

## Trans-Abdominal Cervico-Isthmic Cerclage Following Recurrent Reproductive Failures-A Case Report

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Mrs. XYZ, G<sub>1</sub>P<sub>1</sub>L<sub>1</sub>A<sub>0</sub>, with four months amenorrhea was admitted on 4<sup>th</sup> February, '99 at LTMHC Hospital, Sion. There was no history of any complaints. She had a full term normal delivery four years ago, following which she had a prolapse, for which a Fothergill's operation was done three years back. Following the surgery she had two spontaneous abortions at four and five months of gestation respectively. During the third pregnancy she had a history of McDonald's transvaginal cervical cerclage done at four months of gestation.

Her last menstrual period was 15<sup>th</sup> Oct.'98 and her expected date of delivery was on 22<sup>nd</sup> July '99. Her previous menstrual cycles were normal. On examination, vitals were stable. The systemic examination was normal. Per abdomen, the uterus was 16 weeks in size and relaxed. Per vaginal examination revealed a cervix which was flush with the vagina and the internal os admitted one finger. Ultrasound examination revealed a single live intra uterine gestation of 16 weeks with a cervical length of 1 cm. In view of the previous Fothergill's operation followed

by two abortions and a failed transvaginal cerclage in the previous pregnancy, the decision was taken to do a transabdominal cerclage.

The transabdominal cerclage was done on 8<sup>th</sup> Feb.'99 with merselene tape and the knot was tied posteriorly.

The postoperative period was uneventful and the patient had a regular antenatal follow up. The patient presented in early labor at 37.6 weeks of gestation and was delivered by caesarean section. At the time of caesarean section, the bladder was found to be minimally adherent to the lower segment. It was pushed down after sharp dissection. The incision on the uterus was taken relatively higher on the lower uterine segment. A male child weighing 2.6 kg. was born who cried immediately after birth. The merselene tape was intact and the knot was felt posteriorly. The uterine closure was done and the tape was kept in place. The post operative period was uneventful and the baby and mother were discharged on day 8 in good condition.