

The effect of 1- vs. 2-stitch emergent cerclage for amniotic sac prolapse on preterm birth prevention

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Objectives (목적)

The objective of this study was to compare outcomes after 1-stitch versus 2-stitch cervical cerclage when treating women with amniotic sac prolapse in the second trimester.

Methods (연구 방법)

A retrospective comparative study at the investigators' institution over a 20- year period from 1988. The medical records of 63 women who underwent emergent cerclage for fetal membrane bulging between 16+0/7 and 27+0/7 weeks of gestation were analyzed. Gestational age at delivery, prolongation of pregnancy, frequency of preterm birth (< 34 and 28 weeks of gestation) and clinical characteristics were evaluated.

Results (결과)

Thirty-one patients (68.9%) received 1 stitch, and 14 (31.1%) received 2 stitches. The median width of amniotic sac prolapse was similar in both groups (3.0 cm), and there were no demographic differences between groups. The median gestational age at delivery was 28.2 weeks (interquartile range, 22.4-36.0) for 1-stitch and 35.5 (interquartile range, 31.1-37.5) weeks for 2-stitch patients ($p=0.025$). The overall rate of delivery before 34 weeks was 62.2%. There were fewer deliveries in the 2-stitch group compared with the 1-stitch group prior to 34 weeks (5 (35.7%) vs. 23 (74.2%), $p=0.021$), and prior to 28 weeks (1 (7.1%) vs. 15 (48.4%), $p=0.008$). The median pregnancy prolongation was 31 days in the 1-stitch group (interquartile range, 5-89) and 93 days in the 2-stitch group (interquartile range, 66-111) ($p<0.008$). Finally, the median birth weight was higher in the 2-stitch than the 1-stitch group (2527 vs. 1254 g, $p=0.019$).

Conclusions (결론)

Two-stitch cerclage appears to be a more effective method for preventing preterm delivery than 1-stitch cerclage in pregnant women with amniotic sac prolapse. These findings indicated that a large prospective randomized trial is warranted.