

EP.0012: 'Perinatal outcomes of transvaginal high cervical cerclage for previous failed Mcdonald Cerclage

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Objectives: Mid-trimester miscarriages or extreme preterm births due to cervical insufficiency, particularly after a failed McDonald cerclage (MC), heightens the risk for repeat adverse outcomes. This study investigates the effectiveness of Transvaginal high cervical cerclage (THCC) THCC in improving perinatal outcomes among women with previous failed MC.

Methods: Pregnant women with previous mid-trimester miscarriages due to cervical insufficiency, despite prior cervical cerclage, underwent THCC between January 2022 and December 2024. The procedure included bladder reflection and posterior colpotomy to facilitate cerclage placement. Postoperative care was provided according to departmental protocol

Results: Twenty-five THCC were performed during the period. The mean age of participants was 33.3±2.2 years, with 147 previous miscarriages, 100 (68%) of which were associated with failed MC. The mean cervical length was 0.9±0.2 cm, and the mean procedure time was 23.8±5.4 minutes. Twenty patients (80%) had Emergency THCC . Outcomes included 2 (8%) mid-trimester miscarriages, 1 (4%) delivery at 35 weeks gestational age (GA), and 22 (88%) term deliveries, with perinatal survival rate was 21/23 (92%). good outcomes.

Conclusion: Transvaginal high cervical cerclage appears to be an effective for improving perinatal outcomes in women with a history of failed McDonald cerclage. The perinatal survival rate suggests that THCC can significantly reduce the preterm birth and miscarriage, offering a promising option for managing cervical insufficiency in high-risk pregnancies.



Figure 1: Dilated cervix