

EP15.51 : Ultrasound predictors of failed medical abortion at nine weeks of gestation or less

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Objectives

To evaluate baseline ultrasound markers associated with failure of medical abortion in pregnancies of nine weeks of gestation or less.

Methods

- **Prospective study:** January 2023–December 2025, Tunis Maternity and Neonatology Center.
- **246 women** undergoing medical abortion at **≤9 weeks**.
- Standard regimen: **mifepristone 200 mg + misoprostol 800 µg**.
- Baseline and **7–10-day ultrasound follow-up**.
- Assessed: gestational age, sac diameter, CRL, cardiac activity, yolk sac and endometrial thickness.
- **Failure:** persistent pregnancy or retained tissue requiring surgical evacuation.

Results

Among **246 women**, medical abortion failed in **31 cases (12.6%)**. Failure was significantly more frequent when **embryonic cardiac activity** was present at baseline, with a rate of **19.5% vs 8.9%** ($p=0.01$). A **gestational sac diameter >25 mm** was also associated with a higher failure rate (**21.3% vs 9.7%**, $p=0.02$), as was an **endometrial thickness ≥12 mm (27.4% vs 15.2%**, $p=0.04$). Failure was more common in pregnancies closer to **9 weeks (16.8% vs 7.9%** at ≤7 weeks, $p=0.03$). **Combining several adverse ultrasound markers identified a subgroup with an almost 30% risk of treatment failure.**

Conclusion

Baseline ultrasound markers can identify women at higher risk of medical abortion failure. Recognizing these predictors before treatment supports counseling and guides individualized management strategies for early pregnancy termination.