Double the trouble: Dual cervical cerclage in the case of a complex mullerian anomaly and Ehlers Danlos Syndrome

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Background

Complete septate uterus with duplicated cervices and vaginas is a rare Müllerian anomaly associated with recurrent pregnancy loss.[1,2] Coexisting Ehlers-Danlos syndrome may increase the risk of cervical insufficiency.[3] Evidence guiding cervical surveillance and cerclage in this setting remains

Aim

To describe the antenatal management and outcome of cervical insufficiency in a patient with complex Müllerian anatomy and Ehlers-Danlos syndrome managed through a regional maternal-fetal medicine service.

Case

A 35-year-old primigravida with an IVF pregnancy was referred with duplicated cervices and vaginas, a single uterine cavity after hysteroscopic metroplasty, recurrent pregnancy loss and hypermobility-type Ehlers-Danlos syndrome. Cervical lengths were normal at 13 weeks. At 18 weeks, the right cervix measured 24 mm, while the left cervix appeared 4 cm dilated with bulging membranes. Intraoperative assessment at 19 weeks confirmed prior sonographic findings. Following membrane reduction, a Shirodkar cerclage was placed in the left cervix. A McDonald cerclage was inserted in the right cervix, despite difficult access due to a narrow right vaginal canal.

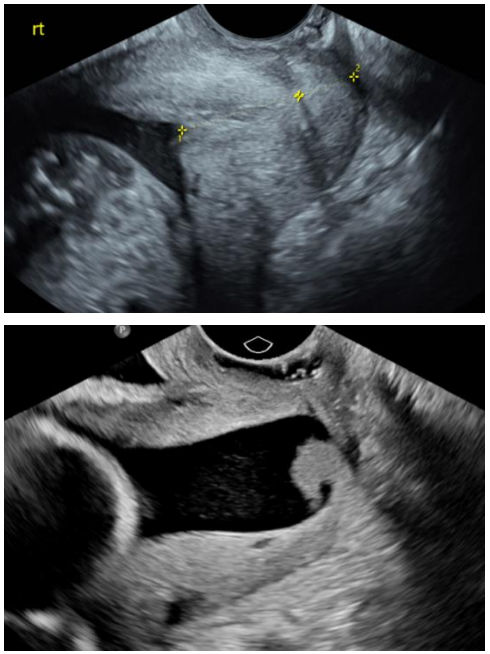

Figure 1: Right (top) and left (bottom) cervices at 18 weeks (pre-cerclage)

Results

The patient had fortnightly ultrasound surveillance and inflammatory markers. At 36 weeks, she experienced preterm rupture of membranes and labour onset. An emergency lower segment caesarean section was performed at maternal request, with both cerclages removed intraoperatively.

Discussion

This case highlights the challenges of cervical surveillance and intervention when duplicated cervical anatomy is complicated by connective tissue disease. Successful prolongation of pregnancy from 19 to 36 weeks, after having an open cervix, suggests that individualised dual-cerclage, in addition to careful surveillance, may be valuable where evidence-based guidance is lacking.

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