J Matern Fetal Neonatal Med. 2019 Feb 22:1-5. doi: 10.1080/14767058.2019.1579192. [Epub ahead of print]

Transabdominal cerclage for cervical insufficiency in twins: series of seven cases and liter review.

Debiève F[1], Joskin A[1], Steenhaut P[1], Bernard P[1], Hubinont C[1].

Author information

1 a Obstetrics Department , Cliniques Universitaires Saint Luc , Brussels , Belgium.

Abstract

BACKGROUND: The diagnosis of cervical insufficiency is based on the previous history of recurrent second or early third trimester l incidence among pregnant women is 0.5-1% but can be as high as 75% among women with preterm birth. Transvaginal cerclage (T common therapy of cervical insufficiency. However, this technique has several limits, especially in twin pregnancies. As some select conditions, a transabdominal cerclage (TAC) is indicated, it has been offered to patients with multiple pregnancies.

AIM: To evaluate the outcomes of twin pregnancies with transabdominal cerclage in terms of preterm birth rate and neonatal morbid mortality.

MATERIALS AND METHODS: We conducted a retrospective study of seven patients with twin pregnancies managed with transabdo cerclage at the end of the first trimester (12-15 weeks). We selected patients with a history of fetal loss who met the indications crite (history of TVC failure or short cervix unable to have TVC). The antenatal and delivery data were collected and compared to those o previous pregnancy.

OUTCOMES: All patients carried their pregnancy throughout the second trimester and delivered during the third trimester. Mean ges age was 34 4/7 week. All newborns were alive and neonatal morbidity rate was 50%, mostly related to preterm birth. Mean duration neonatal intensive care stay was 32 days. There were no operative complications following TAC.

CONCLUSIONS: Perinatal outcomes are considerably improved in twin pregnancies with transabdominal cerclage. Our findings cor those of previous case reports and support the efficacy of TAC for managing cervical insufficiency in twin pregnancies.

KEYWORDS: Abdominal cerclage; prematurity; twins

ature

losses. Its
TVC) is the
ted

dity and

ominal
eria of TAC
of their

stational
of

roborate