Maternity Complications and Women's Health Journal

Case report Open Access

Pregnancy Evolution after Trachelectomy for Cervical Cancer

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Received Date: October 13, 2016 **Accepted Date:** October 17, 2016 **Published Date:** October 18, 2016

Citation: Illia R (2016) Pregnancy Evolution after Trachelectomy for Cervical Cancer. Matern Complicat Womens Health J 1: 1-2.

Introduction

Total cervical removement (total trachelectomy) (TT) is a well instituted way of treatment of determinate types of cervical cancer [1-3]. It is implemented in young patients who declare the wish of future maternity. But, for obstetricians, is a true problem the pregnancy under this conditions because the lack of uterine cervix.

This situation has two main obstetrical problems. First, the mechanical fact of the absence of the uterine cervix, it may produce a cervical Insufficiency with the loss of pregnancy by mechanical reasons. Second, the absence of a barrier between the vagina and uterine cavity, could produce a membrane infection by ascendant bacteria and lost the pregnancy too [4,5].

Keywords

Pregnancy; Cervical cancer; Trachelectomy; Abdominal cerclaje.

Case

A 30 year´s old patient booked at the office with a 10 weeks of gestational age pregnancy. It was her first pregnancy after a total trachelectomy because a cervical cancer stage I B I, less tan 2cm extension with pelvic lymphadenectomy [1-3]. We explained her and her husband the situation and the risks, because the ultrasound revealed a cervical length less tan 1cm, so it was impossible to perform a vaginal cerclaje with any technique. The only viable option was an abdominal cerclaje after 12 week´s gestational age have proved fetal health, genetically indemnity and confirmed gestational age. After 12 weeks and under general anaesthesia, we performed an abdominal cerclaje through a Pfannenstiel skin incision with the assistance of oncological surgeons because eventual surgical problems because the lymphadenectomy. The pelvic anatomy was conserved, so we inserted a mersilene tape cerclaje over the uterine isthmus previous descendant the urinary bladder. Proved the right hemostasia we ended the surgery. The uterus was sedated with previous administration of an indomethacin suppositories 4hs before surgery and 12hs after.

She did well during pregnancy with a cervical length at 24 weeks of 25mm, in spite of, it was administered fetal induced lung maturation with betamethasone at 28 week´s gestational age, and received azithromycin until 34 gestational week´s according our protocol [4]. The only complication associated to the evolution of the pregnancy was that the patient developed subclinical hypothyroidism. It was treated with thyroid hormone to keep the thyroid stimulating hormone below 3 [6].

At 37 week´s, previous administration of one dose of betamethasone 3 days before, we performed a cesarean section, being delivered a term fetus of 37 weeks of gestational age according physical exam. We did not remove the mersilene tape.

She and her new born did well and were discharged 72 hours after procedure in a good condition. At the present time, she is breast feeding their baby and expecting the right time to check her cervix with cytology and colposcopy.

Comments

From our knowledge, in our country this is the second cervical cancer handled with abdominal cerclaje after radical trachelectomy with pelvic lymphadenectomy. As the treatments for cervical cancer evolve toward less aggressive techniques, this kind of patients are going to be more frequent. Is a very risky pregnancy because the reasons explained in the introduction, but basically, avoiding the membranes contact with the vaginal flora, appear as one of the secrets of success in this pregnant patients, precluding the threat of ovular infection, the main cause of abortion and very preterm birth in this circumstances.

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