

Arabin Pessary in Women with suspected Cervical Insufficiency: UKM Medical Centre Experience

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ABSTRACT

Objectives: Cervical insufficiency is an obstetrics problem that is diagnosed clinically and the management varies between countries and obstetricians. Arabin pessary is an attractive option to be considered as it is non-invasive, can be done as outpatient and simple to be performed. The aim of this study was to describe the experience of UKM Medical Centre in managing women with suspected cervical insufficiency using Arabin pessary. **Methods:** This is a retrospective observational study involving 35 pregnancies from 32 women who were managed using Arabin pessary for suspected cervical insufficiency. They were diagnosed based on previous history of mid-trimester miscarriage, preterm birth, cervical surgery or short cervical length on ultrasound. The demographic data, characteristics of each pregnancy and maternal and fetal outcomes were documented. **Results:** The majority of women included were Malay (71.9%) with singleton pregnancy (94.3%) and the Arabin pessary insertion was indicated by second trimester miscarriage (39.4%) or preterm birth alone (30.3%). There were more women who had elective insertion of Arabin pessary (74.3%), managed as outpatient (42.9%), received progestogen therapy (74.3%) and had no antenatal complications (57.1%) or vaginal infection (54.3%). The mean gestational age at birth was 34.1 ± 6.7 weeks with 75.8% of live birth with mean weight of 2.5 ± 0.8 kg. Significantly more women who delivered beyond 34 weeks gestation were treated as outpatient (60% vs 30%, p=0.001) and majority of them received progestogen therapy (68%). Majority of babies that were born did not require neonatal intensive care unit admission but it was not statistically significant (81.5% vs 40%, p=0.08). **Conclusions:** Cervical insufficiency treated with Arabin pessary electively resulted in more outpatient management with a rising trend towards requirement for progestogen therapy to lead to birth beyond 34 weeks gestation and good neonatal outcome.

Pulmonary Stenosis after Fetoscopic Laser for Twin with Twin Reversed Arterial Perfusion Sequence (TRAPS)

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ABSTRACT

Introduction: TRAPS is a rare condition, occurring in 1% of monochorionic twin. **Case Presentation:** Madam NJ is a 30 years old lady, G4P3 at 21 weeks of gestation. Scan revealed Acardiac twin with dimension of (8x4) cm and Pump twin with estimated weight of 311grams. Fetoscopic Laser Photocoagulation of placental anastomoses was performed. Four area of anastomoses were photocoagulated. Ultrasound scan done 3 weeks later revealed hypertrophy of Interventricular Septum and ventricles with pericardial effusion. There was neither Pulmonary Stenosis nor Tricuspid Regurgitation. At 27 weeks, the pericardial effusion has resolved. Nevertheless, myocardial hypertrophy persisted. The patient had Caesarean Section at 34 weeks, a baby girl weighing 1.8 kilograms with good APGAR score was delivered. Echocardiography performed 2 months after birth discovered mild Tricuspid Regurgitation, mild Pulmonary Stenosis, stenosis of both branches of Pulmonary Artery and right Ventricular Hypertrophy. **Discussion:** Recent studies revealed that there is a small (2%) increased risk of Pulmonary Stenosis in the recipient twin following Fetoscopic Laser for Twin to Twin Transfusion Syndrome (TTTS). However, Pulmonary Stenosis after laser for TRAPS was cited inconsiderably. We hypothesized that the evolution of "functional" PS in the Pump twin are as the result of two-stage aftermaths. The first stage, which occurs prior to laser therapy, involves increase in the cardiac workload and myocardial hypertrophy of the Pump twin. This is followed by the second stage, which occurs after the laser therapy, whereby the hypertrophied myocardium decreases forward blood flow to the Pulmonary Artery leading to underdevelopment and stenosis of the Pulmonary Artery. **Conclusion:** Pulmonary Stenosis can occur after Fetoscopic laser photocoagulation. It is crucial to be aware of this complication when monitoring these fetuses.