

## Successful Pregnancy Outcome in a Case of "Bad Obstetric History" Treated with Abdominal Cerclage.

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Mrs. P - 30 year old lady, G6P2A3I0 came for antenatal registration at 20 weeks of gestation with bad obstetric history with no living issue. Her first delivery was a full term vaginal home delivery, 17 years back, male child, expired at 6 years of age due to fever and vomiting. After first delivery patient underwent conservative vaginal repair for uterine prolapse. This was followed by three 2<sup>nd</sup> trimester spontaneous abortions at five months of amenorrhoea and one preterm delivery at 30 weeks of gestation, which led to early neonatal death. In last pregnancy cervical cerclage was done. Patient went into preterm labour at five months of amenorrhoea and had ruptured uterus. She underwent exploratory laparotomy with suturing of fundal rupture.

On per abdominal examination uterus was 20 weeks size with externally ballotable foetus. Vertical midline intraumbilical scar of previous surgery was noted. On per vaginal examination, cervix revealed absent vaginal portion and os was closed. Normal foetus with 20 weeks of gestation confirmed on ultrasound. Due to the absence of vaginal portion of cervix, decision for abdominal cervical cerclage was made.

Abdomen was opened with vertical intraumbilical incision under general anaesthesia. Scar of previous rupture at fundus noted. Abdominal cervical cerclage (Benson and Durtac method) was performed

using merselene tape at the level of internal os and knot was tied posteriorly, sparing the uterine arteries on the lateral side.

Postoperatively the patient was given antibiotics and tocolysis for 7 days. She was hospitalized throughout the antenatal period. Patient went in preterm labour at 32 weeks of gestation, which was treated with tocolysis. Oral tocolysis was continued till 34 weeks of gestation. Dexamethasone injection was given weekly.

At 37 weeks of gestation Lower Segment Caesarean Section through vertical intraumbilical skin incision was performed. Liquor was clear. Female baby of 2 kg 400 gm with Apgar score of 9/10 was delivered. Merselene tape could not be located and it was left in situ.

Patient and healthy baby were discharged on day 10 of surgery.

Thus, abdominal cervical cerclage at 20 weeks of gestation enabled successful prolongation of the pregnancy till full term with birth of healthy viable baby in a patient with bad obstetric history with previous rupture of uterus.