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Laparoscopic cervical cerclage without exocervix at 11 weeks gestation

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We report a 28-year-old female, gravida 2, para 1, aborta 1, she had previous preterm delivery 8 years ago at 26 weeks gestation, suspicious incompetence of cervix. After delivery she had 2 times of cervical conization because of microinvasive squamous cell carcinoma and CIN 3 of uterine cervix. At 9 weeks and 2nd day of gestation, she’ve brown color vaginal discharge. At that time her cervical length was about 1 cm. She did not have any evidence of uterine contractions or infection. Ultrasound scanning confirmed a singleton intrauterine pregnancy at 9 weeks gestation, the size was consistent with dates. She was in hospital for few days and we planned to do the laparoscopic abdominal cerclage 2 weeks later. We captured the colposcopic image of her vagina and exocervix. It is absent of exocervix at all. In this case, transvaginal cervical cerclage was not possible because of a virtually nonexistent exocervix. Therefore laparoscopic cervical cerclage was performed at 11 weeks gestation. The operation last about 1 and half an hour and was completed successfully. Fetal cardiac activity was confirmed before and after the operation. We did the 3D ultrasound scanning 2 days after procedure and confirm the suture material on endocervix well. We report this case for the reason of when vaginal cervical cerclage is not possible, laparoscopic abdominal cervical cerclage could be the other optional method.

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Three cases of successful outcome by two times emergency cervical cerclage after elective cervical cerclage in cervical incompetence

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Women with cervical dilatation and bulging membrane in the second trimester are susceptible to imminent preterm delivery. Emergency(rescue) cerclage is the only surgical method to prolong pregnancy, in case of cervix opening and/or membrane bulging after the second trimester. However, there is no treatment guideline of membrane re-bulging after elective cervical cerclage and also there is no treatment guideline of membrane re-bulging after emergency cerclage. The case reports of re-cerclage (rescue cerclage) of membrane re-bulging after emergency cerclage and elective cerclage are uncommon. The author now report the three cases that had good pregnancy outcomes of delivery at 37/3 weeks by Cesarean section, 35/4 weeks of twin pregnancy by Cesarean section and 37 weeks by vaginal delivery after two times of emergency cerclage because of membrane re-bulging after elective cervical cerclage in cervical incompetence. Two times of emergency(rescue) cerclage in women with cervix opening and/or membrane bulging after elective cervical cerclage in the second trimester appears to be a safe alternative to expectant management.