Use of Cervical Cerclage as a Treatment Option for Cervical Incompetence: Patient Characteristics, Presentation and Management over a 9 Year Period in a Kenyan Centre

Abstract:

reatment of cervical incompetence by cerclage and other methods has yet to be standardized, as its diagnosis is not uniformly accepted. Its diagnosis, particularly in the African setting, is mostly based on past obstetric history of pregnancy losses, while in developed centres; ultrasound diagnosis is increasingly being used. The mainstay of treatment in developing countries is cervical cerclage, although the indications and contraindications of this mode of treatment are not documented. Our aim was to appraise this practice in terms of patient characteristics, the diagnostic process and management at the Kenyatta National Hospital, Nairobi, Kenya. This was a descriptive retrospective study over 9 years. Predesigned questionnaires were employed to collect data on patient's socio-demographic profile, presentation, risk factors, diagnosis and management of cervical incompetence. Chisquared test and student's t-test were used to correlate variables. A total of 199 patients were treated for cervical incompetence, with the patient mean age being 27.97. 87.4% of the patients ($p=0.02$) were in the 20 to 35 years category. Most of the patients (60.1%) were of low socio-economic status. Cervical cerclage was employed in all the patients, although ultrasound investigation was not employed in 65.8% of them. Diagnosis of cervical incompetence still relies on history of previous pregnancy losses, with the standard transvaginal ultrasound relatively unemployed. There is need to intensify investigations for this condition, standardize the indications for cerclage, and diversify management to other newer modalities.