A case of rescue cerclage for delayed interval delivery of the second twin
Uzun I, Varol F, Sutcu H, Erzincan S, İnan C, Sayın C
Trakya University, Faculty of medicine, Department of Perinatology, Edirne-Turkey, Turkey

Objective
Here we present a successful case of a rescue cerclage, inserted after the premature delivery of the presenting twin and retaining its placenta in-situ.

Methods
This is a case report.

Results
A 39-year old primigravid woman at 21+3 weeks of gestation with dichorionic twins was referred to our tertiary center with a diagnosis of preterm labor. On vaginal examination, the cervix was 8 cm dilated, and the membranes were bulging into the vagina. The patient had a history of infertility for 20 years with 4 unsuccessful IVF trials. After confirmation of absence of rupture of membranes and of infection, rescue cerclage was performed. However, membranes were ruptured 48 hours later. The cerclage suture was removed and the first twin was delivered. Immediately after the delivery of the first twin, a significant postpartum hemorrhage occurred and was intervened with transfusion of two units of erythrocyte suspension. The patient was observed for 3 days after the delivery of the first twin. By the postpartum fourth day, the cervix was 6-7 cm dilated with no vaginal discharge or bleeding. The biochemical parameters were also within normal limits. The patient was informed about the risks and benefits of the rescue cerclage. After the vagina was gently cleaned with normal saline and antiseptic solutions, the ligated cord of the first twin was pushed inside the cervix and cervical cerclage was performed. Intra-venous (iv) ampiciline-sulbactam (4x1 gr) was continued after the procedure. The clinical and biochemical parameters remained negative for infection. After a week of close monitoring, the antibiotic regimen was changed to ceftriaxone (2 gr-iv) plus metronidazole (1gr-iv) in view of a slight increase in C-Reactive Protein levels. The white blood cell count was in normal range and fever was not detected. At 24 weeks, detailed ultrasound revealed an appropriately grown fetus with no structural abnormality. At 25 weeks of gestation, regular uterine contractions were detected. A course of corticosteroids was administered. Tocolysis with nifedipine (60 mg daily) was initiated. Active labor began at 25 weeks and 6 days of gestation. A male infant weighing 915 gr and 35 cm in length was delivered with Apgar scores of 9 and 9 at 1 and 5 minutes, respectively.

Conclusion
Rescue cervical cerclage with the retained placenta of the first twin in situ is an infrequently performed procedure due to high risk of infection and septicemia. For patient selection, strict criteria should be applied. After delivery of the first twin, observing the patient for about 24 to 48 hours before cerclage may be a judicious option to avoid lethal complications. Close monitorization and antibiotic therapy with anaerobic coverage are the key points of the management after the procedure.