

# Medical termination of pregnancy (MToP) in the first trimester – the role of hCG and ultrasound in pregnancy diagnosis and MToP follow-up

SLUNSKA P.<sup>1</sup>, MADERKOVA TOZZI M.<sup>1</sup>, KOLAROVA V.<sup>1</sup>, LANGOVA K.<sup>2</sup>, LUBUSKY M.<sup>1</sup>

<sup>1</sup> Department of Obstetrics and Gynecology, Palacky University Olomouc, Faculty of Medicine and Dentistry, University Hospital Olomouc, Czech Republic

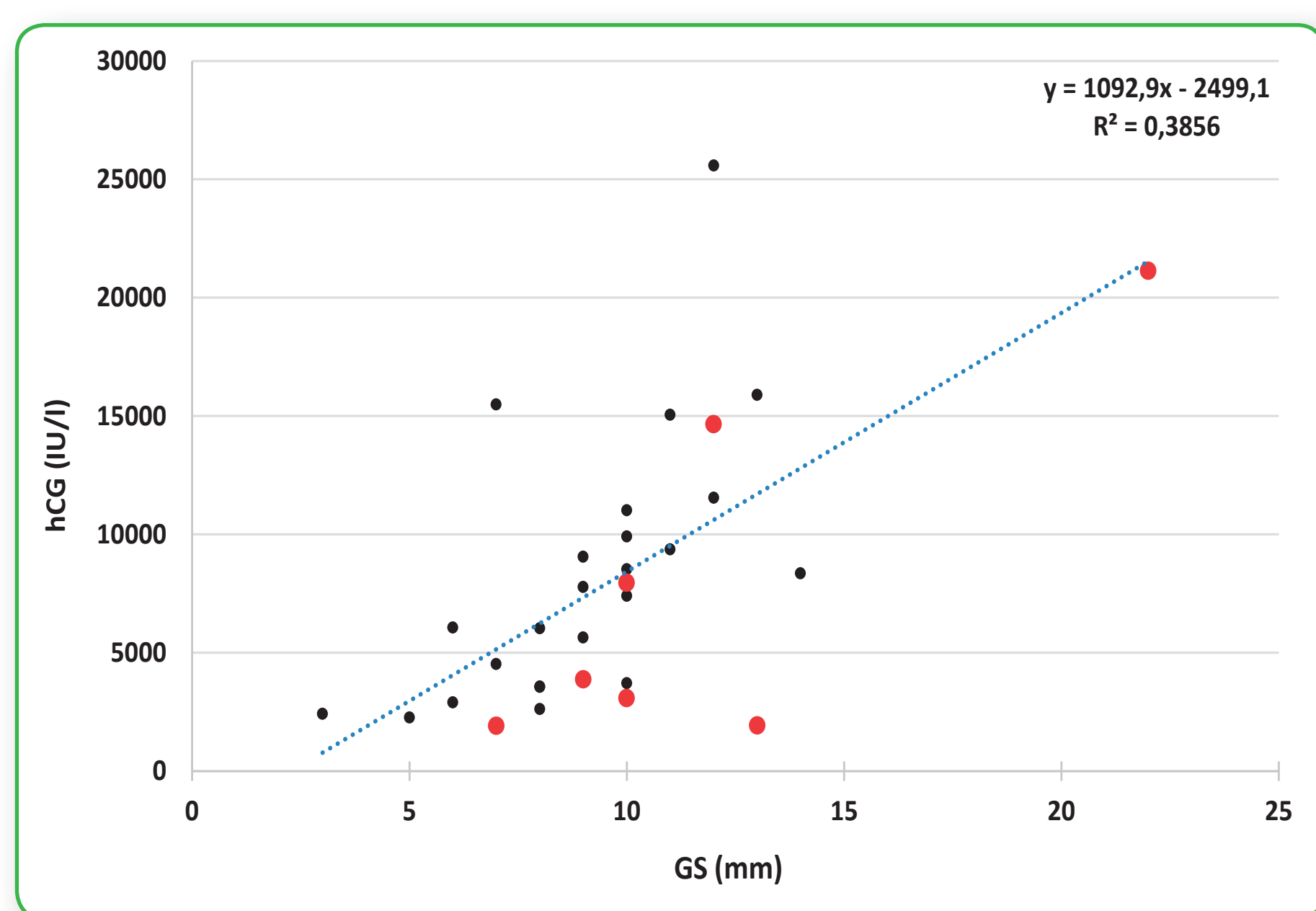
<sup>2</sup> Department of Medical Biophysics, Palacky University Olomouc, Faculty of Medicine and Dentistry, Czech Republic

**Objective:** In the Czech Republic (CR), it is possible, to carry out Medical Termination of Pregnancy (MToP) in the 1<sup>st</sup> trimester in case the ultrasound examination confirms an intrauterine singleton prosperous pregnancy, between day 42 and 49 of gestation, crown-rump length (CRL) of the embryo 2-9 mm. The aim of the study is to analyze the importance of serum/urine human chorionic gonadotropin (hCG) assessment and ultrasound (US) examination in pregnancy diagnosis and MToP follow-up.

**Methods:** Cohort (prospective) study. In 2016-2017, MToP was carried out in a total of 109 women. The diagnosis of an intrauterine singleton prosperous pregnancy was set by transvaginal ultrasound, CRL 2-9 mm. MToP was carried out by combination of mifepristone (600 mg orally) and misoprostol (400 mcg orally) within 48 hours. Serum/urine (low sensitivity urine pregnancy test, LSUP test) hCG assessment and US examination was performed in pregnancy diagnosis and MToP follow-up after 2-5 weeks.

**Results:** In pregnancy diagnosis, there was a medium strong positive correlation between serum hCG and gestational sac ( $r = 0.711$ ;  $p < 0.0001$ ) and CRL ( $r = 0.605$ ;  $p < 0.0001$ ). Gestational age was 42-49 days (average 45.6, median 45), the women were 16-44 years of age (average 29.4, median 29). In MToP follow-up, serum hCG > 1000 IU/l was present in 13.8% of women (15/109) and positive LSUP test in 17.4% (20/109). US examination diagnosed ongoing pregnancy in five women and missed abortion in one woman (serum hCG was always > 1000 IU/l and LSUP test always positive). In 5.5% of women (6/109), a subsequent surgical intervention was carried out including ongoing pregnancy (n = 5); missed abortion (n = 1) was treated by additional misoprostol, not by surgery.

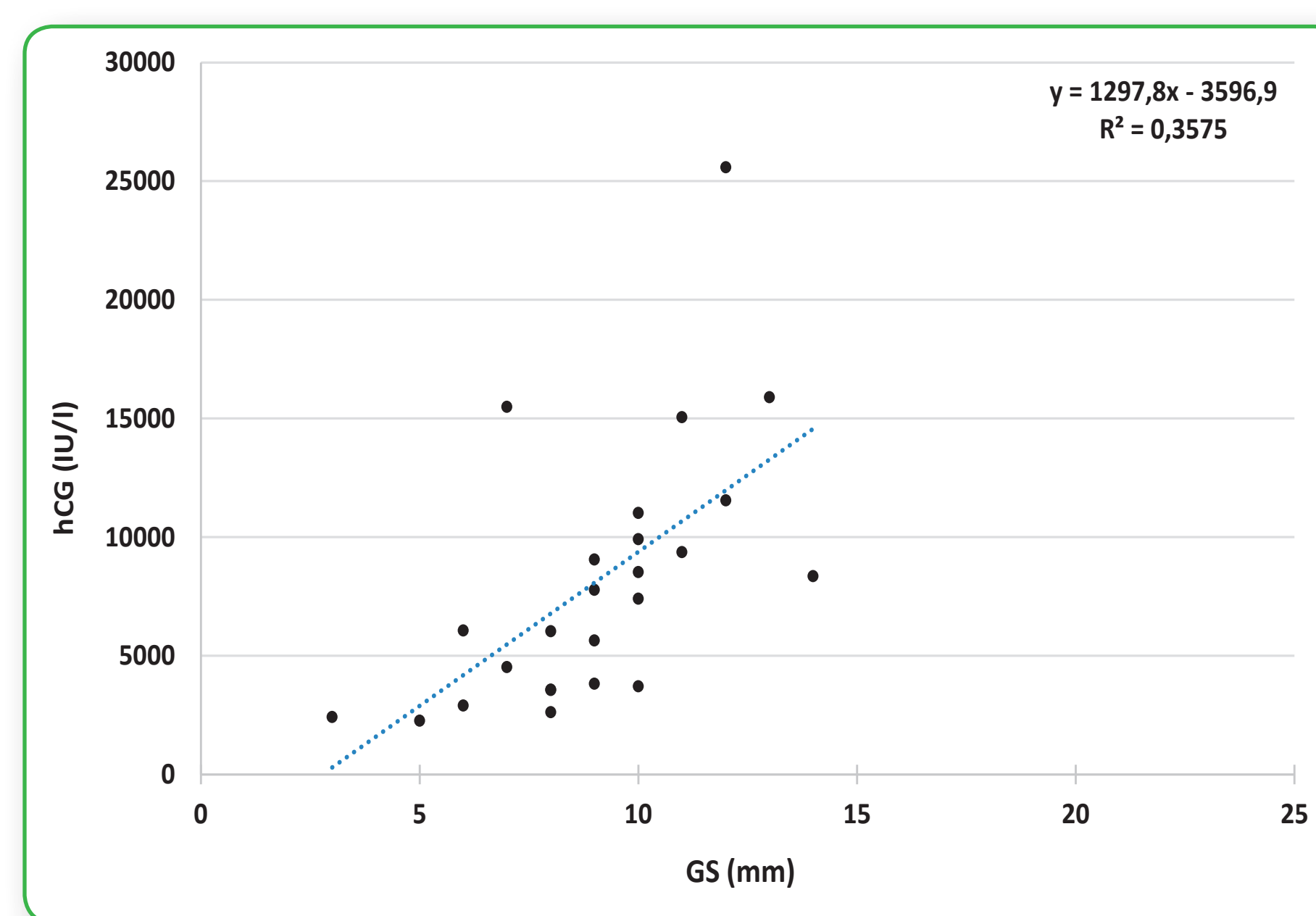
**Conclusion:** In pregnancy diagnosis, there is a medium strong positive correlation between serum hCG and CRL. In MToP follow-up, a negative LSUP test enables reliable exclusion ongoing pregnancy and missed abortion, in case of a positive LSUP test, US examination should be performed; however, surgical intervention should not be indicated solely on the basis of uterine cavity dilatation.



**Pregnancy diagnosis - correlation between serum hCG and US finding in the uterine cavity**

Intrauterine singleton pregnancy, the embryo with blood circulation pulsation still was not present (n = 32). In 21.9% of women (7/32), a subsequent unprosperous pregnancy was diagnosed (red). The strength of association between hCG and GS was measured using Spearman correlation coefficient. There was a medium strong positive correlation:  $r = 0.600$ ;  $p = 0.0003$ . The slope of regression line showed the trend, there is a regression equation and coefficient of determination, denoted  $R^2$ .

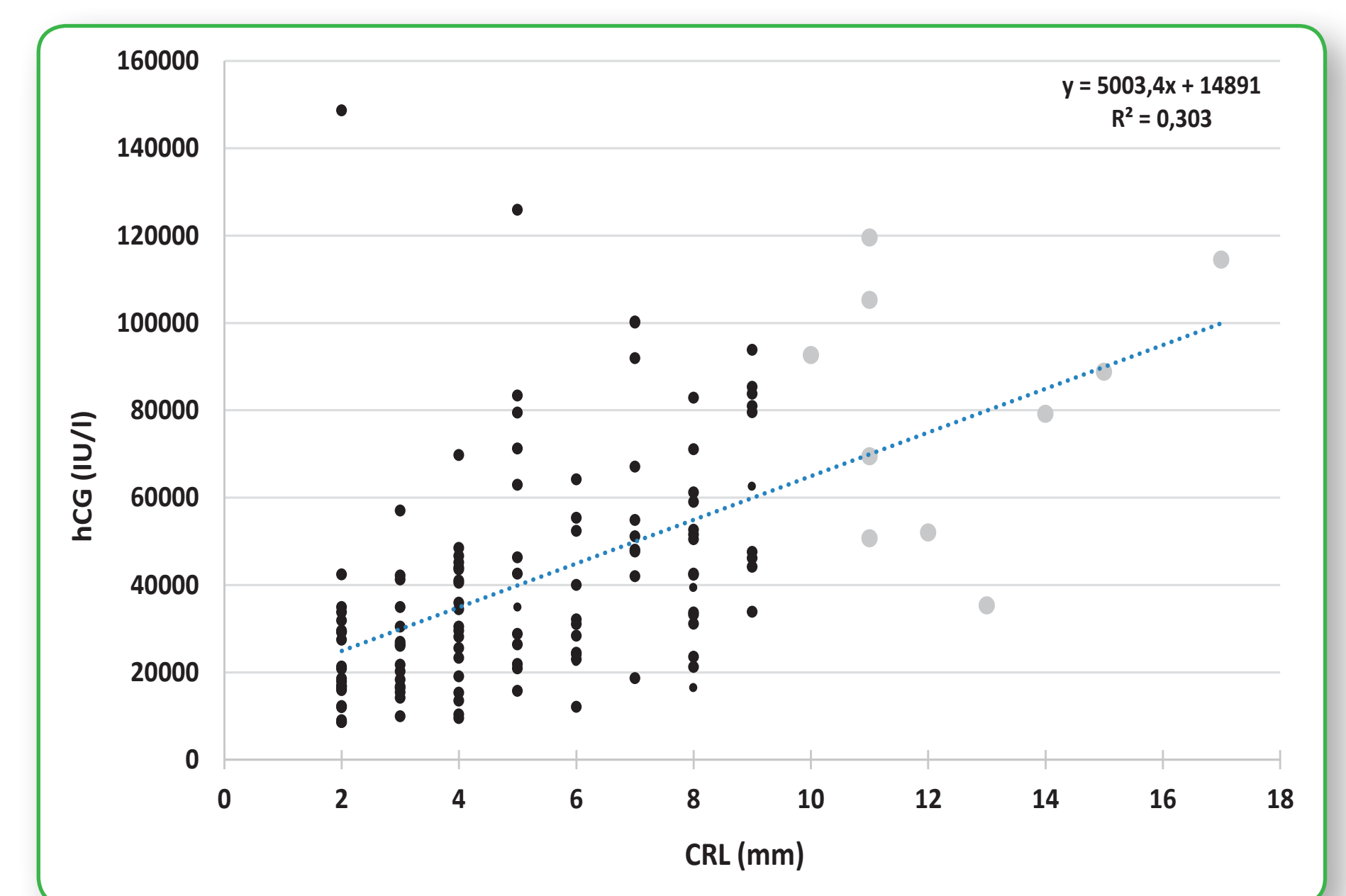
human chorionic gonadotropin (hCG), ultrasound (US), gestational sac (GS)



**Pregnancy diagnosis - correlation between serum hCG and US finding in the uterine cavity**

Intrauterine singleton pregnancy, the embryo with blood circulation pulsation still was not present, only subsequently prosperous (n = 25). The strength of association between hCG and GS was measured using Spearman correlation coefficient. There was a medium strong positive correlation:  $r = 0.711$ ;  $p < 0.0001$ . The slope of regression line showed the trend, there is a regression equation and coefficient of determination, denoted  $R^2$ .

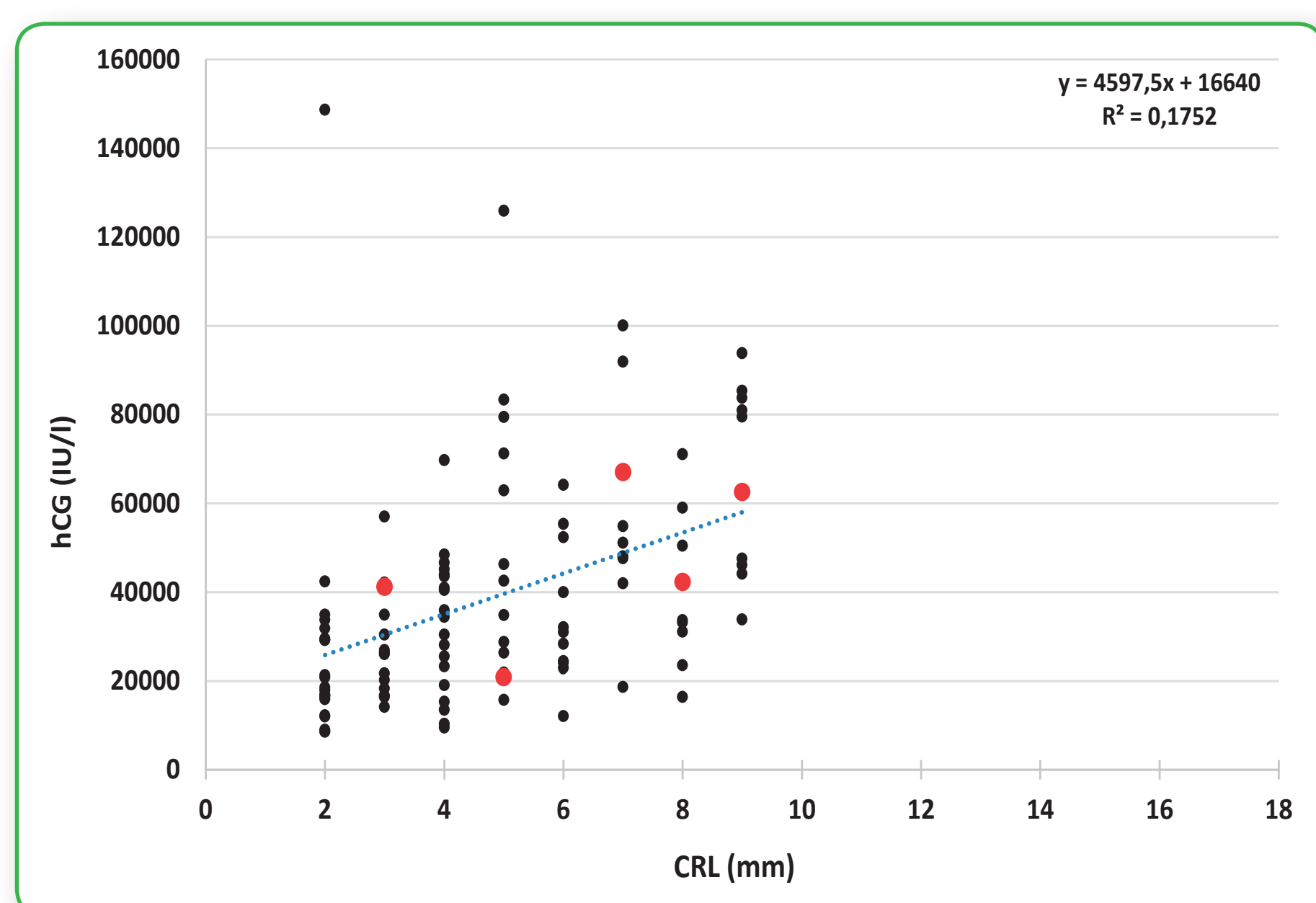
human chorionic gonadotropin (hCG), ultrasound (US), gestational sac (GS)



**Pregnancy diagnosis - correlation between serum hCG and US finding in the uterine cavity**

Intrauterine singleton pregnancy, the embryo with blood circulation pulsation was present, CRL ≥ 2 mm (n = 130). In 7.7% of women (10/130), CRL > 9 mm was present and MToP was not carried out (grey). In 9.2% of remaining women (11/120), MToP follow-up was missed (black). The strength of association between hCG and CRL was measured using Spearman correlation coefficient. There was a medium strong positive correlation:  $r = 0.605$ ;  $p < 0.0001$ . The slope of regression line showed the trend, there is a regression equation and coefficient of determination, denoted  $R^2$ .

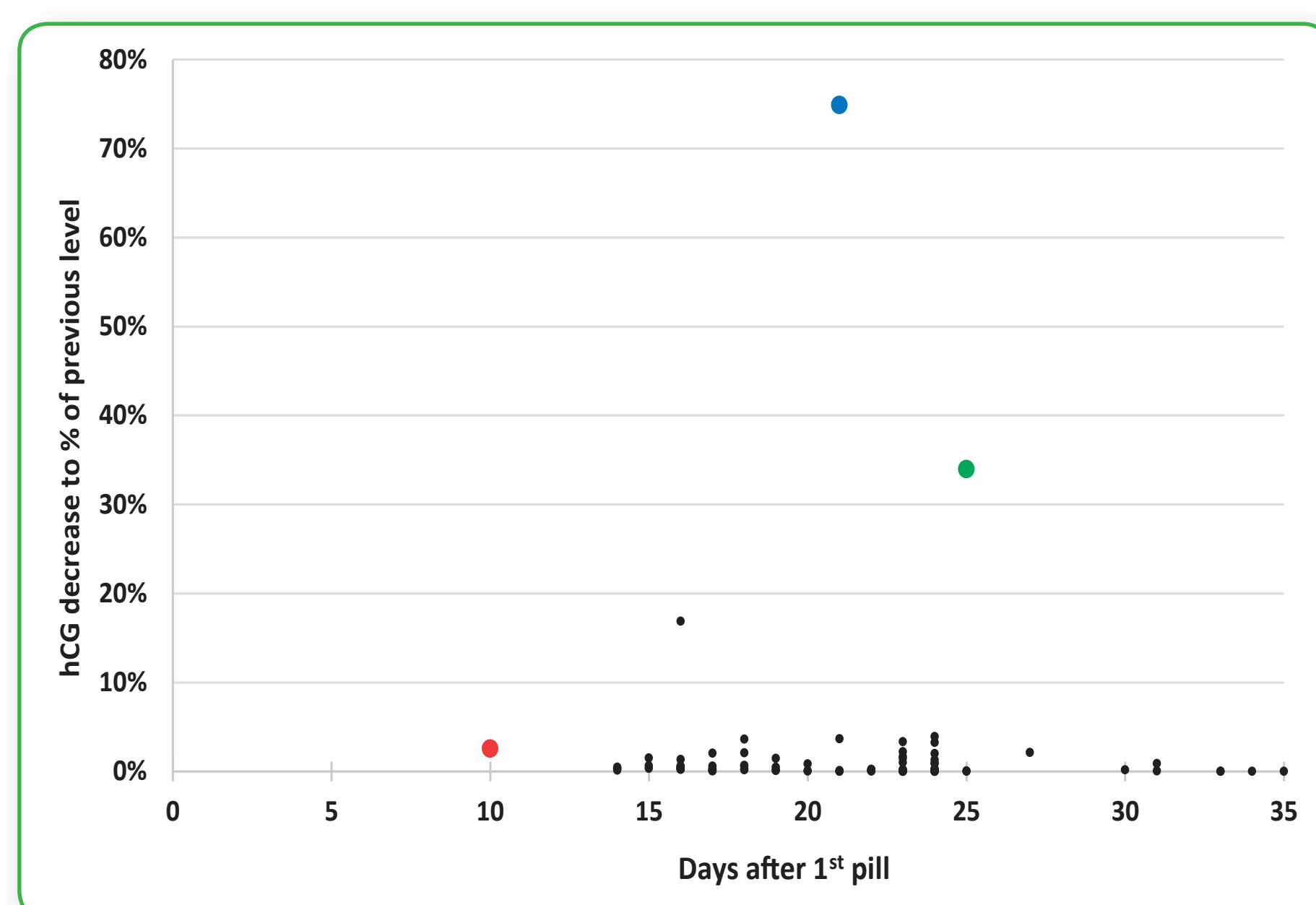
human chorionic gonadotropin (hCG), ultrasound (US), crown-rump length (CRL), medical termination of pregnancy (MToP)



**Pregnancy diagnosis - correlation between serum hCG and US finding in the uterine cavity**

Intrauterine singleton pregnancy, the embryo with blood circulation pulsation was present, only CRL 2-9 mm, the MToP and follow-up was carried out (n = 109). In 4.6% of women (5/109), a subsequent „Ongoing pregnancy“ was diagnosed (red). The strength of association between hCG and CRL was measured using Spearman correlation coefficient. There was a medium strong positive correlation:  $r = 0.526$ ;  $p < 0.0001$ . The slope of regression line showed the trend, there is a regression equation and coefficient of determination, denoted  $R^2$ .

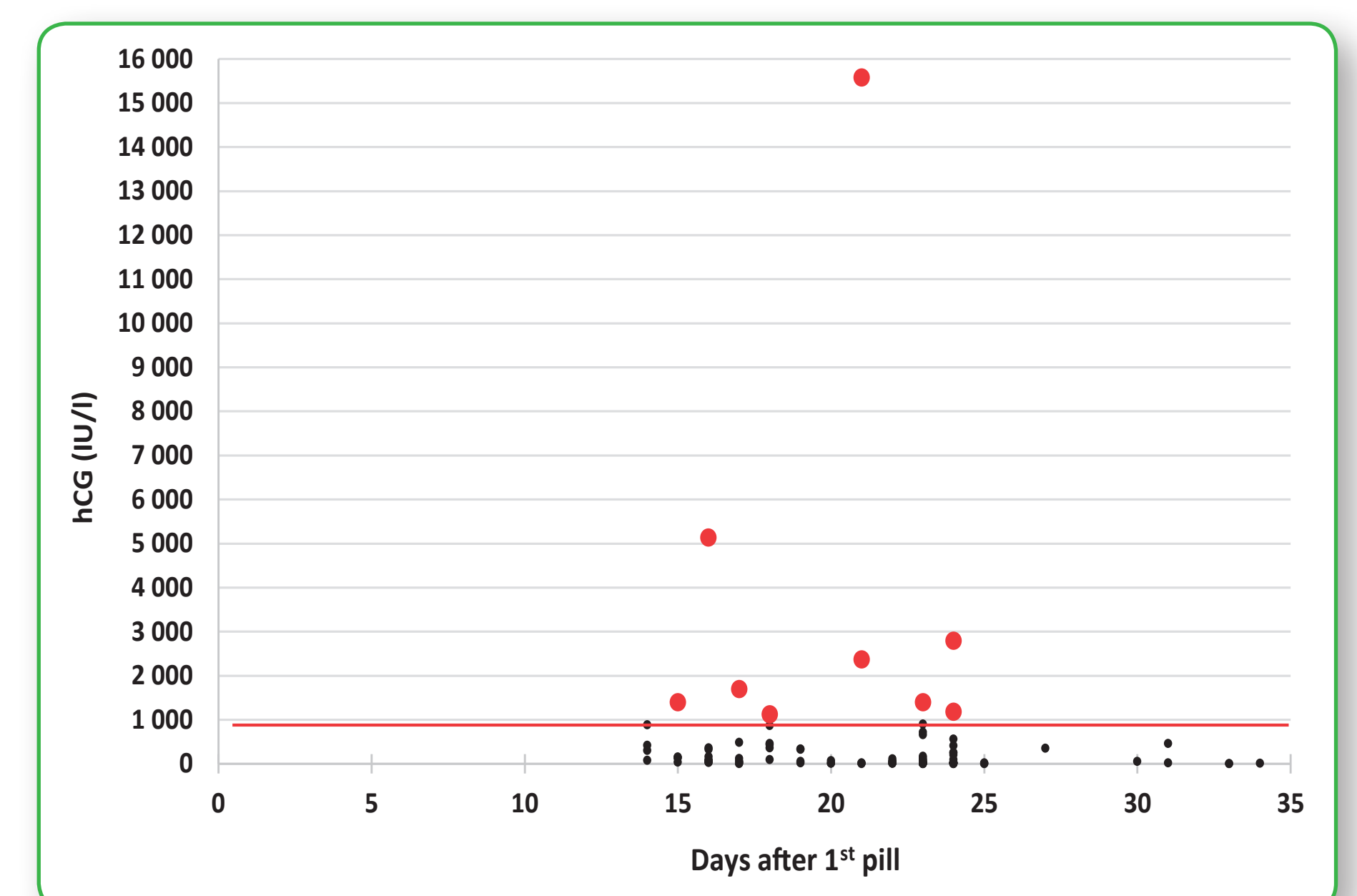
human chorionic gonadotropin (hCG), ultrasound (US), crown-rump length (CRL)



**MToP follow-up – serum hCG decrease**

MToP follow-up check, excluding „Ongoing pregnancy“ (n = 104). In one woman (hCG decrease to 2.6%), an „Incomplete abortion“ was diagnosed and treated by Surgery (red). In one woman (hCG decrease to 34%), a missed abortion was diagnosed and treated by additional misoprostol (green). In one woman (hCG decrease to 74.9%), an „Incomplete abortion“ was diagnosed with expectant management (blue).

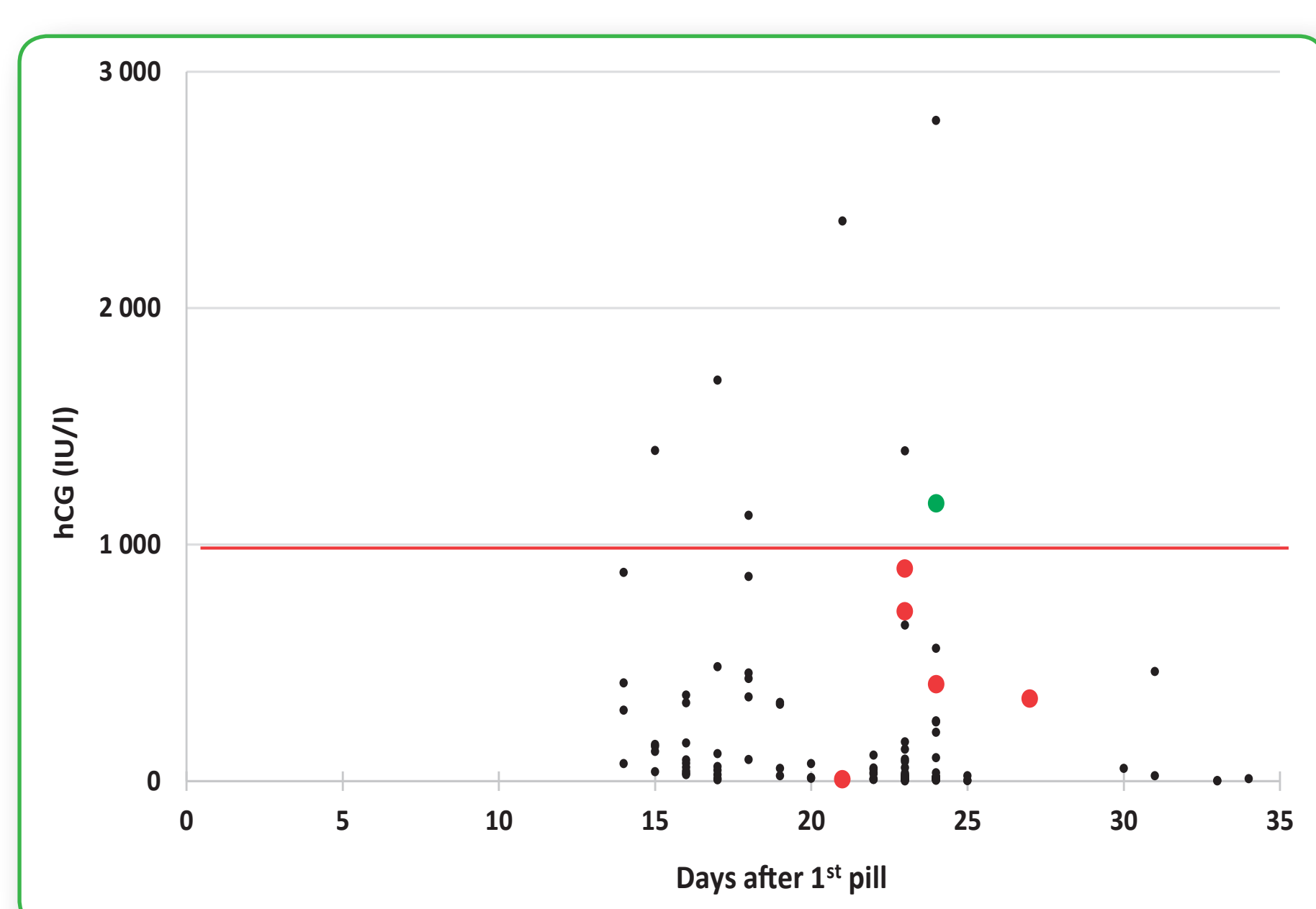
medical termination of pregnancy (MToP), human chorionic gonadotropin (hCG)



**MToP follow-up – serum hCG**

MToP follow-up check; excluding „Ongoing pregnancy“ and missed abortion, but serum hCG was always > 1000 IU/l (n = 103). In 8.7% of women (9/103), serum hCG > 1000 IU/l was present (red). In 13.8% of women (15/109), serum hCG > 1000 IU/l was present including „Ongoing pregnancy“ (n = 5) and missed abortion (n = 1).

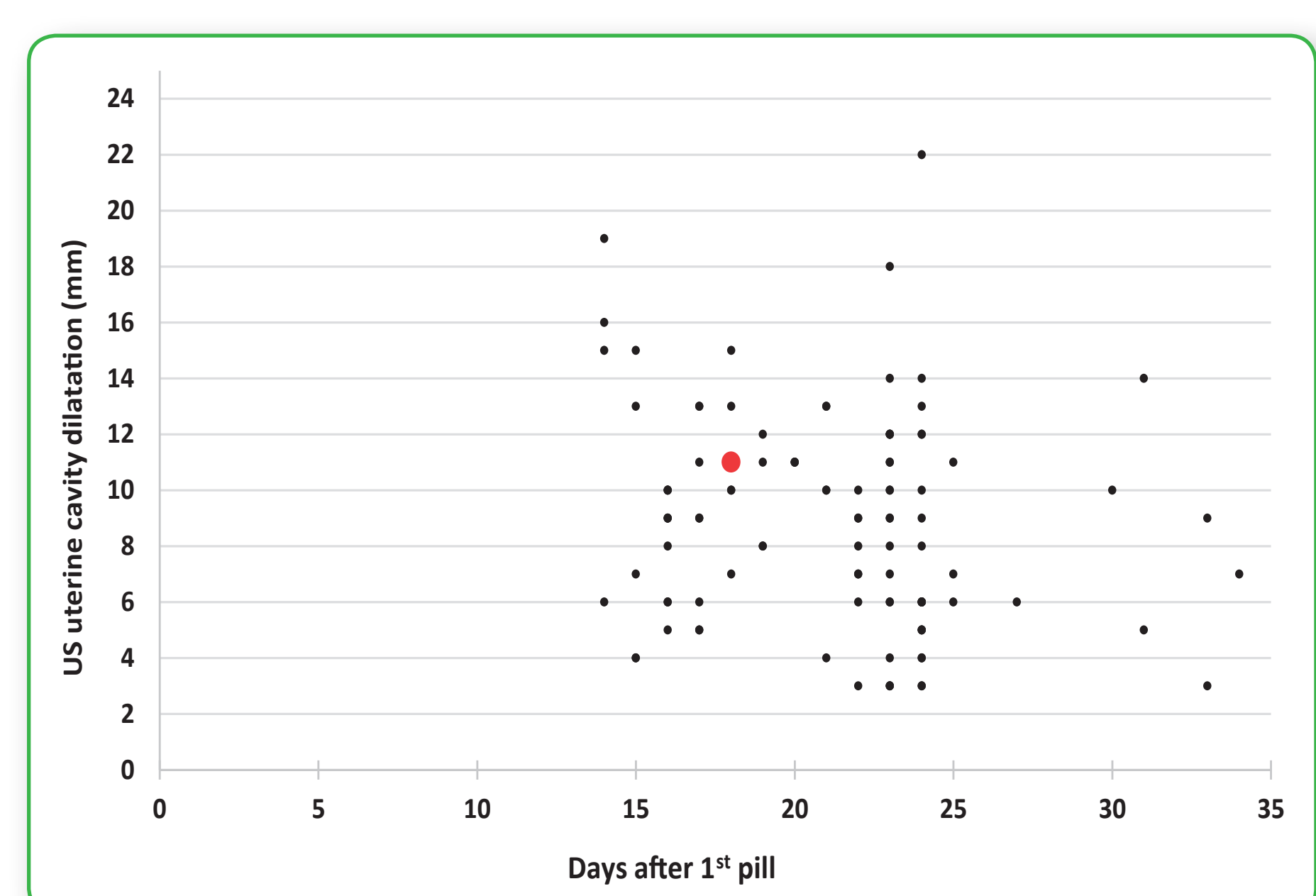
medical termination of pregnancy (MToP), human chorionic gonadotropin (hCG)



**MToP follow-up – serum hCG / LSUP test**

MToP follow-up check; excluding „Ongoing pregnancy“ and missed abortion, but serum hCG was always > 1000 IU/l and LSUP test always positive (n = 103). In one woman, false negative LSUP test was present (green). In six women, false positive LSUP test was present (red). In 17.4% of women (20/109), positive LSUP test was present including „Ongoing pregnancy“ (n = 5) and missed abortion (n = 1).

medical termination of pregnancy (MToP), human chorionic gonadotropin (hCG), low sensitivity urine pregnancy (LSUP) test



**MToP follow-up – US uterine cavity dilatation**

MToP follow-up check; excluding „Ongoing pregnancy“ and missed abortion (n = 103). In 1% of women (1/103), a subsequent surgical intervention was carried out (red). In 5.5% of women (6/109), a subsequent surgical intervention was carried out including „Ongoing pregnancy“ (n = 5); missed abortion (n = 1) was treated by additional misoprostol, not by surgery.

medical termination of pregnancy (MToP), ultrasound (US)