Two Successful Pregnancies after a Previous Cloacal Repair

To the Editor,

I read with much interest the recent review by Vilanova-Sanchez et al regarding the obstetrical outcomes of women with previous cloacal repairs.[1] I recently cared for a woman whose case adds nicely to this excellent review. The patient, a 30-year-old physician, was born with a 2.5-cm cloaca with an associated didelphys uterus and 2 hemivaginas. Definitive surgical repair was undertaken at 19 months of age by Dr Alberto Pena, one of the surgical pioneers, who was visiting Sydney at that time.[2] The patient underwent a posterior sagittal anorectoplasty including excision of the vaginal septum. Subsequently, in childhood, a bilateral ureteric reimplantation was performed for vesicoureteral reflux.

The patient presented to me in late 2015 during her first pregnancy after a spontaneous conception. Renal ultrasound examination and serum creatinine were normal. The main issue was recurrent urinary tract infection secondary to high postvoid residual volumes (100-200 mL) from a neurogenic bladder. Self-catherization was impossible because of the tortuous urethral course. She had no other features of the vertebral-cardiac-tracheoesophageal-limb association and no problems with vaginal intercourse. Elective Cesarean section was planned to minimize vaginal trauma. Regular ultrasound surveillance of cervical length was performed in view of the increased risk of preterm birth. After an uneventful pregnancy, the patient developed acute-onset Haemolysis, Elevated Liver enzymes, Low Platelet syndrome at 34+5 weeks. An uncomplicated emergency Cesarean section was performed, with no evidence of surgical adhesions. A growth-restricted little girl was delivered (2025 g), who is healthy and well at 2.5 years of age.

The patient returned to see me in 2018 during her second pregnancy. She was treated with low-dose aspirin and her blood pressure remained normal throughout the antenatal period, with no evidence of recurrent pre-eclampsia or Haemolysis, Elevated Liver enzymes, Low Platelet syndrome. The cervix remained sonographically normal. The pregnancy was again complicated by multiple (4-5) episodes of urinary tract infection requiring antibiotics. Elective repeat Cesarean section was performed at 38 weeks, which was again straightforward. The baby, another girl, was 3170 g at birth and is well at 6 weeks of age.

Pregnancy management for women with previous cloacal repairs is challenging, because of their complex procedural history, high risk of preterm birth, associated renal and bladder issues, and surgical challenges at delivery. I congratulate Vilanova-Sanchez and colleagues on drawing together the published literature on this topic, which should provide a useful resource to clinicians in the future.

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