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Prevalence of blighted ovum in first trimester of pregnancy:
a hospital based study

Abo Bakr A. Mitwally¹, Dina Eldeen M. Abd El Aal¹, Nermeen Taher², Ahmed M. Abbas^{1*}

¹Department of Obstetrics and Gynecology, Faculty of Medicine, Assiut University, Assiut, Egypt
²Department of Obstetrics and Gynecology, Sahel Selim Hospital, Assiut, Egypt

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***Correspondence:**
Dr. Ahmed M. Abbas,
E-mail: bmr90@hotmail.com

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ABSTRACT

Background: The aim of this study is to know the prevalence of blighted ovum among pregnant women in 1st trimester attending our hospital during their antenatal visits and to know the fate of blighted ovum either if there is spontaneous expulsion of the sac or need of medical induction or surgical evacuation.
Methods: This observational study was conducted at Obstetrics and Gynecology Department, Women Health Hospital and Sahel Selim Hospital, Egypt from November 2015 to February 2018. All patients recruited in this study attended the antenatal care clinics for antenatal follow-up during their first-trimester of pregnancies.
Results: All cases of the study were less than 14 weeks. The mean gestational age was 8.93±1.01 (7.0-11.0) weeks. In patients less than 20 years old, (73%) there is a significant increase in surgical treatment (dilatation & curettage) after failure of medical treatment, patients more than 40 years old (50.7%) there is a significant increase in medical treatment after success taking misoprostol so there is no need to a surgical treatment by (dilatation & curettage) in the majority of cases.
Conclusions: The prevalence of blighted ovum was 15.6%. Also, the prevalence of blighted ovum was statistically significant increased with increase maternal age and also, we noticed that there was a statistically significant association between early pregnancy failure and a history of previous early pregnancy loss.

Keywords: Abortion, Blighted ovum, Expulsion, Miscarriage

INTRODUCTION

Spontaneous abortion (SA), also known as miscarriage, refers to a pregnancy that ends spontaneously before the fetus has reached a viable gestational age.¹ SA is the most common complication of early pregnancy. The frequency of SA decreases with increasing gestational age. Eight to twenty % of clinically recognized pregnancies under 20 weeks of gestation will undergo SA; 80 % of these occur in the first 12 weeks of gestation.² Loss of unrecognized or subclinical pregnancies is even higher, occurring in 13to26 % of all pregnancies.³ Description of first trimester losses can be somewhat confusing, due to non-standardized terminology. The term blighted ovum has been largely abandoned, although debate concerning

terms such as an embryonic pregnancy and missed abortion, which are still commonly used.⁴

Jauniaux and colleagues have attempted to simplify the descriptions of first trimester losses by characterizing pregnancy loss according to the stage of the process the patient is in at the time of presentation to the practitioner.⁵ Simplified recommendations use the terms complete, incomplete, and delayed pregnancy loss. The number of abortions worldwide has remained stable in recent years, about 41.6 million in 2003 and 43.8 million in 2008. The same rate was recorded in 2012 study indicate the same as in 2008.⁶ The abortion rate worldwide was 21%. About 20% in developed countries and 26% in developing countries.⁷ Most abortions which

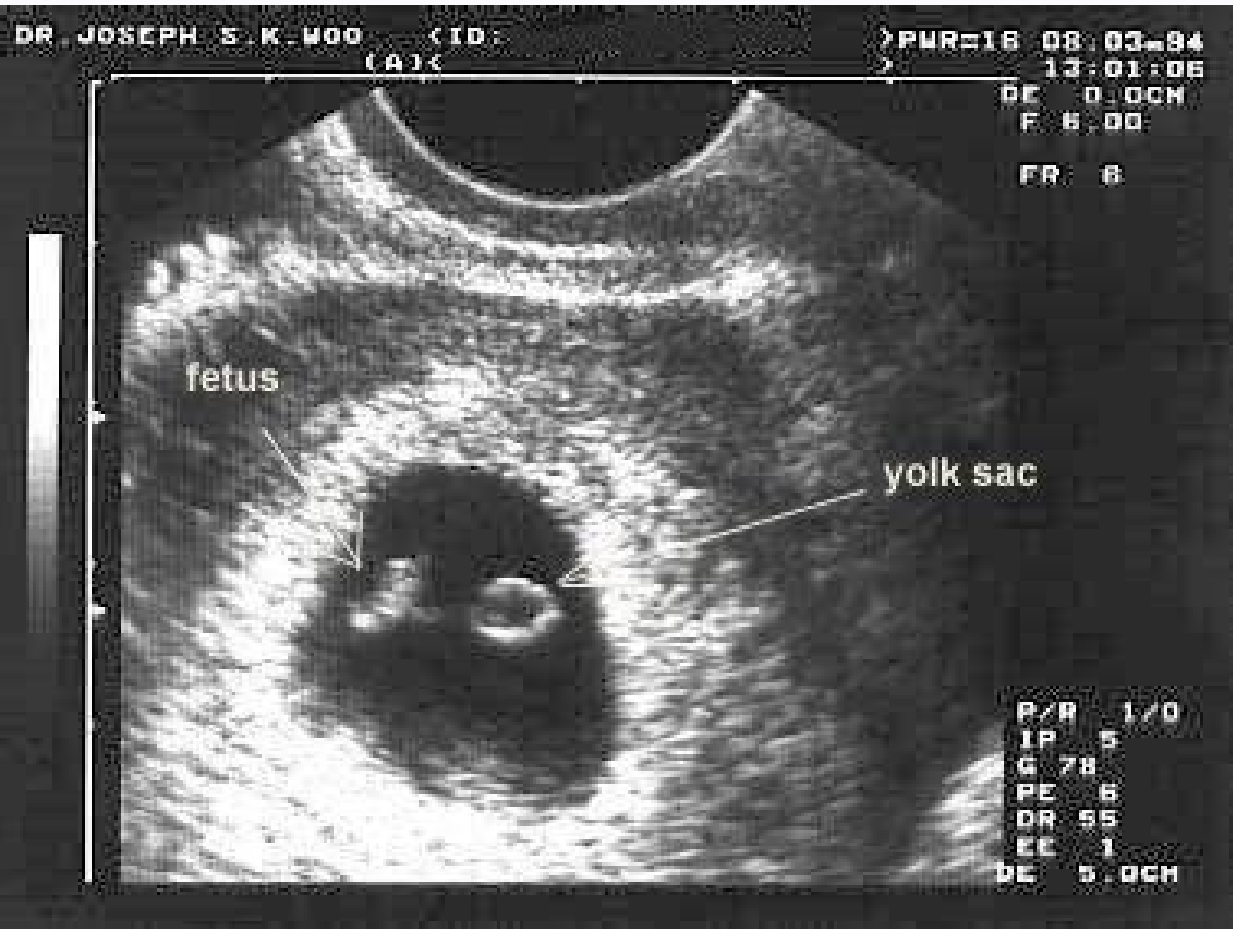
BAB I
PENDAHULUAN

1.1 Latar Belakang

Berbagai komplikasi yang dialami oleh ibu hamil mungkin saja terjadi dan memiliki peluang untuk terjadi pada semua ibu hamil. Komplikasi-komplikasi ini bila dapat dideteksi lebih awal maka akan dapat ditangani dengan baik. Blighted ovum atau kehamilan kosong merupakan salah satu komplikasi atau kelainan dalam kehamilan yang dapat menyebabkan perdarahan dalam kehamilan trimester dini.

Sebuah Blighted Ovum (kehamilan kosong) merupakan salah satu jenis keguguran yang terjadi pada awal kehamilan. Disebut juga anembryonic pregnancy, blighted ovum terjadi ketika telur yang dibuahi berhasil melekat pada dinding rahim, tetapi tidak berisi embrio, hanya terbentuk plasenta dan kulit ketuban. Sebagian besar kasus Blighted Ovum akan dikeluarkan secara alami, tetapi kadang-kadang jaringan dalam rahim memerlukan tindakan medis. Blighted Ovum umum terjadi pada kehamilan. Bahkan, terjadi sedikitnya 60% dari semua keguguran dari setiap trimester kehamilan. Namun, karena BO terjadi sangat awal, banyak wanita tidak menyadari bahwa mereka sedang hamil ketika mereka menderita Blighted Ovum. Akibatnya banyak wanita tidak sadar akan kondisinya.

Pada ibu hamil dengan Blighted Ovum, kantung uterus akan berhenti perbesarannya. Pada waktu itu embrio tiada lagi berkembang lalu mati. Kemudian, gugurlah bahan-bahan atau produk kehamilan. Proses keguguran itu bisa berlangsung berminggu-minggu, dimulai dengan adanya bercak-bercak kecoklatan hingga perdarahan dalam jumlah banyak. Tak jarang keguguran berlangsung secara spontan. Berdasarkan penelitian, hamil yang keguguran spontan sekitar 50% merupakan kehamilan blighted ovum. Jadi janin memang tidak berkembang dan mekanisme tubuh secara alami mengeluarkannya.



Blighted ovum management acog. Blighted ovum expectant management. How to treat blighted ovum naturally. Blighted ovum management medscape. Nursing management of blighted ovum. Blighted ovum management pdf. How to treat blighted ovum. How to stop blighted ovum.

Be sure to ask for help you need. Opposable complications of ruined obsoxy problems that can occur from a treatment of an egg district include: excess bleedinginfectionsscar tissuetear in the womb (drilling) call your healthcare provider immediately: a Bleeding lot from your vagination or your deposit of 100.4 Å° F (38 Å° C) or higher, or as expected from the point of view symptom that does not improve or becomes worse pain that will not be helped with the pain to the medicine of View Privacy Policy Privacy and Trust Information The ovum” a type of early pregnancy loss. Talk to your doctor and family for support during this time. In some cases, an instrument called a curette is used to help loosen the tissue before the uterus. After or during treatment, you may need to have an ultrasound test. This is to make sure that all the tissue has left your body. You will also need emotional support during and after this process. For most women, a ruined egg only occurs once. With an egg in ruins, you may have seen signs of pregnancy. This may be from a poor quality sperm or egg. The placenta and sack still emit pregnancy hormones. With a destroyed egg, HCG can continue to climb because the placenta can grow for a short time, even when an embryo is not present. For this reason, an ultrasound test is usually needed to diagnose a cloudicated egg - to confirm that the pregnancy SAC Å is empty. If you have been diagnosed with a ruined ovum, talk to your doctor about what to do next. The MEDICAL MISOPROSTOL can help the process. It also called anembryonic pregnancy or empty sac. Reviewed by Traci C. The tube is connected to a vacuum device. 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The egg in ruins causes one in two egrets in the first trimester of pregnancy. Losing a pregnancy is very upsetting. So make sure you see your doctor right away if you have any of these signs. If you thought you had a normal pregnancy, you are not alone; Many women with a destroyed egg think what this is because their human chorionic gonadotropin (HCG) levels can increase. This surgical procedure involves dilating the cervix and removing the contents of the uterus. The process can cause pain and bleeding. About this time, the gestational sac - where the fetus develops - Å° about 18 millimeters wide. A tube is put through the opening of the vagina and cervix. Johnson, Åc md on 19 April 2021 A devalued egg occurs when a fertilized egg implant in the uterus but does not develop into an embryo. An abortion” when a pregnancy ends on its own within the first 20 weeks. When a woman becomes pregnant, the fertilized egg attaches itself to the uterine wall. Å© 2021 webmd, llc. Some women have dilatation and scratch (D and c). This Å° primarily a personal decision, but will discuss with your doctor. After a miscarriage, your doctor may recommend that you wait at least one to three menstrual cycles before trying to conceive again. You are given pain medicine and medicine to help you relax and feel sleepy. Pain medicine may also be given to help reduce abdominal cramp. Evacuation / curettage of the car. At about 5-4 weeks of pregnancy, an embryo should be present. However, it may take several days for your body to expel all tissues. All rights reserved. If Å is safe for you, your healthcare doctor may² advise you to wait several weeks to see if the placenta and sack are released from your uterus alone.medicine. The It produces this hormone after the plant. You may want to talk to a consultant or participate in a support group. This means looking and wait. Because a D and C immediately removes any any fabric, can help with mental and physical closure. That’s why a damaged egg is also called anembryonic pregnancy.Abortions from a damaged egg are often due to problems with the chromosomes, the structures that carry genes. Your healthcare provider can recommend one of the following:Management waiting. Or, it may occur due to abnormal cell division. Division.

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