



The Use of Vaginal Cerclage plus Micronized Progesterone in Patients diagnosed with Previous History of Spontaneous Pregnancy Loss or History of Prior Preterm Birth



Maria Lourdes Escobar, MD, FPOGS, MHM
Leah Socorro Rivera, MD, FPOGS, FPMFM
Aron Janelle Matic- Song Song, MD

Department of Obstetrics and Gynecology, De Los Santos Medical Center, Quezon City, Philippines

PROBLEM STATEMENT

In our case series, we tried to determine whether the combination of the two modalities, Progesterone plus Cerclage will improve pregnancy outcome.

METHODS

This is a case series of 5 patients who presented with history of prior preterm births or spontaneous abortion with average age of consultation at 12-19 weeks age of gestation. They underwent cervical length screening at 12-18 weeks age of gestation which revealed cervical insufficiency (cervical length range of 1.5-2.4 cm). After ultrasound, Micronized Progesterone 200mg per capsule, 2 capsules twice daily intravaginally were started up to 36 6/7 weeks age of gestation. McDonalds Vaginal Cerclage was done at 12-20 weeks age of gestation after informed consent under spinal anesthesia. Cefuroxime 1.5g IV was given as prophylactic antibiotics. Tocolysis was given (Isoxsuprine 10 ampules incorporated in 500cc of D5W. Monitoring of cervical length above and below suture was done every 2-4 weeks to determine suture stability. Bed rest was advised. Release of suture was done at 36 6/7-37 weeks age of gestation in four cases. One patient had her suture released at 35 weeks because she had a scarred uterus and went into labor.

RESULTS

Four patients delivered full term with good perinatal outcome. One patient delivered preterm at 35 weeks age of gestation because she went into labor. An Emergency Cesarean Section was done because she had a previous scarred uterus (Previous Myomectomy). All other four cases delivered via Cesarean Section for obstetric indication (1 for Previous Myomectomy, 1 for Dystocia, and 2 Repeat Cesarean Section. There were no Maternal and Fetal complications noted in all four cases. The preterm delivery had a maturity testing of 35 weeks, APGAR score 8,9 , Birth weight of 2013 grams and was discharged with the mother.

CONCLUSION

Our case series concluded that the use of Vaginal Cerclage combined with Micronized Progesterone carried majority of pregnancies to term or near term with good perinatal outcome.



The Use of Vaginal Cerclage plus Micronized Progesterone in Patients diagnosed with Previous History of Spontaneous Pregnancy Loss or History of Prior Preterm Birth



Maria Lourdes Escobar, MD, FPOGS, MHM
 Leah Socorro Rivera, MD, FPOGS, FPMFM
 Aron Janelle Matic- Song Song, MD

Department of Obstetrics and Gynecology, De Los Santos Medical Center, Quezon City, Philippines

PATIENT AGE	LA 29 y/o	ZC 38 y/o	TD 1 32 y/o	TD 2 37 y/o	BC 33 y/o
OB SCORE	G3P1 (0110)	G3P1 (0111)	G2P0 (0010)	G3P1 (0111)	G3P1 (0201)
WITH HISTORY OF PRETERM BIRTH IN PREVIOUS PREGNANCY/ PREVIOUS HISTORY OF SPONTANEOUS PREGNANCY LOSS	✓	✓	✓	✓	✓
SYMPTOMS	Hypogastric pain (19 2/7 weeks)	None	None	Hypogastric pain (12 weeks)	Hypogastric pain (16 weeks)
CERCLAGE DONE (AOG)	20 weeks	20 weeks	18 weeks	12 weeks	18 weeks
CERVICAL LENGTH BEFORE CERCLAGE	1.5cm	2.3 cm	2.4 cm	2.4 cm	1.65 cm
CERVICAL LENGTH POST CERCLAGE	4.4cm	3.06cm	2.7 cm	2.73 cm	2.2 cm
MICRONIZED PROGESTERONE STARTED (AOG)	20 weeks	20 weeks	18 weeks	12 weeks	18 weeks
REMOVAL OF CERCLAGE (AOG)	37 weeks	37 weeks	35 weeks (in labor)	37 weeks	37 weeks
MICRONIZED PROGESTERONE DISCONTINUED (AOG)	37 weeks	37 weeks	35 weeks	37 weeks	37 weeks
DELIVERY (AOG)	37 3/7 weeks	37 5/7 weeks	35 weeks	37 weeks	37 6/7 weeks
MODE OF DELIVERY	Cesarean Section for CPD (inlet contraction)	Cesarean Section scarred uterus (Previous CS)	Cesarean Section scarred uterus (Previous Myomectomy)	Cesarean Section scarred uterus (Previous Myomectomy and CS)	Cesarean Section scarred uterus (Previous CS)
COMPLICATIONS	none	none	none	none	none