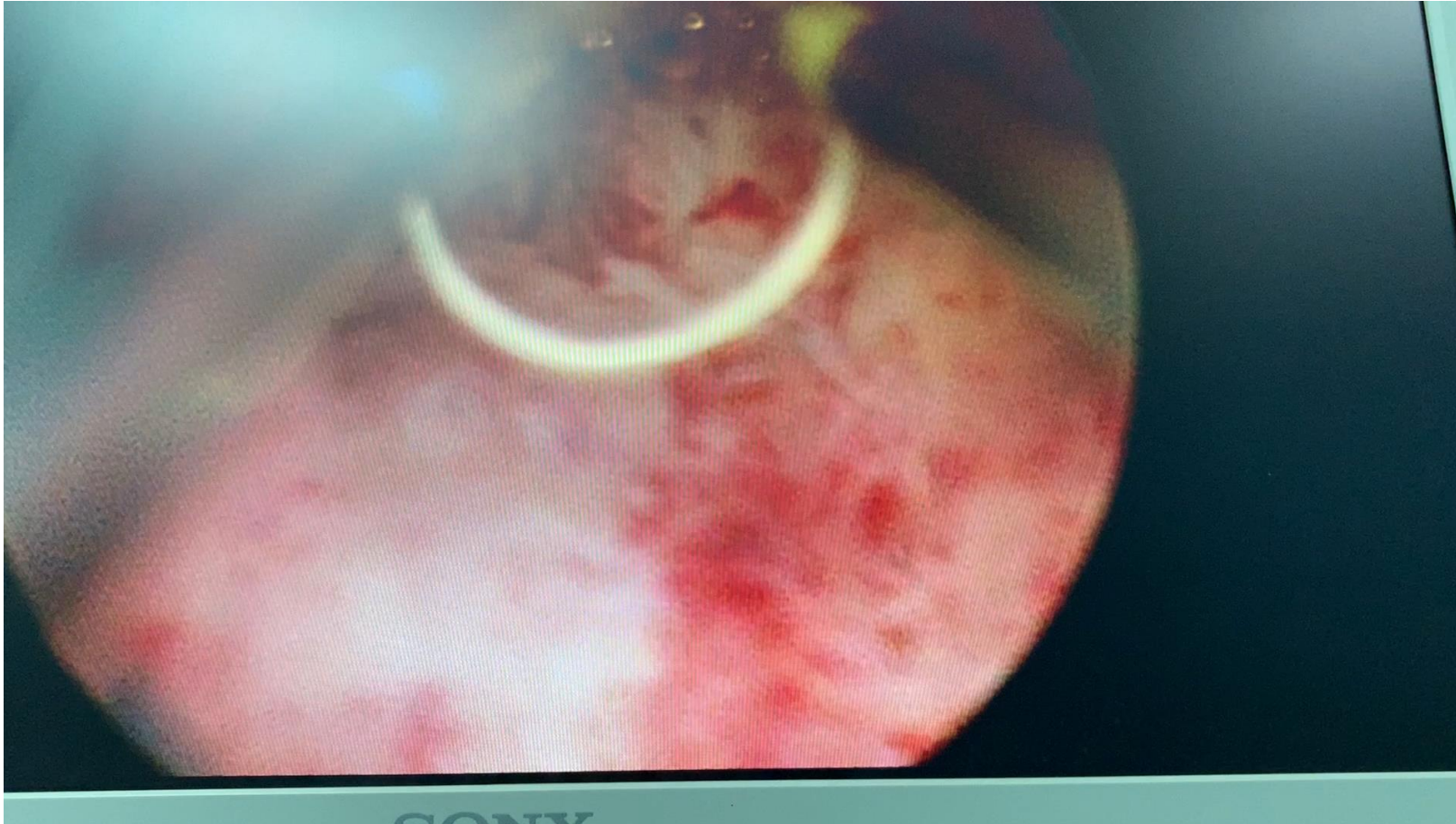


Echographiste

Hysteroscopic diagnosis



Hysteroscopic surgery



Ultrasound post hysteroscopic surgery



2nd Cas reported

- H&P
- Mrs N. Va, 38yrs (H/o: B.R 36yrs) Chom Chao, PHN
- Married on February 2014 with 4 consecutive pregnancy loss:
 - 1st Prgnancy Loss: January 2015, 6w2d : MVA at Calmette Hospital
 - 2nd Prgnancy Loss: November 2016, 16w5d : MA at Calmette Hospital
 - 3rd Prgnancy Loss: May 2017, 8w3d : MVA at L.B.Th. Private Clinic
 - 4th Prgnancy Loss: October 2018, 12w2d : MVA at L.B.T Private Clinic
- After 4 time miscarriage, she has irregular period and menometrorrhagia.

2nd Cas reported

- Ultrasound pelvic and transvaginal : Polyp intracavity and synerchie fundique
- HSG (Hysterosalpnigography) : Uterine adhesion fundic and impermeability of left ostium
- Hysteroscopic dignosis : Polyp intracavity and fundic uterine adhesion grade II.
- Hysteroscopic sugery : Polypectomy , adhesiolyse and resection

Ultrasound reported

INDICATION :

DDR :

RESULTAT :

- Utérus : de position antéversé, de taille : 75 mm de longueur, 46 mm d'épaisseur, 49 mm de largeur, de contours regulier avec structure homogene du myometre, Polype endocavitaire
- Kyste de Naboth cervico-ithmique
- Ovaire droit : Kyste de l'ovaire droit fonctionnel.
- Ovaire gauche : absence d'anomalie décelée.
- Cul-de-sac de Douglas : libre.
- Vessie : en semi-réplétion, à paroi fine, sans lithiasse visualisée.

CONCLUSION :

Polype endocavitaire.

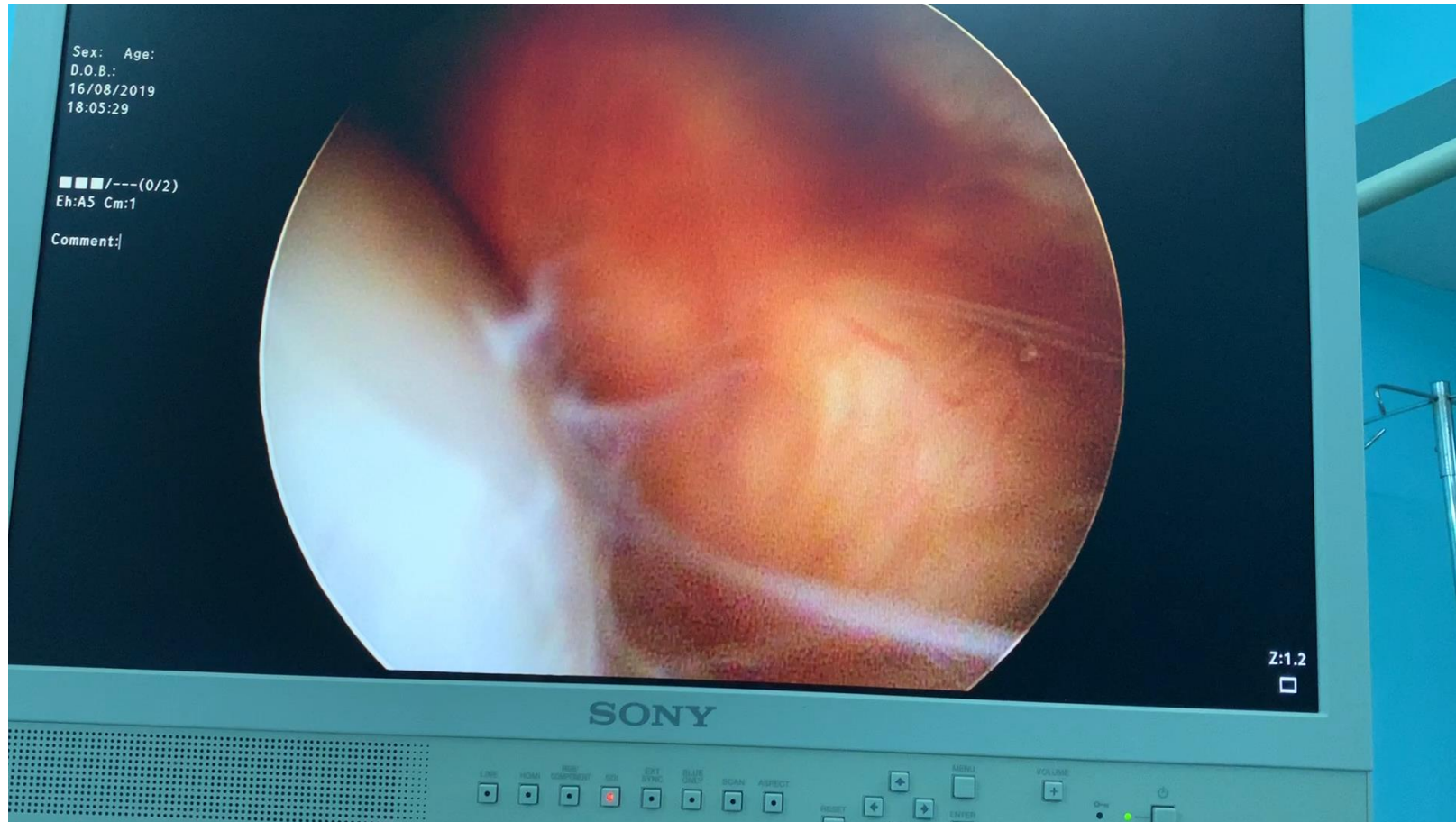
Kyste de l'ovaire droit

Kyste de Naboth du col utérin

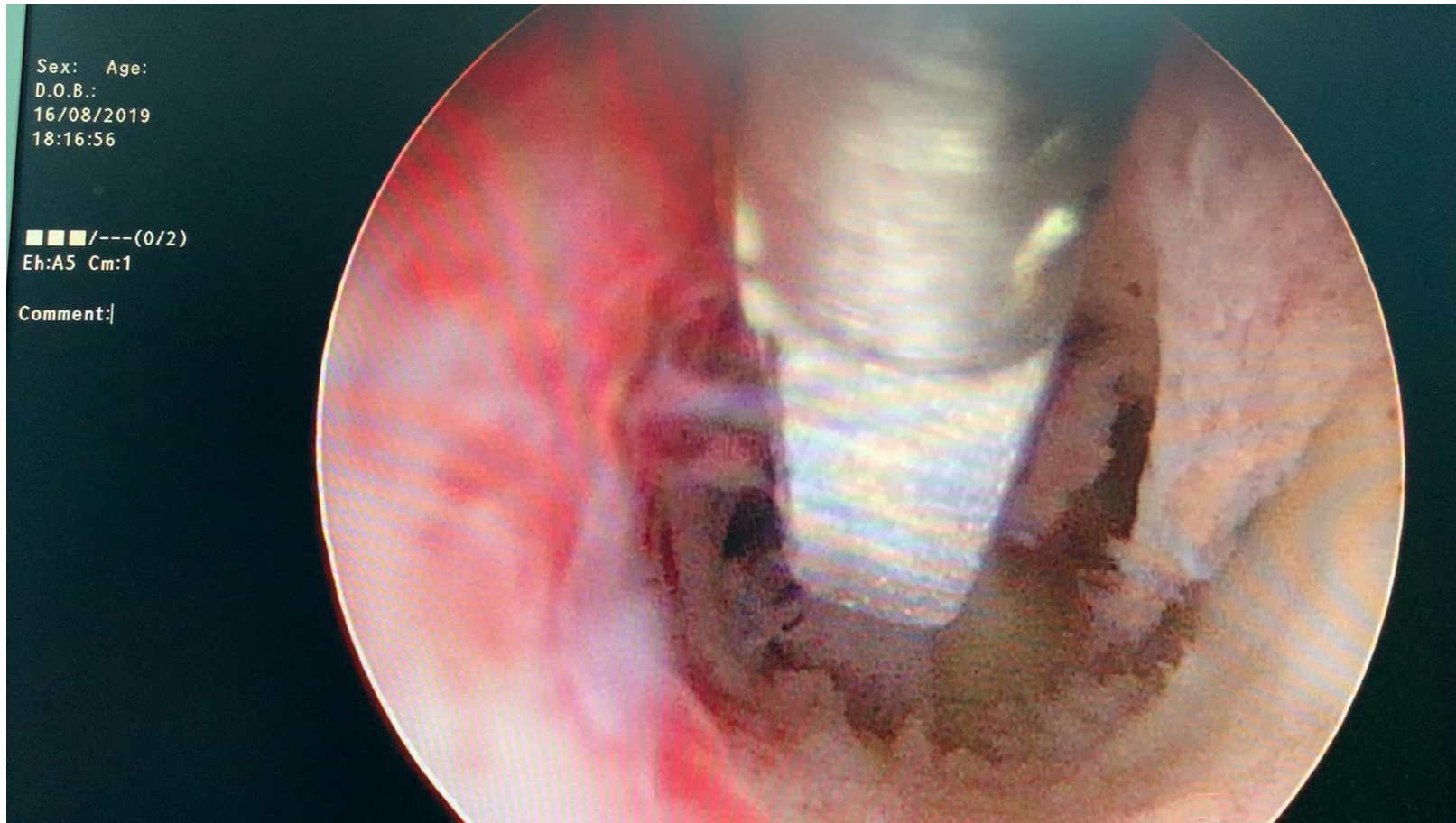


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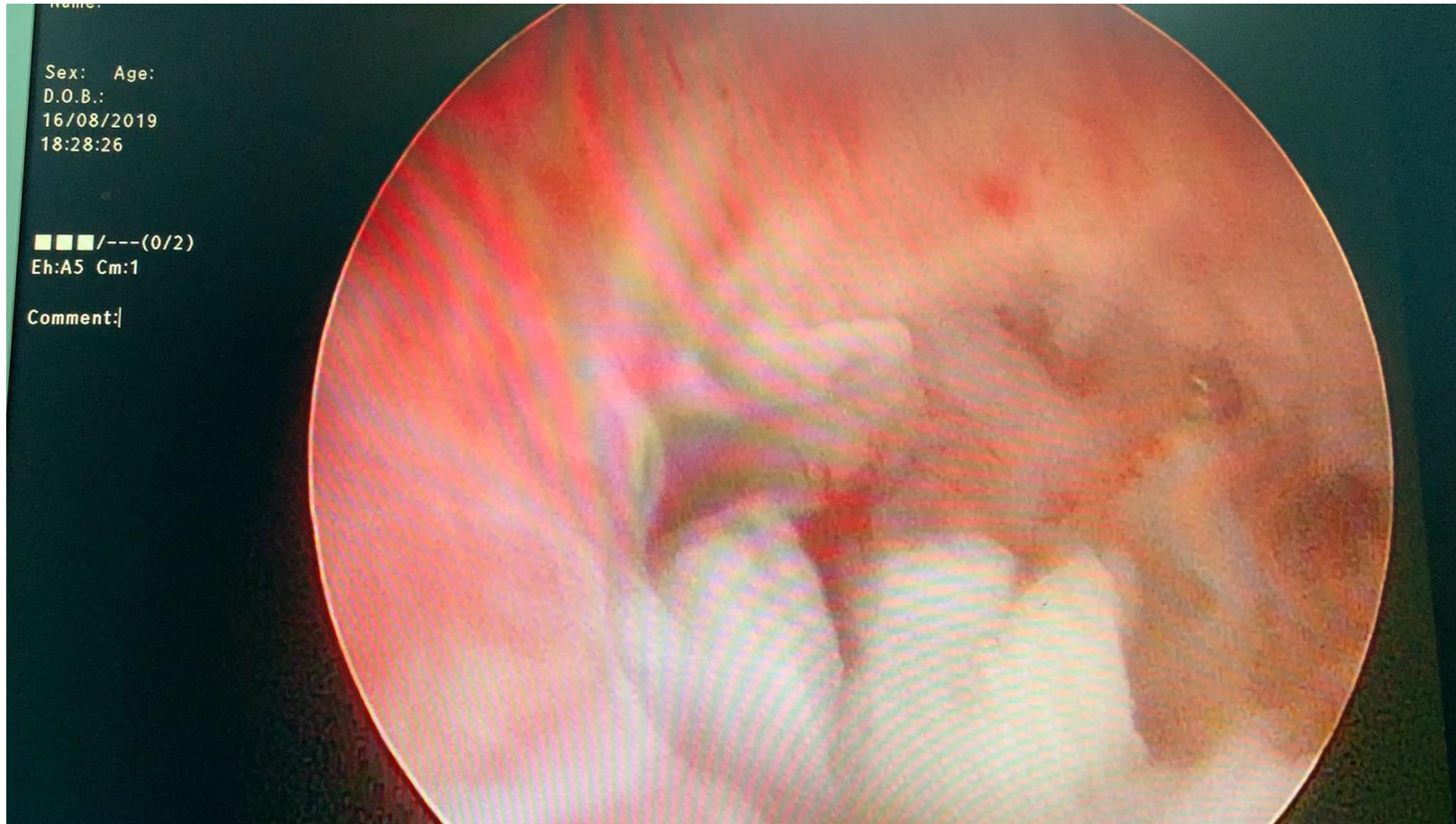
Hysteroscopic diagnosis



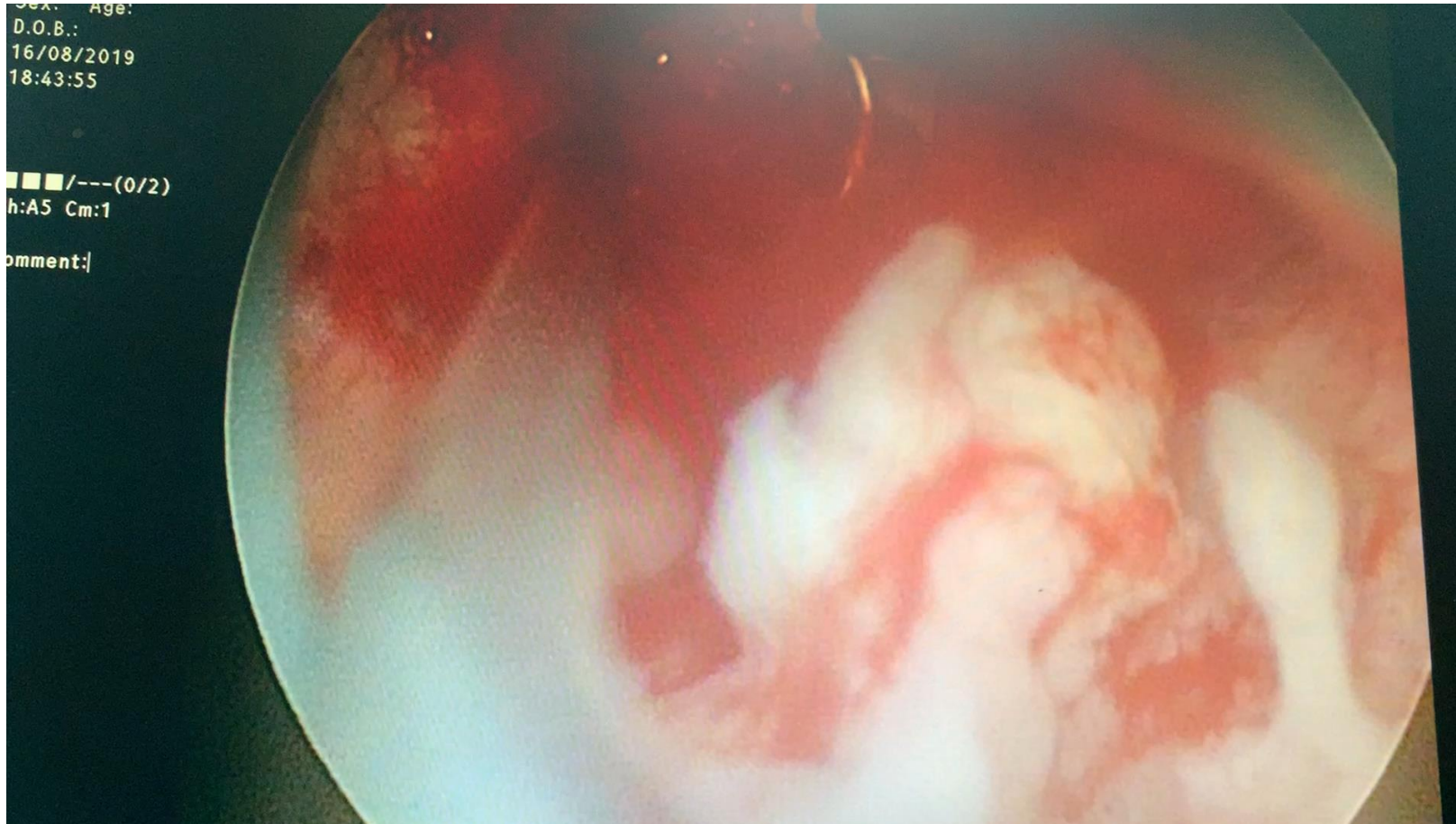
Hysteroscopic surgery



Hysteroscopic surgery



Hysteroscopic surgery



3rd Cas reported

- H&P
- Mrs S P, 37yrs (H/o: S.S.L 39yrs) Steng m. chey, PNH
- Married on November 2002 with 4 consecutive pregnancy loss:
 - 1st Prgnancy Loss: 13/06/2003, 16w2d : MA at Calmette Hospital
 - 2nd Prgnancy Loss: 24/09/2007, 24w5d : MA at Calmette Hospital
 - 3rd Prgnancy Loss: August 2016, 15w3d, malfor : MVA at private clinic (SSP)
 - 4th Prgnancy Loss: May 2017, 6w2d,oeuf claire : MVA at Rhac clinic
- After 4 time miscarriage, she has no period at all.

3rd Cas reported

- Ultrasound pelvic and transvaginal : Synerchie complet (Full uterine adhesion)
- Hysterosalpingography: Uterine adhesion impossible insert catheter
- Hysteroscopic dignosis : impossible, can't insert telescope inside.
- Hysteroscopic sugery and diagnosic simultaneous by scissors :
Adhesion cervico-isthmic and cloison intracavity.

INDICATION : Aménorrhée

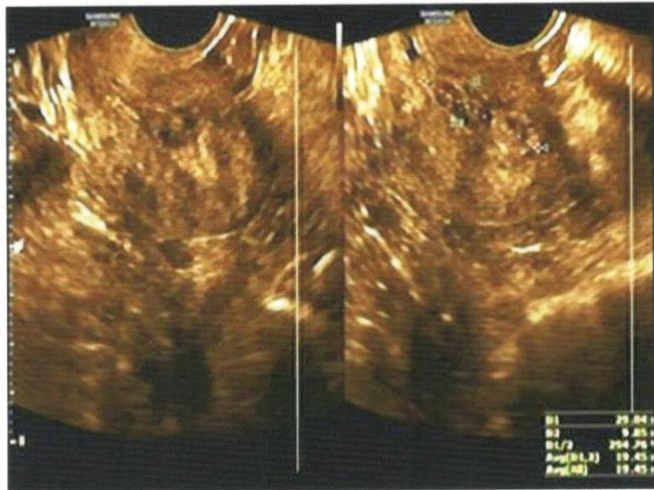
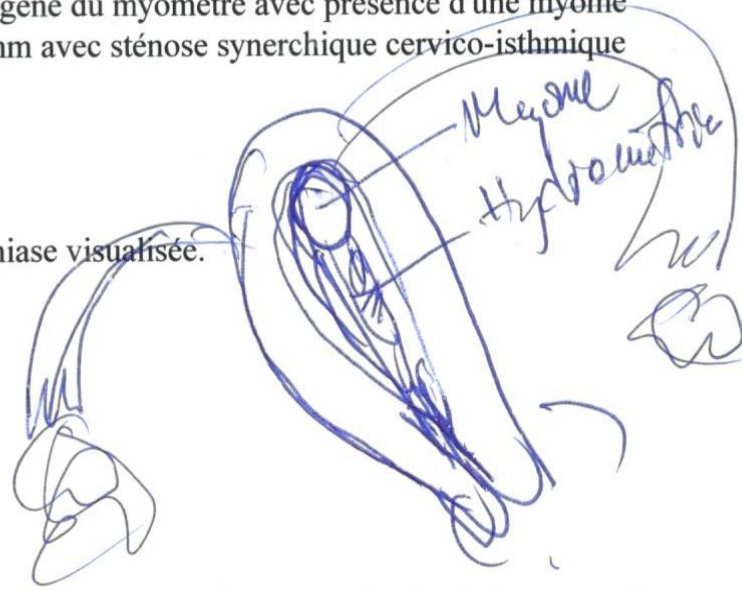
DDR :

RESULTAT :

- Utérus : de position antéversé, de taille : 75 mm de longueur, 46 mm d'épaisseur, 49 mm de largeur, de contours régulier avec structure homogène du myomètre avec présence d'un myome intracavitaire 10 x 8 mm et hydrométrie 29 x 10 mm avec sténose synerchique cervico-isthmique post abortum
- Ovaire droit : absence d'anomalie décelée.
- Ovaire gauche : absence d'anomalie décelée.
- Cul-de-sac de Douglas : libre.
- Vessie : en semi-réplétion, à paroi fine, sans lithiase visualisée.

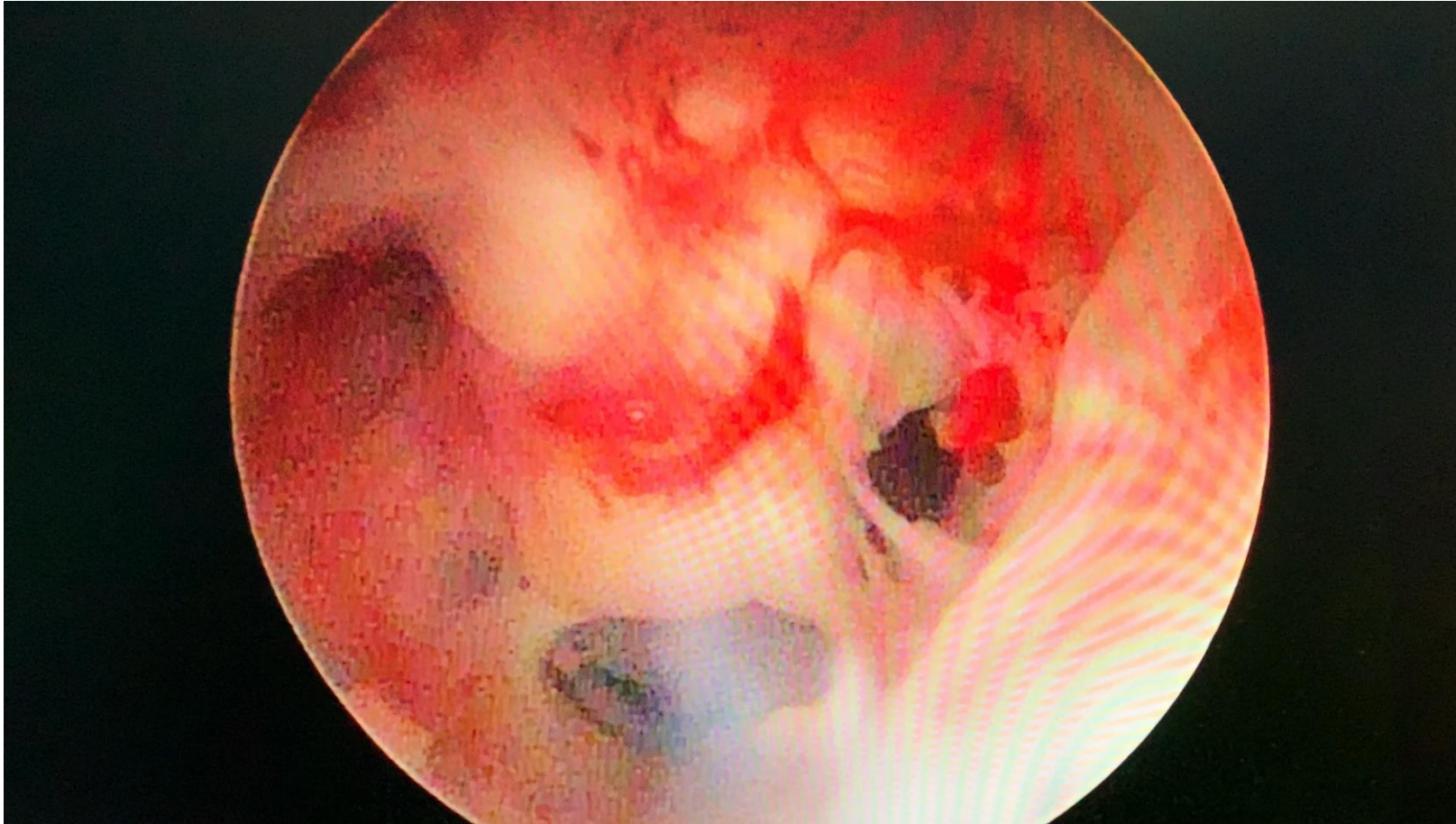
CONCLUSION :

Hydrométrie par synerchie cervico-isthmique.
Myome utérin intracavitaire

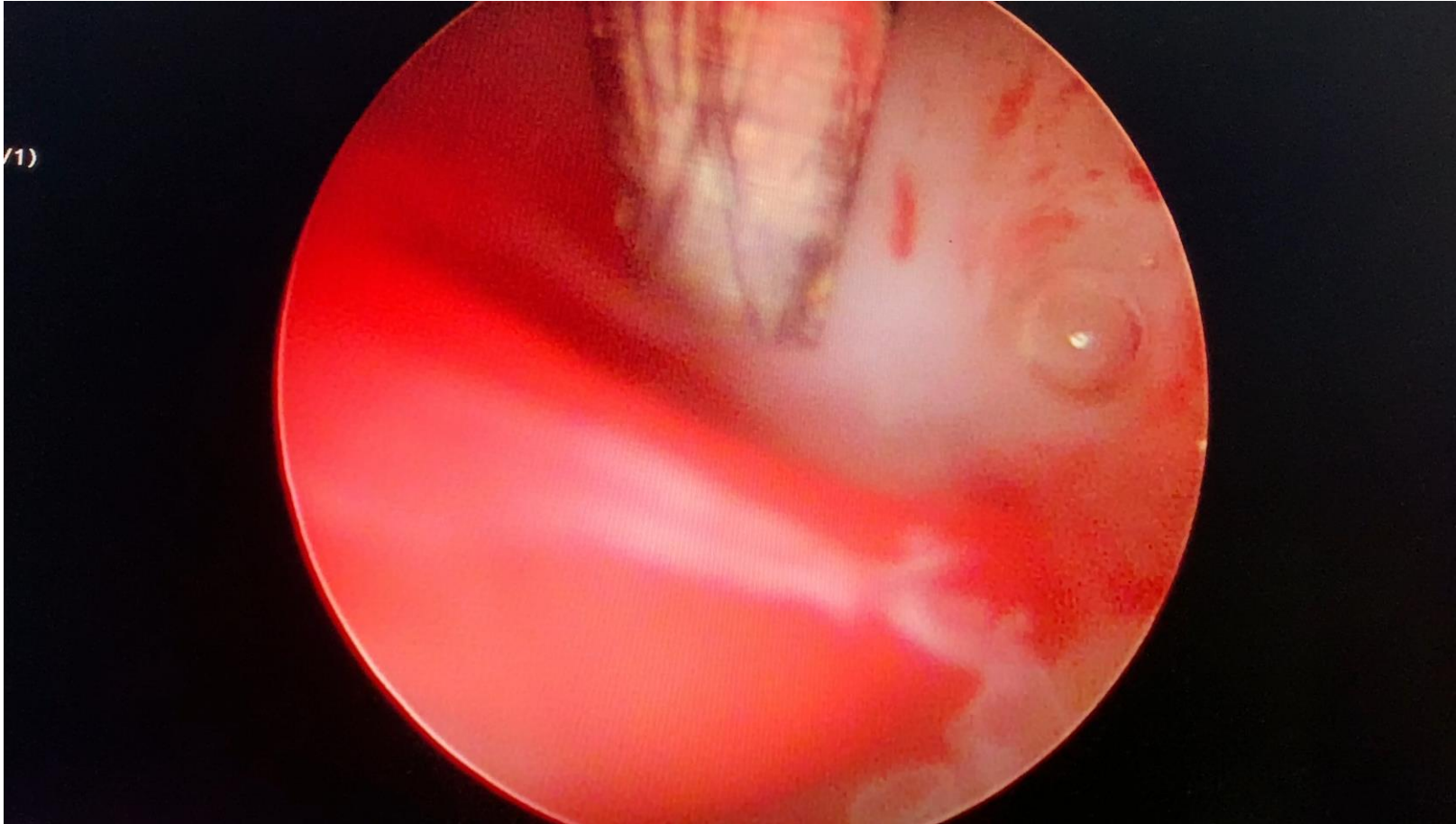


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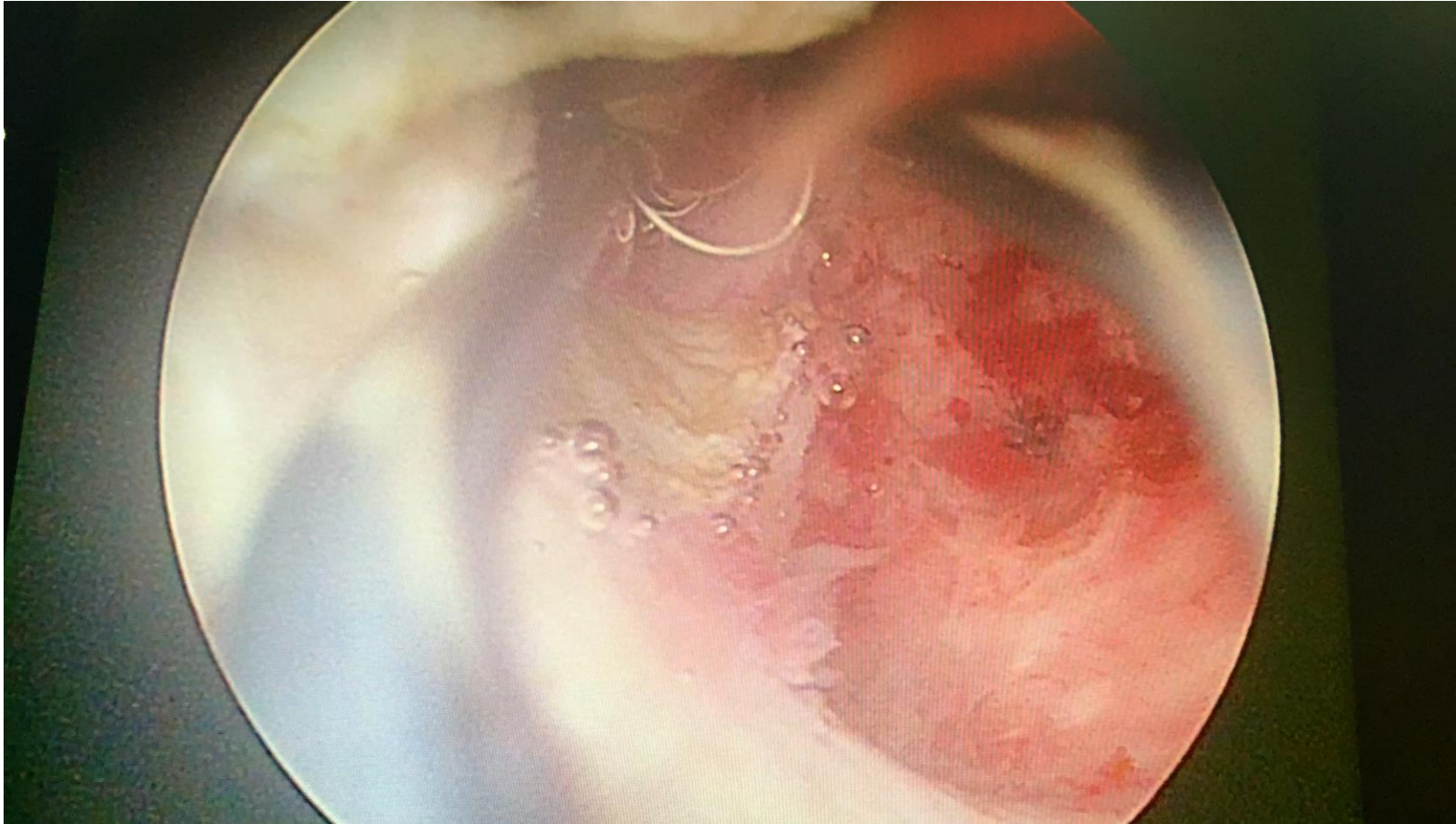
Hysteroscopic diagnosis



Hysteroscopic surgery



Hysteroscopic surgery



Ultrasound post hysteroscopic surgery



Ultrasound post hysteroscopic surgery



Ultrasound post hysteroscopic surgery



Ultrasound post hysteroscopic surgery

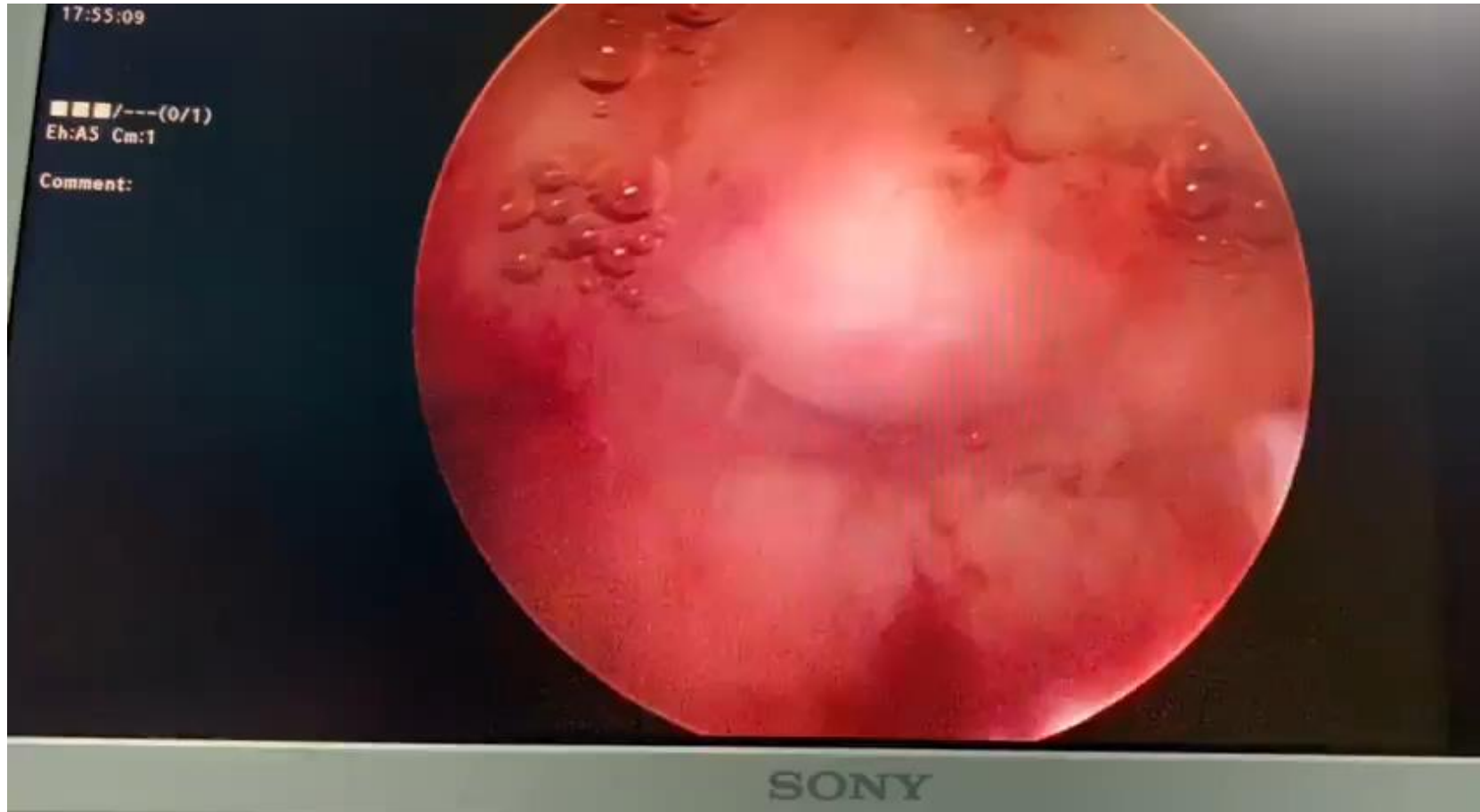


4th Cas Reported

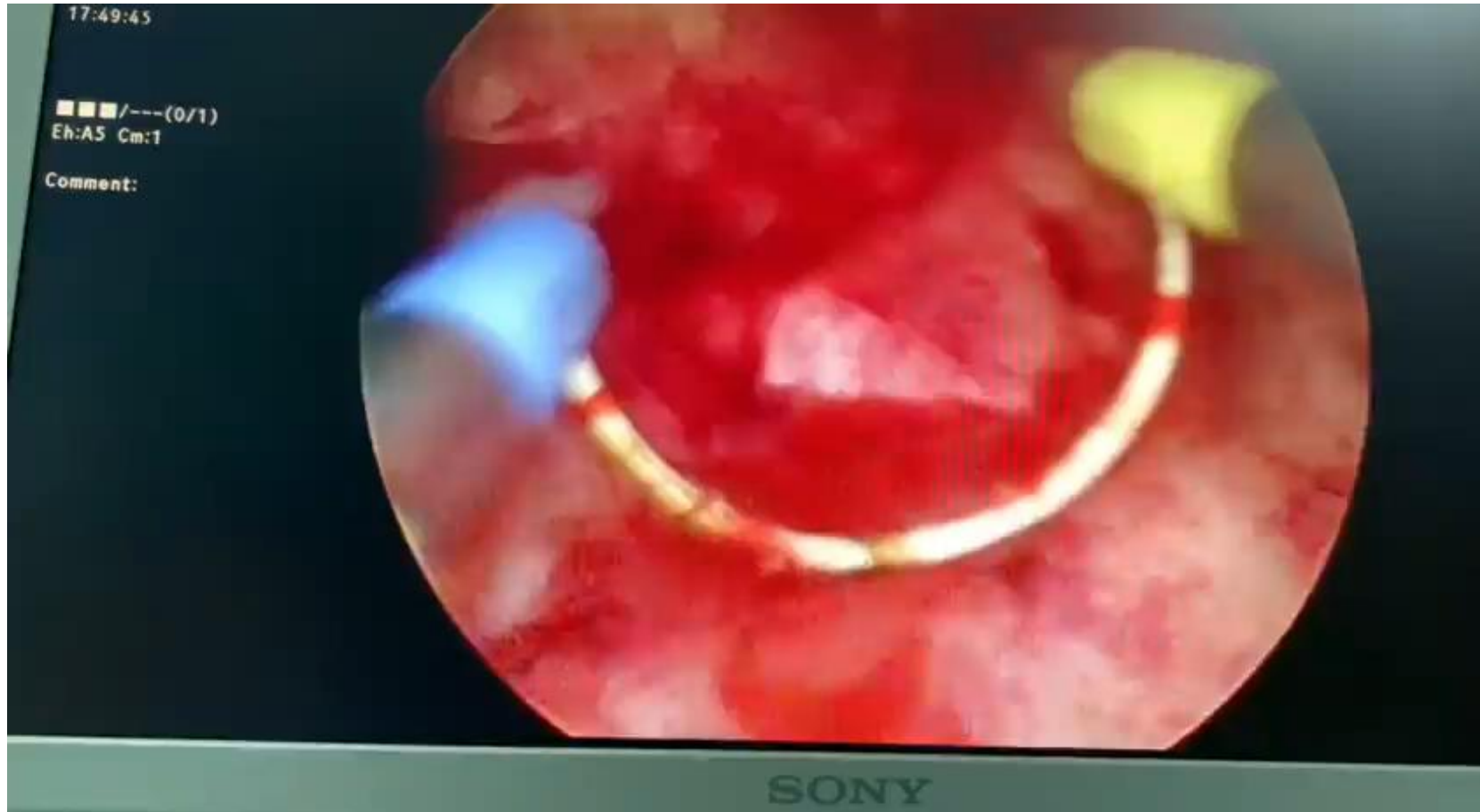
H&P

- Mrs C.K.H, 38yrs (H/o: H.S.T,40yrs) Stoeung m.chey, PNH
- Married on 15/05/2016,no Birth-spacing using method with 3 consecutive pregnancy loss:
 - 1st Prgnancy Loss: 07/2016, 6w2d : MVA at private clinic (SRY)
 - 2nd Prgnancy Loss: 12/2016, 7w5d : MVA at S.Sok Hospital
 - 3rd Prgnancy Loss: 05/2017, 15w3d, Bleeding : MVA at Calmette
- IUI not success and HSG, 10/2017 : Uterine fibroma intracavity with adhesion fundus.

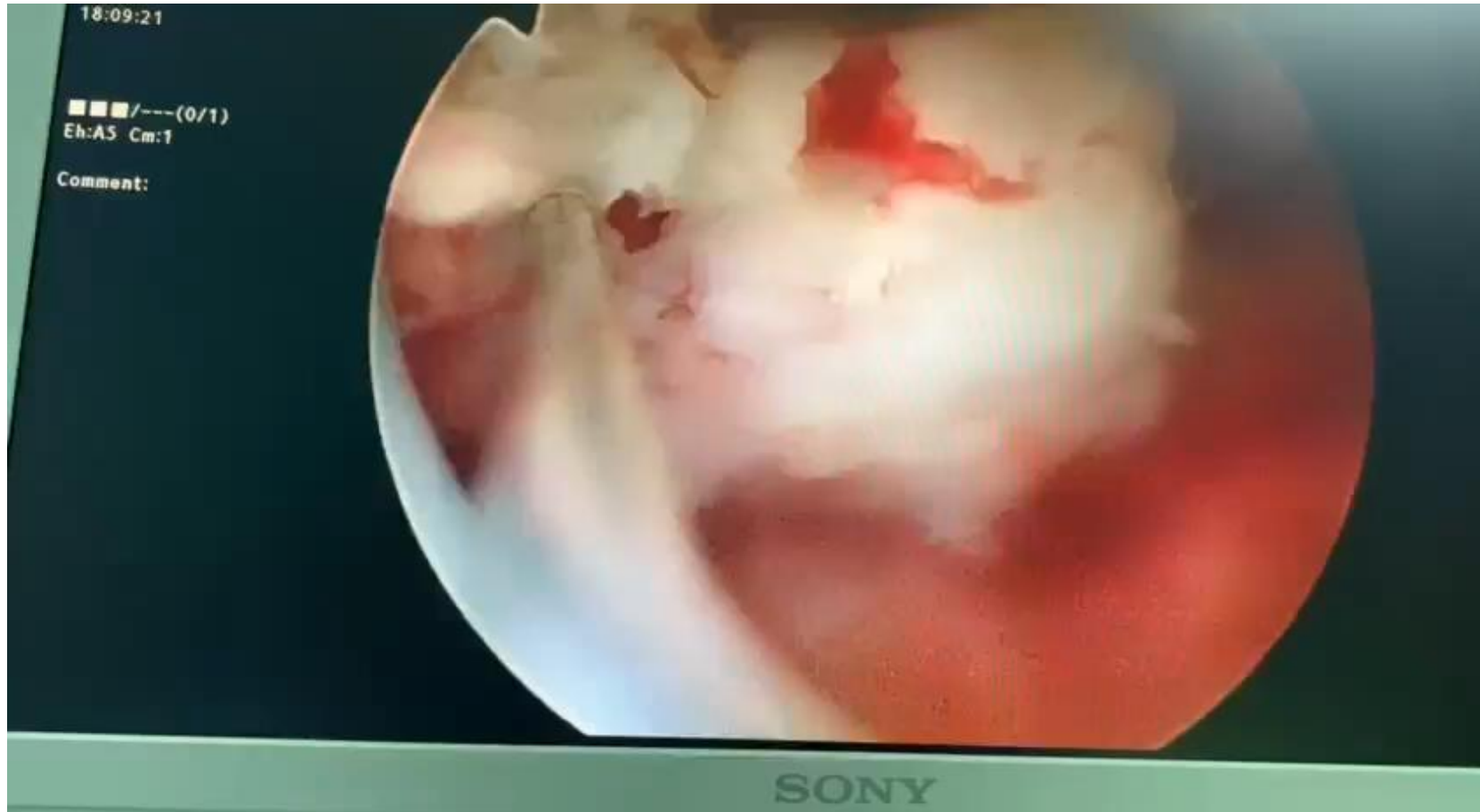
Hysteroscopic diagnosis



Hysteroscopic surgery



Hysteroscopic surgery



4th Cas Reported

- Hysteroscopy diagnostic and surgery on 28/10/2017 :
 - Myomectomy : Resection moyoma by hysteroscopy
 - Baloon intrauterine for 24h or 48h
 - DIU for 3months to 6 months
 - Bi-phasic hormonal treatment
 - After regular periods, take out DIU and follow up by hormonal treatment
- Get spontanous pregnancy by LPD: 17/02/2019
- Baby boy was delivery by C-section on 05/10/2019 with uterin polyfibroid + Placent accreta and Bi-lynh + Uterine artery ligation .

Thanks For Your Attention

