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The use of transabdominal cervicoisthmic cerclage in successive pregnancies

Dear Editor,

We present seven cases of the use of transabdominal cervico-isthmic cerclage (TCIC) where the women were able to achieve two pregnancies. Benson and Durfee first described transabdominal cervico-isthmic cerclage in 1965. In recent years, this technique has been used with increasing frequency for cases where the cervix is so

damaged that vaginal cerclage would not be possible, when a previous vaginal approach has been unsuccessful and when the patient has been exposed to stilboestrol in utero [1].

Case selection of women for this procedure is strict, and as a result most cases are carried out by regional teams gathering cases from many units. We have performed transabdominal cerclage on 50 women during pregnancy and one prior to conception. Patients were delivered by elective caesarean section at 37–38 weeks gestation or by emergency section when labour commenced. The suture left in situ unless the patient’s family was complete. These women have now had 58 pregnancies, 54 healthy babies (one set of twins) have been delivered and there have been four mid-trimester losses at 16, 21, 14 and 15 weeks and one-third trimester loss at 36/52. Seven of these women have now had two pregnancies and we now report the outcome of these pregnancies (Table 1).

Of the seven women we now report there have been four who have had two successful pregnancies, two with a mid-trimester loss and a successful pregnancy – one in a first pregnancy and one in a subsequent pregnancy – and one with a third trimester loss following rupture of a previous classical caesarean section scar but she has since had a successful twin pregnancy.

Novy reported 20 cases in whom trans-abdominal cerclage was performed and one of these patients had two pregnancies [2]. Gibb reported a series of 51 transabdominal cerclage with eight patients having two pregnancies [3]. A preconception insertion study [4] of 19 patients has been reported with 12 patients becoming pregnant and having 14 successful pregnancies and seven first trimester losses.

These women have often experienced disastrous pregnancy outcomes in the past and considerable benefit can be obtained by giving realistic hope for their future reproductive career. There is now sufficient evidence to suggest that in counselling women for this technique there can be a reasonable expectation of having more than one pregnancy with a trans-abdominal cerclage.

Table 1
 Outcome of pregnancies

Patient ID	First pregnancy	Second pregnancy
4	Elective C/S at 37 weeks	Emergency C/S at 35 weeks
6	Emergency C/S at 33 weeks	SRM at 16 weeks. Suture divided
10	Ruptured classical scar 36 weeks	Twin pregnancy. Emergency C/S at 33 weeks
16	Recurrent vaginal bleeding and SRM at 21 weeks. Cervix 3–4 cms dilated evacuation of uterus but suture left in situ	Emergency C/S at 36 weeks
26	Elective C/S at 38 weeks	Emergency C/S at 36 weeks
27	Emergency C/S at 32 weeks. Suture lying in uterus	Resutured. Elective C/S at 38 weeks
29	Emergency C/S at 37 weeks	Elective C/S at 38 weeks. Hysterectomy required for placenta accreta

This is the first report to concentrate solely on the subsequent pregnancies of women who underwent TCIC.

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