

## Update on birth route in case of cesarean section in a previous pregnancy

### ATUALIZAÇÃO EM VIA DE PARTO EM CASO DE CESARIANA EM GESTAÇÃO ANTERIOR

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#### 1. What is the level of evidence of studies on birth route in case of cesarean section in a previous pregnancy?

- Observational longitudinal studies and lack of controlled studies.
- Several randomized controlled trials support the evidence.
- Case reports only.
- Expert opinion and narrative reviews.

#### 2. The longitudinal observational studies comparing birth route in patients with cesarean section in a previous pregnancy are characterized by being:

- Heterogeneous in terms of methodology to measure outcomes and presenting distinct follow-up durations.
- Heterogeneous in terms of follow-up duration and homogeneous in outcome assessment.
- Homogeneous in terms of methodology to measure outcomes and presenting distinct follow-up durations.
- Homogeneous in terms of follow-up duration and heterogeneous in outcome assessment.

#### 3. What are the characteristics associated with a favorable progress of trial of labor in patients with previous cesarean section?

- Indication of the first cesarean section (for non-recurring factor) and vaginal delivery history, in the case of multiparous women with one previous cesarean section.
- There are no characteristics favoring a trial of labor in this situation.
- History of two cesarean sections.
- Age greater than 35 years is the only factor to favorable progress.

#### 4. Trial of labor in patients with previous cesarean section is:

- A reasonable choice for pregnant women with one previous cesarean section (performed by means of transverse uterine section).

- A reasonable option for pregnant women presenting two previous cesarean sections (longitudinal scar).
- Always indicated.
- Always contraindicated.

#### 5. Which is the birth route indicated for patients with cesarean section in a previous pregnancy?

- There are still doubts about which type of delivery is better.
- Cesarean delivery is always better.
- Vaginal delivery is always better.
- It varies with age; for patients older than 35 years, vaginal delivery is indicated.

### ANSWERS TO CLINICAL SCENARIO – TREATMENT OF ISOLATED LESIONS OF THE POSTERIOR CRUCIATE LIGAMENT [PUBLISHED IN RAMB 2015; 61(2)]

#### 1. What is the recommendation for the conservative treatment of the posterior cruciate ligament (PCL) injury?

It is recommended in isolated grade I and II ligament injuries (Alternative C).

#### 2. When is surgical reconstruction of the PCL indicated?

It is recommended in ligament injuries caused by bone avulsions (Alternative B).

#### 3. When surgery is recommended, is single tunnel PCL reconstruction similar to double tunnel reconstruction?

The functional and subjective results are similar (Alternative A).

#### 4. Is use of homologous grafts recommended for reconstruction of the PCL?

Yes, the results are similar to those of autologous grafts (Alternative D).

**5. How should postoperative treatment of PCL reconstruction be conducted?**

Key points include extension immobilizer (Alternative C).

**ANSWERS TO CLINICAL SCENARIO – TREATMENT OF ABDOMINAL TUMORS USING RADIOTHERAPY [PUBLISHED IN RAMB 2015; 61(2)]**

**1. Is the irradiation of the abdominal area using conformal radiotherapy superior compared to conventional radiotherapy in pancreatic tumors?**

Radiation entry into different angles shows better results (Alternative B).

**2. Is the irradiation of the abdominal area using conformal radiotherapy superior compared to conventional radiotherapy in sarcomas?**

There is better dose distribution in both children and adults (Alternative C).

**3. Is there less toxicity in the use of conformal radiotherapy compared to conventional radiotherapy for abdominal tumors in pancreatic cancer?**

There is less toxicity with conformal radiotherapy (Alternative A).

**4. Is there less toxicity in the use of conformal radiotherapy compared to conventional radiotherapy for abdominal tumors in sarcomas?**

Toxicity in the conventional technique can lead to the need for hospital intervention (Alternative D).

**5. Is there a difference in the effectiveness of conformal and conventional radiotherapy?**

In stomach tumors relapse-free survival is higher in the conformal technique (Alternative A).