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Correspondence

Reply to: Misoprostol during cesarean delivery: At which time and by which route?



Dear Editor,

We appreciate the interest shown by Dr. Shehata in our recently published paper [1]. We would like to thank him for his valuable comments that add much more to our own published findings. Regarding the cost of misoprostol, we disagree with the author that misoprostol is costly than oxytocin wherever in Egypt or worldwide. A recent study demonstrated that the mean cost of misoprostol was significantly lower than the oxytocin (2.0 ± 0.8 vs. 5.1 ± 0.9 US dollars; $P < 0.00001$) [2]. Additionally, Vlassoff et al., 2016 in reported that misoprostol was more cost effective than oxytocin when given prophylactically after vaginal delivery in low-resource setting; Senegal similar to Egypt [3]. Shehata states that misoprostol costs one Dollar while one oxytocin ampoule costs 0.25 Dollar, although he provides no citations to prove this.

Shehata states that the large systematic review by Conde-Agudelo et al. [2] reported no statistically significant differences between misoprostol and oxytocin in reducing intraoperative and postoperative bleeding at cesarean delivery. We agree with him, but the review included four clinical trials; one of them showed a significant reduction in the mean postoperative blood loss with sublingual misoprostol (MD = 23 ml; $P < 0.00001$) [4]. In the other 3 studies, there was a lower mean intraoperative blood loss with sublingual misoprostol (MD = 55 ml) although it was not statistically significant; $P = 0.07$. This coincides with our study results; however we reported a statistically significant lower blood loss with misoprostol (MD = 111 ml, $P = 0.025$) [1].

On the other hand, the mentioned meta-analysis by Mousa et al. [5] was evaluating the role of misoprostol in treatment of primary postpartum hemorrhage (PPH), unlike our study which evaluated its prophylactic role in PPH.

Finally, Conde-Agudelo et al. [2] reported in their systematic review that equivalence or non-inferiority randomized controlled trials with sufficient statistical power are still needed to compare the

efficacy of misoprostol and oxytocin in reducing perioperative hemorrhage at cesarean delivery. We think that our study [1] was adequately powered to compare the effect of both drugs on the amount of perioperative hemorrhage and it could add to the published literature in this issue.

Conflicts of interest

No conflicts of interests are present.

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