Is the risk of multiple cesarean sections similar to that of a single or 2 previous cesarean sections in the Middle East?

To the Editor

I read with interest the article by Qublan and Tahat.[1] I do not agree, however, with the authors' conclusion that the risks of 3 or more cesarean sections [CS] are not greater than a single or 2 previous CS in Middle Eastern women. Although similar results were reported in other Western studies, the patient population is different and these investigators clearly warned against complacency in dealing with multiple CS due to other serious complications they have encountered.[2,3]

The study of Qublan and Tahat,[1] is retrospective and lacks a matched control group, as women who underwent one or 2 previous CS (control) were significantly different from those who underwent 3 or more previous operations (study) in 2 important variables. First, more operations in the "control" group were emergency procedures, a factor known to increase the complications of CS.[1-3] Second, classical CS was performed more often in the "study" group and this approach is associated with higher operative morbidity than lower segment CS.[2,3] Furthermore, the experience of the surgeon/obstetrician performing the CS, is not mentioned and this confounds the results. In fact, multivariate analysis was not carried out to measure the independent effect of these 3 variables on the operative outcome in both groups. When those factors were considered in other studies, technical problems and complications were significantly increased with multiple CS.[2,3]

The risk of cesarean hysterectomy was significantly increased in their study group, but the precise indications are not given.[1] This is a technically-demanding procedure that is inherently associated with considerable patient morbidity as well as permanent loss of childbearing potential. The authors did not find increased difficulty in gaining access to the uterus at repeat laparotomy, but they did not define what constituted minor intraabdominal adhesions, nor the difference between such adhesions and dense ones. Despite this finding, the operating time was significantly longer in the study group with a non-significant increase in postoperative hospital stay. The method used for treating scar dehiscence and rupture in this group, whether scar repair with or without sterilization or hysterectomy, and the technical difficulties encountered is not known. Such data are important in the Middle East due to the cultural importance of having children. Although the incidence of abdominal wound dehiscence (0.6%) and incisional hernia (1%) in this cohort was low, the subset of subjects who had a mid-line abdominal incision and the operative maneuver used for closing the wound is not specified. Finally, the incidence of postoperative urinary tract infection (<5%) and wound infection (<1%) in their study group, was relatively low primarily due to the majority of these women undergoing an elective procedure. The authors, however, did not state whether prophylactic antibiotics were administered or not.

Our experience is similar to Qublan and Tahat,[1] in that sterilization after multiple CS is not usually accepted by Middle Eastern couples for cultural, social and religious reasons. We also agree that such patient populations are likely to increase if the rate of CS continues to increase. Adopting a more liberal policy of vaginal delivery in the Middle East for women who had one previous CS is, therefore, strongly recommended. Successful vaginal delivery after 2 previous lower segment CS operations has also been reported from the region in selected patients if strict clinical criteria are followed.[4]

Until further information is available from the Middle East, multiple CS should be regarded as a major obstetric problem in this region. A repeat CS procedure is technically more difficult than the primary operation and might be associated with adverse postoperative sequelae and grave long-term reproductive consequences.

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Reply from the Author

No reply was received from the Author

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