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Intramuscular injection of magnesium sulphate in the treatment of eclampsia

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Objective: To compare the efficacy of intramuscular route of magnesium sulphate with conventional route of magnesium sulphate.

Design: Randomised controlled study.

Settings: Tertiary care centre.

Patients and methods: A total of 100 cases were recruited for study in department of Obstetrics and Gynaecology Chittagong Medical College Hospital from September 2016 to February 2017 over a period of six months

Intervention: All patients were divided into two groups i.e., intramuscular and intravenous group. Each group consisted of 50 eclampsia patients

Main out come measures: Primary outcome measures were the recurrence of convulsion. Secondary outcome measures were the side effects, toxic effects, maternal and fetal outcome

Results: Fifty women in each group received 10 gram loading dose of magnesium sulphate through intramuscular route (Group A) or combined intravenous and intramuscular route (Group B). Maintenance dose of magnesium sulphate was given

in intramuscular route in both groups. Recurrence was observed in 12% in Group A and 8 % in Group B. Maternal mortality rate was 4% in both groups. Perinatal mortality rate was 15% and 19% in Group A and Group B respectively. Regarding side effects of the route of administration pain at the injection site was found in 22% and 6% in Group A and group B respectively, and no case of abscess were found in either group. Loss of knee jerk was seen in 6 % in Group A and 4 % in Group B. Oliguria was found in 4 % in Group A and 2 % in Group B. Respiratory depression was not seen in either of the groups. Regarding mode of delivery 32 % had vaginal delivery, 7 % had instrumental delivery and 60 % had caesarean section in Group A and 36% had vaginal delivery, 4 % had instrumental delivery and 58 % had caesarean section in group B.

Conclusion: From this study, intramuscular magnesium sulphate appears to be as effective as the intravenous magnesium sulphate in controlling eclamptic fit. Intramuscular magnesium sulphate can be administered in remote area by health worker with minimal training without delay in the initiation of treatment of eclampsia.

Biography

Rokeya Begum has completed her fellowship in 1991 and MS in 2001. She is the Director of Surgiscope Fertility Centre, Bangladesh. She has published more than 35 papers on reputed journal in home and abroad.

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