

P72.80 NON SURGICAL FEMALE STERILIZATION WITH QUINACRINE VIS-A-VIS LAPAROSCOPIC IN RURAL INDIA. A COMPARATIVE EVALUATION.

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The unmet need and dismal trend of population control in developing countries call for a highly acceptable, safe and efficient method. The current study, an ongoing one, a part of International Family Health Project, examines the relative value of single transcervical intra-uterine instillation of Quinacrine pellets (250 mg) by copper T IUCD introducer in the early proliferative phase. The resultant inflammatory fibrosis of the proximal part of the tube takes 12 weeks. During this period a concurrent use of Combined OC or Intramuscular Depo rrovera (Meciroxy Progesterone) helps to avoid unplanned pregnancy. A comparative evaluation with Laparoscopic sterilization over 5 years in 46863 women indicated a significant superiority of the method over Laparoscopy. The maternal mortality varied from 0 to 19.3 per 100,000 by different Laparoscopist, including the first author. In contrast, there was no major complication, neither any death following Quinacrine sterilization (N = 251). Menstrual upset eg, scanty loss, and short spell of amenorrhoea was found in 11 per cent. There were 7 pregnancies, less than 3 per 100 women user/year, of which one ended in Spontaneous abortion, the rest had had suction evacuation. The success of this method is in conformity with the large Vietnam trial on 31,781 cases with no maternal death (Du Trong et al, Lancet, 1993, 342, 213-217). In conclusion, the Quinacrine method seems appropriate for the developing world to increase the contraceptive prevalence.
