

Manuscript ID: IABCR|6|23|525

Date of Acceptance: 28.01.2020

# An Analytical Study on PCOD with Reference to Clinical and Biochemical Parameters

Speciality: Obstetrics & Gynaecology

Divya Mittal, Alka Agarwal

Assistant Professor, Department of Obstetrics & Gynaecology, Rohilkhand Medical College and Hospital, Bareilly.

\*Corresponding Author  
Dr. Alka Agarwal  
Assistant Professor, Department of  
Obstetrics & Gynaecology,  
Rohilkhand Medical College and  
Hospital, Bareilly.

Dear Dr. Alka Agarwal

Following the review of your manuscript with above mentioned Manuscript ID, submitted on 06.01.2020, Editorial Board is pleased to inform you that your manuscript is accepted for publication as Original Research Article under the section of Obstetrics & Gynaecology in the forthcoming issue of International Archives of BioMedical and Clinical Research. Your article has been sent for further processing and editing. We thank you for submitting your valuable work to International Archives of BioMedical and Clinical Research and hope in future you would keep on sending high quality manuscripts to our journal.

With Best Regards,

Farhan Ahmad Khan

Editor-in-Chief

International Archives of BioMedical and Clinical Research (IABCR)

Journal Homepage: <http://www.iabcr.org>

E-ISSN: 2454-9894 P-ISSN: 2454-9886

DOI: 10.21276/iabcr

Submit Manuscript: Online Submission

<https://iabcr.org/index.php/iabcr/about/submissions>

Mail

[editor@iabcr.org](mailto:editor@iabcr.org) [editor.iabcr@gmail.com](mailto:editor.iabcr@gmail.com)



IABCR Indexed in Index Medicus (IMSEAR), Global Index Medicus, Index Copernicus, Thomson Reuters (Researcher ID), U.S.A. Journal TOCs, International Committee of Medical Journal Editors (ICMJE), International Scientific Indexing (ISI), Geneva Foundation for Medical Education and Research (GFMER), Crossref, Abstract Sciences Index (ASI), Scholarly Open Access, Scientific Indexing Services, CiteFactor, Infollure Index, Directors of Indexing and Impact Factor, Research Bible, International Innovative Journal Impact Factor (IIJIF), Cosmos Impact Factor, Google Scholar, Academia.edu, Academic Keys, Eurasian Scientific Journal Index, International Institute of Organized Research (I2OR), Gandarvus, Scribd, J-Gate, Cognivity, Open Access Journals, Niscain, Researcher ID, INDIANScience.in, Cosmos Impact Factor, Pub-Med, I2O, I2I, International Research Journal Indexing, I2I, International Journal of Science, Technology, Innovation, Research, and Education (IJSTIRE), International Journal of Science, Technology, Innovation, Research, and Education (IJSTIRE), International Journal of Science, Technology, Innovation, Research, and Education (IJSTIRE)



Dean / Principal  
Varun Arjun Medical College  
& Rohilkhand Hospital NH-24  
Banthra, Shahjahanpur (U.P.)

# An Analytical Study on PCOD with Reference to Clinical and Biochemical Parameters

Divya Mittal, Alka Agarwal\*

Assistant Professor, Department of Obstetrics & Gynaecology, Rohilkhand Medical College and Hospital, Bareilly.

## ABSTRACT

**Background:** The association of PCOS to menstrual cycle abnormalities has been already established. Menstrual irregularities appear to precede the presence of PCOS. It is evident that there is a close relation between the degree of cycle irregularities and the grade of endocrine and metabolic disorders among the PCOS women.

**Methods:** In this study 100 cases were included. This study was conducted in the Department of Gynecology. The duration of study was over a period of two year.

**Results:** Among 100 cases, 66 cases had menstrual irregularity, 22 cases had Hyperandrogenism & infertility seen 12 cases.

**Conclusions:** This study concludes that; menstrual irregularities are most presenting symptom in PCOS. TVS is the most the important diagnostic tool. Obesity and overweight is a most important modifiable risk factor which will prevent this disorder.

**Keywords:** PCOD, Clinical parameters


Available Online: Ahead Section

Received: 06.01.20  
 Accepted: 28.01.20

### Corresponding Author

Dr. Alka Agarwal  
 Assistant Professor, Department of Obstetrics & Gynaecology, Rohilkhand Medical College and Hospital, Bareilly.


Copyright: © the authors. IABCR is an official publication of Ibn Sina Academy of Medical Medicine & Sciences, registered in 2001 under Indian Trusts Act, 1882.

 This is an open access article distributed in accordance with the Creative Commons Attribution Non Commercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited and the use is non-commercial.

## INTRODUCTION

In adult women, polycystic ovary syndrome is the most common endocrine disorder. It is affecting around 6–8% of women all around the world.<sup>1</sup> At the same time as the symptoms of PCOS are frequently present in young women, the prevalence of PCOS in adolescents has not been reported. The diagnosis of PCOS presents a challenge in adolescence and early diagnosis may facilitate interventions to improve long-term health.<sup>2</sup> Subsequently the diagnostic label of PCOS suggests an increased risk for infertility, dysfunctional uterine bleeding, endometrial cancer, obesity, dyslipidemia, hypertension and possibly cardiovascular disease, Diagnostic accuracy is very important for clinically, socially and financially.

The association of PCOS to menstrual cycle abnormalities has been already established. Menstrual irregularities appear to precede the presence of PCOS.<sup>3,4</sup> It is evident that there is a close relation between the degree of cycle irregularities and the grade of endocrine and metabolic disorders among the PCOS women.<sup>5-7</sup> Previously, hyperandrogenism has been described as a significant metabolic risk factor in women. Shaw et al observed that post-menopausal women who had a history of menstrual abnormalities and elevated androgen levels had increased chances of coronary arterial disease compared with a control population.<sup>8</sup> Obesity is also significantly associated with menstrual function while, weight loss

Access this article online	
Website: www.iabcr.org	Quick Response code 
DOI: 10.21276/iabcr.2020.6.1.09	

How to cite this article: Mittal D, Agarwal A. An Analytical Study on PCOD with Reference to Clinical and Biochemical Parameters Int Arch BioMed Clin Res. 2020;6(1):064-065.

Source of Support: Nil, Conflict of Interest: None

Among 90% of PCOS patients are obese. They develop a male pattern type with increased waist to hip ratio and fat in buttocks and abdominal wall. One more risk of insulin resistance is the development of type 2 diabetes. Approximately, 40% of women with PCOS establish lessened glucose tolerance test, 10% have type 2 diabetes. Due to increased circulating estrogen mainly estrone and unrestricted action of progesterone, there are more chances of developing endometrial carcinoma in patients with PCOS. These patients also have increased chance of developing ovarian carcinoma, breast cancer and also carcinoma colon.<sup>13,14</sup>

The primary aim of present study was to find out the correlation between various biochemical and clinical features of polycystic ovarian syndrome and to determine the best hormonal marker for the same.

## METHODS

**Study population:-** This study included 46 cases of relaparotomies.

**Study Area:-** This study conducted in department of gynecology & surgery.

**Data Collection:-** Data were collected pertaining to the relaparotomies performed during the period of one year and the analysis was made. The reoperations made within First 30 days after the First surgery were taken for study.

**Data Analysis:-** Data was analysed by using Microsoft excel.

**Study population:-** In this study 100 cases were included.

**Study Duration:-** The duration of study was over a period of two year.

**Data collection:-** A complete History and clinical examination was done & proforma was filled. History was taken in detailed manner regarding oligomenorrhoea, amenorrhoea and infertility. Clinical finding was recorded including hirsutism, acne, alopecia, acanthosis nigricans and obesity. Height and weight measured in OP, with help of it BMI was calculated. Blood test was done in early follicular phase on day 3 for serum LH, FSH, total testosterone, AMH, HOMA IR Index. It is done electro hemilluminescence immune assay in Stanley Medical College. Tran's vaginal scan was done. If difficult arises, ovary is traced in relation to iliac vessels. Following parameters were located. Patients with PCOD having at least 12 or more follicles. Follicles should measure 2-9 mm in diameter. Ovarian volume is measured with prolate ellipsoid method =  $0.5 \times \text{length} \times \text{breadth} \times \text{thickness} > 10 \text{ cms}$ . Hirsutism was examined and graded by modified ferriman - gallwey score. Patient with score  $> 8$  was hirsutism.

**Data analysis:-** Data were analyzed by using in Microsoft excel.

## RESULTS

In this study 100 cases were included. Among all cases 80 cases were from 21-30 age group, 14 cases from  $>30$  cases & 6 cases from  $>20$  age group. In 46 cases  $>30$  body mass index followed by 25-30 in 42 cases &  $>25$  in 12 cases. We observed that 66 cases had menstrual irregularity, 22 cases had Hyperandrogenism & infertility seen 12 cases. We studied analysis of menstrual irregularity in which 38 cases had oligomenorrhoea followed by Menorrhagia in 13 cases, Amenorrhea in 12 cases & 3 in Polymenorrhoea. Whereas in

Table -1 Distribution of cases according to age

Age Group	No. of cases
<20	6
21-30	80
>30	14
Total	100

Table -2 Distribution of cases according to BMI

BMI	No. of cases
<25	12
25-30	42
>30	46
Total	100

Table -3 Distribution of cases according to Symptoms

Symptoms	No. of cases
Menstrual Irregularity	66
Hyperandrogenism	22
Infertility	12
Total	100

Table-4 Distribution of cases according to analysis of Symptoms

Symptoms	Analysis	No. of cases
Menstrual irregularity	Amenorrhea	12
	Menorrhagia	13
	Oligomenorrhoea	38
	Polymenorrhoea	3
Hyperandrogenism	Alopecia	1
	Acne	9
	Hirsutism	12

Table-5 Distribution of cases according to biochemical analysis

Biochemical analyses	Value	P-Value
LH/FSH & FT3	.303	.033
LH/FSH & TSH	-.344	.015
**Serum Prolactin & TSH	-.282	.047

## DISCUSSION

This study consisted of 100 subjects with polycystic ovaries in USG. For clinical examination, this study used Rotterdam consensus. According to Rotterdam criteria, PCOS is classified in 4 types. Phenotype A, B, C and D. the present study showed only 3 phenotypes. Phenotype A is the

menstrual irregularities. The present study conducted by Turhan et al<sup>17</sup> did a study on 125 patients with ultrasound diagnosis of PCOS. Güleki B et al<sup>18</sup> study showed oligomenorrhoea in 42.8%, Amenorrhoea in 20% and normal cycles in 17.4% of cases. Balena et al<sup>15</sup> studied infertility in 20% of cases. Franks et al found that 42% of case had infertility. Baleneta<sup>15</sup> conducted a study and showed hirsutism in 66.2% of cases. Franks et al 64%, Goldzieher et al 69% and in our study 24 %. A small percentage of hirsutism in our study was due to the Ferriman galloway score of > 8 was taken for hirsutism. Whereas in other studies FG score of > 6 for hirsutism was used. Hirsutism is the most important clinical indicator of androgen excess. The presence of acne and androgenic alopecia could also be taken for androgen excess. This study found acne in 9% of cases. Timpalanapong p et al found in 51 patients with acne, 19 of them had PCOS. Results of this study showed only one case of androgen alopecia. In our study most of the cases were BMI > 30. These cases were considered as obese, so obesity is a major cause of PCOD. Baleen et al found 38% cases of obese in their study. Aarti Sharma<sup>18</sup> showed in her study that obesity was seen in 10- 65% of women. PCOS patients are usually overweight with hirsutism, Though, some patients do not fit within the body habitus. They were called lean PCOS.

It has been observed that insulin resistance has a major role in PCOS. Another study observed that there was insulin sensitivity in women with PCOS. He found that ovaries are sensitive to insulin in PCOS women which leads to hyperandrogenism. This study results showed that there was elevated serum LH level in 48 cases, Hypothyroidism 38 cases, Hyper prolactinemia in 14 cases. In the revised 2003 criteria there were elevated LH levels in PCOS in relation to FSH. The reason was due to the increased amplitude of LH. PCOS women have elevated LH levels and LH / FSH ratio in 60% and 95% of women respectively. Though, the measurement of LH is not primary tool for diagnosis of PCOS. PCOS is the most common gynecological disorder of age 20 -30 years. Menstrual irregularity is the most common symptom of 66 cases of PCOS. Among the menstrual irregularity oligomenorrhoea is found in 38 cases. Hirsutism is present in 12 cases. No correlation was found between serum prolactin and PCOs. TVS is the most important diagnostic tool. While serum LH/FSH ratio was secondary tool for diagnosing PCOS. Obesity and overweight are the most significant modifiable risk factor which causes 70% of cases. In preventing PCOS, weight reduction is one of the most important steps.

## REFERENCES

1. Azziz R, Woods KS, Reyna R, Key TJ, Knochenhauer E, Yildiz BO. The prevalence and features of the polycystic ovary syndrome in a multiethnic population. *J Clin Endocrinol Metab*. 2004; 94:89-95. doi:10.1210/jc.2003-032346
2. Palment MP, Gordon EM, Kartalov A, Legro RS, Emus GS, Diamond A. Screening for abnormal glucose tolerance in adolescents with polycystic ovary syndrome. *J Clin Endocrinol Metab*. 2002; vol 87 (suppl 1):117-120. doi:10.1210/jc.87.3.1017
3. Bouzas JC, Gader SA, Leav L, Ruscholt MC, Braga C. Menstrual cycle alterations during adolescence: only expression of metabolic syndrome and polycystic ovary syndrome. *J Pediatr Adolesc Gynecol* 2014;27:335-41. [PubMed] [Google Scholar]
4. Pinola P, Lashen H, Blajcu A, Puukka K, Uusimäki M, Rauhonen A, et al. Menstrual disorders in adolescence: a marker for hyperandrogenemia and increased metabolic risks in later life? Finnish general population-based birth cohort study. *Hum Reprod*. 2012;27:3279-86. [PubMed] [Google Scholar]
5. Strawitzki T, Capp E, von Eye Corleto H. The degree of cycle irregularity correlates with the grade of endocrine and metabolic disorders in PCOS patients. *Eur J Obstet Gynecol Reprod Biol*. 2010;149:179-81. [PubMed] [Google Scholar]
6. Xu XH, Tan YC, Shi YH, Wang B, Ju XQ, Zheng QM, et al. Different types of menstrual cycle and their significance in Chinese women diagnosed with polycystic ovary syndrome according to the Rotterdam consensus criteria. *Zhonghua Yi Xue Za Zhi*. 2009;89:2604-6. [PubMed] [Google Scholar]
7. Xu X, Shi Y, Cui Y, Ma J, Chu L, Chen ZJ. Endocrine and metabolic characteristics of polycystic ovary syndrome in Chinese women with different phenotypes. *Clin Endocrinol (Oxf)* 2012;76:425-30. [PubMed] [Google Scholar]
8. Shaw LJ, Bairey Merz CN, Azziz R, Stanczyk FZ, Sotko G, Braunstein GD, et al. Postmenopausal women with a history of irregular menses and elevated androgen measurements at high risk for worsening cardiovascular event-free survival: results from the National Institutes of Health-National Heart, Lung, and Blood Institute sponsored Women's Ischemia Syndrome Evaluation. *J Clin Endocrinol Metab*. 2008;93:1276-84. [PMC free article] [PubMed] [Google Scholar] Retracted
9. Panidis D, Tziomalos K, Papadakis E, Chantzis P, Kandaraki EA, Tsourdi EA, et al. Associations of menstrual cycle irregularities with age, obesity and phenotype in patients with polycystic ovary syndrome. *Hormones (Athens)* 2015;14:431-7. [PubMed] [Google Scholar]
10. Ornstein RM, Coppaman NM, Jacobson MS. Effect of weight loss on menstrual function in adolescents with polycystic ovary syndrome. *J Pediatr Adolesc Gynecol*. 2011;24:161-5.
11. R. A. Lobo and E. Carmina. "Importance of Diagnosing PCOS," *Annals of Internal Medicine*, Vol. 32, No. 2000, pp. 989-993.
12. E. A. Nager and PA-C and MMS. "Prompt Treatment is Necessary to Control and Prevent Further Progression of Pcos Related Insulin Resistance, Dyslipidemia, Type 2 Diabetes, Cardiovascular Disease and Cancer," *Search Archives*, Vol. 14, No. 1, 2006, p. 49.
13. D. A. Ehrmann. "Polycystic Ovary Syndrome," *The New England Journal of Medicine*, Vol. 352, No. 2005, pp. 12223-12236. doi:10.1056/NEJMed0416306
14. Polycystic Ovary Syndrome Writing Committee. "AAACE Position Statement on Metabolic & CVS Consequences of Polycystic Ovary Syndrome," *Endocrinol Practice*, Vol. 11, No. 2, 2005, p. 125.
15. Balen A, Conway G, Klatas G et al. Polycystics ovary syndrome: the spectrum of the disorder in 1741 patients. *Human Reproduction* 1995; 10: 2107 - 2111.
16. Turhan NO, Seckin NC, Aybar F and Inogol I (2003) Assessment of glucose tolerance and pregnancy outcome of polycystic ovary patients. *Int J Gynaecol Obstet* 81:163-168.
17. Güleki B, Turhan NO, Senoz S, Kukner S, Oral H, Gökmen O. Endocrinological, ultrasonographic and clinical findings in adolescent and adult polycystic ovary patients : a comparative study. *Gynecol Endocrinol*. 1993;Dec; 7(4): 273-7
18. Aarti Sharma and Wilkam Afiamo. Recent development in polycystic ovary syndrome. *Current Obstetrics & Gynecology* (2003) 13, 261 - 280.



Manuscript ID: IABCR|5|95|524

Date of Acceptance: 06.10.2019

# A Prospective Study on Pregnancy Outcome in Patients with First Trimester Vaginal Bleeding in a Tertiary Care Teaching Hospital

Speciality: Obstetrics & Gynaecology

Alka Agarwal, Divya Mittal

Assistant Professor, Department of Obstetrics & Gynaecology, Rohilkhand Medical College and Hospital, Bareilly

\*Corresponding Author  
Dr. Divya Mittal  
Assistant Professor, Department of Obstetrics & Gynaecology, Rohilkhand Medical College and Hospital, Bareilly.

Dear Dr. Divya Mittal

Following the review of your manuscript with above mentioned Manuscript ID, submitted on 11.09.2019, Editorial Board is pleased to inform you that your manuscript is accepted for publication as Original Research Article under the section of Obstetrics & Gynaecology in the forthcoming issue of International Archives of BioMedical and Clinical Research. Your article has been sent for further processing and editing.

We thank you for submitting your valuable work to International Archives of BioMedical and Clinical Research and hope in future you would keep on sending high quality manuscripts to our journal.

With Best Regards,

Farhan Ahmad Khan

Editor-in-Chief

International Archives of BioMedical and Clinical Research (IABCR)

Journal Homepage: <http://www.iabcr.org>

E-ISSN: 2454-9894 P-ISSN: 2454-9886

DOI: 10.21276/iabcr

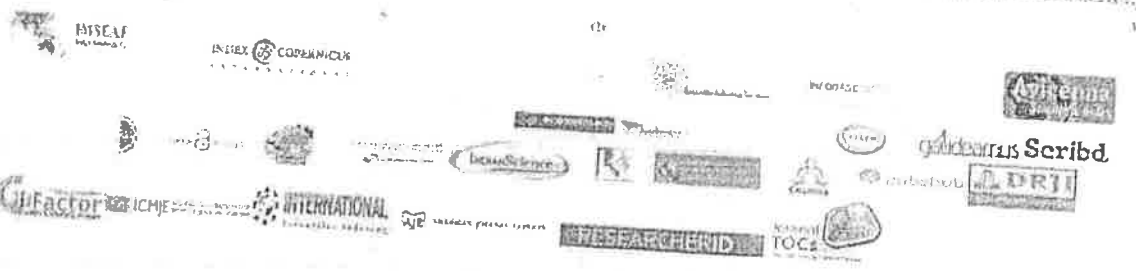
Submit Manuscript: Online Submission

<https://iabcr.org/index.php/iabcr/about/submissions>

Mail  
[editor@iabcr.org](mailto:editor@iabcr.org), [editor.iabcr@gmail.com](mailto:editor.iabcr@gmail.com)



IABCR indexed in Index Medicus (IMSEAR), Global Index Medicus, Index Copernicus, Thomson Reuters (Research ID), U.S.A. Journal TOCs, International Committee of Medical Journal Editors (ICMJE), International Scientific Indexing (ISI), Geneva Foundation for Medical Education and Research (GFMER), Current Awareness in Biological Sciences (ASB), Scholarly Open Access, Scientific Indexing Services, CiteFactor, Infotrieve Index, Directory of Indexing and Impact Factors, Research Bible, International Innovative Journal Impact Factor (IIJIF), Crossref Impact Factor, Google Scholar, Academic.edu, Academic Keys, Brazilian Scientific Journal Index, International Institute of Organized Research (IZOR), Galileoplus, Scirid, J-Gate, Copris, Open Access Journals, Researcher ID, INDIAN Science, Current Awareness in Biological Sciences, IABCR, International Archives of BioMedical and Clinical Research, Volume 12(1) 2019



# A Prospective Study on Pregnancy Outcome in Patients with First Trimester Vaginal Bleeding in a Tertiary Care Teaching Hospital

Alka Agarwal, Divya Mittal\*

Assistant Professor, Department of Obstetrics & Gynaecology, Rohilkhand Medical College and Hospital, Bareilly.

## ABSTRACT

**Background:** Bleeding is one of the most common obstetric problems. Sometimes it results emergency admissions and unscheduled ultrasound examinations in the first trimester. It is reported that around 25% of all pregnant women complain of vaginal bleeding in their first trimester.  
**Methods:** Total 100 cases were included in this study. This study was conducted in Department of Gynaecology. The duration of study was over a period of one year.  
**Results:** In this study, we were included 100 cases. Among all cases 40 cases were belonged to 21-25 age group followed by 26-30 (30) age group. Remaining cases were from 31-35 (18) & 18-20 (13) age groups. 32 cases were found viable pregnancy & rest was having non-viable pregnancy. Pregnant women with complete abortion and threatened abortion (n=42) were managed conservatively. Pregnant with complete abortion were discharged with hematinic and those with threatened miscarriage (n=32) were managed conservatively with restricted activity, regular prenatal care.  
**Conclusions:** This study concludes that it is important to make aware the pregnant women in this regard for intensive care.

**Keywords:** Vaginal bleeding, first trimester, pregnancy outcome

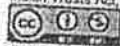
Available Online: 24<sup>th</sup> December 2019

Received: 11.09.19  
Accepted: 06.10.19

### Corresponding Author

Dr. Divya Mittal  
Assistant Professor, Department of Obstetrics & Gynaecology, Rohilkhand Medical College and Hospital, Bareilly.


Copyright: © the authors. IABCR is an official publication of Ibn Sina Academy of Medieval Medicine & Sciences, registered in 2001 under Indian Trusts Act, 1882.

 This is an open access article distributed in accordance with the Creative Commons Attribution Non Commercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited and the use is non-commercial.

## INTRODUCTION

In the first trimester, bleeding is one of the most common obstetric problems. Sometimes it results emergency admissions and unscheduled ultrasound examinations in the first trimester. It is reported that around 25% of all pregnant women complain of vaginal bleeding in their first trimester.<sup>1,2</sup> Approximately, one-third of first trimester bleedings happens in pregnancies. Otherwise normal and no anatomical cause can be established in the majority of pregnancies.<sup>3,4</sup> It is observed that half of the women who experience bleeding will continue with their pregnancies, and other half will eventually abort.<sup>5</sup> Since most of the times, placenta is the origin of the bleeding. Therefore, vaginal bleeding could be at increased risk for "placental related" complications. Due to this, there is an increased risk of poor obstetric outcomes

such as preterm delivery, low birth weight, and premature rupture of membranes.<sup>6,7</sup> Many studies have investigated the consequences of bleeding on the risk of complications later in the same pregnancy but no association between two pregnancies was found. The first trimester of pregnancy is a crucial period that spans ovulation, fertilization, implantation, and organogenesis. In early pregnancy, vaginal bleed signifies a definite threat to developing embryo and creates a source of anxiety to both the patient and the clinician. Several causes for first trimester bleed have been identified such as abortion, incomplete abortion, missed abortion, gestational trophoblastic disease, and ectopic gestation. Hence complications occurring during

Access this article online	
Website: www.iabcr.org	Quick Response code 
DOI: 10.21276/abor.2019.5.4.25	

**How to cite this article:** Agarwal A, Mittal D. A Prospective Study on Pregnancy Outcome in Patients with First Trimester Vaginal Bleeding in a Tertiary Care Teaching Hospital. Int Arch BioMed Clin Res. 2019;5(4):006-008.  
**Source of Support:** Nil, **Conflict of Interest:** None

...pregnancy, ... bleeding in the first pregnancy and later pregnancy complications in the second pregnancy as well as the opposite association.

## METHODS

**Study Population:-** Total 100 cases were included in this study.

**Study Area:-** This study was conducted in Department of Gynaecology.

**Study Duration:-** The duration of study was over a period of one year.

**Data collection:-** Pregnant women with First trimester bleeding were evaluated by clinical history and examination and later subjected to Urine pregnancy testing. Eligible candidates were selected after the exclusion criteria and informed consent was taken from them for participating in the study. All the women fulfilling the inclusion criteria and gave informed consent during June 2010 to Jan 2012 were included in to the study by multiphasic sampling method. Later these subjects were subjected to transvaginal sonogram and were divided into 2 groups:

- Non-viable pregnancy
- Viable pregnancy.

Those with nonviable pregnancy was terminated, patient with ectopic underwent definitive treatment and patients with molar gestation underwent suction and evacuation. Those patients with viable pregnancy were followed with regular antenatal check up every 15 days till 32 weeks and weekly thereafter.

Later the outcome of pregnancy was assessed in the form of obstetrical complications like placenta previa, PROM, preterm labour, IUD and perinatal outcome like prematurity, low birth weight, low APGAR, NICU admission, perinatal mortality.

**Data Analysis:-** Data were analyzed by using Microsoft excel.

## RESULTS

In this study, we were included 100 cases. Among all cases 40 cases were belonged to 21-25 age group followed by 26-30 (30) age group. Remaining cases were from 31-35 (18) & 18-20 (13) age groups. 32 cases were found viable pregnancy & rest was having non-viable pregnancy. In viable pregnancy, 32 cases had threatened abortion. Whereas, in non-viable pregnancy, 61 cases had abortion followed by ectopic gestation (4) & Molar gestation (3). In our study, 60% cases multigravida & 40 cases primigravida. We also observed bleeding pattern, which was 30, 22 & 16 in spotting, moderate & severe respectively in non-viable cases. While, in viable cases 20, 7 & 5 in spotting, moderate & severe respectively. Pregnant women with complete abortion and threatened abortion (n=42) were managed conservatively. Pregnant with complete abortion were discharged with hematinic and those with threatened miscarriage (n=32) were managed conservatively with restricted activity, regular prenatal care.



Chart-1 Distribution of cases according to age

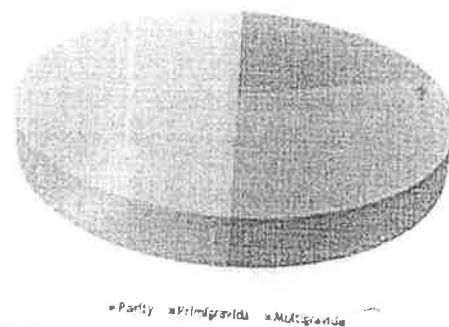


Chart-2 Distribution of cases according to gender

Table 1: Distribution of cases according to USG finding

USG finding	Pregnancy outcome	No. of cases
Viable pregnancy	Threatened abortion	32
	Abortion	61
	Ectopic gestation	4
Non-Viable pregnancy	Molar gestation	3
	Total	100

Table 4: Distribution of cases according to symptoms

Symptoms during vaginal discharge	No. of cases	Percentage
Lower abdominal pain	145	72.5%
Vulvar itching	125	62.5%
Dysuria	100	50%
Foul smelling discharge	75	37.5%

Table-2 Distribution of cases according to pregnancy outcome

Pregnancy outcome	Type of delivery	No. of cases
Outcome of delivery	Term delivery	22
	Preterm delivery	5
	Abortion	6
Type of delivery	Normal delivery	21
	Cesarean delivery	5