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CASE REPORT

Forgotten Transvaginal Cervical Cerclage Stitch in First Pregnancy Benefits reaped till the Second Pregnancy

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ABSTRACT

The cervical stitch is universally removed at 37 completed weeks or earlier if the patient goes in labor. The patient described was a rare incidence where the cervical stitch in the first pregnancy was forgotten and it was diagnosed in the second pregnancy. Since the patient did have a short cervical length in second pregnancy, the stitch was left *in situ* and was removed at term. A rare case is presented here where the cervical stitch in the first pregnancy benefited the second pregnancy.

Keywords: Cervical cerclage, Removal of cervical stitch, Transvaginal cerclage.

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A 26-year-old gravida 2, para 1, living 1 with 24 weeks of pregnancy presented to the antenatal clinic for examination. The first pregnancy was a full-term elective cesarean section done for severe oligohydramnios, female baby 2.5 kg, with no complications. There was history of cervical cerclage done in the first pregnancy for short cervix and no other details were available.

On routine examination, her pulse was 75 beats/minute, blood pressure was normal, and she had mild pallor. On per abdomen examination, the uterus was 24 weeks size, external ballotement present, fetal heart sounds were heard, and a healthy scar of previous cesarean section was seen. On per speculum examination, an intact cervical stitch was seen, knot was anterior with Prolene no. 1. The cervix appeared short on per vaginal examination. On careful history, the patient denied any removal of the cervical stitch after the previous cesarean section. She did not have any vaginal infection or dyspareunia in the interpregnancy interval. She was using barrier contraception and did not have any postpartum visits to the hospital.

Ultrasonography revealed the cervical length to be 3 cm and internal os was closed. The patient was explained about the persistent forgotten cervical stitch. In view of the present cervical changes, an informed decision was taken to keep the stitch *in situ*. All risks and complications were explained to the patient. The need of elective cesarean was explained in view of expected cervical fibrosis due to persistent cervical stitch.

Pregnancy continued till 37 weeks when patient developed premature rupture of membranes. On examination, the fetal heart sounds were normal and cervix was 1 cm dilated. Membranes were absent. The cervical stitch was removed. There was dense fibrosis of the cervix with a very poor Bishop's score. Cesarean section was performed; female baby was 2.4 kg; patient had no complications and was discharged on day 7.

DISCUSSION

Cervical cerclage remains a commonly performed prophylactic intervention used by most obstetricians, despite the absence of a well-defined population for whom there is clear evidence of benefit. The incidence of clinical cervical cerclage based on the clinical findings is on the rise, and overall incidence in our tertiary care referral center is 3 to 5% of live births.

A transvaginal cervical cerclage stitch should be removed before labor, usually between 36 and 37 weeks of gestation, unless delivery by elective cesarean section, in which case suture removal could be delayed until this time.[1]

In the absence of preterm labor, elective removal at 36 to 37 weeks of gestation is advisable owing to the potential risk of cervical injury in labor and the minimal risk to a neonate born at this gestation.[1]

We present a very rare case in which the transvaginal cervical cerclage stitch of the first pregnancy was not removed and the stitch was detected in the subsequent

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pregnancy. The stitch was left *in situ* for the present pregnancy in view of cervical length of 3 cm on ultrasound and a clinically short cervix. The persistent stitch was diagnosed during the booking visit as performing per speculum and per vaginal examination is a protocol in our institute. Dense cervical fibrosis was a result of the persistent suture and hence, a repeat cesarean section was performed.

The patient did not complain any dyspareunia nor vaginal infection during the interpregnancy interval. The cervical stitch did not cause any ascending infection nor did it lead to infertility or any menstrual disturbances due to mechanical blockage of the cervical canal. There was no cervical erosion found on examination.

A general practice in rural areas and some urban population is to remove the stitch at the time of elective cesarean section under anesthesia. The timing is usually after the surgery is over, just after vaginal toileting. Hence, there is a theoretical risk of forgetting to remove the suture.

We recommend a practice of elective removal of cervical cerclage suture in the outpatient department and showing the removed suture to the patient. If the suture is removed in the operation theater, then the stitch is shown to the patient in the recovery room. The practice of performing per speculum and per vaginal examination during booking visits is also encouraged to help diagnose such untoward incidents.

This reported case also enhances the fact that cervical cerclage increases the incidence of cervical fibrosis.

Several adverse outcomes have been reported in patients receiving cerclage including preterm premature rupture of membranes, infectious complications, postpartum endometritis, increased uterine contractions requiring tocolysis, and cesarean delivery secondary to cervical stenosis.[2]

Most obstetricians suggest removal of cerclage electively once a gestational age of approximately 36 to 38 weeks is achieved.

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