

**RESCUE CERCLAGE - IS IT EFFECTIVE**ALKA PANDEY^{a1} AND NEELM KUMARI^b^{ab}Department of Obstetric & Gynaecology, P.M.C.H., Patna, Bihar, India**ABSTRACT**

Cervical incompetence leads to abortion and preterm delivery. Cervical rescue cerclage has been tried to prevent this. This study was performed to study the efficacy and safety of rescue cerclage in women with advanced cervical dilatation and bulging membranes. This study was performed on 11 women presenting with second trimester painless dilatation of cervix. Suture with Sutu Pak was put around the internal os. The pregnancy was prolonged with a gain of about 5.5 weeks and survival and birth weight of the neonate improved. Rescue cerclage is an useful procedure to prevent preterm birth and improve birth weight and survival of the new born.

KEYWORDS: Cervical Dilatation, Encerclage

Incidence of cervical insufficiency is 0.1 to 2%. Decidual inflammation, intrauterine infection, haemorrhage, excessive uterine distension, mullerian anomalies, Ehler's Danlos syndrome, acquired and structural functional defects may cause structural insufficiency (American College of Obs. & Gynaecologist).

Cervical insufficiency may cause preterm labour which may lead to increase perinatal morbidity and mortality. Dr. Shirodhkar (1955) and Mcdonal (1957) designed sutures to remedy cervical insufficiency. When the cervix becomes dilated 3 to 5 cm, cerclage sutures have been tried to prevent preterm labour.

Rescue cerclage is an emergency procedure to prolong pregnancy to a viable gestation in women presenting in the second trimester with cervical dilatation and bulging membranes.

This study was performed to study the efficacy and safety of rescue cerclage in women with advanced cervical dilatation and bulging membranes.

MATERIALS AND METHODS

11 women with 24-29 weeks gestation having painless cervical dilatation of 1-5 cm were included in this study which was carried out at Eva Multi Speciality Clinic, Patna from June 2019 to May 2021.

Exclusion Criteria

- Women with multiple pregnancy
- Preterm premature rupture of membranes
- Chorio amnionitis
- Vaginal bleeding

- Chronic disease
- Labour pain

The women were given Proluton depot (500 mg) in the evening prior to the operation.

3 amp. Isox suprine in bottle normal saline was started in the morning of operation. Prophylactic antibiotic and corticosteroid were given.

Under GA with full aseptic and antiseptic technique, the patient was put in lithotomy position. The foot end of the table was raised. Bladder was filled with normal saline. Anterior vaginal wall and posterior vaginal wall was retracted with Sims speculum.

The cervix was exposed, the amniotic bag was gently pushed with wet gauge or with foleys catheter inside the uterine cavity. Sutu pack (polyamide suture no. 1) was taken and an encircling suture was given around the internal os where the rugosity of vagina meets the smooth cervix. After the procedure the vagina was washed with antiseptic solution.

The patient was shifted in the ward and discharged after 48 hours. She was called for follow up after one month, earlier if any problem arose. The stitches were cut if the patient went into labour or they was rupture of the membrane or signs of infection.

RESULTS

Total of 11 women in our study underwent emergency cerclage and we observed that by putting emergency cerclage, the pregnancy was prolonged by a mean of about 5.5 weeks. The birth weight of the baby also increased and the live birth was also improved.

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This study is similar to the study of Stupin *et al.* (2008). In the series of Ciancimino *et al.* (2015), a total of 12 patients underwent emergency suture placement. Pregnancy was extended upto 89.9 days and neonatal survival was 83.3%. Similar results were reported by Cavus *et al.* (2014).

In the series of Mitra *et al.* (1992). the prolongation of pregnancy was about 12 weeks and newborn survival was 83%.

AGE

Age	No. of Women	Percentage
18-23	4	36.36
24-28	5	45.45
29-32	2	18.18
TOTAL	11	

PARITY

	No. of Women	Percentage
Primi	0	0
2 nd Gravida	5	45.45
3 rd Gravida	3	27.27
4 th Gravida	2	18.18
5 th Gravida	1	9.09
TOTAL	11	

Gestational age at which suture was given	Birth Weight	Gestational Age at which the fetus was born	Birth Weight	Weeks gained by this procedure	Gain of Weight in gm
24	480	25	570	1	90
24	504	32	1700	8	1196
26	500	34	2100	10	1600
25	560	26	770	2	210
26	639	32	1500	6	861
26	640	34	2100	8	1460
26	650	31	1400	5	750
27	900	34	2000	7	1700
27	814	33	1800	6	986
28	800	35	2300	7	1200
29	986	31	1400	2	200

Complications

Rupture of Membranes	2
Preterm Delivery	2

NICU Admission and stay in days	Survival of the baby D = Death S = Survival
4	D
7	S
5	S
3	D
8	S
5	S
14	S
4	S
7	S
4	S
10	S

CONCLUSION

Emergency cerclage is a very useful procedure. It prolongs pregnancy and improves new born survival.

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