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Differential diagnosis for threatened abortion

Abortion is the medical term designating the interruption of a pregnancy 20 weeks before pregnancy. The types of spontaneous abortions are threatened, inevitable, incomplete, complete, septic and frozen. A risk miscarriage is defined as vaginal bleeding before 20 weeks of pregnancy with a positive pregnancy test in urine and/or blood with a closed cervical cavity, no design product and no sign of fetal or embryonic death. The World Health Organization (WHO) defines abortion at risk as vaginal losses or gestational bleeding during the first half of pregnancy without hypertrophy of the cervix. If the collar is open, if there is an extra-uterine pregnancy, if there is an intrauterine pregnancy without fetal heartbeat or if there are proofs of passage of design products, other types abortion must be considered. Almost 25 % of pregnant women have vaginal bleeding in the first two quarters, and about 50 % of them lead to a miscarriage. The bleeding is generally light or moderate during an abortion. Abdominal pain can be manifested by periodic crises, hyperprothetic pain, pelvic pressure or low back pain.



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Diagnosis tools for early pregnancy transvaginal ultrasound

E	GA	βhCG (IU/L)	Visualization
5	wks	>1500	Gestational sac
6	wks	>5,200	Fetal pole
7	wks	>17,500	Cardiac motion

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Differential diagnosis

Ectopic pregnancy
Hydatiform mole (molar pregnancy)
Local causes as; cervical erosion, cervical polyp, etc.

Clinical assessment

A- History; includes
personal history
complains as; vaginal bleeding, pain
GA Nigel's rule
medical history

Maconochie N, Doyle P, Preeal S, Simmons R. Risk factors for first trimester abortion by case-checking in the UK.

Impression

Pregnancy Uteri G1Po 18 3/7 weeks AOG Hydatidiform Mole

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