Management of Cervical Incompetence with Bulging Fetal Membranes: Emergency cerclage versus bed rest

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Objective: To compare clinical outcomes after management of bed rest versus cerclage for treatment of amniotic sac bulging in the second trimester.

Study design: Women with cervical incompetence with membranes at or beyond a dilated external cervical os, before 27 weeks of gestation, were treated with bed rest or emergency cerclage. We analyzed the pregnant outcome retrospectively. 25 women underwent an emergency cerclage and 35 women underwent the bed rest.

Result: Gestational age at time of diagnosis was 22.40 weeks in the emergency cerclage and 22.39 weeks in the bed rest group. Mean interval from diagnosis until delivery was 8.65 weeks in the emergency cerclage group and 1.18 weeks in the bed rest group (P<0.001). Mean gestational age at delivery was 31 weeks in emergency cerclage group and 23.74 weeks in the bed rest group (P<0.001). Preterm delivery before 26 weeks and 34 weeks of gestation were significantly lower in the emergency cerclage group (P<0.001). Perinatal mortality was 17.4% in the emergency cerclage group and 48.6% in bed rest group (P=0.026).

Conclusion: Emergency cerclage reduced preterm delivery before 26 and 34 weeks and improve perinatal outcome compared with bed rest treatment.