



Emergency cerclage in twin pregnancies with extreme cervical shortening or exposed membranes: a selective rescue strategy.

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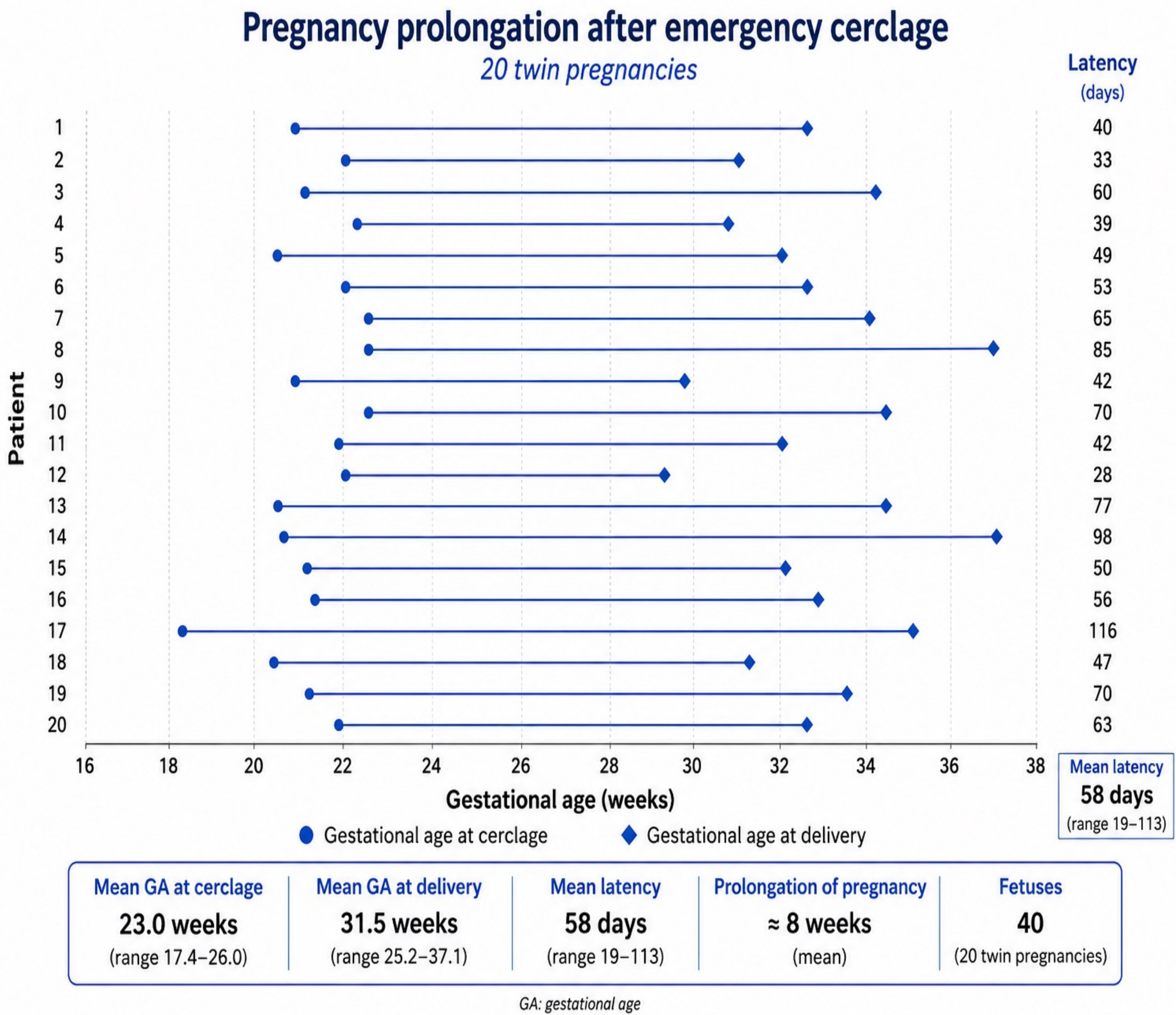
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Introduction

Preterm birth complicates up to 60% of twin pregnancies before 37 weeks and 30% before 34 weeks. While cerclage is effective in singleton gestations, its use in twins remains controversial and generally discouraged due to limited high-quality evidence. However, patients with extreme cervical shortening and/or exposed membranes may benefit from a rescue approach. **The aim of this study was to evaluate perinatal outcomes following emergency cerclage in this high-risk population.**

Methods

Retrospective cohort study of twin pregnancies with cervical length ≤ 10 mm and/or exposed membranes undergoing emergency cerclage. All patients underwent pre-procedural amniocentesis to exclude intra-amniotic infection. A McDonald cerclage was performed in eligible cases. Clinical records were reviewed to assess latency to delivery, gestational age at delivery, complications, and neonatal outcomes. The study was approved by the institutional ethics committee.



Results

40 fetuses. Mean birth weight was 1,674 g. Preterm premature rupture of membranes occurred in 40% of cases; importantly, no cases of clinical chorioamnionitis were observed. **Neonatal survival at discharge was 100%.**

Conclusions:

In selected twin pregnancies with extreme cervical shortening and/or exposed membranes, emergency cerclage is associated with substantial prolongation of gestation and may reduce extreme prematurity. These findings support a selective rescue approach, provided that intra-amniotic infection is rigorously excluded.