

Limb reduction anomaly after failed misoprostol abortion

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Case report

A 42-year-old woman, para 5, gravida 6, was admitted to Coronation Hospital on 2 June 1997. She reported vaginal bleeding for the past month and draining of amniotic fluid for 2 days. She had had 5 normal deliveries, the last having been of twins, and her 6 children ranged in age from 8 years to 18 years. Her last menstrual period had been on 25 November 1996. She, her husband and 3 of her children had been born with an extra digit on one or both hands. The past medical history was otherwise non-contributory.

The patient gave the following history relevant to the current pregnancy. In March 1997 pregnancy had been diagnosed by a general practitioner, and she had gone to her local hospital to request termination of pregnancy in terms of the newly promulgated Act. An ultrasound scan confirmed pregnancy of about 13 weeks' duration. Termination of the pregnancy was attempted with misoprostol tablets, one inserted vaginally on 4 consecutive days. On the 4th day some vaginal bleeding occurred. One week later she was admitted to the hospital for sterilisation. A minilaparotomy was performed under general anaesthesia, and after the operation she was informed that the sterilisation had not been performed because she had been found to still be pregnant. She had decided not to make any further attempt at termination of the pregnancy.

On the patient's admission to Coronation Hospital on 2 June, her general condition was found to be good. The uterus was soft and non-tender and the symphysis-fundus measurement was 24 cm. Vaginal examination with a speculum confirmed drainage of non-offensive amniotic fluid and slight bleeding. Ultrasound examination revealed a breech presentation with measurements corresponding to 26 weeks' gestation, an estimated fetal weight of 970 g and greatly reduced amniotic fluid volume, which made detailed assessment for fetal anomalies difficult.

The patient was counselled about the risks of ruptured membranes at this gestational age, and the option of induction of labour, but she requested conservative management. She was treated with prophylactic antibiotics and steroid therapy to promote fetal lung maturity. Her

condition was monitored with temperature charting, daily cardiotocography and alternate-day leucocyte counts and C-reactive protein estimations. No clinical or laboratory evidence of amnionitis was detected. Ultrasound examinations on 15 June and 24 June showed persistent severe oligohydramnios and estimated fetal weights of 1 100 and 1 135 g, respectively.

On 26 June the patient reported reduced fetal movements. Cardiotocography showed reduced fetal heart rate variability and repetitive fetal heart rate decelerations. Because of suspected fetal compromise, caesarean section was performed under spinal analgesia. A female infant was delivered as a breech, with good Apgar scores. She had an extra digit on each hand, and the right lower limb was absent below the knee (Fig. 1). Mother and infant were discharged from the hospital in good condition. The child was to return for orthopaedic care.

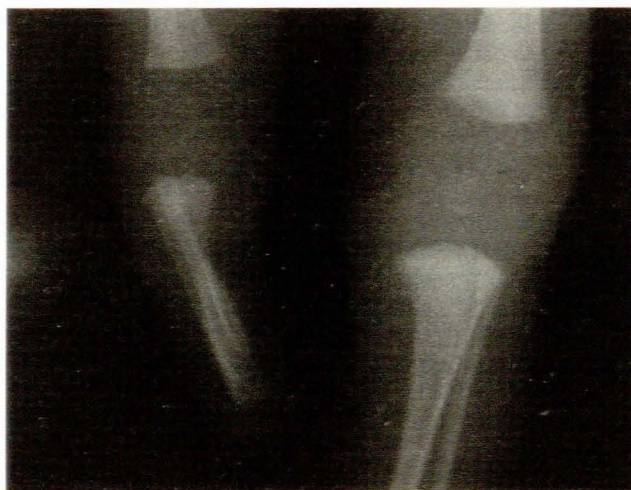


Fig. 1. Radiograph of the infant described in this report, showing below-knee limb reduction anomaly of the right leg after a failed attempt at abortion with misoprostol.

Commentary

This is to our knowledge the first reported case in South Africa of limb reduction anomaly in a surviving infant following failed abortion. Limb reduction has been well described as a teratogenic effect of misoprostol administration. Although we do not have documentation of the sequence of events in early pregnancy, which were based on the history given by the patient, the typical nature of this unusual anomaly is highly suggestive of misoprostol teratogenicity.

Misoprostol (Cytotec; Searle) is a methyl ester of prostaglandin E₁ and is marketed for use in the prevention and/or treatment of peptic ulcer disease caused by prostaglandin synthetase inhibitors. It is also an effective abortifacient, both alone and following pretreatment with RU-486.¹ Its widespread use in Brazil²⁻⁵ resulted in the identification of teratogenic effects,⁶ particularly limb reduction defects⁷ such as was seen in our case, following unsuccessful attempts to terminate pregnancies.

It is vital that health workers using misoprostol for termination of pregnancy be aware of these risks, and

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counsel their clients in detail about the teratogenic effects and the need to complete the termination of pregnancy once it is embarked upon.

Misoprostol has become an integral part of the primary care pregnancy termination services in South Africa. There is an urgent need for the health authorities to issue guidelines on its use regarding dosage, complications and counselling, and indemnity for doctors and nurses who use it according to these guidelines for unregistered indications such as pregnancy termination.

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