

Preconceptional cervical cerclage after second and third trimester pregnancy loss.

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Introduction: incidence of miscarriages after surgical correction of cervix insufficiency is 70-90%. Preconceptional cervical cerclage procedure in this cases is mandatory for the future pregnancy loss prevention. In the same category necessary to includes patients who have had a high cervix amputation or repeated conization, or after radical abdominal or vaginal trachelectomy. Subsequently, the carrying of pregnancy is very difficult due to the high frequency of functional failure of the stump of the cervix or uterine-vaginal anastomosis.

Materials and methods: From year 2011 in our clinic 86 cases cervical cerclage placement was done. To establish a mesh prosthesis we used different surgical approaches: transabdominal (laparoscopic in 67 cases, laparotomy in 3 patients due to the adhesion process and the combination with the large size of myoma) or transvaginal in 7 cases. Patients were divided into 3 groups. Group I - 17 patients after radical trachelectomy. Group II - 43 patients who had previously performed the amputation of the cervix, of which two patients was transvaginal cervico-isthmic cerclage during pregnancy at 13-14 and 18 weeks gestation. In the III group included women with miscarriage 26 patients were included in the history and development cervical incompetence, with those two patients performed during pregnancy. Results. In patients after radical abdominal trachelectomy celebrated as the low rate of spontaneous, and with the use of ART pregnancy. 4 patients became pregnant, one patient have a preterm birth at 27 weeks- child die. In the second group of 16 patients became pregnant, cesarean delivery was systematically performed, median gestational age at delivery was 37.4 weeks. The following reproductive outcomes were obtained in group III: pregnancy occurred in 15 patients, Cesarean section was performed in 13 cases, median gestational age was 37.3 weeks, 2 patients are pregnant at present time. In all groups children were born in satisfactory condition. No pregnancy loss in second and third group was detected. Take home baby index 100%. No operative complications in all groups.

Conclusions. Based on our results, cervical cerclage is a necessary stage of preconceptional preparation of patients after surgery on the cervix, as well as ineffective correction of cervical incompetence or miscarriage in history.

Keywords : cervical cerclage,cervix insufficiency, trachelectomy, miscarriages

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