

Abdominal cervico-isthmic cerclage : laparoscopy or laparotomy ?

A.Karoui, A.Kammoun, S.Menjli, MB.Channoufi, HS.Abouda.
Service C, Centre de maternité et de néonatalogie, Tunis, Tunisia.

Objective : The aim of this study was to compare the efficacy, complication rate and obstetric outcome of laparotomic cerclage with laparoscopic cerclage.

Design : A retrospective study was conducted from 2017 to 2021.

Methods : 25 patients who performed abdominal cervico-isthmic cerclage were included (three by laparotomy and 22 by laparoscopy). Previous obstetric accidents, etiology of cervical incompetence and obstetric outcome after cerclage were analyzed.

Results: The mean age of patients was 33 years. 7 patients (28%) had a prior failed transvaginal cerclage. Abdominal cervico-isthmic cerclage was performed before pregnancy in 10 cases (40%). One case was converted to laparotomy due to complications arising from uterine vessel bleeding. The mean operative time of laparotomic cerclage was 115 minutes and 62 minutes by laparoscopy. The mean hospitalization duration of stay in the hospital was three days for laparotomic cerclage and one day for laparoscopic cerclage. 14 patients who underwent laparoscopic cerclage (63%) and 2 patients who underwent laparotomic cerclage (66%) have successfully delivered a viable infant.

Conclusions : laparoscopic cerclage is an effective alternative to laparotomic cerclage for the placement of abdominal cerclage.