

Does the diagnosis of vascular retained products of conception ultimately necessitate surgical management?

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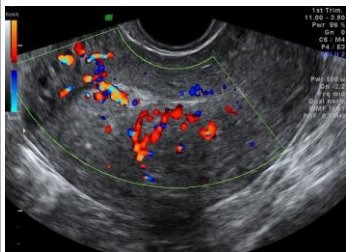
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Introduction

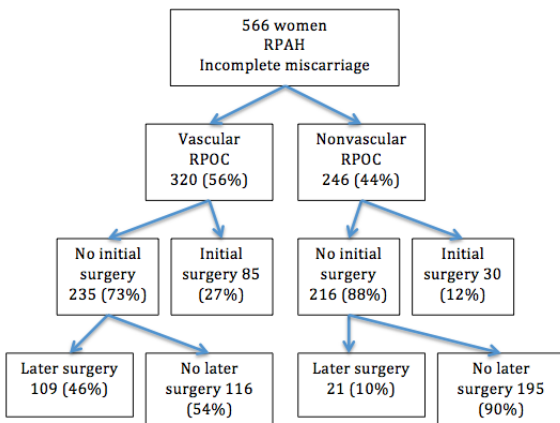
- Can we avoid multiple scans, EPAS appointments and days off of work based on the initial incomplete miscarriage USS?
- We set out to prove that the presence of vascularity on the initial incomplete miscarriage USS will signal ultimate requirement of surgical intervention.

Materials and methods

- Retrospective cohort study at RPAH from 01/01/2012 to 31/12/2016.
- Women with incomplete miscarriage by ultrasound scan.
- Viewpoint images re-evaluated to confirm presence of feeding vessel and vascularity of RPOC.
- Electronic medical clinical records perused for subsequent scans, days to resolution and need for surgery.



Results



- When vascular retained products were managed non-surgically, 46% of women eventually required surgery, compared with only 10% when the products were not vascular (Figure).
- Vascularity was associated with surgical intervention after adjusting for volume of retained products [OR 6.9 (95% CI 4.6 to 10)].
- In the vascular RPOC group of women who did not have initial surgery (tried expectant or medical management) but then ultimately required surgical management for resolution; the average volume of RPOC was 11.3mL, the average number of scans 2.3 and the average number of days to resolution 15 (with the longest being 60 days).

Conclusions

Increasing vascularity of RPOC increases the likelihood of ultimately requiring surgery. This information is vital in the counselling of women after their initial incomplete miscarriage scan and

could mean that prolonged unsuccessful expectant management trials are avoided, decreasing time and cost to both the patient and the service providers.



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