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What is new in management of recurrent pregnancy loss?

Aboubakr Elnashar
Benha University Hospital, Egypt

A diagnosis of RPL could be considered after the loss of two or more pregnancies

Risk factors: Further research is needed before screening for endometritis can be recommended. No evidence that stress causes pregnancy loss (PL). It is unclear whether caffeine intake is a risk factor for PL.

Investigations: 1. Sonohysterography is more accurate than HSG in diagnosing uterine malformations. It can be used to evaluate uterine morphology when 3D is not available. 2. It is not recommended to assess for PCOS, fasting insulin and fasting glucose, prolactin testing, Luteal phase insufficiency testing or measurement of homocysteine plasma levels. 3. It is not recommended to screen for inherited thrombophilia. 4. Genetic analyses of pregnancy tissue, parental karyotyping or ovarian reserve testing are not routinely recommended., measurement of anti-HY antibodies, NK cell testing, Antinuclear antibodies testing and assessing sperm DNA fragmentation can be considered. Thyroid screening (TSH and TPO-antibodies) is recommended.


Treatment: If women with subclinical hypothyroidism or thyroid autoimmunity, TSH level should be checked in early gestation, and eventual hypothyroidism should be treated with levothyroxine. There is insufficient evidence to recommend the use of progesterone; use of hCG, metformin to improve live birth rate. Whether hysteroscopic septum resection has beneficial effects, should be evaluated in the context of surgical trials in women with RPL and septate uterus. Pituitary

suppression before induction of ovulation in women with RPL and PCOS could be an option to reduce the risk of PL. Bromocriptine treatment is recommended in women with RPL and hyperprolactinemia. Preconception counseling in women with RPL could include the general advice to consider prophylactic vitamin D supplementation. There is no evidence supporting hysteroscopic removal of submucosal fibroids or endometrial polyps. Surgical removal of intramural fibroids is not recommended in women with RPL. There is insufficient evidence to recommend removing fibroids distorting the uterine cavity. There is insufficient evidence of benefit for surgical removal of intrauterine adhesions for pregnancy outcome. In unexplained RPL: antioxidants for men, Ivlg, glucocorticoids, heparin or low dose aspirin, Low dose folic acid, vaginal progesterone, intralipid therapy, endometrial scratching does not improve live birth rate. There is insufficient evidence to recommend G-CSF in women with unexplained RPL.

Speaker Biography

Aboubakr Elnashar is a Professor of Ob/Gyn, Benha Faculty of Medicine, Egypt and Chief of early detection of cancer unit, Benha University Hospital, Egypt. He is also a Consultant of IVF & ICSI in Delta Fertility Center & Benha Fertility Center, Egypt. He has a practical experience on Ultrasonography, Laparoscopy, Colposcopy, Cytology, Hysteroscopy, Assisted reproductive technology (IVF & ICSI). He has done many publications and presentations in national & international journals and international scientific meetings. He is a member in Egyptian Society of Obstetrics & Gynecology & Egyptian Society of colposcopy and Secretary General of the clinical Society of Obstetricians & Gynecologists. He is also a President of the clinical Society of Obstetricians & Gynecologists and Assistant secretary general of the Egyptian Society of Fertility & Sterility.

e: elnashar53@hotmail.com

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