TERMINATION OF MIDGESTATION PREGNANCY USING LAMINARIA OR INTRACERVICAL PROSTAGLANDIN E(2) FOLLOWED BY PROSTAGLANDIN ANALOGUES

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Objective: *The optimal regimen of medical termination of the second trimester pregnancyis still under development, but it likely to be characterized by a short induction-to- abortion interval, low incidence of side-effects and high acceptability.*
Methods: *We conducted a prospective , randomized trial to evaluate the efficacy and safety of prostaglandin E_2 and F_2 alpha analogues intramuscular administration for second-trimester abortion in women intracervically pretreated with prostaglandin E_2 (dinoprostone) gel (was given 12 hours before the intramuscular administration of prostaglandins) or one or more medium-thick laminaria tents (were used in a single application for 12 hours).*
Results: *250 women requesting termination of second trimester pregnancy were radomized into 4 groups depending on different drug combinations. The mean age and parity of the women and the meangestational age of the 4 groups were comparable. The median abortion interval was 8.2 hours and the cumulative abortion rates at 24 h was 95%. The total dose of the prostaglandins required to induce abortion and the incidence of side effects or analgesic requirement were significantly less due to cervical priming.*
Conclusion: *Combination of dinoprostone or laminaria priming of the cervix prior to the synthetic prostaglandin administration is an easy, practical, reliable and safe method of pregnancy termination in midgestation.*

RESULTS OF RANDOMIZED CONTROLLED TRIAL OF LEVENORGESTREL VERSUS THE YUZPE REGIMEN OF COMBINED ORAL CONTRACEPTIVES FOR EMERGENCY CONTRACEPTION

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Objectives. *Randomized double-blind investigation has been carried out in 21 centers of the World comparing levonorgestrel with Yuzpe regimen of combined oral contraceptives for emergency contraception.*
Methods. *1998 women with normal menstrual cycle, not using hormonal contraception and requesting emergency contraception were enrolled in the study. Women administered levonorgestrel (0,75 mg, repeated the same doze 12 hours later) or combined oral contraceptives (ethinylestradiol-100mg + levonorgestrel 0,5 mg repeating the same dose 12 hours later) within 72 hours of unprotected coitus.*
Results. *The outcome was unknown for 43 women. Among the remaining 1955 women,belonging to levonorgestrel group, the pregnancy rate was 1,1 (11/976), as for the women belonging to combined oral contraceptives group -32% (31/979). Nausea and vomiting among the women of levonorgestrel group occurs rarely in comparison with the group of combined oral contraceptives -Yuzpe regimen (p=0,01).*
Conclusions. *The levonorgestrel regimen is better tolerated and more effective than the standard Yuzpe method in hormonal emergency contraception. With either regimen, the earlier the treatment is given, the more effective it seems to be.*