

Introduction

- Retained Pregnancy Tissue (RPT) are placental remnants that remain within the uterus following a miscarriage, termination of pregnancy (TOP) or delivery.¹
- Persistent RPOC can cause abnormal bleeding, infection and long-term complications such as intrauterine adhesions and infertility.²
- The natural course of RPT is not well understood and although there may be a place for expectant management, it is unknown when conservative management will be complicated by major bleeding and require further intervention.

Aims

- To determine the frequency of RPT following management of miscarriage, termination of pregnancy and postpartum
- To describe the outcome of different management approaches taken.

Figure 1: Transvaginal sonographic image showing retained products of conception³



Method

- A retrospective cohort study over 12 months (Jan-Dec 2021) was conducted in two tertiary centre early pregnancy units, within Imperial College Healthcare NHS Trust.
- RPT was defined as any patient who presented with pregnancy tissue identified on a follow-up ultrasound from any form of miscarriage management or delivery, and further intervention or follow-up was then organised by the clinician.
- Relevant data was extracted from the electronic patient record and ultrasound-reporting database (Astraia), data included demographic information, ultrasound features and follow-up timings and findings.

Results

- In total there were 375 cases of RPT, of which 320 were followed up to resolution.
- A number did not attend follow-up or moved to another unit.
- 269 cases occurred after miscarriage
 - A total of 848 cases of incomplete and missed miscarriage presented in the 12-month time period).
 - 41.2% (350/848) underwent surgical management of which 9.4% resulted in RPT (33/350).
 - 18.6% (158/848) underwent medical management of which 58.2% (92/158) resulted in RPT.
 - 40.1% (340/848) opted for expectant management of which 42.4% (144/340) resulted in RPT.
- Over the 12-month time-period, a further 106 cases of RPT presented
 - 64 after medical termination of pregnancy (TOP)
 - 11 following surgical TOP
 - 31 postpartum.

Figure 2: RPT Initial Management: Case Number Flow Chart

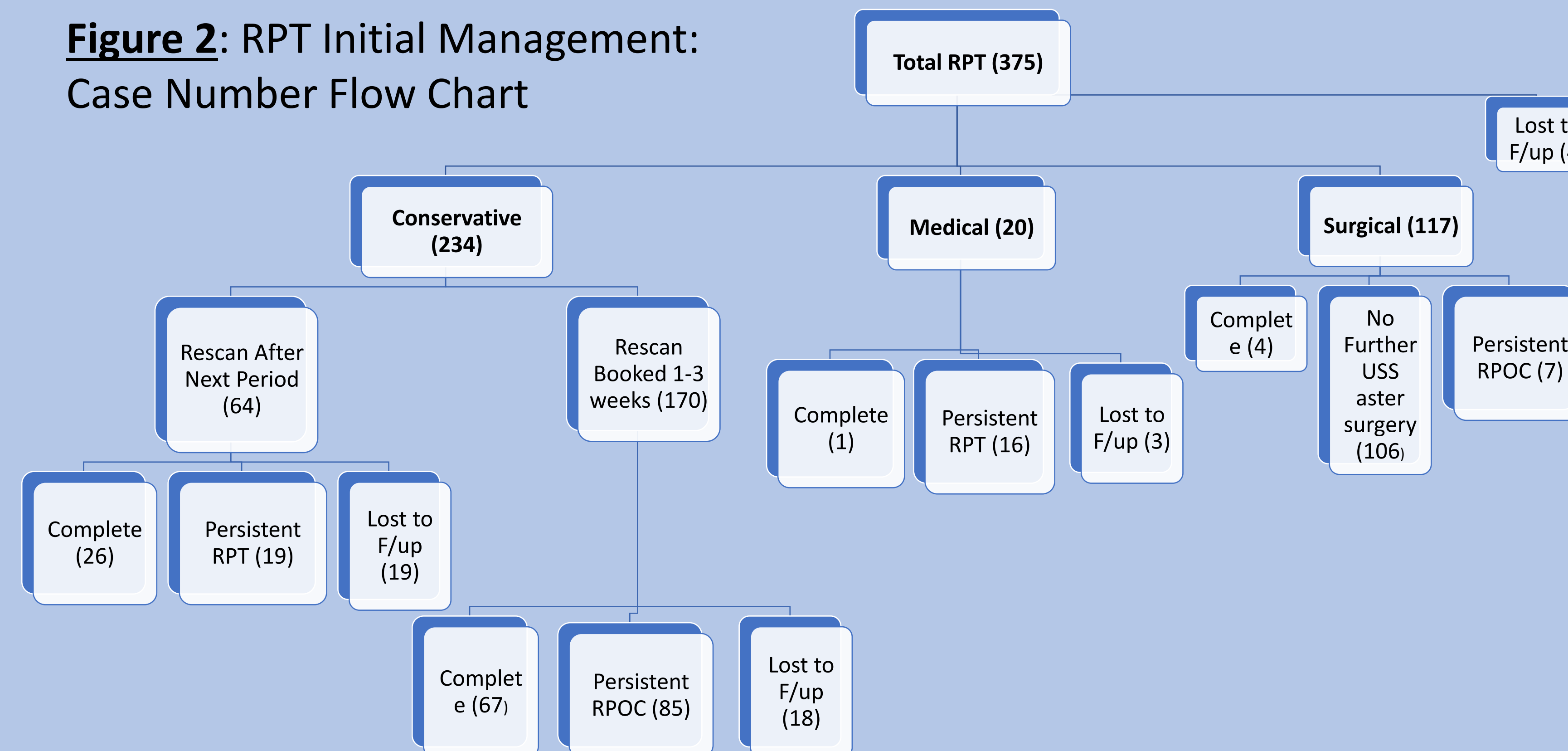
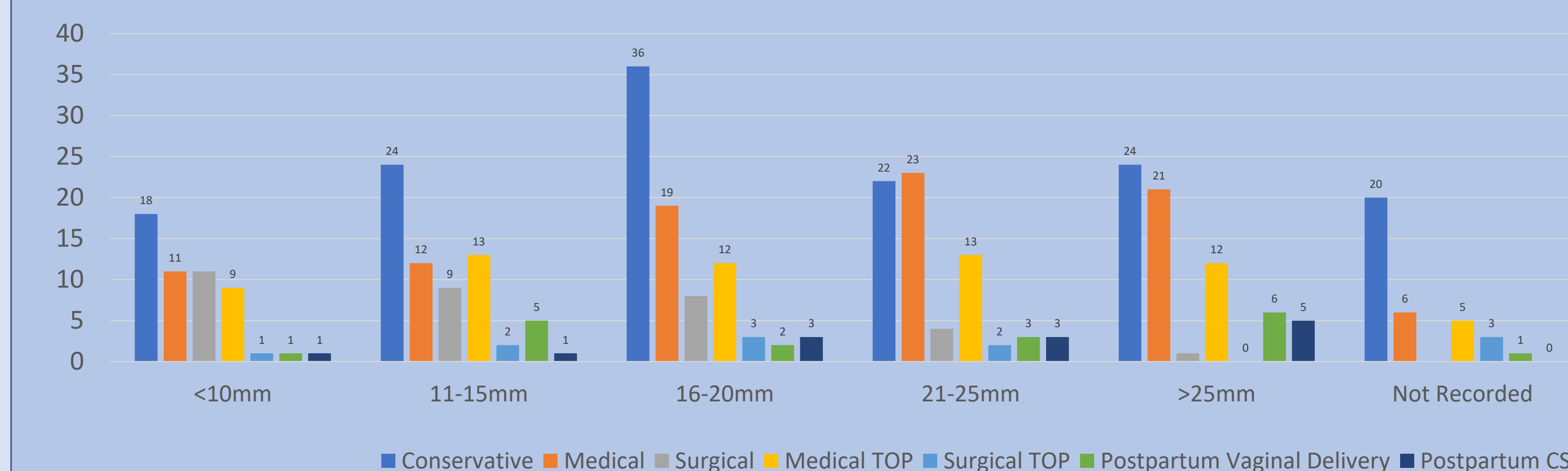


Figure 3: RPT Size (Mean Dimension mm) by Initial Intervention



Results

- RPT cases were managed based on patient choice as well as clinician review of the amount of tissue and its vascularity.
- 197 RPT cases were managed expectantly with ultrasound follow-up.
 - 45 were rescanned after their next period and 57.8% (26/45) achieved resolution
 - 152 cases were rescanned after 1-3 weeks from presentation of RPT and 44.1% (67/152) were resolved.
- Most RPT cases eventually underwent surgery (50.9% manual vacuum aspiration or surgery (163/320) and 9.4% had a hysteroscopy (30/320)).
- 38.1% RPT cases resolved with expectant management.

Conclusion

- This study demonstrates the potential sequelae of RPT.
- The higher success rate of expectant management when scanning after the next period, indicates that a longer time interval increases the chance of success and reduces number of follow-up scans.
- However, the size of RPT and symptoms need to be considered when planning follow-up.
- Our study found that 60.3% RPT cases ultimately underwent surgery, and those pursuing expectant management often required multiple follow-up scans.

References

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Declaration of interests

No competing interests. For more information, please email sughashini.murugesu@nhs.net