Cervical insufficiency is one of the most frequent reasons for late miscarriage and preterm birth. Its rate is increased in women who conceived after the use of additional reproductive technologies.

The objective: to assess the parameters of cervical elastography in women with cervical insufficiency and anovulatory infertility in a history.

Materials and methods. 40 pregnant women with cervical insufficiency who conceived after treatment of infertility associated with anovulation were examined in the term of 16–20 weeks: in the I group (20 persons) pregnancy conceived after conservative treatment of infertility, in the II (20 patients) – after in vitro fertilization. 20 women with the physiological course of pregnancy without cervical insufficiency and with spontaneous gestation were controls. Cervical elastography index was used to assess the strain of cervical tissue.

Results. According to the results of compression elastography all patients in the I and II groups had red or yellow color of the internal cervical os and cervical canal. In the persons without cervical insufficiency the cervical tissue was firm (purple and blue color). The number of women with purple color of the anterior labia of the cervix in the I and II groups was in 4.67 (p=0.001) and 2.33 (p=0.03) times less compared to the controls, of the posterior labia – in 3.2 times (p=0.001) in both groups.

Conclusion. In women with cervical insufficiency and a history of anovulatory infertility there are considerable changes of strain in internal os and cervical canal of the cervix.

Keywords: cervical insufficiency, anovulatory infertility, elastography.

Elastography of cervical insufficiency and a history of anovulatory infertility

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Cervical insufficiency is one of the most frequent reasons for late miscarriage and preterm birth. Its rate is increased in women who conceived after the use of additional reproductive technologies.
on the ultrasound criteria. Modern ultrasound techniques, such as elastography, improve the efficiency of diagnosis. Elastography in obstetric practice has been used relatively recently for the diagnosis of premature labor, successful induction of labor [6, 7, 11], in women with a high risk of miscarriage due to chromosomal abnormalities of the fetus in the first trimester [13]. Both compression elastography and shear wave elastography can be used for this purpose. Determination of strain of the cervix is actual for predicting of CI [15].

The objective: to assess the parameters of cervical elastography in women with cervical insufficiency and anovulatory infertility in a history.

MATERIALS AND METHODS

We examined 40 pregnant women in the term of 16–20 weeks of pregnancy. All these patients had CI and conceived after treatment of infertility associated with anovulation. The I group of women (20 persons) conceived after conservative treatment of infertility, the II group (20 patients) – after in vitro fertilization (IVF). 20 women with physiological course of pregnancy without CI and with spontaneous gestation were controls.

The diagnosis of CI was based on transvaginal ultrasound examination of the cervix: shortening of the cervix to 25 mm or less combined with dilation of the cervical canal by 1.0 cm or more or the presence of V- and U-shaped transformations of the internal os of the cervix. Diagnosis of infertility was based on the recommendations of the World Health Organization – the failure to achieve a clinical pregnancy after 12 months or more of unprotected sexual intercourse [14].

Inclusion criteria: single pregnancy, pregnancy after treatment of anovulatory infertility, CI, patient’s written consent. Exclusion criteria: multiple pregnancy, antiphospholipid syndrome, thrombophilia, ovarian hyperstimulation syndrome, cytogenetic causes of miscarriage after IVF, male infertility, tubal, cervical, immunological, unspecified infertility, connective tissue dysplasia, increased risk of chromosomal fetal abnormalities by results of I and/or II genetic screening. The study was based in City Clinical Perinatal Centre and clinical diagnostic center «Med-Atlant» (Ivano-Frankivsk). Compression elastography of the cervix was carried out on the ultrasound machine Voluson E8 Expert (General Electric Medical Systems, USA) with microconvex transducer RIC4-9D for the vaginal examination with frequency 4–9 MHz. Regions of interest were internal cervical os, cervical canal, anterior and posterior labia of the cervix. Cervical elastography index (CEI) was used to assess the strain of cervical tissue and performed a five-point scale [180]. Purple color indicates a firm tissue (0 points), progressively softer tissues were blue (1 point), green (2 points), yellow (3 points) and red (4 points). If there were two colors in the region of interest, the one that corresponded to the softer parameter was taken into account.

The study was conducted following the principles of the Declaration of Helsinki and approved by the Local Ethics Committee for all participants and the commission of ethics in Ivano-Frankivsk National Medical University (protocol N97/17, 19.10.2017).

Program Statistica 6.0 was used to assess the results. We estimated the parameters of descriptive statistics, criterion χ² (Yates corrected Chi-square).

RESULTS

The average age of the patients in the I (30.35±1.18 years) and II groups (31.55±0.72 years, p=0.02) was higher compared to the controls (27.90±1.13 years). Most of the women in all groups had the first pregnancy (11 (55.0%) persons in the I group, 14 (70.0%) – in the II and 12 (60.0%) – in control one); 6 (30.0%), 4 (20.0%) and 4 (20.0%) patients, respectively, had the second pregnancy, and 3 (15.0%), 2 (10.0%) and 4 (20.0%) – the third one. The number of primigravida patients was prevalent. Thus, 15 (75.0%) persons in the I groups were primigravida, 18 (90.0%) – in the II group and 14 (70.0%) – in control one; the second labor was going to have 4 (20.0%) in the I group, 2 (10.0%) – in the II, 4 (20.0%) – in control one; the third labor – 1 (5.0%) in the I group and 2 (10.0%) – in control group.

All patients in the I and II groups had red (CEI 4 points) or yellow (CEI 3 points) color of the internal cervical os and cervical canal (table). There were some cases of red and yellow color of the external part of the cervix in patients with CI. The cervical tissue in the persons without CI was firm that was indicated by its purple and blue color. The number of women with purple color of the anterior labia of the cervix in the I and II groups was in 4.67 (χ²=10.23, p=0.001) and 2.33 (χ²=4.9, p=0.03) times less compared to the controls, of the posterior labia – in 3.2 times less (χ²=10.03, p=0.001) in both groups.

The strain of the cervical tissue determines its mechanical function. The method of elastography can estimate tissue deformation. Quantitative determination of physical changes in tissue can be determined using two methods of elastography – compression and shear wave elastography [2]. It was found that low deformation in the internal os of the cervix is significantly associated with a lower risk of premature labor up to 37 weeks [4, 5]. It was found the different values of deformation in different parts of the cervix in 17–41 weeks of gestation [8]. The tissue of the anterior labia and cervical canal were softer with increasing gestational age, and the posterior labia was more firm with increasing maternal age, weight, and parity. The length of the cervix was inversely related to its softness.

The combination of soft cervical density with its short length increases the risk of premature labor till to 37 weeks of pregnancy in 18 times (p<0.001) and in 120 times till 34 weeks

### Elastography parameters of the cervix in women (abs.,%)

<table>
<thead>
<tr>
<th>Region of interest</th>
<th>Group</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal os</td>
<td>I</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>II</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Control</td>
<td>11 (55,0)*</td>
<td>6 (30,0)*</td>
<td>3 (15,0)</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Cervical canal</td>
<td>I</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>II</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>6 (30,0)*</td>
<td>14 (70,0)*</td>
</tr>
<tr>
<td>Control</td>
<td>12 (60,0)*</td>
<td>5 (25,0)</td>
<td>3 (15,0)</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Anterior labia</td>
<td>I</td>
<td>3 (15,0)*</td>
<td>3 (15,0)</td>
<td>10 (50,0)*</td>
<td>3 (15,0)</td>
<td>1 (5,0)</td>
</tr>
<tr>
<td></td>
<td>II</td>
<td>6 (30,0)*</td>
<td>4 (20,0)</td>
<td>5 (25,0)</td>
<td>3 (15,0)</td>
<td>2 (10,0)</td>
</tr>
<tr>
<td>Control</td>
<td>14 (70,0)</td>
<td>5 (25,0)</td>
<td>1 (5,0)</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Posterior labia</td>
<td>I</td>
<td>5 (25,0)*</td>
<td>5 (25,0)</td>
<td>9 (45,0)*</td>
<td>-</td>
<td>1 (5,0)</td>
</tr>
<tr>
<td></td>
<td>II</td>
<td>5 (25,0)*</td>
<td>7 (35,0)</td>
<td>-</td>
<td>1 (5,0)</td>
<td>1 (5,0)</td>
</tr>
<tr>
<td>Control</td>
<td>16 (80,0)</td>
<td>4 (20,0)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** * – significance of the difference in the indicator relative to the control group (p<0.05)
The authors declare no conflict of interest

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REFERENCES


CONCLUSIONS

Cervical elastography is an effective method for assessment of the strain if cervical tissue. In women with cervical insufficiency and a history of anovulatory infertility there are considerable changes of strain in internal os and cervical canal of the cervix.