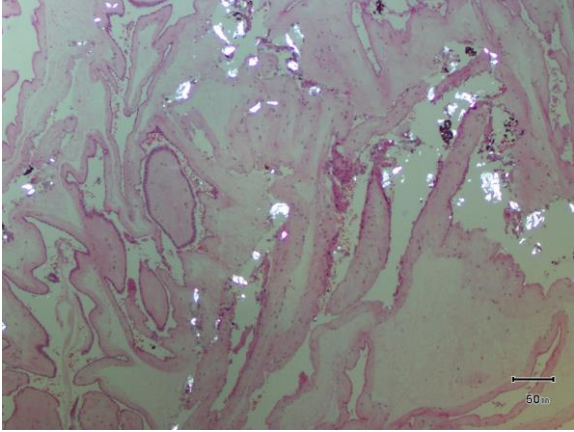


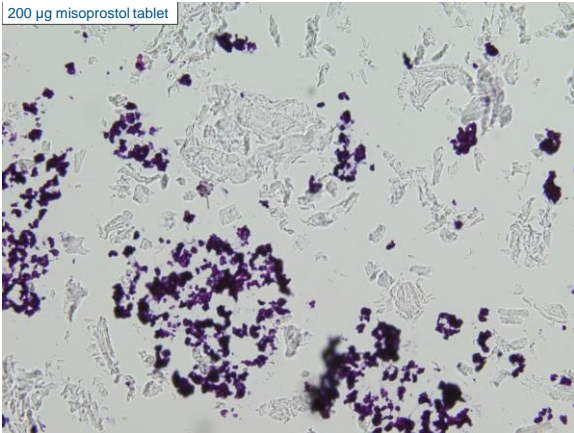
Objectives

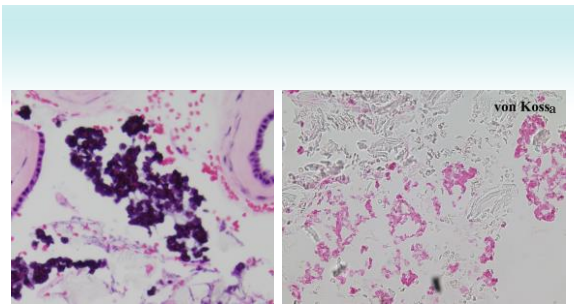
- Define misoprostol
- Discuss home abortions
- Present index cases
- Present data on refractile material and purple deposits identified in placentas with history of vaginal misoprostol use

Misoprostol (Cytotec)

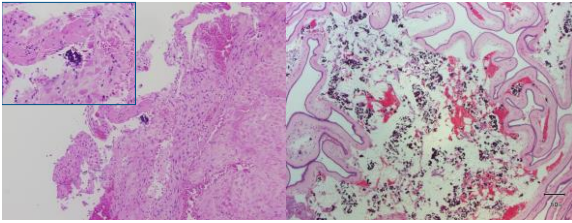
- Synthetic prostaglandin E1 (PGE1)
- Uses:
 - Treat ulcers, induce labor, control postpartum bleeding, medical abortion
 - Dose dependent
 - Induction: 25 mcg/dose (vaginal low-dose)
 - Medical abortion, miscarriage, IUFD: 800 mcg (vaginal high-dose)
- Routes of administration: Oral, sublingual, buccal, rectal, **vaginal**
- Oral administration less effective due to first pass metabolism by liver
 - Vaginal administration bypasses first-pass effect of liver, greater local effect

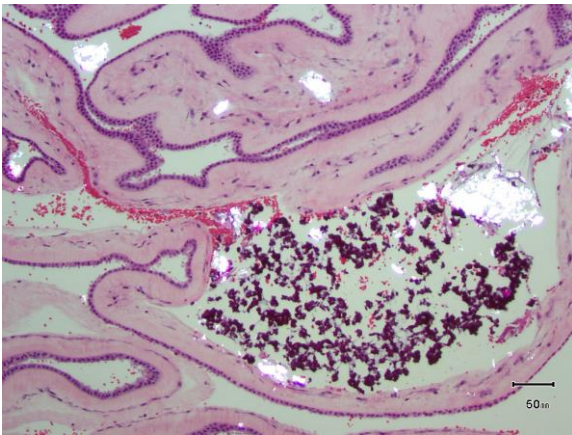






Focal vs Diffuse





Conclusions

- MCC/CP only identified in high-dose vaginal administration, most commonly on maternal surface of extraplacental membranes
- No additional cost, just need placenta and polarizer
 - Need placenta
 - Requires vaginal tablet use
- Sensitivity ~75% in high-dose vaginal administration
 - Predictive values likely lower in community
- Specific for vaginal tablet use, not diagnostic of misoprostol use
 - Any tablet could contain these fillers
 - Misoprostol purchased from unregulated manufacturers; not known what fillers are in these tablets
 - Confirmatory methods identifying active misoprostol ingredients on slides containing these fillers would be useful, but are not currently available



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Dr. Evelyn Bruner (placental pathologist)
Dr. Susan Presnell (forensic pathologist)
Dr. Ryan Cuff (maternal-fetal medicine)
Tyriah Page (research assistant)



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