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## 6th Annual Conference on GYNECOLOGIC ONCOLOGY, REPRODUCTIVE DISORDERS, MATERNAL-FETAL MEDICINE & OBSTETRICS

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## **Polycystic Ovary Syndrome**

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**Background:** Cervical dilation is indicated prior to performing various gynecological procedures. However, gynecologists are at times confronted with a stenotic or tight cervix, resistant to dilation. This can be problematic particularly when cervical ripening has not been attempted hours before the start of the procedure.

**Objective:** This study aims to investigate the efficacy of the administration of hyoscine butylbromide for cervical dilation for immediate dilation of the tight or stenotic cervix. Materials and Methods: In this clinical trial study, a population of 40 women, aged 20-70 yr with a stenotic cervix, evidenced by resistance to pass dilator #2 through their cervical canal were compared. Cervical patency was assessed 10 min following intra-cervical canal instillation of hyoscine butylbromide.

Results: Cervical width of 57.5% of patients became wider, as evidenced by the passage of the number 4 Hegar dilator through the cervical canal without resistance. Independent T-tests did not reveal any statistically significant difference between the two groups based on their age. Fisher Exact test revealed a statistically significant difference between the two groups based on the prior route of delivery, with a more statistically significant response in patients who had vaginal deliveries.

Conclusion: Intra-cervical canal instillation of hyoscine butylbromide is effective in immediate dilation of the tight or stenotic cervix during intra-uterine procedures.