Successful pregnancy outcome after emergency cerclage- Case Report

Neerja Bhatla, Deepika Deka, Parul, Kamal Buckshee,
Department of Obst. & Gynae. All India Institute of Medical Sciences, New Delhi.

Emergency cerclage is defined as that placed when the cervix is already widely dilated with bulging or "hourglass membranes". Long thought to be a hopeless situation, recent reports have noted better pregnancy salvage rates for emergency second trimester cerclage. Methods reported to reduce the herninated membranes at the time of cerlage include amniocentesis, halogenated inhalational anaesthetics, foley's catheter balloon, steep Trendelenberg position and instillation of 500 ml saline into the maternal bladder to elevate the lower uterine segment and thus retract the bulging membranes.

Complications include intra-operative rupture of membranes and chorioamnionitis either in early postoperative period or later in pregnancy. The lack of significant maternal morbidity combined with improved fetal outcome support further efforts in this area.

A 23 year old $G_2 P_{0+1}$ at 21 weeks gestation was admitted to labour room in Sept. 1997, with incompetent cervix and bulging membranes. The patient had history of one spontaneous abortion at 6 weeks gestation for which vaccum aspiration was done. There were no post-abortal complications. She had secondary infertility, polycystic ovarian disease was diagnosed and she conceived on clomiphene and human chorionic gonadotrophin therapy.

In the first trimester, the patient complained of white discharge off & on which was treated with local antibiotics. Speculum examination and ultrasound of cervix did not show any evidence of cervical incompetence.

Ultrasound done at 18 weeks showed a cervical length of 3 cms and no fetal anomalies. At 21 weeks, the patient complained of profuse vaginal discharge. The uterus was 20 weeks size, speculum examination showed that the cervix was 3 cms dilated, fully effaced, and membranes were seen bulging through the os.

The patient was put in steep Trendelenberg position. Emergency cerclage stitch (MacDonald's) was applied after gently pushing the membranes in, with the help of a peanut sponge, under halothane anaesthesia.

Perioperative antibiotics and tocolytics were given. The patient had no post-operative complications and was monitored by regular leukocytic counts and high vaginal swabs for culture.

Glucose tolerance test (G.T.T) was done at 26 weeks and it was abnormal. The patient was put on 1800 Kcal diabetic diet followed by weekly blood sugar profiles. From 28 weeks of pregnancy, fetal monitoring was started and at 30 weeks mild oligohydramnios was diagnosed.

At 32 weeks gestation, the patient complained of decreased fetal movements, and spontaneous fetal heart decelerations were noted. The MacDonald's stitch was removed and labour was induced with oxytocin. A 1.6 kg healthy male baby was delivered vaginally. The baby did not have any evidence of sepsis. Hyperbilirubinaemia developed on day 4, which was managed with phototherapy. Baby and mother are now doing well.

Thus, emergency cerclage at 21 weeks enabled prolongation of the pregnancy by 76 days, with birth of a healthy viable baby.