

# MisoREST: What should be done in women with an incomplete evacuation of the uterus after treatment with misoprostol for miscarriage?

No registrations found.

<b>Ethical review</b>	Positive opinion
<b>Status</b>	Recruitment stopped
<b>Health condition type</b>	-
<b>Study type</b>	Interventional

## Summary

### ID

NL-OMON28421

### Source

NTR

### Brief title

MisoREST

### Health condition

misoprostol, incomplete evacuation, curettage, expectant management  
misoprostol, zwangerschapsrest, curettage, expectatief beleid

## Sponsors and support

**Primary sponsor:** AMC

**Source(s) of monetary or material Support:** ZonMW

## Intervention

## Outcome measures

### Primary outcome

Sonographic finding of empty uterus (max diameter of uterine contents < 10mm); 6 weeks after randomization.

## **Secondary outcome**

1. Quality of Life (measured with SF-36 and HADS): baseline, 1-2 weeks, 4 weeks and 3 months after randomization;
2. Recovery specific Quality of Life: measured with RI-10 4 weeks after randomization, and EuroQol 3 months after randomization;
3. Number of out-of-protocol visits in the 3 months after randomization;
4. Number of (re)interventions in the 3 months after randomization;
5. Pregnancy rates after 12 months.

## **Study description**

### **Background summary**

Objective of the MisoREST trial: To assess the effects of curettage versus expectant management in women with incomplete evacuation of the uterus after treatment with misoprostol for first trimester miscarriage.

### **Study objective**

The primary study question is phrased as a non-inferiority hypothesis of expectant management versus curettage. Curettage is expected to lead to a higher proportion of patients successfully treated, but we anticipate that women will prefer expectant management if the proportion of success is not substantially lower.

### **Study design**

Primary outcome (sonographic finding of empty uterus): 6 weeks.

Secondary outcomes:

1. Quality of life: baseline, 1-2 weeks, 4 weeks and 3 months;
2. Out-of-protocol visits: 3 months;
3. (Re)interventions: 3 months;

4. Pregnancy rates: 12 months.

### **Intervention**

1. Curettage;
2. Expectant management.

## **Contacts**

### **Public**

M.A.C. Verschoor  
[default]  
The Netherlands  
+31 (0)6 12518820

### **Scientific**

M.A.C. Verschoor  
[default]  
The Netherlands  
+31 (0)6 12518820

## **Eligibility criteria**

### **Inclusion criteria**

1. First trimester miscarriage treated with misoprostol;
2. Sonographic evidence of remnant at follow-up 1-2 weeks after initial treatment.

### **Exclusion criteria**

1. Age < 18 years;
2. Severe vaginal bleeding;
3. Severe abdominal pain;
4. Fever (> 38.0) or sepsis requiring antibiotic treatment and curettage;
5. Failed misoprostol-induced miscarriage: sonographic finding of intact gestational sac still in

situ.

## Study design

### Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Open (masking not used)
Control:	Active

### Recruitment

NL	
Recruitment status:	Recruitment stopped
Start date (anticipated):	01-02-2012
Enrollment:	162
Type:	Actual

## Ethics review

Positive opinion	
Date:	27-02-2012
Application type:	First submission

## Study registrations

### Followed up by the following (possibly more current) registration

ID: 39356  
Bron: ToetsingOnline  
Titel:

## Other (possibly less up-to-date) registrations in this register

No registrations found.

## In other registers

Register	ID
NTR-new	NL3166
NTR-old	NTR3310
CCMO	NL38637.018.11
ISRCTN	ISRCTN wordt niet meer aangevraagd.
OMON	NL-OMON39356

## Study results

### Summary results

N/A