

P205. Cervical cerclage of rescue in the management of cervical incompetence. Experience of luis tisne brousee hospital

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Introduction: Cervical cerclage is surgery that corrects cervical incompetence. The prophylactic cerclage, which is performed between 12 and 14 weeks of gestation, indicated when there is a history of cervical incompetence; the therapeutic cerclage that is made after the detection of changes in the cervix before 24 gestation weeks, with a risk preterm delivery potential; and salvage or emergency cerclage is performed in patients who present exposure of visible amniotic membranes through the external cervical os or in the vagina.

Objectives: Management and perinatal outcomes in whom a cervical rescue cerclage was indicated in our hospital, from January 2013 to January 2017.

Material and method: Retrospective and descriptive study. The number of patients admitted to the operating room and the procedure was registered. Clinical history was reviewed from the medical records.

Results: 32 cases of rescue cerclage were analyzed. Epidemiological and obstetric history were recorded. The average age of the patients was 29 years (range 19-43 years), previous abortion was presented by 12 patients (38%), preterm birth before was presented by 7 patients (22%). The mean gestational age at the time of cerclage was 22 + 2 weeks with a range between 16 and 26 weeks. Cervicometry was performed on all patients, excluding those in which there was a frank exposure of membranes. The average of the cervicometry was 6 mm, with a range between 0 and 21 mm, 20 patients (63%) showed membrane exposure. Prior to the procedure, vaginal cultures were requested. It is noteworthy that 60% of the patients had development of *Ureaplasma parvum* (20 patients), 1 patient presented development of *mycoplasma hominis* concomitant to ureaplasma development.

The average gestational age at birth was 32 weeks with a range between 17 to 40 gestation weeks. 72% exceeded 28 weeks. Of the group of patients who exceeded 28 weeks, 31% (10 patients) had a delivery between 28 + 0 weeks and 34 + 0 weeks. 41% (13 patients) had a delivery after 34 + 1 gestation weeks. The delivery route was vaginal in 19 patients (59%), cesarean in 9 patients (28%) and forceps in 4 patients (13%).

Conclusion: With our casuistry, it has been possible to unify the management of both the surgical technique and the follow-up, so that in front of a patient in the second trimester with a clear cervical incompetence, the rescue cerclage seems to be the intervention that can change the fetal prognosis.

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