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part 3
Retained Placenta
Chapter 3

Regarding Rogers MS, Yuen PM, Wong S. Avoiding manual removal of placenta: evaluation of intra-umbilical injection of uterotonics using the Pipingas technique for management of adherent placenta

Sir,

With great interest we read the article of Rogers et al., in which a new technique is described to manage retained placenta\(^1\). We strongly support the need for new tools in the management of retained placenta considering the significant morbidity (and even mortality) of manual removal of placenta (MROP). Case fatality rates after MROP are especially cumbersome in low-income countries (3-6\%)\(^2\). We would like to comment on the route of administration of the uterotonics. Although effective, the Pipingas technique appears to be laborious considering the alternatives. We have treated 10 women with retained placenta by administering 800 mcg of misoprostol rectally. In 7 of the 10 women, the placenta was delivered with controlled cord traction (table 1). Two of these needed uterine exploration because of an incomplete placenta. Three women underwent manual removal. In one case of manual removal, an already detached placenta was easily delivered in the operation room 30 min after the administration of misoprostol. Average blood loss was 815 ml, which is about 500 ml less than average blood loss after manual removal observed in our clinic. Since misoprostol can also be administered orally, and pharmacodynamics and kinetics appear to be more favourable than rectal administration\(^3,4\), we have started a randomised, placebo-controlled trial to explore the possibilities of misoprostol orally in the management of retained placenta. Hopefully, the oral route proves to be as successful as the Pipingas technique in preventing MROP, in order to exploit the advantage of the oral route of administration.

Table 1. Misoprostol (800 mcg) in retained placenta.

<table>
<thead>
<tr>
<th>Delivery of placenta</th>
<th>Controlled cord traction (n=7)</th>
<th>Manual removal or exploration uterine cavity (n=3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average blood loss (ml)</td>
<td>850</td>
<td>733</td>
</tr>
<tr>
<td>Standard deviation (ml)</td>
<td>701</td>
<td>404</td>
</tr>
<tr>
<td>Time between misoprostol and delivery of placenta (min)</td>
<td>37 (mean)</td>
<td>75 (mean)</td>
</tr>
<tr>
<td></td>
<td>36 (median)</td>
<td>95 (median)</td>
</tr>
<tr>
<td></td>
<td>13 (sd)</td>
<td>39 (sd)</td>
</tr>
</tbody>
</table>
References


