Letter to Editor

Mifepristone: A conservative approach for Retained products of conception and placenta accreta

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With reference to your article "Clinical applications of mifepristone in Obstetrics and Gynaecology" published in June,2014 issue by Alka B. *et al* of your journal, where multiple uses of mifepristone have been elaborated by the author, I take opportunity to add yet another upcoming potential use of the drug. It has been successfully used in conservative management approach of morbidly adherent placenta without any morbidity[1,2].While Morgan and Atalla(2009) used it with Misoprostol, D Pandey and A Majumdar(2014) used it alone, with antibiotic cover, in the management. The use of mifepristone obviates the need of prolonged antibiotics as is required with the use of methotrexate.

Mifepristone is a progesterone receptor antagonist. By virtue of its anti-glucocorticoid activity which activates uterine natural killer cell mediated cytotoxic activity in decidua leading to rapid autolysis of placenta and its part[3].Moreover it helps in cervical dilatation and uterine contractility which helps in expulsion of the placenta[2],thus precluding the use of misoprostol along. Due to this it has been used alone in the management by the author.

After successful use in placenta accreta, author has used this drug for the management of retained products of conception (POC) in two high risk patients. The first patient was a post natal day 5 case with severe anemia(Hb 5 gm%) after home delivery who presented with grade 3 dyspneoa. Examination showed subinvolution of uterus. Ultrasound revealed POC of 5*4 cm .She was chosen for conservative management after informed consent in view of her high risk status due to severe anemia. She received 2 packed cell transfusions followed by parenteral Iron therapy in view of her iron deficiency picture as per investigations report.

The second case was a Post Cesarean patient who presented with secondary Post-Partum Hemorrhage on day 10.Initial bleeding was controlled with oxytocin drip. Hemoglobin was 7.8 gm% and TLC was normal. Pelvic Scan revealed 6*6 cm POC in uterine cavity.

Both these patients received Mifepristone 600 mg in divided doses on two days along with antibiotic cover (14 days in first case and 7 days in 2nd case) and followed up with twice a week TLC and weekly scans which showed reduction in the size of POC with complete resolution at the end of 6 weeks in both cases.

Methotrexate is the most elaborated treatment option in literature in cases of placenta accreta. Mifepristone is free of serious side effects of Methotrexate like alopecia, bone marrow depression and accumulation in infant's tissues of breast feeding mothers, hence is a better option for management of adherent placenta. Moreover it can be used in conservative management approach for retained POCs in high risk patients where we want to avoid surgical intervention. Although these are few cases with successful use of mifepristone, success rates needs to be established by larger trials.

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