

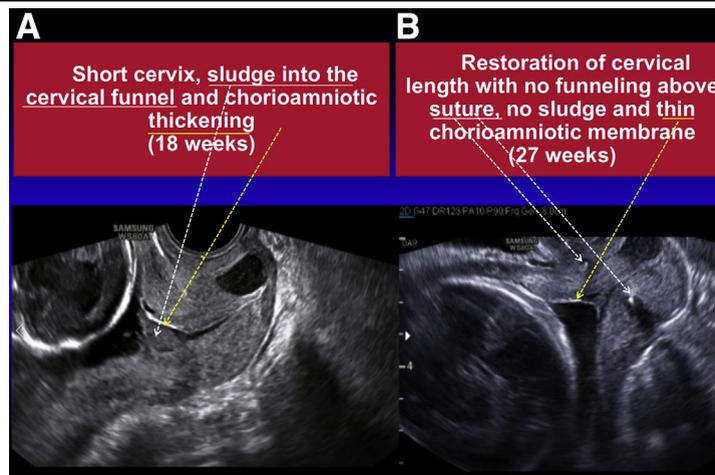
Resolution of intra-amniotic sludge after antibiotic administration in a patient with short cervix and recurrent mid-trimester loss



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FIGURE

Intra-amniotic sludge before and after treatment



A, intra-amniotic sludge into the cervical funnel at 18 weeks; **B**, restoration of cervical length above the suture after cerclage and antibiotics at 27 weeks.

Dinglas. Resolution of intra-amniotic sludge after antibiotic administration. *Am J Obstet Gynecol* 2019.

A 33-year old woman, G5P0130, presented with a history of 3 consecutive second-trimester losses all associated with intra-amniotic inflammation at 19, 22, and 16 weeks, with confirmatory histologic chorioamnionitis.

In the current pregnancy, at 18 weeks, cervical length was 23 mm with intra-amniotic sludge (Figure 1A; Video, left image). Because of her history, cervicovaginal testing for *Ureaplasma* spp, *Mycoplasma* spp, and bacterial vaginosis was performed. At 19 weeks, further cervical shortening was noted (11 mm), and results were positive for *Ureaplasma*

parvum and bacterial vaginosis. Cerclage plus treatment with metronidazole (5 days) and azithromycin and amoxicillin (14 days) was administered. Follow-up ultrasounds demonstrated resolution of sludge (Figure 1B; Video, right image). The patient delivered a healthy baby at 37 weeks' gestation, weighing 5 lb 7 oz. Placental pathology was unremarkable, with no findings of acute histologic chorioamnionitis. Intra-amniotic sludge is formed by bacteria and inflammatory cells; this case provides ultrasound evidence of successful treatment with antibiotics. ■

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