Case Study

A Rare Case of Successful Delivery After Conservative Management in A Case of Twin Pregnancy with Cervical Incompetency

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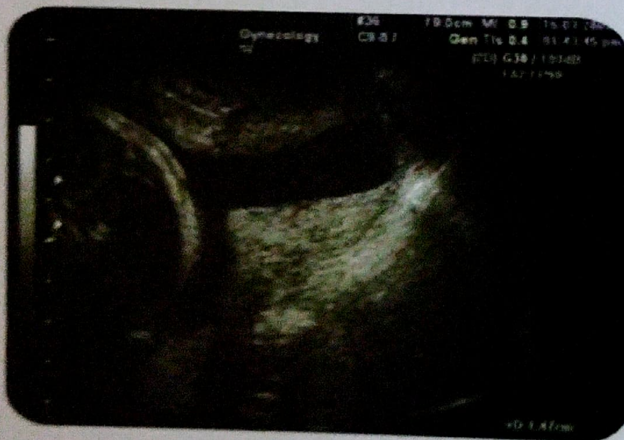
Introduction:

Cervical incompetency is a medical condition in which a pregnant woman's cervix dilate and efface before her pregnancy reaches term, in the second trimester, in the absence of clinical contractions, labour, or both. Cervical incompetency with twin IVF pregnancy, is again a very high risk condition. Here we present a case of IVF twin pregnancy with cervical incompetency at 24 weeks gestation. Conservative management with vigilance helped us to salvage one baby.



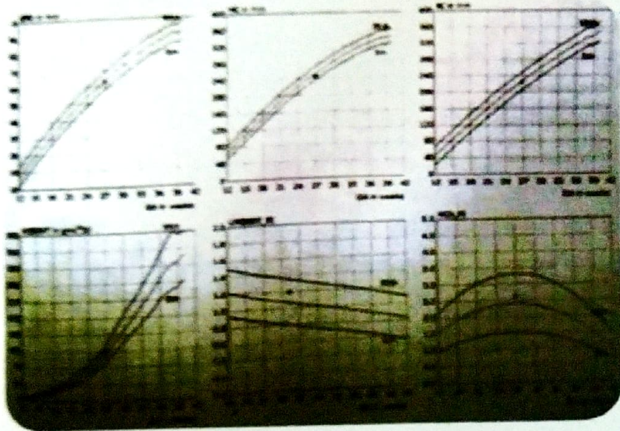
Aims and Objectives:

- To manage conservatively a case of IVF twin pregnancy in an elderly women presenting with cervical incompetency for a successful outcome.
- To use a multidisciplinary approach including infection prevention, counseling, emotional support and intensive foetal surveillance to achieve the goal.

Observation and Results (Case Details for Case Study) .

We are presenting a case of 40 yr old female, P0+0 who came to us in 2015 with primary infertility with previous laparoscopy surgery (chocolate cystectomy and adhesiolysis) in 2009. She was pregnant for the first time in our institute in 2015 by the 3rd IVF attempt. She was carrying a twin pregnancy which was uneventful till 24 weeks of gestation when suddenly she presented with vague complaint of abdominal discomfort (no pain) .On examination, the vitals were stable, uterus was irritable and on PV examination the head of the first foetus was found in the introitus with no membrane. Patient was catheterized, antibiotics were started and we thought of salvaging the second foetus after delivery of the first ,so no oxytocics were given. But, labour did not progressed spontaneously for more than 12 hours. So, we planned to continue pregnancy with proper counselling and observed the spontaneous course. Patient and her husband gave high risk consent to us for conservative management. Regular monitoring of BP, pulse, urine output and blood investigations (TC, DLC, Platelet count, Hb%, serum creatinine, FBS and PPBS ,BT, CT and electrolytes) were done every alternate day . Betadine cleaning of the catheter and the perineum was done daily. Ultrasonography was done every alternate day which showed two live foetuses - one in vagina with no liquor and 2nd baby with intact membrane and normal Doppler. After a month, at 28 weeks 5 days, the first baby in vaginal canal was found as IUFD whose head was stuck at introitus and the second baby was still doing well with normal Doppler.

Immediate blood counts were repeated and in view of the raised total counts, emergency caesarean was done. A single preterm alive female baby weighing 1.1kg (APGAR score at 1min- 6 and at 5min -7) was delivered .Baby was transferred to NICU immediately under a senior pediatrician. Post operative recovery of the mother was good. The baby was under NICU care for 4 weeks and was finally discharged in good health after 6 weeks of delivery from the institute.



Discussion

The above mentioned twin pregnancy case, presented to us with the head of the first foetus, already in the introitus. We know from previous published reports, that the second foetus can be salvaged after delivery of the first with tocolytics, antibiotics and cerclage. Keeping this thing in mind, we were mentally prepared for the same, but in our case the head of the first foetus remained in the introitus and did not expelled out for more than a month. There was no question of giving cerclage in our case. We took all the measures for infection prevention and monitored the patient. Finally, we could salvage the second foetus.

Diagnosis of cervical incompetency could not be made earlier, as its diagnosis is usually made on retrospective approach. Evaluation of cervical function with dilators, balloons, cervical resistance index, USG,MRI or hysterography aims at diagnosing 'cervical weakness' or uterine anomaly in women with history of second trimester loss or preterm birth but there is insufficient evidence to recommend cerclage. [2,3]

We could prevent maternal complication, but continuous follow up of growth of the baby is also important for the successful conservative management. There are no explicit guidelines as to how to manage such cases; thus, treatment plans for such pregnancies are particularly challenging and needs to be individualized for each case.

Conclusion

One need to be patient, but vigilant for managing high risk cases and doctors should keep their mind open for all possible ways to give motherhood to many more. Although successful outcomes have been documented, it is essential to explain the maternal, fetal and neonatal risks and benefits fully to the patient.

References

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