

SP76.4 **QUINACRINE STERILIZATIONS: EXPERIENCE
AMONG HIGH RISK WOMEN**

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A nonsurgical method of female sterilization is needed because many women are unfit for standard surgical methods, especially in developing countries. An alternative technique also seems desirable where surgical technique has failed or when women do not wish to undergo surgery. In such cases a novel approach by intrauterine insertion of quinacrine has been tried. During an ongoing trial we have studied until now 98 women of reproductive age who had a transcervical insertion, by a modified IUCD inserter, of seven quinacrine pellets (252 mg) and two diclofenac sodium pellets (50 mg), both supplied by the International Federation for Family Health. There were two insertions at monthly intervals, along with one 150 mg injection of depot medroxyprogesterone acetate (DMPA) with the first one as an additional contraceptive. Seventy-five cases were considered at high risk for surgery (mainly severe anemia, cardio-vascular disease and sepsis); 14 had voluntarily chosen a nonoperative procedure; and nine were cases of earlier laparoligation failure. No serious side effects were encountered and these were mainly menstrual irregularities due to simultaneous DMPA administration. The mean follow-up period was 17.6 months. There have been no pregnancy failures to date. We conclude that quinacrine sterilization is a promising alternative to surgery for women at high risk of associated complications and for those desiring sterilization, but fearful of surgery.