Protrusion of the sac with the fetus inside the cervical canal

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**Introduction**

Early cervical dilation can lead to sac protrusion during pregnancy, which is a high-risk pregnancy. The presence of the fetus inside this protrusion is a rare occurrence.

**Case**

A 29-year-old, G2 P1 with one prior uncomplicated pregnancy complained at 11 weeks of an ‘oily’ vaginal discharge. She did not report abdominal pain or vaginal bleeding. Abdominal ultrasound was difficult; it showed a viable fetus lying deep into the lower part of the uterus. Amniotic fluid and a low-lying trophoblast were normal. A vaginal ultrasound revealed cervical dilation with a protrusion of the sac across the cervix, reaching the external os. Surprisingly the fetus was located inside the cervical canal with limited movements within this position.

At pelvic exam, the cervix was dilated at 2 cm. The patient was admitted for an infection work-up and surveillance. Following a negative infectious profile and after discussion with the parents, the decision was to perform a cervical cerclage. This was done by gently pushing the sac by the balloon tip of a Foley made rigid by inserting a guide and then tying the Mersilene tape. A control ultrasound was performed just after the procedure and demonstrated a normal situation of the fetus and cervical closure by the cerclage. Pregnancy outcome was good with a cesarean delivery at 37 weeks for IUGR and abnormal fetal heart rate. Apgar score was normal. The patient gave her consent for scientific use of the data.

**Conclusion**

Incompetent cervix with protrusion of membranes can occasionally include the fetus; in the absence of infection, conservative management should be proposed to the parents.