



OBJECTIVES

To evaluate success rates of expectant, medical, and surgical management of retained products of conception (RPOC), identify reasons for failure, and determine predictors of treatment outcome.



METHODS

Retrospective cohort study of 150 women diagnosed with RPOC at the Emergency Gynaecology Unit in 2025. Three were lost to follow-up, leaving 147 for analysis. Median RPOC size was 24.85 mm (IQR 18.6–35.0 mm).

Management was based on clinical presentation, haemodynamic stability, and patient preference.

Failure was defined as persistent RPOC on follow-up ultrasound, triggered by positive urinary pregnancy test (UPT) or persistent vaginal bleeding.



RESULTS

- Eighty patients underwent expectant management; 8 failed (10.1%). Median RPOC 21.95 mm.
- Twenty-nine underwent medical management; 10 failed (34.5%). Median RPOC 20.9 mm.
- Thirty-seven underwent surgical management (ERPC); 5 failed (14.3%). Median RPOC 32.2 mm.



CONCLUSIONS

Expectant and surgical management achieved comparable success rates (89.9% and 85.7%). Medical management success was 65.5%, potentially reflecting a symptom-triggered follow-up protocol. The surgical failure rate may reflect procedures performed without intraoperative ultrasound guidance, associated with improved complete evacuation rates. Persistent RPOC on follow-up ultrasound was the universal sonographic finding confirming treatment failure.



150

Women diagnosed with RPOC in 2025



147

Included in analysis



24.85 mm

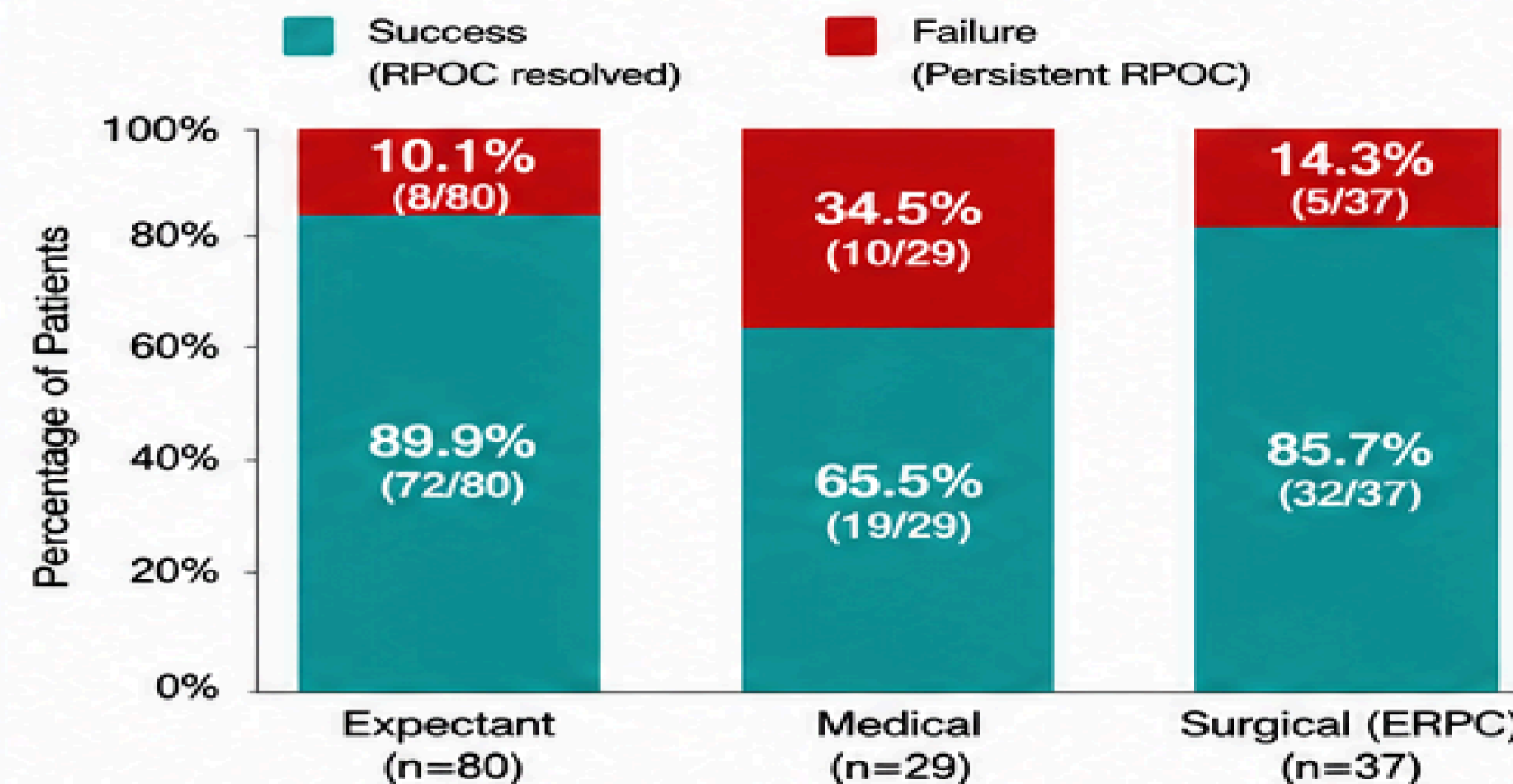
Median RPOC size (IQR 18.6–35.0 mm)



Failure definition:

Persistent RPOC on follow-up ultrasound, triggered by positive UPT or persistent vaginal bleeding

1 Treatment Outcomes by Initial Management Strategy



Follow-up trigger for failure



Positive UPT

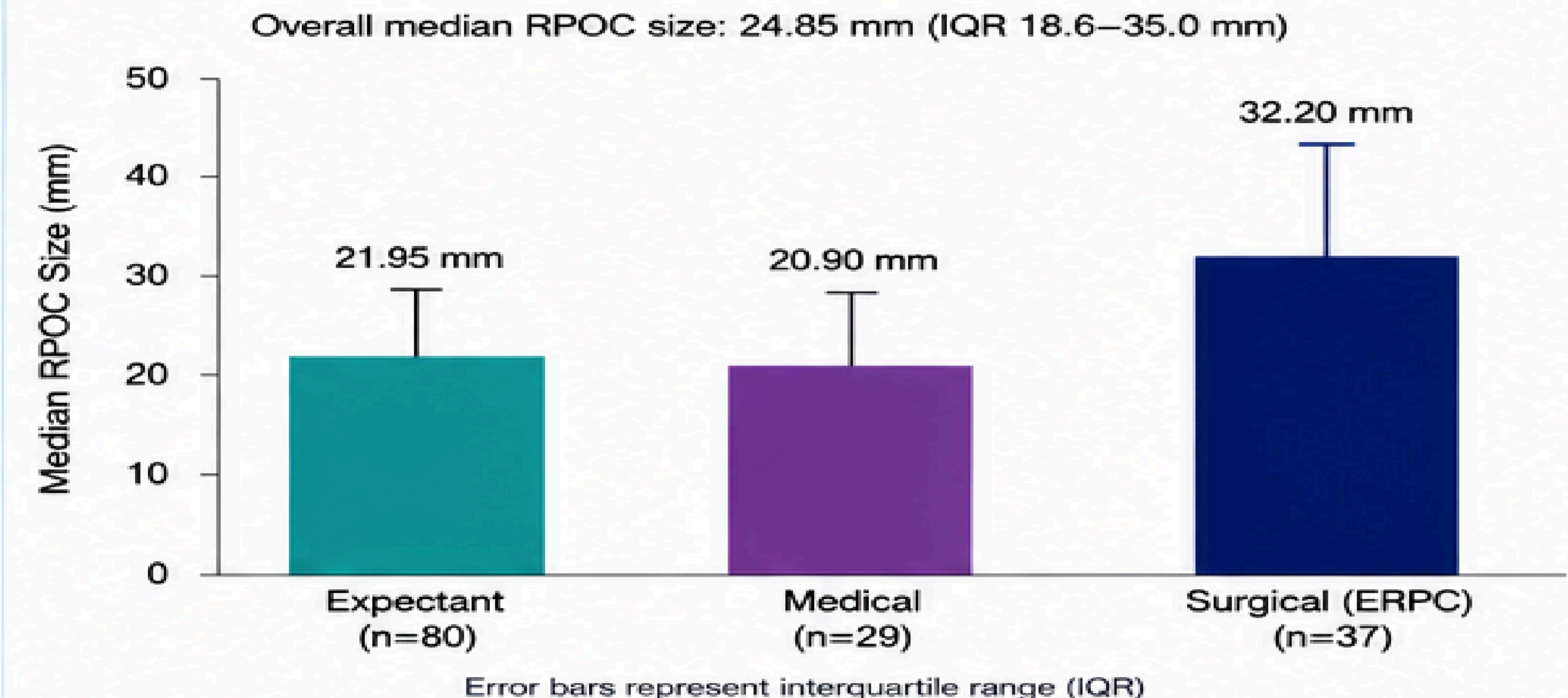
Expectant: 2 (25.0%)
Medical: 2 (20.0%)
Surgical: 1 (20.0%)



Persistent vaginal bleeding

Expectant: 6 (75.0%)
Medical: 8 (80.0%)
Surgical: 4 (80.0%)

2 Median RPOC Size by Initial Management Strategy



Subsequent management after initial treatment failure



Expectant (n = 8)

- Expectant: 2 (25.0%)
- Medical: 5 (62.5%)
- Surgical (ERPC): 1 (12.5%)



Medical (n = 10)

- Expectant: 0 (0%)
- Medical: 0 (0%)
- Surgical (ERPC): 10 (100%)



Surgical (n = 5)

- Hysteroscopy with ERPC: 3 (60.0%)
- Repeat ERPC: 2 (40.0%)



KEY TAKE-HOME MESSAGE

Expectant and surgical management achieved comparable success rates (89.9% and 85.7%). Medical management success was 65.5%, potentially reflecting a symptom-triggered follow-up protocol. The surgical failure rate may reflect procedures performed without intraoperative ultrasound guidance, associated with improved complete evacuation rates. Persistent RPOC on follow-up ultrasound was the universal sonographic finding confirming treatment failure.