

International Meeting on  
**WOMEN'S HEALTH, GYNECOLOGY,  
OBSTETRICS AND BREAST CANCER 2018**  
November 19-20, 2018 Sydney, Australia

**Pre-curettage cerclage in a viable triplet cervical pregnancy: A case report****Nazanin Sheibani**

Tehran University of Medical Sciences, Iran

**Background:** Cervical Ectopic Pregnancy (CEP) is an insidious and life-threatening type of ectopic pregnancy in which the blastocyst is installed within the endocervical cavity. CEP diagnosis demands particular discernment for timely diagnosis. An exemplary modification between medical and surgical methods in each individual is the fundamental element to a faultless and efficient management and saving the patient's fertility.

**Case:** A 35 year old -gravida three, abortus two (G3, A2)-woman in her 9th week of pregnancy was referred to our institution for persistent vaginal bleeding. She was primarily misdiagnosed as aborting intrauterine pregnancy. Trans-vaginal ultrasound revealed an empty uterus and a viable triplet pregnancy below the level of internal ostium. Upon obtaining informed consent and under general anesthesia, cerclage sutures (without tightening) were placed around the cervical canal. Cervical arteries on hours three and nine were clamped. Curettage was conducted and conception tissues were thoroughly removed. Subsequently McDonald cerclage suture was tightened. During and after the procedure the patient was administered with intravenous oxytocin. Consequently, the vaginal bleeding diminished to minimal amount within hours and B-HCG level profoundly decreased throughout the next day.

**Conclusion:** Pre- curettage cerclage appears to be a passable strategy in CEP management and fertility preservation of a hemodynamically stable patient.

nazanin.sheibani@gmail.com