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

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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CASE REPORT

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 based on the clinical findings is on the rise, unless delivery by elective cesarean section, in which case suturing could be delayed until this time.

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.

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...
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.

REFERENCES