

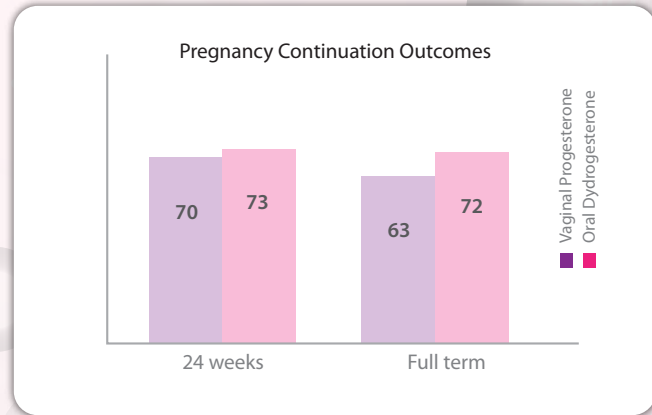
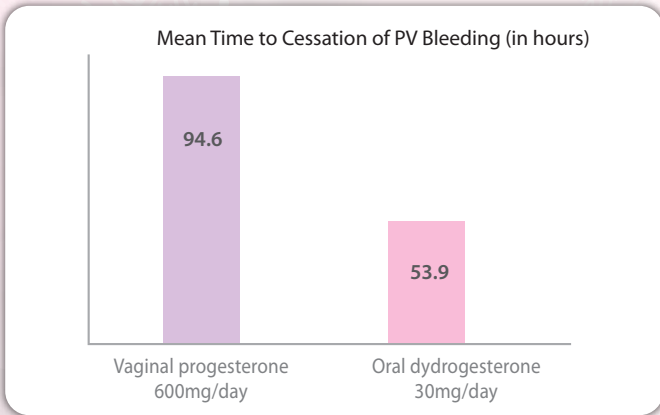
A comparative, randomized control trial in patients of per vaginal bleeding comparing efficacy of oral Dydrogesterone versus vaginal progesterone in successful pregnancy outcome for patients with recurrent pregnancy loss.



Aim

To compare the efficacy of oral **Dydrogesterone (30 mg/day)** versus vaginal progesterone (600 mg/day) in maintaining pregnancy in women with recurrent pregnancy loss (RPL) presenting with first-trimester vaginal bleeding.

Study Design	Prospective, comparative, randomized control trial	
Population	<ul style="list-style-type: none"> ✓ 200 pregnant women (≤ 12 weeks gestation) ✓ ≥ 2 previous miscarriage ✓ Presenting with vaginal bleeding ✓ Viable intrauterine pregnancy 	<p>→ Group A (n=100) Vaginal progesterone 600mg/day</p> <p>→ Group B (n=100) Oral dydrogesterone 30mg/day</p>



Key outcomes between vaginal progesterone and oral dydrogesterone groups.

- ✓ Dydrogesterone (30 mg/day) was significantly faster in controlling bleeding ($p < 0.0001$).
- ✓ More patients had successful continuation of pregnancy at 24 weeks (73%) and term (72%) in the oral dydrogesterone group than vaginal progesterone (63%)

Side effects

Oral dydrogesterone has better patient compliance due to its fewer local side effects compared to vaginal route, though it has some systemic side effects.

Dydrogesterone (30 mg/day) is preferred over vaginal progesterone in patients presenting with vaginal bleeding during early pregnancy and a history of recurrent early pregnancy loss.

Brought to you by



A comparative, randomized control trial in patients of per vaginal bleeding comparing efficacy of oral Dydrogesterone versus vaginal progesterone in successful pregnancy outcome for patients with recurrent pregnancy loss.



ABSTRACT

Background

Progesterone is essential for the maintenance of a healthy pregnancy. Any defect in the secretion of human chorionic gonadotropin or progesterone is associated with a significantly increased risk of first-trimester abortion. Progesterone is frequently prescribed to patients presenting with per vaginal (PV) bleeding in early pregnancy and a history of recurrent pregnancy loss.

Methods

Pregnant women up to 12 weeks of gestation with a history of more than two early pregnancy losses and presenting with vaginal bleeding were included in this study. All subjects were randomized to receive either vaginal progesterone 600 mg/day or oral dydrogesterone 30 mg/day. A detailed history-including menstrual history, previous pregnancies, previous miscarriages, and other risk factors-was obtained. The mean time required for the cessation of PV bleeding and continuation of pregnancy up to 24 weeks and till term was compared.

Results

A total of 200 patients were randomized to vaginal progesterone 600 mg/day (n = 100) or oral dydrogesterone 30 mg/day (n = 100). While 74 patients had two miscarriages in the progesterone group, 68 patients had two miscarriages in the dydrogesterone group. The time required for complete cessation of bleeding was significantly lesser among patients who received oral dydrogesterone compared to those who received intravaginal progesterone (53.90 ± 9.09 vs. 94.60 ± 7.29 h, $p < 0.0001$). Numerically higher number of patients receiving oral dydrogesterone had a successful continuation of pregnancy up to 24 weeks of gestation, as well as till full term compared to progesterone group (70 vs. 75).

Conclusion

Oral dydrogesterone (30 mg/day) is preferred over vaginal progesterone in patients presenting with vaginal bleeding during early pregnancy and a history of recurrent early pregnancy loss.

Ref: J Obstet Gynaecol India . 2021 Dec;71(6):591-595. doi: 10.1007/s13224-021-01473-2.

Scan here for
Prescribing Information

