

EP16.57. Impact of prior amniocentesis on cervical cerclage: Obstetric, perinatal, and placental outcomes

Ana Jimena Lopez-Diaz¹ MD, Mario I. Lumbreras-Marquez¹ MD, MSc, Sandra Acevedo-Gallegos¹ MD, MSc, PhD, Maria J. Rodriguez-Sibaja¹ MD, Yazmin Copado-Mendoza¹ MD, MSc, Dulce Maria Camarena-Cabrera¹ MD, MSc, Yubia Amaya-Guel¹ MD, MSc, Berenice Velazquez-Torres¹ MD, MSc, José Antonio Ramirez-Calvo¹ MD, MSc, Juan Manuel Gallardo-Gaona¹ MD, MSc, PhD

1. Maternal-Fetal Medicine, Instituto Nacional de Perinatologia, Ciudad de Mexico, Mexico.

Objectives

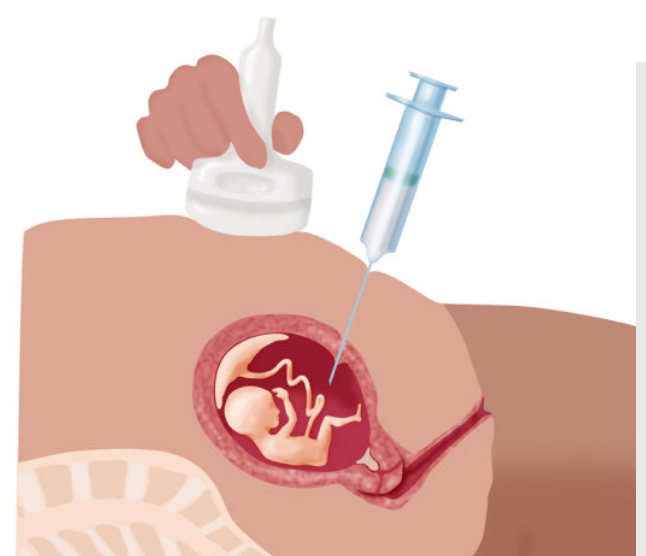
- To compare the clinical characteristics, obstetric, and perinatal outcomes of patients undergoing cervical cerclage with or without prior amniocentesis. Additionally, to describe placental lesions associated with inflammation in both groups.

Methods

Retrospective cohort study.



Singleton pregnancies with an indication for cerclage between 16 0/7 and 24 0/7 weeks' gestation, without fetal structural anomalies, and with a cervical length measurement before the procedure.



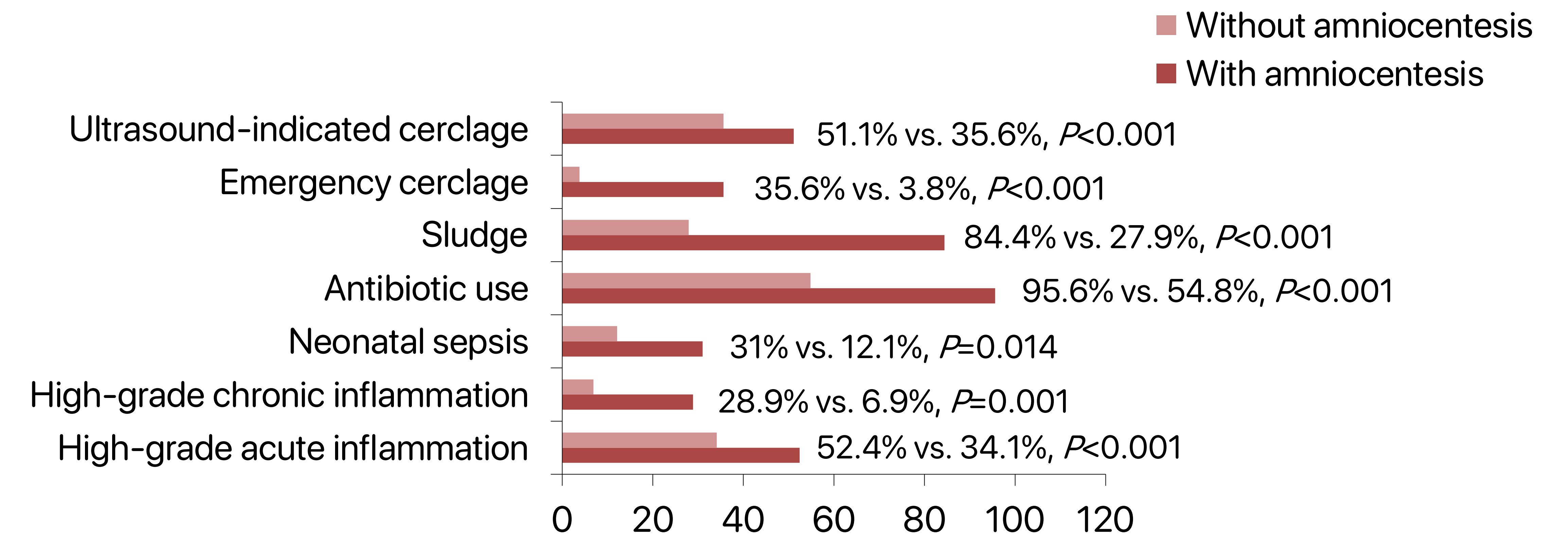
Clinical characteristics, obstetric, and perinatal outcomes were compared between patients with and without prior amniocentesis. Additionally, placental lesions were described in both groups.



Categorical variables were reported as n (%) and continuous as median (interquartile range). Parametric or non-parametric tests were used depending on data distribution.

Results

A total of 149 patients were included, 45 with and 104 without amniocentesis.



- Cervical length assessment (8 [4, 14] vs. 23 [14.5, 31.25] mm)
- Cerclage latency (84 [56, 106] vs. 116 [79.5, 137, 25] days, $P < 0.001$).

Conclusions

- Patients with prior amniocentesis had a higher-risk profile, more antibiotic use, shorter cerclage latency, and higher neonatal sepsis rates. Placental inflammatory lesions were also more frequent.
- No significant differences were found in other perinatal outcomes.