

Combination of cervical cerclage and Arabin- pessary – is it useless? A prospective, monocentric case series of high risk patients

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Abstract

Introduction: Preterm birth (PTB) is a global issue and responsible for relevant neonatal morbidity and mortality. Prevention of PTB due to cervical insufficiency (CI) +/-preterm onset of labour by mechanical interventions (such as cerclage and Arabin-pessary) is a widely used tool but failed to show superiority when combined in “regular” CI patients. Combination of mechanical interventions with tocolytic drugs is even less supported by literature. However, a limited number of high risk patients (e.g. uterine malformation, history of cervical cancer, history of Emmet tear, history of failed cerclage, delayed interval delivery) seem to profit from a “tailored” case specific combination of these therapeutic options.

Objective: Evaluation of indication, risk factors, perioperative and postoperative management, side effects, prolongation of pregnancy, mode of delivery and fetal outcome in a highly selective group of patients.

Methods: Ongoing case series of >20 high risk patients treated with a cerclage and either simultaneous or delayed pessary placement. Relevant clinical data are evaluated in the context of current literature and the results compared to patients treated with only one of these therapeutic options.



Biography:

Dr. Colleselli was born and grown up in northern Italy. She studied medical science at the Medical University of Innsbruck and graduated in December 2015 with her thesis about psychotic symptoms in patients with Parkinson’s disease. She

started her residency in Italy at the Gynecology and Obstetric department of the hospital in Bressanone for two years and then moved to Munich. Currently Dr. Colleselli is completing her residency at the Women’s Hospital of the Red Cross Hospital in Munich / Germany. Her primary interest is identification and treatment of high risk pregnancies.

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